Criteria for referral for urgent assessment (GP to request FBC U&Es, Ferritin and LFTs) by a specialist within 2 weeks:

### Liver/ Gallbladder (criteria for imaging on page 2)
- Ultrasound suggestive of:
  - Liver
  - Gallbladder cancer

### Pancreas
- Unexplained jaundice if >40yrs
- Imaging suggestive of pancreatic cancer (SEE CRITERIA ON PAGE 2 OR ON URGENT CT/MRI REQUEST FORM)

Attach reports if available US scan ☐ CT abdo scan ☐ or US scan requested ☐ CT abdo scan requested ☐

For the above please advise patient to usually expect that a fast track Gastroscopy will be organised.

### Oesophagus / Stomach
- Dysphagia – food sticking on swallowing
- Upper abdominal mass consistent with stomach cancer
- Age at 55 and over with weight loss
- PLUS at least one of:
  - Upper abdominal pain
  - Gastric/acid Reflux
  - Dyspepsia

### CLINICAL INFORMATION
Other relevant clinical information (including current medication / history / details of significant family history)
Please feel free to append usual referral letter and any current results

☐ PLEASE REQUEST URGENT FBC, U&E, LFT and Ferritin

If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

<table>
<thead>
<tr>
<th>Additional Clinical Information – merge/attach active problem list</th>
<th>Yes/No</th>
<th>If yes please give details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td></td>
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<tr>
<td>Anticoagulation</td>
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<tr>
<td>Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)</td>
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<tr>
<td>Is a hoist required to examine the patient?</td>
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Medication: PLEASE ENCLOSE LIST OF MEDICATIONS
Patient engagement and availability
I confirm the following:
I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with a 2WW referral leaflet and advised the patient that they will need to attend an appointment within the next two weeks

GP Name: _______________________________________________ Date: _____ /_____ /_____

(Date of decision to refer)

Essential information to complete

Patients WHO Performance Status

- 0 Able to carry on all normal activity without restriction
- 1 Restricted in physically strenuous activity but able to walk and do light work
- 2 Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours
- 3 Capable of only limited self-care, confined to bed or chair for more than 50% of waking hours
- 4 Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair

To make a referral, submit via eRS. Use the telephone number only if you have a technical query

<table>
<thead>
<tr>
<th>EKHUFT</th>
<th>Via eRS (electronic Referral System – NHS e-Referral)</th>
<th>Tel: 01227 864240</th>
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</table>

2 week wait office: Date referral received / / Hospital clinician Referral within guidelines YES ☐ No ☐

<table>
<thead>
<tr>
<th>Imaging report received US ☐ CT ☐ other ☐</th>
<th>Blood tests available ☐</th>
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<tbody>
<tr>
<td>Actions: book OPD ☐</td>
<td>Gastroscopy ☐ CT scan ☐</td>
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</tbody>
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GUIDANCE Notes:
NICE 2015 guidance “Suspected cancer: recognition and referral” NG12 consider ‘non urgent direct access OGD’ – consider seeking advice and guidance via the electronic Referral System (eRS)

IF aged over 55’ with any one of
- Treatment resistant dyspepsia,
- Upper abdominal pain and low haemoglobin
- Raised platelet count AND any of nausea/vomiting/weight loss/reflux/dyspepsia/upper abdominal pain *
- Nausea and vomiting AND any of weight loss/reflux/dyspepsia/ upper abdominal pain *

† Please note 2ww criteria for these symptoms are on page 1

Fast track / urgent imaging:

GP should request an urgent upper GI scan using the radiology suspected cancer direct access CT/MRI imaging request form for the following: PLEASE REMEMBER IT IS THE RESPONSIBILITY OF THE GP REQUESTING THE SCAN TO ENSURE PATIENTS ATTENDANCE AND REVIEW OF THE RESULTS.

<table>
<thead>
<tr>
<th>Gall Bladder or Liver • US</th>
<th>Fast-track ultrasound to assess for gall bladder or liver cancer if: • Upper abdominal mass consistent with an enlarged gall bladder or an enlarged liver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreatic • CT or • US</td>
<td>Fast-track CT (or USS if CT is contraindicated) to assess for pancreatic cancer if either ≥60 years with weight loss and any of the following: • Diarrhoea or Constipation • Back pain or Abdominal pain • Nausea or Vomiting • New-onset diabetes</td>
</tr>
</tbody>
</table>

☐ Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria. The GP MUST give full clinical details with attached letter or information in the ‘other relevant clinical information’ box above