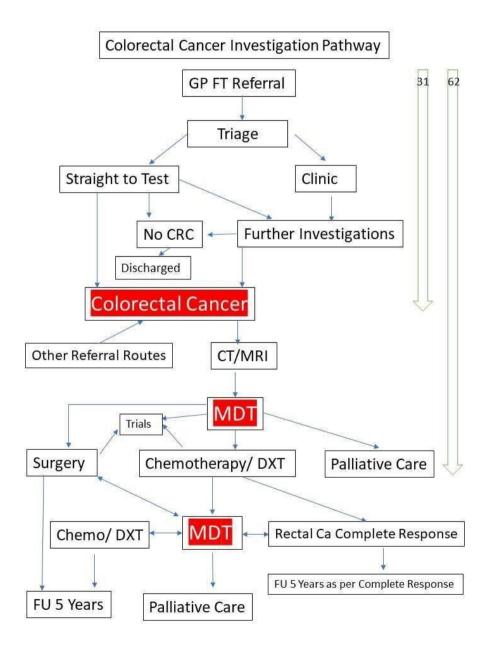
CLINICAL GUIDELINES FOR COLORECTAL CANCER

The Colorectal CRG agreed to adopt the NICE Clinical Guidelines NG 151 on the diagnosis and management of colorectal cancer (January 2020) as the Network Clinical Guidelines. www.nice.org.uk/guidance/ng151.

Network Agreed Investigation Protocol

**All cancer patients to be informed of their diagnosis by day 28 as per the below 28day best practice timed pathway.



* If metastatic, see separate guidance for management

28-day best practice timed pathway

	Day 0	By Day 7	7 to 14 Days	14 to 21 Days	By Day 21	By Day 28
	Primary care	Local diagnostic centre				
	Urgent GP referral ¹ with a minimum dataset including FIT result	Clinical triage ³ by suitably experienced clinician With telephone consultation and results of GP tests	Straight to test (STT): Colonoscopy or CTC +/- OGD (Alternatively: capsule/CT/Flexi Sig) Outpatient clinic If not fit for straight to test or patient choice	Straight to staging 7 investigations: Contrast CT of Chest/Abdomen/ Pelvis MRI of pelvis +/- TRUS (rectal cancer) Histopathology including genomic samples provided Bloods (including CEA)	MDT ⁸	Outpatient Clinic; In person clinic review with CNS and next of kin for support Discuss MDT recommendation, treatment options, personalised care and support. Assess fitness and arrange pre-op assessment with patient optimisation / pre-habilitation ⁸
Patient information	Patient information Provided in primary care	Patient information Provided in consultation or OPA/ clinic	Cancer likely/diagnosed Clinic review; Communication with patient and discussion with CNS. Record FDS when patient is informed that they have cancer ⁶ OR Cancer ruled out and communication with patient Patient informed; referred to other secondary care service if necessary. Record FDS outcome when patient informed cancer has been excluded ⁶			