

FIT for purpose

A secondary care perspective on Bowel Cancer Diagnostic Pathways and LGI updates

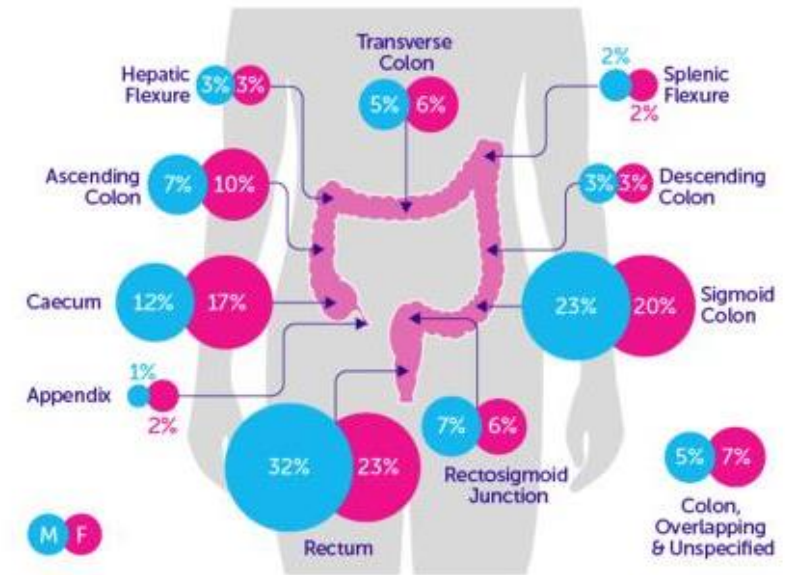
Ms. Kat Schwab

Consultant Colorectal Surgeon, UHD Lead for LGI Cancer MDT

Prevalence

- Bowel cancer is the fourth most common cancer in the UK.
- Almost 43,000 people are diagnosed with bowel cancer every year in the UK.
- Around 268,000 people living in the UK today have been diagnosed with bowel cancer.
- More than nine out of ten new cases (94%) are diagnosed in people over the age of 50.
- More than 2,600 new cases are diagnosed in people under the age of 50 every year.
- 1 in 15 men and 1 in 18 women will be diagnosed with bowel cancer during their lifetime.

