

## 10. Upper GI

UPPER GI CANCER - Stomach Cancer <sup>17</sup>	
If the patient presents <b>with one or more</b> of the following red flags, then the referral should be triaged as 'High Suspicion of Cancer'.	
Red flags	YES or NO
Unexplained weight loss <b>with one or more</b> of the following: <ul style="list-style-type: none"> <li>• upper abdominal pain in patient aged &gt; 40yrs</li> <li>• dyspepsia</li> <li>• nausea and vomiting</li> <li>• haematemesis /malaena</li> <li>• new onset heartburn</li> </ul>	
Upper abdominal mass consistent with stomach cancer	
Dysphagia (new onset or progressive)	
Māori or Pacific of any age with a family history of stomach cancer <b>and one or more</b> of the following: <ul style="list-style-type: none"> <li>• upper abdominal pain</li> <li>• dyspepsia</li> <li>• reflux symptoms</li> </ul>	

### <sup>17</sup> Risk factors for stomach cancer, which when present increases the suspicion

- Excess alcohol intake
- Smoking
- High animal fat diet
- Socio-economic deprivation
- Previous gastric surgery
- Helicobacter pylori infection
- Type A blood
- Immune deficiency
- Family history of first degree relatives with stomach cancer
- Genetic syndromes (hereditary diffuse gastric cancer (CDH1), hereditary non-polyposis colorectal cancer (HNPCC), familial adenomatous polyposis (FAP, BRCA1 and 2, Li-Fraumeni syndrome, Peutz Jeher syndrome).

### Investigations that would be consistent with an increased risk of stomach cancer:

- Iron-deficient anaemia/low ferritin
- Platelet count
- H.pylori infection
- Endoscopy findings of chronic gastritis