

INTRODUZIONE DI UN PERCORSO PREFERENZIALE PER PAZIENTI CON SOSPETTO CANCRO COLORETTALE - FAST TRACK

Table 1 Department of health higher risk criteria

Criteria	Elements of the criteria
1 Rectal bleeding <i>with</i> a change in bowel habit to looser stools and/or increased frequency of defecation persistent for 6 weeks. All ages	(i) Correct change in bowel habit (ii) Rectal bleeding (iii) Symptoms present for at least 6 weeks (iv) New symptoms; history not exceeding 18 months
2 Change in bowel habit as above <i>without</i> rectal bleeding and persistent for 6 weeks. Over 60 y	(i) Correct change in bowel habit (ii) Rectal bleeding not present (iii) Age ≥ 60 y (iv) Symptoms present for at least 6 weeks (v) New symptoms; history not exceeding 18 months
3 Rectal bleeding persistently <i>without</i> anal symptoms.* Over 60 y	(i) Rectal bleeding (ii) Change in bowel habit not present (iii) No perianal symptoms (iv) Age ≥ 60 y (v) Symptoms present for at least 4 weeks (vi) New symptoms; history not exceeding 18 months
4 A definite palpable right sided abdominal mass. All ages	(i) Right sided abdominal mass
5 A definite palpable rectal mass (not pelvic). All ages	(i) Intraluminal rectal mass (not pelvic)
6 Unexplained iron deficiency anaemia All ages for men, postmenopausal women	Women over 50 y (postmenopausal), haemoglobin ≤ 10 g; men: haemoglobin ≤ 11 g

It was recommended that these age/symptom/sign profiles when they were new and persistent should be used to identify patients for prompt referral on the basis of the two week standard. It was estimated that these higher risk criteria would identify 85–90% of all patients with bowel cancer presenting to the outpatient department.

*Anal symptoms include soreness, discomfort, itching, lumps, and prolapse, as well as pain.

RASSEGNA DI 12 STUDI DI VALUTAZIONE

~ 85% DEI CASI DI CANCRO RISPONDE A QUESTI CRITERI

25% - 75% DEI CASI HANNO SEGUITO IL PERCORSO PREFERENZIALE (FAST TRACK - FT)

	FT	NON FT
ATTESA VISTA SPECIALISTICA	31 gg.	69 gg.
ATTESA TRATTAMENTO	43 gg.	58 gg.

RASSEGNA DI 12 STUDI DI VALUTAZIONE

PPV PER CANCRO - CASI DIAGNOSTICATI
ATTRAVERSO FT

10.3%

NESSUNA EVIDENZA DI UNO SPOSTAMENTO
DELLO STADIO ALLA DIAGNOSI

SCREENING

- PPV PER CANCRO – FOBT + ~ 10%

- SPOSTAMENTO DELLO STADIO ALLA DIAGNOSI

> 60% CASI STADIO I

- **RIDUZIONE DELLA PROPORZIONE DI CASI RICOVERATI IN URGENZA**

PRE SCREENING

29.4%

DOPO 5 ANNI DI SCREENING

15.8%

- **SPOSTAMENTO DELL'ETA' DEI CASI RICOVERATI IN REGIME DI URGENZA (PIU' ANZIANI)**

COLONSCOPIE PIEMONTE 2006

	Dip. 1	Dip. 2	Dip. 3	Dip. 4	Dip. 5	Dip. 6	Dip. 7	Dip. 8	Dip. 9	TOTALE
Numero esami	14470	1406	2153	4014	4772	4596	4723	1729	4599	42459
% Esami operativi	20,2%	12,8%	21,0%	22,7%	42,5%	22,6%	24,4%	21,7%	56,8%	27,5%