**PATHWAY FOR REFERRALS FOR COLORECTAL INVESTIGATION**
(DRAFT March 2008)

## General Considerations

- A patient who presents with symptoms suggestive of colorectal cancer should be referred for investigation.
- In patients with equivocal symptoms who are not unduly anxious, it is reasonable to use a period of "treat, watch and wait" as a method of management.
- In Patients with unexplained symptoms related to the lower gastrointestinal tract a digital rectal examination should always be carried out, provided this is acceptable to the patient.
- Only patients with new and persistent symptoms listed below should be referred urgently. These criteria should include over 80% of all colorectal cancers presenting to OPD.

## **High Risk Symptoms** – for urgent referral

- Patients aged 40 years and older, reporting rectal bleeding with a change of bowel habits towards **looser** stools and/or increased stool frequency persisting for **6 weeks or more**.
- Patients aged 60 years and older, with rectal bleeding persisting for **6 weeks or more** without a change of bowel habit and without anal symptoms.
- Patients aged 60 years and older, with a change in bowel habit to **looser** stools and/or more frequent stools persistent for **6 weeks or more** without rectal bleeding.
- Patients presenting with a right lower abdominal mass consistent with involvement of the large bowel, irrespective of age.
- Patients presenting with a palpable rectal mass (intraluminal and not pelvic) irrespective of age. (A pelvic mass outside the bowel would warrant urgent referral to a urologist or gynaecologist.)
- Men of any age with unexplained* iron deficiency anaemia with a haemaglobin of <115g/L **and** low iron stores.
- Non-menstruating women with unexplained* iron deficiency anaemia with a haemaglobin of <105g/L **and** low iron stores.

* "Unexplained" in this context means a patient whose anaemia is considered on the basis of a history and examination in primary care not to be related to other sources of blood loss, e.g. non-steroidal anti-inflammatory drug treatment or blood dyscrasia.

## Low Risk Criteria

Screening studies show that the risk of having bowel cancer is never zero, even in patients without symptoms. Some cancers will be found incidentally in patients presenting with symptoms of benign disease and symptomatic cancers can develop in patients who already have symptoms from functional bowel disease or piles. This means that patients with persistent low risk symptoms, which do not

respond to treatment, or which recur after stopping treatment, should be referred to routine clinics.

Criteria indicating patients are at **low risk** of colorectal cancer are:

- Rectal bleeding with anal symptoms or with an obvious external visible cause such as prolapsed piles, rectal prolapse and anal fissures.
- Transient change in bowel habit for **less** than 6 weeks, particularly if to **decreased** frequency of defaecation and harder stools (i.e. constipation)
- Abdominal pain without iron deficiency anaemia or an easily palpable abdominal mass and not associated with loss of appetite, weight loss or other high risk symptoms.

**Consider CTC for patients who you might have previously required a barium enema. Once again, be aware this is not a test done lightly-radiation and bowel prep are required.**
**Under the pilot protocol you may request the CTC directly**