The Direct Access Proctology Clinic
&
New NICE Guidelines for Colorectal Cancer

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Chair, Colorectal Pathway Group - LCA
The Direct Access Proctology Clinic

Rectal bleeding
Commonest lower GI Symptom encountered in Primary practice
Commonest cause is haemorrhoids / anorectal pathology

But

Also bleeding is a symptom of bowel cancer

In the UK – bowel cancer is diagnosed late
Worst outcome compared to Western nations
ICBP: 1 year relative survival. Coleman et al, Lancet 2011

![Colorectal Cancer 1yr RS](image_url)

- AUS
- CAN
- SWE
- NOR
- DEN
- UK

Colorectal Cancer 1yr RS
ICBP: 5 year relative survival. Coleman et al, Lancet 2011
# Emergency presentations by cancer

<table>
<thead>
<tr>
<th>% presenting as emergency</th>
<th>One year survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergencies</td>
</tr>
<tr>
<td>All Cancers</td>
<td>25%</td>
</tr>
<tr>
<td>Brain</td>
<td>62%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>50%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>37%</td>
</tr>
<tr>
<td>Lung</td>
<td>39%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>27%</td>
</tr>
<tr>
<td>Breast</td>
<td>6%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>3%</td>
</tr>
</tbody>
</table>

NCIN Routes to Diagnosis Study 2010, 2012
Colorectal Cancer 5 year Survival: By Stage

<table>
<thead>
<tr>
<th>Stage at diagnosis</th>
<th>Number of cases</th>
<th>Percentage of cases (%)</th>
<th>Percentage of cases excl. Unknown (%)</th>
<th>5-year relative survival (%)</th>
<th>Confidence interval (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dukes A</td>
<td>26,727</td>
<td>8.7</td>
<td>13.2</td>
<td>93.2</td>
<td>92.5 - 93.9</td>
</tr>
<tr>
<td>Dukes B</td>
<td>74,784</td>
<td>24.2</td>
<td>36.9</td>
<td>77.0</td>
<td>76.4 - 77.5</td>
</tr>
<tr>
<td>Dukes C</td>
<td>72,806</td>
<td>23.6</td>
<td>35.9</td>
<td>47.7</td>
<td>47.1 - 48.3</td>
</tr>
<tr>
<td>Dukes D</td>
<td>28,377</td>
<td>9.2</td>
<td>14.0</td>
<td>6.6</td>
<td>6.1 - 7.0</td>
</tr>
<tr>
<td>Unknown</td>
<td>106,040</td>
<td>34.3</td>
<td>35.4</td>
<td>35.4</td>
<td>35.0 - 35.8</td>
</tr>
<tr>
<td>Total</td>
<td>308,734</td>
<td>100.0</td>
<td>100.0</td>
<td>50.7</td>
<td>50.4 - 51.0</td>
</tr>
</tbody>
</table>
Proportion of colorectal cancer patients diagnosed at stages 1 and 2 in 2012 by CCG

Key:
- 30 – 40% (Red)
- 41 – 44% (Orange)
- 45 – 47% (Yellow)
- 48 – 50% (Green)
- 52 – 63% (Dark Green)
- CCG not included in analysis* (Gray)
Rate of colonoscopy and FS procedures per population by CCG in 2012 /13

