Lower GI Referral Pathway

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Colorectal Cancer

- 4th most common cancer
- 2nd commonest cause of cancer death
- Rare before age 50 if there is no family history
- Most derive from benign polyps and are therefore potentially preventable with adequate screening

Colorectal cancer staging

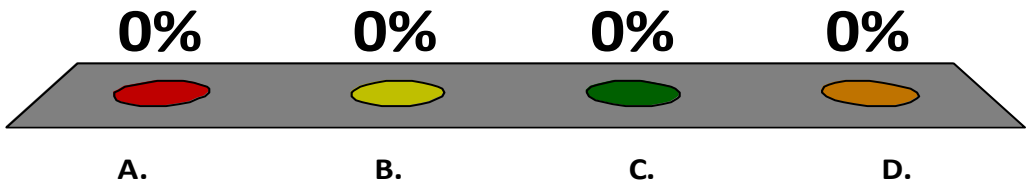
- Stages A&B - cure likely as the cancer is still in the colonic wall
- Stages C&D – cure unlikely as the cancer has breached it

- Screening patients 2/3 are A&B

- Symptomatic patients 2/3 are C&D

How many urgent lower GI referrals annually?

A. 50,000
B. 100,000
C. 250,000
D. 400,000



Urgent lower GI referrals

- 240,000 urgent referrals annually
- Most have a colonoscopy
- Of these 4% have cancer
- 3% have IBD
- The rest have an unnecessary colonoscopy
- Most symptoms are due to stress and anxiety and improve with reassurance

Colonoscopy

- At present the gold standard
- Unpleasant
- Requires hospital day admission with expensive equipment and highly trained staff
- Has a perforation rate often resulting in a permanent stoma
- Has a mortality rate

Are there alternatives to colonoscopy

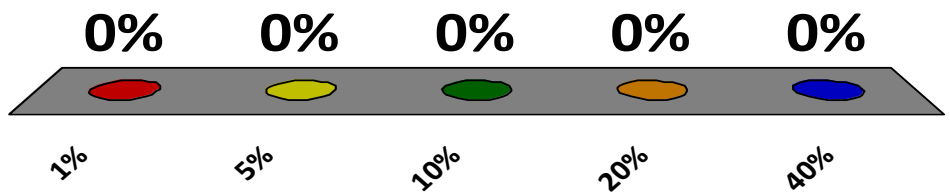
- FOB is a chemical test for blood breakdown products in the faeces and requires 3 separate samples placed on a card.

- FIT is an immunological test using antibodies to recognise human haemoglobin in faeces and requires one small sample taken using a small plastic scoop. The sensitivity can be adjusted.

- FCP is a stable protein released from white cells during inflammation and is sampled like FIT

