# 2 week rule CT scans ordered by GP to assess for pancreatic cancer- are they meeting the criteria for referral?

**Descriptor:**

This audit is to assess if direct access CT scans requested by General Practitioners' (GP) to assess for pancreatic cancer are meeting the referral criteria set by NICE guideline, CG12.

**Editor's Comment:**this template could be adapted to other cancers detailed in these guidelines. Suggest identifying cases either prospectively at the time of vetting, or in this instance identifying CT Pancreas scans done for GP referrers from RIS with radiologist selecting those done under this indication.

**Background:**

NICE has recently updated its suspected cancer recognition and referral guideline (NG12). The major change is the lowered risk threshold for cancer assessment. It is felt by the guideline committee that this will improve early diagnosis of cancer. One of the many recommendations from this update is for GPs to have direct access CT scans under 2 week rule if pancreatic cancer is suspected. NICE has provided the criteria for this referral. Are these criterias adhered to?

## The Cycle

**The standard:**

The indication for the CT abdomen scan should be to assess for pancreatic cancer on patients aged 60 and over with weight loss and any of the following:

a) Diarrhoea

b) Back pain

c) Abdominal pain

d) Nausea

e) Vomiting

f) Constipation

g) New-onset diabetes

**Target:**

100% of the scans should meet the above criteria.

## Assess local practice

**Indicators:**

Percentage of the scans meeting the above criteria.

**Data items to be collected:**

1) Patient’s age

2) Scan indications including patients’ symptoms on the request card

**Suggested number:**

20 consecutive requests.

**Suggestions for change if target not met:**

• Disseminating the referral criteria for the above scan via local Clinical Commissioning Group (CCG) so that GPs are aware of these criteria

• Creating a referral performa for GPs to request these scans (this could be in both paper and electronic form)

• Presenting the outcome of this audit in the local CCG meeting

• Re-audit in 6 months after recommendations are implemented

**Resources:**

Identification of patients using CRIS system by clerical staff (1 hour)

Analysis of the request information using PACS system by radiologist (3 hours)

[**2\_week\_rule\_ct\_scan\_referral\_by\_gp\_audit\_performa.pdf**](https://www.rcr.ac.uk/sites/default/files/audit_template/2_week_rule_ct_scan_referral_by_gp_audit_performa.pdf)PDF - 193.05 KB

**References:**

1. National Institute for Health and Care Excellence. Suspected cancer: recognition and referral. NICE Guideline [NG12], June 2015. <http://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#upper-gastrointestinal-tract-cancers>

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