**Rapid Diagnostic Centres (RDC) GP Guide**

**Non-specific symptoms RDC pathway to exclude cancer**

Some patients present in Primary Care with worrying non-specific symptoms which the GP or Primary care practioner, may consider cancer as a potential differential diagnosis. Identifying the best placed urgent referral route for these patients can be challenging.

Your GP practice able to access the Manchester University NHS Foundation Trust (MFT) **Non-specific symptoms (NSS) Rapid Diagnostic Centre (RDC) pathway for patients presenting with non- specific /vague symptoms where cancer is a possibility.** The MFT NSS RDC clinics are held at the following hospitals throughout the course of the week: Wythenshawe Hospital, Withington Hospital and North Manchester General Hospital.

**The pathway has 2 mandatory steps**:

1. **Primary Care based urgent investigations**

In addition to a full clinical assessment and examination, it is **important for the primary to arrange the tests** below and **review their results** **before**\*referring the patient. **These tests can be selected on ICE or T-Quest as a group request and the reason for requesting should be indicated as Suspected Cancer.**

|  |  |
| --- | --- |
| FBC | Coeliac screening (to be included if patient has weight loss) |
| Renal function | Urinalysis |
| Liver function | Thyroid function |
| Ferritin | Glandular fever screen – ​consider in patients under 40  with weight loss and/ or lymphadenopathy​ |
| Plasma viscosity/CRP | HIV screen  |
| HbA1C | Myeloma screen (for > 30 only) |
| Calcium/Bone Profile | CA125 (female only) |
| FIT test (where available) | PSA (male only) |

**It will be difficult for us to assess your patient without these essential tests being completed and reviewed**\* in Primary Care first. Sending a referral without these mandatory tests is likely to result in unnecessary delay of the referral.

\*with the exception of Coeliac screening – this takes 7 days and referral should not be delayed whilst waiting for this result.

1. **Referral to the RDC**

Please review your patient as soon as possible after the initial assessment. If the cause of the patient’s symptoms has not been identified following the above tests and the clinical concern remains, please refer your patient to the RDC, via the Non- specific symptoms suspected cancer referral form.

**Please state clearly the reason(s) why you think that your patient might have cancer**. Please include the results of the mandatory Primary Care investigations with the referral. Please also include results of any other recent investigations such as ultrasound, CT/MRI, gastroscopy etc.

Outlined below are some example symptoms (which should be persistent and unexplained) to investigate through this route (non-exhaustive list):

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| --- | --- |
| * New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion)
 | * Unexplained night sweats
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| * New unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating.
 | * Hepatomegaly
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| * New unexplained vague abdominal pain of four weeks or more (less if very significant concern)
 | * Splenomegaly
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| * New unexplained, unexpected or progressive pain, including bone pain, of four weeks or more
 | * Continued patient or family concern
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| * GP ‘gut feeling’ of cancer diagnosis – reasons to be clearly described at referral.
 | * Unprovoked DVT **with other** signs and symptoms suggesting underlying cancer
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| * Abnormal radiology suggesting cancer; not needing admission and not suitable for existing urgent cancer referral
 | * Inguinal lymphadenopathy (Axillary – refer to breast clinic; Cervical – refer to Neck Lump clinic using SCR form
 |
| * Anaemia
 |  |

Your patient will be seen within a maximum of 14 days of referral at the RDC. Your patient will have a number of tests, a clinical assessment and most will receive the results on the same day.

It is important that you **inform your patient that the purpose of their referral is to diagnose quickly or rule out cancer** and to prepare them for what might happen on the day. Further instructions will be provided by hospital staff at the time the appointment is confirmed regarding specific investigations.

Should cancer be confirmed, your patient will be appropriately supported by a Clinical Nurse Specialist and referred on to the appropriate site specific cancer team for further investigations and management.