

## Faecal Immunochemical Test (FIT) – Primary Care roll out

### **Background**

NICE Guidance DG-30 (July 2017) states: ‘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’.

Following the York PTL on 15 October 2019 FIT testing will be available to all GP practices in the Vale of York CCG via the ICE system. Special collection packs MUST be used for FIT and these are being distributed week commencing Monday, 7 October 2019 to GP surgeries.

The existing YFCCP will be followed but with slightly different inclusion criteria recognising that we are now looking both for IBD **and for** colorectal cancer in a low risk population. NICE DG 30 states that FIT should be used ‘in people without rectal bleeding who have unexplained symptoms’. Bleeding however is common in the IBD v IBS group, so we have revised this to state that ‘isolated fresh rectal bleeding’ is pathway exclusion. For most an alternative pathway already exists for those aged <50 years, for whom this would apply. To the YFCCP is a group of patients aged ≥60years; these too will enter the research study should they consent.

### **Research**

The research study is aiming to determine the optimal transition from FC to FIT in patients presenting to primary care with bowel symptoms at low risk of colorectal cancer.

This will be done by collecting data from patients who consent to the study. The information about the study, consent form and symptom proforma will be included along with the FIT packs which will be delivered to GP practices week commencing Monday, 7 October 2019. Please note that FIT packs for multi-site surgeries will be delivered to the main branch for onward distribution to GP practices within their area.

Additional FIT packs can be ordered from your local laboratory when required.

If the patient wishes to participate in the study they should return the consent form along with their samples to the GP practice for transport to York Hospital for processing.

**What you need to do:**

**1. Request tests using ICE following the guidance below:**

- **Patient is <60 Faecal Calprotectin Care Pathway plus FIT:**
  - ❖ New onset of bowel symptoms
  - ❖ Does not fulfil cancer referral criteria (NICE NG12)
  - ❖ Not isolated fresh rectal bleeding
  - ❖ Normal baseline investigations
  - ❖ Diagnostic uncertainty

**Request an FC and FIT sample.**

- **Patient is ≥60 DG30:**
  - ❖ Does not fulfil cancer referral criteria (NICE NG12)
  - ❖ Abdominal pain or
  - ❖ Weight loss or
  - ❖ Anaemia (excluding Iron Deficiency Anaemia)

**Request a FIT sample only.**

2. Add the label from ICE to the FIT picker (this procedure may vary in each GP practice).
3. Give the patient a FIT pack. If patient is also having an FC, place a sample collection device into the envelope along with the sample request form.
4. Inform patients that information regarding a research study is also provided in the pack. Should the patient wish to consent to participate in the research they must complete the form in the pack and return to the GP Practice along with their sample(s).

5. Ensure that patients are aware that they should collect and return their samples even if they choose **not** to participate in the research study.

