

Suspected Cancer in Adults GI Symptoms (2WW)

Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number
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Attach this form to the e-referral within 24 hours

If the ERS not available, then send [this form](#) AND 'Referral header sheet' by secure email

- Patient has been informed that this is an urgent referral for suspected cancer
- The patient is available and willing to attend hospital for tests/appointment within 14 days
- The patient has been given the 2WW patient information leaflet

Hyperlinks to: [NICE GUIDANCE](#) [Patient info leaflet including easy read](#)

****NOTE TO REFERRER:**

Pre-referral criteria apply to this pathway. Failure to provide this information can lead to delay or inappropriate investigation/referral. Missing information will trigger a request for more information from the practice and may incur delay for your patient. **

- **Physical examination is mandatory (including rectal exam where indicated).**
- Your patient may be offered straight to test, clinic appointment, or no further investigation, depending on clinical assessment.
- **"Think Twice"** – have you considered whether the referral is in the patient's best interest?
 - Does the patient wish to be referred?
 - What is the referral seeking to achieve?
 - Is there likely to be an overall benefit from investigations?
 - Where there is doubt, Advice and Guidance discussion with secondary care is recommended.

Referrals which do not meet the criteria for referral and without a clear indication of the clinical concern may result in a request to downgrade the referral.

Yes	No	N/A	Mandatory check list
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIT numerical result has been included with the referral (this is mandatory where the pathway specifies FIT required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previously investigated? If this person had endoscopy or CT for the same symptoms within the last 3-5 years, please use advice and guidance instead or, if specific ongoing cancer concern, please explain in the free text below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the patient happy for straight to test investigation (may include endoscopy, radiology, capsule colonoscopy or cytosponge)?

Patient Fitness: Information essential to arrange direct to test investigations in secondary care

NB: If patient wanting sedation, they must be able to organise escort home and observation overnight

Consent		
<input type="checkbox"/>	No Problems anticipated	
<input type="checkbox"/>	There may be a problem with consent e.g., significant dementia or learning disability	Include details in referral narrative clinical assessment may be needed before investigations
Disability		
<input type="checkbox"/>	No difficulty coping with investigation anticipated. No cognitive impairment/behavioural issues that would make it difficult to manage the investigations	Straight to test investigations will be considered (expected to be able to deal with bowel prep + changing position on couch by self)
<input type="checkbox"/>	There may be difficulties coping with investigations due to physical or mental disability	Clinic first may be offered. Include details in referral narrative including known adjustments.

Appropriateness Confirm advice and guidance from secondary care	
<input type="checkbox"/>	No reduction in life expectancy. Referral in patient's best interest Referral appropriate without additional discussion (Fully complete this form only)
<input type="checkbox"/>	Significantly reduced life expectancy: GSF A (blue) – Year plus prognosis Referrer confirms agreed appropriate referral following advice and guidance or specialist advice
<input type="checkbox"/>	Very significantly reduced life expectancy: GSF B,C,D Months/ weeks / days prognosis Investigations may not be in best interest of the patient. Referrer confirms agreed appropriate referral following advice and guidance or specialist advice

If in doubt about referral route seek advice from your local secondary care team

NCA combined abdominal symptoms		Clinic guidance		Hyperlink to: Detailed guidance on NCA website	Filter test results required before referral	Action before referral
2WW NCA referral	Age					
	Any	<input type="checkbox"/>	Dysphagia (Previously un-investigated)		FBC, U+E, LFTs, Bone, CRP	
	≥40	<input type="checkbox"/>	Jaundice (if concern about malignancy; must have raised bilirubin and either raised alkaline phosphatase or GGT)		FBC, U+E, LFTs, Bone, CRP,	
	Any	<input type="checkbox"/>	Abdominal Mass or Radiological suspicion of GI malignancy (include details in clinical narrative)		FBC, U+E, LFTs, CA125(women)	
	Any	<input type="checkbox"/>	Anal/rectal mass/ulceration		FBC, U+E, LFTs, Bone, CRP	
	≥40	<input type="checkbox"/>	Unexplained Weight loss (>5% or strong clinical suspicion) AND GI symptoms (use SNSS pathway if no GI symptoms) Under 40 use A+G		CXR, FBC, U+E, LFT, Bone, CRP, Thyroid, Glucose, HbA1c, ESR, Coeliac, PSA/CA125 FIT test (but still refer if FIT negative) myeloma screen, immunoglobulins. urinalysis Consider HIV	Single Code Entry: Quantitative faecal immunochemical test
	≥40	<input type="checkbox"/>	Significant, non-dyspeptic, new onset of Abdominal pain 4 weeks or more unless significant concern and when GI malignancy suspected. (Use SNSS pathway if no GI symptoms) (For dyspepsia, follow hyperlink below to guidelines)		FBC, U+E, LFT, Bone, CRP, CA125 FIT test (but still refer if FIT negative)	
≥40	<input type="checkbox"/>	Previously un-investigated Iron deficiency anaemia NCA Pathway Early diagnosis supporting Primary Care =men and non-menstruating women only; proven low Hb (local lab values) & either low ferritin or low MCV or MCH). IDA is often a chronic condition and does not require re-investigation simply because IDA recurs. Re-referral (via A&G or to IDA clinic is usually necessary if Hb does not normalise with iron therapy		FBC, U+E, LFT, Bone, CRP Ferritin, Coeliac, Urinalysis (no FIT required) (if <40, or woman >40 still menstruating, FIT Test and only use 2WW referral if positive)		
Referral if FIT positive or clinical concern of cancer	≥40	<input type="checkbox"/>	Change in bowel habit (previously un-investigated) with or without rectal bleeding Consider stopping PPI/ Metformin SSRI before starting investigations Negative FIT=CRC risk <1% if normal examination and no weight loss or IDA. Safety net in primary care refer to advice and guidance from the colorectal team for persistent or troublesome symptoms		Rectal examination esp if no referral made. FBC, U+E, LFT, Bone, CRP if referral required. FIT test (if possible, from a sample without visible blood; Note FIT is still discriminatory in rectal bleeding.)	Only use 2WW referral if FIT positive or high clinical suspicion of colorectal cancer FIT negative use advice and guidance or routine referral for persistent symptoms
	≥40	<input type="checkbox"/>	Rectal bleeding (Unexplained and previously un-investigated) (Strong clinical suspicion in < 40 use same pathway) <i>most people <40yo with rectal bleeding do not need to be referred under 2ww as the cancer risk is very low in this age group – please use A&G or refer routinely to colorectal/PR bleed clinic; however, if <40yo but <u>significant</u> concern about bowel cancer), please use this pathway</i>		(Under 40y: Faecal calprotectin is more appropriate for CIBH – if > 250 make an urgent non-2ww referral or use A+G)	