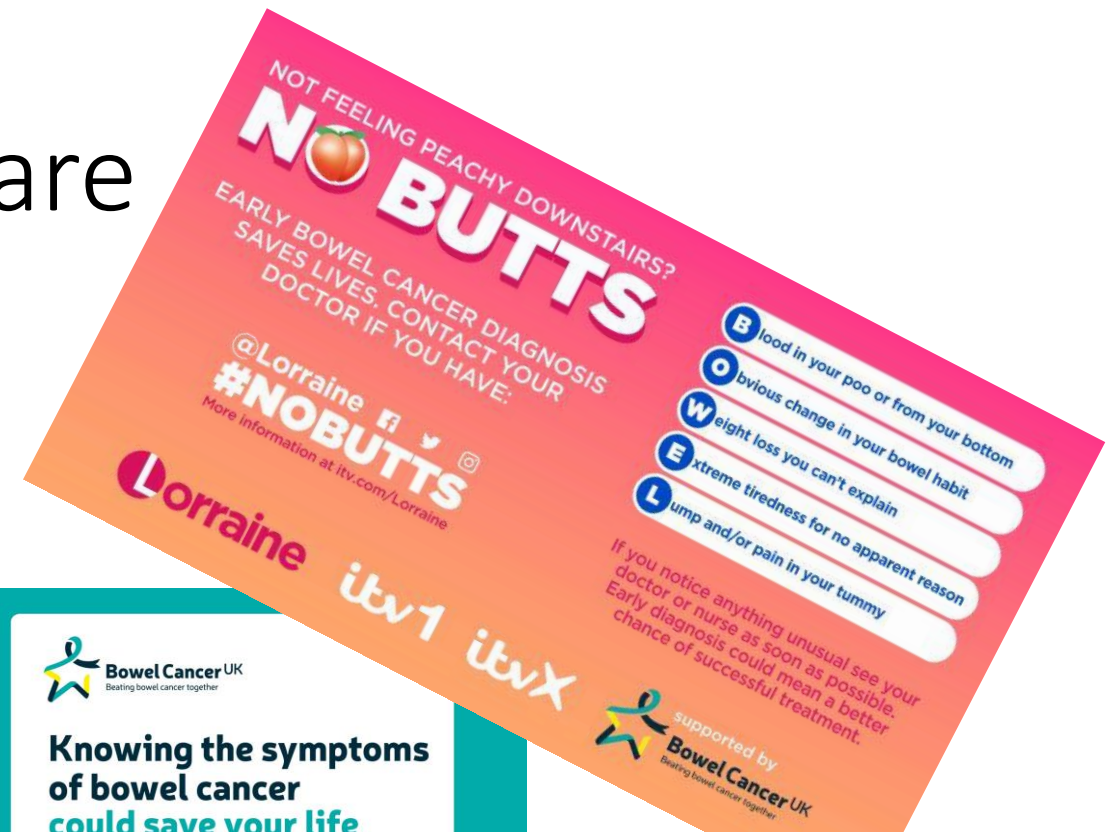
Bowel cancer % by anatomical site



Cancer Research UK, 2020

Your patient in Primary Care

- NG12 & DG30
- ‘High risk’ symptoms and ‘low risk’ symptoms
- 3% risk of CRC with NG12 symptoms
- 1% risk of CRC with DG30 – non specific symptoms
- Mass in abdomen
- Anorectal mass or ulcer
- +/- FIT



NICE. DG56. Quantitative
faecal immunochemical
testing to guide
colorectal cancer
pathway referral in
primary care. 2023

Offer FIT (HM-JACKarc or OC-Sensor) to guide referral for suspected CRC in adults:

- With an abdominal mass or
- With a change in bowel habit or
- With iron deficiency anaemia or
- Aged 40 and over with unexpected weight loss and abdominal pain or
- Aged under 50 with rectal bleeding and either unexplained abdominal pain or weight loss or

- Aged 50 and over with any of:
 - Rectal bleeding
 - Abdominal pain
 - Weight loss or

- Aged 60 and over with anaemia in the absence of iron deficiency

The Form

CR colorectal consultant clinic, NP colorectal nurse practitioner clinic, TT telephone triage

General Form: Lower Gastrointestinal System

Date referral received at Trust: hospital to fill in

Date of decision to refer: Title:

Patient Details

Surname: First Name:

DOB: dd/mm/yyyy NHS Number:

Sex assigned at birth: Male/ Female Interpreter required: YES/NO

Gender Identity (if different from that above): e.g. Male (inc trans woman) / Non-binary

Language: Transport required: YES/NO

Ethnicity: Postcode:

Disability: YES/NO-mobility/sensory/cognitive

Patient Address: Mobile:

Contact numbers:

Home:

Practice Details

Name of registered GP:

Practice Name & J code:

Direct line to the practice (bypass number):

Main Practice Number:

Name of referring Clinician:

Generic email:

A FIT result is required for most patients referred on this form.

Please review the referral criteria below and this [decision flowchart](#) for further details including management of patients with a FIT result <10.

For patient information about FIT testing please visit this link or send it to your patient (<https://cancerhelp.nhs.uk/fit-test/>) or [print this leaflet for them](#). For clinician information about FIT testing please visit the Wessex Cancer Alliance page for [Symptomatic FIT](#).

NB: A FIT test still needs to be requested even if there has been a recent bowel screening FIT test with a normal result, due to the thresholds being different for these two versions of the test.

Referral Criteria:

FIT ≥ 10 in a symptomatic patient - please provide details in clinical history box below

Patient has rectal mass OR unexplained anal mass OR unexplained anal ulcer - FIT helpful but should not delay referral

FIT <10 but strong clinical concern of colorectal cancer (NB: please consider other cancers e.g. ovarian/prostate/upper GI or Rapid Investigation Service or advice and guidance)

Clinical concern about lower GI cancer but the patient has been unable/unwilling to do a FIT test (NB do not delay referral for more than 2 weeks if FIT test has not been done, or result is not available)

For all patients

Clinical History: I am concerned because...

And I did a FIT test as per NICE guidance because my patient has:

Abdominal mass

Change in bowel habit

Iron Deficiency Anaemia

≥ 50 years with rectal bleeding AND either abdominal pain OR weight loss

≥ 40 years with unexplained weight loss AND abdominal pain OR weight loss

≥ 50 years with rectal bleeding OR abdominal pain OR weight loss

≥ 60 years with anaemia (not just iron deficiency anaemia)

None of the above but clinical concern (please specify in clinical history above)

Results:

Physical examination findings including rectal examination. (This will allow patient to follow a straight to test pathway)

Date of Birth: NHS number:

FIT Result: up/ml

Bloods - required in determining investigation/treatment options
Please ensure the following recent blood results are available (U&Es must be within 3 months):

Hb: Na: K:

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

The patient is aware that this is a Fast Track referral to exclude colorectal cancer

