NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS
UCLH Cancer Collaborative
The Cancer Alliance for north and east London

Quantitative Faecal Immunochemical Test (qFIT)

Frequently Asked Questions (Primary Care)

Q1. Why does colorectal cancer matter?

A. Colorectal cancer is the UK's second biggest cancer killer, but if diagnosed early enough there's more than a 90 per cent chance of successful treatment. Colonoscopy is considered to be the gold standard of colorectal cancer detection where the inner lining of the bowel is examined using a camera on a flexible tube. The procedure can be uncomfortable and carries a small risk of bleeding and perforation. Of the thousands of patients who undergo colonoscopy for symptoms of possible bowel cancer, only about 4 per cent are diagnosed with cancer, so the majority of colonoscopies are unnecessary.

Q2. What is a Quantitative Faecal Immunochemical Test (FIT)?

A. A FIT test is a very specific test for the presence of blood in the faeces. Research has shown that a negative FIT test effectively rules out bowel cancer (with 99% accuracy). Therefore, anyone presenting with colorectal symptoms warrants a FIT test, and if the test is negative they can be reassured. Of course, if they have red flag sypmtoms and clinical suspicion is very high without a postive FIT test , we would always recommend a two week wait referral in any case as no test is ever 100% accurate.

Q3. Where is the test being used?

A.

PATIENTS WITH NO BOWEL SYMPTOMS	PATIENTS WITH BOWEL SYMPTOMS
FIT for screening The FIT test is going to replace the current stool test called gFoBT test in the national bowel cancer screening programme. A positive FIT will trigger a 2ww referral.	**FIT for low risk patients** DG 30 NICE guideline recommends certain FIT tests to be adopted 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 NG12. A positive FIT will trigger a 2ww referral.
FIT for follow-up The FIT for follow up study evaluates whether FIT testing is accurate enough to replace colonoscopy surveillance.	**FIT for high risk patients** UCLH Cancer Collaborative is spearheading one of the largest observational study to evaluate the effectiveness of FIT as a rule-out test for colorectal cancer for patients who meet the suspected cancer referral pathway criteria. If successful, patients with negative FIT will not receive a 2ww referral and could avoid a colonoscopy in the future

Q4. Does a patient need a FIT test if they have already had a screening FIT?

A. Using FIT in symptomatic patients is different than using it for screening. In symptomatic patients the FIT test is used as a 'rule out' test and the test is made as sensitive as possible (>10 micrograms Hb/gram faeces) in order that the chance of missing cancer is minimised. In screening the test is used as a 'rule in' test and the test is much less sensitive (>120 micrograms Hb/gram faeces) in order to not overwhelm colonoscopy capacity. Therefore, a negative screening FIT is very different from a negative symptomatic FIT. If your patient has symptoms, don't be falsely reassured by a negative screening FIT test as there is still the potential for pathology being present.

Q5. Do I use FIT in place of guaiac Faecal Occult Blood Test (gFOBt) test for my patients?

A. FOB is a poor test for anticipating pathology in the colon and should no longer be used. If there ever was a situation where you have used gFOBt testing then FIT is a much superior alternative.

Q6. What is the difference between FIT for Screening and FIT for symptomatic?

A. see answer to Q4

Q7. Can I use FIT in place of Faecal Calprotectin test for Inflammatory Bowel Disease (IBD)?

A. No. In essence, FIT is a test for 'red cells', whilst calprotectin is a test for 'white cells'. In other words, they have very different roles. Calprotectin is an excellent test to decide between IBS and IBD but FIT has no value in this decision making process. Conversely, calprotectin is no good excluding bowel cancer as a possible diagnosis.

Q10. What are the benefits of offering a FIT in place of a colonoscopy to patients?

A. FIT is an excellent way of avoiding your patient going through the risk, inconvenience and unpleasantness of a colonoscopy. A negative FIT result in the absence of high risk features such as iron deficiency anaemia, a rectal mass, or strong clinical suspicion, effectively excludes bowel cancer.

Q11. What do I do if a FIT test is positive or negative for my patients?

A. A positive FIT result, taken together with two week wait symptoms, necessitates a two week wait referral for a colonoscopy or CT pneumocolon to exclude colorectal cancer. A negative FIT result in the absence of high risk features such as iron deficiency anaemia, a rectal mass, or strong clinical suspicion, effectively excludes bowel cancer and the patient does not require a referral. However, we would always encourage standard measures to provide safety netting for the patient, in the same way you might for a normal CA-125 or PSA.