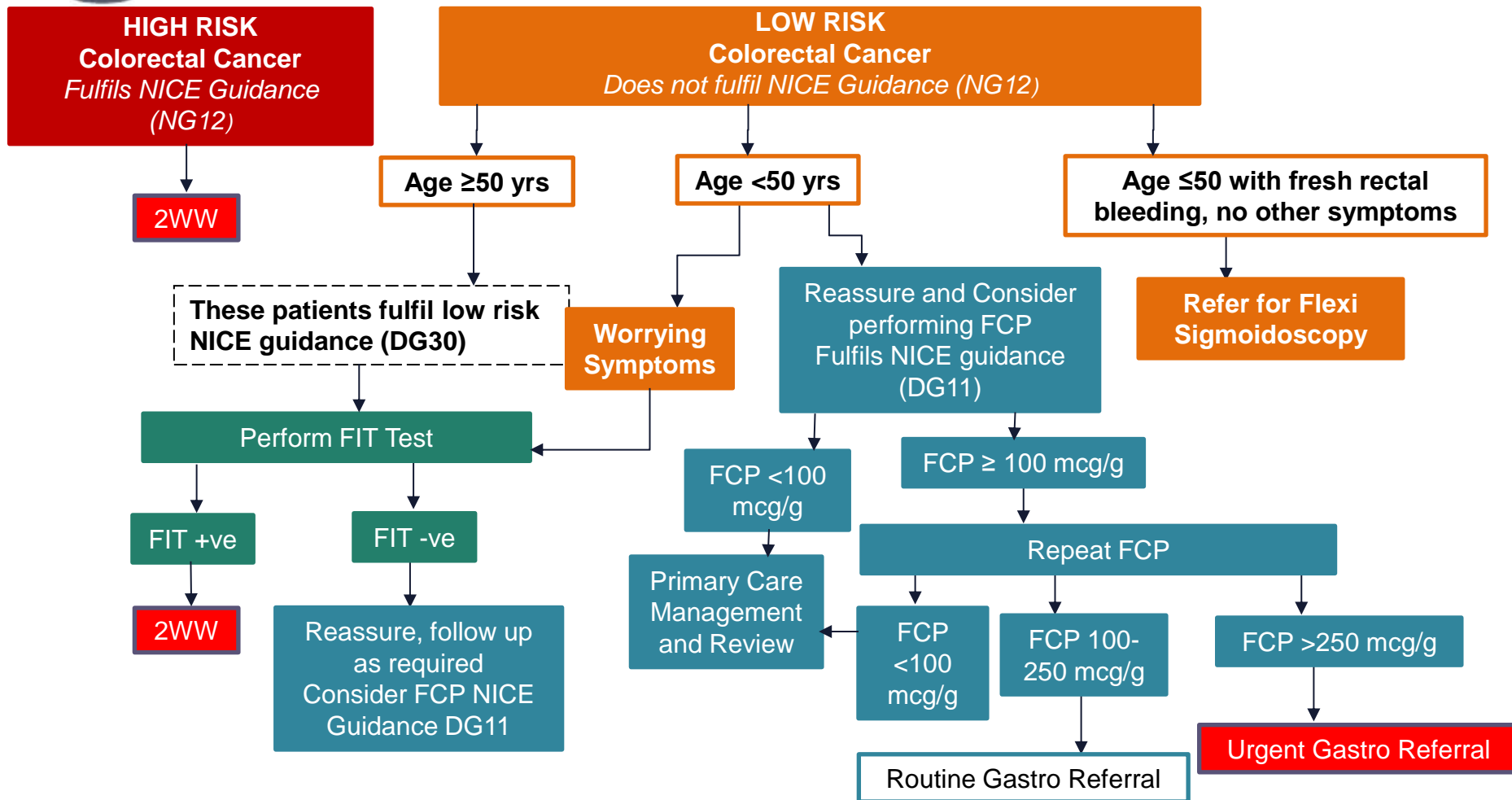




FIT = Faecal Immunochemical test
FCP = Faecal Calprotectin

Lower GI Symptoms



South Yorkshire, Bassetlaw
& North Derbyshire

**CANCER
ALLIANCE**

NHS
Barnsley
Clinical Commissioning Group

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Main criteria for NICE guidance

NG12- Colorectal cancer

1.3.1 Refer adults using 2WW form if:

- they are aged 40 and over with unexplained weight loss and abdominal pain **or**
- they are aged 50 and over with unexplained rectal bleeding **or**
- they are aged 60 and over with:
 - iron-deficiency anaemia **or**
 - changes in their bowel habit, **or**
- tests show occult blood in their faeces

1.3.2 Consider a 2WW referral for colorectal cancer in adults with a rectal or abdominal mass.

1.3.3 Consider a 2WW referral for colorectal cancer in adults aged under 50 with rectal bleeding **and** any of the following unexplained symptoms or findings:

- abdominal pain
- change in bowel habit
- weight loss
- iron-deficiency anaemia

1.3.4 This recommendation has been replaced by our diagnostics guidance on quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care. The diagnostics guidance recommends tests for occult blood in faeces, for people without rectal bleeding but with unexplained symptoms that do not meet the criteria for a suspected cancer pathway referral in recommendations 1.3.1 to 1.3.3.

DG30

The OC Sensor, HM-JACKarc and FOB Gold quantitative faecal immunochemical tests are recommended 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 NG12.

1.2 Results should be reported using a threshold of 10 micrograms of haemoglobin per gram of faeces. Companies should provide advice about the performance characteristics of the assays to laboratories, and ensure standardisation of results.

DG11

Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) in adults with recent onset lower gastrointestinal symptoms for whom specialist assessment is being considered, if:

- cancer is not suspected, having considered the risk factors (for example, age) described in NG12 **and**
- appropriate quality assurance processes and locally agreed care pathways are in place for the testing.

1.2 Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of IBD or non-IBD (including IBS) in children with suspected IBD who have been referred for specialist assessment, if:

- appropriate quality assurance processes and locally agreed care pathways are in place for the testing.