Revised Colorectal Pathway

Pathway for investigation of patients with symptoms which may be associated with colorectal cancer using FIT testing in primary and secondary care.

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Why is there a need for a revised pathway?

Large numbers of patients with abdominal and lower gut symptoms present to GPs and it is important to identify and diagnose those who may have colorectal cancer as quickly as possible.

Prior to the COVID crisis this involved large numbers of patient being referred to secondary care following NICE NG12 guidance and those were investigated mainly with colonoscopy. The services in secondary care were barely able to manage the numbers required even at that time. The conversion rate for patients referred as suspected cancer to secondary care was low compared to other 2ww services.

Severe restrictions on capacity for endoscopy have now resulted from the need to apply more stringent infection control processes. This also applies to radiology capacity. Therefore, we need to consider all available options for triaging these patients into higher and lower risk groups to ensure effective use of these scarce resources. All areas of the country have been reviewing their pathways to allow management of these patients utilising the FIT test but taking into account other factors. The 4 Cancer Alliances covering the South West of England (Peninsula, SWAG, Wessex and Thames Valley) have agreed a unified approach using a pathway flow chart and advice on the assessment and review of patients. Each had almost identical pathways in development and used the TV pathway as a basis for their own as this had been through a wider consultation process at the time. The advice and flow chart have been modified to accommodate local arrangements for investigation such as the RDS protocol and IDA protocol.

Evidence that the FIT test for blood in faeces is a safe test to triage patients has now emerged. National guidance supports the use of the test now. It would have been reasonable to change the pathway for patients even without the COVID crisis, but that has highlighted and brought forward the case for change.

Patients, without more concerning signs or symptoms, with a FIT test result of less than 10 have a risk of bowel cancer significantly less than the NG12 threshold for suspected cancer referral of 3%. In fact, this is much closer to the incident risk of asymptomatic adults having a bowel cancer of 0.25%.

Within the South West the combined Cancer Alliances of SWAG and Peninsula had already made the FIT test available in GP surgeries to test patients low lower risk symptoms and this is now fully commissioned by all CCGs in the region.

The key elements of the pathway are: -

Initial assessment of the patient by the GP including abdominal/PR examination and arranging investigations as indicated

Referral of patients with symptoms and signs known to be of greater concern

Use of the FIT test to triage others into a high-risk group, for suspected cancer referral, and low risk group who could be reassured that they have a very low risk of bowel cancer but also safety netted to ensure that their symptoms resolve or do not change.

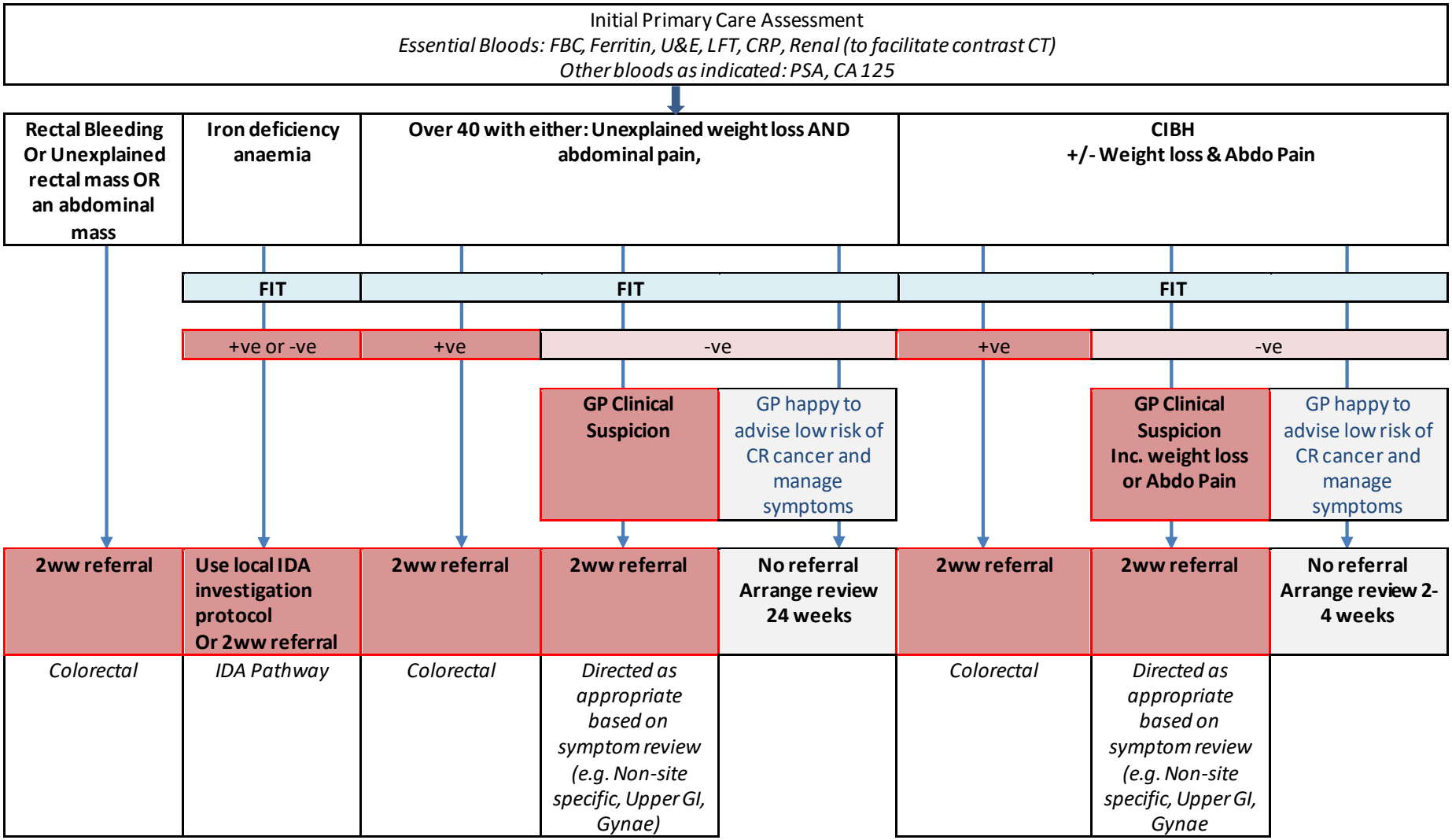
A review of the low risk group 2-4 weeks by phone is appropriate as a safety netting process. Where symptoms persist, and the GP does not feel able to offer appropriate treatment, they could consider options such as advice and guidance and routine secondary care review.

