



6th 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 $\geq 10\mu\text{g Hb/g}$ 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 $\geq 10\mu\text{g Hb/g}$.
- 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 $<10 \mu\text{g Hb/g}$ 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 $<10 \mu\text{g Hb/g}$ 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 $<10 \mu\text{g Hb/g}$.
- 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:

- | | |
|--|-------------------------------|
| • University Hospital Southampton NHS Foundation Trust | 9 th January 2023 |
| • University Hospitals Dorset NHS Foundation Trust | 9 th January 2023 |
| • Dorset County Hospital NHS Foundation Trust | 9 th January 2023 |
| • Hampshire Hospitals NHS Foundation Trust | 23 rd January 2023 |
| • Portsmouth Hospitals University NHS Trust | 30 th January 2023 |
| • 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



Wessex

Cancer Alliance

Further details on the symptomatic FIT and the LGI pathway changes are available on the [Wessex 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.



FIT for Suspected
Lower GI Cancers and

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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Appendix 1 - Wessex Lower GI Pathway

