



# Colorectal problems

## Guidelines for Referral Priority and the 2 week rule

### Urgent '2 week rule'

<b>Pts at high risk colorectal cancer</b>	<ul style="list-style-type: none"><li>• Aged more than 50 and<ul style="list-style-type: none"><li>◦ <a href="#">Rectal bleeding</a> and change in bowel habit for more than 6 weeks</li><li>◦ <a href="#">Rectal bleeding</a> without anal symptoms ( Loose stools for more than 6 weeks</li><li>◦ Anaemia, iron deficient, Hb less than 10</li><li>◦ Obvious abdominal or rectal mass</li></ul></li></ul>
<b>Soon</b>	<ul style="list-style-type: none"><li>• Patients aged less than 50 with high risk symptoms as before or...</li><li>• Low risk symptoms<ul style="list-style-type: none"><li>◦ <a href="#">Rectal bleeding</a> and change in bowel habit for less than 6 weeks</li><li>◦ <a href="#">Rectal bleeding</a> and anal symptoms</li><li>◦ Constipation (decreased frequency, increased hardness)</li><li>◦ Abdominal pain</li><li>◦ Prolonged history of recurrent symptoms</li></ul></li></ul>
<b>Routine</b>	<ul style="list-style-type: none"><li>• Anal canal symptoms</li><li>• Incontinence</li><li>• Prolapse</li><li>• Family history: 3 relatives with colorectal cancer or 2 relatives with colorectal cancer and 1 relative with endometrial, gastric, uro-epithelial or small intestine cancer (1 first degree relative. 1 under 50 and at least 2 generations affected)</li></ul>

### Information to patient

- The patient should be made aware that they will be allocated to the appropriate clinic/test by the hospital consultant on receipt of the completed referral form.

- The relevant information for their allocated visit will be sent out with their appointment.
- Some indication should be given as to the time-scale for the priority of their referral, eg within 2 weeks for an urgent referral.
- The patient should be aware of why their symptoms have been prioritized, and the necessity of urgency or the relevance of any delay on their condition.

### Referral information required

Referral priority	Urgent/soon/routine
Index suspicion of cancer	Definitely not ..... definitely cancer
Colorectal symptoms	<ul style="list-style-type: none"> <li>• Duration of symptoms</li> <li>• <a href="#">Rectal bleeding</a></li> <li>• Change in bowel habit</li> <li>• Anal symptoms</li> <li>• Rectal mass</li> <li>• Incontinence</li> <li>• Abdominal pain</li> </ul>

### Relative risks

Pedigree	Lifetime risk of colorectal cancer
Population risk	1 in 30
1 first degree relative	1 in 17
1 first degree and 1 second degree relative	1 in 12
1 first degree relative aged <45	1 in 10
2 first degree relatives	1 in 6

### Duke's classification

Extent of disease	Duke's stage	Cure rate
Confined to bowel wall	A	90%

Penetrating bowel wall	B	70%
Involving lymph nodes	C	30%
Distant metastases	D	<5%

Adapted from <http://www.gp-training.net/protocol/gastrointestinal/colorect.htm>