

Suspected Upper GI Cancer

Please read and interpret in conjunction with the full NICE guidance [here](#)

Dysphagia (all ages)

OR

If aged 55 and over with weight loss **AND** any of the following:

- reflux
- dyspepsia

Upper abdominal mass

OR

If aged 55 and over with weight loss **AND** upper abdominal pain** but no reflux or dyspepsia

2ww referral for imaging. Urgent discussion with on call duty radiologist

- U/S usually in younger patients where biliary / gallbladder disease is suspected.
- CT usually in those with palpable mass and/or high probability of malignancy

2ww referral may still be needed depending on results

2ww referral

History of haematemesis

OR

People aged 55 or over with:

- treatment-resistant dyspepsia **OR**
- upper abdominal pain** with low haemoglobin levels **OR**
- raised platelet count with any of the following:
 - nausea
 - vomiting
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain**, **OR**
- nausea or vomiting with any of the following:
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain**

Consider[‡] non-urgent direct access OGD referral

2ww Referral to upper GI service will usually result in straight to test upper GI endoscopy

**Upper abdominal pain in absence of weight loss may require routine abdominal imaging (U/S) and/or upper GI endoscopy if persistent and unexplained.

NICE definitions:

[‡]**Consider**: a recommendation for which the evidence of benefit (ie referral for exclusion of cancer) is less certain and implies that more discussion with the person will be needed