EVALUATION OF THE INTRODUCTION OF FAECAL IMMUNOCHEMICAL TESTING (FIT) FOR PATIENTS WITH RECTAL BLEEDING IN NOTTINGHAM

Alastair Morton

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In a single-centre evaluation of 2490 patients with rectal bleeding after introduction of FIT-based triage in November 2021, no colorectal cancers were diagnosed among the 75% with FIT <10 µgHb/g faeces, though CRC detection rates were almost 60% higher in a pre-FIT reference cohort.

KEY POINTS

- 75% of patients with rectal bleeding had FIT <10 µgHb/g faeces, and none of these patients were diagnosed with colorectal cancer during the follow-up period.
- Among patients with FIT ≥10 µgHb/g faeces, 3.9% had histologically confirmed colorectal cancer, compared to 6.2% in the pre-FIT reference group.
- All 10 extra-colonic cancers diagnosed in the FIT group occurred in patients with FIT <10 µgHb/g faeces.
- Endoscopy rates were lower in the FIT group overall (65.6% for FIT ≥10) compared to the pre-FIT group (81.2%), with endoscopy use increasing with higher FIT values.
- The authors note that the role of FIT in rectal bleeding remains unclear and longer-term follow-up is required to assess whether colorectal cancers have been missed in FIT-negative patients.

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