



GP Insight | April 2019

# FIT bowel screening

Information for GPs in England

Inside:  
poster to  
display in your  
surgery



CANCER  
RESEARCH  
UK

Together we will beat cancer



# FIT for England

In 2019 Faecal Immunochemical testing (FIT) will replace guaiac Faecal Occult Blood testing (gFOBt) in the NHS Bowel Cancer Screening Programme in England.

People aged **60–74** are invited to take part in bowel cancer screening every two years. There is commitment from NHS England to invite from the age of 50.

## FIT screening facts

- Will be introduced in England with a threshold of 120µg haemoglobin/g faeces
- Potential to detect around an additional 1,500 cancers through screening per year in 60–74 year olds in England<sup>1</sup>
- Further information about roll-out is expected from NHS England in due course

Bowel cancer screening uptake in England is currently around 59%, and even lower in deprived areas<sup>2</sup>. Screening with FIT can make a real difference. The pilot in England reported an increase in uptake of around 7%<sup>3</sup> with the greatest increases among men, and increases across all deprivation groups<sup>2</sup>.

1 Estimated by assuming 4.5 million people will be invited to FIT bowel screening in 2018/2019, and extrapolating data from the England FIT pilot study provided on request by Stephen Halloran.  
 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.  
 3 From 59% to 66%.

## Why FIT is better



Only one faecal sample is required – making the test easier and more convenient



Shown to markedly increase participation, especially in men



More sensitive, so will have a higher advanced adenoma detection rate and potentially a higher bowel cancer detection rate



Cost effective alternative

# Your involvement is key

The switch to FIT provides a great opportunity to raise screening with your patients. 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:



**Break down** practical barriers by explaining how to do the test.

Direct patients to a short animation at [cruk.org/bowelscreening](http://cruk.org/bowelscreening). You can also link to this on your practice website.



**Sign post** to good quality resources, such as the free Bowel Screening Centre Helpline (0800 707 6060) or [cruk.org/bowelscreening](http://cruk.org/bowelscreening)



**Remind** patients that screening works better if they take part each time they're invited even if their previous result was negative.

Be mindful not to be over-reassured by a patient's previous normal screening result. Follow clinical guidelines for how to manage symptomatic patients regardless of screening status. 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.

## What practices can do to increase uptake

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%<sup>4</sup>. 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.

You could also try:

- Discussing bowel screening with eligible patients during another consultation as part of a general health enquiry.
- Displaying screening posters, such as the one inside this guide, in your practice waiting and consultation rooms.

If a patient doesn't complete screening and then changes their mind and would like to do so, or if they're over 75, ask them to call [0800 707 6060](tel:08007076060) to request a kit.

4 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.

Find out more at [doctors.net.uk/FIT](http://doctors.net.uk/FIT)

Visit [cruk.org/bowelscreeninghub](http://cruk.org/bowelscreeninghub)

Email [facilitators@cancer.org.uk](mailto:facilitators@cancer.org.uk) to request a Cancer Research UK facilitator visit to your surgery.



# Use of FIT in low risk symptomatic patients

The NHS Bowel Cancer Screening Programme is intended for people without any signs or symptoms suggestive of bowel cancer.



The current national guidance for FIT testing in low risk symptomatic patients is contained in NICE DG30. It recommends the use of FIT in primary care to guide referral for suspected colorectal cancer in patients without rectal bleeding, who have unexplained symptoms, but do not meet the criteria for a suspected cancer referral pathway.

The purpose of using FIT is to help identify patients who may have adverse bowel pathology who require colonoscopy or CT colonography. However, not all patients with colorectal cancer will have an abnormal FIT result and symptoms which indicate use of FIT may also reflect other types of cancer; so persisting symptoms would still require further management and investigation.

There are significant differences between the use of FIT in symptomatic and screening services, including the threshold levels for abnormal results.

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Visit [cruk.org/FIT](https://cruk.org/FIT) to download our 1-pager: key differences between FIT for symptomatic and screening

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Sign up to receive Cancer Insight by email

Our newsletters provide best practice information on important cancer-related topics, as well as the latest evidence, training materials, practical tools and patient resources.

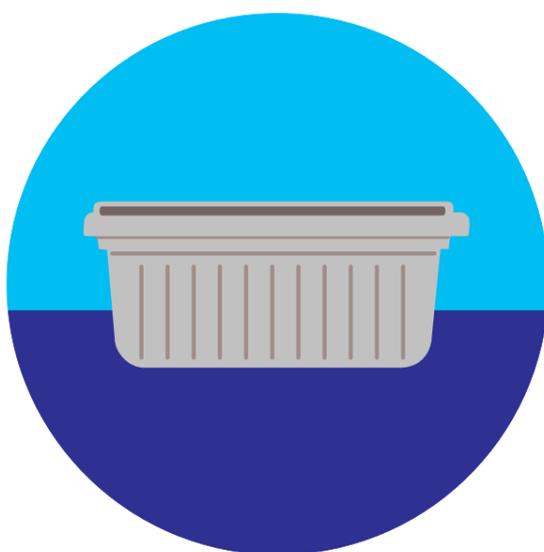


# Have you received a bowel cancer screening kit?

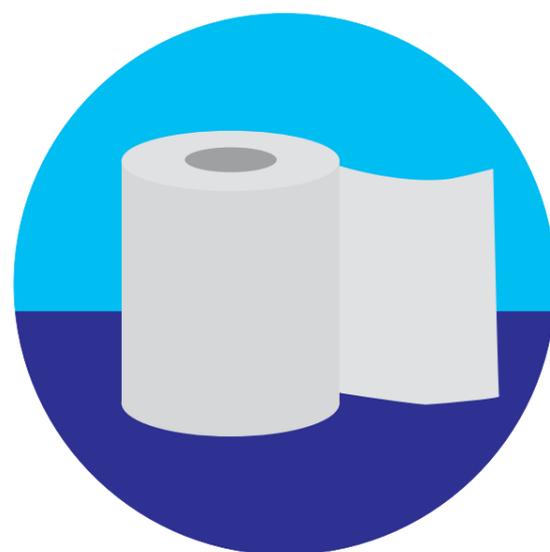
**Tips for collecting your poo.** Here are some ideas to make collecting your poo a bit easier. Why not practise and work out which method you find the easiest?



**Cling film over the toilet  
(remember to leave a dip)**



**Tubs that fruit like grapes come in**



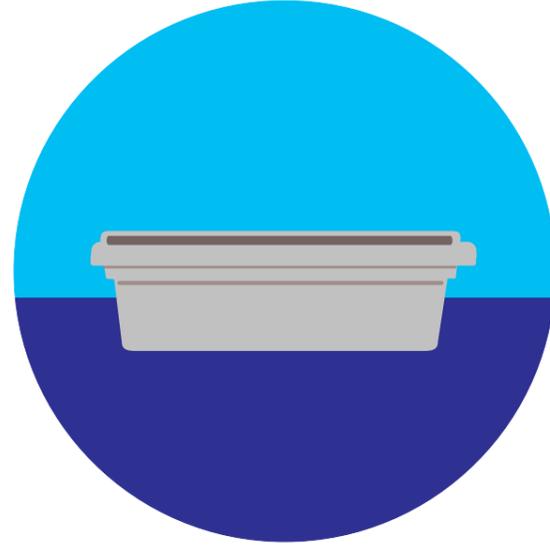
**Folded toilet paper in your hand**



**A plastic bag over your hand,  
or a glove**



**A clean empty margarine or ice cream tub**



**A clean empty takeaway container**

Once you've collected your sample, use your bowel screening kit as soon as possible.