



FIT for SYMPTOMATIC people

Faecal occult blood testing using in colorectal assessment pathway

What is Faecal Occult Blood (FOB)?

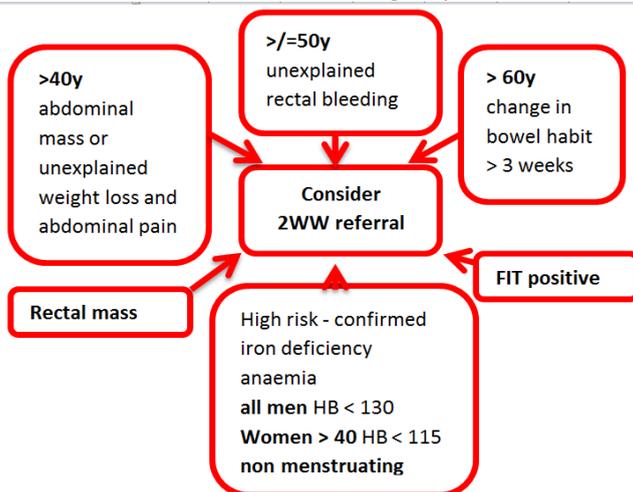
Faecal occult blood (FOB) is the detection of blood in the faeces which is not visible. When colorectal cancer is present, the concentration of human haemoglobin detectable in faeces increases.

NICE DG30 'Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care' (July 2017)¹ recommends faecal occult blood (FOB) testing in primary care patients to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral detailed in NICE NG12 'Suspected Cancer; recognition and referral'². Faecal immunochemical testing (FIT) is a more sensitive and specific method of detecting human haemoglobin than traditional chemical methods.

Which patients should NOT be tested for FIT?

DO NOT offer a FIT test to people who already meet the criteria for 2WW referral.

Consider 2WW referral for these groups:



How is a FIT test arranged?

FIT can be requested on ICE. FIT test kits are available in your surgery. Each device comes with an instruction leaflet explaining how the sample should be collected, labelled and handed back to the GP surgery to be transported to the local laboratory.

For further information please contact:

Dr Katie Elliott Primary Care Clinical Lead
Northern Cancer Alliance katieelliott@nhs.net

Please tell patients who have had a recent negative national bowel screening test:

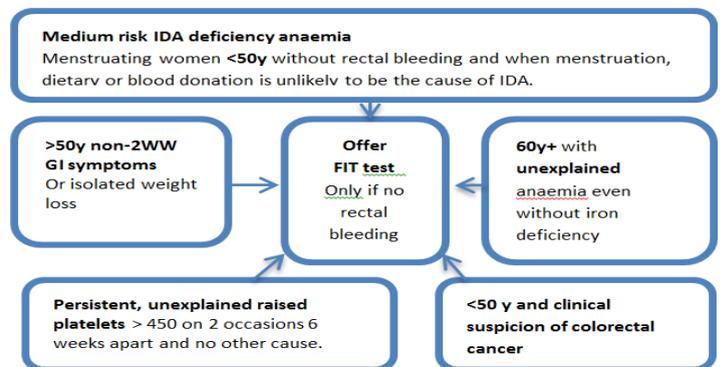
'This additional FIT test is for your particular symptoms and situation now and can give valuable information. Please make sure you complete it.'

FIT is being used in the bowel cancer screening program asymptomatic people age 60-74 at a lower sensitivity: 120µg haemoglobin /g faeces.

FIT for symptomatic people is positive at at 10µg hb /g faeces

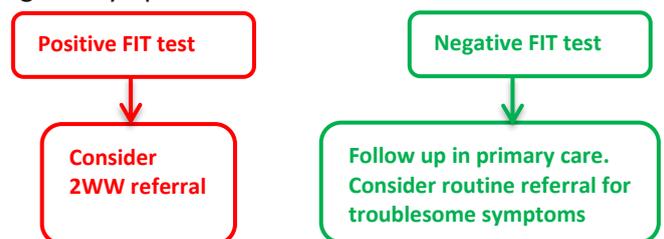
Which patients should be tested for FIT?

FIT should be used as a test to risk stratify **borderline** symptoms to identify the most appropriate patients to colonoscopy. This is to try to detect cancer earlier and avoid unnecessary invasive investigation in those at low risk. Using FIT at a cut-off of 10µg haemoglobin /g faeces ¹ NICE DG 30 states that NEGATIVE FIT test can be used as a rule out test for serious bowel disease in people with low to medium risk of CRC. The NCA Colorectal assessment pathway recommends testing these people:



How do FIT results guide the patient pathway?

The following algorithm is a locally agreed care pathway supported by the Cancer Alliance. 'Safety-netting' is essential for patients with negative FIT results to identify changes in symptoms



Working together, improving quality

References

1. NICE DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care.
2. NICE NG12 Suspected Cancer, recognition and referral.
3. Guidelines for the Management of Iron Deficiency Anaemia. Goddard A. F. *et al.* Gut 2011; 60: 1309-1316 .