**Suspected Lower GI cancer**

All referral forms should include prompts for the referring GP to cover the following points with the patient prior to the referral, ideally in the form of tick boxes which require confirmation of discussion with the patient before the referral can be processed:

- Has it been explained to the patient that this referral is for investigations that could lead to a cancer diagnosis?
- Have you checked that the patient will be available in the next 14 days to attend an appointment?
- Have you provided the patient with further information about the appointment (a leaflet is recommended)
- Check patient’s contact details are up to date

**Referral Criteria**

The referral form should ask the referring GP to indicate which of the following symptoms are present:

1. **Patients over 40 years:**
   - Unexplained weight loss with Abdominal pain
   - Lower abdo mass
   - Rectal mass
   - Rectal bleeding and one of the following:
     - Unexplained change in Bowel Habit
     - Unexplained iron deficiency anaemia

2. **Patients over 50 years (in addition to 1):**
   - Unexplained Rectal bleeding
   - Positive FOB (see below for when to consider testing)

3. **Patients over 60 years (in addition to 1 & 2)**
   - Unexplained change in bowel habit

Consider testing for occult blood in faeces to assess in adults without rectal bleeding who:

- Aged >50yrs with unexplained, abdominal pain or weight loss, or
- Aged <60 with changes in bowel habit or iron-deficiency anaemia**, or
- Aged >60yrs and have anaemia even in absence of Iron deficiency

The biggest changes to the 2015 NICE guidance are around the age ranges and the reintroduction of access to FOB testing for primary care

**Level of iron-deficiency anaemia is not stated in NICE guidance**

Local discussion should take place regarding any specific details to guide GPs around patients fitness for appropriate tests