<table>
<thead>
<tr>
<th>CCG Name</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Barking and Dagenham CCG</td>
<td>145.6</td>
</tr>
<tr>
<td>NHS Barnet CCG</td>
<td>131.6</td>
</tr>
<tr>
<td>NHS Bexley CCG</td>
<td>156.9</td>
</tr>
<tr>
<td>NHS Brent CCG</td>
<td>132.3</td>
</tr>
<tr>
<td>NHS Bromley CCG</td>
<td>148.5</td>
</tr>
<tr>
<td>NHS Camden CCG</td>
<td>134.8</td>
</tr>
<tr>
<td>NHS Central London (Westminster) CCG</td>
<td>128.2</td>
</tr>
<tr>
<td>NHS City and Hackney CCG</td>
<td>108.9</td>
</tr>
<tr>
<td>NHS Croydon CCG</td>
<td>178.4</td>
</tr>
<tr>
<td>NHS Ealing CCG</td>
<td>138.5</td>
</tr>
<tr>
<td>NHS Enfield CCG</td>
<td>142.1</td>
</tr>
<tr>
<td>NHS Greenwich CCG</td>
<td>155.0</td>
</tr>
<tr>
<td>NHS Hammersmith and Fulham CCG</td>
<td>137.9</td>
</tr>
<tr>
<td>NHS Harrow CCG</td>
<td>157.3</td>
</tr>
<tr>
<td>NHS Havering CCG</td>
<td>140.9</td>
</tr>
<tr>
<td>NHS Hillingdon CCG</td>
<td>165.9</td>
</tr>
<tr>
<td>NHS Hounslow CCG</td>
<td>165.3</td>
</tr>
<tr>
<td>NHS Islington CCG</td>
<td>139.4</td>
</tr>
<tr>
<td>NHS Kingston CCG</td>
<td>127.2</td>
</tr>
<tr>
<td>NHS Lambeth CCG</td>
<td>114.1</td>
</tr>
<tr>
<td>NHS Lewisham CCG</td>
<td>135.2</td>
</tr>
<tr>
<td>NHS Merton CCG</td>
<td>137.9</td>
</tr>
<tr>
<td>NHS Newham CCG</td>
<td>104.2</td>
</tr>
<tr>
<td>NHS Redbridge CCG</td>
<td>156.5</td>
</tr>
<tr>
<td>NHS Richmond CCG</td>
<td>192.6</td>
</tr>
<tr>
<td>NHS Southwark CCG</td>
<td>112.1</td>
</tr>
<tr>
<td>NHS Sutton CCG</td>
<td>191.0</td>
</tr>
<tr>
<td>NHS Tower Hamlets CCG</td>
<td>123.5</td>
</tr>
<tr>
<td>NHS Waltham Forest CCG</td>
<td>120.7</td>
</tr>
<tr>
<td>NHS Wandsworth CCG</td>
<td>127.3</td>
</tr>
<tr>
<td>NHS West Essex CCG</td>
<td>141.8</td>
</tr>
<tr>
<td>NHS West London (K&amp;C &amp; OPP) CCG</td>
<td>143.1</td>
</tr>
</tbody>
</table>
Strategy for Early Diagnosis in London

• Aim to save 1000 lives per annum (170 from colon Ca)

• Increase Referrals from primary care to diagnostic services

• Improve bowel awareness by increasing participation in screening programs

• Improved and more responsive diagnostic services
Historical data and projections for colonoscopy and flexisigmoidoscopy activity

HISTORICAL DATA

PROJECTION

The blue line represents underlying colonoscopy and flexi-sig activity excluding Screening Programmes, Awareness Campaigns, and in the future, flexi-sig screening, and GP direct access diagnostic activity.

The pink line is total projected activity of colonoscopy and flexi-sig following Cancer Strategy commitments (Awareness Campaign, Screening Programme etc).

(Low and high estimates in dashed line)
Primary Care Rectal Bleeding Pathway

Patient presents with Rectal bleeding

1. Emergency Referral
   - Profuse rectal bleeding causing fainting, or drop in blood pressure or haemoglobin
   - Extremely painful, acutely thrombosed external haemorrhoids presenting within 72 hours of onset for assessment, reduction or excision
   - Internal haemorrhoids that have prolapsed and become swollen, incarcerated, and thrombosed (haemorrhoidectomy is likely to be needed)
   - Perianal abscess and sepsis

   Referral to on call surgeons

2. RED FLAG (2 Week Rule)
   Referral for Colonoscopy (bowl preparation provided by GP: MoviPrep®) – NB: if the GP deems a patient unsuitable for bowel preparation please refer as usual under 2WW outlining this and specify that the patient may need to be seen first

   - Rectal bleeding and change of bowel habit (looser stools and/or increased stool frequency) for > 6 weeks in patients aged > 40 years
   - Change of bowel habit (looser stools and/or increased stool frequency) for > 6 weeks in patients aged > 60 years
   - Lower abdominal mass consistent with large bowel involvement
   - Men of any age with unexplained iron deficiency anaemia, Hb 11.0 g/dl or less
   - Non menstruating women with unexplained iron deficiency anaemia, Hb 10.0 g/dl or less

   Referral for Flexi-Sigmoidoscopy (bowl preparation provided by GP: Phosphate Enema)

