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0013 The increasing burden of the two-week wait colorectal cancer pathway within a single centre

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Introduction: Increasing demand has placed colorectal cancer (CRC) two-week wait (TWW) pathways under pressure. The primary aims of this paper are to review TWW referral numbers and CRC diagnoses within our centre over the past 3 years (before, during and in recovery from the COVID-19 pandemic) and compare outcomes to our previously published data (2009–18). This incorporates the introduction of FIT into our clinical practice.

Methods: TWW CRC referral data from 1st July 2018–31st July 2021 was analysed. Parameters assessed; monthly TWW referrals, CRC detection, % of TWW referrals seen <14 days and investigations utilised. Data from January 2009 to 31 June 2018 was combined. Unpaired t-test was used to compare group means.

Results: TWW referrals have increased 360% from 2009 to 2020. The proportion of TWW referrals with CRC has decreased from 8.87% to 3.24% over this period, whilst the incidence of CRC remained static (mean 58.7 per annum). From 2009–18, TWW referrals=8921, CRC diagnoses=533, mean monthly CRC detection rate=4.7, ratio of referrals to CRC=16.7:1. From 2018–21, TWW referrals= 6523, CRC diagnoses=232, mean monthly CRC detection rate=6.3, ratio of referrals to CRC=28.4:1. There was a statistically significant difference in mean monthly referrals (p -value<0.00001) between the two periods.

Conclusion: Despite ever-increasing TWW referral numbers, no significant change in CRC diagnoses has occurred. We find our service under ever-increasing strain. Additional strategies and guidance are required to help address this. Further studies evaluating FIT and repeat FIT in the symptomatic TWW cohort may have a role in generating such a consensus.

Take-home message: Two week wait colorectal cancer referrals have increased 360% in 12 years. Colorectal cancer detection rate remains static over this timeframe.