

FIT testing in Lower GI referrals

Mr Paul Nichols and Dr Nicola Robinson
Wednesday 11th January 2023



CANCER
RESEARCH
UK

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Why the update?



British Society of Gastroenterology

The Association of Coloproctology of Great
Britain & Ireland

NHSE letter



January 2023

To: GP Practices and Primary Care Networks

RE: Using the Faecal Immunochemical Test (FIT) in the Lower Gastrointestinal (LGI) pathway – Wessex

Dear colleagues,

We would like to thank you and your teams for all your work to date implementing FIT across the region. The purpose of this letter is to set out the next steps in Wessex. This follows the publication of the NICE accredited [joint guideline on use of FIT](#) by the British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain & Ireland (ACPGBI), and the recent [NHSE letter to system leads](#) requesting that these guidelines be implemented in full.

Benefits of FIT

There is a growing body of evidence to show that FIT is a valid and reliable triage tool for colorectal cancer.

- FIT is a better predictor of colorectal cancer risk than any symptom including in rectal bleeding
- The risk of colorectal cancer in those with a FIT <10, a normal examination and full blood count is <0.1%¹, which is lower than the general asymptomatic population risk.
- By fully embedding FIT use into the pathway the highest priority patients can be investigated more quickly
- Patients with a very low risk of colorectal cancer can be reassured and spared from having unnecessary colonoscopies (a procedure not without risk)

Recommendations for General Practice:

In Wessex we are asking that from 9th January 2023 GP practices implement the following:

- Please ensure you are referring patients using the [new LGI 2WW referral form](#) which has been updated to reflect the latest evidence making FIT ≥ 10µg Hb/g the main referral criterion.
- A decision to refer patients with NG12 LGI suspected cancer symptoms (except those with an anal/rectal/abdominal mass or anal ulceration or iron deficiency anaemia) on a 2WW for suspected colorectal cancer should be accompanied by a FIT result ≥ 10µg Hb/g.
- Where a patient is unable or unwilling to do a FIT, or no FIT result is available at 14 days, a LGI 2WW referral without a FIT can still be made with an explanation of why no result is available
- Patients with abdominal, rectal or anal mass, or anal ulceration, should be referred on the LGI 2WW for suspected colorectal cancer without waiting for a FIT result
- If the patient has iron deficiency anaemia (IDA), refer to your local IDA pathway guidance

¹ Monahan KJ, Davies MM, Abulafi M, *et al.* Faecal immunochemical testing (FIT) in patients with signs or symptoms of suspected colorectal cancer (CRC): a joint guideline from the Association of Coloproctology of Great Britain and Ireland (ACPGBI) and the British Society of Gastroenterology (BSG). *Gut* 2022;71:1939-1962



- Patients with FIT result <10 µg Hb/g and other NG12 LGI symptoms such as change in bowel habit – with normal blood test and examination findings these patients can be safely reassured that their risk of colorectal cancer is low. It may be appropriate to manage these patients in primary care however consider referring on the new **FIT <10 Safety Netting Pathway** (see details below)
- Patients presenting with ongoing concerns such as unexplained weight loss or abdominal symptoms with a FIT <10µg Hb/g may be suitable for referral on an alternative cancer pathway or the Rapid Investigation Service (non-specific symptoms cancer referral pathway)

FIT <10 Safety Netting Pathway

We recognise that the new national guidelines represent a significant shift in practice, and NICE guidance has not yet been updated to reflect this. To address the concerns of primary care, Wessex Cancer Alliance has worked with local primary and secondary care cancer leads to develop an interim safety netting referral pathway for Wessex patients (see below and Appendix 1).

- The FIT <10 Safety Netting pathway is for patients with NG12 symptoms but have a FIT result of <10 µg Hb/g.
- The FIT <10 pathway will include a repeat FIT and blood tests at 8-10 weeks; results from a recent study show that **patients with two FIT test results <10 have a colorectal cancer risk of <0.04%²**.
- The FIT <10 pathway is intended as an interim solution until the relevant NICE guidance is updated (expected late 2023) at which point it is anticipated that the safety netting of FIT<10 patients will transition fully to primary care.

The FIT<10 Safety Netting Pathway referral form will be available on GP systems alongside 2WW forms.

All 6 Wessex acute Trusts have agreed to implement the FIT <10 Safety Netting Pathway in early 2023. The pathway is expected to go live on the following dates:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> University Hospital Southampton NHS Foundation Trust | 9 th January 2023 |
| <input type="checkbox"/> University Hospitals Dorset NHS Foundation Trust | 9 th January 2023 |
| <input type="checkbox"/> Dorset County Hospital NHS Foundation Trust | 9 th January 2023 |
| <input type="checkbox"/> Hampshire Hospitals NHS Foundation Trust | 23 rd January 2023 |
| <input type="checkbox"/> Portsmouth Hospitals University NHS Trust | 30 th January 2023 |
| <input type="checkbox"/> Isle of Wight NHS Trust | 30 th January 2023 |

Phased Implementation

We recognise that this is a change to your current practice and that there will be a transition period whilst practices develop new processes for managing FIT requests and results. During this time we will be working with the Trusts to ensure that 2WW referrals without a FIT result are not rejected. This will be reviewed in March 2023.

² Hunt N, Rao C, Logan R, *et al.* A cohort study of duplicate faecal immunochemical testing in patients at risk of colorectal cancer from North-West England, *BMJ Open* 2022;12:e059940. doi: 10.1136/bmjopen-2021-059940



Further details on the symptomatic FIT and the LGI pathway changes are available on the [Cancer Alliance website](#) including copies of the forms, pathway flowchart, and patient information.

A webinar on the changes outlined above will be held on Wednesday 11th January 1pm-1:45pm, please see the iCalendar invite below. The session will also be recorded and added to the Alliance website.



Wessex Cancer Alliance will continue to work with local delivery systems to support roll out and there will be ongoing communication specific to the pathways in your local area. If you have any queries, or would like any further information please contact us via england.wessexcanceralliance@nhs.net.

Many thanks for your ongoing support.

Yours sincerely

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Mr Jake Foster
Consultant Colorectal Surgeon and Colorectal Site Specific Group Lead for Dorset Dorset

Mr Matt Hayes
Medical Director
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University Hospital Southampton

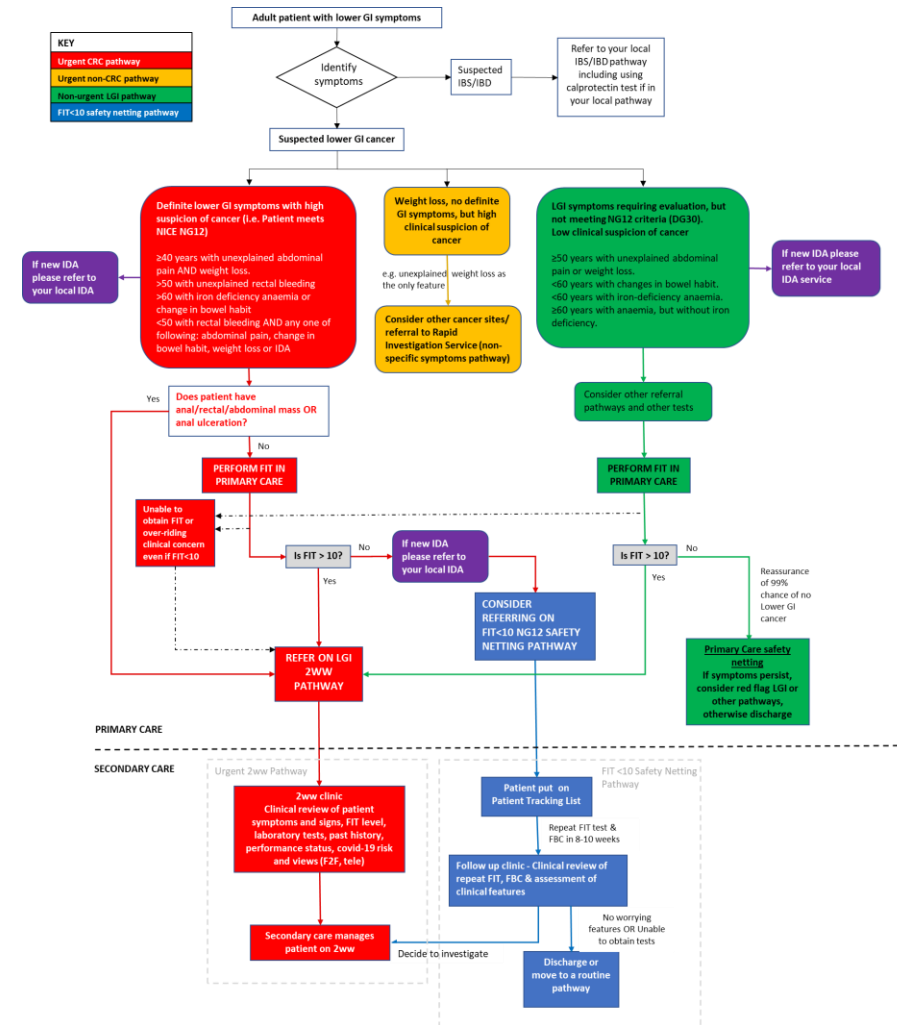
Dr Nicola Robinson
Wessex Cancer Alliance / Macmillan GP Advisor

Dr Sarnia Ward
Wessex Cancer Alliance Primary Care Lead
Dorset

Dr Jane Winter
Lead Nurse
Wessex Cancer Alliance



Appendix 1 - Wessex Lower GI Pathway





FIT is a better predictor of colorectal cancer risk than any symptom including in rectal bleeding

Risk of colorectal cancer in those with a **FIT <10, a normal examination and full blood count is <0.1%** (which is lower than the general asymptomatic population risk)



FIT <10 pathway

NG12 symptoms but have a FIT result of <math><10 \mu\text{g}</math> Hb/g.

FIT <math><10</math> pathway will include a repeat FIT and blood tests at 8-10 weeks;

[studies show that patients with **two FIT test results <math><10</math> have a colorectal cancer risk of <math><0.04\%</math>]**



The FIT <10 pathway is intended as an interim solution until the relevant NICE guidance is updated (expected late 2023) at which point it is anticipated that the safety netting of FIT<10 patients will transition fully to primary care.



By fully embedding FIT use into the pathway the highest priority patients can be investigated more quickly

Patients with a very low risk of colorectal cancer can be reassured and spared from having unnecessary colonoscopies (a procedure not without risk)



Summary of FIT for Lower GI:

2022 Early Cancer Detection LIS
2022/23 DES FIT and 2ww CRCa referrals
Education (Alliance & Gateway C webinars)
FIT Update 11th January 2022



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?

