

Somerset Wiltshire Avon and  
Gloucestershire (SWAG) Cancer  
Alliance pathway for suspected  
colorectal cancer

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# Glossary

- FIT – Faecal Immunochemical Test
- Negative FIT – FIT result  $<10$
- Positive FIT – FIT result  $>10$
- 2ww – suspected cancer referral under two week-wait rule

# Rationale

The availability of colonoscopy has been significantly reduced by the Coronavirus Pandemic.

- The maximum possible capacity for inpatient and critical care has been freed up, and preparations made to respond to large numbers of inpatients requiring respiratory support.
- To reduce the risk of coronavirus transmission during endoscopy special procedures are necessary. These reduce the number of tests than can be done in a single session.
- The current advice from the British Society of Gastroenterology (BSG) for endoscopy services, is to investigate only urgent cases.
- Colorectal teams are using Faecal Immunohistochemical Testing (FIT) to help prioritise referrals.

There has been a reduction in the number of referrals for suspected colorectal cancer

- Patients practicing social distancing in accordance with government guidance have not been engaging with health services for fear of burdening the NHS, or of contracting the virus.
- Overlap of symptoms of coronavirus in patients with symptoms of suspected cancer may delay diagnosis.

Trusts in SWAG are preparing to manage the backlog of patients whose investigations have been delayed, alongside an additional increase in primary referrals as services return to normal.

# The Problem

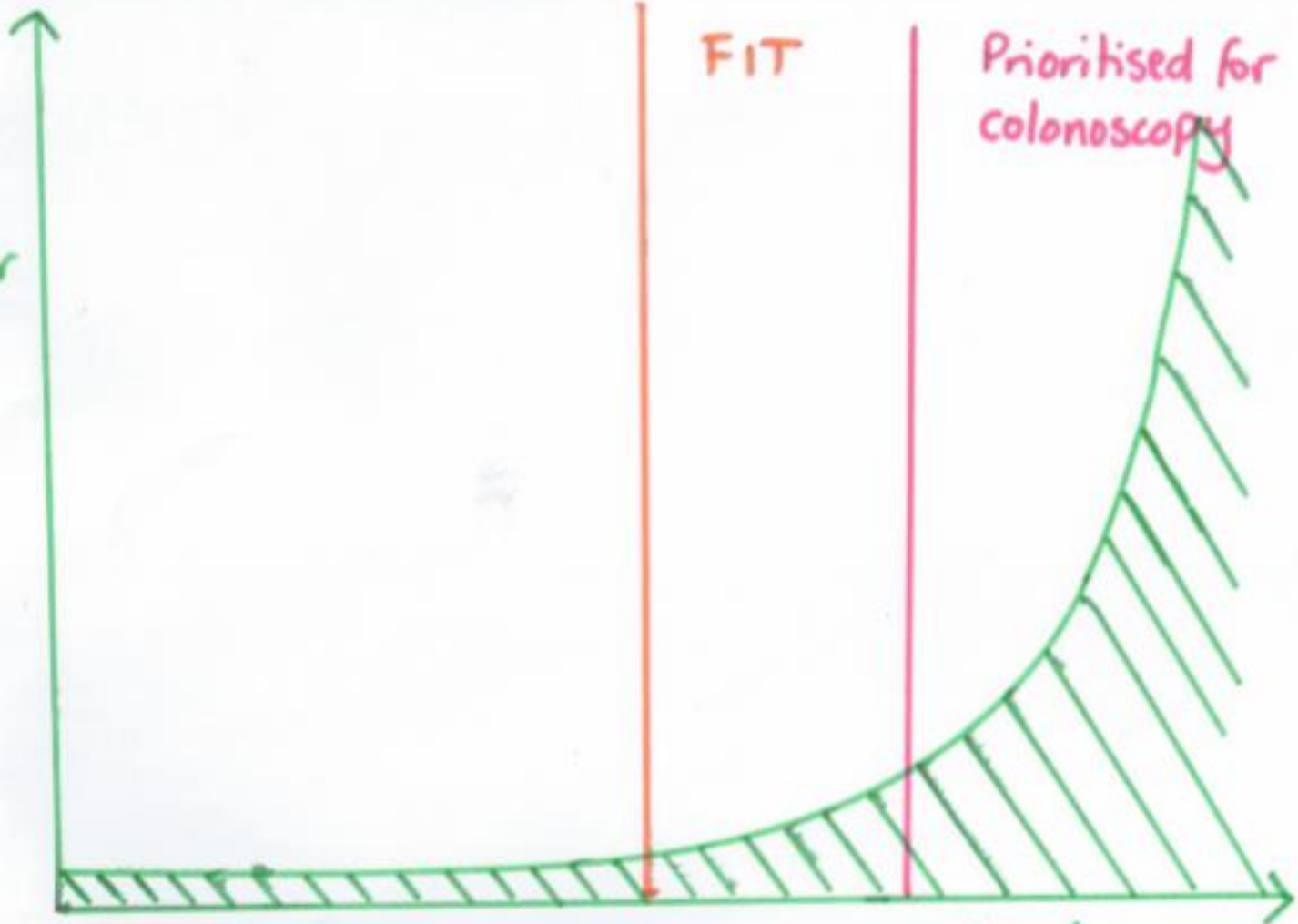
- There is widespread agreement in the use of FIT as a tool to triage colorectal 2 week-wait referrals.
- The national guidance is that patients with negative FIT should be held on a waiting list and offered a colonoscopy at a later date.
- Increasing clinical opinion is that these patients can be safely reassured and given 'safety-netting' advice
- A small number of patients with negative FIT will later be diagnosed with colorectal cancer (From evidence range of figures from 1:200 to 1:1000)
- Reassuring patients with a negative FIT without referral, will allow patients with higher risk symptoms to be assessed and treated more quickly as more colorectal team time will be available.

