NHS
Kent and Medway Cancer Alliance

qFIT Test for Low Risk Bowel Cancer Symptoms

SLIDO: # 69084

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Thursday 10th December 2020

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TODAY

- **Slight delay with launch date due to supply. We are now hoping for the 17th of December and official communication will come via the CCG and the LMC as soon as the date is confirmed.**
- Over view of bowel cancer
- Referring someone on a colorectal suspected cancer pathway
- The qFIT Test
- When to use the qFIT Test
- How to use the qFIT Test
- Questions

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- Diagnosing bowel cancer early makes a huge difference to survival.
- Early symptoms can be very vague and hard to pick up.
- qFIT testing may help detect colorectal cancer in patients classed as “low risk” but not “no risk”

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Bowel Cancer

- Bowel cancer is the **4th** most common cancer in the UK
- **42,317** new cases 2015-2017 UK
- **11%** of new cancer cases
- **44%** of bowel cancer cases in UK females
- **56%** of bowel cancer cases in UK males
- 2015-17 **44%** cases over **75s**

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Never too young …

- Never too young is a campaign to stop people under the age of 50 dying from bowel cancer

- 2,500 younger people diagnosed with bowel cancer each year

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Bowel cancer risk factors

- Poor diet
- Obesity
- Being less active
- Smoking
- Alcohol
- Age
- Family history
- Ulcerative colitis and crohn’s disease
- Previous bowel cancer
- Diabetes, Gallstones, Acromegaly
- Benign polyps in the bowel
- Radiation
- Infections- H. Pylori

https://www.cancerresearchuk.org/about-cancer/bowel-cancer/risks-causes

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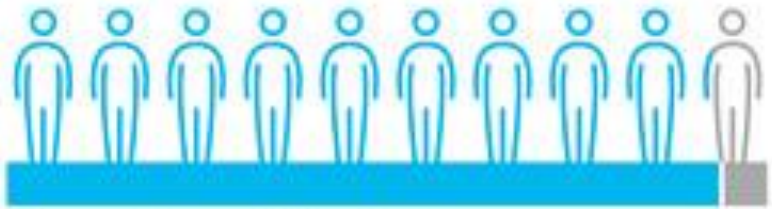
Bowel cancer survival by stage at diagnosis

Proportion of people surviving their cancer for five years or more

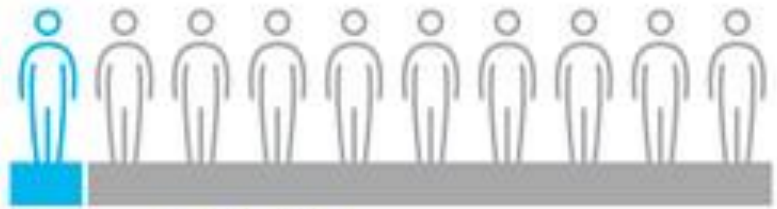
Diagnosed at earliest stage



More than 9 in 10

Bowel

Diagnosed at latest stage



Around 1 in 10

Earliest stage = stage 1; latest stage = stage 4.
Data is age-standardised net survival for adults (aged 15 to 99 years) in England in 2012-2016 followed up to 2017.
Source: Cancer survival in England, ONS/PHE, 2019.

