

GPN Insight | February 2019

Faecal Immunochemical Test

Bowel screening in Wales

Inside:

A3 poster for your patients explaining how to do FIT bowel screening



CANCER
RESEARCH
UK

Together we will beat cancer



FIT for Wales

On 28 January 2019 Faecal Immunochemical testing (FIT) will start to replace guaiac Faecal Occult Blood testing (gFOBt) in the NHS Bowel Cancer Screening Programme in Wales. Roll out will be phased with 1 in 28 people receiving the new kit from the end of January. Full roll out is expected in June 2019.

FIT facts

- Introduced in Wales with a threshold of 150 µg haemoglobin/g faeces. Participants who have a screening result of 150 µgHb/g faeces and above will be referred for colonoscopy assessment at their local Health Board.
- Potential to detect more cancers through screening, compared with gFOBt.

Bowel cancer screening uptake in Wales is currently around 53%, and even lower in deprived areas¹. Screening with FIT can make a real difference. The 2014 pilot in England increased uptake by around 7 percentage points (66.4% FIT vs 59.3% gFOBt) and almost doubled uptake by previous non-responders, with the greatest increases among men and increases across all deprivation groups².

In autumn 2018 Welsh Government requested that the Bowel Screening Wales programme, via a series of developments, widen the age criteria to 50–74 years and increase the sensitivity of FIT from a threshold of 150 to 80 µgHb/g faeces by 2023.

1 Bowel Screening Wales, 2017. Annual Statistical Report 2016/17. (37.6% is the uptake of the most deprived quintile of Wales in Cardiff and Vale UHB).

2 Moss et al, 2016. 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. Gut 66(9):1631-1644.

People in Wales aged
60–74
and who are registered on the Welsh Demographic System are invited by post to take part in bowel cancer screening every two years. The Bowel Screening Wales programme aims to reduce mortality from bowel cancer in the eligible screening population.

Why is FIT replacing gFOBt?

 FIT pilots have shown improved participation, especially in men, younger and more deprived groups.

 Only one faecal sample is required and doesn't need to be stored, making the test easier to use and more convenient to complete.

 FIT only detects human blood and results are not influenced by the presence of other blood in stools, such as that ingested through food and medicines.

 FIT is more sensitive, so will have a higher advanced adenoma detection rate and potentially a higher bowel cancer detection rate.

 Cost effective alternative to the current test.
(source:cruk.org/cancerstats)

Your involvement is key

The switch to FIT provides a great opportunity to raise screening with your patients. As you'll be aware, screening is an effective way to detect bowel cancer before symptoms show. When diagnosed at the earliest stage, more than 9 in 10 people will survive bowel cancer for more than 5 years.

What you can do:

 **Support** your patients so that they can make an informed decision about whether they wish to take part in screening or not. As well as the benefits, your patients should be aware of the risks of false positive and negatives, over-reassurance following a normal result, overtreatment, and the risks associated with follow-up colonoscopy.

 **Break down** practical barriers by using the fold-out in this guide. Download English and Welsh versions of the poster or direct patients to a short animation at cruk.org/bowelcancerscreening. You can also link to this on your practice website.

 **Sign post** to good quality resources, such as the freephone Bowel Screening Wales Helpline (0800 294 3370) and cruk.org/bowelcancerscreening.

 **Remind** patients that screening works better if they take part each time they're invited even if their previous result was negative. A replacement kit can be requested by contacting bowelscreening.feedback@wales.nhs.uk, calling 0800 294 3370 or asking the patient to go to bowelscreening.wales.nhs.uk/contact-us

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.

You could also discuss bowel cancer screening with eligible patients during another consultation as part of a general health enquiry.

Find out more at doctors.net.uk/FIT. Visit cruk.org/bowelscreeninghub
Email facilitators@cancer.org.uk to request a Cancer Research UK facilitator visit to your surgery (South Wales only).

What practices can do to increase uptake

We appreciate the pressures that GP practices are under, but there are ways you can help if you have the resources. You could display screening posters, such as the one inside this guide, in your practice waiting area and consultation rooms.

A weekly automatic popup on your practice record systems (i.e. EMIS, Vision or MicroTest) will alert your practice when your patients have been invited to take part in bowel screening but not responded within 6 weeks. This data can be set to auto-file.

Evidence shows that a personalised letter sent from an individual's GP, endorsing the screening programme around the time that they receive their screening kit, increases gFOBt uptake by around 6%³. Although further research is needed to investigate the impact on uptake of FIT, it's reasonable to assume that this intervention is still applicable. Make sure your patients understand the information leaflet they receive with their invitation, so they can make an informed choice about screening.

