

DIRECT (Direct Access to Gastrointestinal Endoscopy) Symptom Assessment Guide for GPs

To be used in conjunction with the DAGE pathway. Please review before referring for endoscopy & include all relevant information on the referral.

Colorectal cancer

- In general practice, single symptoms are not strong predictors of colorectal cancer
- **Consider combinations of symptoms or signs**, especially in people aged over 50, or with a family history, as risk of colorectal cancer is increased with more than one symptom
- Obtain a **full blood count and iron studies** in people with lower GI symptoms

The following are the most important symptoms associated with colorectal cancer:

- Positive FOBT screening test
- Rectal bleeding
- Blood in stools
- Change in bowel habit (loose stools or constipation)
- Unintentional weight loss
- Hb <11g in men and <10g in non-menstruating women
- Rectal or abdominal mass
- Abdominal pain

Oesophageal or gastric cancer

- In general practice, **dysphagia** in people over 55 years is the strongest predictor of oesophago-gastric cancer
- **Consider combinations of symptoms or signs, especially in people aged over 55**, as risk of oesophago-gastric cancer is increased with more than one symptom

The following are the most important symptoms and signs associated with oesophago-gastric cancer:

- Dysphagia
- Haematemesis
- Iron deficiency anaemia
- Epigastric pain
- Unintentional weight loss
- Persistent nausea or vomiting
- Loss of appetite

Please provide details about risk factors in referral

1. Family history
2. Personal history of:
 - Barrett's oesophagus
 - Colorectal polyps
 - Inflammatory bowel disease or primary sclerosing cholangitis
 - Alcohol excess
 - Smoking
3. Medical history:
 - Venous thrombosis in last year
 - Previous malignancy
4. Symptoms:
 - See above symptoms for colorectal cancer

This information will be used to assess risk of cancer and determine the urgency for endoscopy.