

NICaN Lower GI Suspected Cancer Pathway (June 2024)

Patient with signs or symptoms of possible colorectal cancer

Rectal Bleeding

- New onset, persistent and unexplained

Change in Bowel Habit

- Persistent change in bowel habit especially towards looser stools (more than 4 weeks)

Mass

- Abdominal mass
- Ano-rectal mass/ulcer

Anaemia without other likely cause

- Iron deficiency anaemia OR microcytic anaemia. (Consider prescribing oral iron).

Other

- Abdominal pain and weight loss
- (Consider Upper GI referral if necessary; best investigations are usually CT CAP & OGD if/when available)

Investigations / Examination

qFIT (symptomatic test c/o GP) is only for patients with signs & symptoms of colorectal cancer & it should not be sent in their absence

ESSENTIAL investigations / examination:

- qFIT *
- Full Blood Count
- Ferritin
- U+E
- Digital Rectal Examination

Recommended investigation: Coeliac profile (if IDA, weight loss or diarrhoea).

*If patient is unable to complete qFIT, please make clear why on referral.

If patient does not return qFIT when requested please reassess with safety netting.

qFIT used when no signs or symptoms

If qFIT is sent in the absence of signs or symptoms & result $>10 \mu\text{g Hb/g}$, the referral will only be processed if it is $>120 \mu\text{g Hb/g}$ in patients aged 60 to 74 years (screening parameters). Outside these parameters the referral will not be triaged red flag & the GP will be asked to discuss with and/or reassess the patient.

Symptoms after normal screening test

qFIT should be offered to newly symptomatic patients even if the person has a negative qFIT result through NI Bowel Cancer Screening (screening test has different threshold) <https://www.nidirect.gov.uk/bowel-screening>

Symptomatic high-risk features

Does this symptomatic patient have any of the following high-risk features?

- qFIT $\geq 10 \mu\text{g Hb/g}$ faeces
- Ano-Rectal mass / ulcer
- Abdominal mass
- Iron deficiency anaemia OR microcytic anaemia

No

No high-risk features

Patients with a qFIT result $<10 \mu\text{g Hb/g}$, no anaemia and no mass, are highly unlikely to have significant bowel pathology. Referral on an urgent or routine basis may occasionally be warranted.

Continue to manage patient's lower gastrointestinal symptoms as clinically indicated. For more advice & guidance please see NICaN webpage.

Patients with new, persistent and unexplained rectal bleeding should have a qFIT. If the result is $<10 \mu\text{g Hb/g}$ consider urgent referral or safety netting.

Yes

Red Flag Referral

Red flag referral to your local trust via CCG.

Please ensure blood, qFIT test & DRExam results are attached on the INITIAL SINGLE REFERRAL to facilitate optimal triage outcome, which may result in your patient being sent direct to test.

Please consider and document fitness for investigation if referring.

Ongoing Concern

Patients with lower GI symptoms who can't be managed suitably via general practice should be considered for referral to Gastroenterology.

If there is significant clinician concern after two qFIT results $<10 \mu\text{g Hb/g}$, two months apart, red-flag referral will be appropriate.