Homerton Healthcare NHS Foundation Trust

North East London Integrated Care Board

City and Hackney Direct Access CT for Unintentional Significant Weight Loss (possible malignancy)

Patient presents with symptoms:

- Age greater than 50
- Persistent unexplained significant weight loss with no localising symptoms (document amount of weight loss on request)
- FBC, LFTs, U&Es (results required if not taken at HUH). CXR
- Consider TFT, Hba1c, bone profile, PSA, CA125, HIV, Myeloma screen, coeliac and faecal immunochemical test (FIT)

Relevant Risk Factors

- Previous history of cancer
- Alcohol, smoking
- Ensure no neck lumps or ENT suspected pathology; neck is not included in the scanning area

-Ensure contact details correct including mobile number

-Inform patient that calls from hospital will appear as private number on their phone

- Request CT chest, abdomen and pelvis on tQuest
- GP to consider safety net template (CEG) to ensure tracking of urgent investigation.

Suspected malignancy

- Radiology email GP and Cancer referrals
- GP makes appropriate 2WW referral

No suspicious lesion

- GP reviews report with appropriate treatment or referral for non-malignant pathology

If no abnormalities are found, suggest to safety net (using CEG cancer referrals and safety netting template), and arrange patient follow-up in 4-6 weeks

-Consider Rapid Diagnostic Clinic (RDC) referral if ongoing clinical concerns - found on eRS under 2ww referrals for non-specific symptoms

-Note that Standard CT does not exclude cancer, and is not the best investigation to exclude bowel, stomach or oesophageal cancer

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