

Lower GI 2WW Pathway – Consequences of COVID-19

Whilst we have been fortunate in our ability to continue with near normal colorectal surgery during the COVID crisis, we are going to experience significant capacity problems in the future, if we continue to use our previous 2WW colorectal cancer pathway. Unfortunately, all endoscopic investigations and CT colography (CTC) have been designated as aerosol generating procedures (AGPs). Following guidance from the Royal College of Radiologists, the British Society of Gastroenterology (BSG) and Joint Advisory Group (JAG), we have been instructed to provide endoscopic investigations for urgent cases only, with all routine and other work put on hold. CTC is currently suspended. Even when we emerge from the current crisis, our ability to provide endoscopic investigations will reduce to around ¼ of our previous activity. This is consequent on facility infection prevention and control measures. Further, all endoscopy staff will need to wear full PPE, creating a substantial drain on equipment. Although patients will be pre-screened, etc, this will have little impact on these constraints.

We therefore need to look at improving our recognition of those patients who will benefit from colonoscopy, whilst avoiding needless procedures for the others. We therefore aim to utilise FIT in a different way to stratify our patients. We propose the following changes:

Continue to refer via 2WW pathway if:

- Aged 50 and over with unexplained rectal bleeding only
- Adults aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:
 - Abdominal pain
 - Change in bowel habit
 - Weight loss
 - Iron deficiency anaemia
- Adults with a rectal mass or abdominal mass likely to be colonic in origin.

Refer patients

- Aged 40 and over with unexplained weight loss and abdominal pain ONLY if FIT >10. Otherwise consider an alternative diagnosis
- Aged 60 or over with:
 - Iron deficiency anaemia OR
 - Change in bowel habits ONLY if FIT >10. Otherwise consider an alternative diagnosis ie. Coeliac disease or upper GI disease.

Undertake a FIT test if:

- Aged 50 and over with unexplained:
 - Abdominal pain or weight loss only
- Aged under 60 with:
 - Change in bowel habits or Iron-deficiency anaemia
- Aged 60 and over with:
 - anaemia even in the absence of iron deficiency and inflammatory bowel disease not considered likely

- Low HB associated with low ferritin

Patients with a positive test (FIT>10) for the relevant groups should be referred to the 2WW service in the usual way via the referral form.

Patients with a negative test (FIT<10) are highly unlikely to have colorectal cancer or high risk adenoma.