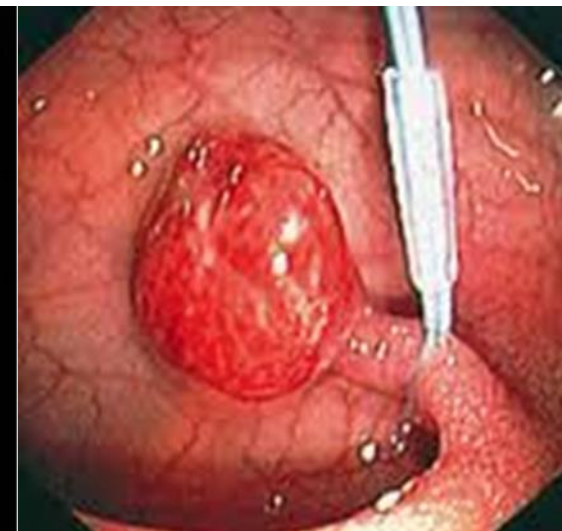
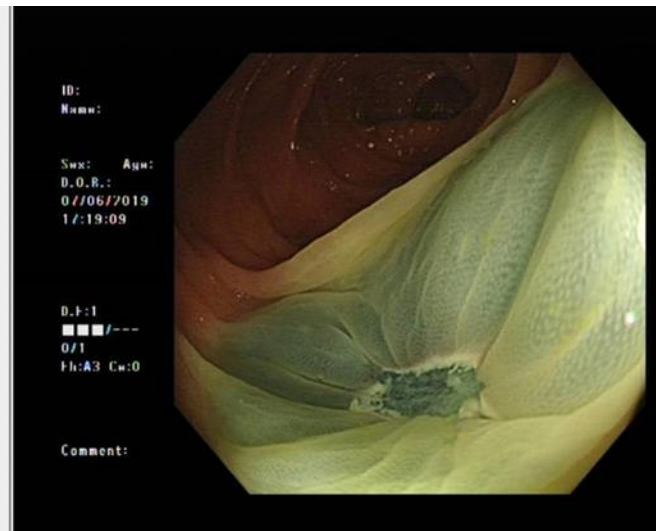
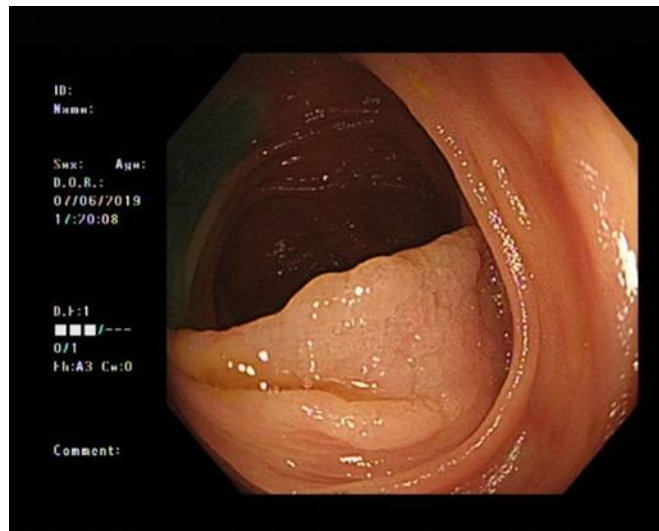


- BCSP, report is either negative or positive
(above/below **120ug/g in England**, 150ug Wales and 80ug Scotland)
- Diagnostic FIT test positive if **>10ug/g** in most areas (
in some areas the result is positive if > 3ug/g)



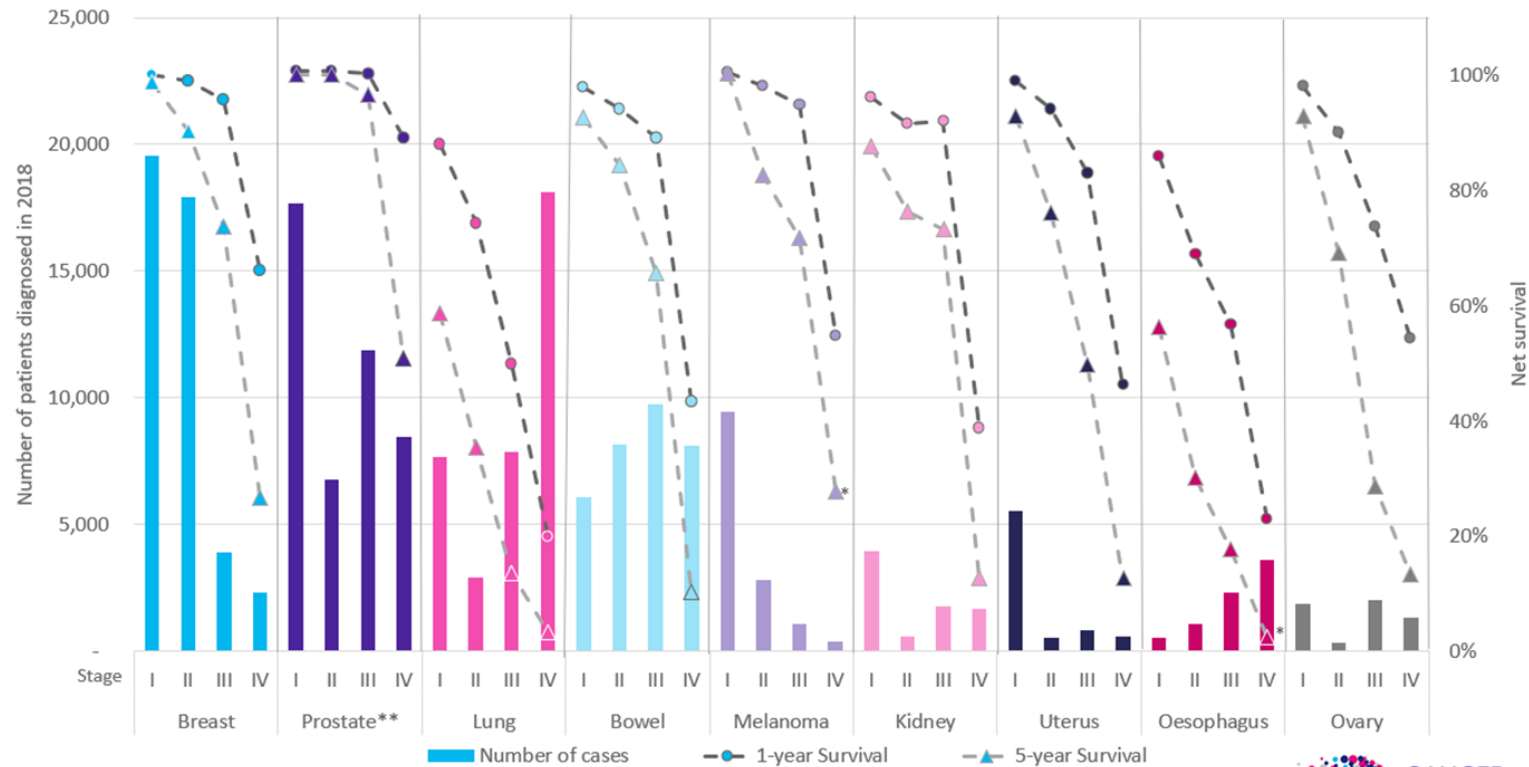
Earlier diagnosis.....

- 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%

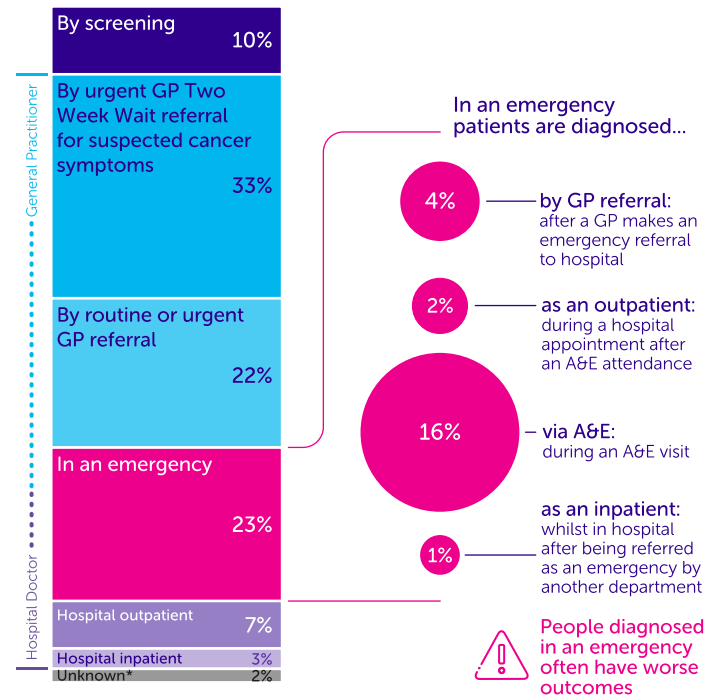
Produced by the CRUK Cancer Intelligence team using data from:
PHE, Cancer Survival in England for patients diagnosed between 2014 and 2018 - followed up to 2019. And PHE, Staging Data in England





How bowel cancer patients are diagnosed

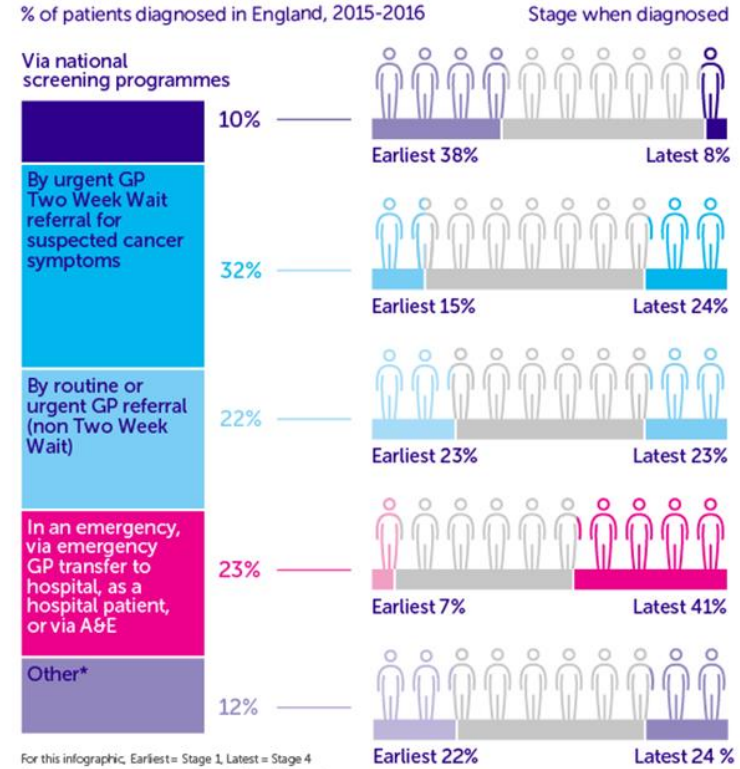
% of patients diagnosed in England in 2016



*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





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)



So how good a test is FIT?



