Faecal Immunochemical Test (FIT): questions and answers

1. What is the difference between the 2WW lower GI and DG30 criteria

NICE recommends referral using a suspected cancer pathway for colorectal cancer if:

- they are aged 40 or over with unexplained weight loss and abdominal pain
- they are aged 50 or over with unexplained rectal bleeding
- they are aged 50 or over with: iron-deficiency anaemia or changes to their bowel habit

A suspected cancer referral should be considered for:

- people with a rectal or abdominal mass
- adults aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:
    - abdominal pain
    - change in bowel habit
    - weight loss
    - iron-deficiency anaemia

NICE guideline (DG30) on suspected cancer also previously recommended that faecal occult blood tests should be offered to adults without rectal bleeding who:

- are aged 50 and over with abdominal pain and weight loss
- aged under 60 and have change in bowel habit or iron-deficiency anaemia
- are aged 60 or over and have anaemia without iron-deficiency

2. Is the SWL approach trying to minimise the number of referrals sent on a 2WW Lower GI Pathway?

No. the current 2WW pathway is for patients who would ordinarily be referred under the suspected cancer pathway for colorectal cancer.

3. How will the introduction of qFIT benefit GPs and patients?

Benefit for patients

- Avoid more invasive tests
- Reduce anxiety as it is most unlikely that the patient have cancer and would not benefit from an early referral for colonoscopy (for those whose qFIT test is negative)
- Earlier diagnosis of cancer (rather than waiting for up to 6 weeks as part of routine referral)

Benefit for general practitioners

- More patients with bowel cancer can be identified at an early stage
- Offers greater confidence in managing some patients with benign bowel conditions without the need for more invasive tests
- Better management of demand for referrals

4. How is the FIT test provided to patients?

FIT will be provided to patients by their GP practice.

5. How will the results of the FIT be communicated to the patient?

Results are communicated/ followed up in primary care as per the safety netting guidance or usual GP practice process.

6. How will the FIT result get back to the GP

Results will be given to the GP via the online portal Pathology Messaging Implementation Programme (PMIP), where electronic pathology results are sent from the lab to the relevant GP.

7. How the FIT result will be included in the patients local pathology record.

The result will automatically be included in the patient record once results are sent to GPs.

8. What is the turnaround time for GPs to receive results from the lab

The results will be available to GPs 48 hours after the test is received by the lab.

9. Are GP's being asked to take clinical responsibility for the FIT test and action results

Yes. GPs are asked to give the FIT test packs and the information leaflet to relevant patients, encourage patients to complete the test and return the pack within **three working days** and to action the results of the FIT test.

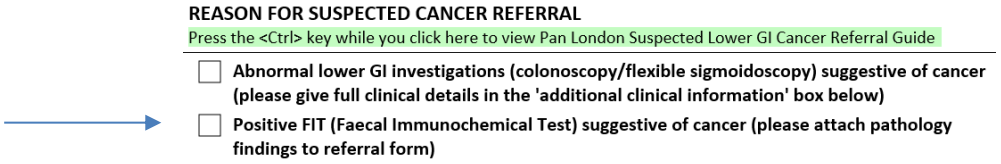
10. How will the test FIT kit get to the laboratory that will run the test?

The FIT kit will need to be returned to the GP practice by the patient within three working days. If this is not done, the GP practice, if deemed appropriate, will need to follow up with the patient as per the safety netting guidance. The GP practice must then send the specimen to SWLP via the standard transport channels (for Croydon, Kingston, Richmond, Wandsworth) and Epsom and St Helier Hospital Chemical Pathology team (for Merton and Sutton).

11. How do GP's interpret the results?

FIT Negative/normal: Negative patients have an extremely low risk both of colorectal cancer, and of high risk adenoma. Your patient therefore does not need a referral for suspected colorectal cancer, but as always you should consider seeking specialist advice if worrying symptoms persist.

FIT Positive/abnormal: Refer using 2 Week Wait Lower GI Pathway. The form has been updated to
reflect FIT results.



The following are examples of comments you can expect to receive from the pathology teams analysing the results:

For qFIT <10ug Hb/g faeces

These patients have a low risk both of colorectal cancer and of high risk adenoma. However, in patients with persisting symptoms of significant concern, specialist advice should be considered in line with local arrangements.

For qFIT ≥10ug Hb/g faeces

Further investigations are required in line with local guidelines.

12. What is the process for when a testing sample is non-viable and cannot be analysed at the lab e.g. sample not suitable, label is filled out incorrectly etc.

Notification will be sent to the requesting GP via PMIP.

