

Pathway:	Colorectal Screening
Referral Criteria/Commissioning position:	
<p><i>Refer to secondary care via 2 week wait route for patients with:</i></p> <ul style="list-style-type: none"> • definite palpable right sided abdominal mass probably involving large bowel • definite intraluminal (not pelvic) rectal mass. Perform PR to identify • unexplained iron deficiency anaemia with: <ul style="list-style-type: none"> ○ Hb < 11g/dl in men ○ Hb < 10g/dl in non-menstruating women ○ 40-60 years old with persistent (>6 weeks) rectal bleeding and a change in bowel habit to looser/more frequent stools ○ 60 years or over with persistent (>6 weeks) rectal bleeding (in absence of anal symptoms) and/or change to looser/more frequent stools <p>'High Risk' – warrants immediate referral to colorectal surgeon:</p> <ul style="list-style-type: none"> • HNPCC (Hereditary Non-Polyposis Colon Cancer) <ul style="list-style-type: none"> ○ Defects in mismatch repair genes leading to increased survival of cells with mutated DNA ○ Mutations result in increased prevalence of colonic carcinoma plus endometrium, ovarian, stomach, upper urothelial tract and biliary tree cancers ○ Suspect in patients with 3 or more First degree relatives with 2 generations involved and one cancer diagnosed below the age of 50 • FAP (Familial Adenomatous Polyposis) <ul style="list-style-type: none"> ○ Defect in FAP gene, one of the key mutations in the multi-hit cascade of a cell as it progresses from normal to colorectal cancer cell ○ Suspect in any patient with first degree relative with FAP or other genetic colorectal cancer condition • Patients with UC or Crohn's colitis for >10 years <p>'Moderate Risk' – refer to genetic counselling service any patient with:</p> <ul style="list-style-type: none"> • First degree relative colorectal cancer <50 years old • 2 First degree relatives with colorectal cancer at any age <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • None 	
Information to include in referral letter:	
<p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Description of condition and duration • Treatments and interventions tried including the results • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history including family history • Current regular medication • BMI • Smoking status • Alcohol consumption 	
References & Additional information:	
<p><u>Patient Information Leaflets/ PDAs</u> To view the Patient Information Leaflet, please click here</p>	

References: Guideline on colorectal screening and surveillance in moderate and high risk groups. Gut 2010. 59: 666

For the full SRCCG commissioning policy please [click here](#)

CCG GP sign off:

SRCCG Business Committee (Delegated to Dr Greg Black)

Review date:

2017