GIG CYMRU NHS WALES

Rhaglen Endosgopi Cenedlaethol

National Endoscopy Programme

National Framework for the Implementation of FIT in the Symptomatic Service

PRIMARY CARE QUICK GUIDE

For Welsh Health Boards

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INTRODUCTION:

The Faecal Immunochemical Test (FIT) is a test that can identify possible signs of bowel disease by detecting small amounts of blood in faeces. FIT detects the globin component of haemoglobin (Hb) by immunoassay and measures the faecal Hb concentration (f-Hb) as microgram of Hb per gram (μg/g) of faeces.

This document can be used as a summary of the NEP FIT Framework, in which full guidelines and appendices can be found (including patient and professional information). The NEP FIT Framework can be found on the NEP's website via this link. We recommend that the full framework is read prior to using this quick guide.

If you have any queries please contact the NEP on National.EndoscopyProgramme@wales.nhs.uk.

WHEN SHOULD A FIT BE OFFERED?

- **NICE DG30 (lower risk symptoms)**: Offer a FIT **prior to considering referral** for any patient with abdominal symptoms but without rectal bleeding to secondary care who doesn't fit the NG12 guidance on suspected cancer.
- **NICE NG12 (suspected cancer symptoms)**: Offer a FIT to any patient who presents with suspected cancer symptoms at the same time as referring the patient to secondary care on the suspected cancer pathway. This will help with secondary care prioritisation in the current capacity constrained situation.

SAFETY NETTING:

We suggest that the following steps are embedded into referral pathways as part of using FIT as a component triage tool. Additional local measures may also need to be put in place.

- Patients with iron deficiency anaemia, abdominal or rectal mass should not wait for a FIT result to be referred as suspected cancer unless otherwise precluded due to other patient factors. The BSG guidelines for the management of iron deficiency anaemia are appropriate in this setting (Goddard et al, 2011).
- A rectal examination in patient with LGI symptoms is part of standard care.
- Patients with obstructive type abdominal pain should be managed as suspected cancer and referred STT (as per National Optimal Pathway for Colorectal Cancer) even if the FIT level is below threshold due to evidence suggesting that obstructive colorectal pathology may be responsible for a proportion of false negative FIT results.
- Patients with FIT <10μg Hb/g faeces who have not been referred to secondary care require ongoing review – we suggest no more than 4 weeks for review of symptoms.
- Options to consider at review are repeat FBC and FIT, and referral to secondary care if their symptoms change or persist with a change in laboratory results. There may be need for further review and/or alternative investigative pathways if deemed appropriate.
- In general we would caution against indiscriminate use of FIT in a cohort with vague/non-specific symptoms where there is inadequate localisation of symptoms to the LGI tract.
- Patients with vague/non-specific symptoms are likely to achieve an earlier diagnosis of malignancy or diagnosis of other pathology via alternative routes such as via an Rapid Diagnostic Centre (RDC), or via direct communication/advice/access to radiologic imaging and other blood tests alongside clinical review as per the HBs provision for this pathway.

NICE DG30

"…faecal immunochemical tests are recommended for adoption in primary care 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 outlined in NICE's guideline on suspected cancer" (NG12).

***Standard blood tests:**

- FBC
- CRP
- Thyroid function test
- Haematinics
- Liver function test
- Coeliac serology
- If diarrhoeal symptoms + age < 50 then carry out faecal calprotectin

NICE NG12:

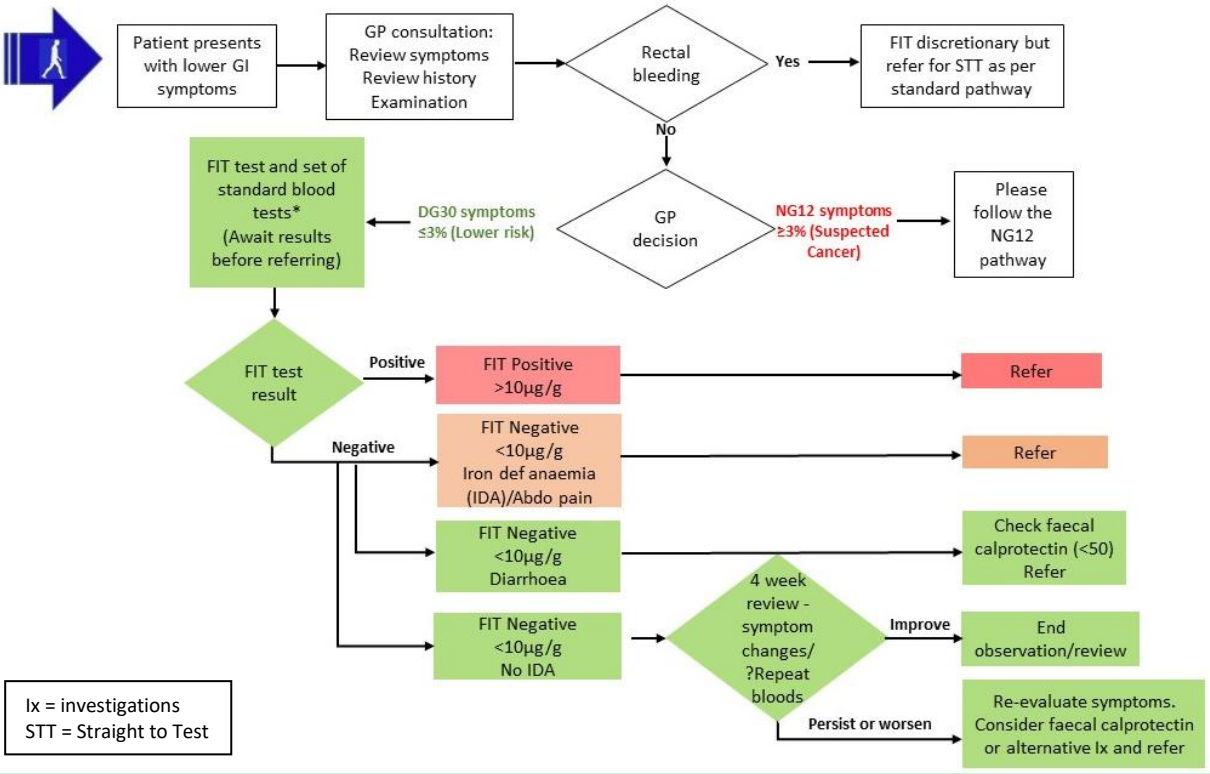
- Age > 40 with unexplained weight loss **and** abdominal pain
- Age > 50 with **unexplained** rectal bleeding
- Age > 60 **plus** iron-deficiency anaemia
- Age > 60 **plus** changes in their bowel habit
- Positive faecal occult blood
- A rectal mass
- An abdominal mass that may be colorectal
- Tests show occult blood in their faeces.

Age < **50** with rectal bleeding **and** any of the following (unexplained):

- Iron-deficiency anaemia
- Change in bowel habit
- Weight loss
- Abdominal pain

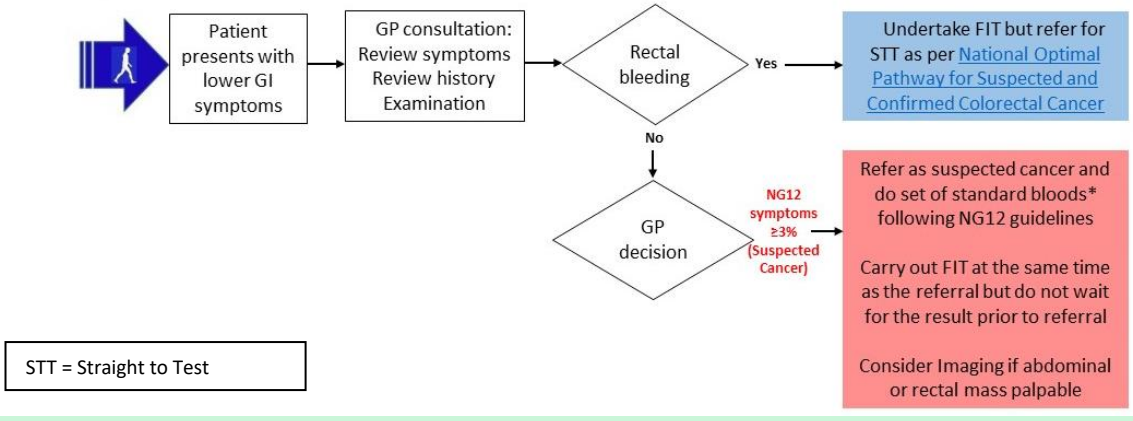
NEP FIT FRAMEWORK – NATIONAL FIT PATHWAYS QUICK GUIDE – PRIMARY CARE

Faecal Immunochemical Testing (FIT) in Primary Care Clinical Pathway - DG30 Stream



Faecal Immunochemical Testing (FIT) in Primary Care Clinical Pathway – NG12 Stream

FIT is currently being used with patients that present with NG12 (suspected cancer) symptoms in many HBs as part of their COVID mitigation strategy. This pathway is to assist with the prioritisation process. The NEP framework should be considered as interim guidance on use of FIT in this setting at present but awaiting further high quality evidence and NICE guidelines.



Vague/Non-Specific Symptoms Pathway in Primary and Secondary Care