



Wessex
Cancer Alliance

FIT Cancer update

Dr Nicola Robinson and Mr Paul Nichols

Wednesday 23rd March 2022



**CANCER
RESEARCH
UK**

Together we will beat cancer

**MACMILLAN
CANCER SUPPORT**



2022 Cancer Early Detection LIS



Requirements

- Identify a clinical and non clinical cancer lead and complete initial reporting
- Join this introductory webinar and mid point one
- Non clinical lead to act as conduit for sharing the Wessex Cancer Alliance Primary Care newsletter and other important cancer information or educational opportunities within their PCN
- Non clinical lead to work with clinical lead to share targeted messaging with their PCN population about cancer prevention and cancer signs and symptoms
- **Clinical lead to join FIT webinar and review use of FIT within the PCN, identify any areas for improvement and share this learning and plan**
- Clinical lead to join webinar on use of CDST. Trial use of these in the PCN and share reflections of this



Clinical cancer champion



Review the use of **FIT** in your PCN

- Join or access the 1 hour webinar (March) about colorectal cancer and the use of FIT in the pathway or complete the Gateway C e-learning module
- Identify areas for improvement across the PCN

Increase the use of **clinical decision support tools**

- Join or access the 1 hour webinar (May) showcasing clinical decision support tools
- Chose a CDS tool for use in your PCN
- Submit reflections of what has changed at end of agreement



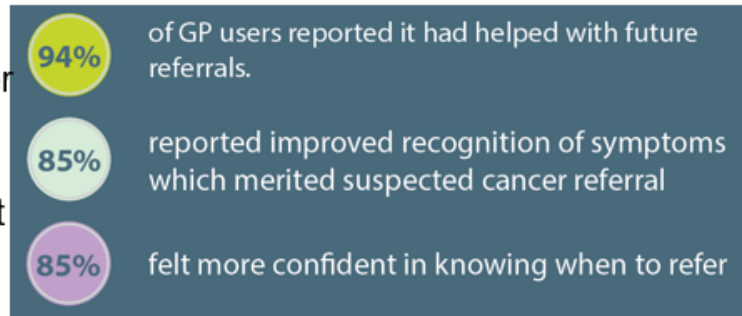
Gateway C



Online cancer education for primary care

GatewayC is designed to improve cancer outcomes by supporting earlier diagnosis and the patient experience through:

- Improved knowledge of symptoms
- Increased confidence in when/when not to refer
- Improved quality of suspected referrals, reducing delays in the system
- Improved communication to support patients at each stage of their cancer pathway



Register for free at www.gatewayc.org.uk





FIT



FIT Testing (the 3 uses)

- FIT is used in the BCSP
(invites patients aged 56 to 74 years)
- FIT is requested by a GP in patients:
<60yrs with changes in bowel habit or iron deficiency anaemia
< 50 yrs with unexplained abdominal pain or weight loss
- FIT is requested by a GP
(2WW referral, RIS or filter test at 2ary care)



What is a positive FIT test?

- BCSP, report is either negative or positive
(above/below **120ug/g in England**, 150ug Wales and 80ug Scotland)
- Diagnostic FIT test positive if **>10ug/g** in most areas (in some areas the result is positive if **> 3ug/g**)



From April 2022 extra points.....

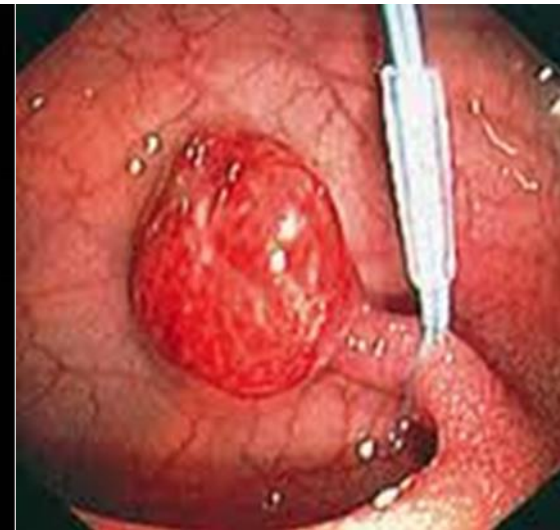
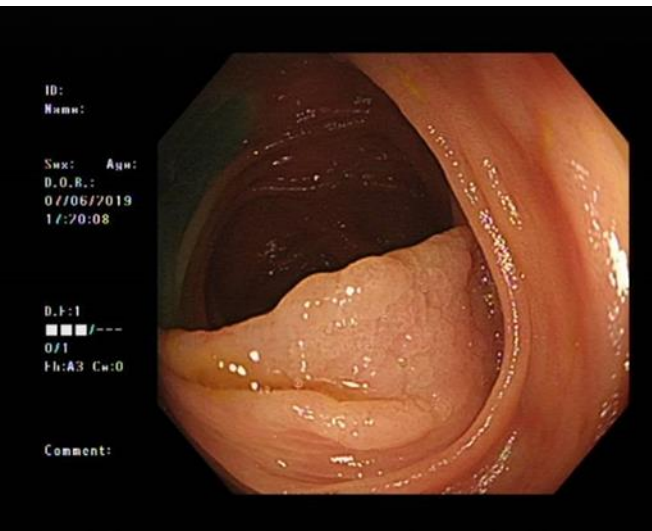
CAN-10: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral.