Thames Valley
Cancer Alliance

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

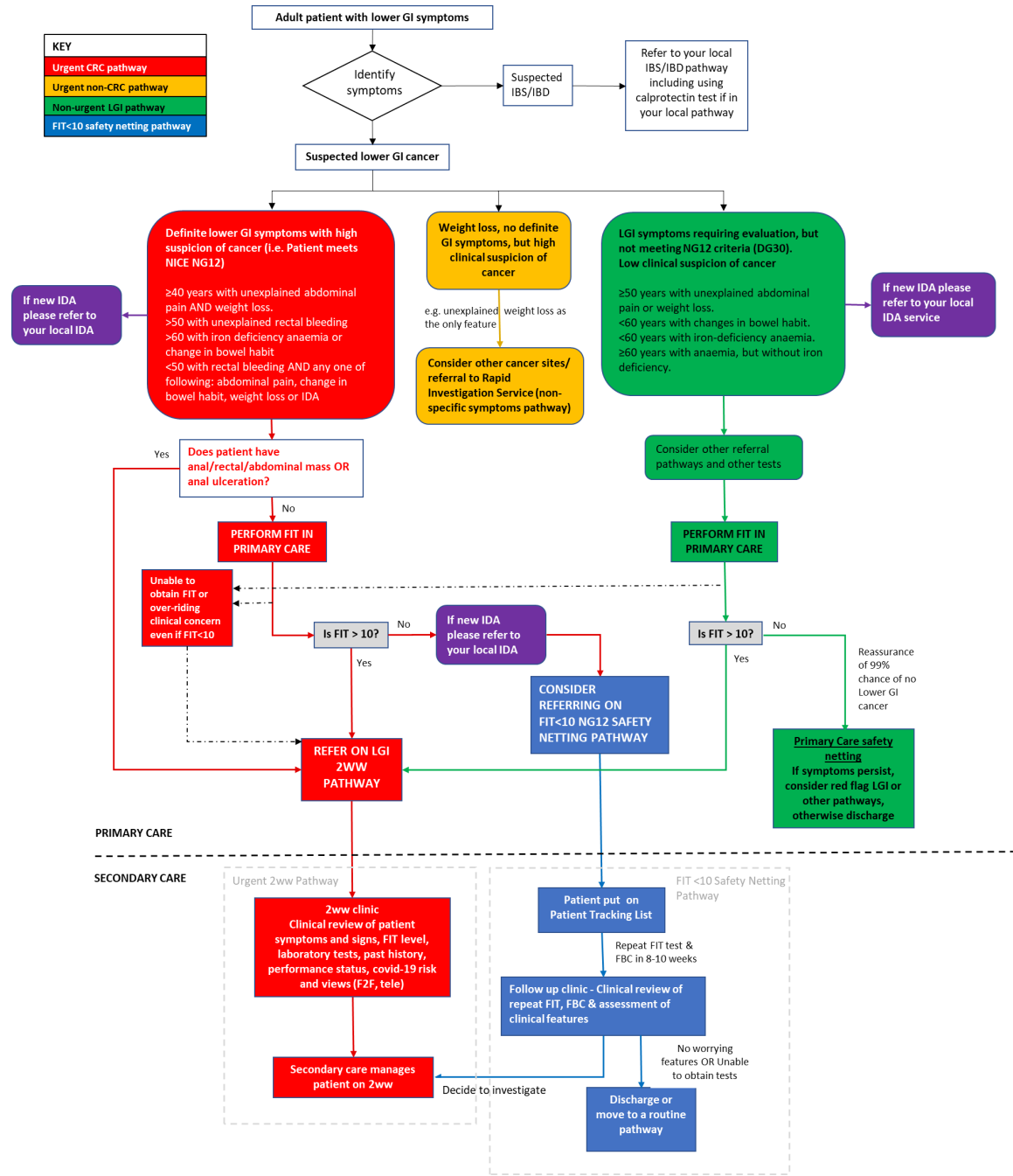


FIT performance per 1,000 patients tested

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



So what is the new FIT pathway?





How to process this?

Suspected Lower Gastrointestinal Tract Cancer 2 Week Wait Referral Form

Date of decision to refer: _____ Date referral received at Trust: _____ hospital to fill in

Patient Details	Surname: _____ First Name: _____ Title: _____
	DOB: dd/mm/yyyy _____ NHS Number: _____
	Sex assigned at birth: Male/ Female
	Gender identity (if different from that above): e.g. Male (inc trans man) / Female (inc trans woman) / Non-binary
	Ethnicity: _____ Language: _____ Interpreter required: YES/NO
Disability: YES/NO- mobility/sensory/cognitive _____ Transport required: YES/NO	
Patient Address: _____	
Postcode: _____	
Contact numbers: _____	
Home: _____ Mobile: _____	
Practice Details	Name of registered GP: _____
	Practice Name & J code: _____
	Direct line to the practice (Bypass number) : _____
	Main Practice Number: _____ Generic email: _____
	Name of referring Clinician: _____

FIT TEST RESULT >10 IS THE MOST IMPORTANT INDICATION YOUR PATIENT MAY HAVE COLORECTAL CANCER, more indicative than any symptoms. **This is true even in patients with rectal bleeding.**

IT IS VERY IMPORTANT YOUR PATIENT URGENTLY COMPLETES A FIT TEST if not already done.
 This is a link for your patient with information about FIT ([INSERT LINK](#)).
 Delay in providing a FIT test may delay your patient's investigation.

The risk of colorectal cancer in those with a FIT <10, a normal examination and full blood count is <0.1%. This is lower than the general population risk.

SPECIFIC FAST TRACK INFORMATION - Colorectal Cancer

Please refer if FIT >10 (or strong clinical concern of colorectal cancer) – otherwise consider safety netting or FIT <10 pathway ([INSERT LINK](#))

<input type="checkbox"/> FIT > 10
<input type="checkbox"/> Patient has an abdominal mass – please request a FIT at time of making a referral
<input type="checkbox"/> Patient has rectal mass OR unexplained anal mass OR unexplained anal ulcer
<input type="checkbox"/> FIT <10 and clinical concern about lower GI cancer remains (NB: please consider other cancers / Rapid Investigation Service)
<input type="checkbox"/> Patient has high risk symptoms as defined by NICE NG12 guidance (see below) and has been unable/unwilling to do a FIT test (NB do not delay referral for more than 2 weeks if FIT has not been done, or result not available)
<input type="checkbox"/> Age 40 or over with unexplained weight loss AND abdominal pain Age < 50 with rectal bleeding AND any of following <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Weight Loss <input type="checkbox"/> Change in bowel habit <input type="checkbox"/> Iron Deficient Anaemia (see local IDA pathway)
<input type="checkbox"/> Age 50 or over with unexplained rectal bleeding
<input type="checkbox"/> Age 60 or over with change in bowel habit
<input type="checkbox"/> Age 60 with iron deficient anaemia (see local IDA pathway)

RIGHT PATHWAY, RIGHT TIME...

Following clinical triage by a secondary care clinician, I support this referral being re-routed to a more suitable pathway, within the trust, if deemed clinically appropriate and better for the patient

YES
 NO

Patient name _____ Date of Birth _____ NHS number _____

For all patients	Clinical History: <i>I am concerned because...</i>
	Physical examination findings including rectal examination. <i>(This will allow patient to follow a straight to test pathway)</i>

Patients with other symptoms outlined in NICE Diagnostic Guidance 30 ([see link for details](#)) - please examine fully, do blood tests and FIT test:
 FIT test > 10 or abnormal examination findings - refer via 2 ww
 FIT test < 10 and ongoing concerns which don't fulfil colorectal 2 ww consider referral to Rapid Investigation Service
 FIT test < 10, normal blood test and examination findings and no ongoing concerns consider safety netting or advice & guidance from colorectal team

Patients with unexplained rectal bleeding who don't fulfil 2 ww colorectal criteria- please examine fully, do blood tests & FIT test
 If FIT test > 10 or abnormal examination findings - refer via 2 ww
 If FIT test < 10 with no abnormalities on blood tests or examination- refer via non-fast track referral

Results:

FIT Result: _____ ug/ml

Bloods - required in determining treatment options

Please ensure the following recent blood results are available (U&Es must be within 3 months):

Hb: _____ Na: _____ K: _____ eGFR: _____

(tumour markers are only indicated for disease monitoring)

Bloods have been requested if not done in last 3/12

<input type="checkbox"/>	The patient is aware that this is a 2 week wait referral to exclude colorectal cancer
<input type="checkbox"/>	The patient has been provided with a 28 day cancer pathway leaflet (https://cancermatterswessex.nhs.uk/fast-track-referrals/)
<input type="checkbox"/>	The patient is willing to undergo investigation
<input type="checkbox"/>	Patient is expecting a telephone assessment or appointment within the next few days with hospital tests within 2 weeks

Please tick YES if any of the following apply to your patient: (Helpful in supporting patient in clinic)

Admin use only

<input type="checkbox"/>	Patient has cognitive impairment that may affect their mental capacity for consent. If yes, please confirm date best interests meeting completed: __/__/__	NP
<input type="checkbox"/>	Patient has significant mobility impairment – please tick if hoist is required	TT
<input type="checkbox"/>	Patient has significant sensory impairment (specify):	NP
<input type="checkbox"/>	Patient will require an interpreter (specify):	NP

WHO performance status:

0 Fully active

FIT < 10 Safety Netting Pathway Referral Form

Date of decision to refer:		Date referral received at Trust:	hospital to fill in
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A FIT test result is required with this referral.

- If FIT > 10 or patient has an unexplained abdominal, rectal or anal mass/ulceration, please refer to 2ww Lower GI pathway.
- If FIT < 10 and patient has new iron deficiency anaemia please follow the iron deficiency anaemia pathway
- If FIT < 10 and no specific GI symptoms but high clinical suspicion of cancer e.g. due to weight loss, please consider referral to the Rapid Investigation Service

Surname:	First Name:	Title:	
DOB: dd /mm /yyyy	NHS Number:		
Sex assigned at birth: Male/ Female			
Gender Identity (if different from that above): e.g. Male (inc trans man) / Female (inc trans woman) / Non-binary			
Ethnicity:	Language:	Interpreter required: YES/NO	
Disability: YES/NO- mobility/sensory/cognitive		Transport required: YES/NO	
Patient Address:		Postcode:	
Contact numbers:		Mobile:	
Home:			
Name of registered GP:			
Practice Name & J code:			
Direct line to the practice (Bypass number) :			
Main Practice Number:		Generic email:	
Name of referring Clinician:			

REASON FOR REFERRAL

Patients will only be accepted onto this pathway if they have FIT<10 and satisfy the following criteria (see below). FIT result must be attached.