cruk.org

Together we will beat cancer

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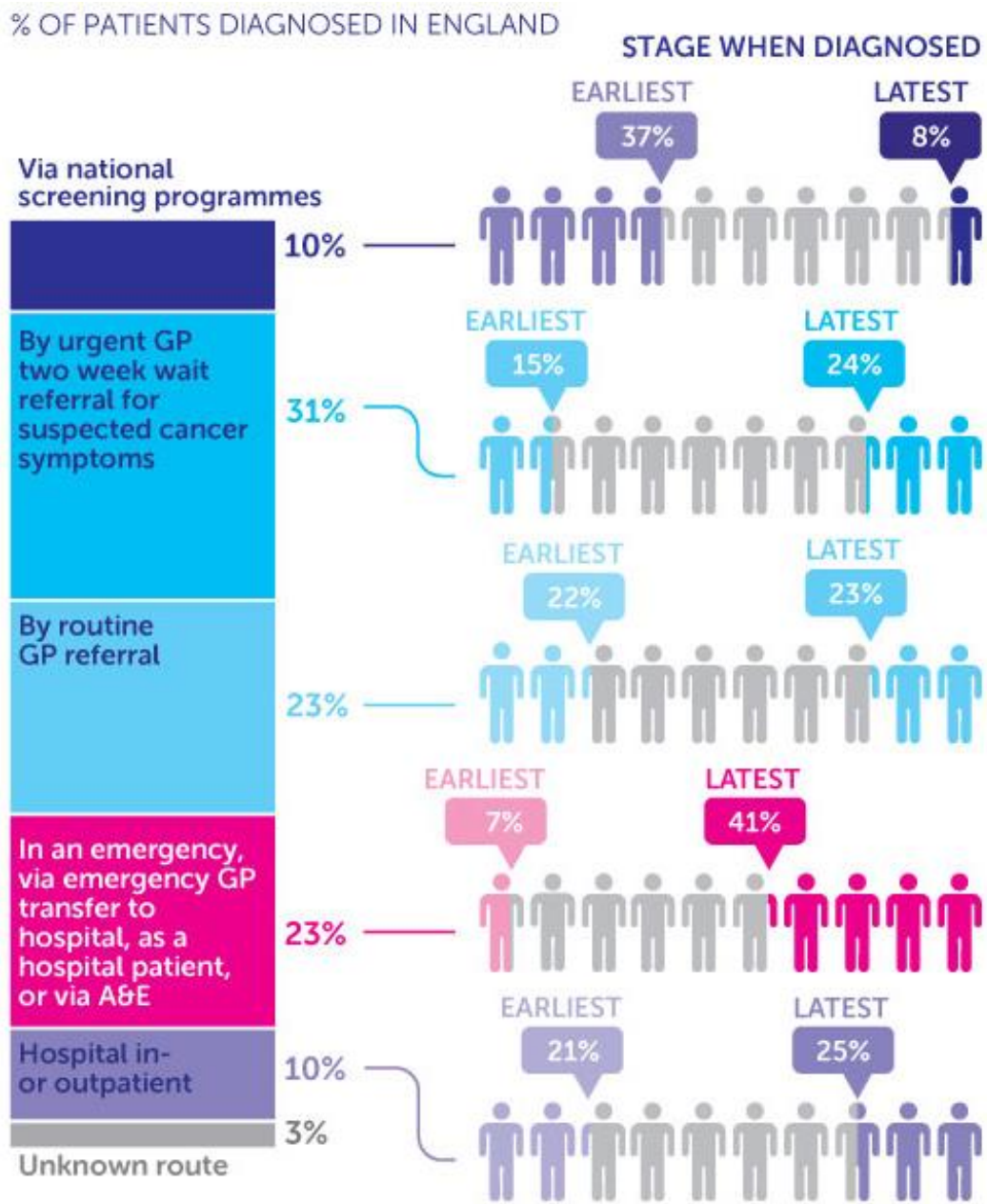
HOW AND WHEN BOWEL CANCER PATIENTS ARE DIAGNOSED



Source: Public Health England, data for England 2014-2015
For this infographic, EARLIEST = Stage 1, LATEST = Stage 4

LET'S BEAT CANCER SOONER
cruk.org

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Lower GI tract Suspected Cancer (NG12)

Refer:

- 40 and over with unexplained weight loss and abdominal pain
  OR
- 50 and over with unexplained rectal bleeding OR
- 60 and over with iron deficiency anaemia or changes in bowel habit OR
- qFIT positive ≥ 10 mcg Hb/g faeces

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Lower GI tract Suspected Cancer (NG12)

Consider referral:

- Rectal or abdominal mass
- Under 50 with rectal bleeding AND abdominal pain or change in bowel habit or weight loss or iron deficiency anaemia
- Unexplained anal mass or ulceration

