Effect of the COVID-19 Pandemic on Faecal Immunochemical (FIT) Testing in the SWAG Cancer Alliance

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Introduction

Severn Pathology provided a FIT service to improve the early detection of colorectal cancer in low risk patients in the SWAG (Somerset, Wiltshire, Avon and Gloucester) Cancer Alliance area. The COVID pandemic significantly affected this service.

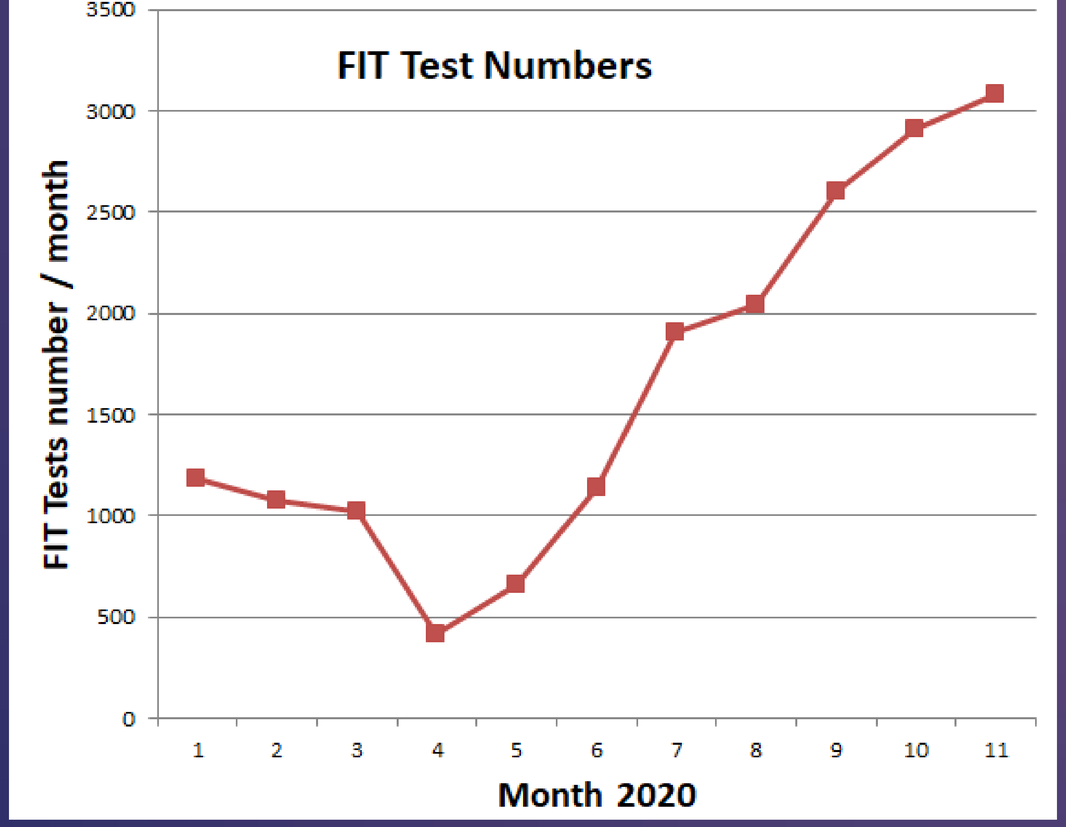
Indications for FIT Testing

Pre-COVID indications were restricted to low risk patients. The lack of endoscopy capacity meant indications were expanded to include younger and high risk patients normally referred on a 2WW pathway.

Pre-COVID Criteria
Aged 50-60 with: changes in bowel habit or iron deficiency anaemia
Aged over 50 with: unexplained abdominal pain or weight loss
Aged 60 or over and have anaemia without iron deficiency
COVID Criteria
Age over 40 with: Weight loss, abdominal pain, change in bowel habit
Iron deficiency anaemia aged below 60 and non-iron deficiency anaemia aged over 60
Aged over 18 with change in bowel habit or other symptoms that could be caused by colorectal cancer but are low risk

This also required a form redesign and adaptation of IT systems to collect the new criteria.

