Cancer Care Ontario

Recommendation Report: Entry and Transfer of Care Criteria for Colorectal Diagnostic Assessment Programs (DAPs) in Ontario

Objective:

The objective of this document is to describe recommended entry and transfer of care criteria for colorectal Diagnostic Assessment Programs (DAPs) in Ontario.

Target Population:

The population targeted in this report is adult patients in Ontario with findings highly suspicious of colorectal cancer who require rapid assessment and endoscopic investigation as the next appropriate test.

Intended Users:

This report is intended for program planners responsible for DAP operations, as well as providers referring their patients to a colorectal DAP, working within a colorectal DAP and/or treating patients referred to them following a positive diagnosis in a colorectal DAP. This includes but is not limited to: colorectal surgeons, general surgeons, internists, gastroenterologists, radiation and medical oncologists, radiologists, family physicians, general practitioners, emergency department physicians, and primary care providers (e.g. nurse practitioners, registered nurses, physician assistants, etc.)

Preamble:

DAPs manage and coordinate the entire process of a person's diagnostic care, from testing to a rule-out of cancer or to a definitive diagnosis and transition to treatment. This coordination improves access to quality health care. DAPs provide patients with a single point of contact and access to care that follows evidence-based, clinical pathways. These programs also facilitate transitions in care and improve communication between health care providers during the diagnostic phase.

Currently, DAPs vary in the service they provide along the cancer continuum (i.e., from symptoms to diagnosis to treatment and follow-up) which create inequities of care for patients and inconsistent referral criteria for clinicians. Defining consistent entry and transfer of care criteria for colorectal DAPs across the province will help address these challenges.

Colorectal DAP Entry Criteria:

The following are appropriate reasons for referral into a colorectal DAP and should be accepted:

- Positive guaiac fecal occult blood test (gFOBT) / fecal immunochemical test (FIT)[1]
- Abnormal colonoscopy or flexible sigmoidoscopy with a highly suspicious lesion for cancer or a biopsy proven cancer
- Palpable rectal mass highly suspicious for colorectal cancer
- Abnormal imaging findings highly suspicious for colorectal cancer
- Rectal bleeding (with absence of perianal symptoms) and 1 or more of the following:
    a. Unexplained weight loss
    b. Change in bowel habits
    c. Unexplained iron-deficiency anemia
        i. Males: Hb ≤ 110 g/L
        ii. Post-menopausal females: Hb ≤ 100 g/L
    d. First degree family history of colorectal cancer
    e. Palpable abdominal mass highly suspicious of colorectal cancer

[1] Please reference ColonCancerCheck's colorectal cancer screening recommendations for the appropriate screening test

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Colorectal DAP Transfer of Care Criteria:

Following referral into a colorectal DAP, patients will undergo an initial work-up. Once patients complete their diagnostic assessment, transfer of care criteria will help support continuity of care for patients and improve patient transitions. Patients should be transferred from the DAP as follows:

Patients with a normal colonoscopy result

- Following discussion of results with the patient and documentation of results sent to the referring physician, patients should be transferred from the DAP to his/her primary care provider.
- Documentation should include a recommendation for colorectal cancer screening based on ColonCancerCheck's screening recommendations as well as who is responsible for follow up.

Patients with abnormal colonoscopy findings suggestive of a gastrointestinal disorder unrelated to cancer

- Following discussion of results with the patient and documentation of results sent to the referring physician, patients should be transferred from the DAP to a treating specialist as appropriate.
- If a referral from the treating endoscopist to another specialist is required, the treating endoscopist is responsible for ensuring a timely consult.

Patients with abnormal colonoscopy findings with non-malignant polyps which have been completely excised

- Following discussion of results with the patient and documentation of results sent to the referring physician, patients should be transferred from the DAP to his/her primary care provider.
- Documentation should include a recommendation for surveillance and who is responsible for follow up and next steps. Decisions regarding surveillance should be based on the ColonCancerCheck's post-polypectomy surveillance recommendations.

Patients with abnormal colonoscopy findings with malignant polyps (adenomas containing early invasive adenocarcinomas) that are completely excised

- Following a surgical consultation and development of a treatment plan for patients requiring treatment or a follow-up plan for patients requiring surveillance, patients should be transferred from the DAP to the treating surgeon or to the referring physician respectively.
- Documentation should include a recommendation for surveillance and who is responsible for follow up and next steps.

Patients with abnormal colonoscopy findings with polyps that are not excised or incompletely excised

- Should receive either a 1) repeat colonoscopy by the same provider; 2) referral to an advanced endoscopist for consideration of endoscopic mucosal resection; or 3) consultation with a surgeon as deemed appropriate by the treating endoscopist.
- It is recommended that the optimal management of large or complicated polyps or polyps suspicious of cancer should be discussed among specialists including those with therapeutic endoscopy and surgical expertise.
- Following the development of a treatment plan for patients requiring treatment or a follow-up plan for patients where cancer has been ruled out, patients should be transferred from the DAP to the treating specialist or to the referring physician respectively.
- Documentation for patients given a follow up plan should include a recommendation for surveillance and who is responsible for follow up and next steps.

Patients with an abnormal colonoscopy with cancer

- Following surgical consultation once the staging work-up has been completed and a treatment/follow-up plan has been developed, patients should be transferred from the DAP to a treating specialist.

Related Guidelines

ColonCancerCheck Screening Recommendations
https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/colorectal-cancer-screening-summary

ColonCancerCheck Recommendations for Post-Polypectomy Surveillance
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/256

Colorectal Cancer Pathways Maps
https://www.cancercareontario.ca/en/pathway-maps/colorectal-cancer

Referral of Patients with Suspected Colorectal Cancer by Family Physicians and Other Primary Care Providers:
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/586

Methods

A Colorectal DAP Entry and Transfer of Care Criteria Working Group, with representation from regional partners, clinicians, patients and relevant Cancer Care Ontario program areas, was established to support the development of recommended entry and transfer of care criteria for colorectal DAPs. A modified Delphi approach was used to support the consensus process. The working group was surveyed on entry and transfer of care criteria and results were then brought forward to working group meetings for discussion. The outcome of working group discussions informed the recommended entry and transfer of care criteria.

The working group recommendations for the entry and transfer of care criteria for colorectal DAPs were formulated into a provincial consensus survey and shared with a broader stakeholder group across Ontario. The working group reviewed the results from the provincial consensus survey and focused the discussion on the criteria that lacked consensus. After this, the results from the provincial consensus survey were developed into a consolidated recommendation report and shared with the broader stakeholder group for validation. All feedback from the validation process was used to finalize this recommendation report.