

ASM/14/04 - Stratifying Risk of Colorectal Disease in order to Direct the use of Colonoscopy in Symptomatic Patients

As a result of recent public awareness initiatives there has been a massive escalation in the numbers of patients referred for invasive investigation of large bowel symptoms, but no increase in the numbers of cancers diagnosed. This is because symptoms are common and non-specific, and an effective, simple means of determining which symptomatic patients require such investigation is urgently needed. Pilot studies indicate that sensitive estimation of faecal haemoglobin (fHB) may act as an effective “rule out” test, but as many normal people have blood in the stool, unnecessary investigation would not be minimised using this parameter. We propose to develop a simple risk score based on symptoms, fHb, FBC, age, gender, BMI, family history and lifestyle factors that will allow a rational shared decision regarding the need for invasive investigation in people presenting to primary care with large bowel symptoms.