qFIT PILOT
A NEW TEST FOR RULING OUT COLORECTAL CANCER

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COLORECTAL CANCER AT A GLANCE

2\textsuperscript{nd} leading cause of cancer deaths in UK

90\% chance of successful treatment if diagnosed early

260,000 urgent GP referrals for suspected cancer

4\% of patients undergo colonoscopy have cancer
The survival gap – international variation
5-year net survival(%)
Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding who:

- are aged 50 and over with unexplained abdominal pain or weight loss, or
- are aged under 60 with changes in bowel habit or iron-deficiency anaemia, or
- are aged 60 and over and have anaemia even in the absence of iron deficiency

New 2015
Colonoscopy capacity

Figure 3.3. International comparisons – crude colonoscopy rates per 1,000 in 2010/11

SCOPING THE FUTURE
An evaluation of endoscopy capacity across the NHS in England

Written by the Health Services Management Centre at the University of Birmingham and the Strategy Unit at NHS Midlands and Lancashire Commissioning Support Unit

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Commissioned by Cancer Research UK

ACHIEVING WORLD-CLASS CANCER OUTCOMES
A STRATEGY FOR ENGLAND
2015-2020
STOOL TESTS - gFOBT & qFIT

• Cheap and easy to use stool test to detect hidden blood as an indicator of colorectal cancer

• Guaiac Faecal Occult Blood Test (FOBT)
  o Bowel cancer screening
  o Reaction of haemoglobin with guaiac resin
  o Only qualitative
  o High false positives – low sensitivity
  o 3 samples, dietary restrictions

• Quantitative Faecal Immunochemical Test (qFIT)
  o Uses specific antibodies against human haemoglobin
  o Much more sensitive - 90%< NPV
  o Quantitative
  o One sample
  o Specific to human blood – no dietary restrictions
qFIT

• 4 applications of qFIT

Asymptomatic

- Bowel Screening Programme
  RULE-IN TEST

Symptomatic

- Low risk patients – ongoing NICE consultation

- High risk patients – qFIT Pilot – RULE-OUT TEST

Asymptomatic

Surveillance
qFIT PILOT

• Largest pilot led by UCLH Cancer Collaborative
• Reliable ‘rule-out’ test of significant bowel disease for symptomatic patients in primary care?
• 6 month pilot launched April 2017
• 6 Trusts & 33 GP practices across NCL, NEL, WE
• qFIT pack is handed out as an addition to 2ww pathway
• Minimum of 2000 samples
• early adoption by NHS supported by NICE
11 Hospitals in 6 NHS Trusts
- Barnet Hospital
- Chase Farm Hospitals
- King George Hospital
- Newham University Hospital
- North Middlesex Hospital
- Princess Alexandra Hospital
- Queen's Hospital
- Royal Free Hospital
- The Royal London Hospital
- University College Hospital
- Whipps Cross University Hospital

33 GP practices at 8 CCGs
- Barking & Dagenham CCG
- Barnet CCG
- City and Hackney CCG
- Havering CCG
- Islington CCG
- Newham CCG
- Redbridge CCG
- West Essex CCG
qFIT PILOT SET UP

1. **Patient visits GP with abdominal symptoms**
   - FIT test given to patient by GP
   - Test sent back by patient to dedicated lab

2. **Nurse triage and then booked in for a colonoscopy (STT)**
   - Booked into 2ww clinic
   - Clinic
   - Endoscopist triage and book

3. **Colorectal Referrals (2WW LGI any GP)**
   - Colonoscopy
     - OPC
     - Other Ix

4. **Results sent to Pilot study data scientist**

5. **TRUST RECORDS OUTCOME**
   - Continue pathway

6. **LAB RECORDS OUTCOME**
qFIT – EXPECTED BENEFITS

- Improved patient experience
- Reduce the number of colonoscopies by approx. 40% freeing up endoscopy capacity for other programmes

NEXT STEPS

- NHS qFIT group
- Phase II – test uptake & sample collection methods + collaborations
- Evaluating GP & patient acceptability
- Cost-benefit analysis
QUESTIONS?

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