

# Urgent Suspected Cancer in Adults GI Symptoms

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> |
|--------------|------------------|-------------|----------------------|---------------|-------------------|

**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 Fast track 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 problems with consent. – e.g., significant dementia or learning disability clinical assessment may be needed before investigations                      | Include details here: <input type="text"/>   |
| Disability               |  |  |
| <input type="checkbox"/> | No difficulty coping with investigation anticipated. No cognitive impairment/physical or behavioural issues that would make it difficult to manage the investigation | <b>Straight to test</b> investigations will be considered (expected to be able to move around and complete investigations) |
| <input type="checkbox"/> | There may be difficulties coping with investigation due to physical or mental disability <b>Clinic first may be offered.</b>   | Include details here including known adjustments. <input type="text"/>   |

**Appropriateness Confirm advice and guidance from secondary care**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | No reduction in life expectancy. Referral in patient's best interest<br><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<br><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   |

Investigations may not be in best interest of the patient.  
Referrer confirms agreed appropriate referral following advice and guidance or specialist advice

**Indicate here if the patient is unable or unwilling to complete a FIT test**

Reason for missing FIT:

**FIT DECLINED: Single Code Entry: Provision of faecal immunochemical test kit declined...**

**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](#)

| Age                     |     |                          | Filter test results required before referral   | Action before referral  |   |
|-------------------------|-----|--------------------------|--|---|---|
| Fast track NCA referral | Any | <input type="checkbox"/> | <b>Dysphagia</b><br>(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<br>(use SNSS pathway if no GI symptoms)<br>Under 40 use A+G  | CXR, FBC, U+E, LFT, Bone, CRP, Thyroid, Glucose, HbA1c, ESR, Coeliac, PSA/CA125<br><b>FIT and wait for result (but still refer if FIT negative)</b><br>myeloma screen, immunoglobulins. urinalysis<br>Consider HIV  | Single Code Entry:<br>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.<br>(Use SNSS pathway if no GI symptoms)<br>(For dyspepsia, follow hyperlink below to guidelines)   | FBC, U+E, LFT, Bone, CRP, CA125<br><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<br><b>(FIT Test and only use 2WW referral if Positive)</b>   |   |
|                         | ≥40 | <input type="checkbox"/> | Previously un-investigated <b>Iron deficiency anaemia</b><br><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<br>Ferritin, Coeliac, Urinalysis<br><b>(FIT test and wait for the result – but still refer if FIT negative)</b><br><br>(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"/> | <p><b>Change in bowel habit</b> (previously un-investigated) with or without rectal bleeding</p> <p>Consider stopping PPI/ Metformin SSRI before starting investigations</p> <p>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</p>  | <p>Rectal examination esp if no referral made.<br/>FBC, U+E, LFT, Bone, CRP if referral required.</p> <p><b>FIT test and wait for the result</b> (if possible, from a sample without visible blood; Note FIT is still discriminatory in rectal bleeding.)</p> | <p><b>Only use Fast track referral if FIT positive or high clinical suspicion of colorectal cancer</b></p> <p>FIT negative use advice and guidance or routine referral for persistent symptoms</p> |
|   | ≥40 | <input type="checkbox"/> | <p><b>Rectal bleeding</b> (Unexplained and previously un-investigated)<br/>(Strong clinical suspicion in &lt; 40 use same pathway)</p> <p><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></p> | <p>(Under 40y: Faecal calprotectin is more appropriate for CIBH – if &gt; 250 make an urgent non-2ww referral or use A+G)</p>   |  |
| <b>NON Fast track</b>   | Any |                          | Stable haematemesis (unstable need A+E assessment)   | Use Non-urgent referral form  | <p>Use the hyperlink to: <a href="#">Upper GI Symptoms pathway and Dyspepsia Non-Invasive Management Pathway DNIMP</a></p>   |
|   | ≥40 |                          | <b>DYSPEPSIA/REFLUX/NAUSEA/VOMITING</b> (Previously un-investigated*)<br>[investigate significant weight loss as above first]  | Follow NCA Dyspepsia guidelines. Where indicated in that pathway, use Non-Urgent referral form  |  |

**Reason for Referral – Compulsory**

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

Consultations:  
Consultations

| 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.,<br>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 |
|---|---|---|---|

| 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 | Single Code Entry: MCV - Mean corpuscular |

|           |  |  |
|-----------|--|--|
|           | volume   | 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><br>Tel: <b>Organisation Telephone Number</b><br>Email: <b>Organisation E-mail Address</b><br>Fax: <b>Organisation Fax Number</b> |                                     | <b>Usual GP Full Name</b><br><b>Usual GP Organisation Name Usual GP Full Address (single line)</b><br>Tel: <b>Usual GP Phone Number</b><br>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<br><input type="checkbox"/> Can contact by text<br><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: <b>Single Code Entry: Main spoken language English...</b> <input type="text"/>   |                        |   |
| Accessibility Needs:   | <input type="checkbox"/> Wheelchair access<br><input type="checkbox"/> Deaf <b>Single Code Entry: Partial deafness...</b><br><input type="checkbox"/> Registered Blind <b>Single Code Entry: Registered blind</b><br><input type="checkbox"/> Learning Disability, <b>Single Code Entry: On learning disability register Single Code Entry: Moderate learning disability...</b> <b>Single Code Entry: Impairment with substantial and long term adverse effect on normal day to day activity (Equality Act 2010) Single Code Entry: Requires reasonable adjustment for health and care access (Equality Act 2010)...</b><br><input type="checkbox"/> Other disability needing consideration <input type="text"/><br><input type="checkbox"/> Accompanied by Carer |                        |   |
| Risks:   | <input type="checkbox"/> Vulnerable Adult (Details of any recording within last 3 yrs)<br><b>Single Code Entry: Vulnerable adult Single Code Entry: No longer a vulnerable adult...</b><br><b>Single Code Entry: Difficult intubation</b><br>Other: <input type="text"/>  |                        |   |
| <b>Other:</b><br>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...<br>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 email [contact-cdrc@healthinnovationenc.org.uk](mailto:contact-cdrc@healthinnovationenc.org.uk) (NB: NOT TO BE USED FOR REFERRING A PATIENT) NCA COMBINED PATHWAY (UGI and LGI) Urgent Suspect Cancer December 2025 Snomed EMIS Web. **This form has been developed by CDRC (Clinical Digital Resource Collaborative) – CDRC partners include NENC ICB, HI NENC, CBC Health Federation Ltd, NECS, Cumbria PRIMIS Informatics, and Derwentside Health Ltd. All intellectual property rights belong to the NENC ICB, this form cannot be copied or distributed by any other organisation.**

**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