

Upper GI Vetting Algorithm

Triage straight to OPA

- a. WHO performance status score 4 (Bedbound. Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair)
- b. Dementia/inability to consent to test/learning difficulty – best interest meeting-needs double slot
- c. Unstable cardiac disease
- d. Unsafe swallow (unable to have barium, faecal tagging or bowel prep)
- e. Age >90
- f. Significant comorbidity with absolute or relative contraindication to 'direct to test', as per local endoscopy or radiology protocols

Discuss with clinician

- a. WHO performance status score 3 (Capable of only limited self-care; confined to bed or chair more than 50% of waking hours)
- b. Safeguarding concerns
- c. Age <30

Choose appropriate test

Referral criteria	Age	Test/Outcome
OG referrals		
Abnormal upper GI endoscopy suggestive of cancer	Any	Check investigation results and MDT informed
Upper abdominal mass consistent with stomach cancer	Any	OGD
Dysphagia	Any	OGD
Treatment-resistant dyspepsia	<45 >45	OGD +US A OGD + CT CAP
HPB referrals		
Abnormal abdominal CT or ultrasound scan suggestive of pancreatic cancer	Any	Check investigation results and MDT informed.
Abnormal abdominal ultrasound scan suggestive of	Any	Check investigation results

liver/gallbladder cancer		and MDT informed
Upper abdominal mass consistent with an enlarged gall bladder or liver	Any	CT CAP
Painless jaundice	>40	CT CAP +/- MRCP
Painful jaundice	>40	US A +CT CAP +/- MRCP
General referrals		
Weight loss	<40	US AP + Chest x-ray
Weight loss	>60	CT CAP
	<60	CT AP + Chest x-ray
Weight loss + upper GI symptoms	>50	OGD + above Tumour markers – CA 19-9, CEA, PSA (for men) and CA 15-3 and CA125 for women
Weight loss + lower GI symptoms	>60	Colonoscopy + CT CAP
	<60	Colonoscopy + CT AP +Chest x-ray Tumour markers – CA 19-9, CEA, PSA (for men) and CA 15-3 and CA125 for women
Haematemesis	Any	OGD only
Melaena	Any	OGD +/- Colonoscopy
Iron Deficiency Anaemia	Any	As above + upper GI symptoms OGD As above + lower GI symptoms colonoscopy As above + non specific – OGD + Colonoscopy Tumour markers
Abnormal radiology	Any	Specific investigations – if referral comes in as abnormal radiology like abnormal abdominal ultrasound organised by the GP and lesion found in the liver: then CT CAP and Alphafetoprotein
Abdominal mass	Any	CT CAP
For symptoms of cancer in old or frail patients	>60	CT CAP

Lower GI Vetting Algorithm

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All patients: FBC, U&E, LFT, Ca2, CRP, glucose if none available in the month prior to referral (+ TFT for weight loss + coeliac antibodies for weight loss)