NON 2WW	Any	Stable haematemesis (unstable need A+E assessment)	Use Non-urgent referral form	Use the hyperlink to: Upper GI Symptoms pathway and Dyspepsia Non-Invasive Management Pathway DNIMP
	≥40	DYSPEPSIA/REFLUX/NAUSEA/VOMITING (Previously un-investigated*) [investigate significant weight loss as above first]	Follow NCA Dyspepsia guidelines. Where indicated in that pathway, use Non-Urgent referral form	

Please indicate COVID 19 risk:

<input type="checkbox"/>	Standard	No co-morbidities
<input type="checkbox"/>	Vulnerable	Co-morbidities/frailty
<input type="checkbox"/>	Shielded	In the shielded group because of high risk from COVID 19 infection

Reason for Referral – Compulsory

The clinical information is essential to the safe and appropriate care of your patient

WEIGHT 1	WEIGHT 2	WEIGHT 3
Single Code Entry: Body weight	Single Code Entry: Body weight	Single Code Entry: Body weight
Single Code Entry: Body weight	Single Code Entry: Body weight	Single Code Entry: Body weight

PREVIOUS INVESTIGATIONS Results within last 5 years: Colonoscopy...

Significant PMH/Drugs	Yes	No	Significant PMH/Drugs	Yes	No
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	DOAC e.g., Rivaroxaban/Dabigatran/Apixaban/Edoxaban	<input type="checkbox"/>	<input type="checkbox"/>
Antiplatelet e.g., Clopidogrel, Prasugrel	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>
Insulin/Sulfonylureas	<input type="checkbox"/>	<input type="checkbox"/>	PPI/H21	<input type="checkbox"/>	<input type="checkbox"/>
Poorly controlled Angina/ACS/MI within 3 months	<input type="checkbox"/>	<input type="checkbox"/>	Prosthetic valve replacement, previous SBE or vascular graft within 1 year	<input type="checkbox"/>	<input type="checkbox"/>

History of IHD, Diabetes and CKD

NB: Recording/s below only displays the latest recording for IHD, Diabetes, CKD – Full list is displayed in PMH

: IHD - Ischaemic heart disease...

Blood Test Result since onset of symptoms and must be in the last TWO months - ESSENTIAL to triage patients direct to test

U&Es	<input type="checkbox"/> Requested Date: <input style="border: 1px dashed red;" type="text"/>
	Result within 2 months REQUIRED <input type="text"/> Date <input type="text"/>

Sodium	Single Code Entry: Serum sodium level	Single Code Entry: Serum sodium level
Potassium	Single Code Entry: Serum potassium level	Single Code Entry: Serum potassium level
Urea Level	Single Code Entry: Serum urea level	Single Code Entry: Serum urea level
Creatinine	Single Code Entry: Serum creatinine level	Single Code Entry: Serum creatinine level

eGFR result within 2 months **REQUIRED** Requested Date:

Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular	Single Code Entry: eGFR (estimated glomerular
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Calcium	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date
Calcium	Single Code Entry: Serum calcium level	Single Code Entry: Serum calcium level
Adj Calcium	Single Code Entry: Serum adjusted calcium concentration	Single Code Entry: Serum adjusted calcium concentration

