Aims: With a rise in lower-GI2ww referrals compared to pre-pandemic levels, straight-to-test (STT) pathways in secondary care are increasingly relied on to achieve the 28-day faster diagnosis standard. Incomplete referral forms can delay the diagnosis. This study analyses lower-GI2ww referrals to a DGH to assess the impact on the straight-to-test pathway.

Methods: A prospectively maintained database of 2ww lower-GI cancer referrals between January 2021 to June 2022, was analysed. Key referral criteria were identified as essential to make a STT decision (haemoglobin, renal function, ferritin, performance status/frailty...
index, FIT). With prior agreement with primary care partners, incomplete referrals were returned to GPs with request for further information, with patient remaining on the pathway.

**Results:** In an 18month period, 4740 2ww referrals were received. The cancer diagnosis rate was 3.1%. Assessing NG12 symptoms, 64.1% of patients were triaged STT. Incomplete referrals formed 22.6% of referrals. Upon requesting more information 4.1% of incomplete referrals were withdrawn from the 2ww pathway by GP. 10.4% of incomplete referrals were downgraded to routine pathways once more information was provided. 7.9% had no symptoms noted, 21.8% did not have blood tests and 73.7% lacked frailty score/performance-status. The median time to receive requested information was 7days. The median number of reminders required was 2. In those diagnosed with cancer, there was an average delay of 5 days in diagnosis when inadequate information provided. The proportion of patients requiring more information reduced over the 18month period from 25.7% in first 6months to 19.4% in final 6months.

**Conclusion:** Submission of complete referral forms facilitates faster diagnosis, enabling secondary care clinicians to make timely informed decisions about STT investigations for suspected cancer in accordance with BPTPs (BestPracticeTimedPathways) to achieve the Faster Diagnosis standard.