

FIT Test – What is it and how is it used?

What is it?

The Faecal Immunochemical Test is a new faecal occult blood test that is likely to get widespread use over the coming years. It has a number of advantages over the guaiac haemoccult test (FOBT):

- it is specific for human blood
- one sample only is needed
- no dietary restriction is needed
- patient acceptability is higher than FOBT
- it is quantitative

What is the significance of the level?

A FIT test with a value of <10ug/ml counts as a **negative** result. With a level as low as this there is essentially no detectable blood in the stool and the risk of bowel cancer or significant polyp is very low. However in some patients with cancer, FIT can be negative – in trials so far all these patients have had an iron deficiency anaemia so we recommend checking the Hb at the time of a FIT test. If FIT is negative and there is no anaemia then the risk of cancer is less than 1%.

The higher the FIT value is above 20 the greater is the likelihood that there are polyps or a malignancy. FIT is also positive in patients with IBD as you would expect.

How can FIT be used in practice?

1. FIT to **rule out** significant disease
Patients with a negative FIT and normal Hb and vague symptoms can be reassured that the risk of colorectal disease is very low.
2. FIT to **guide** fast track referral
In patients with low risk symptoms that do not on their own warrant a fast track referral, a positive FIT test should prompt a fast track referral (according to DG30*)
3. FIT to **rule in** investigations in a screening programme
In the national bowel cancer screening programme (BCSP) FIT will replace FOBT in 2019. Those with a positive FIT above a certain threshold (likely to be 120ug/ml) will be offered screening. For a screening population where there are no symptoms it is reasonable to have a higher threshold for colonoscopy compared to general practice where patients present with symptoms

Problems with FIT

- Patients in the **screening** programme who have vague symptoms but a FIT result of say 100ug/ml may be falsely reassured by what is reported as a 'negative' FIT test. The numerical value of the test may not be given to the patient in the BCSP. Although we would not recommend repeating FIT in most patients, this would be one example when it could be helpful.
- If a patient has overt rectal bleeding there is no point doing a FIT test – consider it positive and then make a recommendation for investigation according to symptoms
- FIT could be useful in patients who present with a single episode of rectal bleeding – there is no data on this at present.
- FIT is not appropriate for all patients with gastrointestinal symptoms – if IBD is suspected then faecal calprotectin is still a useful adjunct and referral pathways to gastroenterology are unaffected.

* www.nice.org.uk/guidance/DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care