

Suspected Colorectal Cancer Referrals and Management of Existing Patients: Guidance during the COVID-19 Pandemic

SWAG Colorectal Cancer Multi-Disciplinary Team includes the following provider Trusts:

- Gloucestershire Hospitals NHS Foundation Trust
- North Bristol NHS Trust
- Taunton and Somerset NHS Foundation Trust
- Royal United Hospital Bath
- University Hospitals Bristol and Weston NHS Foundation Trust
- Yeovil NHS Foundation Trust.

All centres have agreed to the following processes during the course of the pandemic:

- Continued provision of a suspected cancer referral service within the constraints of the reduction in diagnostic services, imaging, and the effects of COVID-19; all non-emergency colonoscopy and routine surgery has ceased
- Referrals will continue to be made according to NICE Suspected Cancer Guidance (NG12), triaged by Secondary Care, and urgent cases (gastrointestinal bleeds, symptomatic urgent biopsy to start CRT, imminent obstruction) should be seen in the Two Week Wait and Multi-Disciplinary Team Clinics
- Cases that are deemed non-urgent will be triaged according to best practice for as long as practically possible, and will otherwise be deferred and remain on a tracked list until hospital services are able to resume business as usual and offer imaging and/or colonoscopy should symptoms persist
- FIT tests will be provided in secondary care for the new and backlog of referrals for prioritisation purposes in accordance with the NHS England Publication *Clinical Guide for Triaging Patients with Suspected Colorectal Cancer*
- Referrals will not be discharged from the cancer pathway on the basis of a Faecal immunochemical test (FIT) test result alone, but could be discharged if the patient meets the following criteria in the recovery phase:
 - Negative FIT (<10 µg/Hb/g faeces)
 - Low risk symptoms as assessed via telephone/video clinic appointment
- Standard letters will be sent to patients after triage to ensure uniformity
- Provision of services will be reviewed on a weekly basis

- Advice and Guidance to Primary Care on making referrals or monitoring patients may be discussed with the Clinical Nurse Specialists, Colorectal Surgeons, or triage team at individual sites, or be provided in written form
- Provision of FIT in Primary Care for all CRC referrals during the COVID-19 pandemic is supported. Whether this could be used as an exclusion test, so that only those cases with a FIT >10 µg/Hb/g faeces are referred, or simply sent in with the referral to be used as a filter by secondary care, will be considered by each centre
- P1 Surgery will routinely continue until such time that only emergency operation lists are available, after which surgical treatments will be rationed according to an assessment of the risks versus benefits on an individual case basis
- Systemic Anti-Cancer Therapy and Radiotherapy will continue until such time that only emergency appointments are available, after which treatments will be rationed according to an assessment of the risks versus benefits on an individual case basis
- Surveillance follow up scans will be delayed until hospital services are able to resume business as usual. Patients will be advised to contact the service should symptoms change after their last assessment
- A raised CEA would usually trigger a referral for a CT scan and endoscopy. As traditional follow up has been suspended during the COVID-19 pandemic, it is recommended that the test is deferred for 3 months, after which time the situation will be reviewed to see when surveillance testing can be reinstated.

References:

<http://www.swscn.org.uk/wp/wp-content/uploads/2020/04/C0076-Specialty-guide-for-endoscopy-and-coronavirus-v1-02April.pdf>

http://www.swscn.org.uk/wp/wp-content/uploads/2020/05/PUBLICATION_C0384_Clinical_guide_for_triaging_patients_with_suspected_colorectal_cancer_v1_April_24_004.pdf

This is a living document that will be continually reviewed, updated, and version controlled via the COVID-19 webpage on the SWCN website [here](#)

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