



EUROPEAN GENERAL PRACTICE  
RESEARCH NETWORK



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**Abstract Book**

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# COLOPHON

Abstract Book of the 89th European General Practice Research Network Meeting  
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**Freestanding Paper / Finished study****Colorectal neoplasm fast track diagnosis pathways**

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**Keywords:** Colorectal neoplasm, clinical pathways

**Background:**

Clinical pathways are health processes used on subjects with suspicion of certain disease that has a known natural history. Whenever is important to timely achieve a diagnosis or a treatment, processes should be clearly organized. Although treatment management is often clear due to the existence of clinical practice guidelines, there is not such standardization about initial criteria for fast track diagnosis pathways (FTD). As a consequence, there is a big clinical variability, hidden under a parallel lack of transparency, which produces inequity. Furthermore, we are not able to compare international nor national FTD practices in terms of initial criteria or process indicators.

**Research questions:**

Are FTD similar in different areas of Spain? And are they fast enough?

**Method:**

We conducted a systematic review based on the following MESH criteria "Critical Pathways"[Mesh] AND "Colorectal Neoplasms"[Mesh] , limited to last ten years (2008-2018) and related to our country (Spain). We collected data pertaining inclusion criteria for FTD percentage of Primary Care referrals, neoplasm diagnosis rate through FTD, and time to treatment.

**Results:**

We obtained only two studies that accomplished inclusion criteria (FTD related to Spain settings). We also obtained FTD protocols of 8 hospitals from our Autonomous Community through direct contact. Inclusion criteria for FTD are not standardized. Referrals do not adjust by these criteria (32.9% to 91.2% in our area). In the only study that publish this data, time from Primary Care to colonoscopy decreases 20 days when the patient goes through a FTD; and time to surgery through FTD was 20 days (study a) and 53 days (study b). lower than classic referral in both cases.

**Conclusions:**

FTD are effective when in place; however inclusion criteria should be standardized and variability should be reduced, particularly regarding times from Primary Care to colonoscopy and from colonoscopy to surgery.

**Points for discussion:**

Fast Track Diagnosis pathways need for standardization

Lack of homogeneity and lack of transparency in clinical pathways