

Week 1

**USC referral
(day 0)**

**USC referral
from:**

- primary care* (SRG guideline).
- secondary care*
- emergency presentation*

*In line with Scottish Referral Guidelines for Suspected Cancer.

- positive screening result.

**ACRT
(by day 3)**
by suitably experienced clinician – national regrading framework applied.

Telephone consultation and results of GP tests (if required).

Pre-assessment (screen detected).

Patient information provided at point of referral.

Patient informed if referral regraded.

Week 2

Straight to test and verified report (by day 14)

- Colonoscopy;
- Alternatives could include:

CT abdomen pelvis, CT colonography, Colon Capsule Endoscopy or Flexible-Sigmoidoscopy.

Outpatient clinic if not fit for straight to test or patient choice.

Prehabilitation screening. Onward referral for assessment as required.

Navigator / SPoC supports patient throughout diagnostic pathway.

Cancer likely – patient provided with relevant, quality information and personalised support.
Cancer is ruled out – referrer +/- patient informed and referred to other secondary care service, if relevant.

Weeks 3-4

Straight to staging investigations and verified report (by day 21):

Contrast CT of Chest/Abdomen/Pelvis.

MRI of pelvis (rectal cancer).

Histopathology including genomic testing requested.

Bloods (including CEA).

MDT and patient informed (by day 28).

Weeks 5-6

Patient and their chosen support consider and agree treatment plan with clinical team.

Arrange pre-op assessment with patient optimisation.

Definitive treatment starts (by day 62).

Personalised care and support plan in place.