**Frimley Health NHS Foundation Trust Suspected Cancer Referral Guide – Upper GI**

**PATIENTS WITH ACUTE OR SIGNIFICANT HAEMATEMESIS SHOULD BE REFERRED FOR AN IMMEDIATE ASSESSMENT FOR STABILISATION/RESUSCITATION IF REQUIRED. CONSIDER REFERRAL FOR AN IMMEDIATE ASSESSMENT IN PATIENTS WITH JAUNDICE**

**OESOPHAGUS/STOMACH**

- Dysphagia
- Age 55 and over with any of the following:
  - Treatment-resistant dyspepsia
  - Upper abdominal pain with low haemoglobin levels
- Weight loss with any of the following:
  - upper abdominal pain, reflux or dyspepsia
- Raised platelet count with any of the following: nausea, vomiting, weight loss, reflux, dyspepsia or upper abdominal pain
- Nausea or vomiting with any of the following: weight loss, reflux, dyspepsia or upper abdominal pain, recurrent haematemesis or where there is clinical concern

Offer an **URGENT DIRECT ACCESS UPPER GASTROINTESTINAL ENDOSCOPY** (to be performed within 2 weeks). For some of these symptoms please also consider other possible cancer sites e.g. pancreas, lower GI, lung and non-cancer diagnoses. The upper GI endoscopy request form should state that this is an suspected cancer 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.
When GP direct access investigations are performed the GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged. 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

**WHERE GPS DO NOT HAVE URGENT DIRECT ACCESS TO THE APPROPRIATE INVESTIGATIONS THE PATIENT SHOULD BE REFERRED AS A SUSPECTED CANCER REFERRAL (FOR AN APPOINTMENT WITHIN 2 WEEKS)**

Offer NON-URGENT DIRECT ACCESS UPPER GASTROINTESTINAL ENDOSCOPY to assess for gastro-oesophageal cancer in people with endoscopy for a recent episode of haematemesis or non-acute bleed.

RECOMMENDATIONS FOR PATIENTS WITH GASTRO-OESOPHAGEAL REFLUX DISEASE [NICE CG184, 2014]

- Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP.
- Adults presenting with dyspepsia or reflux symptoms are referred for suspected cancerdirect access endoscopy to take place within 2 weeks if they have dysphagia, or age 55 and over with weight loss.
- Adults with dyspepsia or reflux symptoms have a 2 week washout period before a test for Helicobacter pylori if they are receiving proton pump inhibitor therapy.
- Age 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.

**PANCREAS**
People aged 60 and over with weight loss and any of the following: diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new-onset diabetes

Offer **URGENT DIRECT ACCESS CT SCAN** (to be performed within 2 weeks) to assess for pancreatic cancer
PLEASE NOTE: The CT scan request form should state that this is an suspected cancer 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.
PLEASE NOTE: 10% of pancreatic cancers are missed by abdominal ultrasounds, whilst tumours smaller than 3cm will not be visible using an ultrasound. CT scans have the advantage of staging at the same time. New onset diabetes can appear two years before a pancreatic tumour is detectable by ultrasound. CT is the preferred imaging method.

**LIVER/GALL BLADDER**
Upper abdominal mass consistent with an enlarged gall bladder or liver

Offer **URGENT DIRECT ACCESS ULTRASOUND SCAN** (to be performed within 2 weeks) to assess for gall bladder/liver cancer.
PLEASE NOTE: The ultrasound scan request form should state that this is an suspected cancer 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

**Frimley Health NHS Foundation Trust Suspected Cancer Referral Guide – Upper GI**

**OESOPHAGUS/STOMACH**

- Abnormal upper GI endoscopy suggestive of cancer (or high grade dysplasia of oesophagus)
- Upper abdominal mass consistent with stomach cancer
- Suspicious symptoms or signs (see box above) but no GP direct access to urgent upper GI endoscopy

**PANCREAS**

- Abnormal abdominal CT or ultrasound scan suggestive of pancreatic cancer
- ≥ 40 years old with jaundice (consider a referral for same day assessment if appropriate)
- Suspicious symptoms or signs (see box above) but no GP direct access to urgent pancreatic CT scan

**LIVER/GALLBLADDER**

- Abnormal abdominal ultrasound scan suggestive of liver/gallbladder cancer
- Upper abdominal mass consistent with an enlarged liver/gall bladder
- Suspicious symptoms or signs (see box above) but no GP direct access to urgent ultrasound scan

Referral is due to CLINICAL CONCERNS that do not meet referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at the time of referral)

Referral is due to GP not having direct access to relevant investigations

**SUSPECTED UPPER GI CANCER REFERRAL**

**RESOURCES:**


1. Suspected cancer: recognition and referral NICE guidelines [NG12], 2015 http://www.nice.org.uk/guidance/ng12
2. NICE Clinical Knowledge Summary: Iron Deficiency Anaemia. NICE, 2013 http://cks.nice.org.uk/anaemia-iron-deficiency
3. Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. NICE guidelines [CG184], 2014 https://www.nice.org.uk/guidance/cg184
4. Pancreatic Cancer Action & RCGP Pancreatic Cancer: Early Diagnosis in General Practice http://elearning.rcgp.org.uk/course/view.php?id=103
5. BMJ Learning The diagnosis and management of gastric cancer http://learning.bmj.com/learning/module-intro/.html?moduleId=10046335&searchTerm=%E2%80%9CThe%20diagnosis%20and%20management%20of%20gastric%20cancer%E2%80%9D&page=1&locale=en_GB