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Lower GI Tract Suspected Cancer e-Referral Form

NHS
Kent and Medway Cancer Alliance

REFERRAL CRITERIA

Colorectal cancer

Refer adults using a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer if:

- ☐ they are aged 40 and over with unexplained weight loss and abdominal pain **or**
- ☐ they are aged 50 and over with unexplained rectal bleeding **or**
- ☐ they are aged 60 and over with:
  - ☐ iron-deficiency anaemia **or**
  - ☐ changes in their bowel habit, **or**
- ☐ test shows occult blood in their faeces (primary care initiated qFIT ≥ 10 micrograms Hb/g faeces – when qFIT is available)

Test for occult blood in faeces (qFIT), for people without rectal bleeding but with unexplained symptoms that do not meet the criteria for a suspected cancer pathway referral, is recommended (NICE DG30)

- ☐ Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults with a rectal or abdominal mass

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding **and** any of the following unexplained symptoms or findings:

- ☐ abdominal pain
- ☐ change in bowel habit
- ☐ weight loss
- ☐ iron-deficiency anaemia

Anal cancer

- ☐ Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for anal cancer in people with an unexplained anal mass or unexplained anal ulceration

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What information is useful for secondary care

- Symptoms, past history of cancer, family history and examination findings (DRE)
- All relevant blood results including U and Es
- Anaemia- evidence of iron deficiency HB, iron studies and start iron
- Anticoagulation- what and reason

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What information is useful for secondary care

- Performance status, capacity, fitness
- Any physical/mental impairment, co-morbidities, hearing, learning difficulty, dementia, consent issues, best interest meeting, relevant PMH eg diabetes, asthma, COPD
- Can they comply with q FIT if not already done

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CLINICAL INFORMATION						
NOTE: Please ensure urgent blood tests are undertaken for FBC, Ferritin, electrolytes and creatinine						
Relevant clinical details including past history of cancer, family history and examination findings:						
FBC	Yes ☐	No ☐	Results attached	Yes ☐	No ☐	
Ferritin	Yes ☐	No ☐	Results attached	Yes ☐	No ☐	
Electrolytes and creatinine	Yes ☐	No ☐	Results attached	Yes ☐	No ☐	
Anticoagulation	Yes ☐					
Cognitive Impairment (e.g. dementia/learning disability, memory loss etc.)	Yes ☐					
Is a hoist required to examine the patient?	Yes ☐					

PATIENT'S WHO PERFORMANCE STATUS		
☐	0	Able to carry on all normal activity without restriction
☐	1	Restricted in physically strenuous activity but able to walk and do light work
☐	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% of waking hours
☐	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
☐	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair

ADDITIONAL GP GUIDANCE
NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary

Patient related

- Does the patient want to be referred ?
- Is patient aware of suspected cancer referral ? Must be willing to attend clinic within 2 weeks or for any invasive procedure i.e. colonoscopy, CT scan.
- Elderly patient or those with significant co-morbidities do they want to be investigated ?
- Suspected IBD refer to gastroenterologist e.g. young patients with blood diarrhoea

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Family History and Surveillance

- British Society Gastroenterologists guidelines
- Guidelines for the management of hereditary colorectal cancer from the BSG /ACPGBI/UKCGG | The British Society of Gastroenterology
- BSG/ACPGBI guidelines for colorectal cancer screening and surveillance in moderate and high risk groups (update from 2002) | The British Society of Gastroenterology

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Stool testing (qFIT) for symptomatic patients

Kent and Medway Cancer Alliance

Supported by Cancer Research UK and Macmillan

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What is qFIT

- A test to detect hidden or ‘occult’ blood in stool
- Uses specific antibodies to recognise human haemoglobin, is sensitive and specific
- Specific to lower GI blood loss
- FIT has been rolled out in the bowel screening programme but with a very different cut off to determine an abnormal result
- Simple test and produces a quantitative result

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You are describing qFIT to a medical student. Which of the following statements are true (tick as many as required)

ⓘ Start presenting to display the poll results on this slide.

