

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.









Normal

Low risk adenoma

High risk adenoma

Cancer

Faecal Haemoglobin

Publications support the Faecal Immunochemical Test (FIT) for Haemoglobin (Hb) as a rule out test (NPV of FIT at $10\mu g$ Hb/g faeces is 100% for Cancer, 94.6% High-Risk Adenoma (HRA), 93.5% Low-Risk Adenoma (LRA) and Inflammatory Bowel Disease $94\%^1$), and demonstrate that with an increased severity of disease a higher faecal Haemaglobin (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 Hitachi Chemical 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 0.6µg Hb/g Faeces²
- Easy to use collection device
- Fully automated
- Compact and light
- No prozone effect up to 200,000µg Hb/g Faeces
- High speed performance: 200 samples/hour
- Evaluation of quantitative faecal immunochemical tests for haemoglobin. GMEC evaluation report Sept. 2013.





Sampling at its Simplest

Faecal Immunochemical Test (FIT)

How to Complete Your Test



READ AND FULLY UNDERSTAND THESE INSTRUCTIONS BEFORE YOU BEGIN....

Your GP requires you to complete this <u>essential test</u>.

It is important that you do this as soon as possible and post without delay in the prepaid addressed envelope provided.



LABEL THE COLLECTION DEVICE
It is essential that you write your
name and the date the sample was
taken using a ball point pen, on the FIT
collection device label.



2 LABEL THE GREEN BAG
On the green bag label write your name, date of birth AND the date that your poo sample was taken, using a ball point pen.



COLLECT YOUR POO
There are different ways to collect your poo, try:

- A. Several layers of folded toilet paper
- B. Hand inside a small plastic bag/glove
- C. A clean disposable container

It is essential that your poo does not come in contact with the toilet water as this may affect the result. If this happens, **DO NOT CONTINUE**. Store your device in a cool, dry place until you have another poo.

If necessary update the 'Date of Sample' on the collection device.



View our video:

www.faecal-immunochemical-test.co.uk/how-to or scan the QR code below.





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