

Criteria for offering diagnostics

- Progressive, sub-acute loss of central neurological function
- New onset seizures – focal or interictal focal deficit
- Rapid personality change or behavioural disturbance / slowness confirmed by witnesses with no reasonable explanation
- Headache with sinister features suggestive of raised intracranial pressure including nausea, vomiting, drowsiness, pulsesynchronous tinnitus, worse on supine position, awakens sleep, behavioural slowness, cognitive decline
- Isolated new onset daily headache duration <12 weeks
- Unexplained rapid cognitive changes
- Cranial nerve palsy
- Visual changes
- History of malignancy with neurological symptoms



GP has direct access to brain MRI/CT scan



Urgent brain MRI (or brain CT if MRI is contraindicated) to be performed within 2 weeks for patients presenting with symptoms which raise suspicion of brain cancer. **Renal function (within 3 months)** is required before MRI/CT scan as contrast may be used. The MRI/CT scan request form should state that this is an urgent request (to be performed within 2 weeks). The possibility of cancer diagnosis should be discussed with the patient and safety-netting/follow up arrangements should be made.



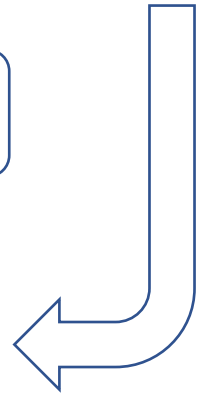
Referral Criteria

- Abnormal brain MRI/CT scan suggestive of cancer
- Criteria for offering diagnostics met and GP has no access to MRI/CT head
- Referral is due to clinical concerns that do not meet referral criteria (give full clinical details in section 1 'Reason for Referral' box at the time of referral)

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.



GP does not have direct access to brain MRI/CT scan



SUSPECTED BRAIN & CNS CANCER REFERRAL