Changes in Work Load



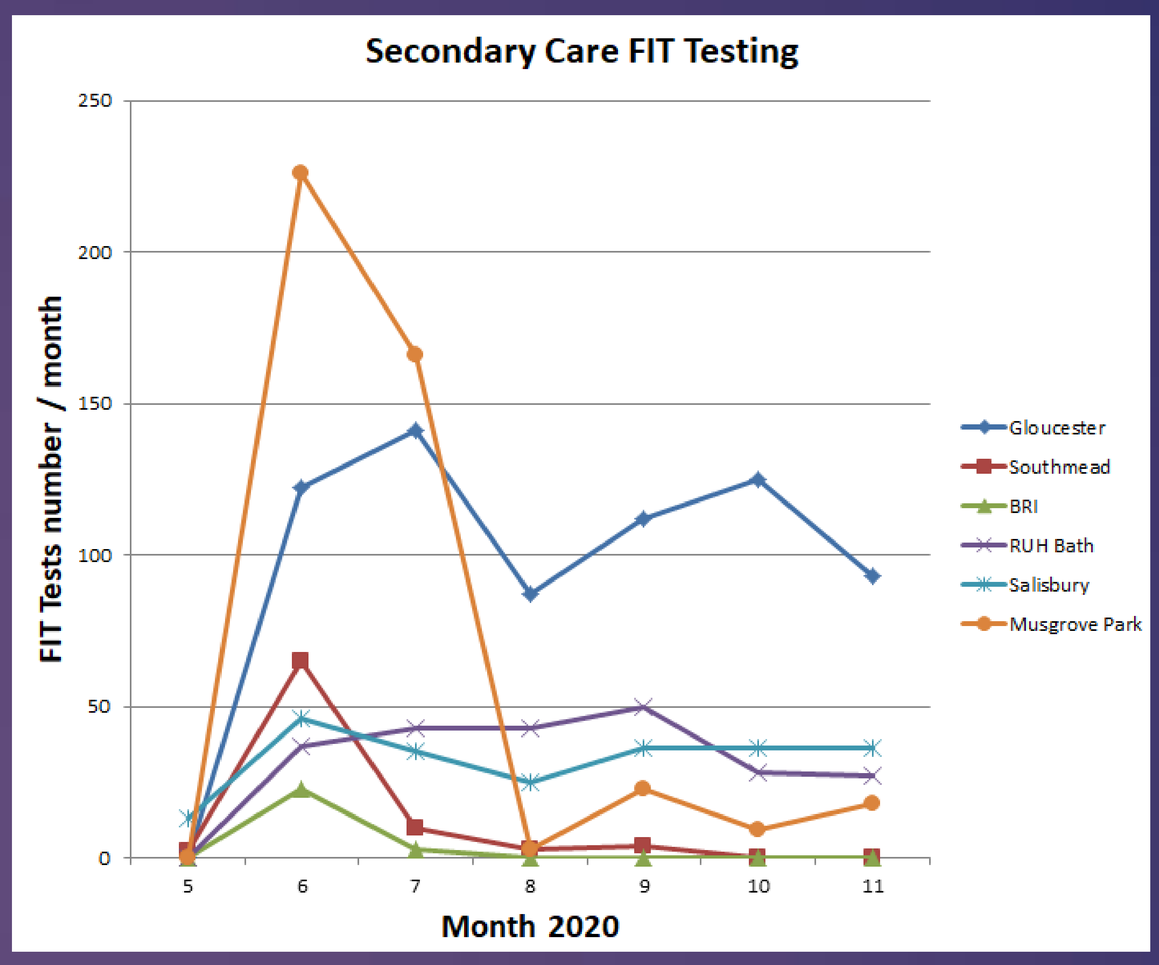
Initially work load decreased as patients did not attend their GP practices reaching its lowest in April. This was followed by a rapid increase reflecting a catch up and expanded criteria to three times pre-COVID levels.

This put considerable pressure on sample reception when staff numbers were reduced and social distancing was required.
Logistics, supply chain management and pack distribution also became a significant pressure.

Service Delivery Model

Service delivery model was previously based on direct distribution of FIT packs to GP practices with samples being posted to the laboratory. Changing workflows resulted in multiple customisations of the sample return process for individual hospitals and CCGs. The Post Office also mandated a change to tracked postage doubling the sample return cost.

Secondary Care Testing



Testing was expanded to secondary care to risk stratify patients on the waiting list. Uptake was variable and in future this work will be undertaken in primary care.

	GP			Hospital Requests			Total		
Age	Total	+ve	% +ve	total	+ve	% +ve	total	+ve	% +ve
20-29	48	7	15%	11	4	36%	59	11	19%
30-39	137	17	12%	39	11	28%	176	28	16%
40-49	510	59	12%	122	20	16%	632	79	12%
50-59	2984	350	13%	217	39	18%	3201	389	12%
60-69	2793	411	15%	460	73	16%	3253	484	15%
70-79	3382	669	20%	605	115	19%	3987	784	20%
80-89	1912	505	26%	186	51	27%	2098	556	26%
90-99	279	102	36%	14	3	21%	293	105	36%
100+	6	2	33%	0	0	0	6	2	33%
Total	12051	2122	18%	1654	316	19%	13705	2438	18%

Analysis showed that 6% of FIT tests were undertaken in patients previously excluded on age grounds (<50 y). Over all the rate of positive FIT tests has not changed and is very similar in primary and secondary care suggesting patients considered low risk may actually have a similar risk to patients previously referred on a 2WW pathway.
Expanded FIT testing is likely to remain in place and is predicted to reduce endoscopy numbers.

Acknowledgements

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