

Guideline for Bowel Cancer Screening Programme Lynch Surveillance

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

THIS PROTOCOL IS FOR USE BY THE FOLLOWING STAFF GROUPS :

This guideline applies to all staff working within the Herefordshire & Worcestershire BCSP team.

Lead Clinician(s)

Mr S Lake

BCSP Screening Director

Approved by *Endoscopy Governance Meeting* on: 9th September 2024

Review Date: 9th September 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by: (name of committee or accountable director)
24/07/2024	Guideline Developed	Avril Turley

Quick Reference Guide

Please see enclosed flow diagram to show expected Lynch surveillance pathway for patients

INTRODUCTION

This operational guideline refers to People in England with genetically diagnosed lynch syndrome who will be included within the NHS BCSP for 2 yearly colonoscopic surveillance. It describes the process of booking patients with Lynch syndrome for colonoscopy through the Bowel Cancer Screening Programme.

Scope of This Document

This policy ensures that the appropriate pathway is followed by administrative staff, SP's, SSP's and Screening Colonoscopists for patients who present for BCSP.

The information within this procedure is in addition to the information available within the NHS Bowel Cancer Screening Programme Colonoscopic surveillance for people with Lynch Syndrome Interim operational guidance for providers of NHS Bowel Cancer Screening programme services Version 1, 23 February 2024

Responsibility and Duties

SSPs, BCSP Admin staff, SPs and Screening Colonoscopists working with BCSP patients.

Policy Detail

Pathway

- NHS digital have developed a national registry of patients identified as having Lynch syndrome and their details are automatically transferred to BCSP Patients are flagged as having Lynch on Open Exeter. This is visible both on the patient's main page, and also on the relevant clinic date page.



- Patients will be booked in to clinic slots automatically when their Lynch surveillance colonoscopy is due. Lynch patients are NOT sent qFIT tests, but are offered a colonoscopy every 2 years.
- The SSP in charge of clinic should check the date of last colonoscopy, either on Medilogic if the colonoscopy was carried out locally, or with the patient to confirm their surveillance colonoscopy is due.
- If there is any concern that the patient is not at the right surveillance interval (such as having a colonoscopy within the last 2 years) then this should be flagged up to either the lead SSP or Programme Manager who will investigate further.
- Suitability for colonoscopy should be established by completing the clinic dataset and all paperwork as usual.
- Lynch patients may be younger than other screening patients. Individuals with variants in MLH1, MSH2 or EPCAM genes will be invited from the age of **25** years. Individuals with pathogenic variants in PMS2 and MSH6 genes will be invited from the age of **35** years.

- It is important to incorporate the following questions in to the assessment appointment:
 - Date of last menstrual period
 - Possibility of pregnancy
 - If pregnant, at what stage of pregnancy are they? This should be discussed with a consultant and a decision made about continuing with, or postponing, colonoscopy.
 - If taking the oral contraceptive pill, advise that this may not be effective when taken with bowel preparation. **Advise patient to take their usual medication (unless they have been advised to stop it) at least one hour before or after you take the bowel preparation.** Extra precautions should be taken, such as condoms, until next menstrual cycle.
 - Does the patient have any operations/IVF scheduled? If so, colonoscopy can be brought forward by up to 11 weeks
- In specific circumstances patients may call to request a colonoscopy appointment is brought forward by up to 6 months. The patient should be referred to the screening centre for a clinical decision to be made on the need for an appointment to be brought forward.

The acceptable reasons for bringing an appointment forward are:

- Planned pregnancy
 - IVF round
 - Cancer treatment
 - Planned surgery
- Some patients may require enhanced sedation or general anaesthetic. This option should be used prior to considering CTC for this cohort of patients (CTC should be the last option). Normal endoscopy guidelines should be followed.
 - Procedures under general anaesthetic should be done within the screening programme wherever possible.
 - Only one patient with Lynch should be scheduled per colonoscopy list.

Implementation

1.1 Plan for implementation

Discussion at BCSP staff meeting to make BCSP staff aware. Addition to Policies and Procedures folder titled 'Lynch Surveillance' which has all relevant information and training slides. New staff members are signposted to key documents on commencement of post.

