Interim Guidance to Support the Regional Oesophago-Gastric (OG) Be Clear on Cancer Campaign 10.02.14 – 09.03.14
Developed by Members of the OG Focus Group on 11.12.13
Upper Gastrointestinal Cancer Pathway – NICE Guidance
(Local Supplementary Guidance in Red Font)

Northern Clinical Networks & Senate

**Patient Presents With**

- **Dyspepsia with any of the following:**
  - chronic gastrointestinal bleeding
  - progressive difficulty swallowing
  - progressive unintentional weight loss
  - persistent vomiting
  - iron deficiency anaemia
  - epigastric mass
  - suspicious barium meal

**Without dyspepsia but with any of the following:**
- unexplained weight loss
- iron deficiency anaemia
- persistent vomiting and weight loss

**Patients 55 years and older with unexplained and persistent recent onset dyspepsia alone**

**Patients <55 years with unexplained and persistent recent onset dyspepsia, plus any of the following risk factors:**
- obesity
- smoking
- high alcohol intake
- family history of Barrett’s oesophagus or oesophageal cancer

**Unexplained worsening of dyspepsia, plus any of the following risk factors:**
- known dysplasia, atrophic gastritis or intestinal metaplasia
- Barrett’s oesophagus
- peptic ulcer surgery >20 years ago

**Any of the following:**
- unexplained upper abdominal pain and weight loss
- upper abdominal mass without dyspepsia
- obstructive jaundice

**Dysphagia**

**Unexplained worsening of dyspepsia**

**Urgent referral for specialist opinion or endoscopic investigation**

**Consider routine referral to open access gastroscopy (if available) or routine referral to gastroenterology as an alternative to symptomatic treatment**

*to be considered on a case by case basis*

- **Urgent (2 week wait) referral for endoscopy**
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- **Urgent (2 week wait) referral to open access gastroscopy (if available) or routine referral to gastroenterology as an alternative to symptomatic treatment**

**NB:** Patients referred for further assessment should not be treated with acid suppressing drugs (H2RA, PPI) pending their appointment, since they modify endoscopic findings. Antacids and alginate are suitable short-term alternatives.