**Non-specific symptoms**

- **Appetite loss**
  - Unexplained consider: lung, upper GI, lower GI, pancreatic, urological.
  - Ever smoked/alcohol exposed 40+.
  - With cough/TAT/SOB/chest pain/wt loss 40+.
  - Or daily satiety persistent >12x per month in women especially in 50+.

- **DVT**
  - Consider urgenral/breast/lowe GI/GI cancers.

- **Diabetes**
  - New onset with weight loss 60+.
  - Fatigue
  - Ever smoked/alcohol exposed 40+.
  - With cough/TAT/SOB/chest pain/wt loss/appetite loss
    
  - Unexplained: 40+.
  - Persistent 6+.
  - Unexplained in women.

- **Fever**
  - Unexplained consider: splenomegaly/spyromegaly 16+.
  - Finger clubbing 40+.

- **Infection**
  - Unexplained persistent/recurrent 16+.

- **Night sweats**
  - Unexplained consider: splenomegaly/spyromegaly 16+.

- **Pallor**
  - Unexplained consider: lung, upper GI, lower GI, pancreatic, urological.

- **Pruritus**
  - Unexplained splenomegaly/spyromegaly 16+.

- **Weight loss**
  - Unexplained consider: lung, upper GI, lower GI, pancreatic, urological.

**Investigation findings**

- **Anemia (IDA)**
  - 60+
  - With rectal bleeding <50.
  - Without rectal bleeding <60.
  - Anemia (normocytic)

- **Anemia (microcytic)**
  - With rectal bleeding <50.
  - BAMP suggests a myeloma.
  - *Blood glucose with visible haematuria in women 55+.
  - CA-125 ≥35IU/ml or ≥35IU/ml with normal ultrasound:
  - *CA-2: new wbc persistent with myeloma 60+.
  - CRC suggests lung cancer/ leukaemia.
  - Dermoscopy suggests
  - New onset diabetes with weight loss 60+.

- **Gynaecological**
  - Cancer - carcino- appearance:
  - Digital discharge – first presentation/primitive haematuria in 55+.
  - Vaginal discharge is unexplained and palpable in or at entrance to vagina.
  - Vaginal bleeding/lump ulceration.

- **Lumps/Masses**
  - Back with weight loss 60+.
  - Back (persistent) 60+.
  - Chest (unexplained) ever smoked/alcohol exposed 40+.
  - Chest (unexplained) with cough/TAT/SOB/weight loss/appetite loss 40+.

- **Nephrology**
  - Unexplained consider: urea protein electrophoresis and AQP urine test.
  - Urinary protein electrophoresis and AQP urine test.
  - Plasma viscosity; PV: DRE:

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- **Lumps/Masses**
  - Back with weight loss 60+.
  - Back (persistent) 60+.
  - Bone pain (persistent) 60+.
  - Bone pain (persistent) 60+.
    - Fracture (unexplained 60+.

- **Skin**
  - Unexplained consider: lung, upper GI, lower GI, pancreatic, urological.

- **Investigation findings**
  - DRE suggests prostate cancer
  - *ERPR and consistent with myeloma.
  - FIT: i.e.
  - Jaundice 40+.
  - *platorae with GOR dyspepsia/upper abdominal pain 55+.
  - *platorae with nausea/vomiting weight loss 55+.
  - *platorae with visible haematuria unexplained vaginal discharge 55+.
  - PSA above age specific range:

- **Investigation findings**
  - Urine protein electrophoresis suggests myeloma.

**Children and young people**

- **Abdominal symptoms**
  - Hepatosplenomegaly
  - Splenomegaly
  - Weight loss with splenomegaly/spyromegaly.

- **Investigation findings**
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  - **Abdominal symptoms**
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    - Splenomegaly
    - Weight loss with splenomegaly/spyromegaly.

- **Uterine symptoms**
  - Unexplained pelvic pain.

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  - Unexplained pelvic pain.

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  - **Abdominal symptoms**
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