



Quantitative Faecal Immunochemical Test (qFIT)

Bowel cancer is the fourth most common cancer in the UK but too often colorectal cancer is detected at a late stage making it the second most common cause of cancer death in the UK. Survival rates are greatly improved with early diagnosis. The risk of bowel cancer rises steeply from around the age of 50–54 years.

qFIT is not a test for cancer. qFIT testing uses specific antibodies against human haemoglobin and quantifies the amount of blood in stool without dietary restriction. Sample collection kits are easy to use. Only one sample is required. If blood is detected, the patient will require follow-up tests to determine the reason for the presence of blood in the stool.

qFIT can be used as a primary screening test aimed at individuals without symptoms, or as a test to guide the management of individuals who present with symptoms. The sample collection process is the same for both but the difference between asymptomatic and symptomatic is the threshold for abnormal results.

SCREENING

80 μ /g

The threshold for determining an abnormal result is set at 80 μ gHb/g with screening

SYMPTOMATIC

10 μ /g

The threshold for determining an abnormal result is lower at 10 μ gHb/g in symptomatic patients

All results at, or above, 10 μ gHb/g will be flagged with an additional comment for asymptomatic screening.

Results that are < 10 μ gHb/g should be considered as negative in both patient groups and colorectal cancer is unlikely. For symptomatic patients the causes of their symptoms should be investigated further.

Results that are above the threshold (dependent on patient category) should be considered 'positive', and may warrant further investigation and possible referral, or be managed at the clinician's discretion in line with patient history and clinical presentation.

- qFIT has the potential to detect twice as many cancers and four times as many advanced polyps than the current test.
- qFIT measures the amount of blood present in stool while laboratory testing to date has only identified presence of blood.
- qFIT is an adjunct to clinical assessment – as a test it has an excellent negative predictive value.
- High faecal Hb results may be found in patients with less significant bowel disease (e.g. haemorrhoids, simple diverticular disease) which means that the PPV is not optimal.

The NEW qFIT sample collection packs will be supplied by TDL as standard with effect from September 2019 and will replace the Actim test. Actim samples received in the laboratory will still be processed and reported, but will not include the quantitative result that the qFIT test now provides.

For further information, please contact:

Annette Wilkinson, The Doctors Laboratory, The Halo Building, 1 Mabledon Place, London WC1H 9AX
Tel: +44 (0)20 7307 7373 E-mail: tdl@tdlpathology.com Website: www.tdlpathology.com

The Doctors Laboratory Ltd. Registered office: The Halo Building, 1 Mabledon Place, London WC1H 9AX. Registered in England No. 2201998.

KEY THINGS TO KNOW ABOUT FIT

The **Faecal Immunochemical Test (FIT)** is a type of faecal occult blood test used to detect traces of human blood in stool samples. FIT can be used:

- as the primary test in the NHS Bowel Cancer Screening Programme (BCSP), aimed at individuals without symptoms (**phased screening implementation due to start late 2018**).
- as a test to guide the management of individuals who present with symptoms (**symptomatic**)

There are **significant differences** between each use of FIT which are important for health professionals to be aware of. This includes the threshold for all abnormal results; e.g, a patient might test normal following screening, yet receive an abnormal result, requiring further action, when tested symptomatically.

SCREENING

1. FIT will automatically be offered to people who meet the eligible age criterion*
2. The kit is sent to eligible individuals in the post
3. The completed kit is returned by post to the screening hub
4. The threshold for determining an abnormal result is high
5. GPs are informed of all results (normal/abnormal) and can receive these electronically
- 6a. Those with an abnormal result are invited to a colonoscopy pre-assessment appointment
- b. Those with a normal result will be eligible for future screening every two years
- c. If the screening test is normal yet colorectal symptoms develop, GPs should consider the FIT symptomatic pathway

SYMPTOMATIC

1. FIT is offered to people who have certain symptoms (NICE DG30 criteria)
2. The kit is given out by the GP, or sent to the patient by the lab once a GP has requested a kit
3. The completed kit is returned to the GP or directly to the lab
4. The threshold for determining an abnormal result is low
5. GPs will be given a result (normal/abnormal) and this may also include a numeric value
- 6a. Those with an abnormal result are not automatically referred – GPs need to send them on a 2WW
- b. Those with a normal result may still warrant routine referral or further investigation
- c. Those with a normal result may still have cancer – primary care clinicians should be vigilant for ongoing, changing or worsening symptoms

*In England the BCSP currently invites all people between the ages of 60-74 years every two years

October 2018

cruk.org/bowelscreeninghub
Together we will beat cancer

