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RAPID REFERRAL TOOLKIT

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604).

April 2012 edition

Introduction

The Rapid Referral Toolkit has been produced by **Macmillan Cancer Support**. It contains the **NICE** referral guidelines for suspected cancer and for some cancer types, a summary of the referral guidance for direct access to diagnostic tests developed by the Cancer Diagnostics Advisory Board.

The toolkit aims to provide support, guidance and / or practical solutions to those involved in the improvement of cancer care.

Macmillan Cancer Support will maintain the content of this toolkit and make updates available on our **website**.

Other parties are permitted to make use of the content within this toolkit and append locally applicable material. However, **Macmillan Cancer Support** and **NICE** will not quality check such amendments and will not endorse, support or otherwise accept any liability in relation to any amended versions of the toolkit.

Please note the toolkit aims to share learning and good practice but it is of necessity of a brief nature.

Information contained in the toolkit is not a substitute for your own clinical judgment or taking specialist professional advice in appropriate circumstances. Save in so far as any such liability cannot be excluded at law, **Macmillan Cancer Support** and **NICE** do not accept any liability for loss of any type caused by reliance on the information in this toolkit.

Visit **www.macmillan.org.uk** or for more information or call the **Macmillan Support Line free on 0808 808 00 00 (Mon-Fri 9am-8pm)**

How to use this tool

This toolkit contains hyperlinks and works much like a website.

Please use the links located on the bottom of each page to navigate through the toolkit.

There are various links to external websites in the document, look out for words **bold and underlined**.

The D icon indicates diagnostic criteria is available. Follow the links next to the icon, for example, **Take me to diagnostics >** to access this information.

Acknowledgements

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Cancer types

	Head and neck including thyroid	
	Skin	
	Urological	
D	Lung | Chest X-ray	
D	Brain and CNS | MRI brain	
	Upper gastrointestinal	
	Bone and sarcoma	
	Breast	
	Haematological	
D	Gynaecological | Non-obstretric ultrasound	
D	Lower gastrointestinal | Flexi-sigmoidoscopy	

Contacts

D Reminder
Diagnostic criteria is available for this cancer type...

Urgent referral

Refer urgently patients with:

- an unexplained lump in the neck, of recent onset, or a previously undiagnosed lump that has changed over a period of 3 to 6 weeks
- an unexplained persistent swelling in the parotid or submandibular gland
- an unexplained persistent sore or painfulthroat
- unilateral unexplained pain in the head and neck area for more than 4 weeks, associated with otalgia (ear ache) but a normal otoscopy
- unexplained ulceration of the oral mucosa or mass persisting for more than 3 weeks
- unexplained red and white patches (including suspected lichen planus) of the oral mucosa that are painful or swollen or bleeding.

For patients with persistent symptoms or signs related to the oral cavity in whom a definitive diagnosis of a benign lesion cannot be made, refer or follow up until the symptoms and signs disappear. If the symptoms and signs have not disappeared after 6 weeks, make an urgent referral.

To a dentist

- Refer urgently to a dentist patients with unexplained tooth mobility persisting for more than 3 weeks.

Monitor for oral cancer patients with confirmed oral lichen planus, as part of routine dental examination.

Advise all patients, including those with dentures, to have regular dental checkups.

For a chest X-ray

- Refer urgently for chest X-ray patients with hoarseness persisting for more than 3 weeks, particularly smokers aged older than 50 years and heavy drinkers.

If there is a positive finding, refer urgently to a team specialising in the management of lung cancer.
If there is a negative finding, refer urgently to a team specialising in head and neck cancer.

Non-urgent referral for head & neck

Refer non-urgently a patient with unexplained red and white patches of the oral mucosa that are notpainful, swollen or bleeding (including suspected lichen planus).

Immediate referral for thyroid

Refer immediately patients with symptoms of tracheal compression including stridor due to thyroid swelling.

