Screening and Symptomatic Testing for Bowel Cancer - *A Single Solution*

FIT for All

Kyowa Medex

alpha laboratories
supplying quality to science
Quantitative Faecal Immunochemical Testing for Haemoglobin with Flexible Cut-off Results

**FIT for Clinicians - Symptomatic Patients and Screening Programmes**

*Why use FIT?*

**Evidence based**

The NHS spent approximately £178.4 million during 2014 in England on performing colonoscopies, yet 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.

![Image of colonoscopy images]

<table>
<thead>
<tr>
<th>Normal</th>
<th>Low risk adenoma</th>
<th>High risk adenoma</th>
<th>Cancer</th>
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Faecal Haemoglobin

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% 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. Thus FIT enables management of the patient pathway and most effective use of resources based on appropriate evidence.

- **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.

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.

■ 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 95% 5 year survival rate.

FIT for Laboratory testing
The Automated Quantitative Faecal Immunochemical Testing (FIT) system from Kyowa Medex integrates Analyser technology, with Reagent and Collection device (arc), to provide a rapid and consistent, high throughput solution for both screening and symptomatic Faecal Occult Blood testing.

It combines the qualities of a state of the art automated analyser, a bespoke faecal collection device and dedicated, sensitive, latex agglutination reagents. This combination provides a high throughput solution for the detection and quantification of Faecal Occult Blood.

Key features:
■ Sensitivity: Limit of detection 0.6 ug Hb/g Faeces
■ Easy to use collection device
■ Fully automated
■ Compact and light
■ No prozone effect up to 200,000 ug Hb/g Faeces
■ High speed performance: 200 samples/hour

Sampling at its Simplest

INSTRUCTIONS: HOW TO COLLECT YOUR SAMPLE

1. Your sampling device can be stored for a long time prior to use. However, once you have used it, you should post it without delay on the same day as the sample collection.

2. Write the date of your sample on the label as shown above. Peel your personal CHI identification label from the top left of this letter and apply to the reverse of the sampling device.

3. To collect your stool sample, place layers of toilet paper in the toilet bowl. (Make sure that the stool does not go into the water.)

4. Unscrew the top of your sampling device anti-clockwise and scrape the end of the stick along the stool sample.

5. Ensure that the end of the stick is covered in sample but not excessively so. Replace the stick into the device and twist clockwise to close securely.

6. Place your sample tube into the prepaid envelope supplied. Remove the sticky tab, fold the flap over and seal securely. Put in the post on the same day of sample collection.

Demonstration Video available

View our video on YouTube at: www.youtube.com/watch?v=NOhxJxKf4tw or scan the QR code below.

Faecal Sample Collection

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