### **Interpretation of results**

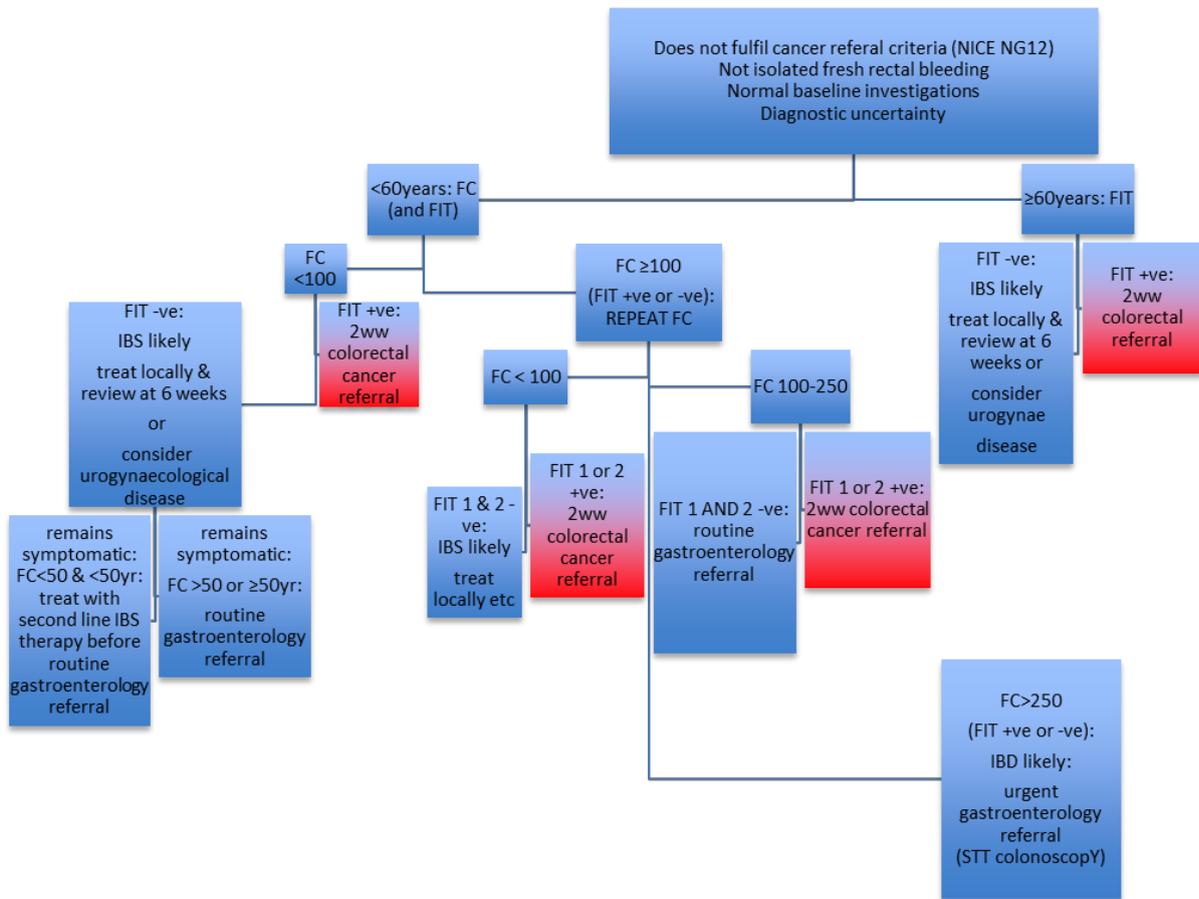
The FC and FIT results will be accompanied by a summary statement:

#### **Patient is <60 Faecal Calprotectin Care Pathway plus FIT:**

- First FC <100, FIT –ve: serious bowel disease unlikely treat as IBS and review at 6 weeks
- First FC <100, FIT +ve: suspect serious bowel disease: refer 2WW colorectal
- First FC >100: REPEAT
- Second FC <100, FIT –ve: serious bowel disease unlikely treat as IBS and review at 6 week
- Second FC <100, FIT +ve: suspect serious bowel disease: refer 2WW colorectal
- Second FC 100-250, FIT –ve: IBD possible refer routinely to gastroenterology
- Second FC 100-250, FIT +ve: suspect serious bowel disease: refer 2WW colorectal
- Second FC >250: IBD likely refer STT to gastroenterology.

#### **Patient is ≥60 DG30:**

- FIT negative: serious bowel disease unlikely treat as IBS and review at 6 weeks
- FIT positive: suspect serious bowel disease: refer 2WW colorectal



## Safety netting:

### GP surgery

- Document FC/FIT request
- Arrange follow up within 10 days
- Immediate 2WW or STT as directed
- Ensure the patient understands the need for safety netting
- Arrange 6 week follow up after instigating supportive management in FC/FIT negative patients
- Practice and Research team will monitor all FIT requests

### Patient:

- Once they have provided the stool sample they must contact the GP in 10 days so that the result and any treatment or investigation decisions can be made.

**Next steps:**

- PTL event in York on 15 October 2019 to brief GPs and practice staff on FIT rollout.
- FIT packs will be delivered to GP Practices week commencing Monday, 7 October 2019 prior to the roll out. Packs will include a FIT picker, patient instruction sheet, patient information sheet (containing information about the research, a section for consent and symptom proforma).
- FIT test has been added to the Biochemistry screen on ICE.
- GPs to ensure a process is in place to identify which patients have been given a FIT test and have not returned them.
- Training video by James Turvill will be available on VOYCCG website in due course.
- 2WW Lower GI template is being updated to include tick box for 'FIT' positive patients.