

NICE NG12 CRITERIA [\[click for link\]](#)

- ≥ 40 years with unexplained abdominal pain AND weight loss
- >50 with unexplained rectal bleeding
- > 60 with iron deficiency anaemia or change in bowel habit
- < 50 with rectal bleeding AND any one of following - abdominal pain, change in bowel habit, weight loss or IDA

NICE DG56 CRITERIA [\[click for link\]](#)

FIT recommended:

- with an abdominal mass
- with a change in bowel habit, or
- with iron-deficiency anaemia, or
- ≥ 40 and over with unexplained weight loss and abdominal pain, or
- <50 with rectal bleeding and either of the following unexplained symptoms abdominal pain or weight loss
- aged 50 and over with any of the following unexplained symptoms: rectal bleeding, abdominal pain or weight loss.
- aged 60 and over with anaemia even in the absence of iron deficiency.

Patient meets NICE criteria (NG12 / DG56) for a lower GI urgent suspected cancer referral

Physical examination and fit for further investigations?

YES

NO

Does the patient have a rectal or anal mass or anal ulceration?
Is there abnormal imaging suggestive of colorectal cancer?

Seek advice and guidance based on frailty score ≥6

If YES no FIT test needed Just Refer 2ww

If NO Rectal or Anal mass or ulceration all pt will need FIT test and Bloods before 2WW referral

YES

NO

Request FIT test and bloods including FBC, renal and liver function tests

PRIMARY CARE

Lower GI urgent suspected cancer referral
Request FBC, renal and liver function tests

Patient unable to complete required tests for valid reasons

All required test results received and reviewed by GP

FIT ≥ 10

FIT < 10

FIT result not available

Evidence of iron deficiency anaemia
(Refer to BSG IDA guidelines) [\[click for link\]](#)

Persistent non-GI symptoms suspicious of cancer

Ongoing lower GI symptoms

Self-limiting symptoms, no anaemia and normal abdominal and PR examination

Raised calprotectin

Patient not engaging

Lower GI urgent suspected cancer referral

Consider:
1. Referral to non-specific symptom (NSS) suspected cancer referral pathway
2. Seek advice and guidance
3. Referral to alternative suspected cancer pathway.
4. Refer for appropriate cross-sectional imaging.

Consider Repeating FIT in 6 – 8 weeks, A&G or routine referral to gastroenterology or colorectal surgery

Not for LGI Urgent suspected cancer referral - Safety net in primary care, consider repeating FIT in 6 – 8 weeks

Refer to gastroenterology or direct access colonoscopy pathway dependent on local protocol

Patients to be counselled that evaluation of their symptoms is incomplete and be encouraged to complete their test

Referral assessment at triage

Referral and investigations complete

Referral or investigations incomplete, **discuss with patient** and investigate as appropriate with limited information

Processed via urgent suspected colorectal STT pathway for appropriate diagnostics

Cancer confirmed

LGI cancer not suspected

Patient informed - Discharged back to GP with advice and guidance as required

LGI cancer not suspected - Patient managed as per local protocol on a routine / urgent or **NSS pathway**

MDT discussion

Treatment / Palliation

0 days
28 days
62 days

SECONDARY CARE

Acronyms			
LGI	Lower Gastrointestinal	A&G	Advice and guidance
NSS	Non specific symptoms	FBC	Full blood count
MDT	Multidisciplinary team	IDA	Iron deficiency anaemia
BSG	British Society of Gastroenterology		
FIT	Faecal immunochemical test		