

Frimley Health NHS Foundation Trust Suspected Cancer Referral Guide – Lower GI

Due to the COVID 19 pandemic the referral pathway for Lower GI 2 WW referrals has been updated. The following mandatory pathways have been agreed:

- Patients with unexplained abdominal, anal or rectal mass (including unexplained anal ulceration) should be referred via the normal 2WW pathway (U&E, FBC, Ferritin must be completed)
- For **ALL** other patients with a suspicion of LGI cancer GPs must complete bloods as above (U&E, FBC, Ferritin, coeliac antibody) and ask patients to complete a **MANDATORY FIT** test. The results of which must be reviewed:
 - Where FIT value > 10 GPs should refer patients on 2WW pathway
 - Where FIT value <10 This result is likely to exclude a cancer risk 1:1000. The patient should be safety-netted and reviewed in primary care after 4 - 6 weeks. If still concerned, seek A&G specialist advice, exclude other pathology.
 - If there is ongoing clinical concern, progressive or alarm symptoms despite FIT <10 (see additional guidance and FAQs for further information) – please refer via the 2WW pathway providing detail in free text box (FBC, U&E, ferritin and coeliac antibody required)

A FIT test result < 10 indicates that there is 99.6% chance that the patient does not have colorectal cancer

Patients referred in line with NICE NG12 guidelines and who have had the pre-referral mandatory blood and stool tests performed will be entered on the secondary care Patient Tracking List (PTL) and will be triaged based on the presenting symptoms as well as the results of the FIT test and onward management will be subsequently be arranged. In the case of patients >70 years or <70 years with comorbidity (heart or lung disease/diabetes/immunosuppressed) significant to preclude active treatment the primary care clinician should ensure the patient is aware prior to referral that active investigation or treatment may not be possible or appropriate with the current risk of COVID-19.

Suspected Lower GI Cancer (2WW) Referral Criteria

- Any Age: Abnormal Lower GI investigations (colonoscopy/flexible sigmoidoscopy) suggestive of cancer
- Any Age: Suspicious abdominal or rectal mass
- Any Age: Unexplained anal mass or ulceration
- ≥ 40 years: Positive FIT test, unexplained abdominal pain and weight loss
- < 50 years: Positive FIT test, unexplained rectal bleeding for 4 weeks **AND** any of the following unexplained symptoms*
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron-deficiency anaemia
- ≥ 50 years: Unexplained rectal bleeding for 4 weeks
- ≥ 60 years: Positive FIT test and unexplained change in bowel habit
- ≥ 60 years: Positive FIT test and Iron-deficiency anaemia
- Referral due to ongoing **clinical concern, progressive** or **alarm symptoms** despite FIT <10

*** Patient should take the sample from a stool when bleeding is not seen**

Patients that do not meet these criteria may benefit from Symptomatic FIT testing in Primary Care **WITHOUT** referral on the suspected cancer (2ww) pathway.

Symptomatic FIT testing can be offered to adults **without** rectal bleeding who:

- Are aged 50 or over with unexplained:
 - Abdominal pain **or**
 - Weight loss **or**
- Are aged under 60 with:
 - Changes in their bowel habit **or**
 - Iron-deficiency anaemia **or**
- Are aged 60 or over and have anaemia without iron deficiency.

If positive FIT then to refer on the Suspected Lower GI cancer referral pathway.

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SUITABILITY FOR THE 'STRAIGHT TO TEST' PATHWAY

The following information is required to assess whether the patient is suitable for the 'straight to test' endoscopy pathway. The Following patients may not be suitable for the 'straight to test' pathway:

- With dementia
- With learning disability
- With a physical impairment that prevents a patient being ambulant from a wheelchair.
- On anticoagulant or antiplatelet agents (Aspirin excluded)
- Who are unsuitable for telephone assessment

Please also enter **Rockwood Clinical Frailty Scale** to establish if the patient is suitable for 'straight to test' endoscopy.

Score

1. **Very Fit** – robust, fully active, energetic and motivated and exercise regularly
2. **Well** – no active disease symptoms but are less fit than category 1. Occasionally exercise (able to carry out light work).
3. **Managing Well** – medical problems are well controlled but are not regularly active beyond routine walking. (Up and about 80% of waking time)
4. **Vulnerable** – while not dependent on others for daily help, symptoms limit activities (tired during the day)
5. **Mildly Frail** – often have more evident slowing, and need help in high order instrumental activities of daily living (IADLs) (progressively impairs light work)
6. **Moderately Frail** – need help with all outside and household activities including self-care
7. **Severely Frail** – completely dependent for personal care, (physical or cognitive), but stable and not at high risk of dying within 6 months (confined to bed/chair 50%)
8. **Very Severely Frail** - completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness. (No self-care, confined to bed/chair 100%)
9. **Terminally ill** - approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.



SUSPECTED LOWER GI CANCER REFERRAL

RESOURCES

1. Suspected cancer: recognition and referral (NG12). NICE (2015) <http://www.nice.org.uk/guidance/ng12>
2. Colorectal Cancer Management Guidance in Response to COVID-19 – NHS SE Region - April 2020
3. NICE Clinical Knowledge Summary: Iron Deficiency Anaemia. NICE (2013) <http://cks.nice.org.uk/anaemia-iron-deficiency>
4. Best Practice Commissioning Pathway for the early detection of colorectal cancer. TCST (2013)
5. Bowel Cancer: Family History. Bowel Cancer UK <http://www.bowelcanceruk.org.uk/media/100980/familyfinfin.pdf>
6. 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](https://www.rcr.ac.uk/sites/default/files/publication/BFCR(14)9_COLON.pdf)