For the ‘low risk’ but not no risk patients…

- NICE DG30 To guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral
- Groups it may be most useful are NG12
  - Aged 50 and over with unexplained changes in their bowel habit
  - Aged 50 and over with Iron Deficiency Anaemia
  - Aged 60 or over and have anaemia, even in the absence of iron deficiency

……Offer them a FIT

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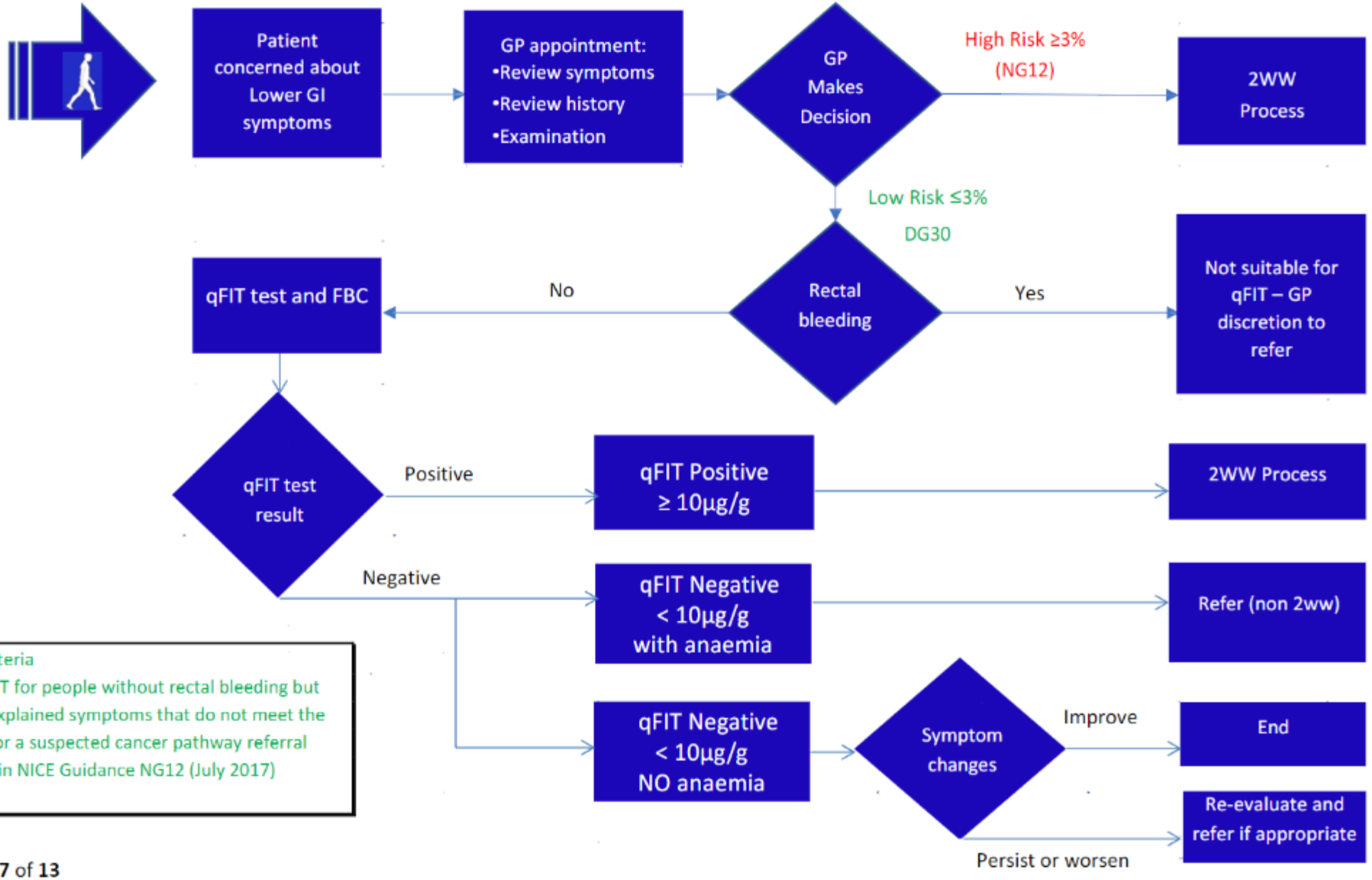
qFIT RULE OUT significant disease. Patients with a **negative** test and normal Hb with vague symptoms can be reassured that the risk of colorectal cancer is very low.
Patient must still be safety netted

