Pan-London Suspected Lower GI Cancer Referral Guide

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Diagnostic Criteria

Please offer FIT (faecal immunochemical test) to all patients with any one or a combination of the following unexplained symptoms: ***Abdominal pain, Change in bowel habit, Iron deficiency and non-iron deficiency anaemia, Weight loss, Abdominal mass, Rectal bleeding*** *(ask patient to take sample from a stool when bleeding is not seen)*

Suitability for 'Straight to Test' pathway

The following information is required to assess the patient's suitable for telephone triage and the 'straight to test' endoscopy pathway:

- Oral iron supplements should be ***stopped 10 days before a colonoscopy*** as it interferes with the quality of the test
- Recent ***eGFR / renal function (within 3 months)*** is required before MRI/CT scan as contrast may be used
- ***WHO performance score must be completed on the referral form***

The Following patients **may not be suitable** for telephone triage / 'straight to test' pathway (and this should be indicated on referral):

● With dementia ● With learning disability ● With a physical impairment that prevents a patient being ambulant from a wheelchair
● Suspected anal pathology ● On anticoagulant or antiplatelet agents (Aspirin excluded)

Referral Criteria

- **Positive FIT (Faecal Immunochemical Test) with symptoms suggestive of cancer - FIT ≥10 ug/g**
- Abnormal lower GI investigations (colonoscopy/flexible sigmoidoscopy/CT scan) suggestive of cancer
- **Unexplained** rectal mass
- **Unexplained** anal mass or anal ulceration
- **FIT<10 ug/g and clinical concerns** that do not meet criteria – **NB Provide full details in Section 1 of referral form**

SUSPECTED LOWER GI CANCER REFERRAL

RESOURCES

1. Suspected cancer: recognition and referral NICE NG12 (Feb 2021) https://cks.nice.org.uk/topics/gastrointestinal-tract-lower-cancers-recognition-referral/
2. NICE Clinical Knowledge Summary: Iron Deficiency Anaemia. NICE (2013) http://cks.nice.org.uk/anaemia-iron-deficiency
3. Bowel Cancer: Family History. Bowel Cancer UK https://www.bowelcanceruk.org.uk/about-bowel-cancer/risk-factors/family-history/
4. Guidance on the use of CT colonography for suspected colorectal cancer. British Society of Gastrointestinal and Abdominal Radiography & Royal College of Radiologists (2014) https://www.rcr.ac.uk/sites/default/files/publication/BFCR(14)9_COLON.pdf
5. Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care (DG30). NICE (2017) https://www.nice.org.uk/guidance/dg30

Non-Specific Symptoms

If no specific criteria are met, consider seeking Advice and Guidance from a specialist before referring urgently or consider referring patients who do not meet specific criteria to your local Rapid Diagnostic Service.

Routine referrals (not for urgent cancer pathway)

- Haemorrhoids
- Fissures

Safety netting: The GP has clinical responsibility for ensuring appropriate follow up and onward referral is arranged for patients referred on direct access investigations. In many cases positive results may be forwarded directly to the cancer team but the GP must ensure a referral has been made and that appropriate safety-netting arrangements are in place.