Further information on the Wessex LGI pathway can be found here ([link to flowchart](#)).

- | |
|---|
| <input type="checkbox"/> Age 40 or over with unexplained weight loss AND abdominal pain
<input type="checkbox"/> Aged 50 or over with unexplained rectal bleeding
<input type="checkbox"/> Aged 60 or over with persistent new unexplained change in bowel habit
<input type="checkbox"/> Aged under 50 with rectal bleeding AND any one of the following: abdominal pain, change in bowel habit, or weight loss |
|---|

Patient name	Date of Birth	NHS number
For all patients	Clinical History: <i>I am concerned because...</i>	
	Physical Examination Findings including Digital Rectal Examination <i>(This is essential information to exclude an anal/low rectal cancer because this patient will be managed initially on a remote pathway, with follow up FIT and blood test. If examination findings are concerning then the patient should be referred on the 2ww LGI pathway)</i>	

<p>Patients with other symptoms outlined in NICE Diagnostic Guidance 30 (see link for details) - please examine fully, do blood tests and FIT test: FIT test > 10 or abnormal examination findings - refer via 2 ww FIT test < 10 and ongoing concerns which don't fulfil colorectal 2 ww consider referral to Rapid Investigation Service FIT test < 10, normal blood test and examination findings and no ongoing concerns consider safety netting or advice & guidance from colorectal team</p> <p>Patients with unexplained rectal bleeding who don't fulfil 2 ww colorectal criteria - please examine fully, do blood tests & FIT test If FIT test > 10 or abnormal examination findings - refer via 2 ww If FIT test < 10 with no abnormalities on blood tests or examination - refer via non-fast track referral rectal bleeding pathway</p>

Results:
 FIT Result: _____ug/ml

Bloods - required in determining treatment options

Please ensure the following recent blood results are available (U&Es must be within 3 months):

Hb: Na: K: eGFR:

(tumour markers are only indicated for disease monitoring)

Bloods have been requested if not done in last 3/12

<input type="checkbox"/>	The patient is aware that their risk of cancer is very low, but they are being referred to the hospital for further tests
<input type="checkbox"/>	The patient has been provided with a FIT < 10 Safety Netting Pathway Patient Information Leaflet (add link)
<input type="checkbox"/>	The patient is willing to undergo investigation
<input type="checkbox"/>	Patient is expecting a telephone call and letter from the hospital



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.

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.



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



Red Flags

Anaemia....

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

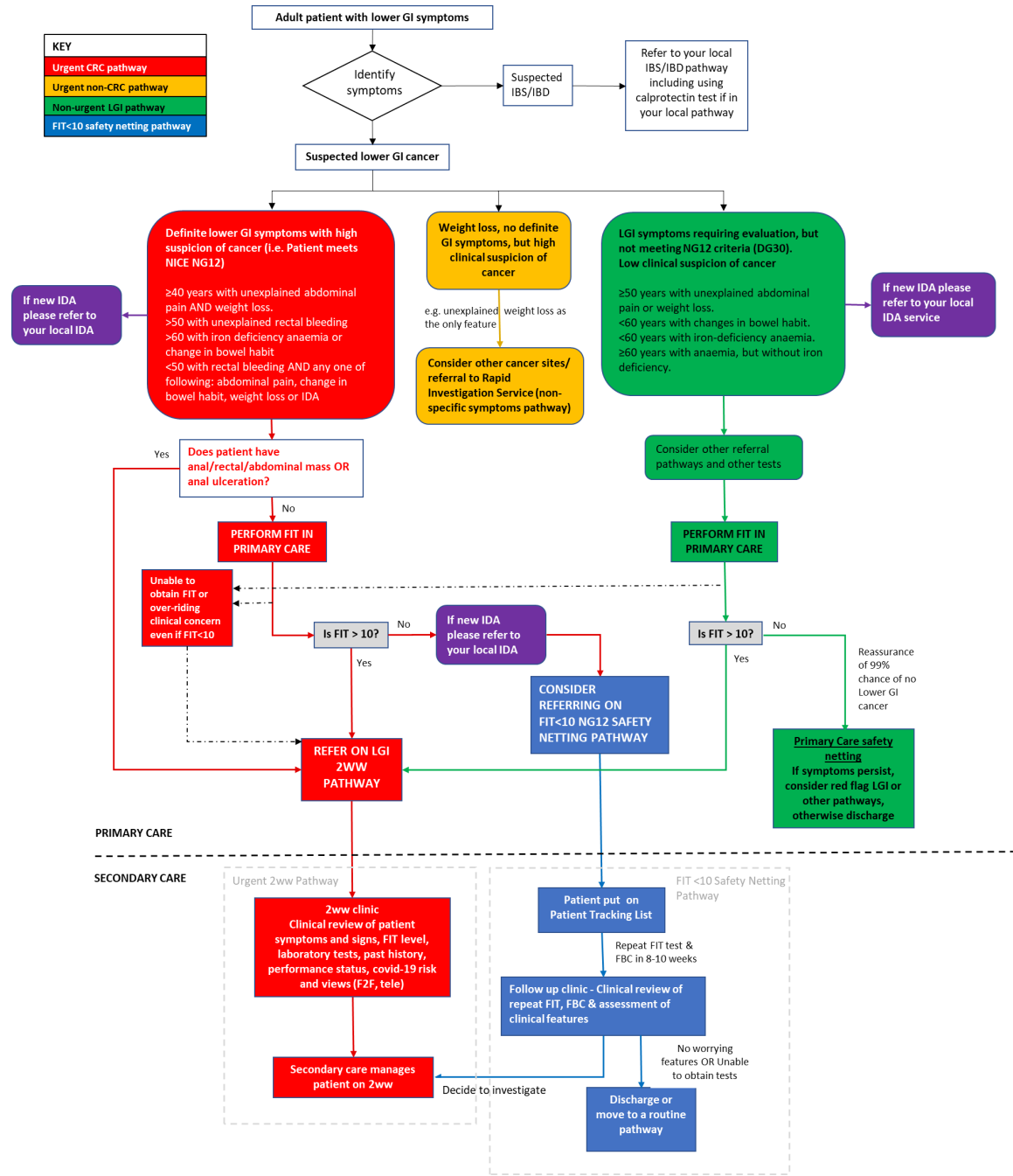
Age (years)	Annual incidence of colorectal cancer in this age group (%) (Cancer Research UK, 2003)	Haemoglobin (gdl ⁻¹)					
		< 9.0	9.0–9.9	10.0–10.9	11.0–11.9	12.0–12.9	≥ 13.0
30–59	0.026	1.3 (0.4, 4.3)	1.4 (0.2, 10)	0.8 (0.3, 2.2)	0.8 (0.2, 2.9)	0.2 (0.1, 0.3)	0.1 (0.1, 0.1)
60–69	0.19	7.6 (3.4, 16)	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.



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



KEY
Urgent CRC pathway
Urgent non-CRC pathway
Non-urgent LGI pathway
FIT<10 safety netting pathway

Adult patient with lower GI symptoms

Identify symptoms

Suspected IBS/IBD

Refer to your local IBS/IBD pathway including using calprotectin test if in your local pathway

Suspected lower GI cancer

Definite lower GI symptoms with high suspicion of cancer (i.e. Patient meets NICE NG12)

≥40 years with unexplained abdominal pain AND weight loss.
 >50 with unexplained rectal bleeding
 >60 with iron deficiency anaemia or change in bowel habit
 <50 with rectal bleeding AND any one of following: abdominal pain, change in bowel habit, weight loss or IDA

If new IDA please refer to your local IDA

Does patient have anal/rectal/abdominal mass OR anal ulceration?

PERFORM FIT IN PRIMARY CARE

Unable to obtain FIT or over-riding

Weight loss, no definite GI symptoms, but high clinical suspicion of cancer

e.g. unexplained weight loss as the only feature

Consider other cancer sites/referral to Rapid Investigation Service (non-specific symptoms pathway)

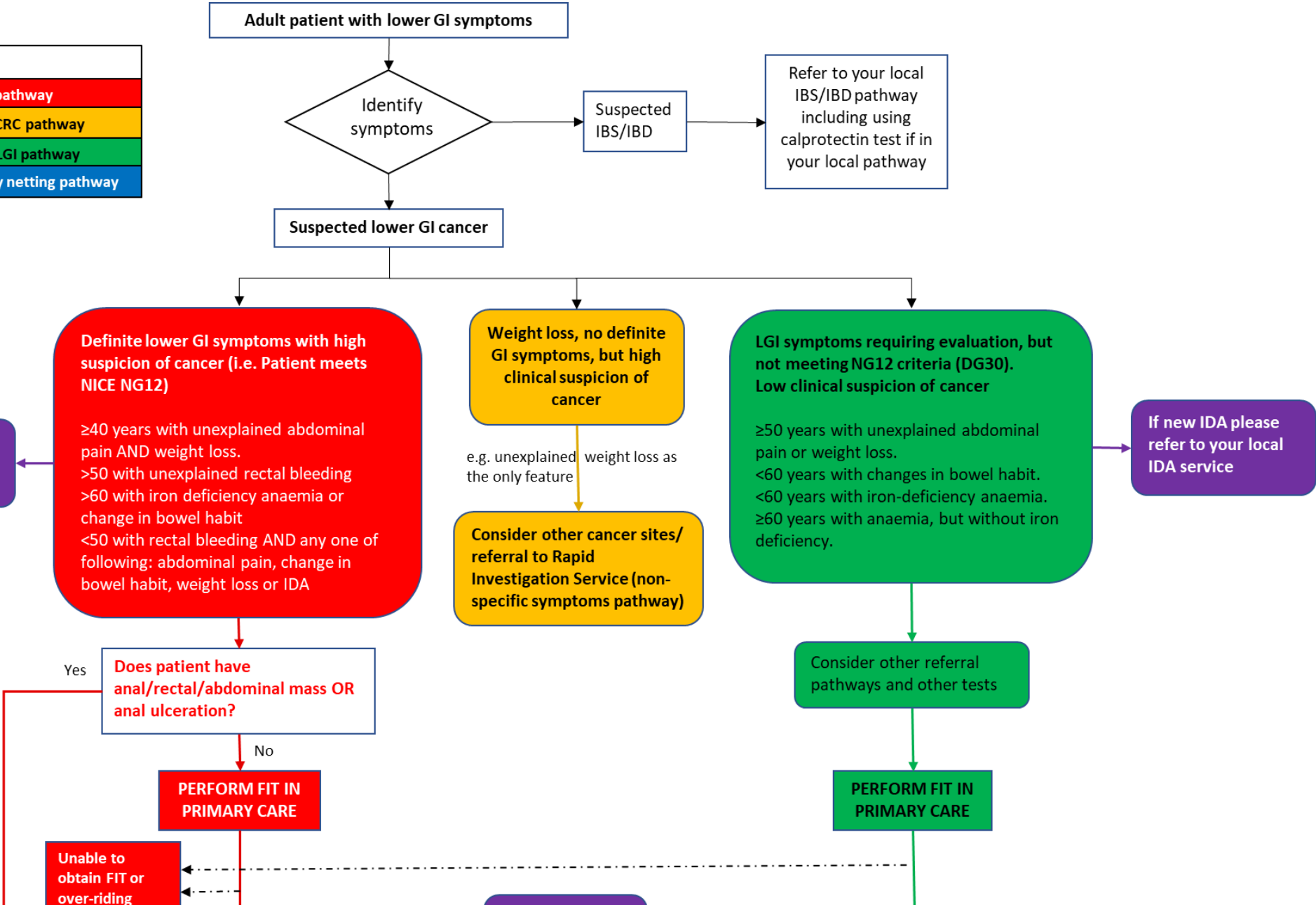
LGI symptoms requiring evaluation, but not meeting NG12 criteria (DG30). Low clinical suspicion of cancer