- UT: 80%
- LT:40% (22/23), 65% (23/24)
- 22 points

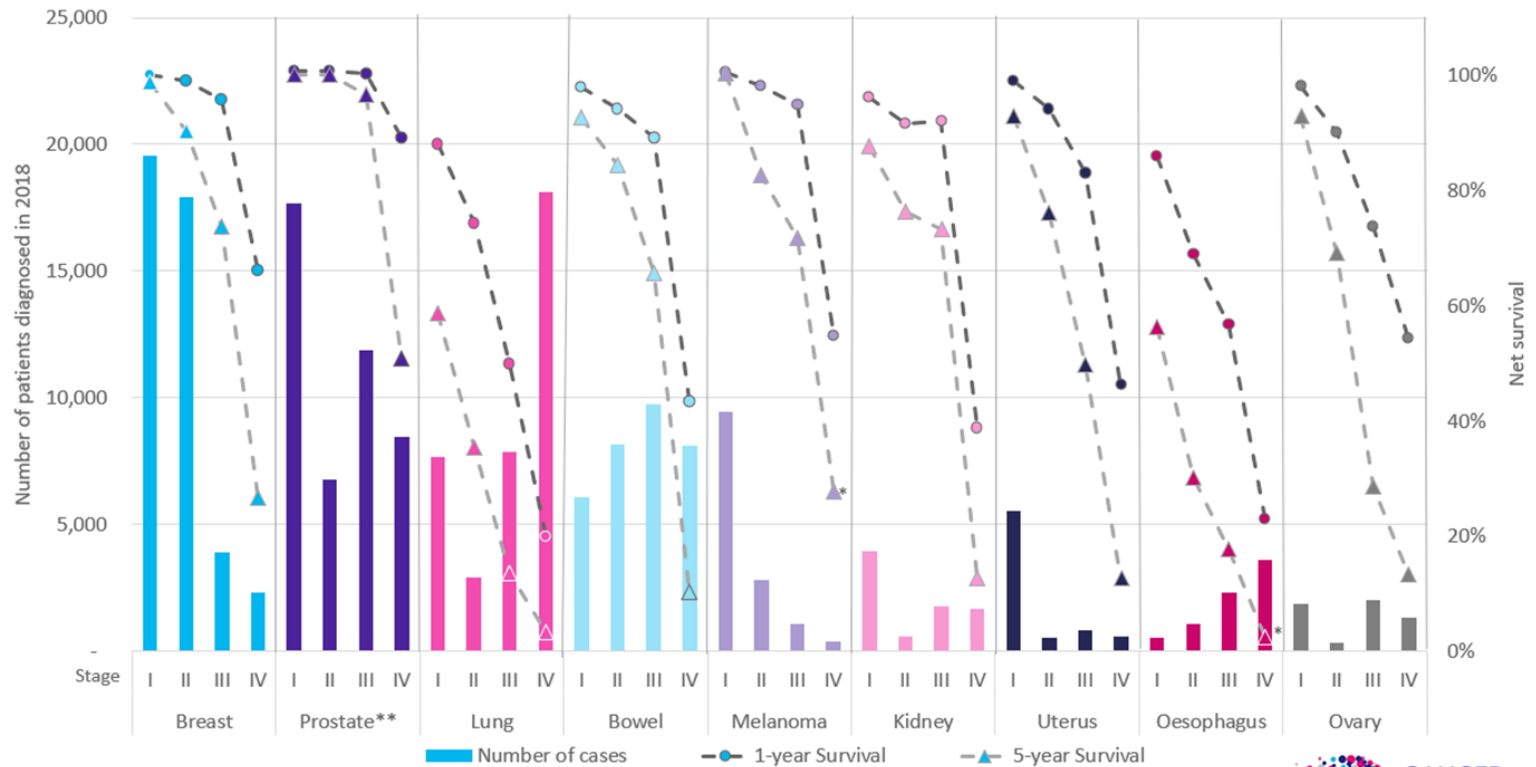


Earlier diagnosis.....

- Colorectal cancer is curable
- Most cancers develop in polyps and polyps can be removed at colonoscopy – before a cancer develops



Incidence by stage (2018) with 1-year and 5-year age-standardised net survival by stage (patients diagnosed 2014-18, followed up to 2019), England



*Not age-standardised **5-yr survival estimates not provided for stages 1 & 2 but assumed to be around 100%

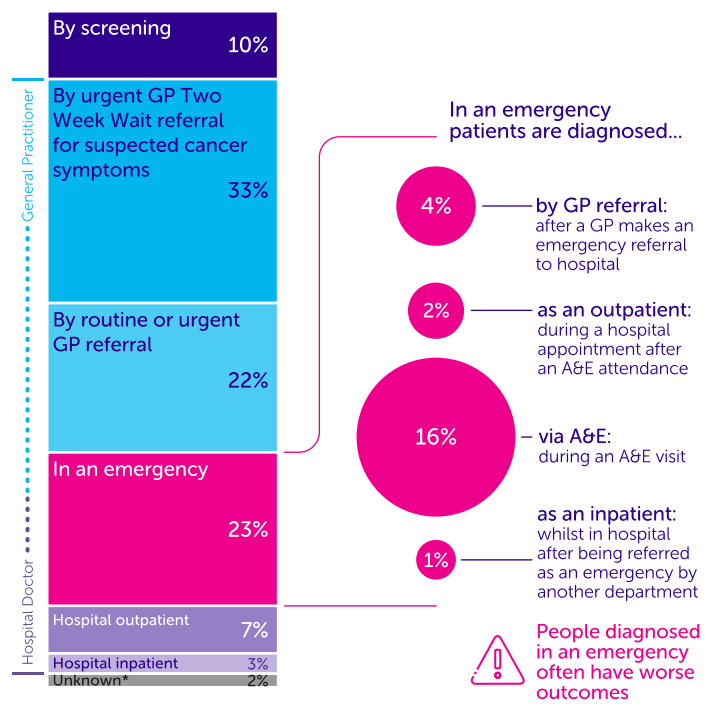
Produced by the CRUK Cancer Intelligence team using data from: PHE, Cancer Survival in England for patients diagnosed between 2014 and 2018 - followed up to 2019. And PHE, Staging Data in England





How bowel cancer patients are diagnosed

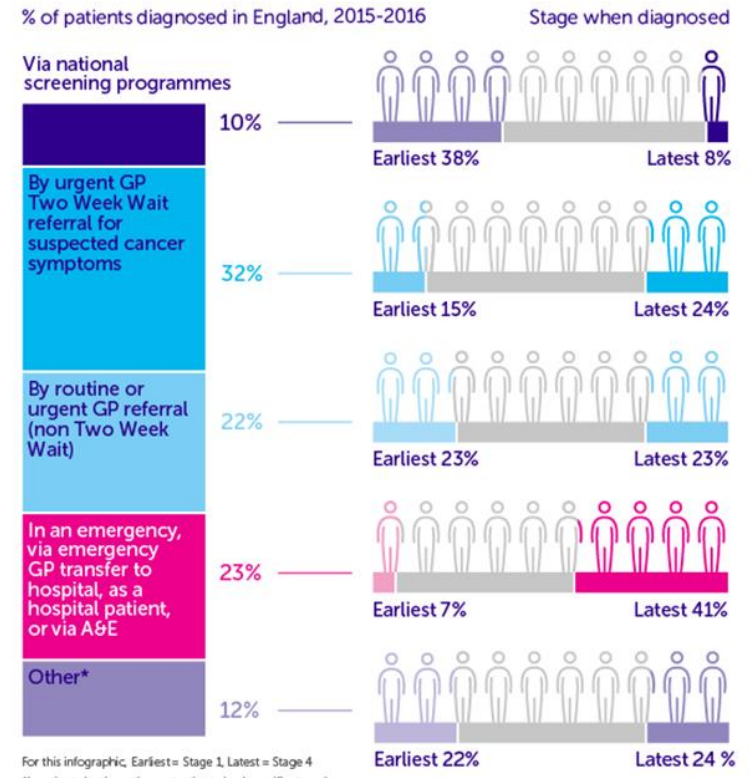
% of patients diagnosed in England in 2016



