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Rapid diagnostic referral for colorectal cancer in Pontevedra

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Background and Aim: Recently, a rapid diagnostic referral (RDR) process based on clinical criteria was implemented in our area for both Primary Care Physicians and Hospital Doctors. The aim was to shorten the interval between diagnosis and treatment of colorectal cancer to less than 30 days. We audit this process in order to assess its real usefulness.

Method: We conducted a retrospective audit of the RDR during the last trimester of 2015. We recorded the criteria of the referral, as well as dates of consultation, endoscopy, discussion of cases at our Cancer Committee and beginning of treatment.

Results: 2 out of 31 patients (6.45%) that went into the RDR process had a real colorectal cancer, both included in the RDR by their Family Physicians (2 out of 17, 11.76%). While in-hospital referrals included cases without clinical criteria, Primary Care referrals did adjust to them. The main criteria was abnormal bleeding or blood in stool sample (38.71%). The median delay to consultation was 6 days (IQR 5-12), to endoscopy was 7 days (IQR 5-36), the discussion at the Committee was always the day following the endoscopic diagnosis. And the treatment of both cases began the second day after the diagnosis (one underwent surgery and the other received chemotherapy).

Conclusions: Although there is still room to improve our RDR process, it reduces the time to treatment in cases with high suspicious. It is clear from the results that the usefulness of this pathway is focused on the referrals from our Primary Care level, since in-Hospital referrals seem to use the RDR with other purposes.