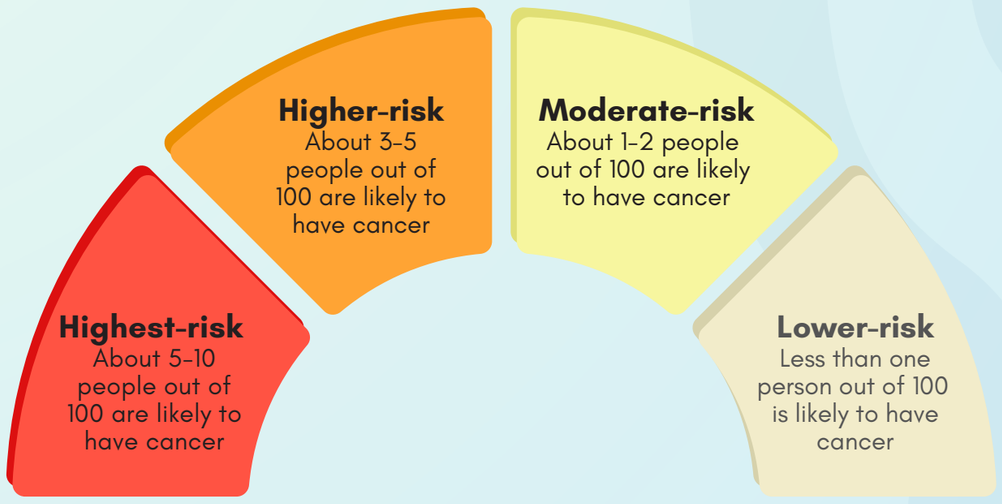
SYMPTOM GUIDE | GASTROINTESTINAL CANCERS

This is a resource to help guide investigation or referral decisions for patients with symptoms of possible Gastrointestinal (GI) cancer.

Investigation and referral decisions should be tailored to a person's individual health status and social and cultural needs. Significant disparities in cancer outcomes exist between population groups within Australia. Refer to the population-based Optimal care pathways (OCPs) for further information on unique considerations for priority populations.



= Colorectal cancer

= Hepatocellular carcinoma (HCC)

= Oesophagogastric cancer

= Pancreatic cancer

SYMPTOMS

- Abdominal bloating
- Abdominal mass
- Abdominal pain
- Abdominal tenderness
- Appetite loss
- Change in bowel habit
- Constipation
- Diarrhoea
- Dyspepsia
- Dysphagia
- Epigastric pain
- Haematemesis
- Jaundice
- Malaise
- Nausea/ vomiting
- New-onset diabetes
- Rectal bleeding
- Unexplained weight loss

TEST RESULTS

- Abnormal LFTs
- Raised ALP
- Raised inflammatory markers (ESR, CRP)
- Raised platelets
- Unexplained anaemia

FURTHER GUIDANCE

Patients with higher and highest-risk symptoms should be referred promptly for further investigation (colonoscopy, endoscopy or abdominal CT as appropriate). For patients with low-to-moderate risk symptoms, further investigation to identify an underlying cause is appropriate. All patients should be provided with safety-netting advice, including a planned timeframe for follow-up that is agreed with the patient, and the need for patient-initiated follow-up if new symptoms develop, if symptoms persist or worsen, or if the patient has further concerns. For further cancer-specific guidance, visit Step 2 of the OCPs.

Initial investigations and management

All cancers	Colorectal cancer	Hepatocellular carcinoma	Oesophagogastric cancer	Pancreatic cancer
• Detailed history including family history • Physical examination	• Digital rectal examination • FBC and serum ferritin • iFOBT • Colonoscopy (if appropriate)	• Ultrasound of the liver • Alpha-fetoprotein blood test • LFTs, FBC, EUC • Quad-phase CT of the liver (if appropriate)	• FBC and serum ferritin • Endoscopy (if appropriate)	• Abdominal CT with pancreatic protocol • Serum CA 19-9 • LFTs • When jaundice is present: LFTs, abdominal ultrasound and/or abdominal CT with pancreatic protocol

The risk of a GI cancer may increase when a patient presents with a combination of signs and symptoms. Symptom combinations that place a patient at higher or highest risk are outlined in the figure below.

SYMPTOM COMBINATIONS

Abdominal bloating with raised AST*

Abdominal pain with any of the following:
- raised platelets
- unexplained anaemia
- or a repeat presentation of abdominal pain

Dysphagia with any of the following:
- abdominal pain
- dyspepsia
- epigastric pain
- nausea/vomiting
- raised platelets
- reflux
- unexplained weight loss
- or a repeat presentation of dysphagia

Jaundice** with any of the following:
- abdominal pain
- back pain
- constipation
- diarrhoea
- malaise
- nausea/vomiting
- new onset diabetes
- unexplained weight loss

Rectal bleeding with any of the following:
- abdominal pain
- change in bowel habit
- diarrhoea
- unexplained weight loss
- or a repeat presentation of rectal bleeding

Rectal bleeding with any of the following:
- abdominal tenderness
- unexplained anaemia

Unexplained weight loss with any of the following:
- abdominal tenderness
- unexplained anaemia

Unexplained weight loss with any of the following:
- abdominal pain
- constipation
- or a repeat presentation of unexplained weight loss

Unexplained weight loss with any of the following:
- epigastric pain
- reflux

ALP Alkaline phosphatase
AST Aspartate aminotransferase
CA Cancer antigen
CRP C-reactive protein
CT Computed tomography
ESR Erythrocyte sedimentation rate
EUC Urea and electrolytes
FBC Full blood count
iFOBT Immunochemical faecal occult blood test
LFT Liver function test

* This symptom combination occurs in both women and men; however, in the evidence from primary care, only men with this symptom combination reach the 'higher-risk' threshold

** For some of these combinations, the risk of cancer is up to **22 people out of 100**

Australian Government
Cancer Australia

The incidence of cancers including colorectal cancer is increasing in people under 50 years, and GPs should remain aware of the importance of appropriate investigation and referral of symptoms in younger people.

While this resource is developed for GI cancers, some of these symptoms or signs may be indicative of other cancers and other disease, so alternative diagnoses should be considered.

This is a general guide to support investigation and/or referral decisions to complement standard diagnostic workup and clinician's judgment. The guide is based on the best available evidence[1] and expert consensus.

1. Scottish Government 2025, Scottish referral guidelines for suspected cancer 2025, <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2025/08/scottish-referral-guidelines-suspectedcancer-2025/documents/scottish-referralguidelines-suspected-cancer-2025/scottishreferral-guidelines-suspected-cancer-2025/govscot%3Adocument/scottish-referralguidelines-suspected-cancer-2025.pdf>.