*Incomplete data
Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook



How and when bowel cancer patients are diagnosed



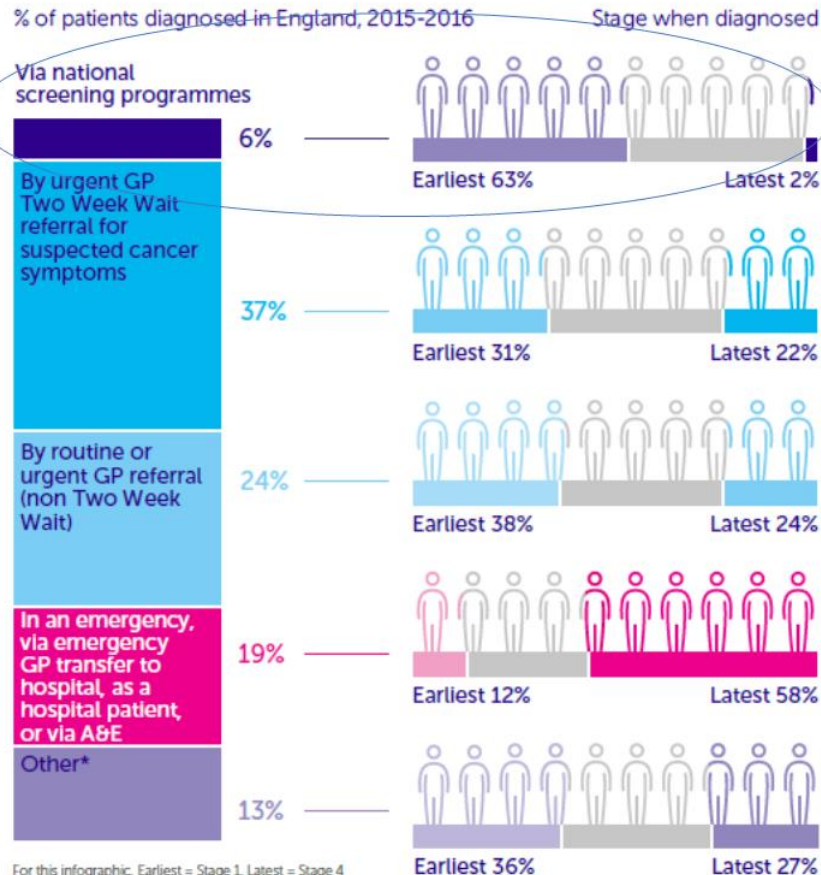
For this infographic, Earliest = Stage 1, Latest = Stage 4
*Inpatient elective, other outpatient, death certificate only, or unknown route to diagnosis
Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook, data for England 2015-2016
Public Health England and Cancer Research UK, Stage by Routes to Diagnosis 2015-2016 Workbook





Why is screening important?

How and when cancer patients are diagnosed



For this infographic, Earliest = Stage 1, Latest = Stage 4
*Inpatient elective, other outpatient, death certificate only, or unknown route to diagnosis

Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook, data for England 2015-2016
Public Health England and Cancer Research UK, Stage by Routes to Diagnosis 2015-2016 Workbook

- Screening reduces the number of people dying from cancer by:
 - Detecting cancer early
 - 63% of cancers detected through screening are at the earliest stage (stage I)
 - Preventing cancer
 - Bowel and cervical screening can prevent cancer



How can we spot them?

- Red flags 2WW
- Emergency presentation
- Vague Symptoms
- Incidental findings e.g. low Hb
- High risk screening pick up
- Bowel Cancer Screening



Can FIT help?

- Higher the FIT test result, the greater the risk of bowel cancer including in those patients with rectal bleeding
- FIT test has both high sensitivity and specificity for bowel cancer
- Risk stratify patients with non-specific symptoms speeding up investigation
- Risk stratify in secondary care (highest risk patients are investigated most rapidly)



Bowel cancer screening



BCSP at the moment

- From 55th birthday every two years (dropping to age 50yr)
- Recall stops age 74yr
- Bowel scope stopped
- If missed, spoilt kit or wish to continue screening call: 0800 707 6060





....the future....

- Age of recall reducing
- Capture pts not invited through bowel scope
- Lynch Syndrome individuals to be added to BCSP – April 2023

- Role of primary care?
- BCSP invite letter
- Contact non-attenders
- Clarity that this is screening NOT for symptomatic



Why variation?

Deprivation

Men

BAME

Role of primary care?

- Health checks e.g. LD
- Practice results
- Practice website, pt notes, reminders
- Targeted campaigns



Healthcare role....

- Primary care
 - Screening
 - Early diagnosis (access, investigations..)
- Secondary Care
 - Investigations
 - Treatment
- Motivational Interviewing
- Brief intervention

Information

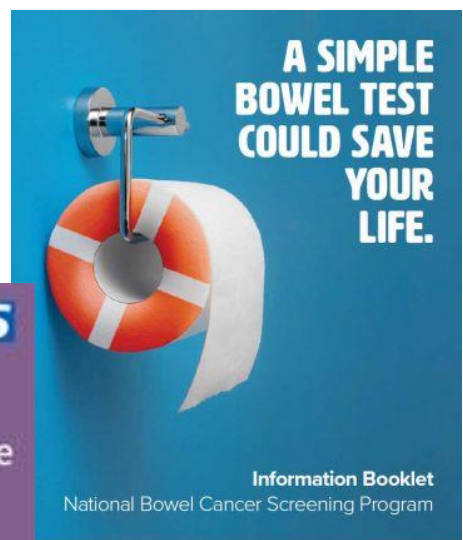


Clear on cancer
help us
help you

NHS
ASK YOUR DAD
if he has been sent a home
test kit for bowel cancer.

He can do it in private, at
home.

**Bowel cancer screening
saves lives**



Australian Government | **NATIONAL BOWEL CANCER** SCREENING PROGRAM



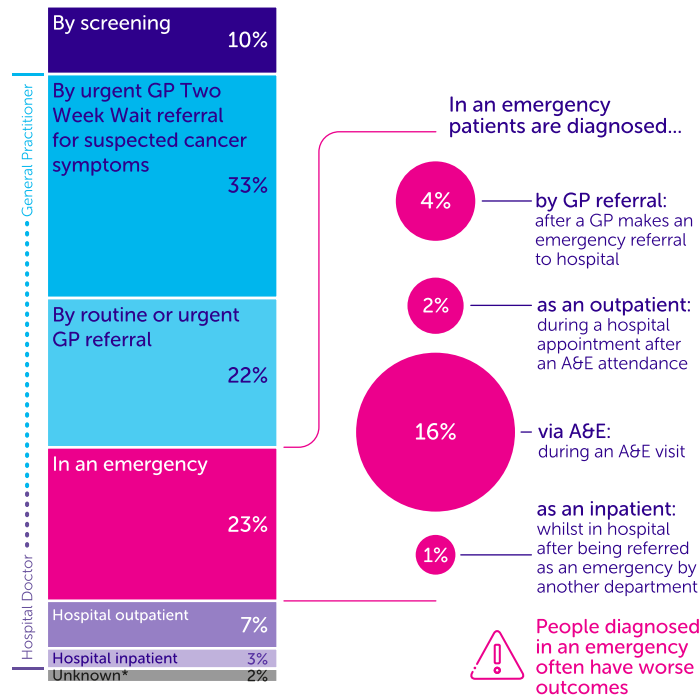
**Gallai'r pecyn
bach hwn achub
eich bywyd.** **This little kit
could save
your life.**



