Example of Colorectal Cancer Patient Pathway Multidisciplinary Team (MDT) If curative approaches are not If first line treatment fails. MDT team with radiologists, Shared decision planning of care patient receive second and Digital rectal examination and palliative approaches are surgeons, radiation encologists, sub-classification third line treatment all to be endoscopy with biogsy for and treatment with a considered, such as shortmedical encologists and amare of the creening programs are available free who then directs to histopathological confirmation are nultidisciplinary team including Very early risk proups under pathologists evaluate the side effects of exists and are have a a discressic test or local excision while the rest are **Patients** of charge and provided through public radiotherapy and systemic treated initially with surgery or the cancer and available for survivorship to specialist surpeon, radiation oncologist. chemotherapy improve the available and how they may patients and care plan post worse risk groups have a the ages of 45-74 years of age and Cancer is categorised as low. quality of life adapted to the cultural population middle or high Nutritional and social support nurse specialist, including a caregivers free Patient has knowledge of liquid bloassays such as fecal are provided in complementary understand what healthy clinical trials and knows how nmunochemical testing (FIT) and Other physical tests such as full ifestyle habits are (physical to use a navigator genetic testing is being carried out by national system activity, healthy diet) and function tests, serum Patient receives psychological, individuals, family history First line treatment is guided probability of post-operative social and spiritual care, also HCPs have the opportunity to and computed tomography are with biomarker testing to tailor infection and to reduce the uding treatment of pain or Patient decides on Courseling. HPCs provide advice and Patients over 70 years should use liquid bioassays to carried out to. smooth and quick and your the treatment to the patient and amount of days the patient is monitor and evaluate the treatment for Lower Anterior physical symptoms health data is shared across all have a formal periatric hospitalized. and setting (hospice legal support are need for treatment e.g. ctDNA. Resection Syndrome (LARS) counselling are available for patients Define functional status the right person receives the right vs home) provided and the patient is aware and and relatives as required and presence of metastases. tools for frailty before any treatment at the right time informed on it. **Prevention & Screening** Diagnosis **Treatment** Supportive Care & QoL Patients are diagnosed in a diverse variety of Some treatment procedures require the bowel to be Lack of biomarker After surgery, uncertainty if patient needs to Need for malnutrition assessment as Cachexia has a big Healthy lifestyle are considered but Post-operative infection is Neuropathy, mouth ulcers affect undergo chemotherapy since there is no test to Effects of microbiome are not sure disease stages leading to different scenarios cleared using an aggressive bowel preparation. This testing that can better personalise impact on daily life but it not mentioned or given usually not followed as not an appropriate also a cause of death eating activities or habits, diet determine the need. Lack of access to ctDNA for how to be involved in cancer incidence being faced by the patients. Often patients are procedure often contains strong antibiotics and this may treatment options particularly in all lines of awareness format is in place to support behavioural together with mental health. only diagnosed late stage when treatment and have attributable short and long term effects treatment early stage cancers **Patients** outcomes are quarded. Patients experience fatigue, and other side effects that are not Legal concerns and ethical Lack of clinical trials navigators and well understood from their treatment causing a long-lasting Patients need to change their dietary habits particularly in response to considerations around genetic profile and information to access trials made even more impact on their quality of life the different treatments they receive and are not sure how to carry it potential implications in insurance or be challenging due to the diversity of languages. out or have a support of a nutritionist. Nutritionist support is not culturally taboo. Next Generation Sequencing (NGS) technologies are reimbursed by national health Patients suffer from lack of support not extensively available and have an associated cost and consequently experience Impact on self-confidence, not being able Fertility issues (early onset menopause or and time expense. Inequitable access especially in the Payers are not considering FIT isolation after a diagnosis. Lower Anterior Resection Syndrome Low population participation in DPYD testing is carried out but other to better advocate for employment or other community non academic centers Lack of nutritionist support during and pregnancy issues), the impact it has on testino screening programs, together with lack of (LARS) has a big impact in quality of mutations are not being picked up. iccuec post treatment. Need for malnutrition sexuality inheritance testing. life and it is often not considered by Sometimes DPYD testing not done and not assessment all variants