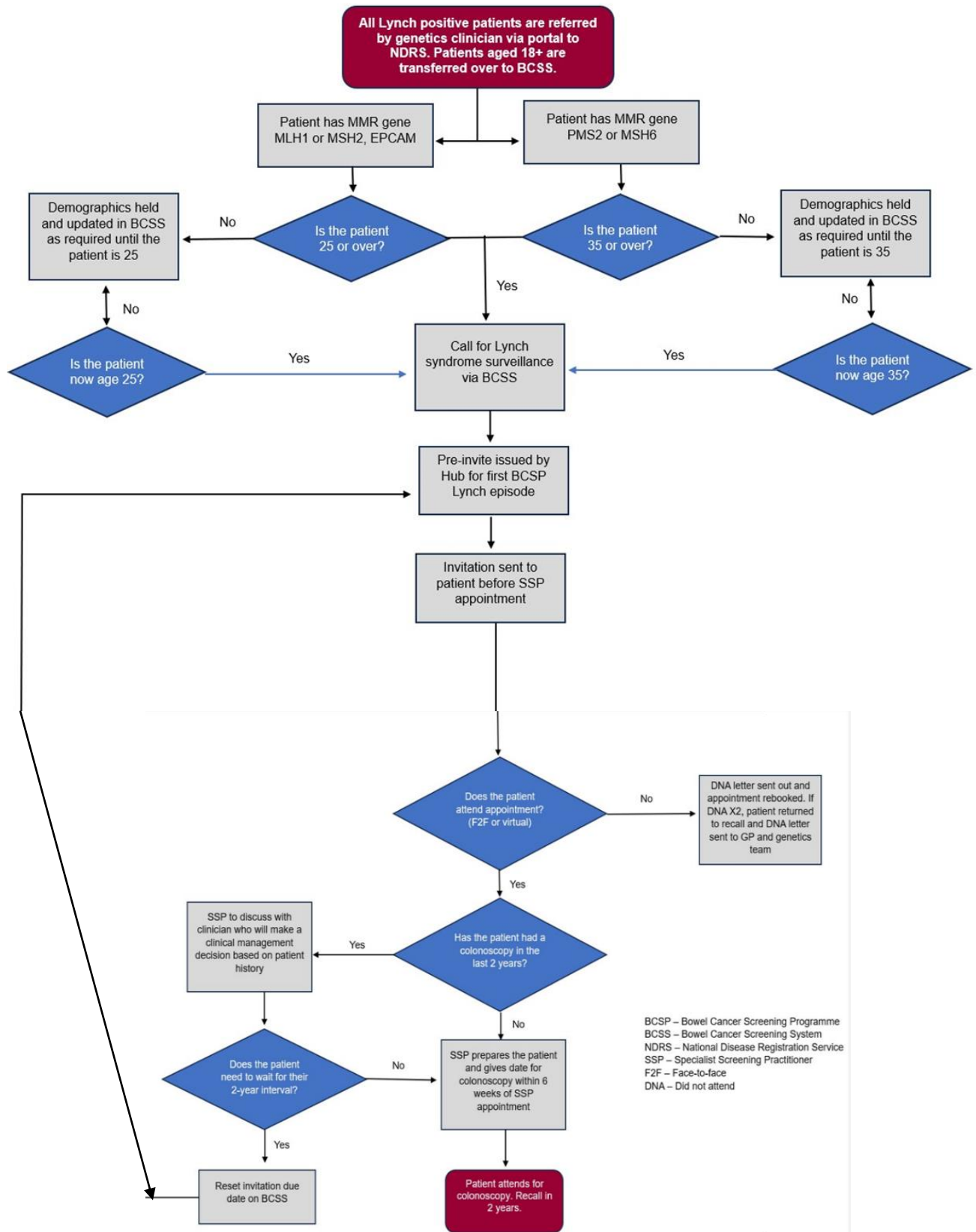
1.2 Dissemination

Addition of policy circulation through e-mail to stakeholder group. Addition of document to Trust Intranet. BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

1.3 Training and awareness

BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

Diagram 1: Flow diagram to show expected pathway for Lynch Syndrome patients



CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Avril Turley	Specialist Screening Practitioner

Circulated to the following individuals for comments

Name	Designation
Mr Lake	BCSP Screening Director
Dr Ransford	BCSP Consultant
Dr Elagib	BCSP Consultant
Dr Prab	BCSP Consultant
Mr Reddy	BCSP Consultant
Avril Turley	Lead BCSP Nurse
Rachel Foley	BCSP Matron
Emma Duggan	BCSP Programme Manager
Hannah Chapman	Specialist Screening Practitioner
Paula Smith	Specialist Screening Practitioner
Christine Mosedale	Specialist Screening Practitioner
Laura Meek	Specialist Screening Practitioner
Justine Rich	Specialist Screening Practitioner
Lorraine McGregor	Specialist Screening Practitioner
Rachel Stevenson	Specialist Screening Practitioner
Wendy Bland	Specialist Screening Practitioner

Circulated to the following CD's/Heads of dept. for comments from their directorates / departments

Name	Directorate / Department
Mr S P Lake	BCSP Screening Director

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Mr S P Lake	BCSP Operational Meeting

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	SSP to complete positive assessment clinic appointment, using the BCSP colonoscopy assessment dataset form on BCSS.	<p>SSP to check patient is on correct pathway and amend where appropriate.</p> <p>At colonoscopy SSP checks patient has complied with guideline process.</p> <p>Obtain further advice, if necessary, from the GP, Consultant or Screening Colonoscopist or Genetics services. Using the Guidelines for the management of NHS Bowel Cancer Screening Programme Colonoscopic surveillance for people with Lynch Syndrome Interim operational guidance for providers of NHS Bowel Cancer Screening programme services Version 1, 23 February 2024</p>	Following SSP clinic, patient follow up telephone calls. At colonoscopy.	SSP's, Screening Colonoscopists,	At SSP Assessment Clinic, At Colonoscopy Lists.	Every time a patient is identified for Lynch surveillance.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	None	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	None

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.