

GI (lower) cancer - suspected

Clinical Assessment Service

When to refer

Every patient with a suspected tumour must see a specialist within two weeks

All ages:

- Rectal bleeding WITH a change in bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks.
- A definite palpable right-sided abdominal mass.
- A definite palpable rectal (not pelvic) mass.
- Iron deficiency anaemia WITHOUT an obvious cause (Hb <11 g/dl in men or <10 g/dl in postmenopausal women).

Over 60 years:

- Rectal bleeding persistently WITHOUT anal symptoms*
- Change of bowel habit to looser stools and/or increased frequency of defecation, WITHOUT rectal bleeding and persistent for six weeks.

Refer to CAS

Patients with the following symptoms and no abdominal or rectal mass, are at very low risk of cancer:

- Rectal bleeding with anal symptoms*
- Change in bowel habit to decreased frequency of defecation and harder stools.
- Abdominal pain without clear evidence of intestinal obstruction.

Refer to RARC

• if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.

^{*}Anal symptoms include soreness, discomfort, itching, lumps, and prolapse, as well as pain.