GatewayC

NHS Greater Manchester Cancer Alliance

UPPER GI
THINK A-G

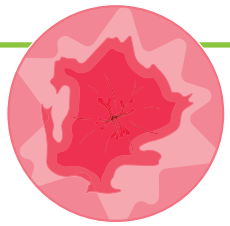
Supporting earlier & faster cancer diagnosis

A

APPETITE & WEIGHT LOSS

Appetite and weight loss as a result of dysphagia or dyspepsia are common presenting symptoms for upper GI cancer. Others symptoms include, fatigue and nausea.

B



BARRETT'S OESOPHAGUS

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

C

CHECK BLOODS

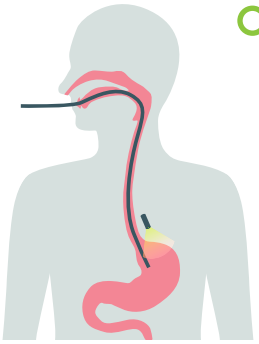
Iron deficiency anaemia or raised platelets increase the suspicion of upper GI cancers; however, a normal full blood count does not exclude it. Consider B12 deficiency which may indicate pernicious anaemia and increase the risk of stomach cancer in patients >50yrs.

D

DYSPEPSIA & DYSPHAGIA

- Refer patients with persistent, progressive dysphagia and an Edinburgh dysphagia score >3.5 or those >55 with weight loss and dyspepsia on an upper GI suspected cancer pathway.
- Consider non-urgent direct access upper GI endoscopy in patients >55 with: treatment resistant reflux/ dyspepsia; a raised platelet count and dyspepsia; or nausea or vomiting and dyspepsia.

E



ENDOSCOPY

An endoscopy is the first line of investigation for suspected malignancy and is the most accurate way of diagnosing oesophageal or stomach cancer. These cancers may not be visible on CT.

F

FAMILY HISTORY

Familial upper GI cancers are rare, but it is useful to ask the patient about their family history of cancer or Barrett's oesophagus.

G

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

The early cancer diagnosis resource

gatewayc.org.uk/register