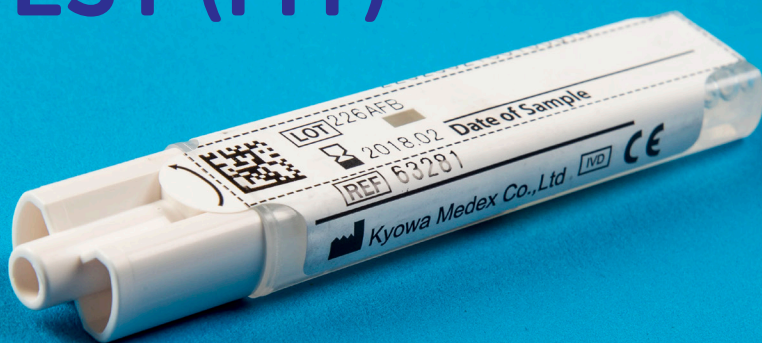


CANCER INSIGHT

FOR GPs

November 2017

WHAT YOU NEED TO KNOW ABOUT: THE FAECAL IMMUNOCHEMICAL TEST (FIT)



INSIDE:

A3 poster for
your patients
explaining how
FIT works



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FIT FOR SCOTLAND



People aged
50–74
are invited to take part
in FIT screening
every two years



On 20 November 2017 Faecal Immunochemical testing (FIT) replaced the previous Faecal Occult Blood testing (FOBT) used in the Scottish NHS Bowel Cancer Screening Programme.

FIT for screening is quantitative, so the threshold for an abnormal result can be set locally. In Scotland, FIT has been introduced with a threshold of 80µg haemoglobin/g faeces. At this level FIT will have a higher detection rate for advanced adenomas, but is comparable to FOBT screening for bowel cancers. It is possible the threshold could be changed in future. A lower threshold could result in more referrals while a higher threshold could result in fewer.

It's not clear exactly why FIT screening has higher uptake, but it's likely that the ease of completing the test is playing a large role; FIT screening requires only one faecal sample.

Although FIT is likely to increase bowel screening uptake, GPs still have a crucial role to play in ensuring patients are fully equipped to make an informed decision whether or not to participate.

WHY FIT IS BETTER



Shown to markedly increase participation, especially in men, younger and more deprived groups



More sensitive, so will have a higher advanced adenoma detection rate



Result can be measured by an automated process



Cost effective alternative

Bowel cancer screening uptake in Scotland is currently around 56%, and even lower in deprived areas¹. Screening with FIT can make a real difference, the pilot in Scotland increased uptake by around 5% and showed greatest increases among men and those in more deprived groups².

1. ISD Scotland (2017) Bowel Screening Publication Report.

2. Digby et al. (2013) Use of faecal immunochemical test narrows current gaps in uptake for sex, age and deprivation in a bowel cancer screening programme. Moss et al. (2017) Increased uptake and improved outcomes of bowel cancer screening with a Faecal Immunochemical test: results from a pilot study within the national screening programme in England

YOUR INVOLVEMENT CAN HAVE A POWERFUL INFLUENCE

As you'll be aware, while bowel cancer screening saves lives, it comes with harms as well as benefits. It's important to support your patients so they can make an informed decision about whether they wish to take part in screening or not.

Some harms your patients should be aware of include: false positives and negatives, over-reassurance following a normal result, overdiagnosis and overtreatment, and the risks associated with follow-up colonoscopy.

5 STEPS TO HELP PATIENTS MAKE AN INFORMED DECISION



ENCOURAGE patients to read the information that comes with their kit to help them understand the role of bowel screening, and to help them make an informed decision about whether to participate or not.



ANSWER patient questions about FIT and/or their screening result.



BREAK DOWN practical barriers by explaining how to do the test. Direct patients to a short animation to watch at home at cruk.org/bowelscreening



SIGN POST patients to good quality information and resources, such as the Bowel Screening Centre Helpline on freephone **0800 012 1833**/bowelscreening.tayside.nhs.net or cruk.org/bowelscreening



REMINd patients that screening works better if they take part each time they're invited.

