

# Faecal Immunochemical Test (FIT) for colorectal Urgent Suspected Cancer Referrals - information and future action for GPs

### Dear colleague,

### You have sent in a colorectal Urgent Suspected Cancer Referral without including a Faecal Immunochemical Test (FIT) result.

### We have received a referral for your patient, without an appended FIT result where it would have been useful to assist with referral triage. In line with guidance, we kindly ask that all future colorectal Urgent Suspected Cancer referrals, where required, are accompanied with a FIT result, to avoid potential delays in the patient’s diagnostic pathway.

### The FIT result will be used by the secondary care team to select the most appropriate colorectal investigations (see attached pathway for reference). This has been useful to help with the backlog of referrals and this approach is recommended by the National Cancer Team, the British Society of Gastroenterology, Thames Valley Cancer Alliance, and Surrey and Sussex Cancer Alliance.

### The use of FIT to guide referral and investigation is supported by multiple research studies showing that the sensitivity and specificity of FIT in symptomatic patients is far greater than symptoms alone. (1)

# Use of FIT as predictive tool on Urgent Suspected Cancer Referral pathway (2)

| **qFIT cut-off** | **+ve result** | **NSS** | **Sensitivity for CRC** | **PPV for CRC** | **NPV for CRC** |
| --- | --- | --- | --- | --- | --- |
| **2 μg/g** | 37% | 11 | 97% | 9% | 99.8% |
| **7 μg/g** | 11% | 11 | 91.4% | 8.74% | 99.9% |
| **10 μg/g** | 19% | 6 | 91% | 16% | **99.6%** |
| **150 μg/g** | 8% | 3 | 71% | 31% | 98.9% |

### Furthermore, it is recommended that patients with symptoms of colorectal cancer outside of the exceptions described below should have had a FIT test as part of their assessment in primary care and result noted within the referral. Currently, the exceptions are:

### an abdominal, rectal, or anal mass, or anal ulceration

### a palpable abdominal mass

### rectal bleeding

### obstructive symptoms

### Where GPs remain concerned about patients with abdominal symptoms and a negative FIT, patients may still be directed via the colorectal Urgent Suspected Cancer Referral pathway. Alternatively, patients may be considered for alternative investigation of upper GI and non-GI abdominal pathology, and safety-netting processes should be in place to ensure patients proceed onto alternative pathways if symptoms persist e.g. vague symptoms/non-site Specific/SCAN/MDC pathway, Gynaecology etc or seek advice and guidance on next steps in the management of the patient.

### The requirement for a referral to be accompanied with a FIT result will also be incentivised through the Investment and Impact Fund in 2022/23. Further information about the incentive can be found in the GP contract for 22/2023 and in the PCN DES for 2022/23.

### If there are any further clarifications required, please contact: [endoscopy2weekwait@oxnet.nhs.net](mailto:endoscopy2weekwait@oxnet.nhs.net)

# References

1. Pin-Vieto N et al. Gut 2021; 0:1 – 11. Doi:10.1135/gutjnl-2021-324856
2. D’Souza N et al. Gut 2021; 70:1130 – 1138. Doi:10.1136/gutjnl-2020-321956