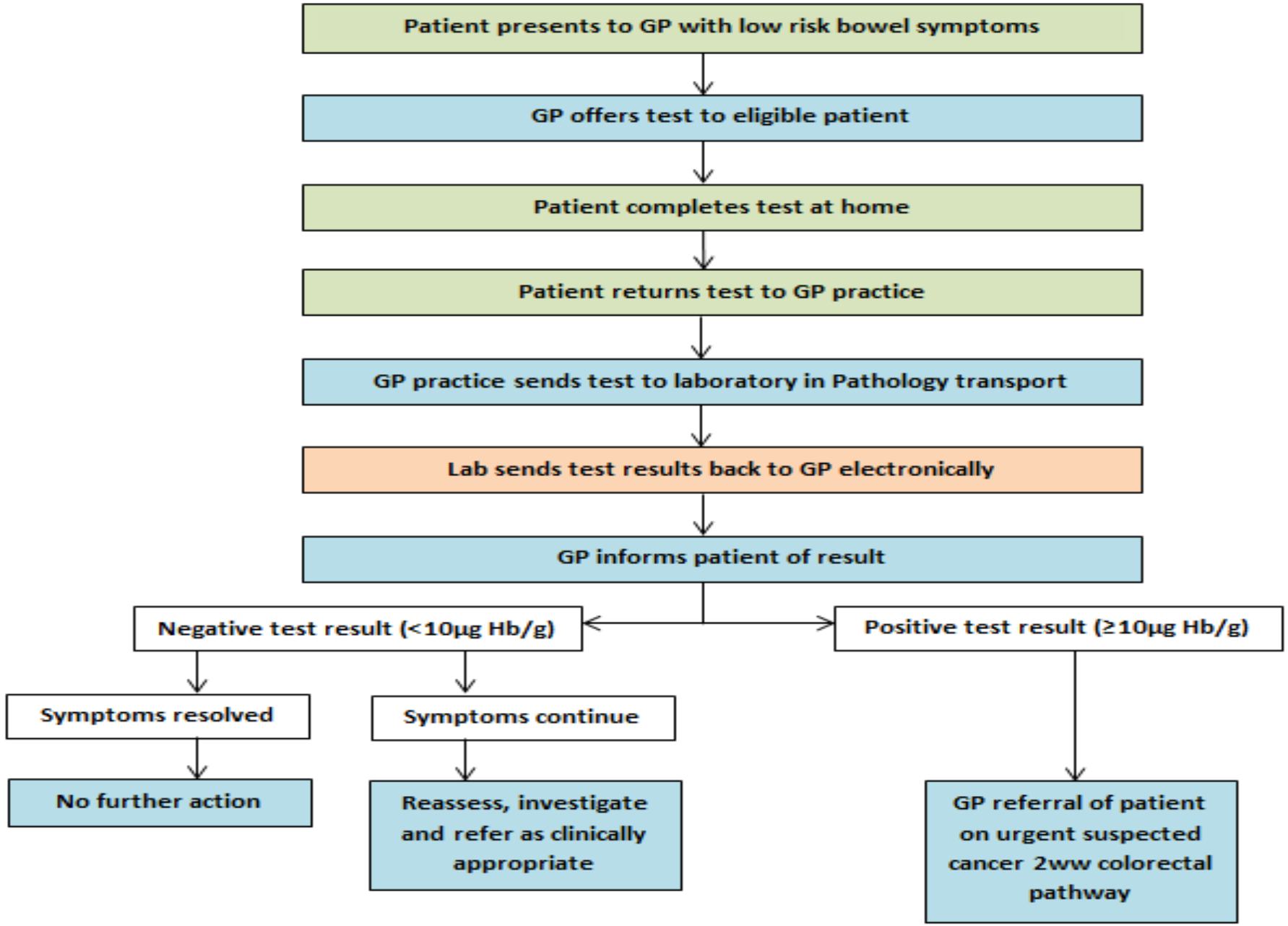
qFIT RULE IN for urgent suspected cancer colorectal via 2ww. Patients with a **positive** test and low risk symptoms should be referred on a fast tract 2ww colorectal pathway.