Be mindful not to be over-reassured by a patients' previous normal screening result. Reinforce the need for patients to be aware of key signs and symptoms of bowel cancer, and to seek medical advice if they notice anything new or unusual, even if they've taken part in screening recently.

WHAT YOU CAN DO TO INCREASE UPTAKE

The interventions below have been found to be effective at increasing uptake of FOBT. Although further research is needed to investigate their impact now that FIT screening has replaced FOBT, it's reasonable to assume these interventions are still applicable.

- A personalised letter sent from an individual's GP, endorsing the screening programme around the time they receive their screening kit, has been shown to increase FOBT uptake by around 6%³.
- In East Dunbartonshire, a GP Practice increased uptake by 8% by introducing prompts on the clinical system and offering telephone calls and enhanced kits (gloves and a foil bowl) to non-responders.



To find out more about FIT visit doctors.net.uk/FIT (sign-in required). Evidence and useful information about ways to improve screening uptake, including templates, is also available at cruk.org/bowelscreeninghub

USE OF FIT IN SYMPTOMATIC PATIENTS

The NHS Bowel Cancer Screening Programme is intended for people without any signs or symptoms suggestive of bowel cancer.

However, there is interest in Scotland in the use of FIT outside of the Bowel Screening Programme to help triage symptomatic patients and guide further management. A pilot took place in NHS Tayside investigating use of symptomatic FIT and more widespread implementation is now being considered by Scottish Government.

FIT as a diagnostic test is likely to involve a different, more sensitive cut off than that used in the Bowel Screening Programme. Not all patients with colorectal cancer will have an abnormal FIT result, so persisting symptoms would still require further investigation.

Visit healthcareimprovementscotland.org for more information on diagnostics guidance.



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LET'S BEAT CANCER SOONER

Cancer Research UK is a registered charity in England and Wales (1089464), Scotland (SC041666) and the Isle of Man (1103).



CANCER RESEARCH UK

HOW TO DO THE BOWEL SCREENING KIT



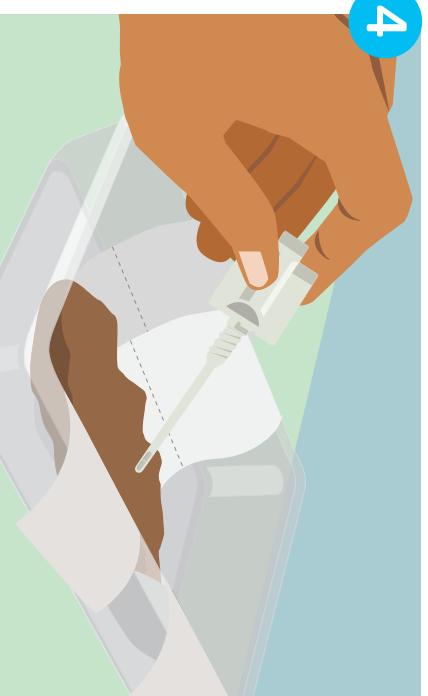
1 Get ready - collect what you need to catch your poo before you sit on the toilet.



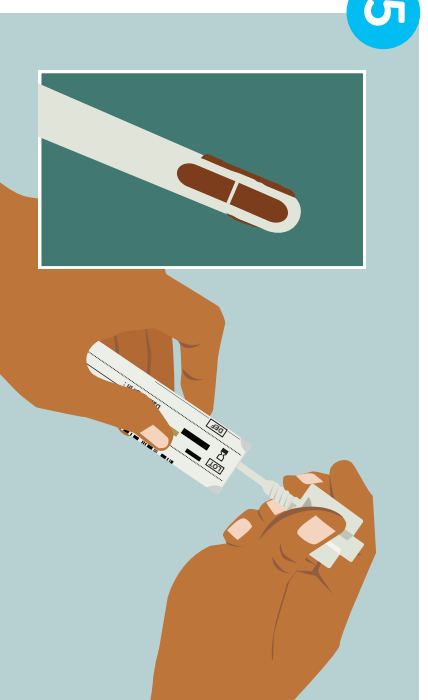
2 Take the label from the front of your letter and stick it on the side of the test marked +.