Urgent referral for thyroid

Refer urgently patients with a thyroid swelling associated with any of the following:

- a solitary nodule increasing in size
- a history of neck irradiation
- a family history of an endocrine tumour
- unexplained hoarseness or voice changes
- cervical lymphadenopathy
- very young (pre-pubertal) patient
- patient aged 65 years and older.

Name	Title/Responsibilty	Phone	Email

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Melanoma

- Change is a key element in diagnosing malignant melanoma. For low-suspicion lesions, undertake careful monitoring for change using the 7-point checklist (see below) for 8 weeks. Make measurements with photographs and a marker scale and/or ruler.
- Be aware of and use the 7-point weighted checklist for assessment of pigmented skin lesions.

Major features of lesions:	Minor features of lesions:
• Change in size • irregular shape • irregular colour.	• largest diameter 7 mm or more • inflammation • oozing • change in sensation.

- Lesions scoring 3 points or more (based on major features scoring 2 points each and minor features scoring 1 point each) in the 7-point checklist above are suspicious. (If you strongly suspect cancer any one feature is adequate to prompt urgent referral.)

Urgent referral

Melanoma

Refer urgently patients:

- with a lesion suspected to be melanoma. (Excision in primary care should be avoided.)

Squamous cell carcinomas

Refer urgently patients:

- with non-healing keratinizing or crusted tumours larger than 1 cm with significant induration on palpation. They are commonly found on the face, scalp or back of the hand with a documented expansion over 8 weeks
- who have had an organ transplant and develop new or growing cutaneous lesions as squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive
- with histological diagnosis of a squamous cell carcinoma.

Non-rgent referral

Basal cell carcinomas

- Basal cell carcinomas are slow growing, usually without significant expansion over 2 months, and usually occur on the face. If basal cell carcinoma is suspected, refer non-urgently

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Urgent referral

Prostate

Refer urgently patients:

- with a hard, irregular prostate typical of a prostate carcinoma. Prostate-specific antigen (PSA) should be measured and the result should accompany the referral. (An urgent referral is not needed if the prostate is simply enlarged and the PSA is in the age-specific reference range.)
- with a normal prostate, but rising/raised age-specific PSA, with or without lower urinary tract symptoms. (In patients compromised by other comorbidities, a discussion with the patient or carers and/or a specialist may be more appropriate.)
- with symptoms and high PSA levels.

Bladder and renal

Refer urgently patients:

- of any age with painless macroscopic haematuria
- aged 40 years and older who present with recurrent or persistent urinary tract infection associated with haematuria
- aged 50 years and older who are found to have unexplained microscopic haematuria
- with an abdominal mass identified clinically or on imaging that is thought to arise from the urinary tract.

Testicular

- Refer urgently patients with a swelling or mass in the body of the testis.

Penile

- Refer urgently patients with symptoms or signs of penile cancer. These include progressive ulceration or a mass in the glans or prepuce particularly, but can involve the skin of the penile shaft. (Lumps within the corpora cavernosa can indicate Peyronie's disease, which does not require urgent referral.)

Non-urgent referral

- Refer non-urgently patients under 50 years of age with microscopic haematuria. Patients with proteinuria or raised serum creatinine should be referred to a renal physician. If there is no proteinuria and serum creatinine is normal, a non-urgent referral to a urologist should be made.

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Immediate referral (emergency admission if necessary)

Consider immediate referral for patients with:

- signs of superior vena caval obstruction (swelling of the face/neck with fixed elevation of jugular venous pressure)
- stridor
- Massive haemoptysis*

Urgent referral

Refer urgently patients with:

- persistent haemoptysis (in smokers or ex-smokers aged 40 years and older)
- a chest X-ray suggestive of lung cancer (including pleural effusion and slowly resolving consolidation)
- a normal chest X-ray where there is a high suspicion of lung cancer
- a history of asbestos exposure and recent onset of chest pain, shortness of breath or unexplained systemic symptoms where a chest X-ray indicates pleural effusion, pleural mass or any suspicious lung pathology.