   - Rectal bleeding alone (without change in bowel habit and without anal symptoms) for >6 weeks in patients aged > 60 years
   - Palpable rectal mass (intraluminal) at any age

3. Urgent 6 week Referral (bowl prep provided by GP: Phosphate Enema)
   Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration in patients aged > 40 years

4. Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration in patients aged < 40 years

5. Rectal bleeding with anal symptoms and without change in bowel habit of any duration or any age

6. Rectal bleeding that falls outside other categories

Pathway Key
- Steps that are based in primary care
- Steps that are based in acute
- Decision making point
- Shared decision making with patient

Release Date: December 2014. Review Date: June 2015
Manager: Jessica Hart, Senior Pathways Redesign Manager
Clinical Authors: Dr Tony Brzezicki / Mr Muti Abulafi
The Direct Access Proctology Clinic
Who qualifies?

- Rectal bleeding alone (without change in bowel habit and without anal symptoms) for **any duration** and in patients aged > 40 years

Note: 2 week rule is the same but **6 weeks** duration and > **60 years**

Refer via CReSS (for now): “6 week Referral” will be “4 weeks Referral” from January 2016
**Treat in Primary care**

Who qualifies?

- Rectal bleeding without anal symptoms and without a change in bowel habit: **Any duration** and <40 Years

- Rectal bleeding **with anal symptoms** and without a change in bowel habit: **Any duration** and **any age**

Suspected haemorrhoids

Suspected fissure in ano
Suggested Management Algorithm
The Croydon Rectal bleeding pathway

Rectal bleeding

Initial consultation and Investigations

- Medical and family history
- Physical and Abdominal examination
- Inspection of the perianal skin / anal area
- Digital rectal examination (Not if Anal Fissure is suspected)
- FBC & U/Es
Suggested Management Algorithm
The Croydon Rectal bleeding pathway

Management choices

1. Refer A/E
2. Treat in primary care
3. Refer to secondary care
   - 2 week rule referral (cancer pathway)
   - Routine / urgent clinic appointment
     - Direct Access Proctology Clinic (New service)
1. Refer A/E

a. Profuse rectal bleeding causing fainting, low BP or Hb

b. Thrombosed Internal Haemorrhoids
c. Thrombosed External Haemorrhoids
d. Perianal Abscess
2. Treat in primary care

• Rectal bleeding without anal symptoms and without a change in bowel habit: **Any duration** and **<40 Years**
• Rectal bleeding with anal symptoms and without a change in bowel habit: **Any duration** and **any age**

Suspected haemorrhoids
Suspected fissure in ano
Suspected Haemorrhoids (1)

- **General advice**
  - Increase fibre intake
  - Increase fluids intake
  - Avoid straining at defecation
  - Anal Hygiene

- **Medications**
  - Laxatives: Fybogel, Lactulose, Movicol
  - Topical preparations: Anugesic, Scheriproct
Suspected Haemorrhoids (2)

Review in 4 weeks

• Symptoms resolved
  Continue with general advice (but stop medications)

• Symptoms persist or worsen
  Refer via CReSS to Direct Access Proctology Clinic
Suspected Fissure in ano (1)

• General advice
  Increase fibre intake
  Increase fluids intake
  Avoid straining at defecation
  Anal Hygiene

• Medications
  Laxatives: Fybogel, Lactulose, Movicol
  Topical preparations: Rectogesic 0.4%
  Local anaesthetic: Lidocaine
Suspected Fissure in ano (2)

Review in 4 weeks

• Symptoms resolved
  Continue with general advice and laxatives for a further 4 weeks (but stop topical preparations)

• Symptoms improved but not resolved or persist
  Continue with general advice, laxatives and topical preparations for further 4 weeks

• Symptoms worse
  Refer via CReSS to Colorectal OP
Suggested Management Algorithm
The Croydon Rectal bleeding pathway

