SP9.1.3 Colorectal Cancer Referrals During COVID-19: The Use of CT and qFIT in Triaging Patients in NHS Grampian

Fabiha Ashad¹, George Ramsay², Brian Morrisey³
¹University of Aberdeen, School of Medicine, Medical Sciences and Nutrition, Aberdeen, UK, AB25 2ZD
²Health Services Research Unit, Foresterhill, Aberdeen, UK, AB25 2ZD
³NHS Grampian

Introduction: The COVID-19 outbreak resulted in fundamental changes to clinical practice for patients referred to secondary care with lower gastrointestinal symptoms. The use of colonoscopy services was reduced due to a perceived risk of viral transmission. Resultantly, computed tomography abdomen pelvis (CTAP) scans were utilised to triage patients. This study aimed to assess the accuracy of CTAP and qFIT in triaging patients at risk of colorectal cancer.

Methods: This study retrospectively gathered data on patients referred via the urgent suspected cancer (USC) pathway from the start of lockdown over a 6-month period in a single Scottish Health Board. Data were collected on presenting symptoms, qFIT levels, vetting decision, investigations, and subsequent diagnosis. Patients were vetted into one of five pathways: CTAP, direct to colonoscopy, downgraded from assessment, flexible sigmoidoscopy, or CT colonography.

Results: The overall cancer detection rate was 6.4%. Of the patients with cancer on the CTAP pathway, 22.9% had cancer undetected on CTAP which was later identified on colonoscopy. In the cohort of patients with colorectal malignancy, 7.5% had a negative qFIT value (<10 ug/g).

Conclusion: CTAP alone may not be accurate in detecting colorectal cancers. One should consider the whole clinical picture and decide whether further imaging is warranted following a negative CTAP scan. Additionally, qFIT remains the leading laboratory investigation within screening programmes, however, it should not be used in isolation to rule out colorectal malignancy.