

## Lower GI Vetting Algorithm

### Triage straight to OPA

- a. WHO performance status score 4 (Bedbound. Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair)
- b. Dementia/inability to consent to test
- c. Unstable cardiac disease
- d. Unsafe swallow (unable to have faecal tagging or bowel prep)
- e. Age >90
- f. Significant comorbidity with absolute or relative contraindication to 'direct to test', as per local endoscopy or radiology protocols

### Discuss with clinician

- a. WHO performance status score 3 (Capable of only limited self-care; confined to bed or chair more than 50% of waking hours)
- b. Safeguarding concerns
- c. Age <30

### Choose appropriate test

Referral criteria	Age	Test/Outcome
<b>Abnormal lower GI investigations (colonoscopy/flexible sigmoidoscopy) suggestive of cancer</b>	Any	Check investigation results and add to next MDT
<b>Any age with suspicious abdominal or rectal mass</b>	Any	CTC +/- contrast (if abdominal mass) Flexible Sig (if rectal mass)
<b>Any age with unexplained anal mass or ulceration</b>	Any	Flexible Sigmoidoscopy
<b>≥ 40 years with unexplained abdominal pain and weight loss</b>	≥40	CTC +/- contrast
<b>≥ 40 years with unexplained iron deficiency anaemia</b>	40-85	OGD and colonoscopy
	≥86	OGD and CTC
<b>≤ 50 years with rectal bleeding with any of the following unexplained symptoms:</b>		
<b>Abdominal pain</b>	≤50	Colonoscopy + CT Abdo & pelvis
<b>Change in bowel habit</b>	≤50	Colonoscopy

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<b>Weight loss</b>	≤50	Colonoscopy + CT Abdo & pelvis
<b>Iron deficiency anaemia</b>	≤50	OGD and colonoscopy
<b>≥ 50 years with unexplained rectal bleeding</b>	50-89	Flexible sigmoidoscopy
<b>≥ 50 years with unexplained abdominal pain or weight loss</b>	50-89	CTC +/- contrast
<b>≥ 50 years with change in bowel habit</b>	50-85	Colonoscopy
	>86 (PS0 -1) (PS2)	Colonoscopy  CTC
<b>≥ 60 years with unexplained anaemia even in the absence of iron deficiency</b>	≥60	OGD and CTC +/- contrast