3 On the other side write the date you do the test.



4 Collect your poo - we've given you some ideas for how to do this opposite. Use the stick to take a sample of your poo.



5 Make sure the two holes on the side of the stick are filled with your poo sample. Put the stick back in the tube and twist shut.

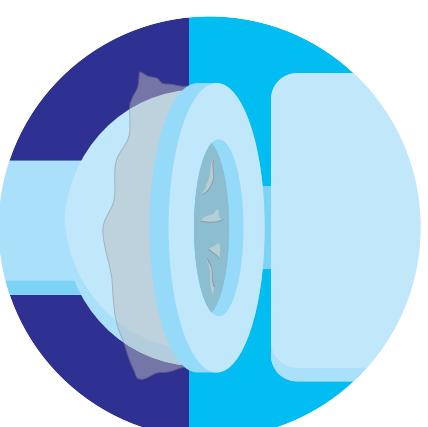


6 Put the kit in the prepaid envelope provided and post it back. You should get your results within 2 weeks.

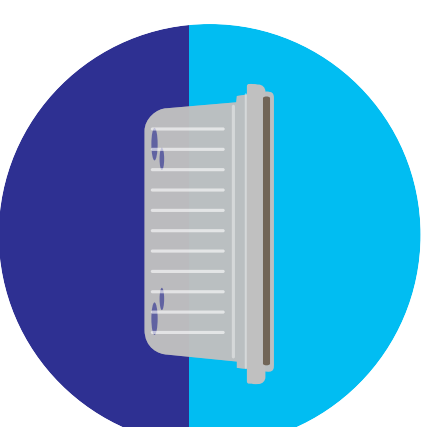
Remember, if you get an abnormal result, it could be down to lots of different things. It doesn't necessarily mean cancer. But if it is cancer, catching it at an early stage means it is easier to treat successfully.

TIPS FOR COLLECTING YOUR POO

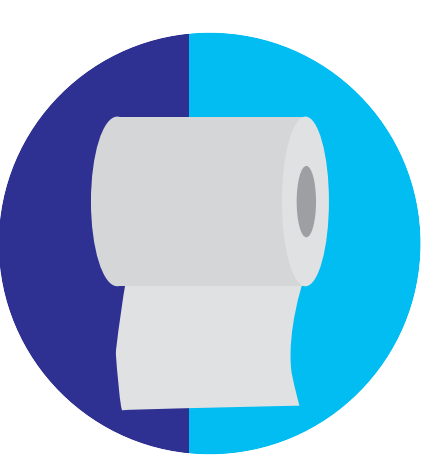
Here are some ideas to make collecting your poo a bit easier. Why not practise and work out which method you find the easiest?



Cling film over the toilet (remember to leave a dip)



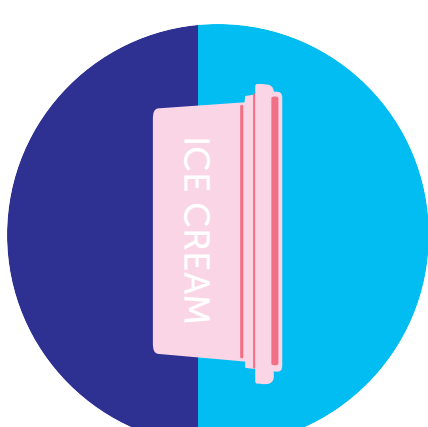
A carton that grapes come in



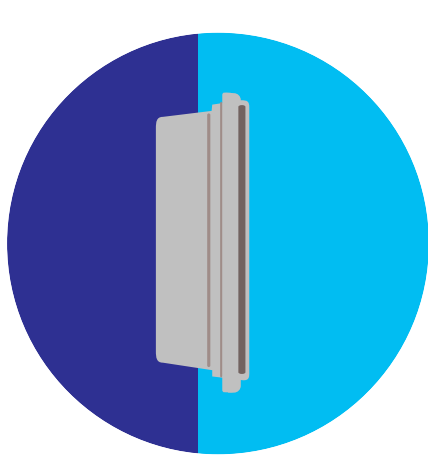
Folded toilet paper in your hand



A plastic bag over your hand, or a glove



A clean empty margarine or ice cream tub



A clean empty takeaway container