

In response to the recent survey completed by GPs across North and South West London regarding FIT usage, we have compiled a list of FIT (Faecal Immunochemical Test) **TIPS**:

1. Bowel Screening (for Non symptomatic patients) vs FIT (symptomatic patients)

All bowel screening in NW London is now undertaken using FIT. The Older FOBT has been replaced by FIT. This is the same test as used on the symptomatic pathway, but a different threshold for a positive test is used in the screening and symptomatic (suspected cancer) pathways.

- >10 Hb/g positive result for SYMPTOMATIC patients
- >120Hb/g positive result for ASYMPTOMATIC bowel screening program

This means that for a patient who has had a recent negative bowel screening FIT, but has red flag symptoms of colorectal cancer, you must request a FIT and not be falsely reassured by the negative bowel screening FIT Test result. Alternatively, if a patient has returned a recent symptomatic FIT and are due a bowel screening FIT – they can exempt themselves by contacting the Bowel screening helpline - 0800 707 60 60.

2. Develop Systems and train staff

Safety net FITs	Code and Track FIT requests/results	Training for admin / reception staff	Ensure adequate supply of FIT tests
<p>Develop local systems to safety net FITs to ensure that patients complete and return the test. Options include:</p> <ul style="list-style-type: none"> A) An accrux standard text which can also be scheduled to be sent within 3 days to remind patients to return the test - <i>search FIT in templates on Accrux.</i> B) Entering the FIT request into C the Signs, this then safety nets onto a centralised dashboard, which can be updated with the result. C the Signs will automatically code this and convert to the correct SNOMED code for the IIF. 	<p>Develop local systems to code and track FIT requests/results for symptomatic patients. Ensure results are entered and followed up when a FIT has been requested. This is part of the Investment and Impact Fund (IIF) and PCN DES requirement 2022/23.</p>	<p>Ensure Admin/Reception staff are trained to check FIT kit labelling, and ensure all request forms are sent back when the completed test is received from the patient.</p> <p>https://www.healthylondon.org/wp-content/uploads/2019/01/ENGLISH-patient-information-Leaflet-for-FIT-for-symptomatic-patients.pdf</p>	<p>Set up a system in your practice to ensure adequate supply of FIT kits. If <25 kits left it is advisable to order more. Ensure easy access to contact details for local pathology ordering service for the staff responsible or this.</p>

3. Why is a FIT result important PRIOR to referral?

If FIT result >10, a suspected Lower GI cancer (2 week wait) referral should be completed. Based on information in the referral along with the FIT result, the patient will be triaged by the Lower GI team into:

A) Straight To Test (STT) ie Flexi sigmoidoscopy/colonoscopy/CT pneumocolon

OR

B) Booked into Clinic if STT not appropriate/feasible

If a FIT result is not attached, the Lower GI team may not have all information required to decide on next steps, and this may delay the patient's pathway/possible cancer diagnosis.

4. Managing a patient with Red Flag symptoms and a FIT <10?

Depending on the clinical scenario and clinician level of concern, options include:

A) Consider referral to Non Site Specific Rapid Diagnostic Centre (NSS RDC) if worried about cancer

B) Advice and Guidance to Lower GI Team

C) Refer to appropriate tumour specific 2ww pathway if there is a concern of a particular cancer. This includes a referral to the LGI 2ww suspected cancer pathway, if you are still worried about an underlying colorectal cancer.

D) Consider and appropriately investigate benign GI pathology

E) Safety net and follow up

5. Why do I need to send a FIT if the patient has rectal bleeding?

Rectal Bleeding is not definitive of Bowel Cancer. Using FIT in patients with rectal bleeding can rule out colorectal cancer and triage patients better for endoscopic investigation - [New evidence supports using FIT in patients with rectal bleeding - RM Partners](#)

6. Patient under 40?

You may have noticed an increase in the number of young people under 40 contacting GPs with concern about bowel cancer prompted by the Dame Deborah James effect. It is important to remember that while absolute numbers of patients diagnosed with colorectal cancer under 40 remain relatively low, the incidence amongst 30-39 year olds is rising by up to 7% each year. **In a young patient with red flag symptoms please consider colorectal cancer as a possible diagnosis and request a FIT.**

7. Don't forget – FIT before referral to Rapid Diagnostic Centre (RDC)

If you are referring a patient to a NSS RDC, it is important to do a FIT to ensure that the patient is being referred on the correct pathway and does not experience diagnostic delays. **The FIT is therefore a filter function test for referral to the NSS RDC.**

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