Consultation Document

Faecal occult blood testing in the Auckland and Northland regions
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The Auckland Metro Clinical Governance Forum has reviewed this proposal (23rd November 2017) and endorses it.

Background
Faecal occult blood testing (FOBT) detects the presence of haemoglobin in faeces, and is used in screening for colorectal adenomas and cancers.

New Zealand is in the process of rolling out the National Bowel Screening Programme for bowel cancer which started in July 2017, and will be active throughout the country by 2020. People aged between 60 and 75 years, and eligible for publicly funded healthcare in NZ, will be invited to undergo screening with FOBT.

Presently FOBT in the community (outside of the screening programme) is being used in an informal and inconsistent fashion. Sometimes it is being employed in both primary and secondary care for patients presenting with a variety of different gastrointestinal complaints, and for asymptomatic patients with a family history of bowel cancer or who have a more general concern about bowel cancer. Some GPs are maintaining a database of their patients and performing screening as a formal screening programme would.

While it is acknowledged that this testing is being driven by good intentions and justifiable community concern about bowel cancer, there are the following concerns:

1. Inequitable access to healthcare, and in particular, specialist diagnostic services such as colonoscopy
2. Misallocation of scarce diagnostic services (colonoscopy, CT colonography, histo-pathology), particularly in the setting of false positive FOBT
3. Potential waste of resource where FOBT is available through both ad hoc community testing and a formal screening programme
4. FOBT is not a component of the MOH Direct Access Referral Criteria for Colonoscopy or CT Colonography (2015)

Clinical scenarios of where FOBT is being used, and advice on appropriate investigations, are given in Appendix 1.
Representatives from the National Bowel Screening Programme, the National Bowel Cancer Working Group, the regional DHBs gastroenterology heads of department, the Northland DHB general surgery head of department, and the Auckland and Northland community laboratories have discussed the issue of continued availability of FOBT in the Auckland and Northland communities outside of the National Bowel Screening Programme, and have agreed on the following:

**FOBT should not be available in the Auckland and Northland communities outside of the National Screening Programme.**

**Proposed change for the Auckland and Northland regions:**
Discontinue FOBT in community laboratories (unless they are providing service to the National Screening Programme).

**Consultation Process**

1. **We are seeking feedback from the following groups:**
   a. General practitioners in the Auckland and Northland regions
   b. Gastroenterologists in the Auckland and Northland regions
   c. Colo-rectal surgeons in the Auckland and Northland regions
   d. Oncologists in the Auckland and Northland regions
   e. The Auckland Metro Clinical Governance Group
   f. The Auckland and Northland regional PHOs
   g. The Waitemata Bowel Screening Programme
   h. The Bowel Cancer National Working Group
   i. NZ Society of Gastroenterologists
   j. NZ Cancer Society
   k. Bowel Cancer NZ

2. **The consultation time frame**
   a. Consultation begins: Monday 27th November 2017
   b. Consultation ends: finish of business Friday 15th December 2017
   c. Decision announced: Friday 22nd December 2017

3. **How to give feedback**
   a. Formal feedback and submission should be made in writing and addressed to Dr Arlo Upton, preferably by email at arlo.upton@labtests.co.nz
   b. All feedback that includes the name of the person providing the feedback will be acknowledged. All feedback is confidential to the review team.
Appendix 1. Clinical scenarios

Anaemia

Anaemia is a common laboratory finding and has multiple causes (bpac® Best Tests Sept 2013). Microcytic anaemia with low ferritin may be due to blood loss, including gastric bleeding.

Investigation of iron deficiency anaemia depends on the patient age and gender, family and clinical history, and examination. In the community setting, a post-menopausal female and all males with unexplained iron deficiency anaemia should be referred for colonoscopy and gastroscopy. Such screening is also appropriate in pre-menopausal women with either GI symptoms or increased risk for colo-rectal cancer (personal history of adenomatous polyps, inflammatory bowel disease, and personal or family history of colo-rectal cancer - http://www.health.govt.nz/system/files/documents/publications/brochure-primary-care-colorectal-cancer.pdf). Further information about the investigation of iron deficiency anaemia can be found on the Auckland Regional Health Pathways (https://aucklandregion.healthpathways.org.nz/index.htm).

Family history of colo-rectal cancer (CRC)

Individuals with a family history of CRC may be at increased risk – depending on the number of relatives affected and their ages at diagnosis. Further information about risk stratification and appropriate management can be found here on page 5 (http://www.health.govt.nz/system/files/documents/publications/brochure-primary-care-colorectal-cancer.pdf). FOBT is not indicated in this setting. More information about familial bowel cancer can be here - http://www.nzfgcs.co.nz/.

Patients presenting with change in bowel habit / abdominal pain

Change in bowel habit/abdominal pain are common presentations and have multiple aetiologies. Red flags for significant bowel pathology include:

1. Unintentional weight loss
2. Abdominal or rectal mass
3. Blood in stool
4. Unexplained iron deficiency anaemia
5. Change in bowel habit lasting longer than six weeks

These patients should be referred to gastroenterology for further evaluation. Further information is available at the Auckland Regional Health Pathways (https://aucklandregion.healthpathways.org.nz/index.htm).

Patients with a change in bowel habit/abdominal pain without these red flags should have appropriate clinical workup. If no cause is found and the issue persists, discussion with gastroenterology is advised.