3. Refer to secondary care (Cancer Pathway)

2 week rule referral

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Duration</th>
<th>Age</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal bleeding and change of bowel habit (looser stools and/or increased stool frequency)</td>
<td>&gt;6 weeks</td>
<td>&gt;40 years</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Rectal bleeding alone (without change in bowel habit and without anal symptoms)</td>
<td>&gt;6 weeks</td>
<td>&gt;60 years</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Change of bowel habit (looser stools and/or increased stool frequency)</td>
<td>&gt;6 weeks</td>
<td>&gt;60 years</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Palpable intramural rectal mass.</td>
<td></td>
<td>Any age</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Low abdominal mass consistent with bowel involvement</td>
<td></td>
<td>Any age</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Men - unexplained iron deficiency anaemia and a haemoglobin of 11 g/dL or below</td>
<td></td>
<td>Any age</td>
<td>Urgent referral.</td>
</tr>
<tr>
<td>Women - non-menstruating with haemoglobin of 10 g/dL or below.</td>
<td></td>
<td>Any age</td>
<td>Urgent referral.</td>
</tr>
</tbody>
</table>
Suggested Management Algorithm
The Croydon Rectal bleeding pathway

3. Refer via CReSS as “Urgent 6 week Referral” (New service)
   Direct access proctology clinic

   Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration and in patients aged > 40 years

Note: 2 week rule is the same but 6 weeks duration and > 60
Suggested Management Algorithm
The Croydon Rectal bleeding pathway

Having decided to refer to DAPC

Please complete the referral form in its entirety
Please make sure that patient is available within the next 6 weeks. 4 weeks from January.
Please prescribe an enema
Give patient an information about how to use the enema
Give patient information about what is the clinic about

Do Not refer if had colonoscopy within last 12 months but refer urgently to an outpatients
Suggested Management Algorithm

The Croydon Rectal bleeding pathway

[Image of a medical form with fields for Referring Clinician, Referring Practice, and Patient Details.]

[Image of a medical form with fields for Blood Tests, Digital Rectal Examination, and Current Medication.]
Patient presents with Rectal bleeding

Initial consultation and Investigations
- Full medical / family / social history
- Physical examination
- Digital rectal examination (Not recommended if suspected Anal Fissure)
- Full Blood Count
- U&E’s

1. Emergency Referral
- Profuse rectal bleeding causing fainting, or drop in blood pressure or haemoglobin
- Extremely painful, acutely thrombosed external haemorrhoids presenting within 72 hours of onset for assessment, reduction or excision
- Internal haemorrhoids that have prolapsed and become swollen, incarcerated, and thrombosed (haemorrhoidectomy is likely to be needed)
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Referral to on call surgeons

Referral for Colonoscopy (bowel preparation provided by GP: MoviPrep®) – NB: if the GP deems a patient unsuitable for bowel preparation please refer as usual under 2WW outlining this and specify that the patient may need to be seen first
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Referral for Flexi-Sigmoidoscopy (bowel preparation provided by GP: Phosphate Enema)
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2. RED FLAG (2 Week Rule)

3. Urgent 6 week Referral (bowel prep provided by GP: Phosphate Enema)
- Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration in patients aged > 40 years
- Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration in patients aged < 40 years
- Rectal bleeding with anal symptoms and without change in bowel habit of any duration or any age

4. Rectal bleeding alone (without change in bowel habit and without anal symptoms) for any duration in patients aged < 40 years

5. Rectal bleeding with anal symptoms and without change in bowel habit of any duration or any age

6. Rectal bleeding that falls outside other categories

Pathway Key
- Steps that are based in primary care
- Steps that are based in acute
- Decision making point
- Shared decision making with patient
The two week referral criteria for colorectal cancer
NICE 2005

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Duration</th>
<th>Age</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal bleeding and change of bowel habit (looser stools and/or increased stool frequency).</td>
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<td>Any age</td>
<td>Urgent referral.</td>
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<td>Women - non-menstruating with haemoglobin of 10 g/dL or below.</td>
<td></td>
<td>Any age</td>
<td>Urgent referral.</td>
</tr>
</tbody>
</table>
The two week referral criteria for colorectal cancer
NICE 2015

Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

• they are aged 40 and over with unexplained weight loss and abdominal pain or
• they are aged 50 and over with unexplained rectal bleeding or
• they are aged 60 and over with:
  – iron-deficiency anaemia or changes in their bowel habit, or
  – tests show occult blood in their faeces (see recommendation 1.3.4 for who should be offered a test for occult blood in faeces).

• Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in people with a rectal or abdominal mass.

• Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in 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
Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding who:

- are aged 50 and over with unexplained abdominal pain or weight loss, or
- are aged under 60 with:
  - changes in their bowel habit or iron-deficiency anaemia, or
  - are aged 60 and over and have anaemia even in the absence of iron deficiency.

