Policy for the Investigation of Rectal Bleeding
The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decision is considered within the wider constraints of the CCG’s legally responsibility to remain fiscally responsible.
Rectal Bleeding

Rectal bleeding (loss of blood from the anus) is a very common and usually intermittent and self-limiting symptom in people of all ages. Sudden heavy blood loss, requiring emergency hospital admission and intervention, can occur, but is uncommon. Most cases of painless rectal bleeding are due to benign (non-cancerous) anal conditions (e.g. haemorrhoids or anal fissure).

Colorectal Cancer

Only a small minority of cases have significant pathology, and the risk of such pathology (particularly colorectal cancer) is dependent of the presence of other symptoms and age.

Colorectal cancer is the third most common cancer in the UK after breast and lung cancer and the second most common cause of death, with approximately 41,265 new cases diagnosed in 2014 in the UK (Cancer Research UK). Occurrence of colorectal cancer is strongly related to age, with almost three-quarters of cases occurring in people aged over 65 years, although people under 40 with a strong family history of colorectal cancer have an increased risk of developing the disease. Patients with long standing inflammatory diseases of the bowel, such as Crohn’s disease or ulcerative colitis, may also have an increased risk of developing colorectal cancer. People who have a rare genetic condition known as familial adenomatous polyposis (FAP) or adenomatous polyposis coli, in which benign tumours called polyps are found in the lining of the colon, have an increased risk of developing bowel cancer.

NICE NG12 (2015) states adults should be referred using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

- they are aged 40 and over with unexplained weight loss and abdominal pain or
- they are aged 50 and over with unexplained rectal bleeding or
- they are aged 60 and over with:
  - iron-deficiency anaemia or
  - changes in their bowel habit, or
- tests show occult blood in their faeces.

Clinicians should consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults with a rectal or abdominal mass.
Clinicians should also consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:

- abdominal pain
- change in bowel habit
- weight loss
- iron-deficiency anaemia

In cases of patient presenting with an unexplained anal mass or unexplained anal ulceration clinicians should consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer.

<table>
<thead>
<tr>
<th>Symptom and specific features</th>
<th>Possible cancer</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rectal bleeding</strong> (unexplained), 50 and over</td>
<td>Colorectal</td>
<td>Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks)</td>
</tr>
<tr>
<td><strong>Rectal bleeding</strong> with abdominal pain or change in bowel habit or weight loss or iron-deficiency anaemia in adults under 50</td>
<td>Colorectal</td>
<td>Consider a suspected cancer pathway referral (for an appointment within 2 weeks)</td>
</tr>
</tbody>
</table>
Eligibility Criteria.

The commissioner will therefore fund further investigation of rectal bleeding with either flexible sigmoidoscopy and / or colonoscopy in the following circumstances:

- The patient is 50 years old or older and has unexplained rectal bleeding.
- The patient is UNDER the age of 50 years, has rectal bleeding AND
  - Abdominal Pain OR
  - Change in bowel habit OR
  - Weight Loss OR
  - Iron-deficiency anaemia

This means for patients who DO NOT meet the specified criteria the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.

For the purposes of this guidance, the following defines unexplained:
Symptoms or signs that have not led to a diagnosis being made by the healthcare professional after initial assessment (including history, examination and any primary care investigations).
For example, if a patient has been reviewed by primary care and blood results have shown a raised faecal calprotectin, then the patient should be reviewed in line with the IBD care pathway and falls outside the scope of this policy.

Guidance:

https://www.nice.org.uk/guidance/ng12


Cancer Research UK 2017 Bowel Cancer Statistics.
http://www.cancerresearchuk.org/

NHS Choices. 2015. Rectal Bleeding.
https://www.nhs.uk/conditions/bleeding-from-the-bottom-rectal-bleeding/