At any time, GPs who have heightened concern that the patient's symptoms are concerning for cancer should refer through the normal process. As many of these patients will have more vague abdominal symptoms, they should consider using the non site specific rapid diagnosis pathways available in their area.

Where patients have been referred to secondary care, and the triage has indicated a very low risk of cancer, the same symptom review and safety netting process should be employed by the secondary care team. Allowing patient who are identified as having low CR cancer risk to avoid colonoscopy and be offered symptomatic treatment.

Revised Colorectal Pathway Flow Chart

This flow chart shows the process for assessing the risk of colorectal cancer. It should be read with the guide below which gives advisory support on the decision making and review process.



Lower Gastro-intestinal (LGI) Cancer Safety Netting Guidance <10ug/g FIT Result

1. Be aware that other non-Gastrointestinal pathology may account for symptoms e.g. Renal, gynaecological, upper GI. Direct questions and investigations to assess other potential areas.

2. Specifically, when FIT is <10ug/g, this suggests an extremely low probability of LGI cancer. However, it should be remembered that LGI cancers with FIT <10ug/g, do occur. It is important to remember, patients with bowel cancer and a FIT <10µg/g often have other symptoms or signs of cancer, including anaemia, weight loss etc.

3. LGI cancer needs to be excluded first when there is:
    a. the presence of a palpable abdominal or rectal mass
    b. iron deficiency anaemia without other obvious cause e.g. menorrhagia
    c. unexplained weight loss

4. Safety-netting includes reviewing the patient at an interval of no more than 4 weeks after the FIT test result to assess for other "red flags" or alarm, persistent, new, or worsening symptoms for LGI cancers, e.g. increasing rectal bleeding, abdominal pain, appetite loss, weight loss, and ongoing change in bowel habit.

5. With any combination of the above symptoms, signs, and tests, then the you should consider referring the patient, regardless of the FIT result

6. At the time of writing this guidance, there is currently no data to support repeating the FIT Test again, but various areas nationally are considering this, when the patient's symptoms still do not fulfil the NICE NG12 LGI Cancer criteria. However, to avoid delay, if FIT is <10ug/g and you are concerned due to new, persistent, or worsening symptoms, or are so concerned that considering repeating the FIT investigation, it is appropriate to seek advice or refer the patient rather than repeating the FIT

7. If there is still concern or uncertainty without fulfilling the pathway criteria, but still a **"gut-feeling"** by the GP, then timely advice should be sought by employing Advice & Guidance, use of the local Rapid Diagnostic Service –non site specific protocol, or onward referral on the LGI Urgent Suspected referral pathway (e.g. even if FIT test is <10ug/g).