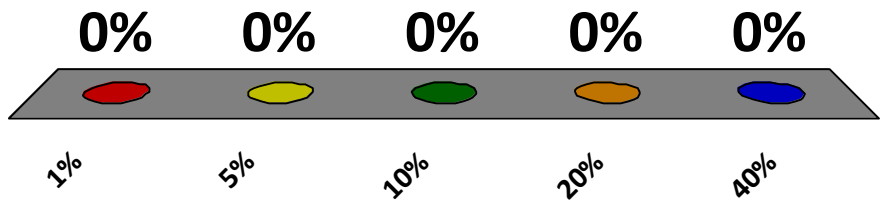
Colonoscopy misses pathology in

A. 1%
B. 5%
C. 10%
D. 20%
E. 40%



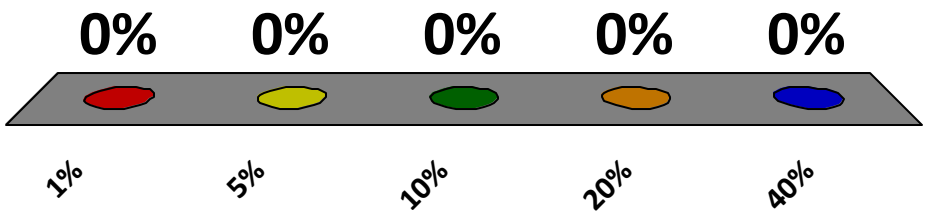
FOB misses pathology in

A. 1%
B. 5%
C. 10%
D. 20%
E. 40%



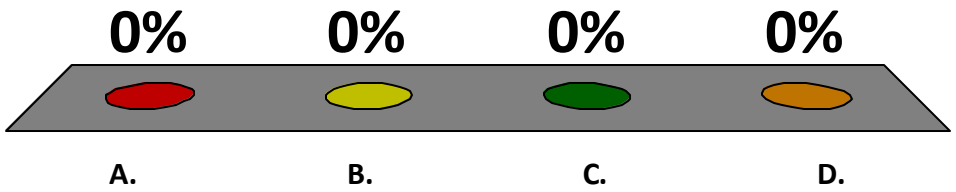
FIT misses pathology in

A. 1%
B. 5%
C. 10%
D. 20%
E. 40%



FCP is good at

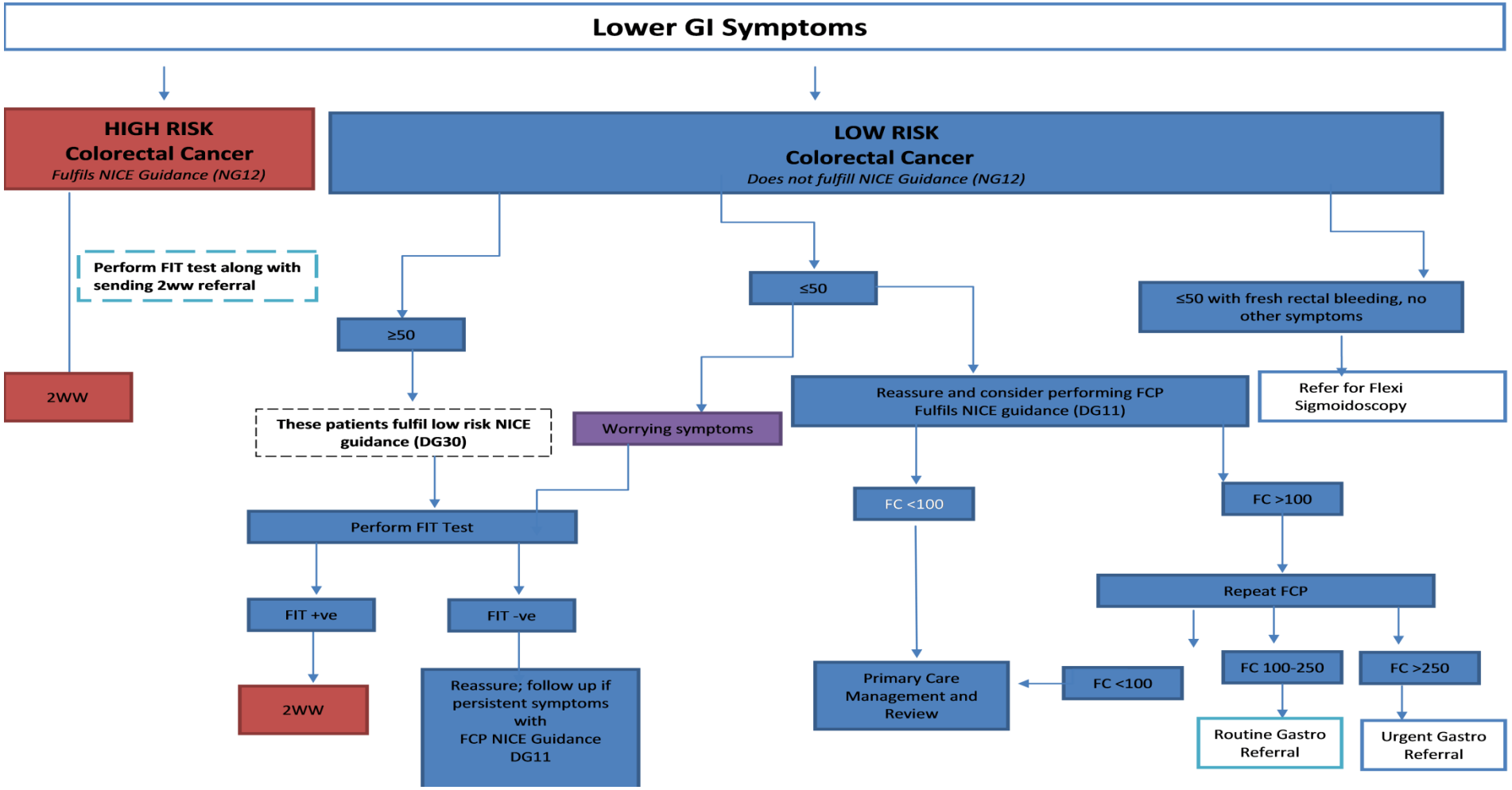
A. Detecting cancer
B. Detecting IBD
C. Detecting both
D. Detecting neither



FIT

- If FIT is negative at it’s most sensitive setting then the chance of having cancer is less than 1%
- The downside is that there is a 16% false positive rate resulting in an unnecessary colonoscopy
- It’s use would result in a significant reduction in referrals for colonoscopy

