

## COLORECTAL CLINICAL SUB GROUP

### Network agreed Colorectal Cancer Investigation Protocol (see appendix C also) (Measure 10-1C-106d)

The GMCCN Colorectal Clinical Sub Group has agreed the following diagnostic protocol for colorectal cancer in consultation with the Network Imaging and Histopathology Cross-cutting Groups. Responsibility for the diagnostic service and MDT is described in the network agreed 'Policy on named medical practitioner with clinical responsibility' (see 11-1C-108d).

#### Initial Investigation

Endoscopy should be the preferred initial investigation for making a definitive diagnosis of colorectal cancer.

<b>Presenting symptoms</b>	<b>Age criteria</b>	<b>Diagnostic Investigation (either after OP clinic or 'straight to test')</b>
Rectal bleeding and significant change in bowel habit for at least six weeks	Any age	Colonoscopy or flexible sigmoidoscopy and barium enema +/- CT colonography (consideration should be given to same day flexible sigmoidoscopy & barium enema where appropriate)
Rectal bleeding alone	Any age	Fibre optic sigmoidoscopy (aim to reach splenic flexure + injection of Haemorrhoids (if present) at same session)
Change of bowel habit for at least 6 weeks	Over 60 years	Colonoscopy or CT Colonography or Barium enema
Palpable abdominal mass	All Ages	CT Scan or +/- CT colonography
Palpable intra-luminal rectal mass	All Ages	Sigmoidoscopy and biopsy (Rigid or fibre optic) followed by MR / CT Staging Scans & also full colonic imaging to exclude synchronous tumour by colonoscopy/ CT colonography/ Barium enema.
Unexplained iron deficiency anaemia (hypochromic, microcytic) Hb below 11g/dL in men, Hb below 10g/dL in women	All ages  Post menopausal	Colonoscopy (consider gastroscopy) CT Colonography or Fibre optic sigmoidoscopy and Barium enema
Any of these symptoms*	over 80y	Usually OP assessment before investigations

\*Usually after referral review by the designated consultant referee

Hb= Haemoglobin level

### **Staging for Colorectal Cancer**

- CT Chest, abdomen, pelvis for all patients
- MRI pelvis for rectal tumours
- PET scanning or PET-CT should be considered after discussion at the MDT where routine anatomical modalities for staging such as CT or MRI have been inconclusive.

### **Pathology**

#### **Blood Tests**

- Full blood count
- Renal profile
- Liver profile
- CEA

#### **Diagnostic Biopsy**

Histological proof of invasive carcinoma for all rectal and anal tumours and for colonic tumours should be obtained where possible.

#### **Resections**

Colorectal cancer resections should be reported according to 'The Royal College of Pathologists minimum dataset for colorectal cancer'. Additional data items may be included by local agreement.

#### **Accreditation**

Laboratories involved in the investigation and diagnosis of patients with, or suspected to have, colorectal cancer should participate in appropriate external accreditation such as CPA(UK) and external quality assessment schemes.