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

Adults with:

* Progressive neurological deficit
* 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, pulse-synchronous tinnitus, worse on supine position, awakens sleep, behavioural slowness, cognitive decline
* Unexplained rapid cognitive changes
* Cranial nerve palsy
* Visual changes
* History of malignancy with neurological symptoms

 If patient does not meet the above criteria and you are still concerned, discuss with the on call Neurologist.

GP has direct access to brain MRI/CT scan

Urgent brain MRI (or brain CT if MRI is contraindicated) to be performed within 1 week for patients presenting with symptoms which raise suspicion of brain cancer. The MRI/CT scan request form should state that this is an **urgent** request (to be performed within 1 week).

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 Brain CNS/MDT but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.

Approximately 10% of patients may be unsuitable for, or unable to toleration an MRI brain scan e.g. patients with pacemakers in situ or those with server claustrophobia. In these cases a CT scan may be more appropriate, taking potential radiation exposure into consideration.

A ‘normal’ investigation does not preclude the need for ongoing follow up, monitoring and further investigation. Furthermore a seemingly ‘normal’ MRI scan may provide false reassurance in patients who have neurological pathology that MRI scanning is unable to detect.

A small percentage of MRI scans may yield abnormalities in otherwise healthy individuals. This may impact on patients in a number of ways including further investigation and the potential impact on health premiums. As incidental findings are not an infrequent result of MRI scanning, patients should have prior counselling and information to make them aware of the potential for such findings as a consequence of their investigation.

Referral is due to GP not having direct access to URGENT brain MRI/CT

Abnormal brain MRI/CT scan suggestive of cancer

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)

**SUSPECTED BRAIN & CNS CANCER REFERRAL**

**RESOURCES**

1. NICE: Suspected cancer: recognition and referral, NG12 (2015) <http://www.nice.org.uk/guidance/ng12>
2. HeadSmart – Be Brain Tumour Aware <http://www.headsmart.org.uk/home/>
3. Royal College of Radiologists – iRefer: Appropriate use of CT/MRI in headache <http://nww.irefer.nhs.uk/adult/#Tpc180>