

Introduction of Faecal Immunochemical (FIT) Testing in the SWAG and Peninsula Cancer Alliance Area



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Introduction

Severn Pathology and the Exeter Clinical Laboratory responded to an invitation by the Cancer Alliances to provide a FIT service to improve the early detection of colorectal cancer in low risk patients the South West.

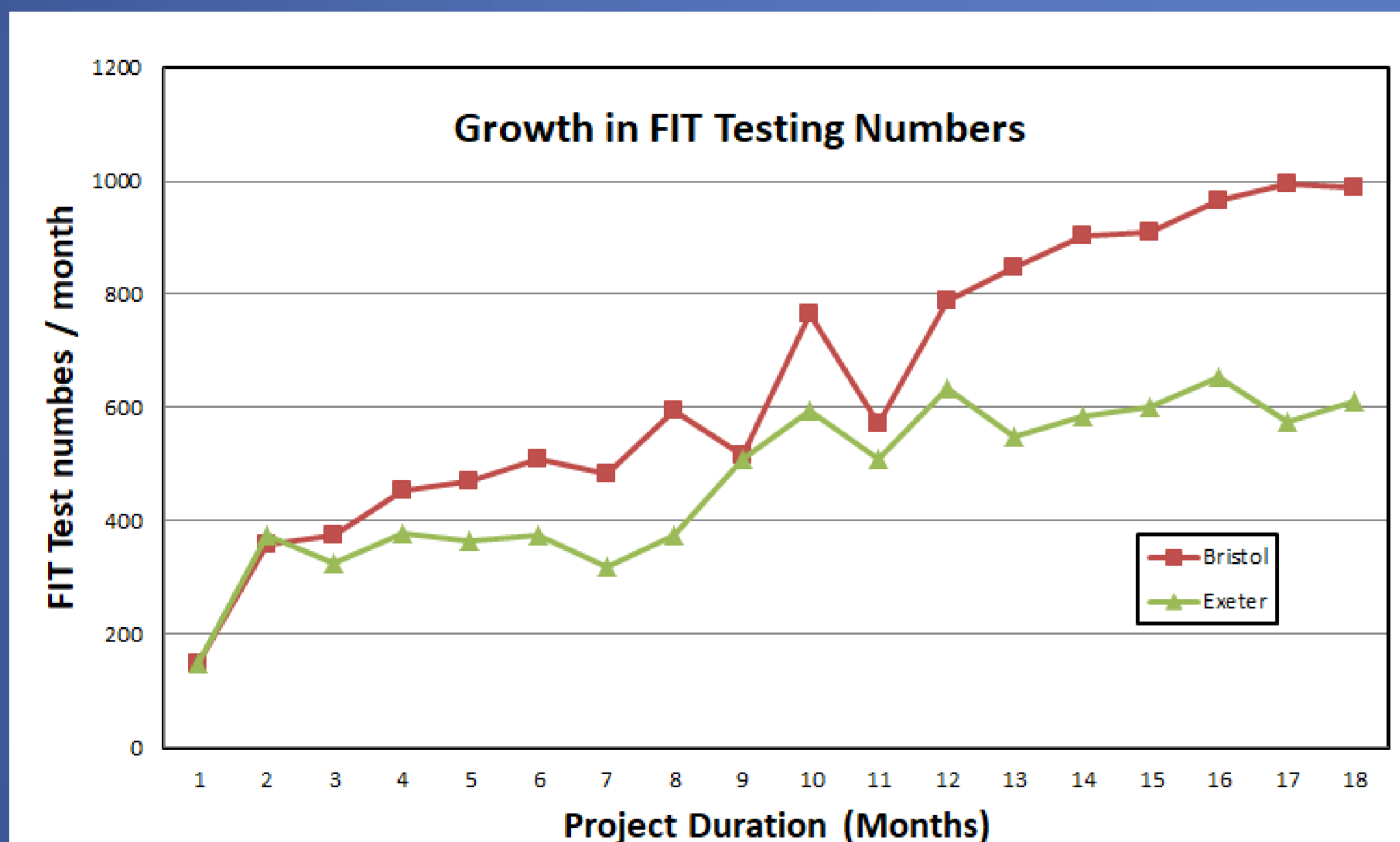
Service Delivery

Service delivery model was based on direct distribution of FIT packs to GP practices with samples being posted to the lab and results reported directly to the GP.



Collection device
Form/Instructions
Return envelope

Work Load Growth



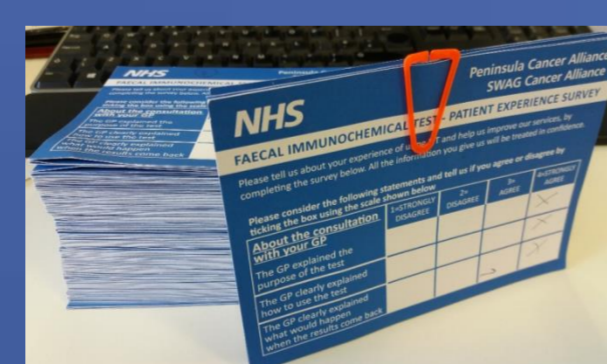
Testing increased for the duration of the project driven by the laboratories, local cancer managers, CRUK and the project board.

Approximately 2% samples were rejected for various reasons including failure to use the collection device.



Patient Feedback

Patient feedback was collated from 417 returned response cards.



