Part 2: Evidence and References

(Policy Part 1) Lower Gastrointestinal Endoscopy (Colonoscopy or Sigmoidoscopy Surgical Threshold Policy

Rational and Evidence

Lower GI endoscopy is usually performed in the diagnosis of colorectal cancer, inflammatory bowel disease and adenomas/polyps.

Colorectal cancer is the third commonest cancer in the UK and is associated with increasing age (80% occur after the age of 60 years), genetic and lifestyle factors (smoking, low fibre diet, red and processed meat intake, inactivity, obesity and high alcohol consumption). After the age of 40 years bowel cancer is more common in males than females. The rising incidence of bowel cancer since the 1970s appears to have stabilised in recent years and may be decreasing in the UK. Roll out of a NHS Bowel Cancer Screening Programme (BCSP) for people aged between 60 and 74 years, led to increases in lower GI endoscopies in the period from 2006/7 to 2008/9. This policy does not cover the NHS BCSP which is under the remit of NHS England.

Symptoms of colorectal cancer include rectal bleeding, change in bowel habit to increased frequency and/or looseness of stool, anaemia, weight loss and abdominal mass. Rectal bleeding is a common symptom and in patients below the age of 30 years is more likely to be due to haemorrhoids (piles), anal fissure or inflammatory bowel disease. Patients with haemorrhoids or anal fissures often self-manage with topical treatment and increasing fluids and fibre in their diet. Eight percent of patients over the age of 50 years presenting to primary care with rectal bleeding will have colorectal cancer.

In patients with IBD, endoscopy may be necessary to confirm a working diagnosis, response to treatment and the extent of the disease. Whilst this argues in favour of earlier referral for endoscopy, symptoms of irritable bowel syndrome (IBS) are common and are similar to those presented in IBD.

NICE DG30[3] recommends FIT testing for adoption in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral. NHS England recommended use of FIT testing to aid triage of patients with symptoms of colorectal cancer during the COVID-19 pandemic[2]. From the published evidence, in the absence of iron deficiency anaemia, a palpable abdominal mass, rectal bleeding, or obstructive symptoms, a FIT <10ug/gm has a negative predictive value (NPV) for CRC of 95%. While the NPV and positive predictive value (PPV) of FIT test results 10-100ug/gm are unknown, preliminary data (supported by data from FIT pioneer sites) show that a FIT test >100ug/gm is associated with a 1:4 chance of CRC or other significant pathology[2].

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