

2. Bowel

| BOWEL CANCER ² | |
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| If the patient presents with one or more of the following red flags, then the referral should be triaged as 'High Suspicion of Cancer'. | |
| Red flags | YES or NO |
| Known or suspected bowel cancer (on imaging, or palpable or visible on rectal examination) | |
| Unexplained rectal bleeding (benign anal causes treated or excluded) WITH iron deficiency anaemia (haemoglobin and ferritin below the local reference range) | |
| Altered bowel habit (looser and/or more frequent) > 6 weeks duration PLUS unexplained rectal bleeding (benign anal causes treated or excluded) AND aged ≥ 50 years | |

² Please note that these criteria are for high suspicion of cancer that would warrant direct access colonoscopy within two weeks - it is not an exhaustive list of the possible manifestations of bowel cancer that may warrant colonic investigation. Please interpret this guideline in conjunction with *Referral Criteria for Direct Access Outpatient Colonoscopy* (Ministry of Health, December 2012) and *Guidance on Surveillance for People at Increased Risk of Colorectal Cancer* (New Zealand Guidelines Group, 2011).