FIT for Colorectal cancer

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NICE guideline NG12 and DG30 recommend the use of quantitative Faecal Immunochemical Testing (FIT) for appropriate patient groups in primary care to guide referral for suspected colorectal cancer.

Aim: To determine if Faecal Immunochemical Testing (FIT) aids diagnosis of colorectal cancer (CRC) in primary care.

Methods: FIT results from 08/10/18 to 30/10/19 were extracted from our pathology database. Medical records of those with a positive result (≥10 µg/g Hb in stool, cut off NICE DG30 for OC-sensor assay; upper limit of assay > 200) were studied to determine a diagnosis (imaging and histology (where applicable)).

Results: A total of 2093 FIT requests were received, of which 313 (15.4%) were positive. 213 of these patients had further investigations 93% colonoscopy; 7% had sigmoidoscopy, CT colonography or CT scan. CRC was histologically proven in 17 patients (5%) and these patients had a higher median FIT concentration compared to those without CRC (n=296 (95%), median: 200 µg/g Hb and 34.5 µg/g Hb, respectively; p<0.01 [Kruskal Wallis]). Two-thirds of CRC patients had a FIT result >200 µg/g Hb (top limit of assay), compared to only 20% of patients without CRC.

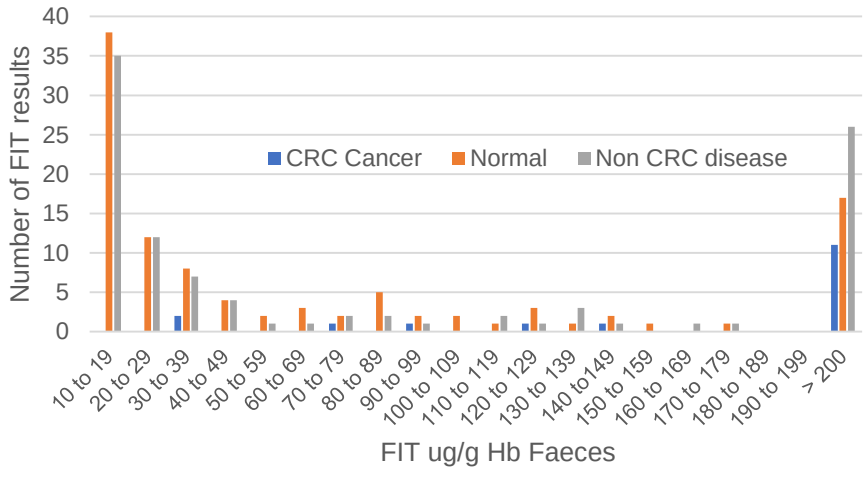
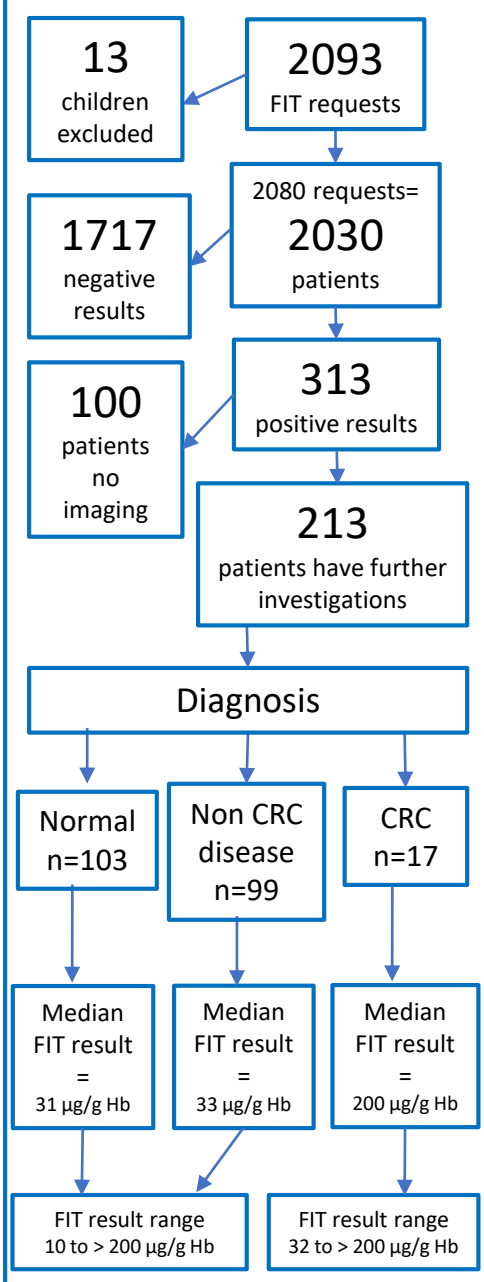


Figure 1. Frequency of FIT concentrations ≥10 µg/g Hb (n=213) in patients with further investigations classified by diagnosis.



Flow chart of FIT results (n=2093) ≥10 µg/g Hb including exclusions; final diagnosis; median and range of FIT results

Summary: Although a higher percentage of the CRC patients had a FIT result > 200 µg/g Hb compared to those without CRC, there was substantial overlap between the two groups. Thus supporting the need for referral and investigation for all patients with FIT ≥10 µg/g Hb as per NICE guidelines. In this study 5% of patients with FIT ≥10 µg/g Hb were diagnosed with CRC.

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