Urgent chest X-ray

Refer urgently for chest X-ray (the report should be returned within 5 days) for patients with any of the following:

- Haemoptysis
- Unexplained persistent (over 3 weeks):
- - cough with or without any of the following, dyspnoea, loss of weight, underlying chronic respiratory problems with unexpected changes in existing symptoms, chest pain (non-cardiac) / shoulder pain (with no obvious cause), hoarseness.
- Chest signs
- Features suggestive of metastasis from lung cancer
- Other signs: finger clubbing, cervical lymphadenopathy
- Worsening spirometry*

Risk Factors

The following patients have a high risk of developing lung cancer:

- **all current or ex-smokers**
- **patients with chronic obstructive pulmonary disease**
- **people who have been exposed to asbestos**
- **people with a previous history of cancer (especially head and neck).**

An urgent referral for a chest X-ray or to a specialist can be considered sooner in these patients (for example, if signs and symptoms have lasterespiratory problems with unexplained changes in existing symptoms.

*Criteria supplied and approved by the Cancer Diagnostics Advisory Board.

Urgent chest X-ray

Refer urgently for chest X-ray (the report should be returned within 5 days) for patients with any of the following:

- Haemoptysis
- Unexplained persistent (over 3 weeks):

- cough with or without any of the following

- dyspnoea

- loss of weight/appetite

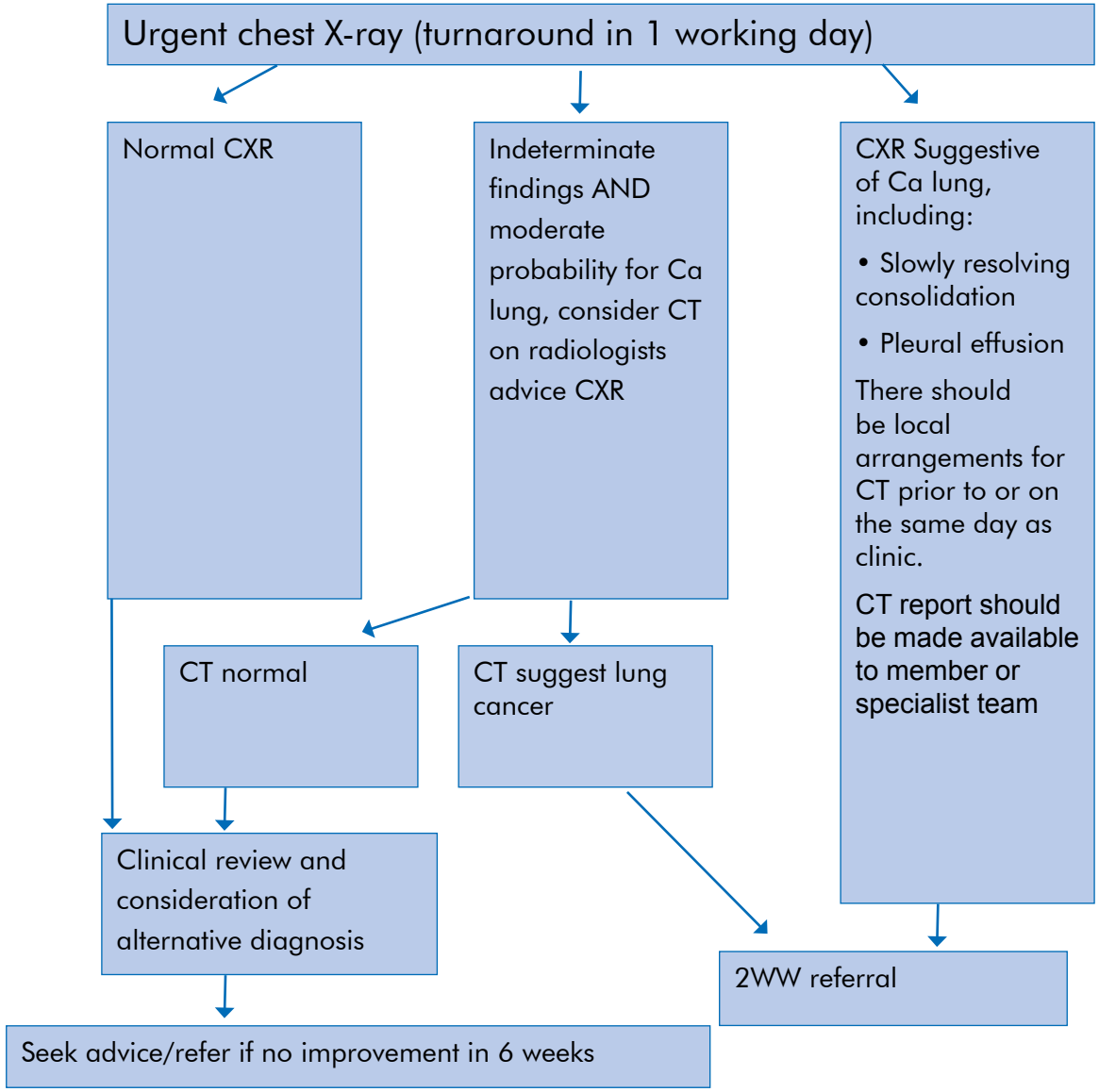
- underlying chronic respiratory problems with unexpected changes in existing symptoms

