PATIENT PERCEPTION OF FIT IN THE DIAGNOSTIC PATHWAY FOR COLORECTAL CANCER: A MIXED METHOD STUDY

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Introduction The faecal immunochemical test (FIT) is a non-invasive, quantitative immunoassay detecting haemoglobin in faeces. FIT is used in bowel cancer screening in the UK for the asymptomatic population. There is mounting evidence of the high diagnostic accuracy of FIT in patients with suspected colorectal cancer (CRC) symptoms. To date, there is no research on usability and perception of FIT in these patients. The aim of the study was to better understand variation in patient perception and acceptability of FIT for patients with suspected CRC symptoms.

Methods A questionnaire was co-developed with patients and included 21 statements covering four themes: FIT feasibility, faecal aversion, patient knowledge and future intentions. Questionnaires were sent to patients with suspected CRC symptoms participating in the NICE FIT study, a multicentre study determining FIT sensitivity for CRC in symptomatic patients. Logistic regression analysis explored differences in patients’ test perception by demographic factors. In addition, semi-structured interviews were conducted with patients who had experienced suspected CRC symptoms and used FIT.

Results 1151 questionnaires (31% response rate) were analysed; 90.1% of patients found faecal collection straightforward, (95% CI 88.3% – 91.8%), 76.3% disagreed FIT was unhygienic (95% CI 73.7% – 78.6%), 78.0% would prefer FIT to colonoscopy (95% CI 75.6% – 80.4%). Preference for FIT over colonoscopy increased with age (OR 1.02; 95% CI 1.01 – 1.03). Intention to use FIT again was stronger in patients who successfully used FIT than those who did not (OR 11.19; 95% CI 2.75 – 45.52) and people of white compared to other ethnicities (OR 3.17; 95% CI 1.31 – 7.68). 15 patient interviews were completed. Patient interviews identified that patients’ perception of GP workload could influence test return preferences with patients concerned that returning FIT directly to GPs could add to GP workload. Patients’ perception of missing CRC using FIT, and their personal perception of acceptable risk of missed cancer was variable with evidence that patients’ personal experience of cancer risk could influence future behaviour in investigation preference.

Conclusions While most patients found FIT practical and hygienic, perception differences were found. Developing strategies to engage patients with more negative FIT perception should be part of symptomatic FIT pathways. FIT recommendation from GPs should trigger a simple patient pathway with rapid secondary care input.
1 x caecal cancer. Presented with significant weight loss and diarrhoea. So in our cohort, the sensitivity, specificity and NPV of \( \text{FiT/C21} \geq 10 \) for colorectal cancer was 98%, 57% and 99.9% respectively.

**Discussion & Conclusions**

There has been a reduction in the proportion of CWT referrals seen within 14 days between 2019 and 2020 in our institution. This study was to determine if we could use FiT to improve this proportion with the same resources. We have demonstrated that FiT \( \geq 10 \) has a very high NPV for colon cancer. A significant proportion of patients referred via the LGI CWT pathway have a FiT <10. Therefore, if triage by prioritising urgent investigation for only patients with FiT \( \geq 10 \) or with concerning symptoms (eg palpable abdominal or rectal mass) were implemented this will free up LGI CWT slots and allow safe targeting of resources for urgent investigation to patients with higher likelihood of CRC.

**REFERENCES**

1. Looi S, Nylander D. Gut Jan 2021
2. https://www.cancerdata.nhs.uk/cwt_conversion_and_detection

**Abstract PTH-108 Figure 1**

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