LFTs	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date
Bilirubin/Total Bilirubin	Single Code Entry: Serum bilirubin level...	Single Code Entry: Serum bilirubin level...
Alkaline Phosphatase	Single Code Entry: Serum alkaline phosphatase level	Single Code Entry: Serum alkaline phosphatase level
ALT	Single Code Entry: Serum alanine aminotransferase level	Single Code Entry: Serum alanine aminotransferase level
AST	Single Code Entry: Serum aspartate aminotransferase level	Single Code Entry: Serum aspartate aminotransferase level
Gamma GT Level	Single Code Entry: GGT (gamma-glutamyl transferase) level	Single Code Entry: GGT (gamma-glutamyl transferase) level
Albumin	Single Code Entry: Serum albumin level...	Single Code Entry: Serum albumin level...
Total Protein	Single Code Entry: Serum total protein	Single Code Entry: Serum total protein
Serum CRP	Single Code Entry: Serum CRP (C reactive protein) level	Single Code Entry: Serum CRP (C reactive protein) level

FBCs/ferritin	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date
Haemoglobin	Single Code Entry: Haemoglobin estimation	Single Code Entry: Haemoglobin estimation
WCC	Single Code Entry: Total white cell count	Single Code Entry: Total white cell count
MCV	Single Code Entry: MCV - Mean corpuscular volume	Single Code Entry: MCV - Mean corpuscular volume
MCH	Single Code Entry: MCH - Mean corpuscular haemoglobin	Single Code Entry: MCH - Mean corpuscular haemoglobin
Platelets	Single Code Entry: Platelet count	Single Code Entry: Platelet count
ESR	Single Code Entry: Erythrocyte sedimentation rate	Single Code Entry: Erythrocyte sedimentation rate
Ferritin	Single Code Entry: Serum ferritin level	Single Code Entry: Serum ferritin level
HbA1c	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised	Single Code Entry: Haemoglobin A1c level - International Federation of Clinical Chemistry and Laboratory Medicine standardised

CA125	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date
CA125	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...	Single Code Entry: CA-125 (cancer antigen 125) arbitrary concentration in serum...

PSA	<input type="checkbox"/> Requested Date: <input type="text"/>	
	Result within 2 months REQUIRED	Date

PSA	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level
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Coeliac Latest results		
tTG (IgA)	Single Code Entry: Tissue transglutaminase IgA level	Single Code Entry: Tissue transglutaminase IgA level
EMA (IgA)	Single Code Entry: Endomysial antibody IgA level	Single Code Entry: Endomysial antibody IgA level

Incomplete information may delay appropriate care for your patient

PLEASE COMPLETE THE REST OF THIS FORM

Referrer details

Name of referrer:	Referring User <input type="text"/>	Date of referral:	Short date letter merged
Referring Organisation		GP details	
Organisation Name , Organisation Full Address (single line) Tel: Organisation Telephone Number Email: Organisation E-mail Address Fax: Organisation Fax Number		Usual GP Full Name Usual GP Organisation Name Usual GP Full Address (single line) Tel: Usual GP Phone Number Fax: Usual GP Fax Number	
Name of GP to address correspondence to, if different to accountable GP			<input type="text"/>

Patient details

Name:	Full Name	Address:	Home Full Address (stacked)
Gender:	Gender(full)		
DOB & Age:	Date of Birth Age: Age		
NHS number:	NHS Number		
Patient Contacts:	Home:	Patient Home Telephone	Mobile: Patient Mobile Telephone
	Work:	Patient Work Telephone	Email: Patient E-mail Address
	Carer/Advocate: The patient has confirmed the following person should be included in correspondence – Name: <input type="text"/> Contact Details: <input type="text"/>		
Contact Consent:	<input type="checkbox"/> Can leave message on answer machine <input type="checkbox"/> Can contact by text <input type="checkbox"/> Can contact by Email		NB: Not all services use Texts or Emails as a method of communication.
Ethnicity:	Ethnic Origin		
Interpreter:	<input type="checkbox"/> Yes Language: Single Code Entry: Main spoken language English... <input type="text"/>		
Accessibility Needs:	<input type="checkbox"/> Wheelchair access <input type="checkbox"/> Deaf Single Code Entry: Partial deafness... <input type="checkbox"/> Registered Blind Single Code Entry: Registered blind <input type="checkbox"/> Learning Disability, Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability... <input type="checkbox"/> Other disability needing consideration <input type="text"/> <input type="checkbox"/> Accompanied by Carer		
Risks:	<input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs) Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult... Single Code Entry: Difficult intubation Other: <input type="text"/>		
Other: Single Code Entry: Military veteran Single Code Entry: Left military service Single Code Entry: History relating to military service Single Code Entry: History relating to Army service... Single Code Entry: Has a carer Single Code Entry: Is no longer a carer Single Code Entry: Is a carer			

Accessible information

Communication support: Uses a legal advocate...

Contact method: Requires contact by telephone...

Information format: Requires information verbally...

Professional required: Interpreter needed - British Sign Language...

[If you have any problem with this form or suggested changes, please contact & click here to open direct email.](#) (NB: NOT TO BE USED FOR REFERRING A PATIENT)

NCA 2WW Combined Pathway (UGI and LGI) Referral Form EMIS Web v1 SNOMED CDRC July 2021

To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1st seen: / /

Specify reason if not seen on 1st appointment:

Diagnosis: Malignant Benign