GI referrals and resources

In light of endoscopy pressures resulting from the COVID-19 pandemic, please see below for (1) preferred referral practices for colorectal cancer screening and (2) resources available to support primary care providers and patients.

Category	Recommendation	Notes
Average Risk ¹ age 50-74	Continue to screen with FIT (see <u>Screening For Life</u>)	 Average risk patients should NOT be referred for colonoscopy in the absence of a positive FIT FIT should NOT be used to evaluate anemia (see <u>Anemia Guidelines</u>)
Personal History Low Risk Adenoma ² (LRA)	Offer FIT	 Surveillance colonoscopy for post-polypectomy LRA and HRA will be paused until current backlog issue is
High Risk Adenoma ³ (HRA) -OR- strong family history suggesting genetic syndrome	Flag for future referral for colonoscopy	resolved
Family history ⁴ of CRC/polyps	Offer FIT	

Primary care supports

For patients with lower risk GI and hepatology conditions, please use the evidence-based primary care pathways to support diagnosis and management in primary care, prior to initiating a referral.

- Pathways are available for abdominal pain, constipation, diarrhea, dyspepsia, GERD, hepatitis C, H. pylori, IBS, and NAFLD.
- Pathways are available at <u>www.ahs.ca/dhpathways</u>, on the ConnectMD website (<u>www.pcnconnectmd.com</u>), and on the Specialist Link website (<u>www.specialistlink.ca</u>).

Non-urgent advice services are available to support primary care providers in caring for patients with digestive health conditions and to clarify when a referral is required:

- Specialist LINK provides phone advice in the Calgary Zone (<u>www.specialistlink.ca</u> or call 1-844-962-5465)
- ConnectMD provides phone advice in the Edmonton and North Zones (<u>www.pcnconnectmd.com</u> or call 1-844-633-2263)
- eReferral Advice Request is available across the province, and provides written advice through Netcare (see https://www.albertanetcare.ca/documents/Getting-Started-Advice-Requests-FAQs.pdf)

For any questions or concerns, please contact <u>digestivehealth.scn@ahs.ca</u>.

⁴ Family history including first- and second-degree relatives regardless of age.



¹ Average risk – asymptomatic, no family history of colorectal cancer (CRC) and no prior personal history of CRC or polyps.

² Tubular adenoma or sessile serrated polyp less than 10 mm in size and less than 5 in number without dysplasia.

³ Tubular adenoma or sessile serrated polyp greater than 10 mm in size, 5 or more in number or with high grade dysplasia.