Presentation

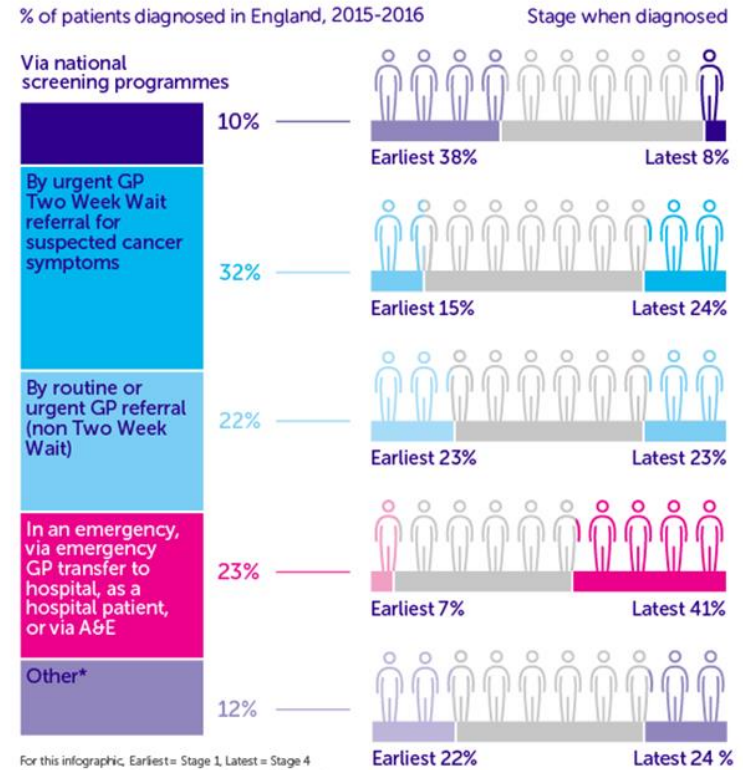
How bowel cancer patients are diagnosed

% of patients diagnosed in England in 2016



*Incomplete data
Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook

How and when bowel cancer patients are diagnosed



For this infographic, Earliest = Stage 1, Latest = Stage 4
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Source: Public Health England, Routes to Diagnosis 2006-2016 Workbook, data for England 2015-2016
Public Health England and Cancer Research UK, Stage by Routes to Diagnosis 2015-2016 Workbook



Where CRCa is being diagnosed

Emergency presentation – obstruction, bleed

Bowel Cancer Screening

High risk screening pick up

Primary care :

Vague symptoms

2WW referrals

Routine referrals

Campaigns.....



Bowel Cancer UK

Symptoms diary



Supported by Coloplast

Bowel cancer symptoms

- Bleeding from your bottom and/or blood in your poo
- A persistent and unexplained change in bowel habit
- Unexplained weight loss
- Extreme tiredness for no obvious reason
- A pain or lump in your tummy

Most people with these symptoms don't have bowel cancer. Other health problems can cause similar symptoms. But if you have one or more of these, or if things just don't feel right, go to see your doctor. Find out more at bowelcanceruk.org.uk

How to use this diary

- Use this diary to help you keep track of your symptoms before you talk to your doctor.
- Tick the relevant boxes each day you experience a symptom. Use the free text box to record any extra details, such as how often or severe your symptoms are.
- Keep a record of your symptoms for at least three weeks and take your diary with you when you visit your doctor.

This document/resource has been formally endorsed by the Royal College of General Practitioners.

Visiting your doctor

- To give your doctor as much detail as possible, it might also be useful to think about and note down answers to the following questions:
- When did you first notice your symptoms?
 - Do your symptoms come and go?
 - Are you going to the toilet more or less often than usual?
 - Do you have any pain when you go to the toilet?
 - Have any members of your family had cancer? If so, roughly how old were they and what type of cancer did they have?
 - Have there been any changes in your life recently e.g. change in diet, medicines or any recent travel abroad?

About Bowel Cancer UK

Bowel Cancer UK is the UK's leading bowel cancer charity. We're determined to save lives and improve the quality of life of everyone affected by the disease.

This diary was pioneered by **Sibbany Parry**, who was diagnosed with advanced bowel cancer at 37 years old. Sibbany is passionate about improving early diagnosis for patients with bowel conditions.

Beating bowel cancer together

- ### Symptoms
- Bleeding from your bottom and/or blood in your poo
 - A persistent and unexplained change in bowel habit*
 - Unexplained weight loss
 - A pain or lump in your tummy
 - Extreme tiredness for no obvious reason
- *Change in bowel habit means anything that isn't normal for you, for example looser poo or going to the toilet more or less often

| Symptoms | Week 1: _____ Date _____ | Week 2: _____ Date _____ | Week 3: _____ Date _____ |
|----------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other symptoms you would like to:

(For example if you notice an issue, a sensation of wanting without passing anything, colour and consistency of a number of times you've got



Dr Cathy Burton

If for the last 3 weeks you've had blood in your poo or it's been looser, don't sit there, tell your doctor.

It could be the early signs of bowel cancer. Finding it early makes it more treatable and could save your life.



nhs.uk/bowelcancer

NOT FEELING PEACHY DOWNSTAIRS? **NO BUTTTS**

EARLY BOWEL CANCER DIAGNOSIS SAVES LIVES. CONTACT YOUR DOCTOR IF YOU HAVE:

- B**lood in your poo or from your bottom
- O**bvious change in your bowel habit
- W**eight loss you can't explain
- E**xtrême tiredness for no apparent reason
- L**ump and/or pain in your tummy

If you notice anything unusual see your doctor or nurse as soon as possible.

Early diagnosis could mean a better chance of successful treatment.

@Lorraine
#NOBUTTS
More information at itv.com/Lorraine





Red Flags

Anaemia....

The importance of anaemia in diagnosing colorectal cancer: a case-control study using electronic primary care records 2008

| Age (years) | Annual incidence of colorectal cancer in this age group (%) (Cancer Research UK, 2003) | Haemoglobin (gdl ⁻¹) | | | | | |
|-------------|--|----------------------------------|----------------|----------------|----------------|----------------|----------------|
| | | < 9.0 | 9.0–9.9 | 10.0–10.9 | 11.0–11.9 | 12.0–12.9 | ≥ 13.0 |
| 30–59 | 0.026 | 1.3 (0.4, 4.3) | 1.4 (0.2, 10) | 0.8 (0.3, 2.2) | 0.8 (0.2, 2.9) | 0.2 (0.1, 0.3) | 0.1 (0.1, 0.1) |
| 60–69 | 0.19 | 7.6 (3.4, 16) | 7.2 (2.9, 17) | 2.3 (1.1, 4.8) | 1.4 (0.9, 2.3) | 0.7 (0.5, 1.0) | 0.3 (0.3, 0.3) |
| 70–79 | 0.35 | 8.8 (5.4, 14) | 4.0 (2.5, 6.3) | 3.2 (2.2, 4.8) | 1.5 (1.2, 2.0) | 1.0 (0.7, 1.2) | 0.4 (0.3, 0.4) |
| ≥ 80 | 0.43 | 6.8 (4.2, 11) | 6.0 (3.4, 10) | 1.6 (1.1, 2.2) | 1.0 (0.8, 1.4) | 0.6 (0.5, 0.8) | 0.4 (0.3, 0.5) |

Abbreviation: PPV = positive predictive value.