13. What happens when the label on the FIT test isn't completed by the patient?

Unlabelled samples will not be processed. All information requested on the sample label must be completed. FIT sample kits will come with a form, which will ask for the key information, just in case the completed label on the sample is ineligible. Both the form and the label on the sample will need to be completed.

14. What is the turn-around time from GP receiving the results to referring the patient on 2WW if qFIT is 'abnormal' ?

Refer to safety-netting recommendations in Q.28.

15. What if the patient is due to go on holiday?

This will be based on current safety-netting processes already in place for when a patient is due to go on holiday. Refer to safety-netting recommendations in Q.28 to 'communicate to patient' the reason for the test / who will follow up on patient return and likely impact.

16. What is the impact of actioning results if the GP is part-time?

This will be based on current safety-netting processes already in place for other test results administered by part-time GPs.

17. Can a non-clinician in the practice follow up results in place of the original GP who administered the test?

This is will be based on current safety-netting processes already in place for other test results.

18. Do all practices have automatic electronic access to PMIP?

Yes. Results will be available via Sunquest Ice/ TQuest/ DART.

19. How does a GP practice order more kits from South West London Pathology

For Croydon, Kingston, Richmond and Wandsworth, additional kits can be added on the SWLP website.

Order more FIT testing kits

For Merton and Sutton, FIT testing will need to be requested via DART. Practices will need to order testing kits using the order form called 'St Helier Phlebotomy Stock Order Form incl FIT' which can be found on the document section of the website. Completed templates should then be returned to esth.phlebotomy1@nhs.net .

20. Do the kits have an expiry date?

No. The kits do not have an expiry date.

21. Can the request form/labels be generated/accessed electronically and printed out?

The request form and labels will be auto-populated from Sunquest Ice/ TQuest/DART,and can be printed off and placed inside the pack (via downloading the form from Sunquest Ice/TQuest/DART). This is to ensure that the test is still viable if the label is unreadable or incomplete by the patient.

22. Can a GP give a new kit to the patient if they misplace kit?

Yes, although the practice will need to do a regular stock take to ensure the practice has enough kits.

23. How will Locums know what the new qFIT test is and what the pathway looks like?

To provide safe and effective care, practices need to ensure that all their staff, including Locum staff, have access to accurate information that will allow them to safely manage patients.

This includes a Locum induction pack that is updated regularly with central/shared access to new guidelines and tests available and internal safety netting processes for referrals and test results.

24. What is the difference between qFIT Screening and qFIT DG30?

qFIT Screening: will automatically be offered to people who meet the eligibility age criterion (60-74 years) every two years. The threshold for determining an abnormal result is high.

qFIT symptomatic: is offered to patients who present certain symptoms (DG30 Criteria) and is administered a test by the GP. The threshold for determining an abnormal result is low.

NB A patient might test normal following screening, yet receive an abnormal result, requiring further action, when tested symptomatically.

25. Can a GP still administer a qFIT test if a patient has recently completed a qFIT screening kit?

Yes. If the patient has recently completed a qFIT screening test and the results were ‘normal’, but the patient then presents with symptoms, the GP can administer a qFIT if appropriate.

26. How will GPs record that the tests have been administered and received?

Practices' may wish to use their own tracking system to record the number of tests administered and received and follow up patients who have not completed their test. At this point in time, this will be the only method.

27. What about those for who qFIT is not suitable?

Use the same approach as for other tests administered in general practice.

28. What are the safety netting recommendations?

Safety netting is an important tool that can be used to support management of diagnostic uncertainty, helping ensure patients are re-evaluated in a timely and appropriate manner. Cancer Research UK endorsed by RCGP have created a downloadable summary in table or flowchart format to support practices.

Cancer Research UK downloadable summary

29. Which FIT sampling equipment provider will be used

OC Sensor is the provider of the FIT sampling equipment.

30. How sensitive is FIT in detecting colorectal cancer (CRC)?

There are now several published and unpublished studies examining the association between FIT and detection of CRC in symptomatic patients. Overall, studies have consistently found that a large majority of cancers are FIT positive (above designated threshold) but some cases are missed.

Nevertheless, the reported sensitivity of FIT for detecting CRC varies. Some of this will be a consequence of using different thresholds to determine a 'positive' result; other factors likely to influence this variation are differences in populations and statistical chance.

31. What about low symptomatic patients under 50? Can we use FIT for them?

Yes. The criteria does factor in all patients under 60 depending on the symptoms. Ultimately, FIT can be used if GPs clinical judgement deems it necessary for a patient to have one.

32. Will the 2ww referral pathway and forms changes to reflect the introduction of FIT?

Yes. The Lower GI form has already been updated to reflect FIT, as per the image below: