

Colorectal Cancer- SECONDARY TO TERTIARY REFERRAL

Diagnostics Protocol For Inter Trust Transfer

INTRODUCTION

Priorities for Action 2007/08 targets introduced this year aim to improve the timeliness of access to services for cancer patients.

- By March 2008, at least 98% of patients diagnosed with cancer should commence treatment within 31 days of the decision to treat.
- By March 2008 at least 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days (increasing to 95% by March 2009).

Central to the delivery on this target will be effective and timely transfer of those patients that require a tertiary referral. This will be supported through effective Regional MDTs; by avoiding delay and duplication of diagnostic and staging tests; ensuring that there are no gaps or conflicting pathways operating in organisations along the patient pathway; and proactive patient tracking.

It has been agreed with the DHSS&PS Service Delivery Unit that all referrals to tertiary care for treatment should be made within 28 days of receipt of referral as a suspect cancer. This should be possible for the majority of patients.

The protocol outlines the clinical investigations that need to be completed before transfer to the tertiary centre in order to enable the service to meet the targets and to ensure that patients have a quality, timely and effective experience at all stages of their pathway (see Figure 1 overleaf).

Figure 1 outlines the diagnostic procedures that should be undertaken by Cancer Units prior to referral to the tertiary centre. ***Immediately the diagnosis has been confirmed, Cancer Units should make arrangements for the results of these investigations to be presented at next Regional MDT and to be forwarded with the tertiary referral.***

FIGURE 1: INVESTIGATIONS TO BE COMPLETED AT CANCER UNIT TO BE FORWARDED WITH TERTIARY REFERRAL

Colon Cancer	Rectal Cancer	Anal Cancer
<ul style="list-style-type: none"> • Blood count biochemistry, including liver function and serum CEA • Barium Enema or colonoscopy to image the whole colon and rectum • CT of chest, abdomen and pelvis 	<ul style="list-style-type: none"> • Biopsy • Barium Enema or colonoscopy to image the whole bowel • CT of chest, abdomen and pelvis • MRI and/or Endorectal Ultrasound 	<ul style="list-style-type: none"> • Biopsy • CT of chest, abdomen and pelvis • MRI

Additional Notes

- CT Colonography is an acceptable means of combining the CT and the colon imaging in one investigation.
- If the reason for transfer is not related to the primary tumour e.g. cardiac co-morbidity, transfer should be made in sufficient time to allow assessment of that co-morbidity before commencing treatment.