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| **Suspected upper gastrointestinal tract cancer 2 week wait referral** |

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| Date of decision to refer: |  | Date referral received at Trust:  |  |

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|  | Surname: First Name: Title:  |
| Gender: DOB: / / NHS Number:  |
| Ethnicity: Language: |
| Interpreter required: Transport required: |
| Patient Address:  Postcode:  |
| Contact numbers:Home: Mobile: Email:  |
|  | Registered GP Name:  |
| Practice Name :  |
| Direct line to the practice (Bypass) : |
| Main: Fax: Email: |
| Referring Clinician:  |

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| S**PECIFIC 2 WEEK WAIT REFERRAL INFORMATION** |
| **2WW clinic** |
| ☐ investigations suggest upper GI Cancer☐ upper abdominal mass consistent with stomach cancer* 40years or over and jaundice for suspected pancreatic cancer
 |
| For Patients 60 years or over with unexplained weight loss and any of the following:Diarrhoea, back pain, abdominal pain, nausea, vomiting, constipation, new‑onset diabetesPlease consider arranging an urgent CT scan to assess for pancreatic cancer in these patients if Primary care direct access is available in your area.Refer to secondary care to organise urgent CT re possible Pancreatic Cancer if no direct access available by ticking the box below & the relevant symptom(s) box.Please **consider a FIT test** in these patients as lower GI cancers can present with these symptoms.* Secondary care please consider arranging **URGENT** CT scan to assess for pancreatic cancer as is 60 years or over with unexplained weight loss and has:

Diarrhoea ☐ Backpain ☐ Abdominal pain☐ Nausea/vomiting ☐ Constipation ☐ New Onset Diabetes ☐ (Please indicate) |

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| **2WW endoscopy** |
| ☐ dysphagia  |
| 55 years or over with weight loss and any of the following:☐ upper abdominal pain☐ reflux ☐ dyspepsia **Iron Deficiency Anaemia (IDA) – See IDA pathway and please use IDA referral form** |

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| **Clinical history** *(important as helps inform most appropriate next step)* |
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| If done, please include date of last endoscopy: |

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| **Blood results (Essential)** |
| Please ensure the following recent blood results are available (U&Es must be within 4 weeks): |
| **Hb** ☐ **Na** ☐ **K** ☐ **eGFR** ☐ |

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| ☐ | **The patient is aware that this is a 2 week wait referral to exclude upper gastrointestinal cancer** |
| ☐ | The patient has been provided with a cancer pathway leaflet |
| ☐ | The patient is aware and able to attend an outpatient appointment within the next two weeks |
| ☐ | The patient is aware they may have imaging prior to seeing a clinician. |

**Please tick YES if any of the following apply to your patient:**

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| ☐ | Patient has cognitive impairment that may affect their mental capacity for consent. If yes, please confirm date best interests meeting completed: \_\_/\_\_/\_\_\_\_ |
| ☐ | Patient has significant mobility impairment |
| ☐ | Patient has significant sensory impairment (specify): |
| ☐ | Patient will require an interpreter (specify): |

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|  | **WHO Performance Status (please circle)** |
| **0**☐**1**☐**2**☐**3**☐**4**☐ | Fully active Restricted in physically strenuous activity but ambulatory and able to carry out light work Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours Capable of only limited self-care, confined to bed/chair 50% of waking hours No self-care, confined to bed/chair 100% |
| **Details of other significant medical history:** |
| **Anticoagulation and / or antiplatelet** **medication** – please state indication, medication taken and latest INR if applicable:**List or attach regular medication:** |

NICE guidance for non-urgent direct access OGD:

* Haematemesis (stable patient)
* Aged 55 years or over and:
	+ Treatment resistant dyspepsia
	+ Upper abdominal pain and low Hb (see IDA pathway if suspected lower GI cancer)
	+ 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