Combining the quantitative faecal immunochemical test and full blood count reliably rules out colorectal cancer in a symptomatic patient referral pathway

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#### Introduction

Colorectal cancer is the 4th most common cancer in the UK

approximately 42,000 new cases each year

▶ 16,500 deaths each year

#### Introduction

Symptoms suspicion of cancer referral

- rectal bleeding
- persistent change in bowel habit (>4 weeks, particularly diarrhoea)
- Palpable abdominal or rectal masses
- abdominal pain with weight loss
- unexplained iron deficiency anaemia

#### Introduction

Following referral guidance,

number of referrals increased significantly

the proportion of patients have a colorectal cancer decreased

there was no change in cancer staging at diagnosis

### HOM IO DOS

FIT (fecal immunochemical test) be used to guide referral for suspected colorectal cancer in patients with lower risk lower GI symptoms (those without rectal bleeding but other unexplained symptoms that do not meet urgent suspected cancer pathway criteria)

#### FIT TEST

- ► threshold of≥10 µg Hb/g
- colorectal cancer detection
  - ▶ 85 to 100% sensivity
  - ► 80 % specifcity

#### Our Aim

associations between colorectal cancer & faecal haemoglobin concentration & anaemia

#### Methods

A retrospective, observational study

all patients with a FIT submitted from primary care between August 2018 and January 2019 in NHS Greater Glasgow and Clyde

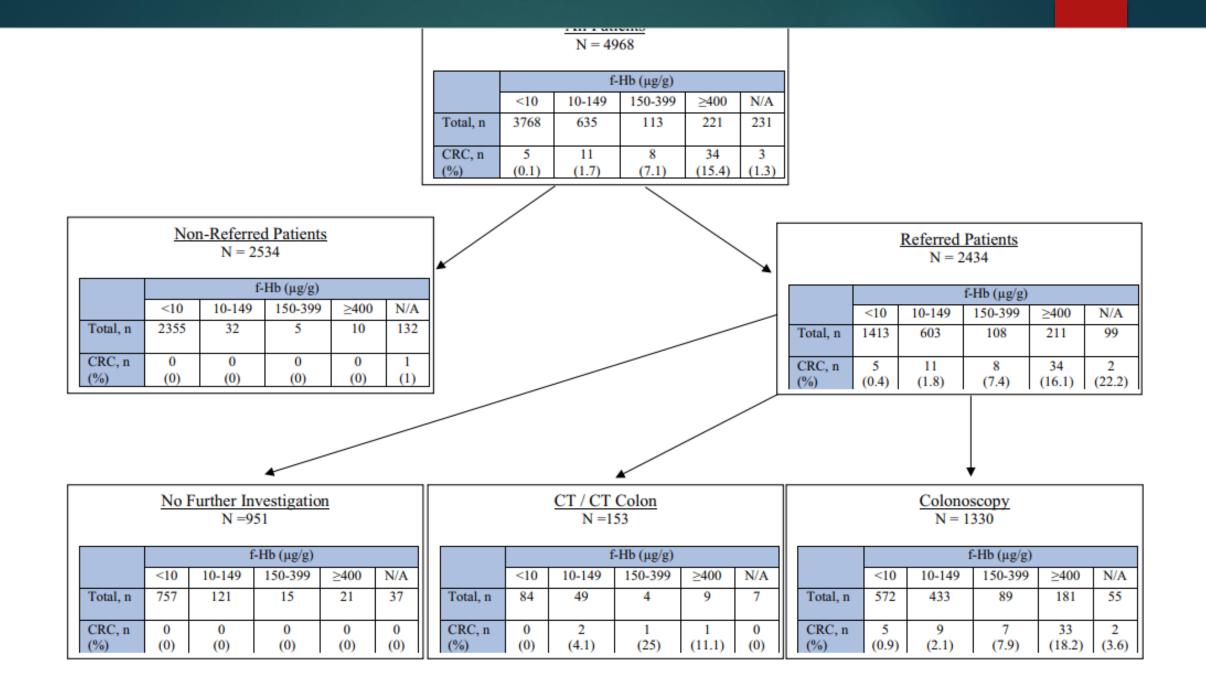
Patients were categorised into 3 groups:

- ► Not Referred
- Referred but not Scoped (FIT sample submitted with accompanying referral but no colonoscopy)
- Referred and Scoped

#### Results

#### Referral pathway

- 4968 adult patients with a FIT sample submitted
- Of the 4968 total, 2434 patients (49.0%) were subsequently referred to general surgery or gastroenterology
- Of the 2434 referred patients, 1330 (54.6%) went on to have a colonoscopy



#### Patients diagnosed with a cancer:

- signifcantly older (median age 69 vs 59)
- more likely to be male
- history of infammatory bowel disease (IBD)
- have reported rectal bleeding

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signifcantly less likely to have reported abdominal pain

# Combination of FIT and anaemia to rule out colorectal cancer

signifcant association between a raised FIT and anaemia

- A total of 4031 of 4968 (81.1%) patients in the study had both a valid FIT and hemoglobin.
  - 2601 patients had a negative FIT and were not anemic
  - ▶ 563 had a negative FIT but were anemic
  - 637 had a positive FIT but were not anemic
  - > 230 had both a positive FIT and were anemic

Comparison by combined FIT and anaemia for all patients with both a valid FIT and full blood count

		f-Hb < 10 μg/g Not anaemic	f-Hb < 10 μg/g Anaemic	f-Hb≥10 μg/g Not anaemic	f-Hb≥10 μg/g Anaemic	p
N		2601	563	637	230	
.Age	Median (range)	57 (16–93)	69 (23–94)	60 (17–97)	75 (19–97)	< 0.001
	<50	847 (32.6%)	78 (13.9%)	176 (27.6%)	30 (13.0%)	
	50-74	1454 (55.9%)	297 (52.8%)	343 (53.8%)	85 (37.0%)	
	≥75	300 (11.5%)	188 (33.4%)	118 (18.5%)	115 (50.0%)	
Sex	Male	1072 (41.2%)	225 (40.0%)	291 (45.7%)	99 (43.0%)	0.155
	Female	1529 (58.8%)	338 (60.0%)	346 (54.3%)	131 (57.0%)	
Colorectal cancer		1 (0.04%)	4 (0.7%)	31 (4.9%)	22 (9.6%)	< 0.001

Patients with a f-Hb < 10 µg/g & without anemia represented 64.5% of patients. With appropriate safety netting in place, these patients can be reassured

#### Conclusion

In NHS GG&C, GP referral pattern and secondary care investigation patterns were infuenced by FIT

The addition of a normal haemglobin concentration from a full blood count to a f-Hb< 10 was able to efectively exclude colorectal cancer in 99.96% of cases

excellent reassurance to GP's and to specialist practitioners who must prioritise access to endoscopy services Johnstone, M.S., Burton, P., Kourounis, G. *et al.* Combining the quantitative faecal immunochemical test and full blood count reliably rules out colorectal cancer in a symptomatic patient referral pathway. *Int J Colorectal Dis* 37, 457–466 (2022). https://doi.org/10.1007/s00384-021-04079-2



## Thank you