GIG CYMRU NHS WALES

Rhaglen Endosgopi Cenedlaethol

National Endoscopy Programme

National Framework for the Implementation of FIT in the Symptomatic Service

SECONDARY 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. As a secondary care clinician you may be vetting referrals from primary care where a patient has undertaken a FIT stool test or you might be using FIT in your Health Board as a COVID mitigation strategy to assist with prioritisation of patients with NG12/suspected cancer symptoms as part of the pathway.

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.

WHO WILL BE OFFERED A FIT IN PRIMARY CARE?

NICE DG30 (lower risk symptoms): A FIT will be offered **prior to considering referral** for any patient with abdominal symptoms but without rectal bleeding who doesn't fit the NG12 guidance on suspected cancer.

NICE NG12 (suspected cancer symptoms): A FIT may be offered to any patient that presents with suspected cancer symptoms at the same time as referring the patient to secondary care.

USING FIT IN SECONDARY CARE:

If a FIT has not been requested in primary care, it can be requested from secondary care as a COVID mitigation strategy to assist with prioritisation of patients referred in via the NG12/suspected cancer symptom route. This use of FIT should be recorded and patient outcomes captured in order to facilitate future audit and evaluation.

SAFETY NETTING:

- As per BSG (April 2020 Guidance & August 2020 Guidance) and ACPGBI (ACPGBI COVID-19 Updates) guidelines during the pandemic all referrals should be triaged by senior secondary care clinicians who apply the same triage criteria and assess all relevant factors and not just the FIT value.
- Patients who are not for colonoscopy should be considered for alternative routes of consultation.
    - This may be in the form of secondary care virtual consultations or via alternative streams such as rapid diagnostic centre (RDC) if the referral is felt to be more consistent with a "Vague or non-specific symptom pathway".
- Patients with **rectal bleeding** should be considered for a suspected cancer flexible sigmoidoscopy or colonoscopy even if their FIT value is less than 10 μg/g if felt to be appropriate after senior clinician review.
- Patients who are not appropriate for further investigation should be discharged to primary care with a clear plan of action, describing:
    - review time points
    - specific changes to flag symptoms
    - re-referral thresholds
    - routes to assist in further management.

  The patient should be included in the communication that outlines the interpretation of a "negative" test.

- If local HB policy results in a higher threshold for investigation than recommended (i.e. higher than using 10 μg/g of faeces as the threshold) or sub-stratification, then appropriate interpretation of this with its caveats should be communicated to the patient and primary care teams.
- Evidence suggests that the primary care clinician "gut instinct" (Smith et al, 2020) has value as a discriminator for Colorectal Cancer (CRC) and all secondary care teams should give serious consideration to a comprehensive assessment in this context rather than relying on a FIT value in isolation to inform further investigation.
- 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:

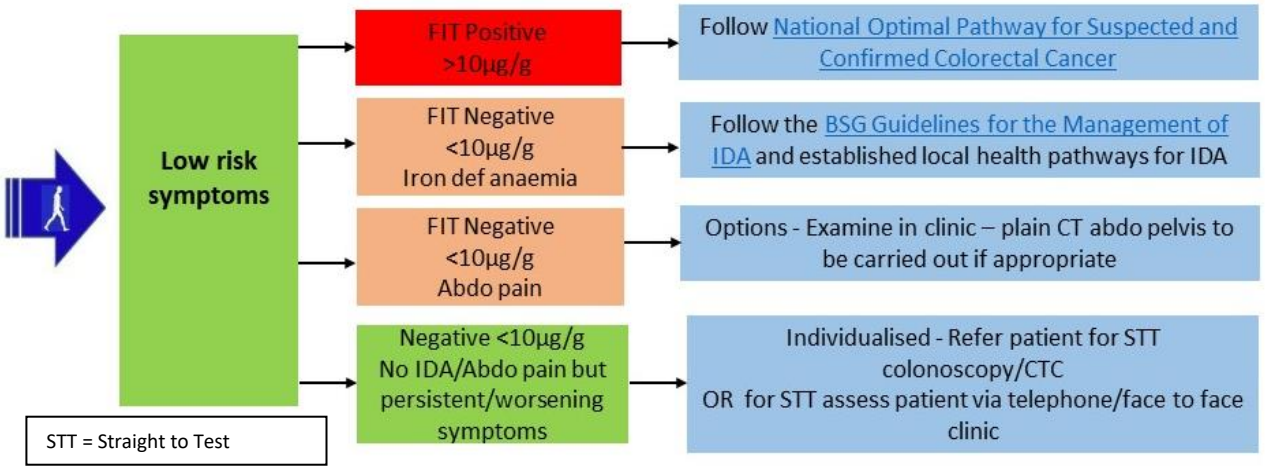
- Age > 40 with unexplained weight loss **and** abdominal pain
- Age > 50 with **unexplained** rectal bleeding
- Age > 60 **plus** iron-deficiency anaemia
- Age > 60 **plus** changes in their bowel habit
- Positive faecal occult blood
- A rectal mass
- An abdominal mass that may be colorectal
- Tests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

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

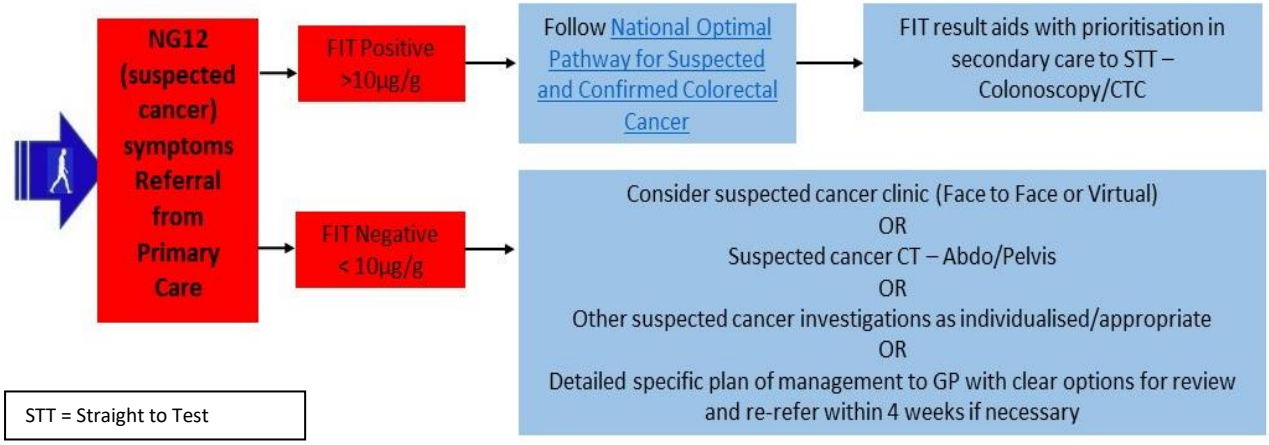
- Iron-deficiency anaemia
- Change in bowel habit
- Weight loss
- Abdominal pain

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

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



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



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