NG12 (2015)

Refer on suspected cancer pathway if:

- Aged ≥ 40 with unexplained weight loss and abdominal pain.
- Aged ≥ 50 with unexplained rectal bleeding.
- Aged ≥ 60 with:
 - Iron deficiency anaemia (there is no threshold – any iron deficiency anaemia is sufficient).
 - Changes in bowel habit.

NICE National Institute for
Health and Care Excellence

Positive faecal blood test taken under the circumstances recommended below.

- Consider suspected cancer pathway referral pathway if:
 - Rectal or abdominal mass.
 - $< 50y$ and rectal bleeding with any of the following unexplained symptoms or findings:
 - Abdominal pain.
 - Change in bowel habit.
 - Weight loss.
 - Iron deficiency anaemia.
- Offer faecal immunochemical testing to assess for colorectal cancer in people without rectal bleeding who have unexplained symptoms that could be suggestive of colorectal cancer, but who meet no other referral criteria.



2WW form...

Suspected lower gastrointestinal tract cancer 2 week wait referral

| | | | |
|----------------------------|---------------------------------------|----------------------------------|----------------|
| Date of decision to refer: | | Date referral received at Trust: | |
| Patient Details | Surname: | First Name: | Title: |
| | Gender: | DOB: / / | NHS Number: |
| | Ethnicity: | Language: | |
| | Interpreter required: | Transport required: | |
| | Patient Address: | | Postcode: |
| Practice Details | Contact numbers: | | |
| | Home: | Mobile: | Email: |
| | Usual GP Name: | | |
| | Practice Name: | | Practice Code: |
| | Practice Address: | | |
| | Direct line to the practice (Bypass): | | |
| Main: | Fax: | Email: | |
| Referring Clinician: | | | |

SPECIFIC 2WW INFORMATION

Colorectal cancer

| | |
|---|---|
| Aged ≥60yr with | <input type="checkbox"/> Iron deficiency anaemia or <input type="checkbox"/> Change in bowel habit* |
| Aged <50y with rectal bleeding and any of | <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Weight loss <input type="checkbox"/> Change in bowel habit * <input type="checkbox"/> Iron deficiency anaemia |
| *Change in bowel habit is defined as "CHANGE TO LOOSE STOOLS &/or increased frequency of defecation" not constipation | |
| Aged ≥50yr with | <input type="checkbox"/> Unexplained rectal bleeding |
| Aged ≥40yr with | <input type="checkbox"/> Unexplained weight loss and abdominal pain |
| At any age** with | <input type="checkbox"/> Abdominal or rectal mass (intraluminal, not pelvic) |

** FOB or alternative testing may be added in future

Anal Cancer

| | |
|-----------------|--|
| At any age with | <input type="checkbox"/> anal mass (unexplained) |
| | <input type="checkbox"/> anal ulceration (unexplained) |

This pathway may involve the patient going straight to test (flexisigmoidoscopy, colonoscopy or colonography) and requiring an enema at home, please tick YES if any of the following apply to your patient:

| | |
|-----|---|
| Yes | <input type="checkbox"/> Patient is not independently mobile or fit for colonoscopy |
| | <input type="checkbox"/> Bleeding is bright, on paper/pan |
| | <input type="checkbox"/> Bleeding is dark and mixed through stool |
| | <input type="checkbox"/> Will not manage a home enema and getting to the clinic |
| | <input type="checkbox"/> Is taking ACE inhibitors which cannot be omitted for 48 hours prior to procedure |
| | <input type="checkbox"/> Has impaired renal function (please ensure recent eGFR, within 6 weeks) |

Investigations

| | | | |
|--|-----------------------------------|------------------------------|--|
| Please ensure the following recent blood results are available (less than 6 weeks old): | | | |
| <input type="checkbox"/> FBC | <input type="checkbox"/> Ferritin | <input type="checkbox"/> U&E | |
| <i>(tumour markers are only indicated for disease monitoring, not diagnosis)</i> | | | |
| Anticoagulation and / or antiplatelet medication – please state indication and medication taken: Please provide details and the latest INR if applicable: | | | |

| | |
|----------------------|---|
| Clinical Information | Further information: <i>(Clarification &/or further information provided will help ensure patients receive the most appropriate first line management, please include the following: significant & relevant medical history, smoking status, alcohol intake, co-morbidities, current medication and allergies) Please indicate if any previous bowel investigations, inflammatory bowel disease or family history of bowel cancer.</i> |
| | <p>WHO Performance Status (please circle)</p> <p>0 Fully active</p> <p>1 Restricted in physically strenuous activity but ambulatory and able to carry out light work</p> <p>2 Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours</p> <p>3 Capable of only limited self-care, confined to bed/chair 50% of waking hours</p> <p>4 No self-care, confined to bed/chair 100%</p> <p><input type="checkbox"/> This case has been discussed with the secondary care clinical team, please specify with whom and when:</p> |

| | |
|--|--|
| I confirm that I have: | <input type="checkbox"/> discussed the possibility that the diagnosis may be cancer |
| | <input type="checkbox"/> discussed the 2 week wait (2WW) process with the patient |
| | <input type="checkbox"/> provided the patient with the 2WW referral leaflet |
| | <input type="checkbox"/> told the patient the appointment will be within the next two weeks, and attendance is advised |
| Please note any dates the patient is NOT available for an appointment in the next 2 weeks. | |

Fast track referral Information:

An administration team at the trust receives this referral. Based on the information you provide, some patients will go straight to diagnostics before they see a member of the clinical team. Providing information such as WHO performance and renal function will help decide if an endoscopy or further imaging could be tolerated or possible.

If your patient cannot attend in the next two weeks, please consider the timing of the referral, as the trust is obliged to offer an appointment within two weeks.

Useful websites: [e-CDS](#) [Genetics and Family History](#) [Q-Cancer](#) [RAT](#)

| Trust | Phone | FAX | Electronic |
|---------------------------------------|---|---------------|--|
| <input type="checkbox"/> Basingstoke | 01256 486798 | 01256 313430 | No |
| <input type="checkbox"/> Bournemouth | 01202 704741 | 01202 704470 | E – Referral |
| <input type="checkbox"/> Chichester | 01903205111 ext 84997 | 01903 285098 | Cancer.appointments@nhs.net |
| <input type="checkbox"/> Dorchester | 01305 255849 | 01305 255646 | E – Referral |
| <input type="checkbox"/> Frintley | 01276 526400 | 01276 604506 | No |
| <input type="checkbox"/> IolW | 01983 534018 | 01983 552434 | No |
| <input type="checkbox"/> Poole | 01202 442823 | 01202 442824 | E- Referral |
| <input type="checkbox"/> Portsmouth | 023 9268 1700 | 023 9268 1701 | No |
| <input type="checkbox"/> Royal Surrey | None | 01483 464848 | No |
| <input type="checkbox"/> Salisbury | 01722 336262 ext 4235 (Do not accept faxes) | | Shc-tr.salisbury-rapidreferralcentre@nhs.net |
| <input type="checkbox"/> Southampton | 02381 201019 | No | E- Referral |
| <input type="checkbox"/> Winchester | 01962 828395 | 01962 825169 | No |

