

## **Revised pathway for investigation of patients with symptoms which may be associated with colorectal (CR) cancer using FIT testing in primary and secondary care.**

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 endoscopy services in secondary care had seen increasing levels of demand and had reached a point where increased capacity was needed before COVID arrived.

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 patients into higher and lower risk groups to ensure effective use of these reduced 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(TV) ) 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 agreed to use 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 'non site specific' (NSS) rapid diagnosis protocol and iron deficiency anaemia (IDA) protocol.

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 with 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 on the suspected cancer pathway as normal.

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. Clinicians should also consider non-colorectal cancers and other pathologies whose' symptoms may overlap with those of colorectal cancer, but would not trigger a positive FIT test. This includes carcinoma of the pancreas and some gynaecological cancers.

A review of the low risk group after 2-4 weeks by phone or video consultation 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 as alternatives to referral via a suspected cancer pathway.

At any time GPs who have heightened concern that the patient's symptoms are concerning for cancer despite a negative FIT test should refer through a suspected cancer pathway. As these patients will have more vague abdominal symptoms they should consider the potential of 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.

The flow chart on the following page 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.

Initial Primary Care Assessment including Rockwood frailty assessment      Essential Bloods: FBC, Ferritin, U&E, LFT, CRP, Renal (to facilitate contrast CT) Other bloods as indicated: PSA, CA 125

<b>&gt;50 with Rectal Bleeding</b>	<b>&gt;60 with Unexplained IDA</b>	<p><b>Over 40 with:</b> Unexplained weight loss <b>AND</b> abdominal pain</p> <p>*This combination more concerning and GP should consider significant non-colorectal pathology if FIT -ve</p>	<p><b>Over 60 with:</b> Isolated change in bowel habit <b>or</b> unexplained anaemia <i>in the absence of iron deficiency</i></p>
<b>OR</b>	<b>OR</b>		<b>OR</b>
<b>&lt;50 and Rectal bleeding WITH pain, CIBH, Wt loss or IDA</b>	Unexplained rectal or abdominal mass <b>at any age</b>		<p><b>Over 50 with:</b> unexplained Changes in Bowel Habit (CIBH) <b>or</b> Iron Deficiency Anaemia (IDA)</p> <p>*this group low risk of CRC if FIT negative</p>

FIT	FIT	FIT
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+ve or -ve	+ve	-ve	+ve	-ve
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<b>GP Clinical Suspicion</b>	GP happy to advise low risk of CR cancer and manage symptoms	<b>GP Clinical Suspicion Inc. weight loss or Abdo Pain</b>	GP happy to advise low risk of CR cancer and manage symptoms
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2ww referral	2ww referral	2ww referral	2ww referral	No referral Arrange review 2-4 weeks. Consider referral or advice and guidance if symptoms persist or worsen	2ww referral	2ww referral	No referral Arrange review 2-4 weeks. Consider referral or advice and guidance if symptoms persist or worsen
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<i>Colorectal</i>	<i>FIT+ve 2ww referral to CR. Consider IDA pathway for FIT-ve</i>	<i>Colorectal</i>	<i>Directed as appropriate based on symptom review (e.g. Non-site specific, Upper GI, Gynae)</i>		<i>Colorectal</i>	<i>Directed as appropriate based on symptom review (e.g. Non-site specific, Upper GI, Gynae)</i>	
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## 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 eg 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).

