NCA COMBINED GI REFERRAL PATHWAY

11 Jan 2021

Pre-referral criteria for primary care

- Pre-referral criteria apply to this pathway. Failure to provide this information can lead to delay or inappropriate investigation/referral. The referral may be returned to the GP requesting more information if these criteria are not evidenced
- A **physical examination** is required prior to referral
- Baseline **blood tests** (FBC, U&Es, LFTs, bone, CRP) should be requested and the results awaited and documented prior to referral. Additional symptom-specific blood tests are detailed in the pathway below
- For lower GI referrals, **FIT test** should be requested and the results awaited and documented prior to referral, unless otherwise specified in the pathway

Modifiers

- ***Previously investigated patients**: Please avoid referring previously investigated patients "straight to test" unless there is a clear change in symptoms or worrying new symptoms. If the patient has had previous investigation for the same indication (or same investigation for another indication) within the past 5 years, consider whether re-referral is appropriate; if any concern, please discuss with secondary care using Advice & Guidance, or refer for a clinic consultation
- **Patient preference** – if the patient does not wish to go "straight to test", please indicate this clearly on the referral
- **Elderly/comorbidity** (use performance status or Rockwood clinical frailty scale) - If a patient has moderate or severe frailty, consider if it is appropriate to investigate. This may include dementia. If there is any doubt about appropriateness of investigations, please contact secondary care clinical team using Advice & Guidance to agree best approach. It may be reasonable to complete history, examination and to arrange bloods, FIT and imaging (as per pathway) before requesting Advice & Guidance
- **Young patients** – age is the biggest risk factor for cancer. Whilst cancers can occur in young people, the risk of cancer in those <50 is very low, and even lower if <40