The patient has been provided with a fast track cancer pathway leaflet

Patient is willing to undergo investigation

Patient is expecting a telephone assessment or appointment within the next few days with hospital tests within 2 weeks

Patient has cognitive impairment that may affect their mental capacity for consent

Patient has significant mobility impairment meeting completed: / /

Patient has significant sensory impairment - please tick if hoist is required

Patient will require an interpreter (specify):

WHO Performance Status:

0 Fully active

1 Restricted in physically strenuous activity but ambulatory and able to carry out light work

2 Ambulatory and capable of self-care, unable to carry out work activities, up & about 50% of waking hours

3 Capable of only limited self-care, confined to bed/chair 50% of waking hours

4 No self-care, confined to bed/chair 100%

Admin use only

NP

TT

NP

NP

Additional Background Clinical Information

Significant Medical History:

Anticoagulant/Antiplatelet Medication:

Regular Medication:

Admin use: CR-colorectal consultant clinic, NP-colorectal nurse practitioner clinic, TT-telephone triage

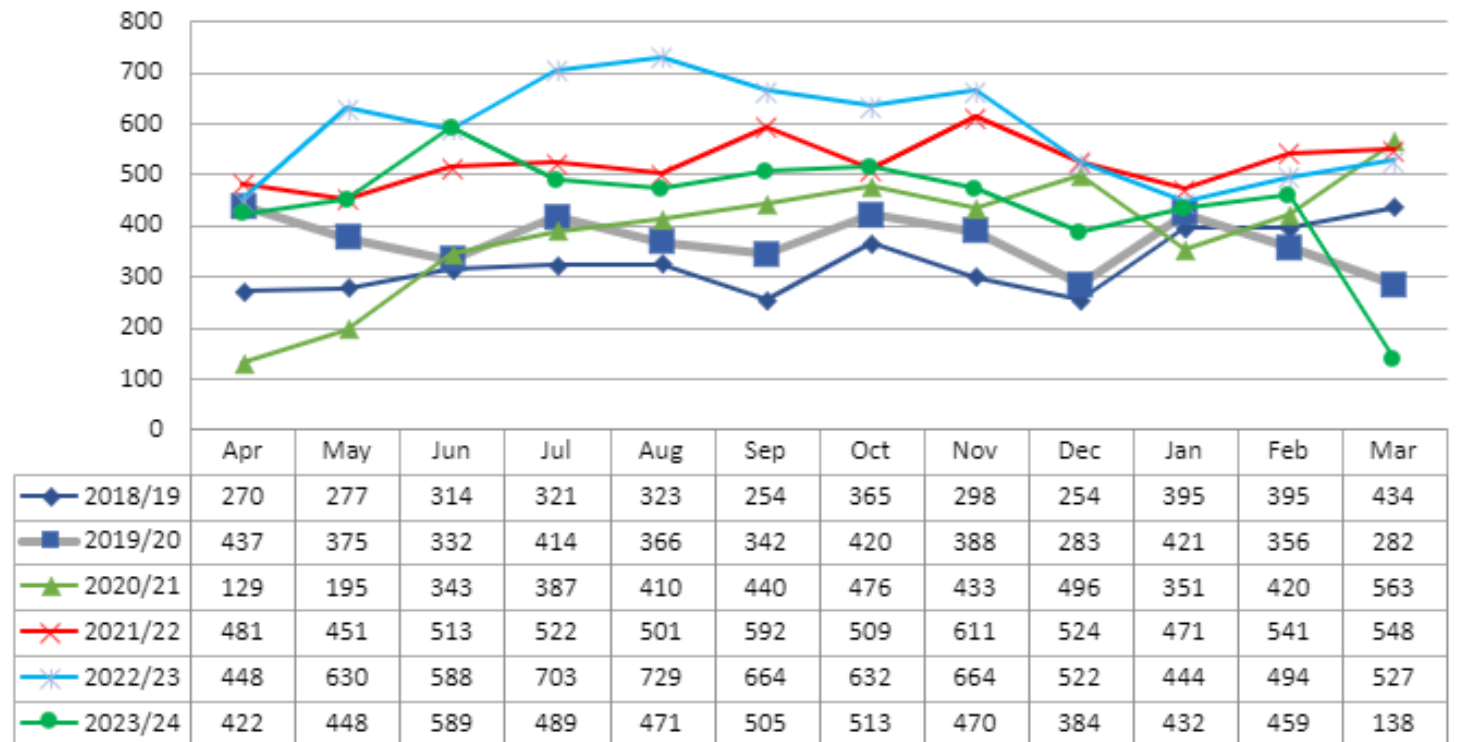


FIT test

- More sensitive “FIT + symptoms” than symptoms alone
- Health economics + cancer risk stratification has led to
 - BCSP >120
 - Asymptomatic population
 - 10% cancer pick up from colonoscopy (approx. 50% polyp pick up)
 - 2WW FIT \geq 10 + symptoms
 - 3-6 % cancer pick up

