# **UHB Lower GI Urgent Cancer Referral**

# **FIT Positive Pathway**

The **FIT Positive Pathway** is for patients with a FIT test result of ≥10 µgHb/g, indicating the need for urgent evaluation for possible lower gastrointestinal (LGI) cancer or other conditions.

### **Criteria and Outcomes**

# 1. Bright Red Rectal Bleeding (≥2 Episodes Within 4 Weeks):

### • Symptoms:

- Bright red rectal bleeding occurring two or more times within a four-week period.
- May or may not include abdominal pain.

# • Action:

o 2WW Colonoscopy.

#### • Outcome:

- Early investigation for potential cancer or other significant lower GI pathology.
- Endoscopist to take responsibility as to whether the patient is to be further investigated or discharged back to GP.

#### 2. Dark Red Rectal Bleeding (≥2 Episodes Within 4 Weeks):

# • Symptoms:

- Dark red rectal bleeding occurring two or more times within a four-week period.
- o May or may not include abdominal pain.

# • Action:

- o 2WW Colonoscopy.
- Outcome:

- Identification of potential bleeding sources, including polyps or cancer.
- Endoscopist to take responsibility as to whether the patient is to be further investigated or discharged back to GP.

### 3. Change in Bowel Habit (± Abdominal Pain):

#### Symptoms:

- Persistent changes in bowel habit, such as frequency, consistency, or appearance.
- o May or may not include abdominal pain.

#### Action:

o 2WW Colonoscopy.

#### Outcome:

- Timely evaluation of symptoms for early detection of significant pathology.
- Endoscopist to take responsibility as to whether the patient is to be further investigated or discharged back to GP.

#### 4. Over 16 Years Old With Rectal or Anal Ulceration/Mass or Abdominal Mass:

#### Symptoms:

 A visible or palpable ulceration or mass in the rectal, anal, or abdominal area.

### Action:

Rapid Access Colorectal Clinic.

#### • Outcome:

o Expedited referral to colorectal specialists for comprehensive evaluation.

### 5. Over 40 Years Old With Unexplained Iron Deficiency Anaemia (Ferritin <15):

# Symptoms:

- Unexplained iron deficiency anemia.
- Laboratory criteria:
  - Men: Hb <130 g/L.</p>
  - Women: Hb <115 g/L.

#### • Action:

Gastroscopy and Colonoscopy.

#### Outcome:

- o Identification of underlying causes, including occult bleeding or cancer.
- Endoscopist to take responsibility as to whether the patient is to be further investigated or discharged back to GP.

# 6. Over 80 Years Old (Any Symptoms):

# • Symptoms:

Any symptoms indicative of potential lower GI pathology.

#### Action:

Rapid Access Colorectal Clinic.

#### • Outcome:

o Comprehensive evaluation for age-specific risks and comorbidities.

### 7. Unexplained Weight Loss (10% or More ± Abdominal Pain):

#### Symptoms:

- Significant unexplained weight loss (10% or more of body weight).
- May or may not include abdominal pain.

#### Action:

Rapid Access Gastro Clinic.

#### Outcome:

o Evaluation for potential malignancies or other serious GI conditions.

### 8. Patients With Mobility Problems (WHO Performance Score 3 or 4):

#### Symptoms:

 Restricted mobility with a performance score of 3 or 4, complicating traditional diagnostic approaches.

#### • Action:

Rapid Access Colorectal Clinic.

### Outcome:

 Tailored diagnostic and treatment plans to accommodate mobility limitations.

# **Key Notes for FIT Positive Referrals:**

- 1. Ensure Proper Referral:
  - a. Use the appropriate referral form and include all required information.
- 2. Safety Netting:
  - a. Follow up on referrals to ensure timely completion and monitor patients for worsening symptoms.

# **Summary of Outcomes:**

1. Rectal Bleeding (Bright or Dark):

2WW Colonoscopy and endoscopist-led decision on further investigation or discharge.

2. Change in Bowel Habit:

2WW Colonoscopy and endoscopist-led decision.

3. Ulceration/Mass:

Rapid Access Colorectal Clinic for comprehensive evaluation.

4. Iron Deficiency Anaemia:

Gastroscopy and Colonoscopy with endoscopist-led decision.

5. Over 80 (Any Symptoms):

Rapid Access Colorectal Clinic.

6. Unexplained Weight Loss:

Rapid Access Gastro Clinic.

7. Mobility Problems:

Rapid Access Colorectal Clinic for tailored management.

# **FIT Negative Pathway**

The **FIT Negative Pathway** is designed to manage patients with symptoms concerning for lower gastrointestinal (LGI) conditions but with a FIT test result of **<10 µgHb/g**. This pathway ensures that patients with significant symptoms are not missed even if their FIT test is negative.

# **Criteria and Outcomes**

#### 1. ≥50 Years Old with Persistent Change in Bowel Habit (≥6 Weeks):

### Symptoms:

- o Looser or more frequent stools lasting for 6 weeks or more.
- o May include abdominal pain.

#### Action:

GP Direct Access to Urgent Colonoscopy.

#### Outcome:

 Early diagnosis of any underlying pathology such as polyps, cancer, or other gastrointestinal conditions.

# 2. ≥40 Years Old with Rectal Bleeding:

# • Symptoms:

- o Two or more episodes of rectal bleeding within a ≥4-week period.
- o May include abdominal pain.

#### • Action:

GP Direct Access to Urgent Flexible Sigmoidoscopy.

#### Outcome:

 Examination of the lower colon to identify causes like hemorrhoids, polyps, or cancer.

# 3. ≥40 Years Old with Ferritin ≤45 µg/L and Anaemia:

#### • Criteria for Anaemia:

- Men: Hb <130 g/L.</li>
- Non-Menstruating Women: Hb <115 g/L.</li>

#### Action:

LGI 2WW Referral.

# Additional Vetting:

o Cases are reviewed by IDA clinicians who determine:

 Direct access to endoscopy, CT, or capsule endoscopy, as appropriate.

### • Outcome:

 Thorough investigation to identify the source of anemia and rule out significant pathology.

# **Key Notes for FIT Negative Referrals:**

# 1. FIT Negative Referral Form:

a. Ensure the correct form is completed for GP-led actions.

# 2. Direct Access Testing:

a. GPs have the ability to directly refer for flexible sigmoidoscopy or colonoscopy based on symptom presentation.

### 3. Patient Monitoring:

a. Patients with negative FIT tests but persistent or worsening symptoms should be safety-netted and reassessed if their condition changes.

# **Patient Safety Netting in Primary Care**

For patients with **negative FIT results** but concerning symptoms, safety netting is critical:

- Document all actions and advice.
- Follow up on symptoms if they persist, worsen, or new symptoms appear.
- Ensure patients know when to seek further help.

# **Summary of Outcomes:**

1. ≥50 Years Old with Change in Bowel Habit:

Urgent colonoscopy for early detection of pathology.

2. ≥40 Years Old with Rectal Bleeding:

Urgent flexible sigmoidoscopy to examine the lower colon.

3. ≥40 Years Old with Ferritin ≤45 µg/L and Anaemia:

LGI 2WW referral with clinician vetting for additional tests.