



## Summary of NICE Guidelines

Title	Colonrectal Cancer: The diagnosis and management of colonrectal cancer
NICE Reference	CG131
Date of Review:	July 2018
Date of Publication	November 2011
Summary of Guidance (Max 250 words)	<p>Colorectal cancer is the third most common cancer in the UK, with approximately 40,000 new cases occurring each year. Due to its strong age-related link, three-quarters of cases occur in patients aged 65 or over. Approximately half of colorectal cancer patients will survive for at least 5 years after diagnosis.</p> <p>This guideline covers the diagnosis and management of adults (18 years and over) with newly diagnosed or relapsed adenocarcinoma of the colon or rectum. Best practice guidance is provided on the investigation, diagnosis and staging of disease; the management of both local and metastatic disease; as well as longer-term follow-up and support.</p> <p>In patients without major co-morbidities a colonoscopy with biopsy is recommended to provide conformational histological diagnosis. Guidance on primary tumour pre-operative management (using chemotherapy and/or radiotherapy) is divided by the patient's risk of local recurrence. Laparoscopic surgery for local disease is recommended as an alternative option to open surgery in patients suitable for either procedure. Follow-up of patients who have received apparently curative treatment requires monitoring both clinically, radiologically and biochemically. A minimum of two computed tomography (CT) scans of the chest, abdomen &amp; pelvis in the first 3 years; along with surveillance colonoscopy at 1 year post initial treatment, and if normal, another 5 years later. Regular biochemical monitoring is required with serum carcinoembryonic antigen testing.</p>
Impact on Lab (See below)	■ Moderate
Lab professionals to be made aware	<ul style="list-style-type: none"><li>✓ Laboratory Manager</li><li>✓ Chemical Pathologist</li><li>✓ Clinical Scientist</li><li>✓ Biomedical Scientist</li></ul>
Please detail the impact of this guideline (Max 150 words)	Laboratories would be required to provide a service for the monitoring serum carcinoembryonic antigen. A recommendation is given of monitoring patients post apparent curative surgery having regular serum carcinoembryonic antigen testing, initially at least every 6 months in the

first 3 years. Though no repeating time frame is given post 3 years.
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**Impact on Lab**

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

**Written by: Miss Anna Barton**

**Reviewed by: Professor Roy Sherwood**