

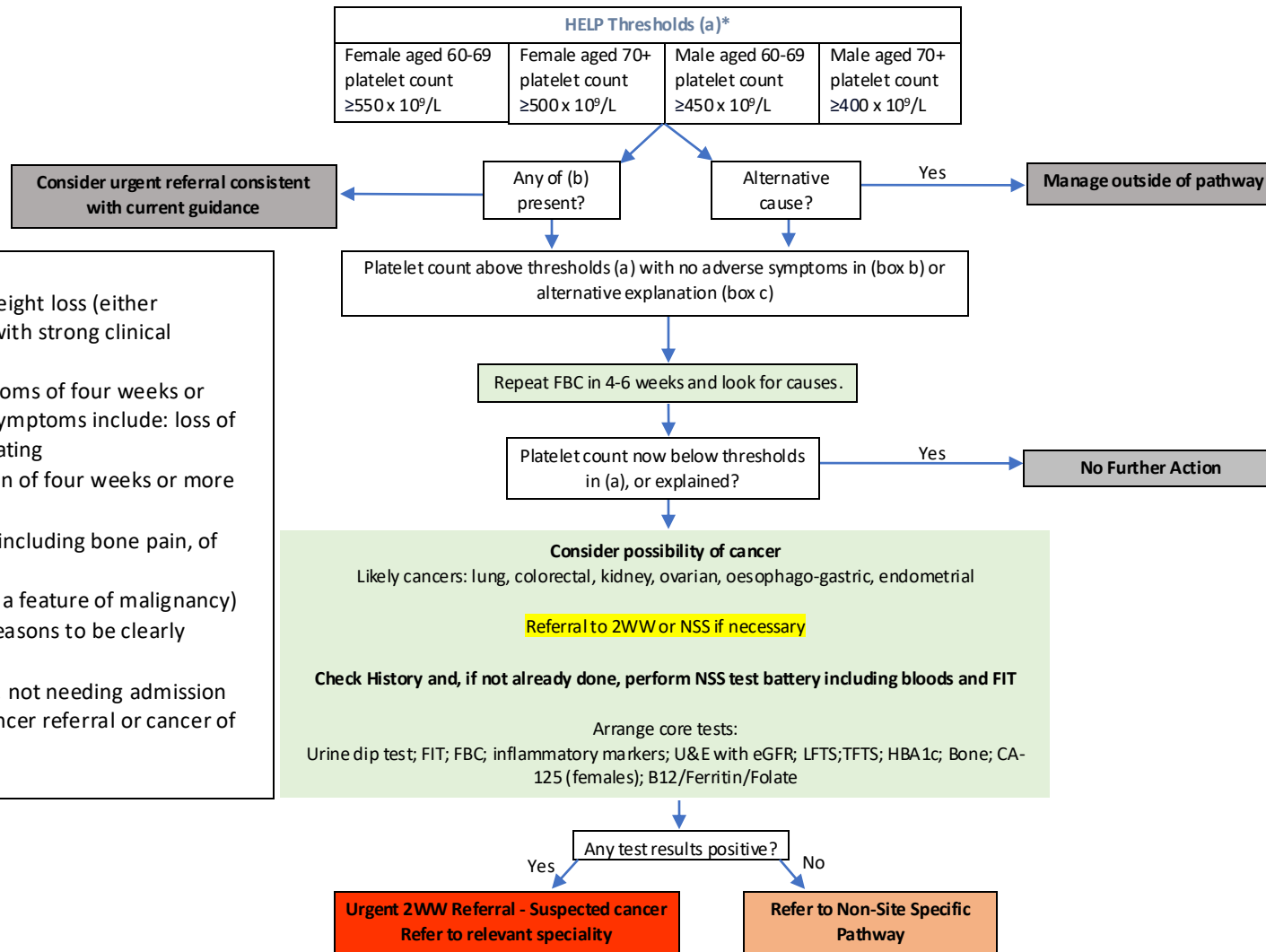
High or Elevated Level of Platelets (HELP) Flag pathway

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This pathway aims to provide information to support GPs to triage patients with elevated platelet counts.

The HELP Flag pathway should not supersede current practice in seeking advice from haematology if there is sufficient clinical concern. Follow local procedures for routine and urgent haematology referrals and guidance.



(c) Alternative causes of thrombocytosis

Consider:

- Inflammation¹
- Infection¹
- Post-splenectomy and hyposplenism (e.g., Coeliac disease)^{1,2}
- Post-operative¹
- Inflammatory bowel disease²
- Rheumatoid arthritis²
- Giant cell arteritis²
- Segmental colitis associated with diverticulosis²
- Thromboembolic disease²
- Patient is known to have a history of raised platelet count

(b) History – Check on:

- New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion)
- New unexplained constitutional symptoms of four weeks or more (less if very significant cancer). Symptoms include: loss of appetite, fatigue, nausea, malaise, bloating
- New unexplained vague abdominal pain of four weeks or more (less if very significant concern)
- New unexplained or progressive pain, including bone pain, of four weeks or more
- Iron Deficiency Anaemia (may itself be a feature of malignancy)
- GP "gut feeling" of cancer diagnosis- reasons to be clearly defined at referral
- Abnormal radiology suggesting cancer, not needing admission and not suitable for existing urgent cancer referral or cancer of unknown primary pathway