Risk of Cancer

FIT

Prioritised for colonoscopy

Symptoms



# Before Covid-19 all patients represented by a red box were offered a colonoscopy

Age	Abdominal mass	Rectal mass	Rectal Bleeding and 1 other symptom <sup>1</sup>	Abdominal pain and weight loss	FIT >10	Rectal bleeding	Change in bowel habit	Iron deficiency anaemia
<40	Red	Red	Red	Red	Red	Light Blue	Light Blue	Light Blue
40-50	Red	Red	Red	Red	Red	Light Blue	Light Blue	Light Blue
50-60	Red	Red	Red	Red	Red	Red	Light Blue	Light Blue
60+	Red	Red	Red	Red	Red	Red	Red	Red

1 : 1 of abdominal pain, change in bowel habit, weight loss, iron-deficiency anaemia.

# National Covid-19 Pathway

Patients in the orange box below will be offered a FIT and if negative held on a list awaiting further tests.

Patients in the red boxes are treated as before.

Age	Abdominal mass	Rectal mass	Rectal Bleeding and 1 other symptom <sup>1</sup>	Abdominal pain and weight loss	FIT >10	Rectal bleeding	Change in bowel habit	Iron deficiency anaemia
<40	Orange	Red	Orange	Orange	Red	Light Blue	Light Blue	Light Blue
40-50	Orange	Red	Orange	Orange	Red	Light Blue	Light Blue	Light Blue
50-60	Orange	Red	Orange	Orange	Red	Red	Light Blue	Light Blue
60+	Orange	Red	Orange	Orange	Red	Red	Orange	Red

**Patients with FIT <10 are 'safety-netted' on a patient tracking list until investigations can be completed**

Low risk patients are those with NG12-specified symptoms and a FIT <10µg/g.

All patients placed on tracking lists should have a virtual consultation to provide information and reassurance. They should be given advice on what to do if their symptoms progress.

While many patients with a FIT <10 will not require endoscopy, patients should not be discharged from the 2WW pathway on the basis of a FIT test alone, except in existing FIT pioneer service evaluation sites that were piloting the use of FIT before the COVID-19 outbreak.

	Cancer	No Cancer	total
FIT >10	18	52	70
FIT <10	1-5	925	930

1000 FIT tests

- 925 appropriately reassured without colonoscopy
- 52 prioritised for investigation and cancer ruled out
- 18 prioritised for investigation and diagnosed with cancer
- 1-5 potential delayed cancer diagnosis



SWAG Cancer Alliance proposed  
colorectal cancer Pathway during  
COVID recovery phase.

## Primary Care Clinical Assessment

Remote assessment with face to face for physical exam, rectal examination (PR) abdominal examination  
Bloods: Full Blood Count , Ferritin, Urea and Electrolytes, Liver Function Tests, C-reactive Protein

If reassessing after negative FIT and ongoing NG12 symptoms, repeat FIT after 6 weeks  
If ongoing symptoms and negative FIT x 2 → advice and guidance

