

CLINICAL REFERRAL GUIDELINES FOR ADULT PERSONAL DOCTORS

UPPER GASTROINTESTINAL TRACT CANCER

Gallbladder cancer

Urgent direct access (within 2 weeks) to an ultrasound (US) examination in cases with a mass in the upper abdomen consistent with an enlarged gallbladder.

Liver cancer

Urgent direct access (within 2 weeks) to an ultrasound (US) examination in cases with a mass in the upper abdomen consistent with an enlarged liver.

Pancreatic cancer

Urgent direct access (within 2 weeks) to a CT scan or an ultrasound scan (US) examination, if no CT is available, in cases of patients

- Aged >60 years with unexplained weight loss of 10% in the last 6 months and any of the following
 - Diarrhoea
 - Back pain
 - Abdominal pain
 - Vomiting/ nausea
 - Constipation
 - Newly diagnosed diabetes

Urgent referral to a gastroenterologist or general surgeon for individuals over 40 years of age presenting with jaundice.

Note 1: Approximately 10% of pancreatic cancer cases are not detected by ultrasound, while tumours <3 cm are not visible on ultrasound. Additionally a CT scan is also recommended

Note 2: In cases where immediate referral for imaging (e.g. ultrasound, CT) is recommended, referral depends on the referral capacity of the GP. Where this is not possible, referral to a specialist for imaging tests is recommended.

Oesophageal and Stomach Cancer

Urgent referral (within 2 weeks) to a gastroenterologist for endoscopy in cases of

- Any age with dysphagia (stomach/oesophagus)
- Age >55 with weight loss and epigastric pain or reflux or dyspepsia

Urgent referral (appointment within 2 weeks) in cases of

- Abdominal mass consistent with stomach cancer

Referral for endoscopy, possibly non-urgent, in cases of

- Any age with haematemesis

- Aged >55 with
 - Dyspepsia unresponsive to treatment
 - Or epigastric pain and low haemoglobin
 - Or increased number of thrombocytes in combination with any of the above
 - Nausea
 - Vomiting
 - Reflux
 - Weight loss
 - Dyspepsia
 - Epigastric pain
 - Or nausea and vomiting in combination with any of the symptoms below
 - Weight loss
 - Reflux
 - Dyspepsia
 - Epigastric pain

NOTE:

1. For patients diagnosed with cancer undergoing oncological treatment or follow-up, communication with the treating oncologist is recommended.
2. Patients undergoing oncological treatment or follow-up (at least one visit to the oncologist within 8 months) have the right to direct access to the treating oncologist.

Bibliography:

1. Rapid Referral Guidelines for Suspected Cancer. A NICE-endorsed summary of the guidelines for suspected cancer (NG12). MacMillan Cancer Support.
<https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prevention-and-diagnosis/rapid-referral-guidelines>