
Investigating Weight Loss – at the Non-Site Specific Rapid Diagnostic Centre (NSS-RDC)

Weight loss is one of the most common reasons patients are often referred into NSS-RDCs. *National Institute for Health and Care Excellence (NICE) reported weight loss to be a feature of seven cancers in primary care, citing positive predictive values (PPVs) of 0.4–3.0%, and a cumulative PPV of 7.1% across all cancer sites, a figure considerably above the 3% threshold used by NICE in formulating their urgent investigation guidance.*¹

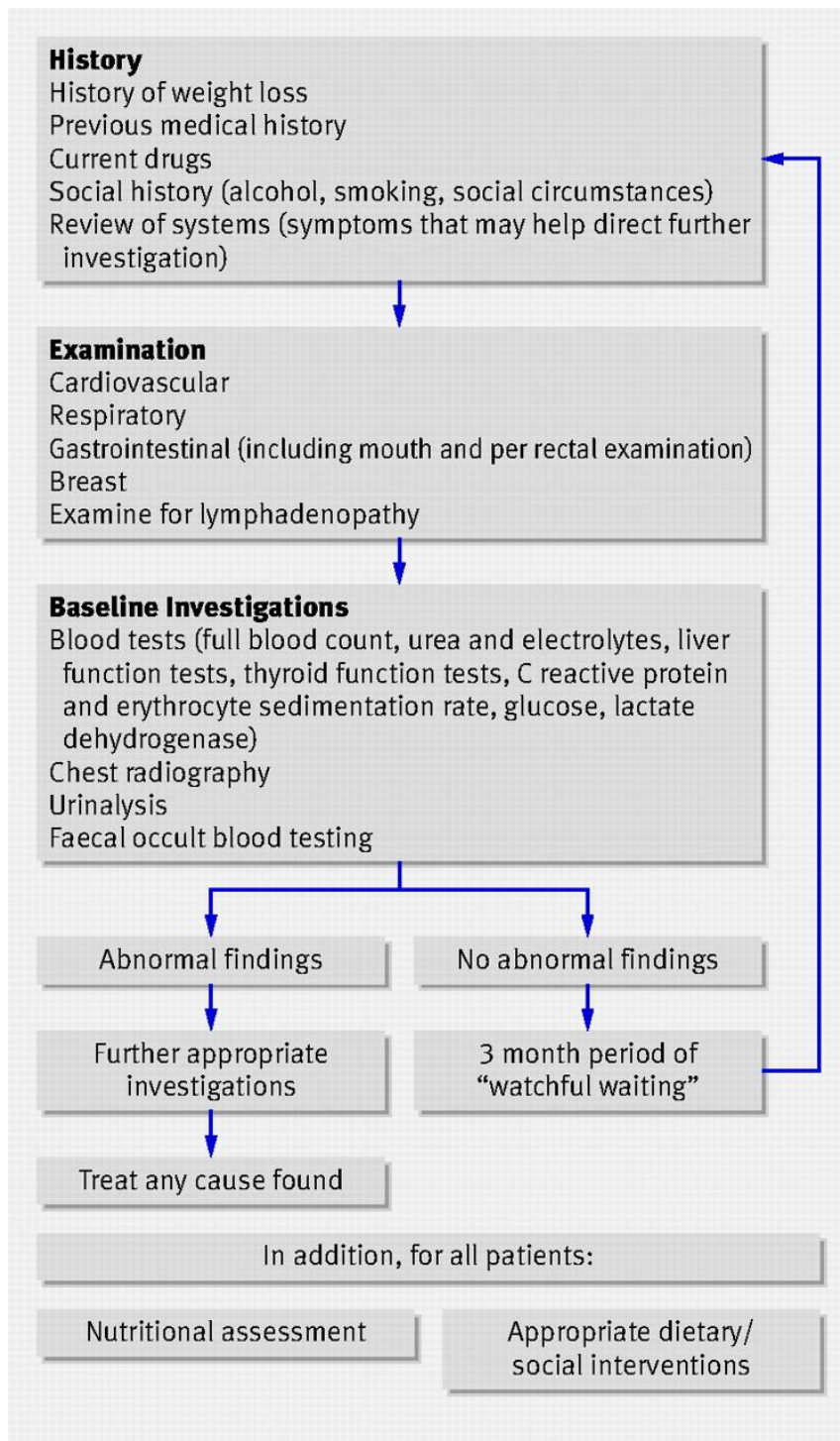
NICE (NG12) guidance on investigating non-specific features of cancer highlights the following, regarding unexplained weight loss,