≥50 years with unexplained abdominal pain or weight loss.
 <60 years with changes in bowel habit.
 <60 years with iron-deficiency anaemia.
 ≥60 years with anaemia, but without iron deficiency.

If new IDA please refer to your local IDA service

Consider other referral pathways and other tests

PERFORM FIT IN PRIMARY CARE





Case 1

66yr man

Tired, change in bowel habit

Examination normal

What next?

FBC, ferritin, CRP

FIT



Case 1...

Hb 110, ferritin 9

FIT <10

IDA – IDA pathway



Case 1...IDA

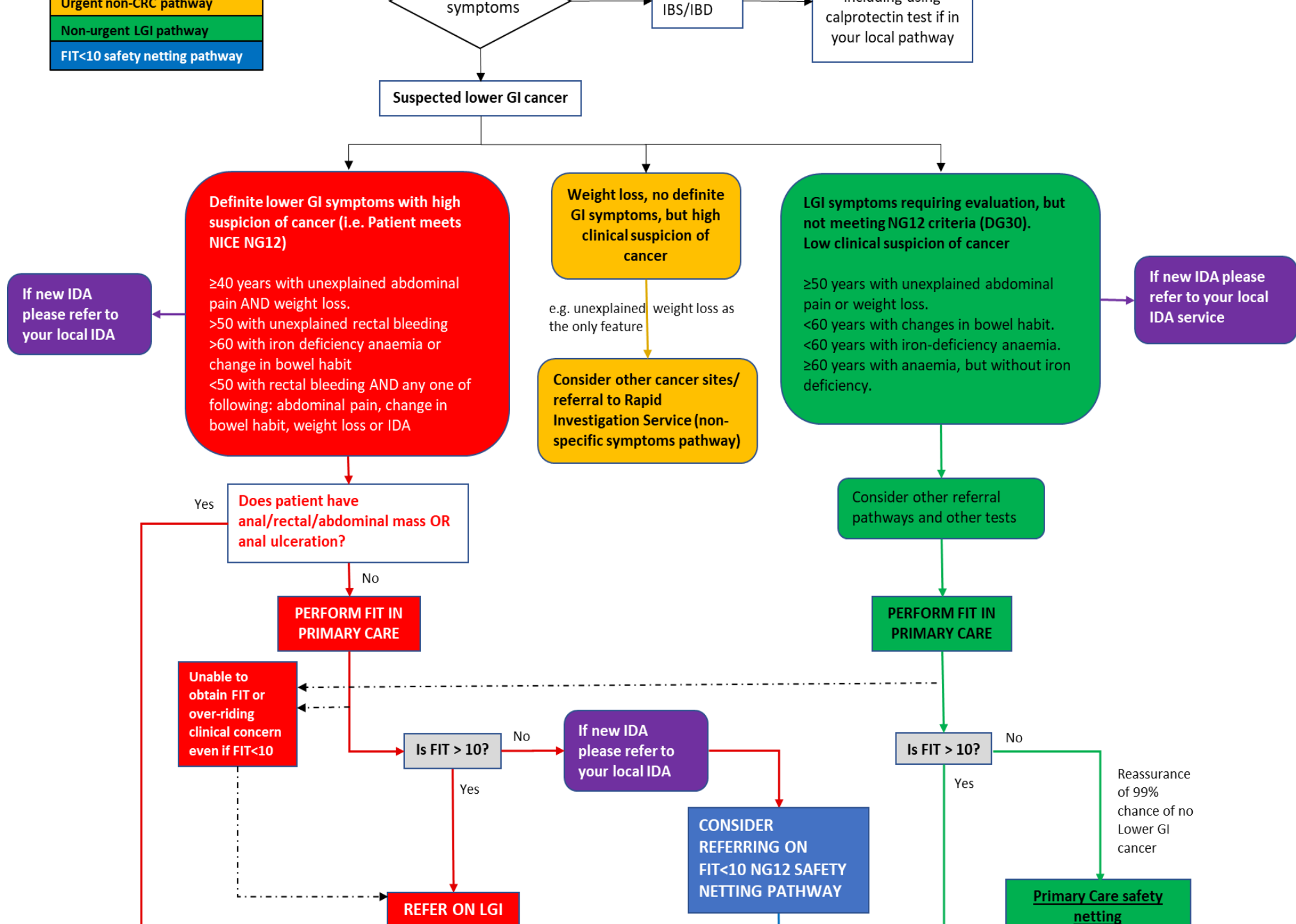
IDA pathway – local variation

Tests to help correct diagnosis

Urine dip

Coeliac screen, B12/folate

2ary care for both “top” and “tail”





Case 2

64 yr man

General aches in the abdomen

Loose motions, tenesmus



Case 2...mass

- Anal/ rectal/ abdominal mass
- Anal ulceration

<50 with rectal bleeding AND any one of following: abdominal pain, change in bowel habit, weight loss or IDA

referral to Rapid Investigation Service (non-specific symptoms pathway)

deficiency.

Consider other referral pathways and other

Yes
Does patient have anal/rectal/abdominal mass OR anal ulceration?

No
PERFORM FIT IN PRIMARY CARE

PERFORM FIT IN PRIMARY CARE

Unable to obtain FIT or over-riding clinical concern even if FIT<10

Is FIT > 10?

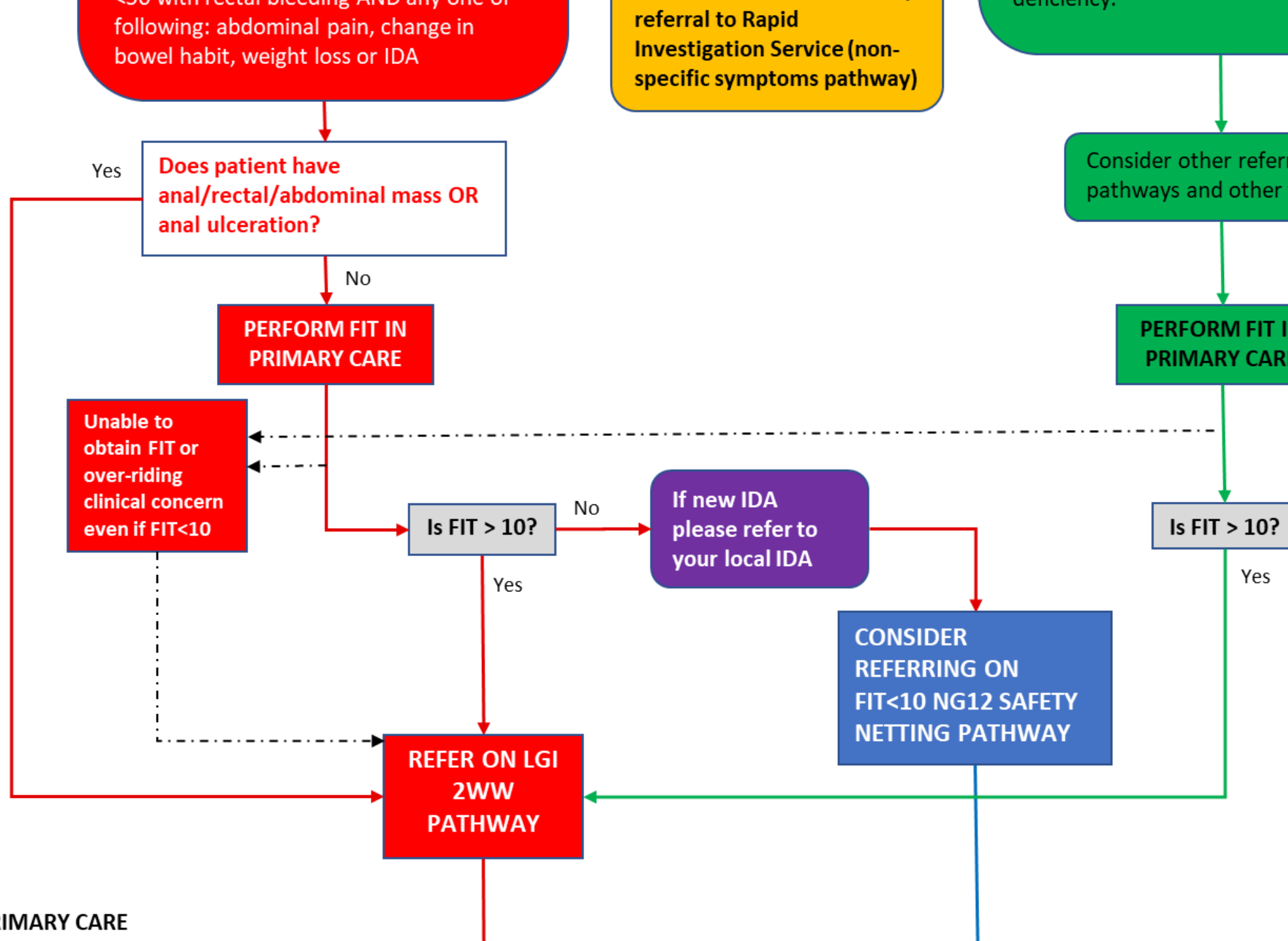
No
If new IDA please refer to your local IDA

Is FIT > 10?

