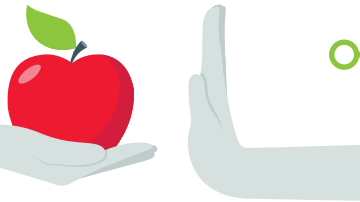


UPPER GI THINK A-G

Supporting earlier & faster cancer diagnosis



APPETITE LOSS

Appetite loss, fatigue, nausea, and weight loss can all be presenting symptoms of upper GI cancers.

A

B

C

D

E

F

G

BARRETT'S OESOPHAGUS

Barrett's Oesophagus is diagnosed endoscopically, and risk-assessed via histology. Most patients with this condition should be on a surveillance programme. High dose PPIs should be continued long-term.

CHECK BLOODS

Anaemia or raised platelets increase the suspicion of upper GI cancers; however, a normal full blood count does not exclude it. It is important to check specifically for iron-deficiency and B12 deficiency as this can trigger a different approach for the endoscopist.



DYSPEPSIA AND DYSPHAGIA

— Offer urgent, direct access upper GI endoscopy to assess for oesophageal or stomach cancer in patients with dysphagia or >55 with weight loss and dyspepsia. Consider non-urgent direct access upper GI endoscopy in patients > 55 with: treatment-resistant dyspepsia; a raised platelet count and dyspepsia; or nausea or vomiting and dyspepsia.

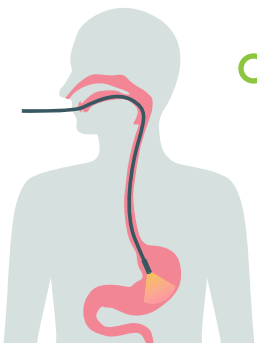


— Dysphagia is a red flag symptom and should be investigated. The Edinburgh Dysphagia Score (EDS) can support the assessment of patients with dysphagia to inform the management of patients in primary and secondary care.



ENDOSCOPY

An endoscopy is the first line of investigation for suspected malignancy and is the most accurate way of diagnosing oesophageal or stomach cancer.



FAMILY HISTORY

Familial upper GI cancers are rare, but it is useful to ask the patient about their family history.



GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR

GM referral form
 —
 Bloods
 —
 Endoscopy