FIT for Clinicians - Symptomatic Patients and Screening Programmes

The NHS spent approximately £178.4 million during 2014 in England on performing colonoscopies, with approximately 40% of those no pathology is found [Based on NHS tariff price]. Identifying and prioritising those patients more likely to require urgent intervention could save significant costs, reduce waiting times and improve care.

Publications support the Faecal Immunochemical Test (FIT) for Haemoglobin (Hb) as a rule out test (NPV of FIT at 10µg Hb/g faeces is 100% for Cancer, 94.6% for High-Risk Adenoma (HRA), 93.5% Low-Risk Adenoma (LRA) and Inflammatory Bowel Disease 94%), and demonstrate that with an increased severity of disease a higher faecal Haemoglobin (F-Hb) concentration is detected. This helps to control the number of referrals for colonoscopy within the limits of available resources. In addition, the specificity of FIT eliminates false positives caused by dietary factors, ensuring positive results are a true indicator of pathology.

1. Low faecal haemoglobin concentration potentially rules out significant colorectal disease PJ McDonald, et al. . Accepted Article’ doi:10.1111/ codi.12087

FIT for Patients - Informed choice

Concerned about their condition, patients want quick answers, with minimal intervention. With FIT testing they can have access to more information about the symptoms they exhibit and the possible causes for them.

Unfortunately IBS and other benign bowel disorders can exhibit similar symptoms to more serious conditions, such as colorectal cancers. As a consequence the longer it takes to resolve these concerns the more anxious patients become.

FIT for the Future!

Alpha Laboratories has been at the forefront of faecal testing in the UK for nearly 20 years. This was initially as the market leader for guaiac-based faecal occult blood testing in hospital laboratories. Tender wins for bowel screening in all four UK countries followed this, as each launched its own screening programme, assessing the average risk asymptomatic populations.

Continuing to provide leading edge products, Alpha Laboratories has been awarded the first contract for quantitative FIT as the front line test in the Scottish Bowel Screening Programme. This will employ the Kyowa Medex HM-JACKarc system. England will also be moving to a quantitative FIT method in the NHS Bowel Cancer Screening Programme in the near future, for which Alpha Laboratories was successful in the tender for a framework agreement.

The use of FIT in the assessment of the symptomatic is changing too, as more publications have demonstrated that the use of quantitative FIT as a “rule-out” test has benefits to clinicians, laboratories and patients.

Personalised Medicine

All patients are different and present with a range of symptoms and risk factors. The additional information provided by FIT testing can help determine the optimum management of each individual.

Resource Management

Waiting times for endoscopy resources are increasing. Performing an initial FIT test to categorise the patient could, with confidence, predict those for whom colonoscopy is not appropriate. This would remove 40% of patients from waiting lists, significantly improving the turn-around time for those remaining, and ensuring their treatment is optimised and actioned sooner.

Screening in the Asymptomatic Population

Using FIT technology, such as the HM-JACKarc automated system, within a screening programme, enables the adjustment of positive cut off concentration. This helps to control the number of referrals for colonoscopy within the limits of available resources. In addition, the specificity of FIT eliminates false positives caused by dietary factors, ensuring positive results are a true indicator of pathology.

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Rapid Response

For most, having a rapid non-invasive faecal test to get a faster diagnosis would be the preferred choice. Using a FIT result, about 40% of patients would be informed that no further follow up is necessary and hence relieved straight away. The remaining 60% would have the option of a prioritised process for colonoscopy and get their treatment solutions started sooner.

Risk Management

Invasive procedures are not without risk, and this is true of colonoscopy. 1 in 1,000 patients may suffer a perforated bowel during this procedure, with additional risk of morbidity. So, with a non-invasive alternative now available shouldn’t that be the first choice?

Additionally, delays in identifying any abnormal bowel pathology, also carries a higher risk of mortality. Hence, the ability to identify those at greater risk and then fast track these patients for appropriate colonoscopy and treatment is highly desirable. Treated early before it becomes invasive, bowel cancer has a 93% 5 year survival rate.

Alpha Laboratories now offers an automated quantitative solution for FIT with the Kyowa Medex HM-JACKarc system.