

FROM STOOL TO SCOPE: OPTIMISING FIT THRESHOLDS TO GUIDE FUTURE PANENTERIC CAPSULE ENDOSCOPY AND REDUCE COLONOSCOPY BURDEN IN IRON DEFICIENCY ANAEMIA

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UEG Week Berlin 2025

Presentation

Endoscopy

Radiology & Imaging

October 5, 2025

A multicentre UK study of 1,531 IDA patients found that FIT thresholds between 10–17.6 $\mu\text{g/g}$ may optimise cost-effectiveness when using panenteric capsule endoscopy to stratify patients and reduce conversion to conventional colonoscopy.

KEY POINTS

- FIT had an AUC of 0.78 for predicting colorectal cancer, 0.69 for predicting conversion to conventional colonoscopy, and only 0.58 for predicting polypoidal lesions in IDA patients.
- Threshold-based analysis identified FIT 15 $\mu\text{g/g}$ as the lowest level at which conversion rates significantly increased ($p=0.02$, OR 1.87, 95% CI 1.07–3.14), while decision curve analysis showed maximum net benefit at 17.6 $\mu\text{g/g}$ and cost-benefit modelling at 9 $\mu\text{g/g}$.
- An optimal FIT threshold range of 10–17.6 $\mu\text{g/g}$ was identified to enhance cost-effectiveness and guide appropriate panenteric capsule endoscopy use in IDA.
- Significant pathologies in the IDA pathway were uncommon, with only 1.6% of patients undergoing small bowel capsule endoscopy.
- The authors concluded that FIT threshold selection should be tailored to local service capacity and colonoscopy availability.

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