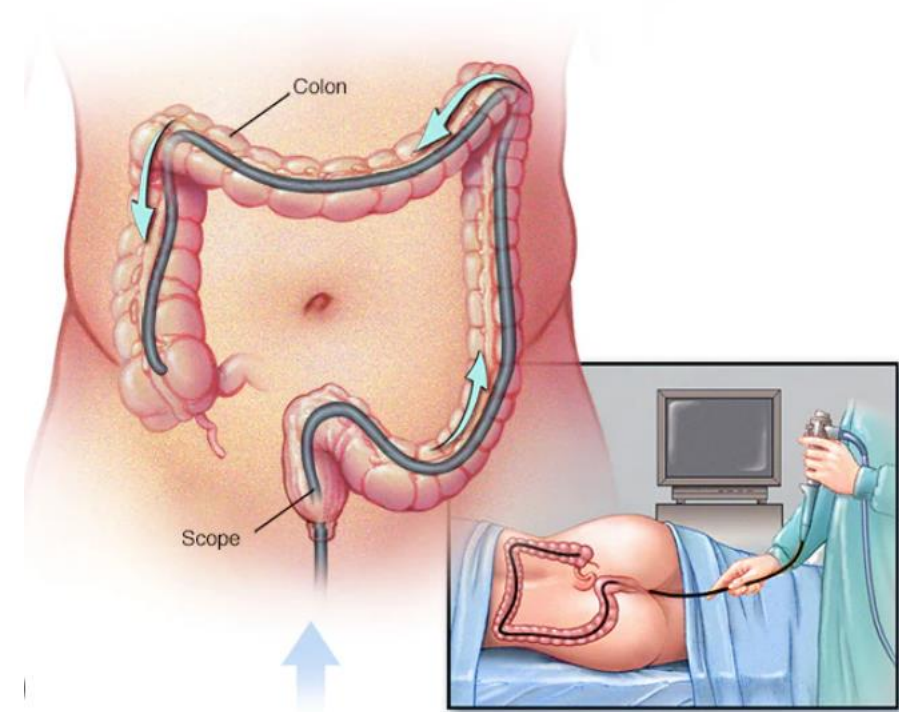
UHD LGI 2WW Referrals

Monthly Referrals By Financial Year



Your patient in Secondary care

- Triaged to Telephone clinic or Face to Face (ANP or Cons)
 - Dependent on form details
 - Hx and exam
 - PS/frailty
 - Language, comorbidities, dementia
 - Check bloods & fit
 - Recent / previous investigations
- Colorectal Proforma
- Outcome / plan clearly recorded
- Colonoscopy, CT Colonogram (full or minimal prep)
- Flexible sigmoidoscopy
- CT abdomen & pelvis
- (OGD for IDA pts)



Results

- Findings at endoscopy shared
 - Histology
 - Colitis
 - IDA
- Scan results
 - Normal
 - Incidental findings
- Persistent symptoms after discharge
 - Symptom management vs further Ix.

FIT <10
NHS England
& BSG/ACPGBI
& NICE
supported
practice

- WCA recommendations:
 - Risk of bowel cancer estimated 3% with NG12/high risk symptoms
 - (estimated 1% with DG30 / low risk symptoms)
 - FIT <10 can potentially fail to pick up 10% of CRC
- A single FIT<10 may miss between 0.1-0.3% colorectal cancers in your symptomatic population
 - Additional evidence also shows symptomatic patients with 2x FIT <10 have 0.04% risk of colorectal cancer
- FIT<10
 - consider safety net and reassess 8/52 with rpt bloods and FIT
 - If rpt >10 and symptoms persist – 2WW referral
 - If symptoms persist consider routine referrals
 - If significant clinical concern, can consider 2WW referral or consider contacting GI clinician / A&G to flag

Important things to consider

BCSP uses different threshold of FIT

- so don't consider this negative screening tool if patient symptomatic

Abdominal/bowel symptoms and FIT <10 may have OTHER cancer

- Ovarian, pancreatic, renal
- Consider other site specific referral pathways / consider C-signs / Rapid Investigation Service

FIT does risk assess with rectal bleeding

If IDA and FIT <10, use IDA pathways

- sensitivity of FIT here unclear
- Also use of FIT in age <40 unknown – further research in progress

Thank you

- Happy to field some questions / discuss thoughts and concerns

