CT Abdomen and Pelvis – Adult

	Referral Criteria and Prioritisation Timeframes		
Timeframe	**Clinical Presentation**	**Source**	**Referrers**

P2 Urgent: non-deferrable imaging or intervention that must be completed within 2 weeks of receiving referral	*Guidance:*
	
	The use of CT Abdomen and Pelvis (CT AP) should be reserved for patients where after initial clinical review and investigations, the primary care practitioner remains suspicious of underlying malignancy. This may include the presence of relevant persistently abnormal blood test results. Ultrasound imaging may or may not have been performed.
	
	Exclusions
	
	• *Clinical findings and initial investigations which warrant specialist referral due to a high suspicion of cancer including a palpable abdominal or rectal mass, and where initial imaging reports findings of suspected or definite cancer.*
	
	• *Clinical findings and initial investigations suggest another initial diagnostic test is more appropriate. Patients who meet the criteria for:*
	
	  • *CT Chest, Abdomen and Pelvis. See CT CAP criteria.*
	
	  • *further investigation via the Lower GI Symptoms pathway. See Colorectal Symptoms HealthPathway.*
	
	  • *Upper GI endoscopy. See relevant HealthPathway.*
	
	  • *US pelvis when considering ovarian cancer. See US Pelvis criteria.*
	
	• *Patients with advanced frailty where investigation is unlikely to change management.*
	
	When to seek advice?
	
	Criteria are not exhaustive and do not cover all presentations. Choosing the best test (which may include FIT, imaging and endoscopy) is challenging and there
		HNZ Referral Criteria Guidelines for lower GI investigations for symptomatic patients
		
		https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/conditions/cancer/cancer-investigations/lower-bowel-investigations-for-patients-symptoms
		
		NICE guideline Suspected Cancer: recognition and referral
		
		https://www.nice.org.uk/guidance/ng
			GP & UC Doctors / NPs

	should be a low threshold for seeking advice from the appropriate secondary care team. *For clinical presentations with non-specific symptoms, signs and / or abnormal lab results where the primary care practitioner is strongly suspicious of underlying malignancy, but the patient does not meet the criteria below, discussion with a Primary Care Radiology Liaison (PCRL), relevant secondary care specialist or radiologist for consideration of CT imaging is recommended.* *Please follow the relevant local HealthPathway and local processes while implementation arrangements are confirmed.*		

	• Clinician **concern for underlying malignancy** in a patient aged **55 years or older** with **persistent abdominal symptoms**[1] and at least one of the following:
	  ○ Persistently abnormal investigation results[2], such as raised inflammatory markers, unexplained anaemia, cholestatic liver function tests, thrombocytosis, or elevated LDH;
	  OR
	  ○ Concerning but non-specific clinical findings on examination.
	
	• **Clinician** concern **for underlying malignancy** in an adult with:
	  ○ A new concerning examination finding suggestive of intra-abdominal malignancy, including palpable abdominal or pelvic mass (if pelvic mass is likely gynaecological in origin, request pelvic ultrasound instead);
	  OR
	  ○ A secondary care clinician, lower GI triage service, or radiologist recommends referral for an urgent CT Abdomen and Pelvis.
	  OR
	  ○ Patients with lower GI symptoms and a Clinical Frailty Scale score of 7-9* where CT Abdomen and Pelvis is likely to inform or change management.
	
	If referring, include any additional patient-specific risk factors that increase the likelihood of malignancy, such as a personal or family history of relevant abdominal cancer or a known hereditary cancer syndrome/genetic predisposition.		

Alternative management or HealthPathway recommended.	• Current cancer diagnosis and still being actively followed up in secondary care – if any concerns, request review by the appropriate secondary care service.		

	• Patient has been investigated within the last 12 months for the same presentation - Seek advice or assessment from the relevant secondary care specialist. • Localising clinical features or results from preliminary investigations which suggest cancer in a specific system – follow relevant pathway. • CT AP or CT CAP within the last 12 months – seek advice from a radiologist or the appropriate secondary care specialist.		
Community-referred radiology not routinely funded by Health New Zealand in these clinical scenarios. **Imaging may still be appropriate, and the patient may wish to consider privately funding imaging.**	• Patients with any of the following: Advanced frailty, limited life expectancy, or where investigation is unlikely to change management.		

1. Persistent abdominal symptoms: symptoms present for more than 6 weeks, including but not limited to upper abdominal discomfort, early satiety, nausea.
2. Persistently abnormal investigation results: abnormalities which are unexplained, and persistent on repeat testing after three weeks, including but not limited to raised inflammatory markers, unexplained anaemia, cholestatic LFTs, thrombocytosis, elevated LDH.

*See the Colorectal Symptoms HealthPathway for guidance on how to calculate a patient's Clinical Frailty Score.