## **Best Practice Timed Pathway**

Day 0	By Day 7	7 to 14 Days	14 to 21 Days	By Day 21	By Day 28
Primary care	Local diagnostic centre				
Urgent GP referral with a minimum dataset including FIT result	Clinical triage by suitably experienced clinician With telephone consultation and results of GP tests	Straight to test (STT): Colonoscopy or CTC +/- OGD (Alternatively: capsule/CT/Flexi Sig) Outpatient clinic If not fit for straight to test or patient choice	<ul> <li>Straight to staging         <ul> <li>7</li> <li>investigations:</li> <li>Contrast CT</li> <li>Chest/Abdomen/ Pelvis</li> <li>MRI pelvis +/- TRUS (rectal cancer)</li> <li>Histopathology including genomic tests</li> </ul> </li> <li>Bloods (including CEA)</li> </ul>	MDT <sup>8</sup>	Outpatient Clinic; In person clinic review with CNS and next of kin for support Discuss MDT recommendation, treatment options, personalised <u>care</u> and support. Assess fitness and arrange pre-op assessment with patient optimisation/prehabilitation <sup>8</sup>
Patient information Provided in primary care	Patient information Provided in consultation or OPA/ clinic	Cancer likely/diagnosed Clinic review; Communication with patient and discussion with CNS. Record FDS when patient is informed that they have cancer <sup>6</sup> OR Cancer ruled out and communication with patient Patient informed; referred to other secondary care service if necessary. Record FDS outcome when patient informed cancer has been excluded <sup>6</sup>			