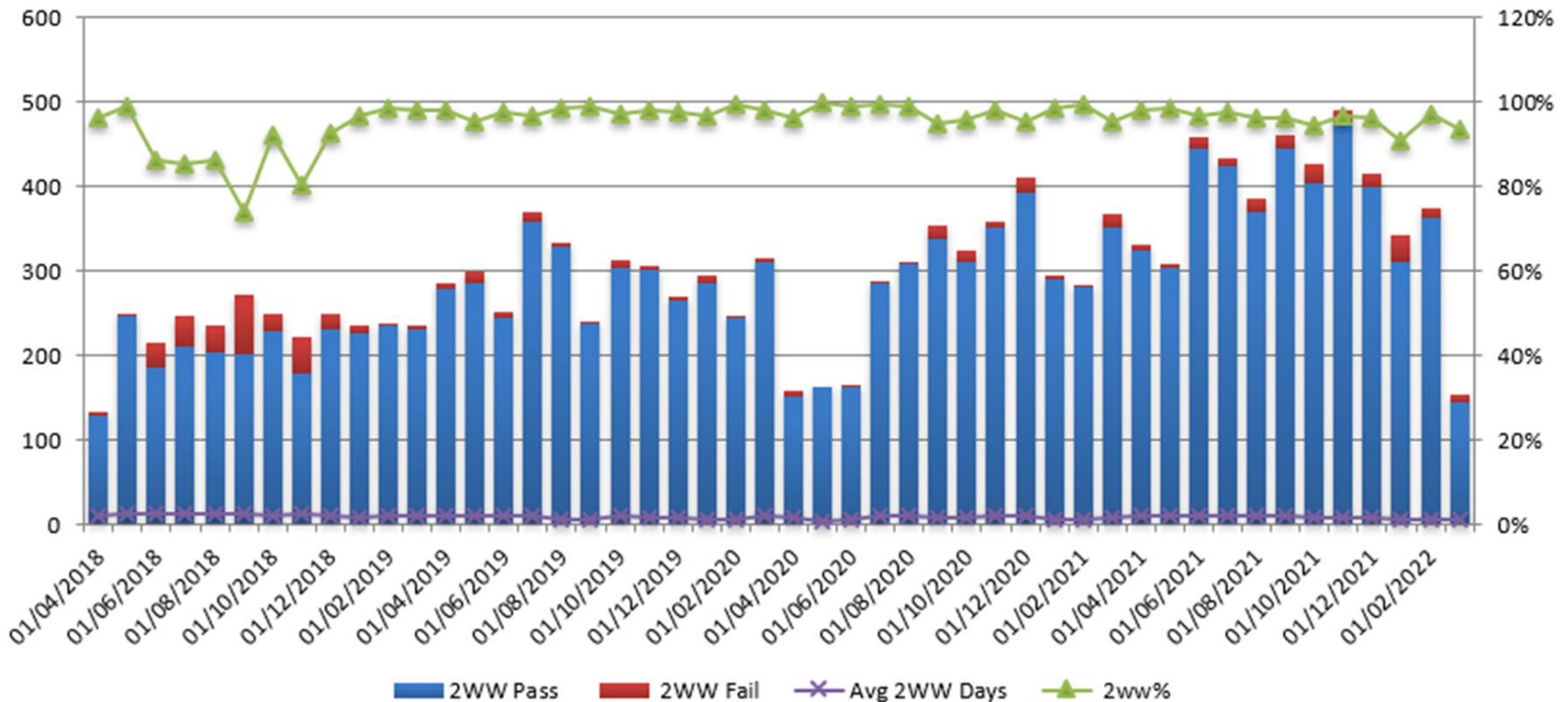


NG12 (2015)

- Based on primary care data and pulled in symptoms & signs
- Lowered threshold for referral
- DG30 – advice on use of FIT for symptomatic
- RAT/Q-cancer
- Under 50yr RAT



Activity in Southampton





Uses for Symptomatic FIT

- NICE DG30:
 - Aged 50 years and over with unexplained abdominal pain or weight loss
 - Aged under 60 years with changes in their bowel habit
 - Aged under 60 years with iron deficiency anaemia (consider IDA fast track referral in addition)
 - Aged 60 years and over and have anaemia – without iron deficiency
- 2WW referral
- Referring to the RIS
- Use in patients with rectal bleeding



So how good a test is FIT?



FIT performance per 1,000 patients tested

CA125 (≥ 35 U/ml)

23% ovarian cancers missed

PSA

25% prostate cancers missed

CXR

20% lung cancers missed

FIT (≥ 10 ug/g)

10% colorectal cancers missed

SAFETY NET PATIENTS WITH NEGATIVE TESTS AND PERSISTENT SYMPTOMS



Thresholds and detection



FIT performance per 1,000 patients tested

| FIT Threshold ($\mu\text{g/g}$) | Positive FITs n (%) | Cancers detected n (%) | Positive FITs to detect one cancer “number needed to scope” | Negative FITs n (%) | Patients with cancer and a negative FIT “the cancer miss rate” |
|---|-------------------------------|----------------------------------|---|-------------------------------|--|
| ≥ 7 | 111 (11) | 10 (91) | 11 | 889 (89) | 1 |
| ≥ 10 | 96 (10) | 10 (91) | 10 | 904 (90) | 1 |
| ≥ 20 | 71 (7) | 9 (85) | 8 | 929 (93) | 2 |
| ≥ 50 | 44 (4) | 8 (74) | 6 | 956 (96) | 3 |
| ≥ 100 | 30 (3) | 7 (61) | 5 | 970 (97) | 4 |
| ≥ 120 | 28 (3) | 6 (57) | 5 | 972 (97) | 5 |
| ≥ 150 | 25 (2) | 6 (54) | 4 | 975 (98) | 5 |



Case 1

66yr man

Normal BCSP in 2019

Ignored the 2021 kit

Getting more tired playing with grandchildren

Trying to lose weight as wife diagnosed with diabetes

What next?



Case 1...

Questions – bowels looser (diet improved), no blood

Investigations:

Bloods

Examination

Weight

FIT



Case 1...

- Hb 118 MCV 68
- Ferritin 27, CRP 6
- B12, Folate, Coeliac all neg

- FIT 77

- 2WW referral



Case 1 learning points

Reminder about BCSP – 2 yr recall

Pt can self diagnose symptoms as not being anything as previous normal BCSP

Wt loss – not always due to diet



Case 2

57 yr man

MI summer 2021, started on aspirin and prasugrel

6 months of looser bowels

2 months of fresh rectal bleeding

1 month of abdo pain

Wt stable

FH – mother CRCa aged 67y



Case 2...

Investigations...

Repeat bloods inc haematinics

Examination – proctoscope fleshy lesion

(?pile ?polyp)

FIT 167



Case 2...

