<u>**Instructions to Candidates**</u> **-** 8-minute station

You are a Foundation doctor working in a GP practice.

Your next patient is Ms Elizabeth Ruth, a 73-year-old lady who is complaining of blood in her stools.

Please take a history and formulate your differential diagnoses.

At 6 minutes the examiner will ask you a few questions.

© OSCE Revision, 2021 – Dr X Y Choo

Script for simulated patient:

Elizabeth Ruth, Age 73 *C/O:* Blood in stools

HOPC:

You have noted some fresh red blood in your stools on-and-off for the past two weeks. It is mixed in your stools and sometimes on the toilet paper after you wipe. You have no pain when opening your bowels. You initially put it off to possible constipation but find yourself still bleeding even after changing your diet. You normally open your bowels every day. You have not had any abdominal pain, nausea or vomiting. You do not have periods anymore as you have menopaused. You do not have any urinary symptoms. You are otherwise well in yourself.

Only if asked about weight loss, you have lost about 4 stones in the past six months. You think this might be related to your loss of appetite but did not think much of it.

PMH:
Hypertension, Alcoholic liver disease, Transient ischemic attack, Falls

PSH: Appendectomy 1989

DH:
Losartan, Ramipril, Aspirin
Allergy: NKDA

FH: Father and Aunty died of cancer – unsure what type of cancer.

SH (LOST):

Living situation:
Lives with wife, has stairs at home.

Occupation:
Retired executive of a paper company.

Social: Smoking, Alcohol, Recreational drugs, Exercise
Smokes daily ~15/day. Drinks a glass of wine every night, a little more over the weekend. No recreational drugs. Does yoga twice a week.

Travels: N/A

I: You think you might have Piles.
C: You would like to get to the bottom of this since it has been going on for two weeks now.
E: You expect a blood test of some sort.

© OSCE Revision, 2021 – Dr X Y Choo

Questions:

1. What are your differential diagnosis?
Bowel cancer, diverticular disease, haemorrhoids, constipation

Which is your top diagnosis? Bowel cancer

2. What investigations would you like to request for this patient? And why?
Bloods: **FBC**, LFT, U&E, **CRP**, **CEA,** CA 19-9
FBC, U&E, LFT for baseline investigations, *Hb to note any blood lost/ Urea for any bleeding. CEA for colon cancer, CA 19-9 for pancreatic cancer.

Stool sample for FITT test (Faecal immunochemical testing)

Procedures: Colonoscopy +/- CT Abdo pelvis.

3. How will you manage this patient?
Refer to General Surgery within 2 weeks.

Answer sheet:

Area	**Clear Fail**	**Fail**	**Satisfactory**	**Good**	**Excellent**
C/O & **HOPC**					
PMH					
DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/ Comm skill					
Overall					

Question	**No elements mentioned**	**Some elements**	**Most elements**	**All elements**
1				
2				
3				
Overall	Fail	Low pass	Pass	Excellent

Feedback
It is important to recognise red flag symptoms such as unexplained weight loss and rectal bleeding especially given their age group. In a less time pressured setting, it is essential to take a full family history including the family's relation to the patient, (i.e, family pedigree), relative's sex, age of diagnosis and death as well as type of cancer. In this case, there is a family history of cancers which can point to a genetic component such as Lynch syndrome.
According to NICE guidelines[1], referral timelines for suspected cancer are as follows:

© OSCE Revision, 2021 – Dr X Y Choo

Immediate – acute admission or referral occurring within hours.
Very Urgent – referral to happen within 48 hours.
Urgent – 2 weeks wait referral.
Non-urgent – general timescale use for referral / investigations that is considered not urgent or not very urgent.

References:

1. Scenario: Referral for suspected gastrointestinal tract (lower) cancer. | Management | Gastrointestinal tract (lower) cancers - recognition and referral | CKS | NICE. Cks.nice.org.uk (2021) Retrieved on 21st September 2021, from https://cks.nice.org.uk/topics/gastrointestinal-tract-lower-cancers-recognition-referral/management/referral-for-suspected-gastrointestinal-tract-lower-cancer/#diagnostic-referral-process

© OSCE Revision, 2021 – Dr X Y Choo