

## Rules Extracted from BSOL FIT Pathway (9 March 2023)

### General Rules

#### 1. FIT Test Requirement:

- a. If a GP is concerned about LGI cancer, a **FIT test** must be requested.

#### 2. Criteria for LGI 2WW Referral:

- a. Unexplained abdominal mass.
- b. Unexplained rectal mass.
- c. Anal ulceration/mass.

#### 3. FIT Positive Results ( $\geq 10 \mu\text{gHb/g}$ ):

- a. Requires urgent **LGI 2WW Referral** for further investigation.
- b. Ensure the correct FIT code and 2WW urgent referral codes are added within required timelines.

#### 4. Patients with Iron Deficiency Anaemia (IDA):

##### a. Criteria:

- i. Ferritin  $\leq 45 \mu\text{g/L}$ .
- ii. Hb  $< 130 \text{ g/L}$  (men) or Hb  $< 115 \text{ g/L}$  (non-menstruating women).

- b. **Action:** LGI 2WW Referral for specialist evaluation.

- c. **Outcome:** Identification of underlying pathology such as occult bleeding or cancer.

#### 5. GP Not Concerned About Cancer:

- a. **Action:** Provide advice and guidance or make a routine referral.
- b. **Outcome:** Non-urgent management and safety netting.

#### 6. If the Patient Doesn't Require a Referral:

- a. **Action:** Safety net the patient in primary care.
- b. **Outcome:** Ongoing monitoring of symptoms.

### FIT Negative Pathway

The **FIT Negative Pathway** applies to patients with a FIT test result of  $< 10 \mu\text{gHb/g}$  but with ongoing symptoms requiring further investigation.

## **Criteria and Actions**

### **1. Patients <50 Years Old with Isolated Persistent Change in Bowel Habit (≥4–6 Weeks):**

- a. **Symptoms:** Looser or more frequent stools lasting ≥4–6 weeks.
- b. **Action:**
  - i. Trial IBS treatment in primary care.
  - ii. Perform a faecal calprotectin test:
    - 1. **Positive (>250):** Urgent gastroenterology referral.
    - 2. **Negative (<250):** Routine referral to IBS clinic or continued primary care management.
- c. **Outcome:** Management of IBS or referral to the IBD pathway based on results.

### **2. Patients ≥50 Years Old with Isolated Persistent Change in Bowel Habit (≥4–6 Weeks):**

- a. **Symptoms:** Looser or more frequent stools lasting ≥4–6 weeks.
- b. **Action:** GP direct access to urgent colonoscopy.
- c. **Outcome:** Early identification of potential GI pathologies.

### **3. Patients ≥40 Years Old with Persistent Rectal Bleeding:**

- a. **Symptoms:** Two or more episodes of rectal bleeding within a ≥4-week period (± abdominal pain).
- b. **Action:** GP direct access to urgent flexible sigmoidoscopy.
- c. **Outcome:** Investigation of underlying causes such as hemorrhoids, polyps, or cancer.

### **4. Patients ≥40 Years Old with Weight Loss and at Least One Additional Symptom:**

- a. **Symptoms:** Unexplained weight loss combined with another concerning symptom such as:
  - i. Persistent abdominal pain.
  - ii. Change in bowel habits.
- b. **Action:** GP direct access to CT TAP (Thorax, Abdomen, and Pelvis).
- c. **Outcome:** Investigation of weight loss and associated symptoms for early detection of malignancies or other conditions.

### **5. Patients ≥40 Years Old with Vague Symptoms Including Isolated Weight Loss:**

- a. **Symptoms:** Vague or nonspecific symptoms, including isolated weight loss, frailty, or multiple comorbidities.
- b. **Action:** 2WW NSS Referral (Non-Specific Symptoms).
- c. **Outcome:** Timely evaluation of nonspecific or systemic symptoms, especially for frail patients.

## Handling Test Not Returned or Spoiled

### 1. Test Not Returned:

- a. **Day 7:** GP reminds the patient to return the test.
- b. **Day 21:** GP contacts the patient to arrange a repeat test.

### 2. Test Spoiled or Not Completed:

- a. **Action:** GP contacts the patient for a repeat test.
- b. **Outcome:** Alternative diagnostic pathways are initiated if necessary.

### 3. Patient Declines or Cannot Complete the Test:

- a. **Action:** GP evaluates whether a **2WW NSS Referral** is necessary based on symptoms.

## Key Notes

### 1. 2WW NSS Referral:

- a. Ensures timely evaluation of patients with vague or isolated symptoms to identify potential malignancies.

### 2. Direct Access Diagnostics:

- a. Allows GPs to request flexible sigmoidoscopy, colonoscopy, or CT TAP for symptom-specific investigation.

### 3. Safety Netting:

- a. Patients not referred for further investigation should be monitored in primary care to ensure no significant symptoms are missed or ignored.

This concise version eliminates redundancies while retaining all critical information about criteria, actions, and outcomes. Let me know if further refinements are needed!