

# Faecal Immunochemical Testing (FIT) for Suspected Lower GI Cancer Referrals

- FIT results should support referral decision making for suspected LGI cancer in general practice
- Where made, all suspected LGI cancer referrals should include a FIT value, this is a core NHS priority<sup>1</sup> and is reflected in the PCN DES and Impact & Investment Fund (IIF) Payments to Primary Care<sup>2</sup>
- Unexplained anal/rectal mass or anal ulceration should be referred regardless of FIT.
- Upon referral, FIT results are used to clinically triage patients and select appropriate diagnostic tests.
- Availability of FIT on suspected LGI referrals can significantly improve the time to test and diagnosis
- FIT specific kits should be given to the patient, with clear instructions on how to complete the sample

## What is FIT?

FIT (Faecal Immunochemical Test) is a stool test designed to identify possible signs of bowel disease. It detects minute amounts of human blood in faeces.

**80-95%**

The proportion of suspected LGI referrals it is estimated should include a numerical FIT value

## How does it help when making a referral?

A patient with abdominal symptoms and FIT < 10 has a 99.6% chance of NOT having colorectal cancer<sup>3</sup>. A patient with a FIT of > 150 has a 1 in 3 chance of having bowel cancer<sup>3</sup>. Having the result included/available with the referral is therefore essential to helping clinically triage an individual patient's risk of bowel cancer. This will ensure they receive the most clinically appropriate investigation in the shortest time possible.

## When should I do a FIT and what should I do once the result is back?

<b>ALL referrals for suspected lower GI cancer must now have a numerical FIT result.</b>	
<i>Except, in cases of unexplained anal/rectal mass, or anal ulceration who can be referred regardless of FIT.</i>	
<b>Upon receipt of the result of the FIT test, please take the appropriate action below:</b>	
<b>FIT ≥10µg/g</b> <b>FIT Positive</b>	Refer on 2WW Pathway
<b>FIT &lt;10µg/g</b> <b>FIT Negative</b>	Consider one of the following: 1) Safety netting and review at 4-6 weeks to consider need for referral; 2) Consider an alternative 2WW pathway that may be more appropriate for the patients symptoms e.g. upper GI, urological, gynaecological or to Rapid Diagnostic Centre (RDC); 3) Seeking advice from a specialist via Advice & Guidance or a similar service; 4) Refer on LGI 2WW pathway but with <u>FULL</u> clinical information included. <i>FIT test &lt;10 µg/g indicates that there is 99.6% chance that the patient <u>does not</u> have colorectal cancer</i>

Consider FIT in younger patients (20-39 years) to assess risk of Early Age Onset Colorectal Cancer (EAOCR)<sup>4</sup>

## What about patients presenting with active rectal bleeding?

This is a very common question. Yes, FIT should still be used in patients presenting with active rectal bleeding (where benign causes have been ruled out e.g. haemorrhoids) or with frank blood in their stool. The FIT result is so useful as it is able to quantify the *amount* of human blood in the stool. Evidence has shown how this directly correlates to the risk of a bowel cancer diagnosis, even in patients with a presenting history of rectal bleeding<sup>3</sup>.

Thank you.

### Further Resources

[FIT Patient Info Leaflet](#)  
[FIT Admin Pathway](#)  
[FIT London GP FAQ](#)

<sup>1</sup> NHS 2022/23 Priorities and Operating Planning Guidance

<sup>2</sup> General practice contract arrangements in 2022/23

<sup>3</sup> Faecal immunochemical test is superior to symptoms in predicting pathology in patients with suspected colorectal cancer symptoms referred on a 2WW pathway: a diagnostic accuracy study | Gut (bmj.com)

<sup>4</sup> Never Too Young | Bowel Cancer UK