

## Referral Criteria – ISLHD Colorectal Cancer MDT

	1: For urgent discussion at MDT meeting	2: For discussion at MDT meeting	3: Not for discussion at MDT meeting
<b>Category A: New diagnosis</b>	<b>1A:</b> All rectal cancer prior to treatment  <b>1A:</b> All anal cancer prior to treatment  <b>1A:</b> Complex stage IV colorectal cancer	<b>2A:</b> Colon cancer stage II (complex), III and IV or neuroendocrine tumour  <b>2A:</b> Patient without diagnosis <ul style="list-style-type: none"> <li>advice sought from MDT</li> </ul>	<b>3A:</b> Stage I colon cancer  <b>3A:</b> Uncomplicated stage II colon cancer
<b>Category B: Re-discussion</b>	<b>1B:</b> Complex stage IV colorectal cancer	<b>2B:</b> New issue for patient: <ul style="list-style-type: none"> <li>previously treated</li> <li>on treatment</li> </ul>	