

## **HIPS/21/55 – The Impact Of Primary Care Led, FIT-Based, Triage Of New Onset Colorectal Symptoms On Diagnostic Service Demand And The Diagnosis Of Colorectal Cancer.**

Symptoms poorly predict colorectal (bowel) cancer (CRC). Patient awareness initiatives (e.g. Detect Cancer Early) led to a rapid increase in 'suspected cancer' colonoscopy referrals but the yield of CRC remained low at ~5%. An effective means of triage of symptomatic patients is required to avoid unsustainable pressure on diagnostic services and the unintended consequence of delaying diagnosis of CRC.

Measurement of the patient's faecal haemoglobin (Fhb) concentration (amount of blood in the stool) with a FIT (Faecal Immunochemical Test) is now recommended in UK guidelines. Patients with undetectable Fhb carry an extremely low risk of CRC and may not need investigation. However, there remains debate around whether the FIT test should be deployed by GPs (with fears that referrals will increase, or that CRC may be missed) or should only be used in patients after referral to secondary care. Furthermore, NICE suggests FIT testing should be reserved for 'low-risk' symptoms, but recent large studies have challenged this.

NHS Tayside pioneered GP led, FIT-based triage of all patients with new bowel symptoms in December 2015 and more than 60,000 FIT samples have been analysed. We wish to take the FIT laboratory results and, using the patients' unique CHI number, link them with the corresponding electronic patient record to note the clinical details, blood results, subsequent referral, investigations performed, and final outcomes, and link to the Scottish Cancer Registry to determine the impact of FIT triage in primary care on referral rates, diagnostic service demand, and the timely diagnosis of CRC.