Yes
CONSIDER REFERRING ON FIT<10 NG12 SAFETY NETTING PATHWAY

Yes
REFER ON LGI 2WW PATHWAY

PRIMARY CARE





Learning points Case 1 & 2

- FIT is not needed for
IDA
Anal/ rectal/ abdominal mass
Anal ulceration
- FIT -easy, cheap, good practice



Case 3

57 yr woman

Tired, abdominal pain, occasional PR bleeding, some weight loss

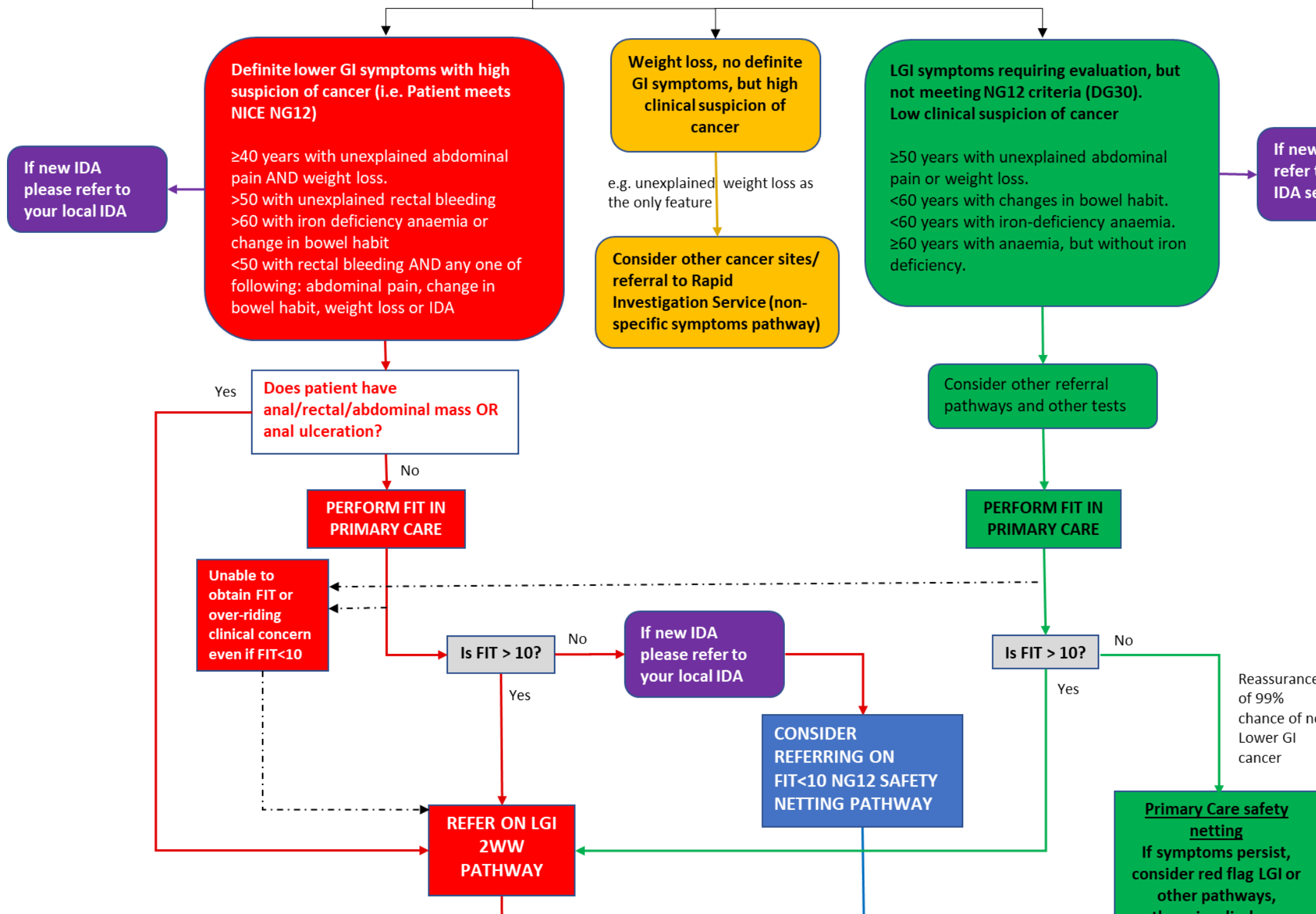
Examination – DRE nad

FBC, ferritin, crp



Case 3...

- FIT result of 167
- Needs 2ww referral





Learning points Case 3

FIT in rectal bleeding

Cannot or do not do a FIT test?

DRE – the importance of this



Case 4

73yr old woman

Vague abdominal pain

Examination NAD

FBC, Ferritin, CRP

FIT



Case 4...

- Bloods all OK
- Examination OK
- FIT <10

High clinical suspicion of cancer (i.e. Patient meets NG12)

≥50 years with unexplained abdominal pain AND weight loss.
 <60 years with unexplained rectal bleeding with iron deficiency anaemia or change in bowel habit
 ≥60 years with rectal bleeding AND any one of the following: abdominal pain, change in bowel habit, weight loss or IDA

Does patient have anal/rectal/abdominal mass OR anal ulceration?

Weight loss, no definite GI symptoms, but high clinical suspicion of cancer

e.g. unexplained weight loss as the only feature

Consider other cancer sites/ referral to Rapid Investigation Service (non-specific symptoms pathway)

LGI symptoms requiring evaluation, but not meeting NG12 criteria (DG30). Low clinical suspicion of cancer

≥50 years with unexplained abdominal pain or weight loss.
 <60 years with changes in bowel habit.
 <60 years with iron-deficiency anaemia.
 ≥60 years with anaemia, but without iron deficiency.

If new IDA please refer to your local IDA service

Consider other referral pathways and other tests

PERFORM FIT IN PRIMARY CARE

Is FIT > 10?

No
 Reassurance of 99% chance of no Lower GI cancer

Primary Care safety netting
 If symptoms persist, consider red flag LGI or other pathways, otherwise discharge

PERFORM FIT IN PRIMARY CARE

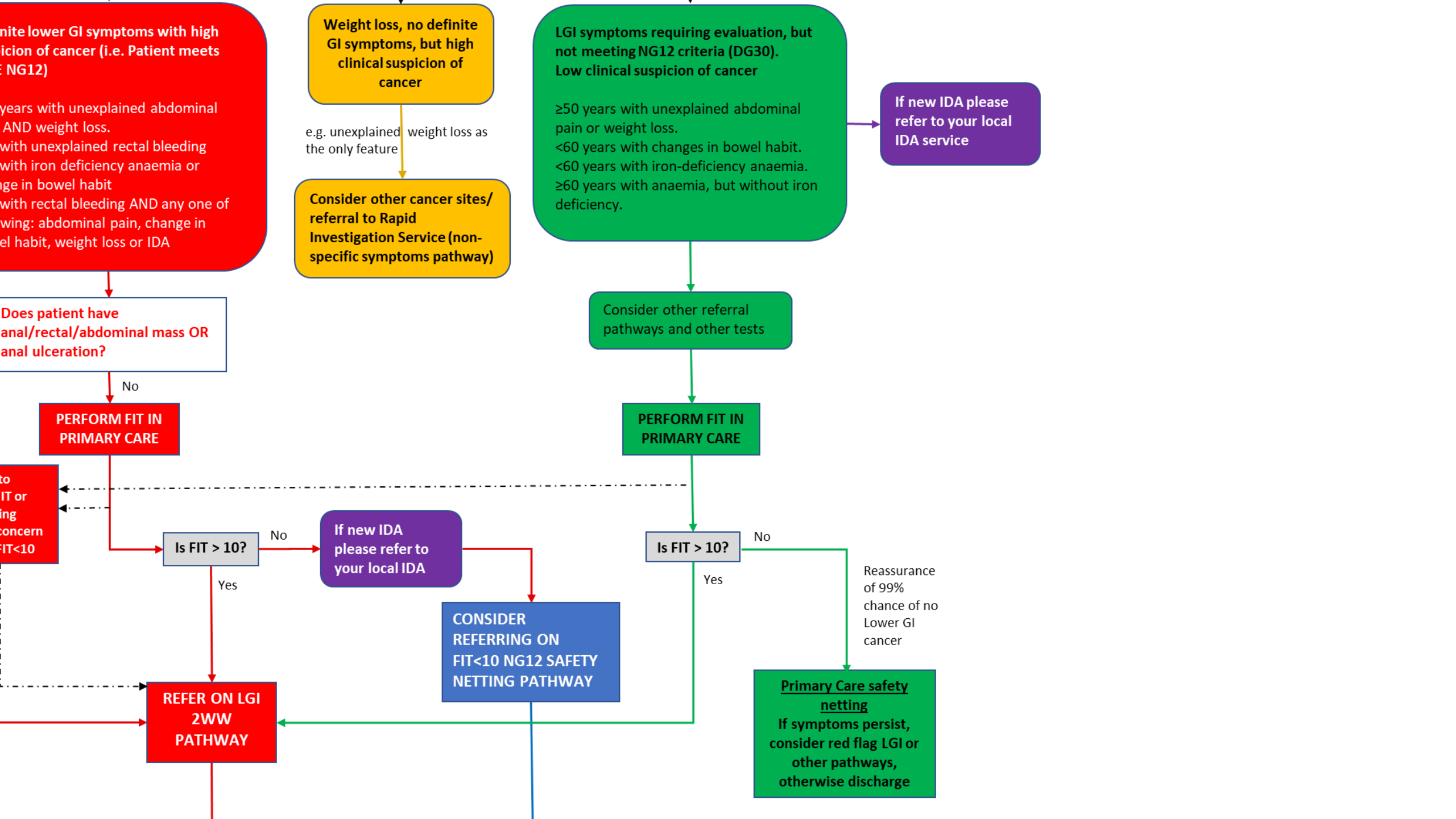
Is FIT > 10?

If new IDA please refer to your local IDA

CONSIDER REFERRING ON FIT<10 NG12 SAFETY NETTING PATHWAY

REFER ON LGI 2WW PATHWAY

to FIT or IDA concern FIT<10





Learning point Case 4...