- chest pain (non cardiac)/shoulder pain (with no obvious cause

- hoarseness

- Chest signs
- Features suggestive of metastasis from lung cancer
- Other signs: finger clubbing, cervical lymphadenopathy
- Worsening spirometry*

*Criteria supplied and approved by the Cancer Diagnostics Advisory Board



D Take me back to diagnostics >
Take me back to lung cancer >

Accompanying notes

1. Providing appropriate concise clinical information for the CXR request (possibly on a bespoke request form) will aid estimation of pre-test probability of significant pathology.
2. Although NICE 2005 guidance does not explicitly set an age limit for referral for CXR, consider the low incidence of lung cancer under age 40.
3. In symptomatic patients, the large majority of CXRs will be abnormal, but a normal CXR does not exclude a diagnosis of lung cancer.
4. Patients with a moderate pre-test probability of lung cancer and an indeterminate CXR may need chest CT according to the reporting radiologist's advice. Guidance from NICE states: "If a chest X-ray or chest computed tomography (CT) scan suggests lung cancer (including pleural effusion and slowly resolving consolidation), patients should be offered an urgent referral to a member of the lung cancer multidisciplinary team (MDT), usually a chest physician". There are many examples around the country where abnormal CXRs automatically trigger either a referral to a rapid access lung cancer clinic or a CT scan.
5. Any concerns regarding the very low radiation dose of CXR or repeated CXR should be taken in context with the important diagnostic information available from this test. The CXR effective dose is 0.015mSv (7), which equates to 2.5 days of background radiation and less than a one in a million risk of developing fatal cancer.

D Take me back to diagnostics >
Take me back to lung cancer >

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Urgent referral

1

Refer urgently patients with:

- Symptoms related to the CNS, including:
- progressive neurological deficit
- new-onset seizures
- headaches
- mental changes
- cranial nerve palsy
- unilateral sensorineural deafness in whom a brain tumour is suspected

Headaches of recent onset accompanied by features suggestive of raised intracranial pressure, for example:

- vomiting
- drowsiness
- posture-related headache
- pulse-synchronous tinnitus or by other focal or non-focal neurological symptoms, for example blackout, change in personality or memory

A new, qualitatively different, unexplained headache that becomes progressively severe.

2

Suspected recent-onset seizures (refer to neurologist).