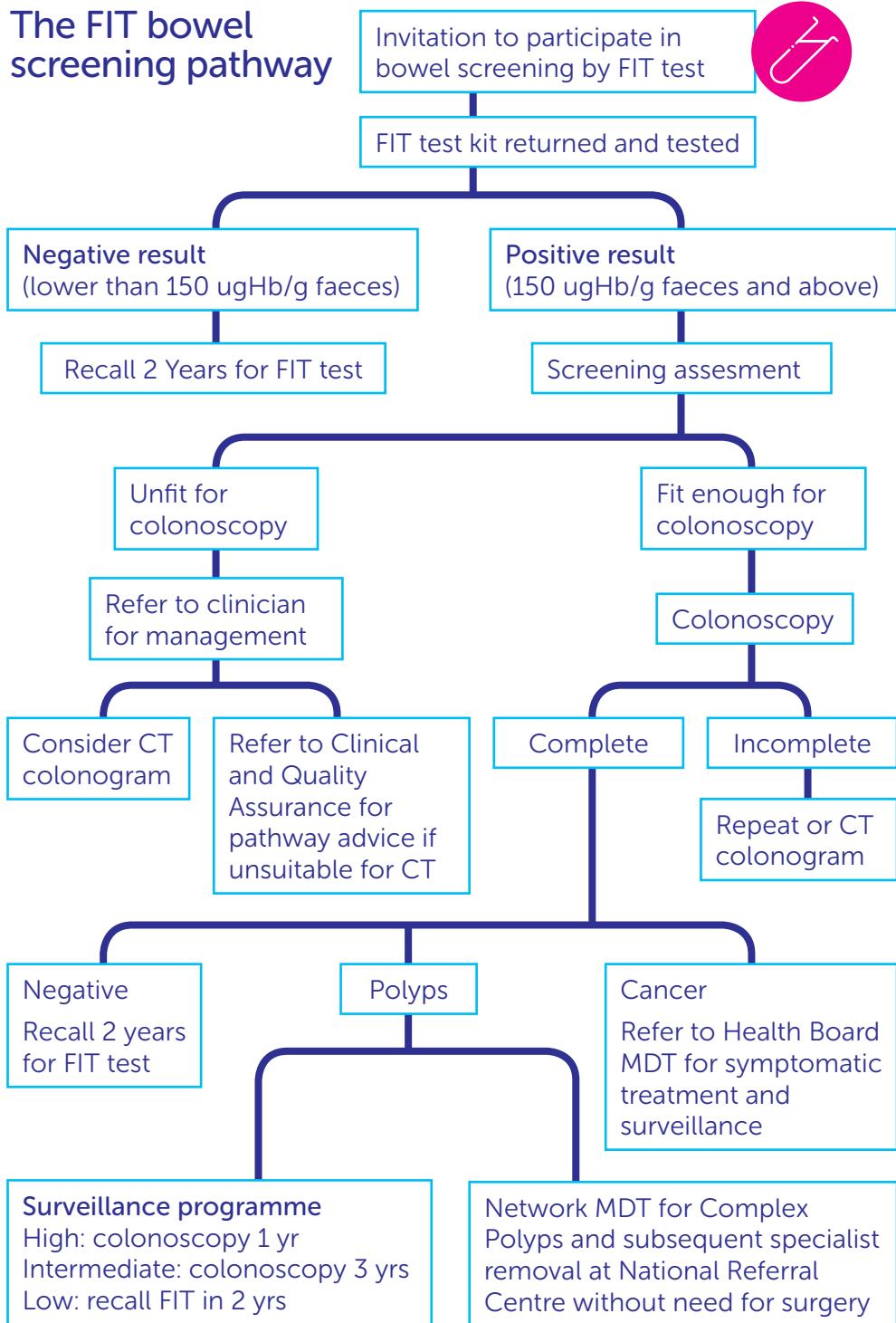
South Wales practices increased uptake by between 5% and 17% by introducing interventions most suitable for them and their population, including sending letters, putting flags on the system, opportunistic conversations, offering telephone calls or a combination.⁴

3 Hewitson, P., Ward, A., Heneghan, C., Halloran, S. & Mant, D. (2011) Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial.

