

# Suspected Cancer in Adults GI Symptoms (2WW)

Date of referral **Short date letter merged**

<b>Name:</b>	<b>Full Name</b>	<b>DOB:</b>	<b>Date of Birth</b>	<b>NHS No</b>	<b>NHS Number</b>
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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	<b>Include details in referral narrative</b> 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	<b>Straight to test investigations will be considered</b> (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	<b>Clinic first may be offered.</b> <b>Include details in referral narrative</b> including known adjustments.

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

<b>Indicate here if the patient is unable or unwilling to complete a FIT test</b>	<input type="checkbox"/>
<b>Reason for missing FIT:</b> <input type="text"/>	
<b>FIT DECLINED: Single Code Entry: Provision of faecal immunochemical test kit declined...</b>	<input type="checkbox"/>

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

NCA combined abdominal symptoms Clinic guidance		Hyperlink to: <a href="#">Detailed guidance on NCA website</a>			
<b>2WW NCA referral</b>	Age		Filter test <b>results required before referral</b>	Action before referral	
	Any	<input type="checkbox"/>	<b>Dysphagia</b> (Previously un-investigated)	FBC, U+E, LFTs, Bone, CRP	
	≥40	<input type="checkbox"/>	<b>Jaundice</b> (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"/>	<b>Abdominal Mass or Radiological suspicion of GI malignancy</b> (include details in clinical narrative)	FBC, U+E, LFTs, CA125(women)	<b>FIT NOT NEEDED</b>
	Any	<input type="checkbox"/>	<b>Anal/rectal mass/ulceration</b>	FBC, U+E, LFTs, Bone, CRP	<b>FIT NOT NEEDED</b>
	≥40	<input type="checkbox"/>	<b>Unexplained Weight loss</b> (>5% or strong clinical suspicion) <b>AND</b> GI symptoms including new onset Diabetes (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 <b>FIT and wait for result (but still refer if FIT negative)</b> myeloma screen, immunoglobulins. urinalysis Consider HIV	Single Code Entry: Quantitative faecal immunochemical test
	≥40	<input type="checkbox"/>	Significant, non-dyspeptic, new onset of <b>Abdominal pain</b> 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 <b>FIT test and wait for result (but still refer if FIT negative)</b>	
	≥40	<input type="checkbox"/>	<b>FIT positive when q FIT offered for</b> <ul style="list-style-type: none"> <li>• ≥/ 40 with unexplained GI Symptoms</li> <li>• ≥/ 40 with unexplained raised platelets &gt; 450 on 2 occasions 6 weeks apart</li> <li>• &lt;40 if clinical suspicion of cancer</li> <li>• &lt;40 unexplained IDA as per advice below</li> </ul>	FBC, U+E, LFT, CRP <b>(FIT Test and only use 2WW referral if Positive)</b>	
≥40	<input type="checkbox"/>	Previously un-investigated <b>Iron deficiency anaemia</b> <a href="#">NCA Pathway Early diagnosis supporting Primary Care</a> =men and non-menstruating women only; proven low Hb (local lab values) & either low ferritin or low MCV or MCH). <b>IDA is often a chronic condition and does not require re-investigation simply because IDA recurs. Re-referral (via A&amp;G or to IDA clinic is usually necessary if Hb does not normalise with iron therapy)</b>	FBC, U+E, LFT, Bone, CRP Ferritin, Coeliac, Urinalysis <b>(FIT test and wait for the result – but still refer if FIT negative)</b>  (if <40, or woman >40 still menstruating, <b>FIT Test and wait for the result only use 2WW referral if FIT &gt; 10</b> )		
<b>Referral if FIT positive or clinical concern of cancer</b>	≥40	<input type="checkbox"/>	<b>Change in bowel habit</b> (previously un-investigated) with or without rectal bleeding  Consider stopping PPI/ Metformin SSRI before starting investigations <b>Negative FIT=CRC risk &lt;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</b>	Rectal examination esp if no referral made. FBC, U+E, LFT, Bone, CRP if referral required.  <b>FIT test and wait for the result (if possible, from a sample without visible blood; Note FIT is still discriminatory in</b>	<b>Only use 2WW referral if FIT positive or high clinical suspicion of colorectal cancer</b>  FIT negative use advice and guidance or

NON 2WW	≥40	<input type="checkbox"/>	<b>Rectal bleeding</b> (Unexplained and previously un-investigated) (Strong clinical suspicion in < 40 use same pathway)  <i>most people &lt;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&amp;G or refer routinely to colorectal/PR bleed clinic; however, if &lt;40yo but <u>significant</u> concern about bowel cancer), please use this pathway</i>	<b>rectal bleeding.)</b>  (Under 40y: Faecal calprotectin is more appropriate for CIBH – if > 250 make an urgent non-2ww referral or use A+G)	routine referral for persistent symptoms
	Any		Stable haematemesis (unstable need A+E assessment)	Use Non-urgent referral form	Use the hyperlink to: <a href="#">Upper GI Symptoms pathway and Dyspepsia Non-Invasive Management Pathway DNIMP</a>
	≥40		<b>DYSPEPSIA/REFLUX/NAUSEA/VOMITING</b> (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"/>	<b>Standard</b>	No co-morbidities
<input type="checkbox"/>	<b>Vulnerable</b>	Co-morbidities/frailty
<input type="checkbox"/>	<b>Shielded</b>	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 <b>within 1 year</b>	<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 type="text"/>	
	Result within 2 months <b>REQUIRED</b>	Date
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 <b>REQUIRED</b>	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 <b>REQUIRED</b>	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 <b>REQUIRED</b>	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

<b>CA125</b>	<input type="checkbox"/> Requested Date: <input type="text"/>	
	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
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...

<b>PSA</b>	<input type="checkbox"/> Requested Date: <input type="text"/>	
	<b>Result within 2 months REQUIRED</b>	<b>Date</b>
PSA	Single Code Entry: PSA (prostate-specific antigen) level	Single Code Entry: PSA (prostate-specific antigen) level

<b>Coeliac Latest results</b>		
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
<b>Referring Organisation</b>		<b>GP details</b>	
<b>Organisation Name , Organisation Full Address (single line)</b> Tel: <b>Organisation Telephone Number</b> Email: <b>Organisation E-mail Address</b> Fax: <b>Organisation Fax Number</b>		<b>Usual GP Full Name</b> <b>Usual GP Organisation Name Usual GP Full Address (single line)</b> Tel: <b>Usual GP Phone Number</b> Fax: <b>Usual GP Fax Number</b>	
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
	<b>Carer/Advocate:</b> 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	<b>NB: Not all services use Texts or Emails as a method of communication.</b>	
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) <b>Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult...</b> <b>Single Code Entry: Difficult intubation</b> Other: <input type="text"/>		
<b>Other:</b> 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 v3 SNOMED CDRC October 2022

### To be completed by the Data Team (Insert Dates)

Received: / / First Appointment booked: / /

First Appointment date: / / 1<sup>st</sup> seen: / /

Specify reason if not seen on 1<sup>st</sup> appointment:

Diagnosis: Malignant  Benign