GUIDANCE FOR LOW RISK COLORECTAL SYMPTOMS THAT DO NO MEET 2WW CRITERIA		
qFIT test	Value **µg(haemoglobin)/gram(faeces)**	Action
POSITIVE qFIT	**≥10 µg/gram**	Refer on 2WW colorectal suspected cancer pathway via new Lower GI suspected cancer e-Referral form.
NEGATIVE qFIT	**<10µg/gram**	With normal Haemoglobin negative predictive value of 99.4-10 (a person with a negative result will have a colorectal cancer less than 1% of the time) Consider safety net and review.

quantitative Faecal Immunochemical Testing (qFIT) in Primary Care Clinical Pathway



DG30 Criteria
Offer QFIT for people without rectal bleeding but with unexplained symptoms that do not meet the criteria for a suspected cancer pathway referral outlined in NICE Guidance NG12 (July 2017)


Patient presents to GP with low risk bowel symptoms
GP offers test to eligible patient
Patient completes test at home
Patient returns test to GP practice
GP practice sends test to laboratory in Pathology transport
Lab sends test results back to GP electronically
GP informs patient of result
Negative test result (<10µg Hb/g)
Positive test result (≥10µg Hb/g)
Symptoms resolved
Symptoms continue
No further action
Reassess, investigate and refer as clinically appropriate
GP referral of patient on urgent suspected cancer 2ww colorectal pathway

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A patient meets the criteria for a colorectal 2ww referral, should you consider a qFIT test?

ⓘ Start presenting to display the poll results on this slide.

How to request a qFIT stool test and what to tell the Patients

1. Test Kits will be supplied to all GP practices in Kent and Medway.
2. They look like this and will come in an envelope with a collection bag.
3. Request a qFIT test on your usual path systems.
4. MAKE SURE THE PATIENTS add the DATE the stool sample is collected.
5. THE SAMPLE MUST BE RETURNED TO THE GP SURGERY **WITHIN 5 DAYS** OF LABEL being created.
6. Ask the patient to collect a sample, see collection sheet this will be enclosed with . They have to scrape the grooved stick along the poo, replace the sample stick back into the tube and place it into a bag. Then return it to the GP surgery where it will be picked up with other pathology specimens.

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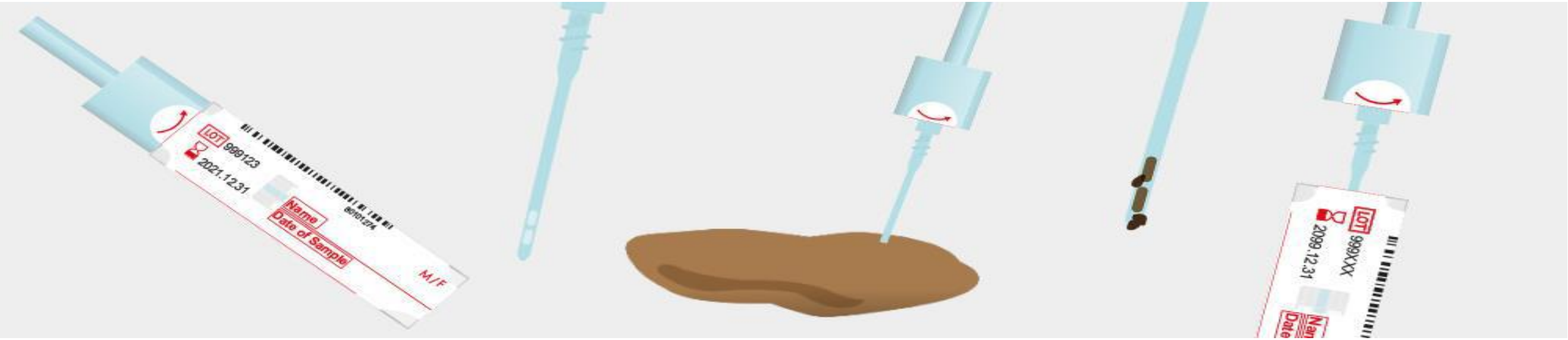
FIT needs a picker



