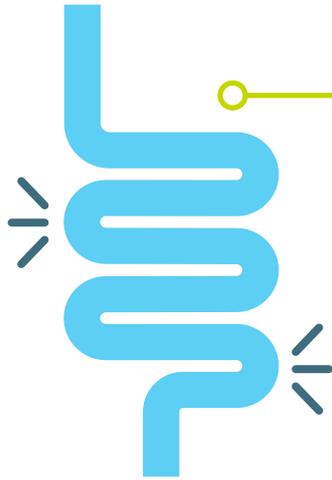


# LOWER GI CANCERS THINK A-G

Supporting earlier & faster cancer diagnosis

## ANY CHANGE IN BOWEL HABIT OR UNEXPLAINED SYMPTOMS?

Check for any change in bowel habit, either diarrhoea or constipation, which persists or other associated symptoms including: abdominal pain, abdominal/rectal mass, unexplained weight loss, or anaemia. Be aware of symptoms in both older and younger patients.



A

B

C

D

E

F

G



## FAST FACTS

### BLEEDING

If patients report rectal bleeding, whether it is bright red blood noticed in the toilet or stools containing altered blood, it is important to investigate this.



### DON'T FORGET FAMILY HISTORY

If a patient has a family history of cancer or polyps this will raise the index of suspicion.



### EXAMINATION

Examine the abdomen and rectum. If you notice an abdominal or rectal mass this should raise suspicion.

## FAECAL IMMUNOCHEMICAL TEST (FIT)

- FIT should be used to assess the need for referral in low-risk patients (see guidelines)
- FIT should be sent with high-risk referrals to aid prioritisation in secondary care (secondary care practitioners will deal with these results)
- Remember cut-offs used in FIT screening are higher, therefore a negative screening test should not be used to assess a symptomatic patient



## CHECK BLOODS

Anaemia, raised platelets or abnormal liver function increase the suspicion of lower GI cancer, but normal results do not exclude it. It is important to check specifically for iron-deficiency anaemia and include renal function to enable the patient to have a colonoscopy.

## GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

### REFERRAL PROCESS FOR GREATER MCR

GM referral form  
\_\_\_\_\_  
Bloods  
\_\_\_\_\_  
FIT value