- Primary care safety net
- Safety net
review of symptoms



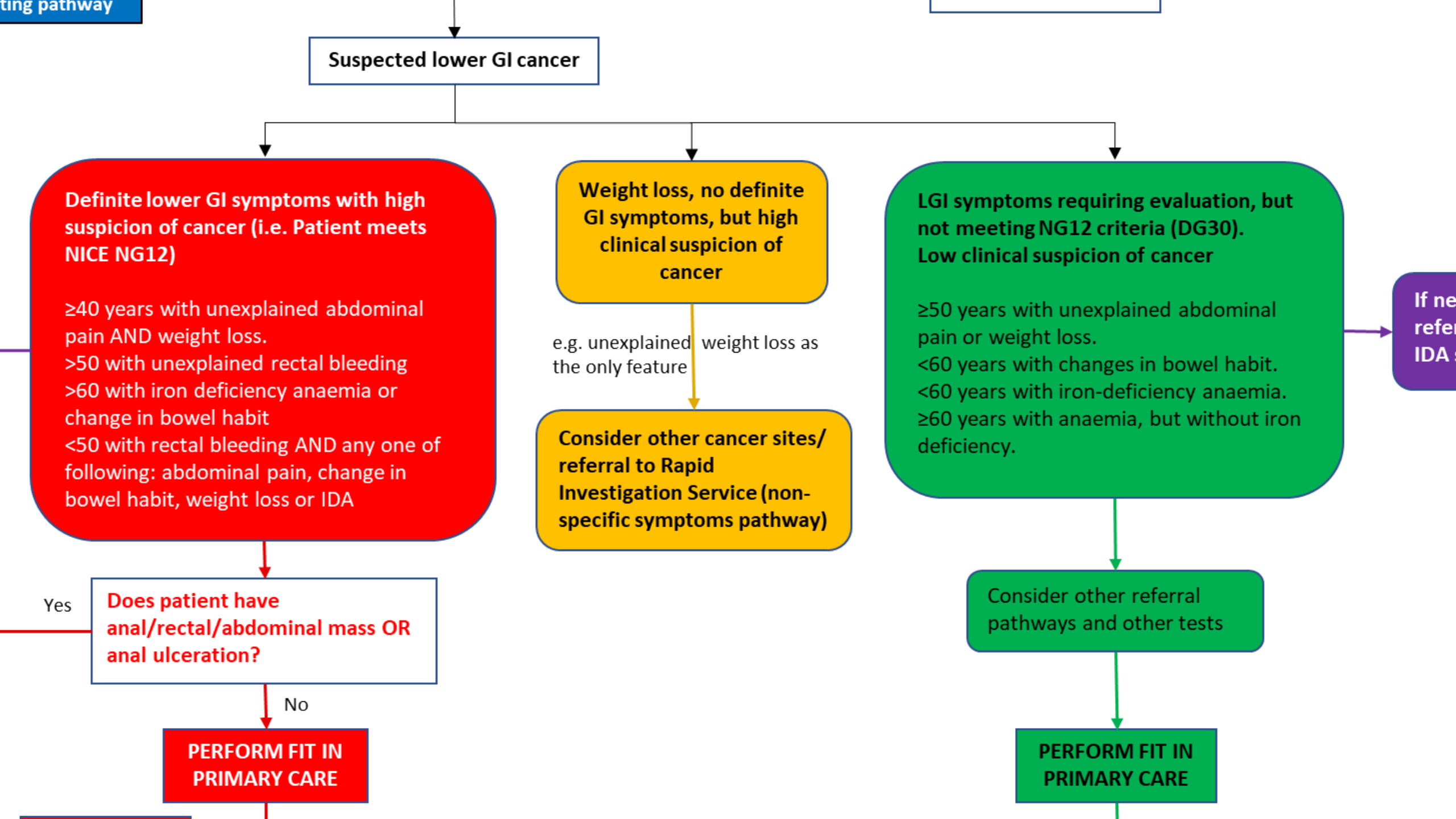
Safety net of Case 4...

Safety net

review of symptoms

Negative urine, CA125....

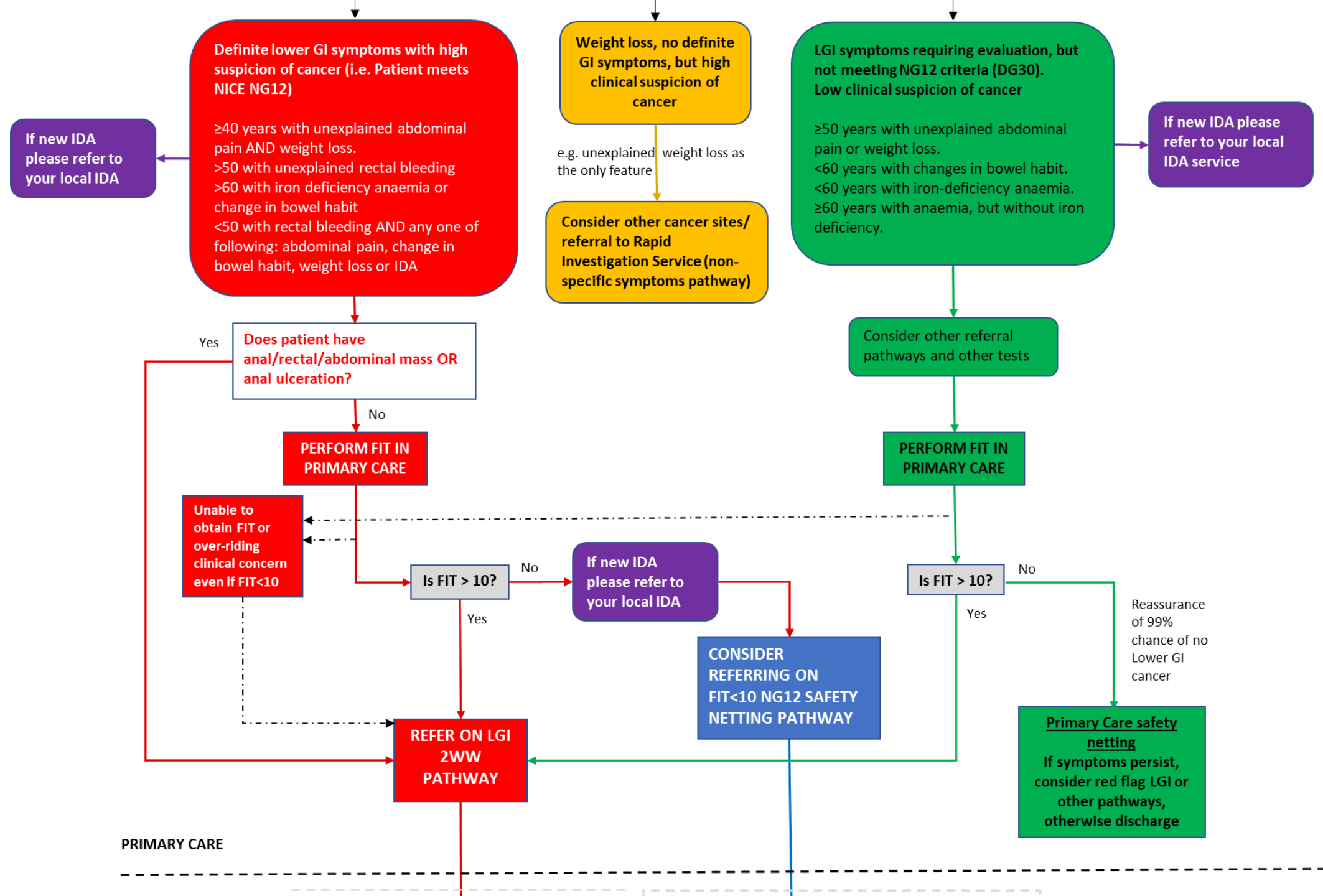
Still concern as unexplained wt loss

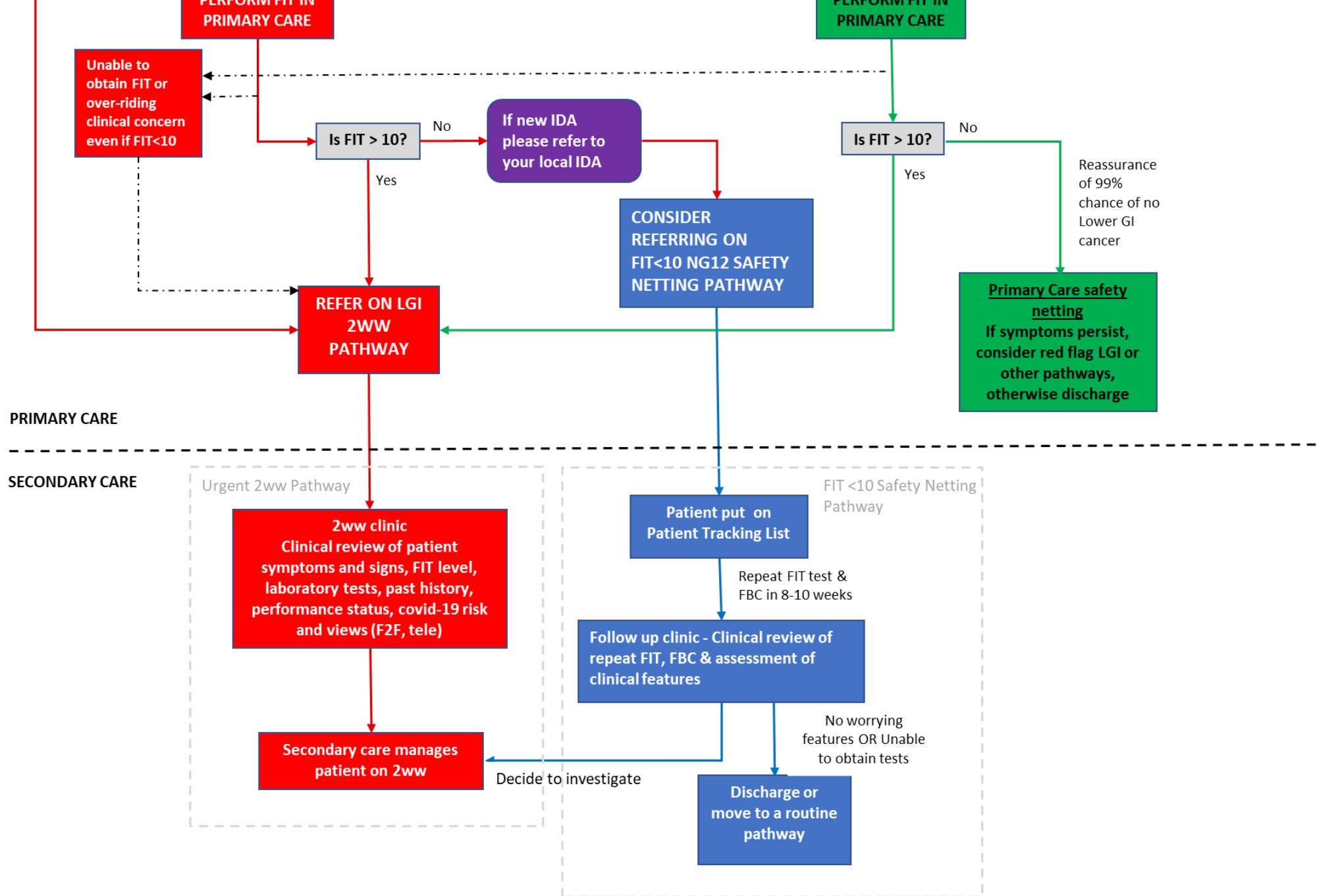




Case 5

- 42yr female
- Rectal bleeding, abdominal pain, weight loss
- Examination nad
- Bloods OK
- FIT <10





PERFORM FIT IN PRIMARY CARE

PERFORM FIT IN PRIMARY CARE

Unable to obtain FIT or over-riding clinical concern even if FIT < 10

Is FIT > 10?