Consider family history

2WW referral

Seen in clinic as concern about lower lesion

Colonoscopy

lesion was hemorrhagic pile

x2 polyps removed



Case 2 learning points

FIT in rectal bleeding

DRE – the importance of this

Medication affect on the bowel



Case 3

42yr old woman

General tiredness

Loose motions

Stressful job, working from home

Told IBS by previous practice – tried various OTC

Next steps...



Case 3...

Questions

Gynecology questions

Investigations:

Bloods

Examination

FIT

Calprotectin



...never too young...

| Rectal bleeding | Change in bowel habit | Diarrhoea | Abdominal pain | Low mean red cell volume | Raised white cell count | Raised platelets | Abnormal liver function | Low haemoglobin | Raised inflammatory markers | |
|---------------------|-----------------------|---------------------|---------------------|--------------------------|-------------------------|---------------------|-------------------------|---------------------|-----------------------------|--------------------------|
| 1.2 [1.1 to 1.4] | 1.0 [0.8 to 1.3] | 0.5 [0.5 to 0.6] | 0.2 [0.2 to 0.2] | 0.4 [0.3 to 0.4] | 0.3 [0.3 to 0.3] | 0.8 [0.7 to 0.9] | 0.1 [0.1 to 0.1] | 0.3 [0.3 to 0.3] | 0.5 [0.5 to 0.6] | PPV as a single symptom |
| 2.4 [1.9 to 3.2] | 2.0 [0.9 to 4.4] | 3.7 [2.2 to 6.3] | 1.5 [1.1 to 2.2] | 3.2 [1.3 to 7.4] | 2.7 [1.3 to 5.3] | 5.3 [-] | 1.7 [1.0 to 2.7] | 3.3 [1.7 to 6.2] | 5.2 [2.9 to 9.1] | Rectal bleeding |
| | 3.3 [1.6 to 6.9] | 1.4 [0.8 to 2.5] | 1.0 [0.6 to 1.6] | 5.5 [-] | 2.1 [-] | 3.1 [-] | 1.0 [0.5 to 1.9] | 9.6 [-] | 2.1 [1.1 to 3.9] | Change in bowel habit |
| | | 1.5 [1.2 to 1.9] | 0.9 [0.7 to 1.1] | 2.1 [1.3 to 3.5] | 2.8 [1.9 to 4.2] | 6.9 [3.7 to 13] | 1.1 [0.8 to 1.5] | 2.1 [1.5 to 3.1] | 2.8 [2.0 to 3.7] | Diarrhoea |
| | | | 0.4 [0.4 to 0.5] | 1.0 [0.7 to 1.4] | 0.7 [0.6 to 0.9] | 2.7 [1.8 to 4.0] | 0.3 [0.3 to 0.4] | 0.8 [0.6 to 1.0] | 1.2 [1.0 to 1.5] | Abdominal pain |
| | | | | | 0.9 [0.7 to 1.3] | 1.3 [1.0 to 1.8] | 0.4 [0.3 to 0.6] | 0.6 [0.5 to 0.7] | 1.7 [1.2 to 2.3] | Low mean red cell volume |
| | | | | | | 1.3 [1.0 to 1.7] | 0.4 [0.3 to 0.5] | 0.5 [0.4 to 0.6] | 1.0 [0.8 to 1.2] | Raised white cell count |
| | | | | | | | 1.0 [0.7 to 1.4] | 1.2 [0.9 to 1.5] | 2.0 [1.5 to 2.6] | Raised platelets |
| | | | | | | | | 0.5 [0.4 to 0.6] | 0.5 [0.4 to 0.6] | Abnormal liver function |
| | | | | | | | | | 1.4 [1.1 to 1.7] | Low haemoglobin |

Bowel cancer and inflammatory bowel disease risk assessment tool



#Never2Young

1st of its kind for younger people

Aims to speed up diagnosis of patients under 50

Helps GPs decide which patients need further tests



Risk assessment tool

Risk level 3%+ = urgent colonoscopy
(test to examine inside of the bowel) or appointment with a specialist

Risk level 1-3% = faecal calprotectin test
(to show if there's inflammation in the bowel)

Risk level <1% = monitor the patient's progress

Number of under-50s affected by bowel cancer and bowel disease continues to rise



Delayed diagnosis is all too common

Research is fundamental in finding better ways to diagnose people early when treatment is likely to be more successful

(Based on research by the University of Exeter, in partnership with Bowel Cancer UK's Never Too Young campaign, Durham University and University Hospital of North Tees)



Visit bowelcanceruk.org.uk

@Bowel_Cancer_UK /charitybcuk #Never2Young

Registered charity number 107038 (England & Wales) and SC040914 (Scotland) and a company limited by guarantee number 3409932





42y

CIBH

Pain

Hb 110

Plt 434

Calprotectin

FIT

| Rectal bleeding | Change in bowel habit | Diarrhoea | Abdominal pain | Low mean red cell volume | Raised white cell count | Raised platelets | Abnormal liver function | Low haemoglobin | Raised inflammatory markers | |
|---------------------|-----------------------|---------------------|---------------------|--------------------------|-------------------------|---------------------|-------------------------|---------------------|-----------------------------|--------------------------|
| 1.2 (1.1 to 1.4) | 1.0 (0.8 to 1.3) | 0.5 (0.5 to 0.6) | 0.2 (0.2 to 0.2) | 0.4 (0.3 to 0.4) | 0.3 (0.3 to 0.3) | 0.8 (0.7 to 0.9) | 0.1 (0.1 to 0.1) | 0.3 (0.3 to 0.3) | 0.5 (0.5 to 0.6) | PPV as a single symptom |
| 2.4 (1.9 to 3.2) | 2.0 (0.9 to 4.4) | 3.7 (2.2 to 6.3) | 1.5 (1.1 to 2.2) | 3.2 (1.3 to 7.4) | 2.7 (1.3 to 5.3) | 5.3 (-) | 1.7 (1.0 to 2.7) | 3.3 (1.7 to 6.2) | 5.2 (2.9 to 9.1) | Rectal bleeding |
| | 3.3 (1.6 to 6.9) | 1.4 (0.8 to 2.5) | 1.0 (0.6 to 1.6) | 5.5 (-) | 2.1 (-) | 3.1 (-) | 1.0 (0.5 to 1.9) | 9.6 (-) | 2.1 (1.1 to 3.9) | Change in bowel habit |
| | | 1.5 (1.2 to 1.9) | 0.9 (0.7 to 1.1) | 2.1 (1.3 to 3.5) | 2.8 (1.9 to 4.2) | 6.9 (3.7 to 13) | 1.1 (0.8 to 1.5) | 2.1 (1.5 to 3.1) | 2.8 (2.0 to 3.7) | Diarrhoea |
| | | | 0.4 (0.4 to 0.5) | 1.0 (0.7 to 1.4) | 0.7 (0.6 to 0.9) | 2.7 (1.8 to 4.0) | 0.3 (0.3 to 0.4) | 0.8 (0.6 to 1.0) | 1.2 (1.0 to 1.5) | Abdominal pain |
| | | | | | 0.9 (0.7 to 1.3) | 1.3 (1.0 to 1.8) | 0.4 (0.3 to 0.6) | 0.6 (0.5 to 0.7) | 1.7 (1.2 to 2.3) | Low mean red cell volume |
| | | | | | | 1.3 (1.0 to 1.7) | 0.4 (0.3 to 0.5) | 0.5 (0.4 to 0.6) | 1.0 (0.8 to 1.2) | Raised white cell count |
| | | | | | | | 1.0 (0.7 to 1.4) | 1.2 (0.9 to 1.5) | 2.0 (1.5 to 2.6) | Raised platelets |
| | | | | | | | | 0.5 (0.4 to 0.6) | 0.5 (0.4 to 0.6) | Abnormal liver function |
| | | | | | | | | | 1.4 (1.1 to 1.7) | Low haemoglobin |



