

FIT TEST AND ENDOSCOPY SERVICE IN SWANSEA BAY HEALTH BOARD DURING COVID PANDEMIC

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1- Introduction

Endoscopy service has been significantly disrupted during the COVID pandemic which has led us to look for alternatives for prioritising diagnostic procedures. FIT (Faecal Immunochemical test) has been widely used to prioritise endoscopy requests and this study evaluated its reliability in clinical settings.

2- Methodology

This piece of work was carried out as part of wider Quality Improvement project to effectively improve diagnostic yield of endoscopy especially during the COVID pandemic. Retrospective data was collected for all the FIT tests requested during 17th of January to 7th of October 2020 (A FIT was sent for everyone waiting for a lower GI endoscopy and also for those with anaemia awaiting an upper GI Endoscopy as per our local protocol. Patients with visible rectal bleeding were excluded from FIT analysis)

4- Conclusion

FIT is an effective way of prioritising endoscopy requests and our study have shown that. Higher FIT result did not correspond to a serious endoscopic outcome in our study. We plan to further develop FIT related endoscopy prioritisation protocol. Our project led to a business case in the local Health board and as a result FIT testing is available to all Gastroenterologists, Colorectal surgeons and GPs in Primary care.

3- Results

385 patients were sent a FIT kit during the timescale out of which 6 (1.5%) were for OGD, 41 (11%) for Flexible Sigmoidoscopy, 233 (60.5%) for colonoscopy, 102 (26%) for double ended endoscopy while 1 request was for FIT only. No reason was mentioned in 2 of the requests.

FIT was positive in 54 (14%) of those patients, negative in 232 (60%) while in 99 (26%) patients either it was not returned or endoscopy was directly booked/cancelled by the referrer.

Out of those patients with positive FIT, 9 (17%) were found to have no abnormality, another 9 (17%) were found to have polyp(s) > 1cm, 10 (18%) had cancer, 12 (22%) showed other abnormality including Diverticular disease, Haemorrhoids, IBD, Angiodysplasia or upper GI ulcer. 5 (9%) patients cancelled their appointments for endoscopy while 1 (2%) was deemed appropriate to have an urgent outpatient appointment and 1 (2%) was diverted to have a CT scan instead.

Overall, 98 (25%) endoscopies were requested out of total 385 FIT requests. Out of which, 28 (28.5%) showed no abnormality, 22 (22.5%) showed polyp(s) >1cm, 10 (10%) showed cancer and 31 (32%) showed other abnormality as described above.

Interestingly, all 10 (100%) of cancer outcomes had a positive FIT result so was 6 (85.7%) out of 7 with significant abnormality i.e., Polyp(s) >1cm. FIT result in these two categories was anywhere between 12.1 to 400 (10 being upper normal limit and 400 being the highest reported value for FIT)