

Low cancer suspicion tied to delay in CRC referral in primary care

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referral (relative risk, 1.7). Two dominating themes were identified in thematic exploration of the diagnostic routes to referral of patients with the longest durations: "alternative working diagnosis" and "suboptimal diagnostic strategies"; these themes included the subthemes of "omitting to reconsider an initial diagnosis" and "lack of follow-up."

"There is potential for reducing time to referral for CRC patients presenting in [primary care](#)," the authors write. "This could first be achieved by adequate reinvestigation of recurrent potential cancer-related symptoms or signs, particularly if the alternative explanation becomes less plausible."

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(HealthDay)—Delay in referral for colorectal cancer (CRC) in primary care is associated with low cancer suspicion, according to a study published in the September/October issue of *Annals of Family Medicine*.

Nicole F. van Erp, M.D., from the University Medical Centre Utrecht in the Netherlands, and colleagues examined reasons for long times to referral for Dutch CRC patients in primary care. Patients with a confirmed CRC diagnosis that symptomatically presented in primary care from 2007 through 2011 were included.

The researchers found that of the 309 patients with CRC, in univariable analyses, those who were female, did not have a registered [family history](#), had a history of malignancy, lacked alarm symptoms at presentation, or had hemorrhoids at [physical examination](#) were at risk for longer time to referral. In a multivariable analysis, only presentation without alarm symptoms was significantly associated with a long duration to

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