



Cancer: faecal immunochemical testing

NICE indicator

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Indicator

The percentage of urgent suspected colorectal cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the 21 days leading up to the referral.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Comprehensive use of FIT is critical to improving bowel cancer survival in England, ensuring patients on the lower GI pathway can be diagnosed promptly and that available colonoscopy capacity is used in the most effective way. The risk of colorectal cancer in those with a negative result, a normal examination and full blood count is less than 0.1%.

Source guidance

- [Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care. NICE diagnostics guidance 56 \(2023\)](#)
- [Suspected cancer. NICE guideline NG12 \(2015, updated 2023\), recommendation 1.3.1](#)

Specification

Numerator: The number in the denominator accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral.

Denominator: The number of urgent suspected colorectal cancer referrals.

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines faecal immunochemical testing or where faecal immunochemical testing is not appropriate because of the presence of anal ulceration, anal mass or rectal mass.

Expected population size: Investment and Impact Fund CAN-01 data as of March 2023 suggests the average practice of 10,000 patients will have 92 urgent suspected colorectal cancer referrals in a year. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

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