*Dear Primary care*

*Due to the recent COVID-19 outbreak all referrals to the Lower GI Cancer pathway are being strictly reviewed. National Societies have currently advised against all but emergency Endoscopies. Therefore colonoscopy examinations are not currently being performed. This is to minimise the risk of exposure to patients as well as staff in addition to utilitarian reasons.*

*The large majority of patients will be assessed using a telephone consultation to minimise the risks of COVID-19 exposure. Only those with communication difficulties will be seen face to face.*

*Patients who have symptoms fulfilling NG12 criteria have a greater than 3% risk of colorectal cancer. The risk in patients not fulfilling NG-12 criteria is lower. We therefore ask you to strictly adhere to NICE guidance and if your patient does not meet NG-12 criteria to request a FIT test (in the absence of ongoing bleeding).*

*In the absence of colonoscopy the only investigation currently being performed to assess lower GI symptoms is a CT scan with prolonged oral contrast. We hope to resume colonoscopy in the near future but the timescale for this is uncertain. CT scans will be requested for patients at high risk of cancer and in those patients without frailty. This decision will be made by secondary care. As we are trying to select patients at the greatest risk of cancer, we would be grateful if FIT testing could be performed for patients with symptoms in isolation such as a change in bowel habit, abdominal pain, weight loss and mild anaemia. The risk of colorectal cancer for these symptoms in isolation is less than 10%. If a FIT test were strongly positive the risk increases significantly and patients would therefore be considered for an early CT scan.*

*We ask you to carefully consider the risks and benefits of referral to secondary care, particularly for frail patients who are much less likely to proceed to gain benefit from a rapid assessment and are more likely to develop complications with COVID-19.*

*Sent on behalf of Dr Alex Ball, Consultant Gastroenterologist*

Medical lead for Lower GI Pathway