Consider urgent referral (to an appropriate specialist) in patients with rapid progression of:

- subacute focal neurological deficit
- unexplained cognitive impairment, behavioural disturbance or slowness, or a combination of these
- personality changes confirmed by a witness and for which there is no reasonable explanation even in the absence of the other symptoms and signs of a brain tumour.

1 2 3

See MRI brain diagnostic card for more information >

1. Examination should include checking fundi for pappilloedema. If headache is suspicious of raised intracranial pressure and there is doubt regarding presence or absence of pappilloedema urgent assessment by optometrist could be undertaken depending on local arrangements.

2. If fever, drowsiness, neck stiffness or concern re CNS infection, thrombosis or sub-arachnoid haemorrhage contact neurological services same day. Suggested clarification from the Cancer Diagnostic Advisory Board.

Non-urgent referral

3

Consider non-urgent referral or discussion with a specialist for:

Unexplained headaches of recent onset:

- present for at least 1 month
- not accompanied by features suggestive of raised intracranial pressure.

Risk Factors

Refer urgently patients previously diagnosed with any cancer who develop any of the following symptoms:

- **recent-onset seizure**
- **progressive neurological deficit**
- **persistent headaches**
- **new mental or cognitive changes**

GPs may also wish to consider direct referral for MRI brain in patients presenting with the following symptoms that have been highlighted as warning symptoms in BASH, guidelines.		
Additional groups of patients where direct access MRI brain may be of benefit	New onset headache in patients aged over 50.	Consider direct referral for MRI brain. Excluding patients where a primary diagnosis is made i.e. migraine, tension headache, cluster headache, trigeminal neuralgia and importantly temporal arteritis and MRI would not be helpful unless resistant to treatment.
	Headache causing patients to wake from sleep.	Consider direct referral for MRI brain.
	New headache in a patient with a history of immunocompromisation.	Consider direct referral for MRI brain.
	Headaches that have been present for some time but have changed significantly, particularly with a rapid increase in frequency.	Consider direct referral for MRI brain.

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Accompanying notes

1. A 'normal' scan

A normal investigation does not preclude the need for ongoing follow up, monitoring and further investigation. Furthermore, a seemingly 'normal' MRI scan may in certain instances provide false reassurance in patients who have neurological pathology that MRI scanning is unable to detect.

CT head remains the investigation of choice for investigation of a subarachnoid haemorrhage (7).

2. Suitability of MRI

It must be recognised that some patients, approximately 10% (43), (44), may be either unsuitable or unable to tolerate MRI scanning. These include patients with pacemakers in-situ or those with severe claustrophobia. In these patients, a CT scan may be an appropriate alternative investigation, though GPs will wish to consider the potential radiation exposure associated with CT scans.

3. Incidental findings

The identification of incidental pathology is a well recognised and potentially significant outcome for patients who undergo MRI scanning. It is estimated that between 3-10% of scans (45) (46) (47) may yield abnormalities in otherwise healthy individuals. This may impact on these patients in a number of ways including further investigations and the potential impact on health insurance premiums.

As incidental findings are not an infrequent result of MRI scanning, patients should have prior counselling and information to make them aware of the potential for such findings as a consequence of their investigation.

D Take me back to diagnostics >
Take me back to Brain and CNS cancer >

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Urgent referral for endoscopy/referral to specialist

Refer urgently for endoscopy, or to a specialist, patients of any age with dyspepsia and any of the following:

- chronic gastrointestinal bleeding
- dysphagia
- progressive unintentional weight loss
- persistent vomiting
- iron deficiency anaemia
- epigastric mass

Urgent referral

Refer urgently patients presenting with:

- dysphagia
- unexplained upper abdominal pain and weight loss, with or without back pain
- upper abdominal mass without dyspepsia
- obstructive jaundice (depending on clinical state) – consider urgent ultrasound if available.