About the consultation with your GP		
	Disagree	Agree
The GP explained the purpose of the test	8% (33)	92% (363)
The GP clearly explained how to use the test	15% (61)	85% (333)
The GP clearly explained what would happen when the results come back	17% (66)	83% (320)
Using the FIT KIT		
	Disagree	Agree
I understood the test instructions	5% (18)	95% (378)
I found it easy to collect my sample	11% (42)	89% (353)
I knew what to do with my sample afterwards	4% (17)	96% (373)

Feedback was very positive although a minority of patients struggled to collect the sample.

Indications for FIT Testing

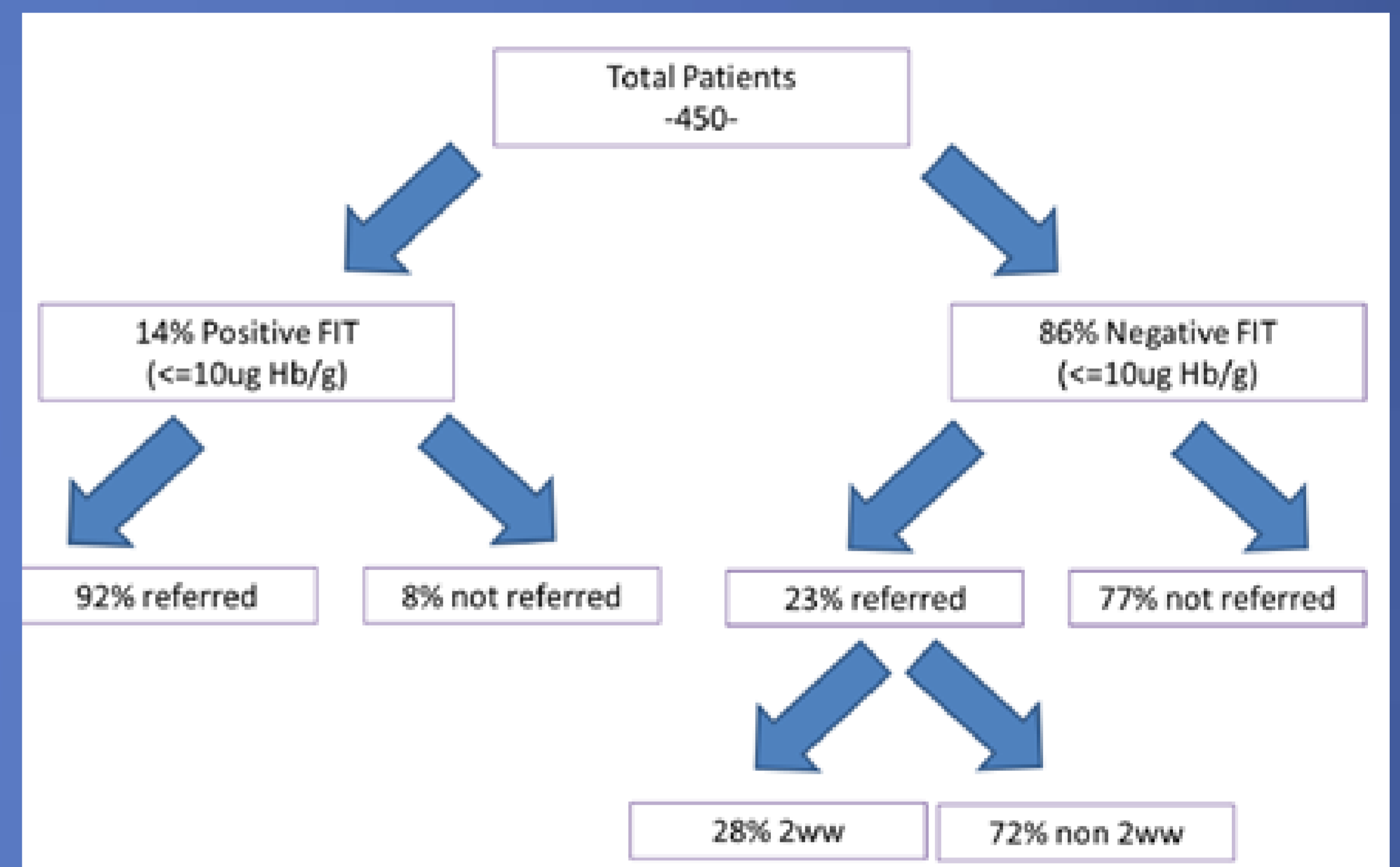
Indication for FIT testing were collected against NICE DG30 criteria.

NICE DG-30 criteria	Bristol	Exeter
Aged 50-60 with: changes in bowel habit or iron deficiency anaemia	32%	26%
Aged over 50 with: unexplained abdominal pain or weight loss	47%	53%
Aged 60 or over and have anaemia without iron deficiency	21%	21%

The most common indication on both sites was “aged over 50 with: unexplained abdominal pain or weight loss”.

GP Management of Patients

450 patients were followed up with the majority of positive patients being referred. 23% of FIT negative patients were still referred; this may reflect on-going symptoms or uncertainty of the negative predictive value.



FIT Test Diagnostic Performance

Approximately 15% of FIT tests were positive. In a sample of 1106 positive patients 88 cancers were detected = 8% (95% confidence intervals 6.5-9.8). This exceeds the 3% risk threshold set by NICE for urgent investigation. 57% of patients were diagnosed at an early stage compared with pre-FIT levels of 44-48%. 3272 patients who tested negative were followed up for at least 12 months, 324 were referred on a lower GI pathway. Outcome data showed a negative predictive value for FIT test of 99.8% (95% confidence intervals 99.5-99.9%).

Economic Analysis

FIT testing was shown produce significant financial savings as a result of reduced costs resulting from early diagnosis and reductions in referral of FIT negative patients to outpatients and endoscopy.

Acknowledgements

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