Colorectal cancer referral guidelines

2WW Referral – Outpatients appointment within 2 weeks

- New rectal bleeding and/or change in bowel habit to looser stools in patients over 50 and in patients over 40 years of age if any of the following
  - Inflammatory bowel disease
  - Previous polyps
  - Family history (first degree relative with colorectal cancer before age 45)

- Iron deficiency anaemia without obvious cause
  - Men – HB ≤11, Ferritin ≤30 mg/dL
  - Non menstruating female – HB ≤10, Ferritin ≤30 mg/dL

- Palpable rectal or abdominal mass thought to be large bowel or anal in origin

Referral letters for these patients are required to be attached with the proforma. This does not have to be a written letter but will be a print out of the computerised patient records which includes PMH, drug history, allergies and blood results.

All ages
Definite, palpable, right sided, abdominal mass
Definite, palpable, rectal (not pelvic) mass
Unexplained iron deficiency anaemia

AND:
- Male with a Hb of < 11g/dl
- Non menstruating female with a Hb < 10g/dl

GP MUST submit ferritin and Hb result.

Over 40 years
Rectal bleeding WITH a change of bowel habit towards looser stools &/or increased frequency 3 wks

Over 50 years
Rectal bleeding persisting 3wks WITHOUT a change in bowel habit or anal symptoms (e.g. soreness, discomfort, itching, prolapse, pain)

Change in bowel habit to looser stools &/or more frequent stools persisting 3 wks WITHOUT rectal bleeding

Urgent Referral – Outpatients appointment within 4 weeks

- Previously diagnosed colorectal or anal cancer with new symptoms, please refer to the treating consultant unless the patient wishes to change hospitals then an urgent referral to them
- Patient with persistent low risk symptoms but with other worrying factors such as positive family history
- If the patient has had a Colonoscopy, CT colonography or CT Faecal tagging within 2 year which was normal refer as an urgent referral

Routine Referral – Outpatients appointment within 6 weeks

- Rectal bleeding with anal symptoms
- Rectal bleeding with obvious external visible cause such as prolapsed piles, rectal prolapse and anal fissures
- Abdominal pain not associated with other high risk symptoms such as iron deficiency anaemia, palpable abdominal or rectal mass or pain due to intestinal obstruction

NB: Please note that blood tests sent on a GP form will not be available on the hospital computer system at some hospitals therefore please send with the referral.