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Cancer Alliance

Removing Patients from the Suspected Cancer Pathway Post-Endoscopy

2024

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Removing Patients from the Suspected Cancer Pathway

Post-Endoscopy

Removing Patients from a Suspected Cancer Pathway (cancer excluded)

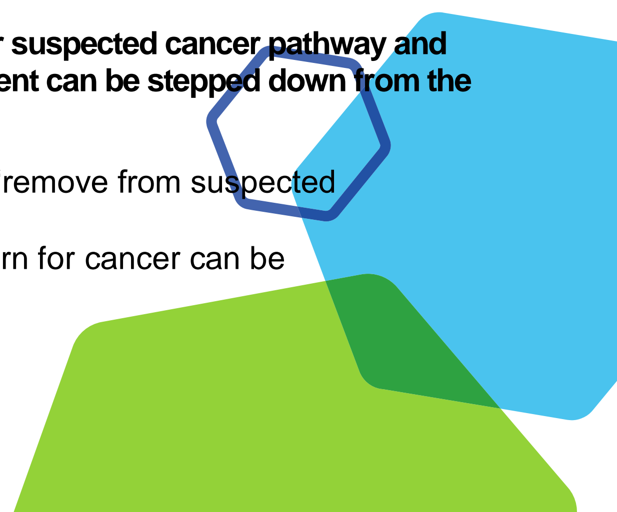
A suspected cancer pathway (HSC, 2ww, consultant upgrade) can only be ended if cancer is excluded, or at the point first definitive treatment is given. Pathways cannot be closed if the patient doesn't attend appointments or diagnostics **unless a clinical decision is made and there have been at least two DNAs of fully agreed appointments.** Every effort should be made to establish the reason for the DNAs. Should intervention be required because of patient anxiousness, for example, it would be expected that a nurse or clinician is involved to speak to the patient (telephone or face to face) to ensure that the patient fully understands the importance of their attendance. Pathways cannot be closed if cancer is unlikely but has not been excluded. In addition, the pathway cannot be closed if diagnostics organised as a result of the referral are outstanding. National rules dictate that all non-cancer diagnosis must be conveyed to the patient AND be clearly documented.

Most patients are informed in clinic, during a telephone consultation or following negative diagnostics. (Best practice would be to ensure the GP / referrer is promptly informed). When the pathway is ending via endoscopy, this MUST be indicated on the summary in endoscopy system (UniSoft / Endobase). You should state clearly 'Remove from Cancer Pathway'.

Patients on suspected cancer pathways cannot be removed until a diagnosis of cancer is ruled out. The point in which the pathway ends is when the patient is informed (it is good practice to ensure the referrer is informed at the same time).

If a patient has undergone an endoscopic procedure on their suspected cancer pathway and the Endoscopist is satisfied that cancer is excluded, the patient can be stepped down from the pathway when the following criteria are met:

1. Patient is informed and the endoscopy report states 'remove from suspected cancer pathway'
2. Polyps/lesions identified at endoscopy without concern for cancer can be stepped down from the suspected cancer pathway.



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- UGI Polyps/Lesions – If there is concern regarding dysplasia OR uncertainty regarding the aetiology then leave on suspected cancer pathway until histology is back.
- Colonic Polyps/Lesions
    - Polyp <20mm in size, does not demonstrate a Kudo type V pit pattern or a Paris type IIc or III morphology then it is reasonable to step the patient down from the suspected lower GI pathway.
    - Polyp>2cm in size that are completely resected and in the opinion of the endoscopist show no endoscopic features of cancer may also be stepped down at the discretion of the endoscopist.

3. Colonic Polyp/Lesion features suggestive of cancer:
    - Type V Kudo pit pattern
    - Type IIc Paris morphology
    - Tethering of adjacent mucosa
    - Failure to lift when submucosal injection is undertaken
    - NICE (NBI International Colorectal Endoscopic) – Type 3 – NBI shows polyp as darker than surroundings, interrupted or absent vessels, amorphous or absent surface pattern
    - Size >2cm roughly equates to 20% cancer risk

4. All biopsies requested on a routine basis.

5. No further investigations required for this suspected cancer pathway, nor is the pathway dependent on any histology reporting.

6. No need to be transferred to another tumour site for suspicion of a different cancer type.

All criteria must be met otherwise the patient must remain on the suspected cancer pathway.

Endoscopy departments should work with their local IT departments to embed criteria 1-6 within endoscopy reporting software as mandatory fields.

An algorithm describing this process is included on the next page.

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Endoscopy Completed

Cancer identified at endoscopy.

YES

Proceed with cancer pathway, refer to relevant MDT & arrange staging CT, same day if possible.

Mark sample UCR.

Patient must be informed before leaving unit.

NO

Is there still a suspicion of cancer? eg. colonoscopy incomplete or CT result awaited.

- YES → Proceed with standard suspected cancer pathway.

Has a biopsy been taken?

- YES → Are the biopsies routine in nature (see overleaf)
  - YES → *Check clinical criteria → Can patient be stepped off the cancer pathway?
    - NO → Histology marked urgent. Endoscopy report completed. Patient to remain on cancer pathway.
    - YES → Histology to be marked routine for lab.
  - NO → Sample to be marked urgent and sent to lab. → Has patient been informed cancer pathway ends?
- NO → Does patient need any further diagnosis due to any suspicion of cancer?
  - YES → Patient remains on suspected cancer pathway.
  - NO → Has patient been informed cancer pathway ends?
    - NO → Remains on Cancer Pathway. Endoscopy report states 'remain on cancer pathway until histology reported'.
    - YES → Has endoscopy report been completed ending the pathway?
      - YES → Pathway ends. → Validation by tracking team to ensure no further investigations are outstanding before pathway is closed.
      - NO → Complete report or escalate reason why report not completed.

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* Please use in conjunction with the **Greater Manchester GI Biopsy Guidance 2024**
Cancer teams to audit compliance to this guidance.

Guidance reviewed August 2023-April 2024.
Endorsed at GM Cancer Oesophago-Gastric Pathway Board April 2024.
Endorsed by GM Cancer Colorectal Pathway Board May 2024.

Date for review: June 2026

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