What the patient needs to do:

Name

Date of birth

Date and time of sampling

Positive result

Report Type : Pathology

Faecal immunological testing

Status : Filed Viewed by : JJ4725

Specimen : FAECES Taken : 29-Sep-2020 08:00 Received : 29-Sep-2020 14:32

Faecal immunological testing 121 ug Hb/g UC

(JJ4725) - abnormal referral made

Advise refer under 2ww fast track pathway for suspected colorectal cancer. This test is not indicated for suspected inflammatory bowel disease.

Analysed by Maidstone Hospital

Reasons for Request:

aged 60 or over and have anaemia without iron deficiency

Negative result

Report Type : Pathology

Faecal immunological testing

Status : Filed Viewed by : CJ4725

Specimen : FAECES Taken : 18-Sep-2020 00:00 Received : 18-Sep-2020 12:16

Faecal immunological testing 4 ug Hb/g UC

(CJ4725) - Normal - No Action

Low risk for colorectal cancer - advise monitor and safety net as appropriate. This test is not indicated for suspected inflammatory bowel disease.

Analysed by Maidstone Hospital

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A 70 year old man presents with vague abdominal discomfort and investigations find him to have mild normocytic anemia. He has no weight loss or rectal bleeding. He had a normal screening FIT 6 months ago. Would a qFIT be helpful?

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Safety Netting …Clinical and Processes

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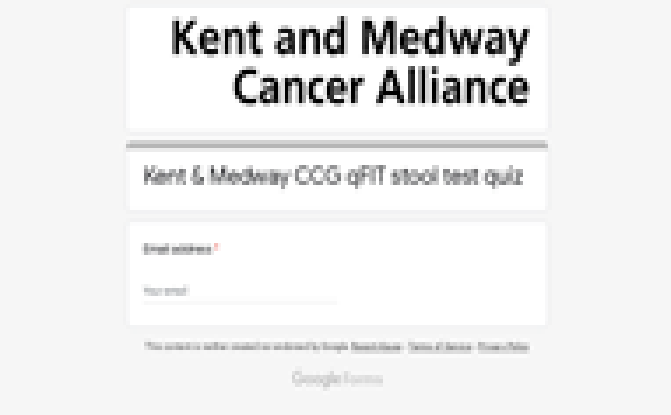
What should GPs and the practice teams be aware of?

- Not all patients with bowel cancer will have a positive FIT test, so it's important to remain vigilant
- Some of the symptoms in the low risk, not no risk group may be linked to other cancers than bowel cancer
- FIT threshold used in screening is different to FIT threshold in symptomatic patients
- This means that patients who have a negative screening result may still have bowel cancer and should be offered a symptomatic FIT test if appropriate
- GPs are reminded that FCP has no value in detecting cancer and that FCP testing is recommended by NICE (DG11) to help support doctors distinguish between IBD and non-inflammatory bowel diseases, such as IBS.
- Data suggested that up to 28.9% of people with a false-positive faecal immunochemical test result for colorectal cancer had bowel pathology, such as inflammatory bowel disease or high-risk adenoma.
- Negative predictive value of over 99% and positive predictive value about10% for other serious bowel disease.

Take the qFIT Quiz!



Kent & Medway CCG qFIT stool test quiz

https://docs.google.com/forms/d/e/1FAIpQLSfX3Vbghd5mPJVvS0r6wzQjd-izKTvpSdCpi-GC2rMtTU5C0A/viewform?usp=sf_link

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