

**This factsheet provides best practice guidance for GPs on the monitoring and referral of people with bowel problems in Wales. It aims to give GPs confidence and support in recognising symptoms that could be bowel cancer.**

**Bowel cancer is the fourth most common cancer in Wales and the second biggest cancer killer. Over 2,500 people are diagnosed with the disease every year in Wales.**

## Risk factors

People are more at risk of getting bowel cancer if they have one or more of the following risk factors:

- Aged over 50
- A strong family history of bowel cancer
- A history of non-cancerous growths (polyps) in your bowel
- Longstanding inflammatory bowel disease such as Crohn's disease or ulcerative colitis
- Type 2 diabetes
- An unhealthy lifestyle

The earlier bowel cancer is diagnosed, the easier it is to treat. Knowing when to refer a patient, using the Symptomatic FIT Service, will help them to receive a diagnosis earlier, and potentially save their life.

## Referral for suspected colorectal cancer

**Refer adult patients of any age group with any of the following signs or symptoms of potential colorectal cancer using a Symptomatic FIT Web Referral Form if:**

- they're aged 40 and over with unexplained weight loss and abdominal pain or
- they're aged 50 and over with unexplained rectal bleeding
- or they're aged 60 and over with: iron-deficiency anaemia or changes in their bowel habit, or
- tests show occult blood in their faeces

## If rectal or abdominal mass:

- consider a suspected cancer pathway referral (for an appointment within two weeks) for colorectal cancer in people with a rectal or abdominal mass

## You should refer people under the age of 50 for an appointment within two weeks if:

- they're aged 40 and over with unexplained weight loss and abdominal pain or
- their tests show occult (microscopic) blood in their faeces

## You should consider referring people under the age of 50 for an appointment within two weeks if they present with any of the following symptoms:

- A rectal mass
- An abdominal mass
- Rectal bleeding and one of the following symptoms:
  - o abdominal pain
  - o change in bowel habit
  - o weight loss
  - o iron deficiency anaemia

## What is FIT?

The faecal immunochemical test (FIT) is a type of test used to detect invisible traces of blood in faeces and is increasingly being used to guide the management of patients with lower GI symptoms.

## Symptomatic use of FIT in primary care

FIT should be used at a sensitivity level of 10 µg/g (micrograms of blood per gram of faeces) in primary care to select patients with lower gastrointestinal symptoms for an urgent referral pathway for further investigation.

You should consider offering FIT to assess for colorectal cancer in adults without rectal bleeding who:

- are aged 50 and over with unexplained abdominal pain or weight loss
- or are aged under 60 with changes in their bowel habit or iron-deficiency anaemia
- or are aged 60 and over and have anaemia even in the absence of iron deficiency

It's important to remember that the sensitivity level of FIT for the bowel screening programme is set at 150 µg/g (micrograms of blood per gram of faeces), therefore someone may present with symptoms but had a recent negative screening result.

Patients should not be excluded from referral from primary care for symptoms on the basis of FIT testing alone.

For people who have not returned a faecal sample or who have a FIT result below 10 micrograms of haemoglobin per gram of faeces:

- safety netting processes should be in place
- referral to an appropriate secondary care pathway should not be delayed if there is strong clinical concern of cancer because of ongoing unexplained symptoms (for example, abdominal mass)

FIT should be offered even if the person has previously had a negative FIT result through Bowel Screening Wales. People with a rectal mass, an unexplained anal mass or unexplained anal ulceration do not need to be offered FIT before referral is considered.

## For safety netting, clinical teams should consider:

- providing the patient with clear information about who to contact if they develop new symptoms or if their existing symptoms worsen
- using advice and guidance via eRS to guide management of patients with persistent or troublesome symptoms
- referral to a non-specific-symptoms urgent cancer pathway, if appropriate and there are ongoing concerns about possible cancer
- management of FIT negative patients in an outpatient setting following referral on a non-urgent pathway

## Keeping your patients informed

Being referred for further investigation can be a worrying time. It's important to give your patient, or their guardian or carer, clear information about what to expect.

**For more information visit [bowelcanceruk.org.uk](https://bowelcanceruk.org.uk)**

**Scan this QR code to read more about how we can support you and your patients, or visit [bowelcanceruk.org.uk/health-professionals](https://bowelcanceruk.org.uk/health-professionals)**



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