Suspected Colorectal Cancer

This pathway is for symptomatic and anaemic patients only. See also:

- Constipation in Adults
- Irritable Bowel Syndrome (IBS)

Assessment

1. History – ask about:
    - rectal bleeding.

      Rectal bleeding

      - "Sinister" bleeding – includes blood coating or mixed with the stool, dark blood, or clots
      - Anorectal bleeding – includes bright red blood passed after the motion or on the paper
    - altered bowel habit.

      Altered bowel habit

      Looser or more frequent bowels or constipation.
    - weight loss.
    - abdominal pain.
    - tenesmus.
    - personal history and family history of colorectal cancer.
    - medications, e.g. anticoagulants, antiplatelets, non-steroidal anti-inflammatory drugs (NSAIDs), metformin, antibiotics, proton pump inhibitors (PPI).
    - previous gastrointestinal investigations or pelvic radiotherapy.
2. Examination:
    - Check for abdominal mass.
    - If a mass may be due to faecal loading, give laxatives and reassess after they have taken effect.

- Perform a rectal examination in all patients, where possible.
- Calculate body mass index (BMI).

Body mass index (BMI)

Body mass index = kg/m^2 (weight divided by height squared)

NHS has an online calculator.

- Less than 18.5 – underweight
- 18.5 to 24.9 – healthy or normal weight
- 25 to 29.9 – overweight
- Over 30 – obese

For black African, African-Caribbean, and Asian groups:

- Less than 18.5 – underweight
- 18.5 to 22.9 – healthy or normal weight
- 23 to 27.5 – overweight
- Over 27.5 – obese

3. Investigation – arrange according to predominant symptoms:
    - In all patients with suspected lower gastrointestinal (GI) cancer, request a faecal immunochemical test (FIT):
        - If the patient meets the criteria for referral without waiting for FIT results, refer as urgent suspected cancer. Otherwise, wait for the results.

Criteria for referral without waiting for FIT results

- Abdominal mass
- Rectal mass
- Anal mass or ulceration
- Abdominal pain with obstructive symptoms
- Iron deficiency anaemia in men and postmenopausal women

        - Take care if the patient is a member of a vulnerable group as they may not be able to submit a FIT test easily and may need direct referral without a result.

Vulnerable group

- Recognise that some groups may find it difficult to submit FIT samples, e.g.:
    - Frail, elderly patients with problems with cognition or dexterity

- Patients with a language barrier
- Patients of no fixed abode and other vulnerable groups

- Vary the type of consultation accordingly to support decisions.
- If a test is not complete and there is a strong suspicion of colorectal cancer, a referral to secondary care will not be declined on this basis.

- Looser stools or diarrhoea predominant

Looser stools or diarrhoea predominant

- FBC
- Electrolytes and renal function

Electrolytes and renal function

When requesting creatinine and Na/K, the laboratory will automatically test:

- Sodium
- Potassium
- Creatinine
- eGFR

- Thyroid function test (TFT)
- Anti-tissue transglutaminase (anti-tTG), and immunoglobulin A (IgA)
- CRP
- B_{12}
- Folate
- Faecal immunochemical test (FIT)
- Microbial investigation (molecular enteric) and *Clostridium difficile* PCR, if recent antibiotics
- Faecal calprotectin only if the patient is younger than 50 years with chronic diarrhoea – it is helpful in distinguishing functional from organic causes of diarrhoea

- Constipation predominant

Constipation predominant

- FBC
- Ferritin
- Electrolytes and renal function

- Bone profile
- Thyroid function test (TFT)
- Anti-tissue transglutaminase (anti-tTG), and immunoglobulin A (IgA)
- Faecal immunochemical test (FIT)

- There is no need to arrange carcinoembryonic antigen (CEA).

Carcinoembryonic antigen (CEA)

- CEA is a tumour marker for monitoring disease progression.
- It cannot be relied on for diagnosis inclusion or exclusion.

- If suspected pancreatic cancer, consider arranging direct access urgent CT abdomen. See the Suspected Pancreatic Cancer pathway.

Management

1. Request urgent suspected cancer colorectal surgery assessment if:
    - a positive FIT test result.
    - the patient meets the criteria for referral without waiting for FIT results.
    - GI symptoms other than rectal bleeding, and suspicion of colorectal cancer based on clinical judgement.
2. If a negative FIT test result and rectal bleeding, request urgent flexible sigmoidoscopy.
3. If a negative FIT test result and no rectal bleeding:
    - check that all investigations have been completed.
    - reinforce to the patient that the test is not 100% accurate and that they should return to the surgery for review in 4 to 6 weeks.
    - provide safety netting advice.
4. If symptoms persist, review the patient after 4 to 6 weeks. If symptoms are still present and ongoing concerns or clinical uncertainty, request non-acute colorectal surgery assessment or non-acute gastroenterology assessment with the urgency based on clinical concern.
5. Consider arranging radiological investigations for specific presentations. If suspected bowel cancer and unsure if required, request urgent suspected cancer colorectal surgery assessment.

Radiological investigations for specific presentations

Highlight at the time of referral. If the patient is:

- frail, a minimal preparation CT abdomen may be arranged by primary care.

- elderly and unfit, for a minimal preparation CT abdomen.
- presenting with vague symptoms, e.g. weight loss with no GI symptoms, baseline tests plus a CT chest and CT abdomen and pelvis may be appropriate. See the Unintentional Weight Loss in Adults pathway.

CT colonography is usually not arranged from primary care as it may not be the appropriate test in the majority of cases of iron deficiency anaemia. See the Iron Deficiency Anaemia in Adults pathway.

The exception is if a patient who has iron deficiency anaemia has absolutely refused colonoscopy. The patient should be aware that it is not as reliable a test for picking up bowel cancers as endoscopy. Discuss the benefits and risks of having a CT colonogram rather than a colonoscopy.

6. Manage other GI symptoms by following the relevant pathway:
    - Constipation in Adults
    - Diarrhoea in Adults
    - Irritable Bowel Syndrome (IBS)

Request

- Request urgent suspected cancer colorectal surgery assessment if:
    - the patient meets the criteria for referral without waiting for FIT results.
    - a positive FIT result.
    - gastrointestinal (GI) symptoms other than rectal bleeding and suspicion of colorectal cancer based on clinical judgement.
    - suspected bowel cancer and unsure if radiological investigations are required.
- If persistent symptoms and ongoing concerns or clinical uncertainty on review, request non-acute colorectal surgery assessment or non-acute gastroenterology assessment with the urgency based on clinical concern.

Information

For health professionals

Further information

- Cardiff University Community Oncology – Diagnosing and Managing GI Cancers [webinar, 1 hour]
- NHS Wales – Symptomatic FIT Testing in Primary Care: Updated Guidance

SEND FEEDBACK

SOURCES

PAGE INFORMATION

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Keywords:

- bowel cancer
- colorectal symptoms
- PR bleeding
- rectal bleeding

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