No

Yes

If new IDA please refer to your local IDA

CONSIDER REFERRING ON FIT < 10 NG12 SAFETY NETTING PATHWAY

REFER ON LGI 2WW PATHWAY

Is FIT > 10?

No

Yes

Reassurance of 99% chance of no Lower GI cancer

Primary Care safety netting
If symptoms persist, consider red flag LGI or other pathways, otherwise discharge

PRIMARY CARE

SECONDARY CARE

Urgent 2ww Pathway

2ww clinic
Clinical review of patient symptoms and signs, FIT level, laboratory tests, past history, performance status, covid-19 risk and views (F2F, tele)

Secondary care manages patient on 2ww

FIT < 10 Safety Netting Pathway

Patient put on Patient Tracking List

Repeat FIT test & FBC in 8-10 weeks

Follow up clinic - Clinical review of repeat FIT, FBC & assessment of clinical features

No worrying features OR Unable to obtain tests

Discharge or move to a routine pathway

Decide to investigate



Learning points Case 5

- New pathway referral
- Review at 8-10weeks with rpt FBC, FIT and assessment of clinical feature
- Either discharged, reviewed and/or investigations



Case 6

27yr old female

Loose bowels

Bloods normal

FIT 27



Case 6

Salmonella



Learning points Case 6

Consider why FIT may be >10

Why was the test done?



Role of FIT



FIT

Screening level 120ug/grm

Symptomatic 10ug/grm

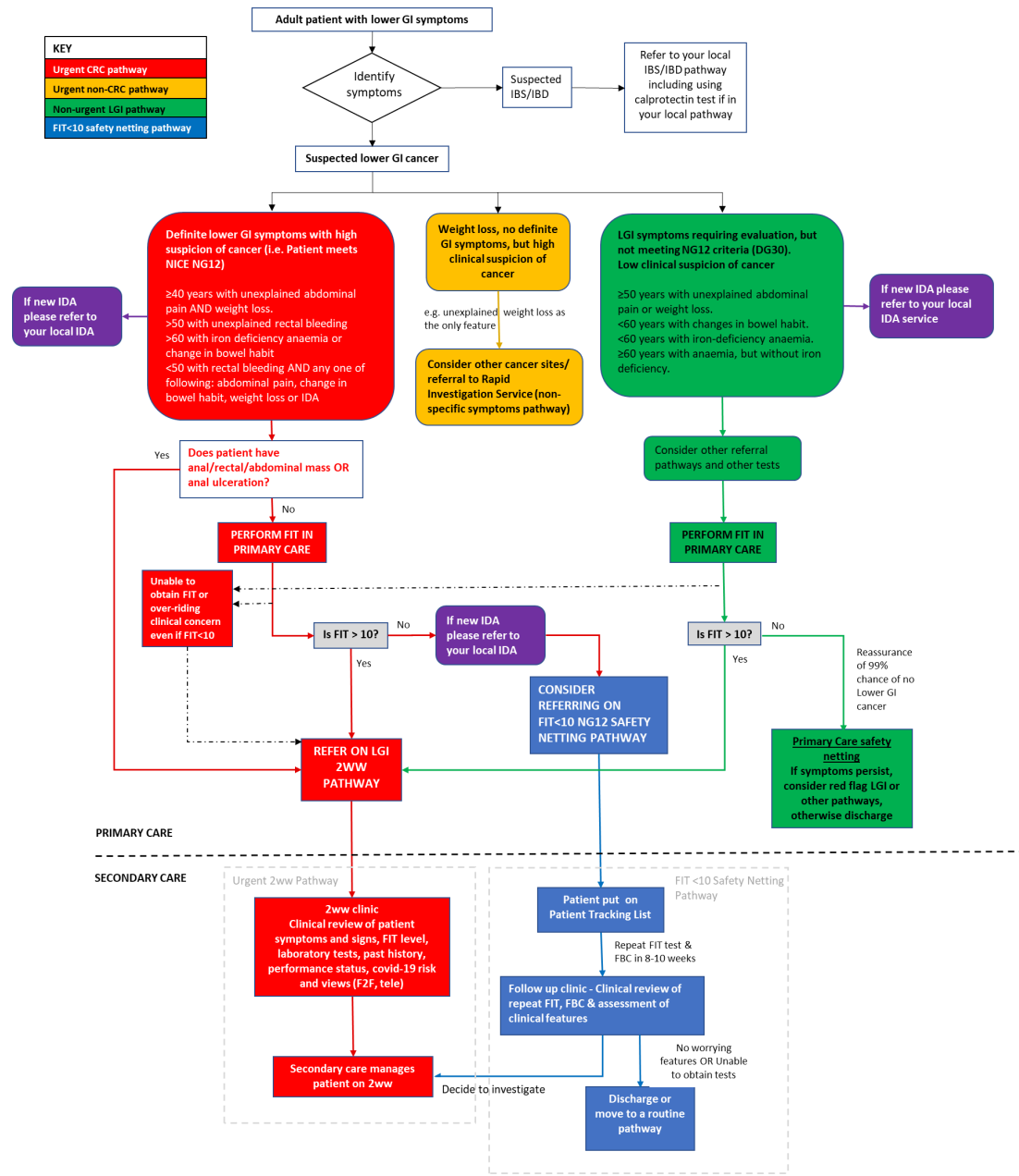
unexplained symptoms

low but no risk

ineligible for urgent referral

rectal bleeding

request on 2WW referrals





Take home messages

- FIT negative patients - review, use the FIT <10 pathway if appropriate
- Review & safety net patients with vague symptoms, negative FIT
- Consider RIS referral
- Continue to 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)

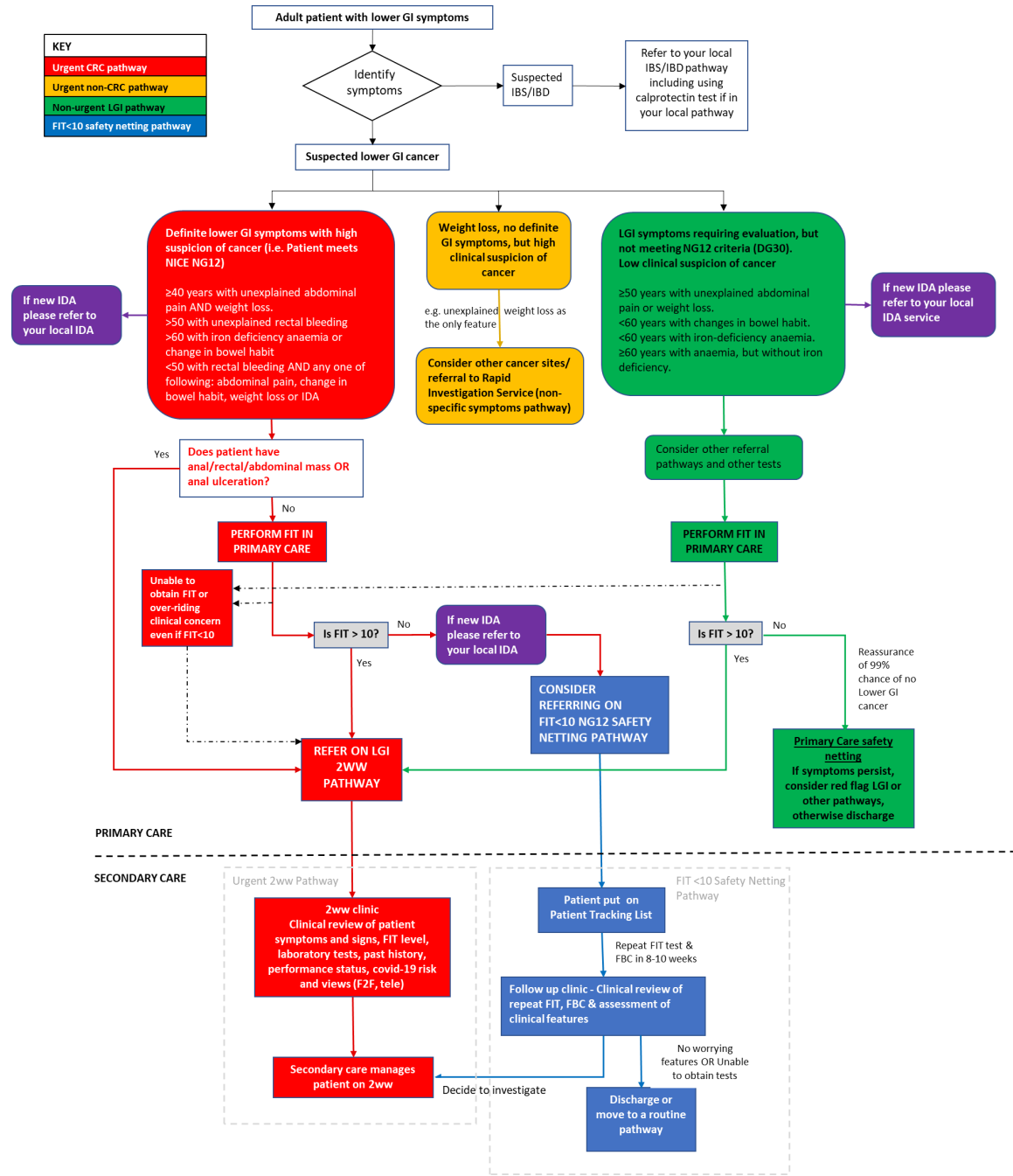


FIT <10 starting?

9th January UHS, UHD, Dorset County

23rd January HHFT

30th January IoW & Portsmouth





Questions



Next Webinar:

Wednesday 8th February 2023
Cancer Care Co-ordinators

Wessex Cancer Study Day

Tuesday 28th February, 12:00 – 16:15

Audience: Practice nurses or pharmacists working in primary care

Save your spot



This event is facilitated by **GatewayC**



Wessex Cancer Study Day

Tuesday 7th March, 12:00 – 16:30

Audience: GPs, advanced nurse practitioners, physician associates and registrars.

Save your spot



This event is facilitated by **GatewayC**

