

**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), bone profile, faecal immunochemical test (FIT) and CXR undertaken prior to CT.

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

Suspected malignancy

No suspicious lesion

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

- 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