

# Colorectal

Form asks for:

- Rectal examination
- eGFR within last 6 weeks
- Hb
- Ferritin (If anaemia)

<b>Suspected Colorectal cancer</b>	
Patients that are WHO performance 0 or 1 with no rectal or abdominal mass and no luminal imaging in the last 18 months, will be booked straight to test and only reviewed by the nursing team after the test is complete	
<b>qFIT POSITIVE (qFIT 10+)</b>	
Unexplained weight loss and abdominal pain	<input type="checkbox"/>
Change in bowels for >3 weeks	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>
Unexplained Rectal bleeding	<input type="checkbox"/>
Any Anaemia with qFIT 10+	<input type="checkbox"/>
Any other GP concern plus qFIT 10+	<input type="checkbox"/>
<b>qFIT not required</b>	
Rectal mass	<input type="checkbox"/>
Abdominal mass	<input type="checkbox"/>
Iron deficient anaemia (Other anaemias or qFIT -ive consider haematology advice and guidance)	<input type="checkbox"/>
Unexplained anal mass or anal ulceration	<input type="checkbox"/>
<b>qFIT NEGATIVE (qFIT &lt; 10)</b>	
<b>Where cancer remains a concern, please refer to notes below for best options of referral:</b>	
Unexplained weight loss and abdominal pain	<input type="checkbox"/>
Change in bowels for >3 weeks	<input type="checkbox"/>
Unexplained Rectal bleeding	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/> if bowel is the only concern, otherwise consider NSS
Weight loss	<input type="checkbox"/> if bowel is the only concern, otherwise consider NSS

**If your patient is symptomatic (regardless of age) and qFIT negative then the options are:**

- Reassure, colon cancer risk is low and below that of an asymptomatic patient of same age
- Repeat qFIT at interval, consider other causes bowel change, check faecal calprotectin
- Refer to Colorectal Suspected Cancer Service where patient has bowel specific symptoms
- Consider referral to NSS service where patient has no bowel specific symptoms

**NOTES to help inform decisions:**

- A patient with rectal bleeding should have a qFIT performed – in this patient group the qFIT is a measure of “colonic health” and is reassuring if negative as is a pointer that the bleeding is of anal verge origin
- The risk of colorectal cancer over 50 in an asymptomatic patient is about 1 in 200.
- The risk in the symptomatic patient group without qFIT testing is 3.3%
- Testing symptomatic patients with qFIT defines two groups: qFIT positive (10+) with a risk of colorectal cancer of 16% and a qFIT negative (<10) group. Symptomatic patients that are qFIT negative without IDA and without rectal or abdominal mass have a cancer risk below that of the asymptomatic population.
- Transferrin (rather than ferritin) to exclude iron deficiency if CRP is above 50
- Iron or ferritin deficiency consider gastroenterology advice and guidance
- Consider using faecal calprotectin as additional triage aid for bowel habit changes
- IDA in the pre-menopausal population may not always need referral
- If there is a clinical suspicion of cancer in a FIT negative patient there is always a cancer referral option for primary care.