

Primary Care Direct Access to CT of Chest/Abdomen/Pelvis (CAP) for Patients with Unidentified Suspected Malignancy

PROTOCOL

Referral Criteria

1. Clinical assessment of patient by a primary care clinician leads to strong suspicion of suspected underlying malignancy, with, for example, unexplained significant weight loss of >10% body weight.
2. If there is any indication of localising signs, symptoms or laboratory tests to suggest malignancy in a specific site, direct referral to secondary care should be made using appropriate established pathways.
3. Prior to requesting a CT Chest/Abdomen/Pelvis the primary care clinician must ensure the following has been completed:
 - a. History;
 - b. Chest X-Ray
 - c. Examination;
 - d. FBC, U&E, LFT's and eGFR if not done within the last 3 months.
4. If the patient is under 40 years of age, discussion with the duty CT Radiologist should take place prior to requesting the examination.
5. If CXR report shows metastatic disease with no known primary then this CT pathway can also be used, for all age groups.
6. All Imaging should be undertaken in compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) and subsequent amendments.



