

Top Tips Suspected Colorectal Referrals

1. Arrange a FIT test on all patients with abdominal symptoms that may be due to colorectal cancer unless they have a palpable rectal or anal mass or visible ulceration.
2. Refer anyone with an abdominal mass, anorectal mass or anal ulceration regardless of FIT result.
3. FIT is a valuable test even if someone has rectal bleeding but ask patients to take the sample from faeces that is not obviously bloody.
4. Refer people with FIT ≥ 10 $\mu\text{g/ml}$ via Urgent Suspected Cancer (USC) pathway.
5. FIT ≥ 10 detects 85-90% of colorectal cancers, so around 10-15% of patients with CRC have FIT <10 . However, patients with FIT <10 have less than 0.3% risk of having colorectal cancer.
6. Refer patients with suspicious unexplained abdominal mass urgently, but consider which site-specific pathway would be most appropriate given their symptoms, signs and basic investigations results e.g. Lower GI, Upper GI, Gynaecology, Urology.
7. For patients with abdominal symptoms and FIT <10 , see table below:

For practices in **South East, South West, North West and North East London**

Arrange to follow up FIT <10 patients to see if their symptoms improve, and re-assess their need for referral if they do not. If you have ongoing concerns about a patient with abdominal symptoms and FIT <10 , consider:

- Referring Lower GI USC, explaining why you have ongoing concerns, for instance if they meet NICE NG12 criteria for referral, or due to “gut feel”
- Arranging urgent access CT scan if available and patient meets relevant criteria
- Referring routinely to gastroenterology or colorectal surgery
- Referring to another site-specific USC pathway if the clinical picture suggests this
- Referring to your local RDC if you have ongoing concerns but it is not clear which tumour site may be responsible.

For practices in **North Central London**

If your patient meets NG12 clinical criteria and has a FIT <10 and does NOT have any or all of the following: a rectal mass, anal ulceration or IDA, you should refer on the FIT <10 secondary care pathway.

Your patient will have a repeat FIT and FBC in secondary care and will be seen in 8-10 weeks by a senior doctor for a review of their symptoms and next steps.

Reference

[Faecal immunochemical testing \(FIT\) in patients with signs or symptoms of suspected colorectal cancer \(CRC\): a joint guideline from the Association of Coloproctology of Great Britain and Ireland \(ACPGBI\) and the British Society of Gastroenterology \(BSG\) - The British Society of Gastroenterology](#)

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