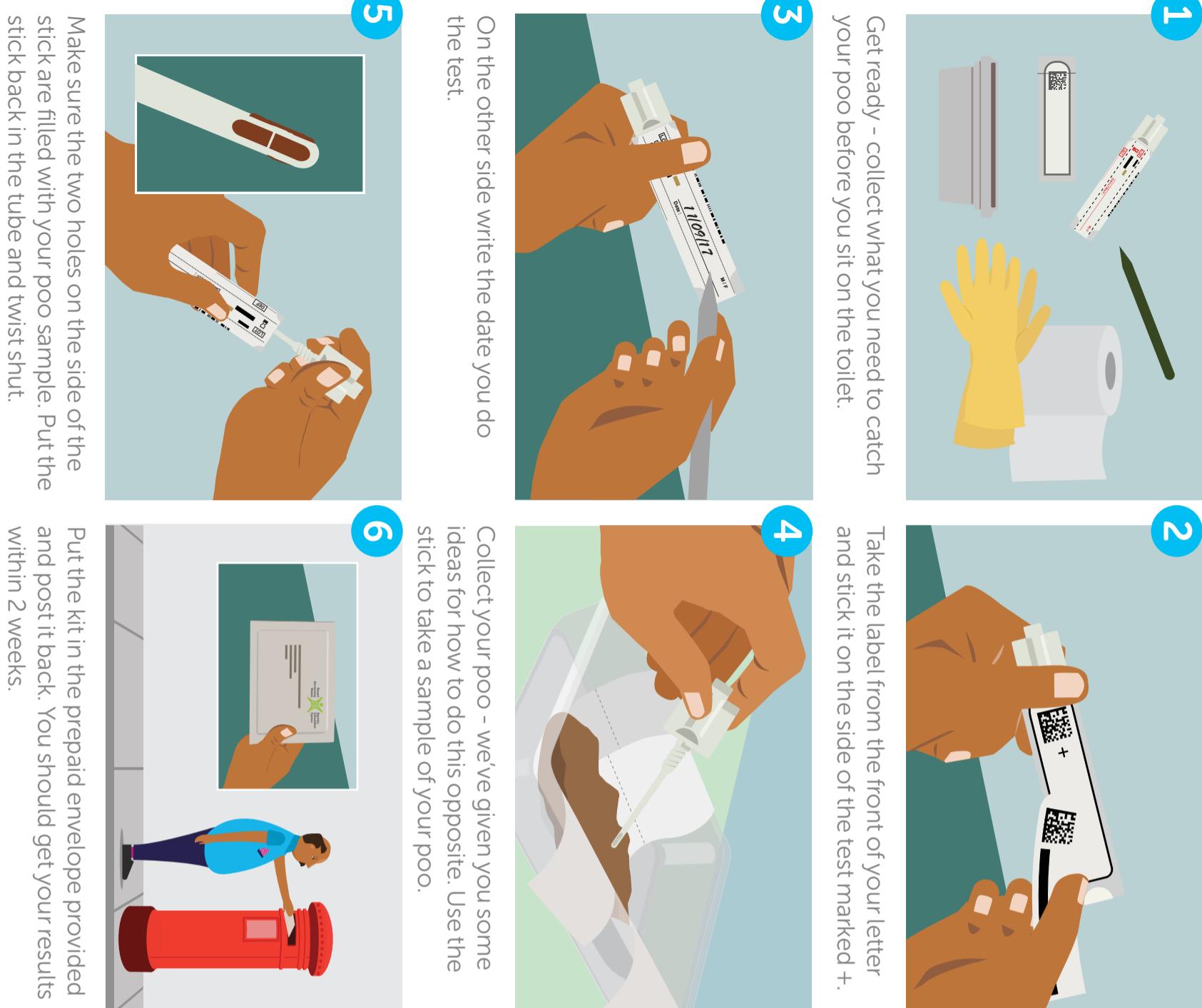
4 Public Health Wales (2015–2016).



The FIT bowel screening pathway



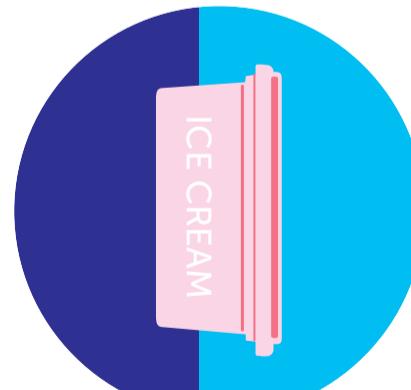
How to do the bowel screening kit in Wales



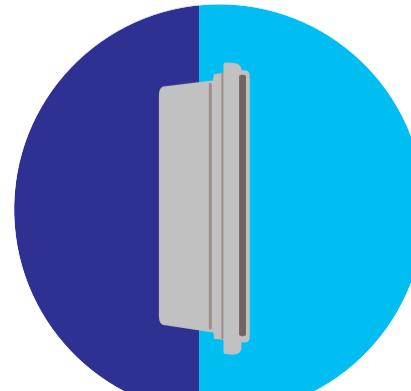
A plastic bag over your hand, or a glove



A clean empty margarine or ice cream tub



A clean empty takeaway container

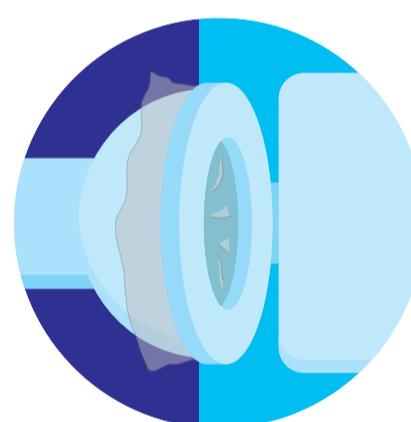


Make sure the two holes on the side of the stick are filled with your poo sample. Put the stick back in the tube and twist shut.

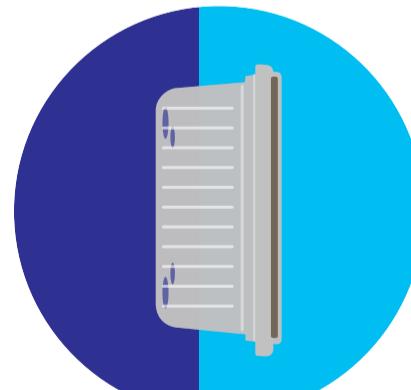
Remember, if you get an abnormal result, it could be down to lots of different things. It doesn't necessarily mean cancer. But if it is cancer, catching it at an early stage means treatment is more likely to be successful.

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

