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Black Country Pathology Services



FIT Test

Trace Elements Laboratory Clinical Biochemistry



NHS Pathology Serving the Black Country

Provided by Sandwell and West Birmingham NHS Trust, The Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals

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Sample requirements

- Faecal sample in a blue/or plain top tube.
- If possible extraction completed by patient.
- Lab to collect within 24 hours of collection.
- If unable to collect immediately (<24hours) freeze -20°C until transport. Please note: Extraction devices can be provided to increase the stability of sample.

Clinical Use

It is important in aiding the diagnosis of conditions such as ulcers, malignancy of the stomach or the alimentary tract, duodenum, small and large intestine and other colorectal diseases. Faecal occult blood (i.e. blood not visible to the naked eye) A positive result indicates that bleeding is occurring within the gastrointestinal tract. The FIT assay is a part of the national screening programme for colorectal cancer.

The Faecal Immunochemical Test (FIT) in conjunction with Calprotectin analysis (CALP) are also utilised in the primary care setting in the investigation of altered bowel habit

In July 2017 the National Institute for Health and Care Excellence published NICE Guidance DG30:

“Quantitative faecal immunochemical tests (FIT) to guide referral for colorectal cancer in primary care”

NICE DG30 recommends FIT for adoption in primary care to guide referral for suspected colorectal cancer in people without rectal bleeding who have unexplained

symptoms but do not meet the criteria for a suspected cancer pathway referral outlined in NICE’s guideline on suspected cancer (recommendations 1.3.1 to 1.3.3).

This test offers the following benefits:

- Identification of early or significant colon cancer.
- Allows for cost effective screening test and subsequent review/follow-up response to treatment
- Minimally-invasive routine faecal sample vs invasive colonoscopy
- There are no dietary or drug restrictions.
- Not only cancer detected but also some higher-risk adenoma, sometimes precursors of cancer, and Inflammatory Bowel Disease.

Reference ranges:

Interpretation of results	
<10 ng/ml	Negative FIT.*
>10 ng/ml	Positive FIT**

* = Negative FIT If symptoms persist suggest check Calprotectin after 4 weeks.

Stop NSAIDS 2 weeks prior to repeat test.

** = Positive FIT. Suggest urgent referral.

Method:

The HM-JACK arc Faecal Occult Blood Test Analyser measures the human haemoglobin present in a faecal specimen by a quantitative immunoturbidimetric method. We offer electronic reporting of results by PDF and NPEX.

Turn round

We aim to analyse and report the results within 5 working days from receipt of sample. Current TAT is 2.8 days.

References

1. Alpha labs
https://www.alphalabs.co.uk/media/productfile/file/d/d/ddh_brochure_update_apr20.pdf
www.alphalabs.co.uk/fit
2. Rutter MD, East J, Rees CJ, et al. British Society of Gastroenterology/ Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer resection surveillance guidelines. Gut. 2020;69(2):201-223. doi:10.1136/gutjnl-2019-319858
3. Buskermolen M, Cenin DR, Helsing LM, et al. Colorectal cancer screening with faecal immunochemical testing, sigmoidoscopy or colonoscopy: a microsimulation modelling study. BMJ. 2019;367:I5383. Published 2019 Oct 2. doi:10.1136/bmj.I5383
4. Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care: 26 July 2017 [DG30]

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