

# A straight to first diagnostic procedure pathway for suspected colorectal cancer

Sir,

Current UK guidelines state that patients referred with suspected cancer should be seen by a specialist within 2 weeks and treatment commenced within 62 days of referral (Department of Health, 2004, 2011). To improve waiting times at the authors' district general hospital, a straight to first diagnostic test pathway was created to remove two clinic appointments from the standard pathway. This allowed patients to be first reviewed at endoscopy, if deemed appropriate. Similar programmes have been used previously, such as the accelerate, coordinate and evaluate (ACE) programme (ACE Colorectal Cancer Pathway Cluster, 2016).

Data were retrospectively collected for patients referred with urgent suspected colorectal cancer over the first 2 years of the new pathway. Over the 2-year period 348 referrals were received and 30 (8.6%) patients were diagnosed with colorectal cancer. In total, 132 (37.9%) patients were reviewed first at endoscopy using the new pathway, of whom 21 (15.9%) were diagnosed with colorectal cancer, while 216 (62.1%) patients were seen on the standard pathway of whom 9 (4.1%) were diagnosed with colorectal cancer. In patients using the new pathway, the median reduction in waiting time from referral to treatment was 15 days ( $P=0.385$ ). Moreover, patients on the new pathway waited a median of 14 days less ( $P=0.249$ ) from initial consultation to treatment (Table 1). The new pathway was associated with cost savings of £45 895.08 over 2 years because of the reduced number of clinic appointments.

The new referral pathway improved waiting times in patients referred with suspected colorectal cancer at this hospital and was associated with significant cost

**Table 1. Waiting time from referral to treatment initiation and from first consultation to treatment in patients on the new and standard pathways**

Waiting time	New pathway median (interquartile range)	Standard pathway median (interquartile range)	P value
Referral to treatment	45 days (27.8–76.5)	60 days (47–73)	$P=0.385$
First consultation to treatment	33 days (15–60)	47 days (34–59.5)	$P=0.249$

savings. These benefits may be greater with a larger cohort at other hospitals.

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ACE Colorectal Cancer Pathway Cluster. 2016. Colorectal Cancer Pathways: Interim Report, Straight to Test Pathways for Colorectal Referrals. (accessed 17 September 2018) [http://www.cancerresearchuk.org/sites/default/files/colorectal\\_pathways\\_interim\\_report\\_v2.pdf](http://www.cancerresearchuk.org/sites/default/files/colorectal_pathways_interim_report_v2.pdf)  
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## Erratum

In the article *The Nikolsky sign* (vol 79(9), 2018, p. C142; <https://doi.org/10.12968/hmed.2018.79.9.C142>) two of the figure legends were transposed.

The legend for *Figure 1* should have read 'Toxic epidermal necrolysis with extensive areas of epidermal (erosions) with a background of dark and necrotic macular lesions' and the legend for *Figure 3* should have read 'Pemphigus vulgaris showing areas of eroded skin with a peripheral collar of scale where the roof of the blister has peeled away from the underlying dermis'. We apologise for any confusion caused.

## Correspondence

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