

Pan-London Suspected Cancer Referral Guide – Lower Gastrointestinal

FIT (faecal immunochemical test) is now available for patients who are deemed “low risk but not no risk” as per NICE DG30 guidance, which was released in July 2017. A pan London FIT Steering Group agreed the low risk DG30 pathway and it was agreed at the cancer commissioning board that London should roll out FIT for patients who meet the following referral criteria:

- **≥50 years with unexplained abdominal pain or weight loss**
- **<60 years with changes in their bowel habit or iron deficiency anaemia**
- **≥60 years and have anaemia even in the absence of iron deficiency**

Patients who have a positive FIT which is suggestive of cancer, should then be sent on an urgent 2ww referral pathway

NOTE: If FIT testing is not available AND there are additional CLINICAL CONCERNS, refer patient as an urgent suspected cancer referral and give full clinical details in ‘Additional clinical information’.

Roll out of the FIT test in London is currently being rolled out in a phased approach, therefore if you are unsure as to whether your CCG is using FIT for low risk patients, please contact your CCG GP Cancer Lead or your Cancer Alliance.

SUITABILITY FOR TELEPHONE TRIAGE / ‘STRAIGHT TO TEST’ PATHWAY

The following information is required to assess whether the patient is suitable for telephone triage and the ‘straight to test’ endoscopy pathway.

Please note **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.

The Following patients may not be suitable for telephone triage / ‘straight to test’ pathway:

- 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)
- Who are unsuitable for telephone assessment

Please also enter the WHO Performance Score to establish if the patient is suitable for 'straight to test' endoscopy.

Score

- 0 Fully active, able to carry on all pre-disease performance without restriction.
- 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work.
- 2 Ambulatory and capable of all self-care but unable to carry out any work activities. The patient is up and about more than 50% of waking hours.
- 3 Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.
- 4 Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair.

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For some of these symptoms please also consider other possible cancer sites e.g. upper GI, gynaecology, lung and non-cancer diagnoses.

Adults with:

- Abnormal lower GI investigations (colonoscopy/flexible sigmoidoscopy) suggestive of cancer
- Positive FIT (Faecal Immunochemical Test) suggestive of cancer (please attach pathology findings to referral form)
- Any age with unexplained rectal or abdominal mass
- Any age with unexplained anal mass or unexplained anal ulceration
- ≥40 years and over with unexplained weight loss and abdominal pain
- ≤50 years with rectal bleeding and any of the following unexplained symptoms:
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron deficiency anaemia (attach results)
- ≥50 years with unexplained rectal bleeding
- ≥60 years with iron deficiency anaemia
- ≥60 years with changes in their bowel habit



SUSPECTED LOWER GI CANCER REFERRAL

RESOURCES

1. Suspected cancer: recognition and referral (NG12). NICE (2015) <http://www.nice.org.uk/guidance/ng12>
2. NICE Clinical Knowledge Summary: Iron Deficiency Anaemia. NICE (2013) <http://cks.nice.org.uk/anaemia-iron-deficiency>
3. Best Practice Commissioning Pathway for the early detection of colorectal cancer. TCST (2013)
4. Bowel Cancer: Family History. Bowel Cancer UK <http://www.bowelcanceruk.org.uk/media/100980/familyfinfin.pdf>
5. 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)
6. Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care (DG30). NICE (2017) <https://www.nice.org.uk/guidance/dg30>