

## **Important Update on Faecal Occult Blood testing in Oxfordshire with reference to the NICE 2015 Suspected Cancer Referral guidelines.**

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### **What is the latest?**

The NICE 2015 cancer guidelines raised the profile of faecal occult blood testing for patients with non-specific lower gastrointestinal symptoms, such as abdominal pain or change in bowel habit.

There are 2 main ways of looking for occult blood in faeces - the traditional guaiac test (gFOB) and the newer faecal immunochemical test (FIT). The colorectal 2ww referral forms refers to FOB (the generic term incorporating both tests).

FIT has shown greater accuracy than FOB test in colorectal cancer screening. There is very little data on FIT when used in symptomatic primary care patients. For this reason, in January 2016 when the OUH acquired FIT equipment, a local quality assurance process began. FIT and gFOB were performed in parallel to understand their comparative performance.

Through this process, FIT has been deemed to be non-inferior to gFOB. Consequently, FIT can now be requested on ICE (and can easily be found by searching on "occult") and has replaced gFOB completely.

### **So why switch to FIT?**

The evidence is accumulating for FIT being a better test. This has been reflected by the national screening program deciding they will also move from gFOB to FIT testing.

However, it is important to emphasise that it is not the case that FIT is a great test whilst gFOB is not. BOTH TESTS HAVE SIGNIFICANT LIMITATIONS. The fact that NICE has suggested using FOB testing does not suddenly change this.

### **So why has NICE suggested using faecal occult blood testing?**

NICE recommend that FOB is used in a "low risk but not no risk" patient group (<3% risk of colorectal cancer based on symptoms) who would not have qualified for testing in the

previous NICE guideline. For these patients, FIT should be used as a "rule in" test to allow referral under the 2ww pathway (as a positive FOB increases the risk to >3% ). If patients have symptoms which qualify for 2ww referral, FOB test should not be used to "rule out" colorectal cancer in place of referral.

## **So may a patient in the "low risk but not no risk" category and a negative faecal occult blood test still require further investigation?**

Absolutely, and this is very important to consider. If symptomatic, it remains entirely likely that the patient will require further follow up which might include referral and further investigation. A crucial difference is that the referral pathway used will probably not be the 2ww pathway (even though a small proportion of these patients may ultimately be found to have cancer).

## **How many FOB samples should I request?**

Historically with gFOB testing, the general advice has been to collect samples on 3 different stools, and this was the case for screening. For FIT, at present, one test is regarded as sufficient.

## **What about the future?**

Some interesting data has been published from Scotland suggesting that their experience of FIT is sufficiently convincing that they are proposing a potential future role as a "rule out" test. However, we would wish to continue to emphasise that faecal occult blood testing should perhaps be better viewed as a test to help inform the appropriate referral pathway, rather than a test to rule out the need for further investigation.

## **Requesting FIT and sample stability**

The FIT test is set up on the ICE requesting system. It is important to get samples to the laboratory on the same day as collection as FIT is less stable than the traditional gFOB test. Please do not send samples on a Friday as this can lead to sample deterioration if not received and processed within 24 hours.