- Unexplained weight loss can represent several different tumour types, including colorectal, gastro-oesophageal, lung, prostate, pancreatic or urological cancer
- Unexplained weight loss +/- abdominal pain +/- rectal bleeding can represent colorectal cancer
- Unexplained weight loss +/- cough +/- haemoptysis +/- shortness of breath +/- appetite loss in both never smokers, ex-smokers or current smokers can represent lung or mesothelioma
- Unexplained weight loss with splenomegaly can represent non-Hodgkin's lymphoma
- Unexplained weight loss with unexplained lymphadenopathy in adults can represent Hodgkin's or non-Hodgkin's lymphoma
- Unexplained weight loss with upper abdominal pain +/- reflux or dyspepsia can represent oesophageal or stomach cancer
- Unexplained weight loss in women may represent ovarian cancer
- Unexplained weight loss with diarrhoea or back pain or abdominal pain or nausea or vomiting or constipation or new-onset diabetes may represent pancreatic cancer
- Unexplained weight loss with a raised platelet count or nausea or vomiting may represent oesophageal or stomach cancer

Note the NG12 guidance has age thresholds for the urgent referral to investigation for Primary Care – which have been omitted from this document.

It is important to consider non-malignant causes of weight loss in the holistic approach of the NSS-RDC assessment.

McMinn et al approach this with the following strategy.



They also consider the following mnemonic for considering the causes of weight loss in elderly patients, *Mnemonics for causes of unintentional weight loss in elderly people*

9 Ds of weight loss in elderly¹⁴

- Dementia
- Depression
- Disease (acute and chronic)
- Dysphagia
- Dysgeusia
- Diarrhoea
- Drugs
- Dentition
- Dysfunction (functional disability)
- (Don't know was later added as a 10th "D")^{w7}

Meals on wheels¹⁵

- M: Medication effects
- E: Emotional problems (especially depression)
- A: Anorexia nervosa, alcoholism
- L: Late life paranoia
- S: Swallowing disorders
- O: Oral factors (such as poorly fitting dentures, caries)
- N: No money
- W: Wandering and other dementia related behaviours
- H: Hyperthyroidism, hypothyroidism, hyperparathyroidism, hypoadrenalism
- E: Enteric problems
- E: Eating problems (such as inability to feed self)
- L: Low salt, low cholesterol diet
- S: Stones, social problems (such as isolation, inability to obtain preferred food)

In summary in the holistic assessment of patients with unexplained weight loss the following baseline investigations are recommended to be performed,

- Routine bloods
 - FBC, UE, LFTs, TFTS, Bone, CRP, ESR, HbA1c, LDH (+/- PSA in men and Ca125 in women)
 - Faecal Immunochemical Testing (FIT)
 - Urinalysis with urinary dip
 - UGI Endoscopy
 - CT thorax, abdomen and pelvis

References

1. Brian D Nicholson, William Hamilton, Jack O'Sullivan, Paul Aveyard and FD Richard Hobbs. Weight loss as a predictor of cancer in primary care: a systematic review and meta-analysis, *British Journal of General Practice* 2018; 68 (670): e311-e322. DOI: <https://doi.org/10.3399/bjgp18X695801>
2. National Institute for Health and Care Excellence.(2015) *Suspected cancer: recognition and referral*. NG12 (NICE, London) <https://www.nice.org.uk/guidance/ng12>
3. McMinn J, Steel C, Bowman A (2011) Investigation and management of unintentional weight loss in older adults. *BMJ* **342**:d1732

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