Management of Patient who are qFit negative with 2WW Colorectal Symptoms

The following document has been written to support Primary care clinicians in the onward management of patients with 2WW colorectal symptoms who are qFit negative.

This is based on guidance developed in Nottingham alongside conversations with BNSSG and SWAG clinicians. The suggestions below are do not cover all possibilities and decisions about appropriate investigation and onward referral remain with the assessing clinician.

A non site specific symptoms service (NSS.ref3) is available to clinicians in BNSSG whose remit is to investigate patients where there is significant clinical concern of cancer and no other appropriate 2WW/urgent pathway. Some of the patients who are qFit negative may be appropriate for this service depending on their symptoms, clinical signs and results of investigations.

The following guidance is based on the evidence that in the scenarios where a qFit is advised pre-referral a negative qFit means that an individual has a less than population risk of having CRC. This does not mean no risk of CRC but does mean that an alternative diagnosis is more likely and should be explored with appropriate tests if the patient has ongoing symptoms of concern.

Consideration could also be given to repeating a qFit if there is ongoing clinical concern as results from a recent study show patients with two negative qFit results have a colorectal cancer risk of <0.04%.[[1]](#footnote-1)

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The following groups of patients now need a qFit >= 10 before referral on a colorectal 2ww pathway

* Over 60 with CIBH
* Over 40 with abdominal pain and weight loss
* Over 50 with unexplained rectal bleeding
* Under 50 with Rectal bleeding and any of the following unexplained symptoms or findings
  + Abdominal pain
  + Change in Bowel Habit (CIBH)
  + Weight Loss
  + Iron Deficiency Anemia (IDA)

**FIT Negative AND CIBH**

CIBH is more likely to be pathological if it is a change to looser stools lasting over 6 weeks.

Consider blood tests; FBC, UE, LFT, HbA1c, Haematinics, TSH, TTG, CRP, CA125 and check faecal calprotectin/faecal elastase, refer on according to results if appropriate

Consider whether meets criteria for Upper GI 2WW

Review of medication history (many medications can cause microscopic colitis)

If profuse watery diarrhoea for routine colonoscopy as ?microscopic colitis

Consider pelvic floor pathology and obstructive defaecation

If ongoing symptoms of concern then consider routine gastro A+G

**FIT Negative AND Unexplained Weight Loss and Abdominal Pain**

Consider whether meets criteria for other 2ww referral

If no other appropriate alternative pathway complete non site specific service (NSS) filter function tests and consider referral to NSS service.

**Fit Negative and Unexplained Rectal Bleeding**

Patients to have a DRE as part of initial assessment, consider further investigation in the context of ongoing symptoms and no identified cause.

Bloods including FBC, Ferritin and check faecal calprotectin

Refer for routine flexi sigmoidoscopy.

**Fit Negative with Rectal bleeding and any of the following unexplained symptoms or findings; Abdominal Pain, CIBH, Weight loss, IDA**

Patients to have a DRE as part of initial assessment, consider bloods including FBC, UE, LFT, TTG, CRP, faecal calprotectin and stool mc+s.

Refer for non 2ww colonoscopy or other diagnostic test depending on the results

1. [Faecal Immunochemical Testing (FIT) in patients with signs or symptoms of suspected colorectal cancer (CRC): A joint guideline from the Association of Coloproctology of Great Britain & Ireland (ACPGBI) and the British Society of Gastroenterology (BSG) - The British Society of Gastroenterology](https://www.bsg.org.uk/clinical-resource/faecal-immunochemical-testing-fit-in-patients-with-signs-or-symptoms-of-suspected-colorectal-cancer-crc-a-joint-guideline-from-the-acpgbi-and-the-bsg/)
2. [COLOFIT - Optimal use of Faecal Immunochemical Testing for patients with symptoms of possible colorectal cancer. - NIHR Funding and Awards](https://fundingawards.nihr.ac.uk/award/NIHR133852)
3. [remedy pathway (bnssgccg.nhs.uk)](https://remedy.bnssgccg.nhs.uk/suspected-cancer-2ww/non-specific-symptoms-2ww/)
4. [Scenario: Referral for suspected gastrointestinal tract (upper) cancer | Management | Gastrointestinal tract (upper) cancers - recognition and referral | CKS | NICE](https://cks.nice.org.uk/topics/gastrointestinal-tract-upper-cancers-recognition-referral/management/referral-for-suspected-gastrointestinal-tract-upper-cancer/)
5. [Scenario: Referral for suspected gastrointestinal tract (lower) cancer | Management | Gastrointestinal tract (lower) cancers - recognition and referral | CKS | NICE](https://cks.nice.org.uk/topics/gastrointestinal-tract-lower-cancers-recognition-referral/management/referral-for-suspected-gastrointestinal-tract-lower-cancer/)
6. [B2005\_i\_Using-faecal-immunochemical-testing-lower-gastrointestinal-pathway\_primary-care-letter.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2022/10/B2005_i_Using-faecal-immunochemical-testing-lower-gastrointestinal-pathway_primary-care-letter.pdf)

1. [A cohort study of duplicate faecal immunochemical testing in patients at risk of colorectal cancer from North-West England | BMJ Open](https://bmjopen.bmj.com/content/12/4/e059940) [↑](#footnote-ref-1)