NORTHERN CANCER ALLIANCE COMBINED GI PATHWAY

Minimum age	Symptom	Primary care action [usual secondary care test is given in brackets, although this will be at discretion of the secondary care team]
40	**JAUNDICE** (where concern about possible malignancy; must have raised bilirubin and either raised alkaline phosphatase or GGT) *Notes: If felt likely non-malignant, consider US, liver serology screen & hepatology/gastroenterology A&G.*	**Refer 2ww** [secondary care to organise 2ww triple-phase pancreatic CT + CT CAP for people with obstructive jaundice and suspected pancreatic cancer [NG85]]
Any	**RECTAL MASS, ANAL MASS OR ANAL ULCERATION**	**Refer 2ww** [colorectal OPA]; No FIT required
Any	**ABDOMINAL MASS**	Request Ca-125 if female. **Refer 2ww** [secondary care to organise CT CAP (US AP for <40yo)]; no FIT required;
40	**SIGNIFICANT UNEXPLAINED WEIGHT LOSS** (documented >5% or where strong clinical suspicion) *Notes: please use A&G if <40yo*	Full history & exam (inc weight, breast & PR), add in ESR, thyroid, HbA1c, coeliac, PSA (men), Ca125 (women), myeloma screen, immunoglobulins, urinalysis & FIT; consider HIV test. Review in 1-2 weeks (don't delay if high concern); if tests unremarkable → **refer 2ww (with FIT result):** • With upper abdo pain/reflux/dyspepsia/nausea/vomiting/back pain/new diabetes → **refer 2ww (UGI)** • With CBH/PR bleeding/FIT10+ → **refer 2ww (LGI)** • With none of these additional symptoms → **refer 2ww (SNSS)** SECONDARY CARE: request CT CAP; consider adding CT pancreas or CTC if suspicion of pancreatic or bowel cancer. If CT unremarkable (or request in parallel): • UGI symptoms → gastroscopy • FIT10+ → colonoscopy/CTC • Nil GI → manage as per SNSS pathway
40	**SIGNIFICANT NON-DYSPEPTIC NEW-ONSET ABDOMINAL PAIN** of 4 weeks or more (less if very significant concern) where concern is malignancy (previously uninvestigated*; where appropriate, follow NCA **dyspepsia guidelines** first); [investigate significant weight loss as above first]. See below for separate treatment-resistant dyspepsia management	Request FIT. **Refer 2ww (with FIT result)** (GI if felt to be GI, otherwise SNSS); SECONDARY CARE: request CT AP; consider adding CT pancreas or CTC if suspicion of pancreatic or bowel cancer. If CT unremarkable (or request in parallel): • UGI symptoms → gastroscopy • FIT10+ → colonoscopy/CTC • Nil GI → manage as per SNSS pathway
40	**IRON DEFICIENCY ANAEMIA** (Previously uninvestigated*; men and non-menstruating women only; proven by low Hb & either low ferritin or low MCV) [investigate significant weight loss as above first] *Notes: Do not refer under 2ww unless confirmed IDA (low Hb and either low ferritin or low MCV). If anaemic but not confirmed iron deficiency, consider other causes of anaemia [inc myeloma] and haematology A&G. FIT may also help clarify if iron-deficiency suspected but unproven.* *If <40, or >40yo menstruating woman, or low ferritin but normal Hb, then do FIT test first & only refer if FIT10+.* *IDA is often a chronic condition. Most people with previously investigated IDA do not require re-investigation simply because IDA recurs. Re-referral (via A&G) is usually only necessary if Hb does not normalise with iron therapy or drops despite chronic iron therapy.*	**Refer 2ww** [gastroscopy and colonoscopy/CTC]; Do urinalysis as well.
40	**CHANGE IN BOWEL HABIT** +/- minor or infrequent rectal bleeding (Previously uninvestigated*) [investigate significant weight loss as above first] *Notes: If <40yo but significant concern about bowel cancer (bearing in mind that cancer risk is very low in this age group), please use same pathway*	PR exam mandatory. Add coeliac & thyroid function to blood tests. Consider stopping PPI / Metformin/ SSRI for 3 weeks before starting investigations. **Request FIT** (if possible from sample without visible blood) & await result: • FIT10+ → **refer 2ww** [colonoscopy/CTC] • FIT<10 → reassure, conservative management, calprotectin if loose stool (refer for non-2ww colonoscopy if >250x1 or >100x2), safety-net. Ongoing troublesome symptoms? ○ N → continue conservative management ○ Y → **refer** (A&G/non-2ww for troublesome symptoms; 2ww if still significant cancer concern)
40	Unexplained **RECTAL BLEEDING** (Previously uninvestigated*) [investigate significant weight loss as above first] *Notes: If <40yo but significant concern about bowel cancer (bearing in mind that cancer risk is very low in this age group), please use same pathway*	PR exam mandatory. **Request FIT** (if possible from sample without visible blood; note FIT is still discriminatory in rectal bleeding) & await result: • FIT10+ → **refer 2ww** [colonoscopy/CTC] • FIT<10 → ongoing concern about bowel cancer? ○ Y → **refer 2ww** [FS] ○ N → reassure, benign bleeding advice, safety-net. Ongoing troublesome symptoms? ▪ N → continue conservative management ▪ Y → **refer** (A&G or non-2ww)
Any	**DYSPHAGIA** (Previously uninvestigated*)	**Refer 2ww** [gastroscopy]; *if gastroscopy negative but symptoms significant, consider barium swallow, and/or ENT/head & neck referral if high (oropharyngeal) dysphagia*
Any	**STABLE HAEMATEMESIS** (Haematemesis will need A&E assessment if unstable)	**Refer non-2ww** [gastroscopy if 40yo or older, otherwise A&G]
40	**TREATMENT-RESISTANT REFLUX/DYSPEPSIA/NAUSEA/VOMITING** (Previously uninvestigated*; Follow NCA **dyspepsia guidelines** first) [investigate significant weight loss as above first]	**Refer non-2ww** [gastroscopy]

2ww: two-week wait
A&G: Advice & Guidance
CBH: change in bowel habit

CT (C)AP: (chest), abdo, pelvis [with contrast]
IDA: iron deficiency anaemia
NCA: Norther Cancer Alliance
OPA: out-patient appointment
SNSS: serious non-specific symptoms
PRB: PR bleeding
U/L GI: upper/lower gastrointestinal
US: ultrasound