Under 50s

- Bowel cancer incidence rates have remained stable overall in some broad adult age groups in females and males combined in the UK since the early 1990s, but have increased or decreased in others
- **Rates in 25-49s have increased by 39%**, in 50-59s have remained stable, in 60-74s have decreased by 5%, in 75-79s have remained stable, and in 80+s have remained stable.



Case 3...

- DRE & proctoscope
- Routine referral
- Lower rectal cancer – stage 4



Case 3 learning points

FIT in rectal bleeding

Don't assume a diagnosis of IBS is correct

Gut feeling



Case 4

- 84 yr old man
- Previous pancreatic Ca
- Bowels a bit looser
- Borderline Hb (long standing)
- Negative FIT



Case 4...

- Re-examine
- Repeat bloods
- Repeat FIT – positive at 37



Case 4 learning points

- **Safety net** and review
- Referred and lower rectal Ca



Role of FIT



FIT

Screening level 120ug/grm

Symptomatic 10ug/grm

unexplained symptoms

low but not no risk

ineligible for urgent referral

rectal bleeding

request on 2WW referrals – why?



Questions...

Easy read leaflets

FIT when bleeding?

Why do 2ary care need a DRE if they are going to see them?

Can I do a FIT sample from a DRE finger?

Why are there two local thresholds?

Coding



April 2022 extra points...

CAN-10: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral.

- UT: 80%
- LT:40% (22/23), 65% (23/24)
- 22 points



Coding

Ardens code 4791 when FIT requested on tick box.

Awaiting codes from NHSE –

4791 / 167666002 (SNOMED) – faecal occult blood test requested

XaEgU / 104435004 (SNOMED) – faecal occult blood screening

Information will be shared once it comes through

<https://support accurx.com/en/articles/6022435-fit-sample-reminder-pathway>



AccuRx

Instructions for test (1/2)



360/612

Dear Mrs Power,

As we discussed today, it is important that you return your FIT (poo/stool) sample as soon as possible. This will help the hospital decide whether you need an urgent follow up test. I have included a link below with information on how to do the test.

<https://link accurx.com/FITinstructions>

Thanks, Victoria Fussey
The Accurx Practice (29392)

Allow response



🕒 Now ▾



AccuRx

Reminder to complete test (2/2) ✕

372/612

Dear Mrs Power,

Have you remembered to return your FIT (poo/stool) sample? If not, please do so as soon as possible. It is important and will help the hospital decide whether you need an urgent follow up test. I have included a link below with information on how to do the test.

<https://link accurx.com/FITinstructions>

Thanks, Victoria Fussey
The Accurx Practice (29392)

Allow response



🕒 05 Mar 2022 at 7am ▾



Save to record

Send & schedule all



Safety netting

- Recall of FIT kits not returned
- Negative FIT results – what action?
- Positive FIT results, system to follow up?

- Should a FIT be repeated?
 - Studies at the moment
 - Clinical decision based on symptoms
 - X2 Negative FITs



Wessex FIT Dashboard Coming soon!



FIT Testing Overview

*UHS only for last 12 months

February 2021
Earliest TestRequestDate

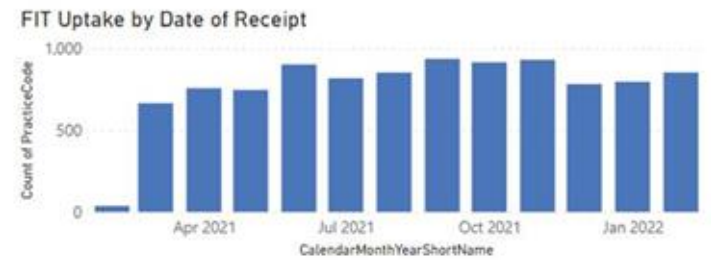
February 2022
Latest TestRequestDate

CCG_NAME, PCN_NAME, PRACTICE_NAME FIT_result (groups) Last 12 Months

All All **9990** **7803** **1587** **567**

FIT # <10ug/g 10-100ug/g >100ug/g

| PRACTICE_NAME | FIT# | Registered Pop | Per1000 |
|----------------------------------|-------------|------------------|-------------|
| FORDINGBRIDGE SURGERY | 393 | 12,372 | 31.77 |
| COASTAL MEDICAL PARTNERSHIP | 1031 | 33,380 | 30.89 |
| STONEHAM LANE SURGERY | 219 | 7,334 | 29.86 |
| TOWNHILL SURGERY | 183 | 6,392 | 28.63 |
| VICTOR STREET SURGERY | 312 | 12,149 | 25.68 |
| WISTARIA & MILFORD SURGERIES | 408 | 16,063 | 25.40 |
| NEW HORIZONS MEDICAL PARTNERSHIP | 584 | 24,168 | 24.16 |
| RINGWOOD MEDICAL CENTRE | 265 | 11,114 | 23.84 |
| CHAWTON HOUSE SURGERY | 159 | 6,886 | 23.09 |
| WEST END SURGERY | 169 | 7,720 | 21.89 |
| FORESTSIDE MEDICAL PRACTICE | 257 | 11,769 | 21.84 |
| ABBAYWELL SURGERY | 410 | 18,876 | 21.72 |
| NEW FOREST MEDICAL GROUP | 167 | 7,829 | 21.33 |
| CORNERWAYS MEDICAL CENTRE | 256 | 12,067 | 21.21 |
| NORTH BADDESLEY SURGERY | 193 | 9,788 | 19.72 |
| WATERFRONT AND SOLENT SURGERY | 142 | 7,220 | 19.67 |
| LYNDHURST SURGERY | 109 | 5,550 | 19.64 |
| THE PEARTREE PRACTICE | 339 | 19,034 | 17.81 |
| THE SHIRLEY HEALTH PARTNERSHIP | 233 | 13,369 | 17.43 |
| BROOK HOUSE SURGERY | 102 | 5,993 | 17.02 |
| ALDERMOOR SURGERY | 137 | 8,240 | 16.63 |
| Total | 9783 | 2,738,590 | 3.57 |





Take home messages

- Use FIT more
- Follow guidelines on use and use with GI symptoms
- Review safety net at the practice for patients with vague symptoms, negative FIT
- Review and develop FIT admin
- Know where the kits are, how to explain use and what needs to go back to the lab to ensure processed (labelled and form)



Questions