Cancer Alliance lower GI Pathway



Pathway 1

- 2 week wait- refer as usual but check FIT at the time of referral

Pathway 2

- Non 2 week wait over 50
- Check FIT
- If positive refer as 2 week wait
- If negative reassure and review

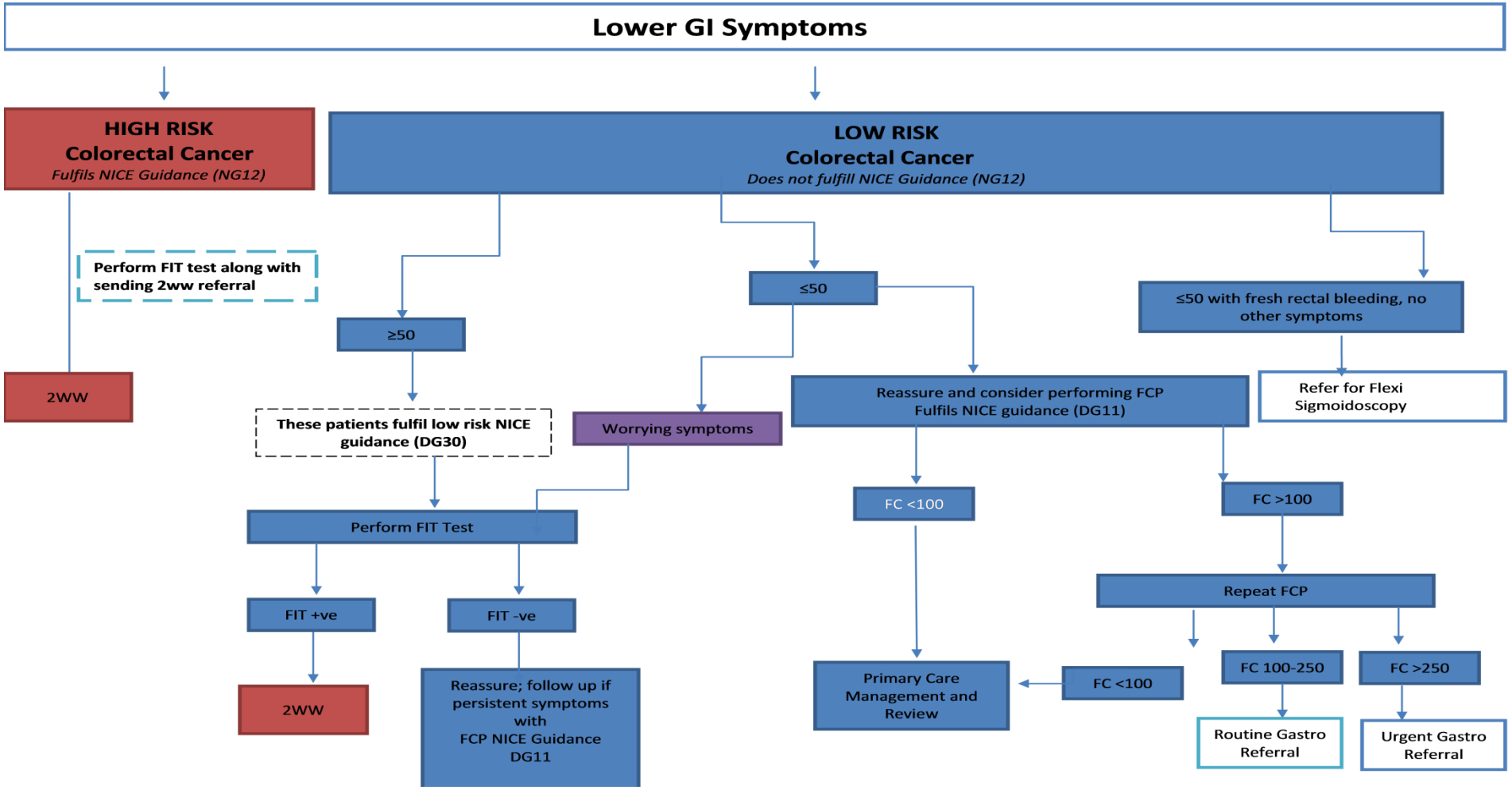
Pathway 3

- Patients under 50 but with worrying symptoms
- Check FIT
- If positive refer as 2 week wait
- If negative reassure and if symptoms continue consider FCP

Pathway 4

- Under 50 without worrying symptoms
- Consider FCP
- If positive refer to gastroenterology
- If negative reassure and reassess

Cancer Alliance lower GI Pathway



Starting Date

- Was due to start in September but delayed due to pathology reorganisation and procurement issues
- Will start in the autumn and samples can be sent from the surgery in the usual way