Faecal Occult Blood (FOB) testing

In accordance with agreed guidelines (SIGN, NICE, Scottish Referral Guidelines for Suspected Cancer), there is no indication for doing FOBs in symptomatic patients (GI symptoms or anaemia). In line with good clinical practice, and following extensive negotiation, laboratories in Lothian will stop routinely performing FOB tests for diagnostic use. For the same reason, FOB testing on wards should cease. This change will be implemented as of now.

Scotland has one of the highest incidences of colorectal cancer in the world, and colorectal cancer is the 2nd most common cause of cancer death (SIGN). In the past, FOBs have been used as part of the patient pathway for management of iron-deficiency anaemia.

However this advice is now outdated and now not considered safe:

- It is an unnecessary test, & the evidence is that its use leads to significant delays in referral (Brit Soc Gastroenterology)
- The test is effective for population screening, but is too insensitive for use in symptomatic patients -**A NEGATIVE FOB test does not exclude either chronic gastrointestinal blood loss or cancer and can falsely reassure**
- If a patient has an iron deficiency anaemia without an obvious cause, and no symptoms relating to the GI tract, they still need to be referred urgently to Gastroenterology to exclude an underlying malignancy and investigated for upper/lower GI cancer
- It is crucial to check ferritin levels PRIOR to iron supplementation, for accuracy of diagnosis. Ferritin is an acute phase protein, so may be raised in acute infection or chronic activation of the immune system (eg Rheumatoid disease). It can also be increased in liver disease. In these situations, iron deficiency may be masked, and in addition to ferritin, iron, transferrin and transferrin saturation levels should be requested as well, to aid interpretation.
- Menorrhagia and urinary blood loss need also to be excluded as causes of iron deficiency: pre-menopausal women with iron deficiency, a history of significant menstrual loss, and no other symptoms, rarely need to be investigated further
- If it is UNCLEAR if an anaemia is iron-deficient or not, then initial referral should be to the Haematologists for investigation, unless there are significant gastrointestinal symptoms.
- The British Society of Gastroenterology has issued excellent guidance on managing iron-deficiency anaemia, without FOB testing, and includes recommendations about thresholds for investigation and referral (www.bsg.org.uk/pdf_word_docs/iron_def.pdf)

FOB testing has been shown to be of value in *screening only* (15% reduction in the relative risk of colorectal cancer mortality) and this is to be introduced into Lothian in May 2008. Details can be accessed at www.bowelscreening.scot.nhs.uk.

The following also provide useful guidance:

- NICE- 'Referral for Suspected Cancer'. (Sections 1.4: Upper & 1.5 especially)
- SIGN 67: 'Management of Colorectal Cancer'
- 'Scottish Referral Guidelines for Suspected Cancer' (Scottish Exec Health Dept at www.sehd.scot.nhs.uk/mels/HDL2007_09.pdf). Again emphasises urgent referral: 20% of upper GI cancers present with anaemia.
- Refhelp on the Lothian NHS website.

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26/05/2008

Review Date 26/05/2010