

GP Referral rate and clinical outcome of patients according to FIT result

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Introduction

Faecal Immunochemical Tests (FIT) use specific antibodies against intact human haemoglobin and early breakdown products to quantify the amount of blood in faecal samples (f-Hb).

There is increasing and compelling evidence for the use of FIT to measure f-Hb in the triaging of patients with new bowel symptoms.

All of the published studies generally show that FIT with a low cut-off has a high clinical sensitivity for colorectal cancer (CRC). Thus a high result should trigger a rapid referral for colonoscopy or similar investigations. Conversely, a low or undetectable FIT result alone has been shown to have a very high negative predictive value for CRC and other significant bowel disease



In the NHS Tayside Board area, FIT kits (Hitachi Chemical Diagnostics Systems Co., Ltd, Tokyo, Japan, supplied by Alpha Labs Ltd, Eastleigh, Hants, UK) along with patient instruction leaflets, have been available to GP practices since 2015.

Patients are provided with a pictorial instruction leaflet and requested to return the completed FIT specimen collection device as soon as possible to the GP facility and, from there, the devices are delivered to Blood Sciences, Ninewells Hospital and Medical School, Dundee, at ambient temperature, by the routine sample collection service and, if required, stored at 4°C prior to analysis on an HM-JACKarc analyser.

GPs are recommended by local and national referral guidelines to request f-Hb to guide referral of patients with any new lower GI symptoms and to use 10 µgHb/g faeces as the cut-off decision point.

A FIT ≥400 µgHb/g warrants an urgent referral.

Aim and Method

The aim of this study was to assess referral rates and clinical outcomes of patients according to the FIT result.

Patients with a colorectal bloods request who also had a FIT result between January 2022 and January 2023 were accessed via the laboratory computer system.

The patient's Community Health Index number was used to look them up on Clinical Portal, the NHS Tayside electronic reports system.

From there, the Clinical Portal Communications record was accessed for each patient looking for a GP referral to Gastroenterology around the time of the FIT results.

If a referral had been made, the outcome of this referral was accessed along with the results of any further investigation, usually a colonoscopy.

Results

The number of individual patients with both colorectal bloods and FIT result was 3993.

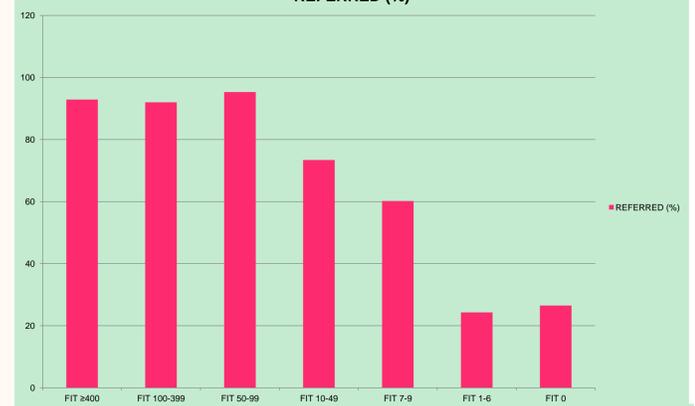
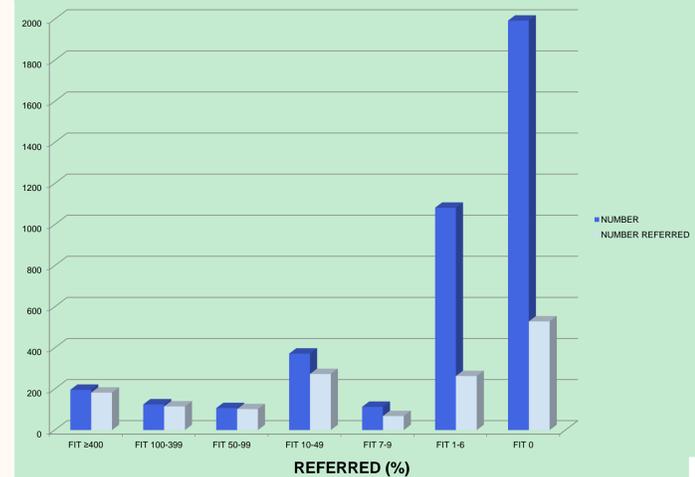
Of these:

- 196 patients had a FIT ≥400 µgHb/g and 182 were referred (92.9%)
- 125 had a FIT 100-399 µgHb/g and 115 (92.0%) referred,
- 107 had a FIT 50-99 µgHb/g, 102 (95.3%) referred
- 372 had a FIT 10-49 µgHb/g, 273 (73.4%) referred
- 3193 had a FIT <10 µgHb/g, 860 (24.8%) referred.

In summary 78.4% of patients with FIT 10-≥400 µgHb/g and 24.8 of patients with a FIT <10 µgHb/g were referred.

In the group of patients with FIT 10->400 µgHb/g, 6.5% had CRC or high risk adenoma and 4.8% had Inflammatory Bowel Disease, whilst only 0.4% (3 patients) with FIT <10 µgHb/g had cancer/HRA and no IBD was detected

Results



Conclusions

Almost 25% of patients with a FIT <10 µgHb/g were referred and had further investigation.

In contrast only 78.4% of patients with a FIT result that should warrant a referral (≥10 µgHb/g) were referred.

Of those with a FIT <10 who had further investigations, a very small number had evidence of CRC – in all 3, this was secondary to another pathology and not due to a Primary CRC and no cases of IBD were detected.

Information and guidance should be issued to local GPs to further improve referral rates according to FIT results.