Consider urgent referral for patients presenting with:

- persistent vomiting and weight loss in the absence of dyspepsia
- unexplained weight loss or iron deficiency
- anaemia in the absence of dyspepsia
- unexplained worsening of dyspepsia and:

- Barrett's oesophagus

- known dysplasia, atrophic gastritis or intestinal metaplasia

- peptic ulcer surgery over 20 years ago.

Urgent endoscopy

Refer urgently for endoscopy patients aged 55 years and older with unexplained and persistent recent-onset dyspepsia alone.

Please note:

For patients under 55 years, referral for endoscopy is not necessary in the absence of alarm symptoms.

Patients being referred urgently for endoscopy should ideally be free from acid suppression medication, including proton pump inhibitors or H2 receptor agonists, for a minimum of 2 weeks.

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Immediate X-ray

Refer for an immediate X-ray a patient with a suspected spontaneous fracture.

If the X-ray:

- indicates possible bone cancer, refer urgently
- is normal but symptoms persist, follow up and/or request repeat X-ray, bone function tests or referral.

Bone tumours

Urgent referral

Refer urgently if:

A patient presents with a palpable lump that is:

- greater than about 5 cm in diameter
- deep to fascia, fixed or immobile
- increasing in size
- painful
- a recurrence after previous excision.

If a patient has HIV, consider Kaposi's sarcoma and make an urgent referral if suspected.

Soft tissue sarcomas

Urgent Investigation

Urgently investigate increasing, unexplained or persistent bone pain or tenderness, particularly pain at rest (and especially if not in the joint), or an unexplained limp.

In older people metastases, myeloma or lymphoma, as well as sarcoma, should be considered.

Name	Title/Responsibilty	Phone	Email

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Urgent referral

Refer urgently patients:

- of any age with a discrete, hard lump with fixation, with or without skin tethering
- who are female, aged 30 years and older with a discrete lump that persists after their next period, or presents after menopause
- who are female, aged younger than 30 years:

- with a lump that enlarges

- with a lump that is fixed and hard

- in whom there are other reasons for concern such as family history

- of any age, with previous breast cancer, who present with a further lump or suspicious symptoms
- with unilateral eczematous skin or nipple change that does not respond to topical treatment
- with nipple distortion of recent onset
- with spontaneous unilateral bloody nipple discharge
- who are male, aged 50 years and older with a unilateral, firm subareolar mass with or without nipple distortion or associated skin changes.

Non-urgent referral

Refer urgently if:

A patient presents with apalpable lump that is:

- greater than about 5 cm in diameter
- deep to fascia, fixed or immobile
- increasing in size
- painful
- a recurrence after previous excision.

If a patient has HIV, consider Kaposi's sarcoma and make an urgent referral if suspected.

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Information

- Be aware that haematological cancers can present with a variety of symptoms that may have a number of different clinical explanations.
- Combinations of the following symptoms and signs warrant full examination, further investigation (including a blood count and film) and possible referral:
  - fatigue
  - breathlessness
  - alcohol-induced pain
  - drenching night sweats
  - bruising
  - abdominal pain
  - fever
  - bleeding
  - lymphadenopathy
  - weight loss
  - recurrent infections
  - splenomegaly
  - generalised itching
  - bone pain

The urgency of referral depends on the symptom severity and findings of investigations.

Immediate referral

Refer immediately patients:

- with a blood count/film reported as acute leukaemia
- with spinal cord compression or renal failure suspected of being caused by myeloma.

Urgent referral

Refer urgently patients with persistent unexplained splenomegaly.

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Urgent referral

Refer urgently patients:

- with clinical features suggestive of cervical cancer on examination. A smear test is not required before referral, and a previous negative result should not delay referral
- not on hormone replacement therapy with postmenopausal bleeding
- on hormone replacement therapy with persistent or unexplained postmenopausal bleeding after cessation of hormone replacement therapy for 6 weeks
- taking tamoxifen with postmenopausal bleeding
- with an unexplained vulval lump
- with vulval bleeding due to ulceration.