Anal cancer

- Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer in people with an unexplained anal mass or unexplained anal ulceration.
The two week referral criteria for colorectal cancer
NICE 2015

Positive points

• Removed symptom duration
• Expanded the net of symptoms referred under the 2 week rule
• Good for patients and will help early diagnosis

Negative points

• Introduced several age limits which makes the guidelines complex and difficult to follow
• Left out the 50 – 60 year old
• Introduced FOBT testing for symptomatic patients
• Services may struggle to meet increased demand
The two week referral criteria for colorectal cancer
NICE 2015

The problem with FOBT

- Guidelines does not specify which FOBT
- Guaiac FOBT is the only FOBT available and only in few hospital labs
- Guaiac FOBT maximise effectiveness:
  - it uses a complex algorithm requiring 9 stool samples
  - Dedicated labs with staff performing large numbers
  - Strict quality assurance
- It is positive in up to 50% of CRC in asymptomatic patients
- Less than 2% are designated positive which means 98% will be reassured
- There is a 50% chance of being correct if negative
- The profession expressed reservation in a letter to the BMJ in July 2015
- The ICSs expressed reservation to the CCLAG in September 2015
The two week referral criteria for colorectal cancer
Comparison between 2005 & 2015 guidance

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rectal bleeding PLUS diarrhoea for 6 weeks (&gt;40)</td>
<td>Refer</td>
<td>Refer</td>
<td>5% or more</td>
</tr>
<tr>
<td>• Rectal bleeding for 6 weeks (&gt;60)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• CIBH for 6 weeks (&gt;60)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• Mass (any age)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• Iron deficiency anaemia (Male Hb&lt;11g/dl; female Hb&lt;10g/dl)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• Loss of weight and abdominal pain (&gt;40)</td>
<td>Refer</td>
<td>Refer</td>
<td>3-5%</td>
</tr>
<tr>
<td>• Rectal bleeding (&gt;50)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• Iron-deficiency anaemia (&gt;60)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• CIBH (&gt;60)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
<tr>
<td>• Rectal bleeding, plus a second symptom (&lt;50)</td>
<td>Refer</td>
<td>Refer</td>
<td></td>
</tr>
</tbody>
</table>
The two week referral criteria for colorectal cancer
NICE 2015

What is being done now

• A panLondon specific Colorectal cancer referral form is being designed

• Date of release of forms and using the guidance has yet to be announced

• FOBT testing likely to be dropped out of the London referral form
The two week referral criteria for colorectal cancer
NICE 2015

- **Unexplained Symptoms**
  - **RECTAL BLEEDING**
    - Aged 50 years or over
    - Aged Less than 50 years but MUST have one or more of the following
      - Abdominal pain
      - Change in bowel habit
      - Weight loss
      - Iron deficiency anaemia
  - **CHANGE IN BOWEL HABIT** - aged 60 or over
  - **IRON DEFICIENCY ANAEMIA** - aged 60 or over
  - **ABDOMINAL PAIN AND WEIGHT LOSS** – aged 40 or over

- **Abnormal physical examination**
  - Abdominal mass thought to be large bowel cancer (any age)
  - Palpable rectal mass (any age)
  - Anal mass (unexplained and any age)
  - Anal ulceration (unexplained and any age)
The NICE 2015 two week criteria and DAPC

- **Unexplained Symptoms**
  - **RECTAL BLEEDING**
    - Aged 50 years or over
    - Aged Less than 50 years plus one of the following
      - Abdominal pain
      - Change in bowel habit
      - Weight loss
      - Iron deficiency anaemia
  - **CHANGE IN BOWEL HABIT** - aged 60 or over
  - **IRON DEFICIENCY ANAEMIA** - aged 60 or over
  - **ABDOMINAL PAIN AND WEIGHT LOSS** – aged 40 or over

- **Abnormal physical examination**
  - Abdominal mass thought to be large bowel cancer (any age)
  - Palpable rectal mass (any age)
  - Anal mass (unexplained and any age)
  - Anal ulceration (unexplained and any age)
The NICE 2015 two week criteria and DAPC

Summary and conclusions

• DAPC is an existing service since June 2015
  • Please complete forms
  • prescribe bowel prep
  • Give information guide

• New NICE guidelines are yet to be introduced into clinical practice in London.