

An audit of Faecal Immunochemical Tests (FIT) in a group of primary care symptomatic patients at the Luton and Dunstable University Hospital NHS Foundation Trust.

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Background

Colorectal cancer is a common cancer in the UK. Incidence rates for these cancers are higher in elderly population. Life expectancy of a patient with colorectal cancer mainly depends on the stage of malignancy at the time of diagnosis.

In addition to red flag symptoms (bleeding per rectum), colorectal cancers often present with vague symptoms including abdominal pain, weight loss, altered bowel habits, anaemia and blood in stools (non visible). According to NICE DG30 people with vague symptoms in primary care should have a baseline test prior to referral and further investigation, eg: colonoscopy (gold standard investigation) FIT is a type of screening test, which is used to detect small amount of blood in stool samples. It consists of antibodies specific to globulin component of human haemoglobin. Therefore FIT can give more accurate test results for lower gastrointestinal (LGI) bleeding compared to guaiac-based faecal occult blood test.

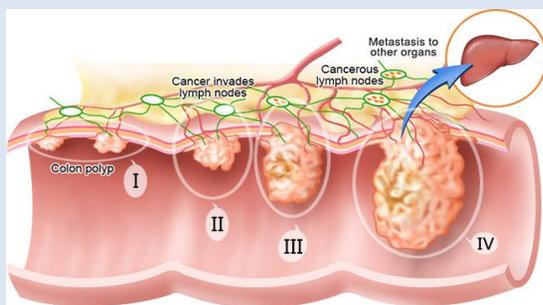


Fig.1 Stages of colorectal cancer

Aim

To audit the use of FIT testing at the Luton and Dunstable University Hospital NHS Foundation Trust against NICE DG30 and local guidelines.

Method

All FIT results reported from the OC Sensor iO analyser over a 6 month period were extracted. Information from hospital IT systems (Winpath, Sunquest ICE and Evolve), including requests, referral letters and test results were used. Data analysis was done using Excel spreadsheet to determine: the number of FIT requests; appropriateness of requests; number of positive results; number of patients referred via 2 week wait (2WW) pathway; number of colorectal cancer diagnoses and the number of colonoscopies.

Results

From 01/10/2018 to 31/03/2019 there were total of 255 samples for FIT testing (Female 55%).

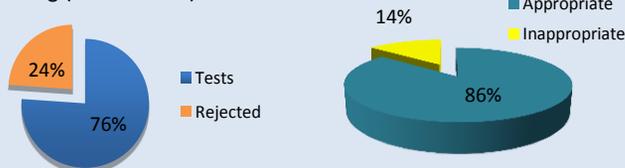


Fig. 2 ? Suitable sample.

Fig. 3 How many requests were appropriate according to NICE DG30.

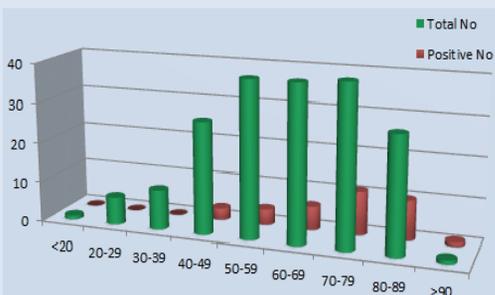


Fig.4 Distribution of number of requests and number of +ve FIT results according to the different age groups.

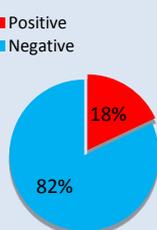


Fig.5 Percentage of +ve FIT results out of total number of 194 tests.

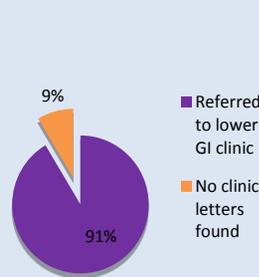


Fig.6 How many patients with +ve FIT results referred to LGI clinic

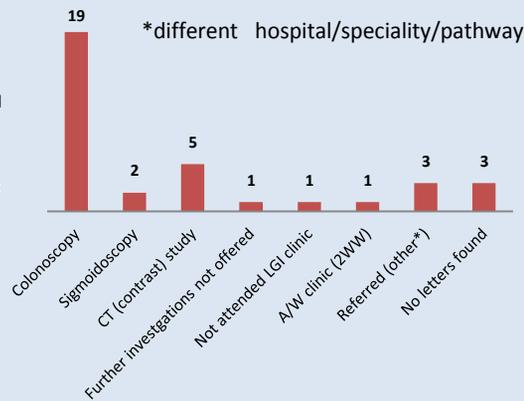


Fig.7 Outcome of the patients with +ve FIT results.

Of the 21 patients who underwent an endoscopic procedure, biopsy was taken in 14, disseminated malignancy was detected in 1 patient.

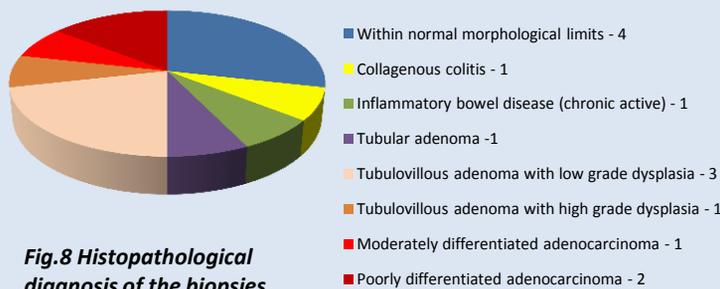


Fig.8 Histopathological diagnosis of the biopsies

Of the 159 patients with negative FIT result, 11(7%) patients were referred to the LGI clinic either under 2ww pathway or routine.

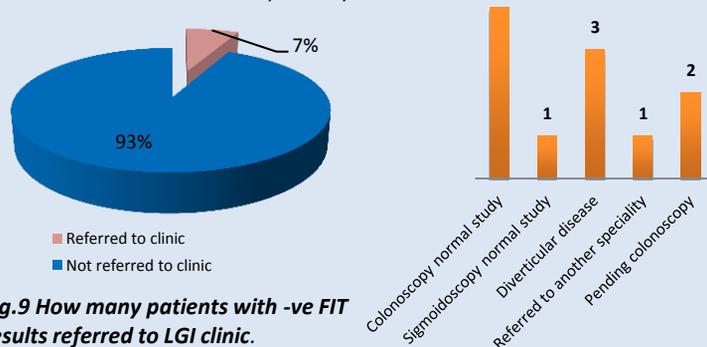


Fig.9 How many patients with -ve FIT results referred to LGI clinic.

Fig.10 Colonoscopy findings of referred patients.

Cost analysis

Cost of FIT to date:
Capital (one-off) £19K
Revenue = £3.4K

Potential savings:
OPD referral = £30.5K
Endoscopy = £66K

Capital costs were for project implementation.

Conclusions

The audit showed most (86%) of the testing was appropriate and currently high negative rate. 7% of patients with negative result are progressing into secondary care – no cancer or pre-cancer diagnoses. The majority (91%) of the patients with positive results (n=35) were referred to the lower gastrointestinal clinic under the 2 WW pathway in accordance with the guidelines. Of the 21 patients proceeding to endoscopy, 8 (38%) have a pre-cancer (5) or cancer diagnosis (3). Potential savings are significant.

FIT in local practice appears to be:
Accurately risk stratifying patients
Detecting early stage cancers
Avoiding referral / further investigations for 80% patients

Poster presented at ACB Focus, Glasgow, May-2019.