Consider urgent referral for patients with persistent intermenstrual bleeding and negative pelvic examination.

Refer urgently for an ultrasound scan patients:

- with a palpable abdominal or pelvic mass on examination that is not obviously uterine fibroids or not of gastrointestinal or urological origin. If the scan is suggestive of cancer, an urgent referral should be made. If urgent ultrasound is not available, an urgent referral should be made.

Patients warranting referral under the two week wait

Refer the woman urgently if physical examination identifies ascites and/or a pelvic or abdominal mass (which is not obviously uterine fibroids).

Patients who may benefit from a direct GP referral for test

Carry out tests in primary care if a woman (especially if 50 or over) reports having any of the following symptoms on a persistent or frequent basis – particularly more than 12 times per month:

- persistent abdominal distension (women often refer to this as 'bloating')
- feeling full (early satiety) and/or loss of appetite
- pelvic or abdominal pain
- increased urinary urgency and/or frequency

Consider carrying out tests in primary care if a woman reports unexplained weight loss, fatigue or changes in bowel habit (though colorectal cancer is a more common malignant cause).

Advise any woman who is not suspected of having ovarian cancer to reconsult with her GP if her symptoms become more frequent and/or persistent.

Carry out appropriate tests for ovarian cancer in any woman of 50 or over who has experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS), as IBS rarely presents for the first time in women of this age.

Accompanying notes

1. This pathway is based on the premise that clinical examination is undertaken at the outset. CA125 in this context is only applicable to women where examination is unremarkable.

2. If CA125 >35 IU/ml, then arrange an urgent pelvic ultrasound examination (US) within 2 weeks, ideally a trans-abdominal / trans-vaginal ultrasound scan (TA/TV US).

3. If US suggests ovarian cancer refer urgently for suspected cancer (two week wait referral).

4. NICE recommend the following management for any woman with a CA125 above threshold and a normal ultrasound.

For any woman who has a CA125 of 35 IU/ml or greater but a normal ultrasound:

- assess her carefully for other clinical causes of her symptoms and investigate if appropriate.
- If no other clinical cause is apparent, advise her to return to her GP if her symptoms become frequent or persistent

5. CA125 below threshold does not exclude ovarian cancer in symptomatic women. If CA125 below threshold then organise review of patient at 6 weeks. Ensure appropriate safety netting for reattendance if symptomatic. If there are still concerns regarding possibility of ovarian cancer (and having considered any more likely diagnosis) arrange US, ideally within 4 weeks.

6. Ensure safety netting advice re reattendance at any subsequent time if symptoms recur/persist.

7. Specific symptom diaries may be helpful to support accurate reporting of symptoms.

D Take me back to diagnostics >
Take me back to gynaecological cancer >

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Patients warranting referral under an urgent two-week wait

Refer urgently patients:

- Patients aged 40 years and older reporting rectal bleeding with a change of bowel habit towards looser stools and/or increased stool frequency persisting for 6 weeks or more.
- Patients aged 60 years and older, with rectal bleeding persisting for 6 weeks or more without a change in bowel habit and without anal symptoms.
- Patients aged 60 years and older, with a change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more without rectal bleeding.
- Patients presenting with a right lower abdominal mass consistent with involvement of the large bowel, irrespective of age.
- In patients presenting with a palpable rectal mass (intraluminal and not pelvic), irrespective of age.
- In men of any age with unexplained iron deficiency anaemia and a haemoglobin of <11g/100 ml
- In non-menstruating women with unexplained iron deficiency anaemia and a haemoglobin of <10g/100 ml.

NB: NICE guidance further outlines that GPs should consider urgently referring patients of any age presenting with iron deficiency anaemia for gastroscopy or specialist review.

Risk Factors

Offer patients with ulcerative colitis or a history of ulcerative colitis a follow-up plan agreed with a specialist in an effort to detect colorectal cancer in this high-risk group.

