High Risk Rectal Bleeding Pathway for Colorectal Cancer (CRC) Diagnosis

1. Symptoms of high risk rectal bleeding for CRC
(**ALL** must be present to meet criteria for high risk rectal bleeding):

- Blood visibly present in/on stool **OR** in the toilet **AND** not just on the tissue paper
- New onset or worsening **AND** persistent rectal bleeding (i.e., not just a single episode; present most days of the week for more than two weeks)
- Unexplained (**i.e., absence of complete colonoscopy within last 2 years)**

Investigations that should be carried out:

2. Medical history
Personal or family history of colorectal cancer, inflammatory bowel disease and the results of most recent lower endoscopic examination

3. Physical Exam
Digital rectal examination is strongly recommended prior to referral and should be completed whenever possible

4. Baseline investigations* (within 8 weeks of referral)
CBC (required), Creatinine, Serum Iron, TIBC and Serum Ferritin

5. Consider alarm features potentially concerning for CRC

Rectal bleeding as described in **Step 1** and one of the following scenarios:

A. Palpable abdominal or rectal mass, OR suspected colorectal lesion or evidence of metastases seen on imaging
B. New or worsening anemia (<110g/L (Men), <100g/L (Women) AND iron deficiency (serum ferritin below lower limit of normal)
C. Neither A or B, but rectal bleeding **AND** at least one of the following:
   - New or worsening anemia (Hb <130 g/L (Men), Hb <120g/L (Women))
   - Iron deficiency (serum ferritin below lower limit of normal)
   - New onset, persistent or worsening abdominal pain
   - New onset or progressive unintentional weight loss (≥5-10% of body weight over 6 months)
   - Concerning change in bowel habit (i.e., increase or decrease in stool frequency, change in consistency – hard stool or loose stool)

Yes / No

6. Refer for colonoscopy

- Urgent: High Risk Rectal Bleeding and either Scenario “A” or “B” above in Box 5 should be evaluated in < 2 weeks

- **Semi-Urgent:** High Risk Rectal Bleeding and Scenario “C” above in Box 5 should be evaluated in <8 weeks

(NOTE: High Risk Rectal Bleeding must be accompanied by urgent or semi-urgent symptoms to proceed with referral using this pathway)

For more information see:
- ‘Refer for Colonoscopy’ link above
- Referral guideline tab

7. Low risk rectal bleeding pathway is under development

*Patients meeting criteria for high risk rectal bleeding should not be doing FIT tests

**If you feel your patient requires colonoscopy more urgently pleas call RAAPID