COLORECTAL CANCER

Symptoms that best predict colorectal cancer

- rectal bleeding
- symptoms of anaemia, e.g. tiredness, fatigue
- weight loss
- abdominal pain or tenderness
- change in bowel habits, e.g. diarrhoea or constipation.

Figure 1: Probability of cancer if clinical features present

Constipation	Diarrhoea	Rectal bleeding	Loss of weight	Abdominal pain	Abdominal tenderness	Abnormal rectal exam	Haemoglobin 10–13 g/dL	Haemoglobin <10 g/dL	PPV= Positive predictive value (%) or probability of cancer
0.42	0.94	2.4	1.2	1.1	1.1	1.5	0.97	2.3	PPV as a single clinical feature
0.81*	1.1	2.4	3.0	1.5	1.7	2.6	1.2	2.6	Constipation
	1.5*	3.4	3.1	1.9	2.4	11	2.2	2.9	Diarrhoea
		6.8*	4.7	3.1	4.5	8.5	3.6	3.2	Rectal bleeding
			1.4*	3.4	6.4	7.4	1.3	4.7	Loss of weight
				3.0*	1.4	3.3	2.2	6.9	Abdominal pain
					1.7*	5.8	2.7	>10	Abdominal tenderness

Note: PPV estimates are for average-risk patients only and do not consider factors such as family history or recent investigations

Figure 1 shows the probability of colorectal cancer for individual and pairs of clinical features, including second presentation.

For example, the probability of colorectal cancer for:

- **Rectal bleeding = 2.4%**
- **Rectal Bleeding + abnormal rectal exam = 8.5%**
- **Two seperate episodes of rectal bleeding = 6.8%**

Probabilities highlighted in red are >5%, and urgent referral should be considered.

- >5% probability of cancer
- 2-5% probability of cancer
- 1-2% probability of cancer
- <1% probability of cancer
- ✲ Second presentation

Risk factors

- **increasing age**
- **personal history of**:
  - colorectal cancer
  - adenomas
  - inflammatory bowel disease
  - Lynch syndrome-related cancers*
- **family history of**:
  - colorectal cancer
  - suspected familial adenomatous polyposis (FAP)
  - suspected Lynch syndrome
  - Lynch syndrome-related cancers*
- **alcohol use, overweight and obesity, physical inactivity, smoking and diet e.g. red/processed meat consumption, insufficient fibre.**

**Lynch syndrome-related cancers include but are not limited to: bowel, endometrial, ovarian, stomach, hepatobiliary, urinary tract, kidney, pancreatic, brain, skin (sebaceous adenoma, sebaceous epithelioma, or sebaceous carcinoma and keratoacanthoma) and small bowel cancers.*

Implications for practice

- **Findings of a physical examination** including rectal examination can significantly alter the probability of colorectal cancer.
- Conduct a full blood count in people with possible symptoms of colorectal cancer.
- **Low haemoglobin** in the presence of symptoms significantly raises the probability of colorectal cancer.
- **Positive FOBT** can provide justification for an urgent referral for colonoscopy.
- **Negative FOBT** does not exclude cancer in people with symptoms.
- **Recent onset of symptoms in patients >40 years** should be viewed with an even higher degree of suspicion.

Refer all suspected colorectal cancer within two weeks for colonoscopy or appropriate specialist review within two weeks.

View more FCE resources at **findcancerearly.com.au/gp/**

Partner:
Government of Western Australia
North Metropolitan Health Service
Cancer Council WA

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