Patients who may benefit from a direct GP referral for flexible sigmoidoscopy

Patients presenting with the following symptoms that may be suggestive of cancer may benefit from further investigation with flexible-sigmoidoscopy to help establish a cause for their symptoms. These patients may be referred directly for flexible-sigmoidoscopy or to a one-stop clinic where available:

- Patients aged 40 years and older with unexplained rectal bleeding persisting for at least 6 weeks
- Patients aged 55 years and older presenting with rectal bleeding of any duration.

The Cancer Diagnostics Advisory Board is fully aware that in many areas services are already in place that would support direct access to flexible-sigmoidoscopy for patients with all cause symptomatology. Commissioners may wish to continue or consider extending access to these patients where local decision makers feel it preferable and capacity would allow. In such circumstances, the following criteria are suggested:

- Patients aged up to 55 years with persistent or intermittent rectal bleeding for at least 6 weeks
- Patients aged 55 years and older presenting with rectal bleeding of any duration.

Suggested management of other significant gastrointestinal symptoms			
Symptom	*Approxiamate risk of cancer*	*Does this meet 2 week wait referral criteria*	*Suggested investigation*
Rectal or abdominal mass	Unknown, but likely to be very high	Yes, regardless of the patients' age	These patients should be referred urgently for suspected cancer (two week wait)
Rectal bleeding	Varies by age, from 0.5% in those under 60 years, to 4.5% males) or 2.8% (females) in those over 80		Urgent referral for suspected cancer for NICE qualifying patients. Consider direct referral for flexible-sigmoidoscopy for: i) all patients aged over 55 with rectal bleeding of any duration; or ii) all patients aged over 40 with rectal bleeding for at least 6 weeks
Diarrhoea	Varies by age	Yes, if present for 6 weeks in patients aged over 60	Consider referral to specialist in those aged over 40 if present for at least 6 weeks with no obvious cause
Anaemia without an alternative cause	Risk increases with age and severity	Yes, if iron deficient and Hb <11g/dl in males, or <10g/dl in females of any age	Urgent referral for suspected cancer for NICE qualifying patients. Also consider urgent referral for gastroscopy
Multiple or repeated symptoms (two or more of the above)	As a rough rule, add up the figures above, assuming each of diarrhoea and anaemia, insufficient to meet the NICE threshold, to have a risk of 1%. Most combinations of symptoms will have a risk >2%	No	Consider referral to specialist
Suggested management of other common gastrointestinal symptoms			
Abdominal pain without a clear cause	1.1%	No	Consider referral to specialist those aged over 40 if present particularly with other symptoms, especially if the pain is new or different from previously experienced pain
Loss of weight	1.2%	No	Consider referral to specialist in those aged over 40 if present particularly with other symptoms
Constipation	Low risk of less than 1% in all ages	No	Consider referral to specialist in those aged over 40, particularly if present with other symptoms

D Take me back to diagnostics >

Take me back to management of symptoms >

Name	Title/Responsibilty	Phone	Email

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Please find below the range of services we offer.
Click on the contacts button below for the contact details of our team members.

Name	Title/Responsibilty	Phone	Email

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HELPING YOUR PATIENTS FIND THEIR WAY

We know that you're one of the people patients and their families turn to with their questions.

To complement your expert care, we produce a wide range of information on subjects that might help your patients such as benefits and financial support, as well as information on cancer types and treatments, the emotional effects of cancer, and practical issues such as how to talk about cancer.

Order our free information and support booklets at be.macmillan.org.uk/patientsupport

Our cancer support specialists, benefits advisers and cancer nurses are available to answer any questions your patients might have through our free **Macmillan Support Line on 0808 808 00 00**.

macmillan.org.uk provides a wealth of information on cancer types and treatments, and an online community where thousands of people share their stories and get vital support.

For free learning resources, online courses and professional development tools to help you support your patients, visit **macmillan.org.uk/learnzone**