

# Faecal Immunochemical Test (FIT) FAQ

## CAN I STILL ORDER A FOB? AND WHAT IS FIT?

We used to request FOBs to detect blood in faeces. Guaiac faecal occult blood (gFOB) is a test for haemoglobin (Hb). It required dietary restrictions and three separate samples so it was not easy for patients to do. FIT is available locally from November 2019 and is a more sensitive and specific test. It is simpler for patients to do as only one sample is required and no dietary restrictions are needed. **The diagnostic or symptomatic FIT is NOT the same as the screening FIT.**

## WHEN SHOULD I REQUEST A FIT AND HOW DO I DO IT?

FIT can be requested in patients who meet the criteria described in the 2015 NICE guidelines for the recognition and referral of patients with suspected cancer (NG30 and NG12 guidelines). GPs in West Hampshire can order FIT through either UHS OR HHFT lab. All samples will be processed at University Hospital Southampton.

NICE Guidelines for suspected cancer 2015 (NG12) recommended that FOB tests should be offered to adults with no overt rectal bleeding, classed as “low risk, but not no risk” of having colorectal cancer. In July 2017 NICE published further guidance (DG30) which confirmed that FIT is the test of choice to check for occult blood. DG30 suggest we use the test for any patient with abdominal symptoms who do not fulfil the NG12 guidelines.

## HOW DOES SCREENING AND DIAGNOSTIC (SYMPTOMATIC) FIT DIFFER?

The screening programme is also moving from FOB to FIT, but it has a higher threshold of human Hb so doesn't rely on a negative screening test. If the patient presents with symptoms then investigate.

## MY PATIENT IS REQUESTING A FIT TEST, SHOULD I DO ONE?

Do not offer a 'symptomatic' FIT test just because the patient wants one. **If they are in the age group for bowel screening get them to call the NBCSP on 0800 707 6060 who will provide a kit.** Older adults above the screening age (75) can request a kit, but they will need to call. If the request is because there is a strong family history of bowel cancer please consider exploring this and seeking advice from the family history clinic.

## HOW DO I COLLECT SAMPLES?

It needs to be a fresh sample of faeces that is sampled into the FIT sample device. An old sample may degrade and so there is a risk of a false negative result. Results will be sent back to the GP in the same way as other lab results, within 11 days of sample being received in the lab. The turnaround time will reduce once the process is embedded.

## SHOULD I DO A FIT TEST ON ALL MY COLORECTAL REFERRALS?

No. **If your patient fulfils the colorectal cancer 2WW criteria just refer.** Similarly, if your patient has symptoms that require colorectal review, e.g. rectal prolapse, then a FIT is not required. **A positive FIT result needs a 2WW referral.** A negative result, should prompt review by the requesting clinician and consider other causes of the patient's symptoms.

## DOES A FIT NEGATIVE RESULT EXCLUDE CANCER?

A negative diagnostic FIT test is set at such a low level that colorectal cancer and high-risk adenomas are extremely rare in this situation, but it will not detect upper GI bleeding or if pathology is non luminal so investigate/refer accordingly.

## SHOULD I DO A FIT FOR DIAGNOSIS OF IBS?

No. It is not required for the diagnosis of IBS. In younger adults please use clinical judgement to make a diagnosis. If you are concerned, consider using FIT based on the criteria mentioned above.

## SHOULD I REPEAT A FIT TEST?

If your patient has symptoms and they are FIT negative consider other pathology or seeking advice. There are currently no set recommendations on repeating a diagnostic FIT test.