Occult Blood - Faeces

Authorised abbrev.
Last updated:

Laboratory  Biochemistry

Comments Following recent national guidance, the faecal occult blood testing service provided by Clinical Biochemistry has been withdrawn as of the 1st April 2011.

While it is assumed that this test is useful in the diagnosis of gastrointestinal conditions such as colorectal cancer and iron deficiency anaemia (IDA), NICE guidance states that this test is not indicated and should not influence decision making in symptomatic patients. In such cases, a full blood count with abdominal and rectal examination is more appropriate. Further information can be found on the NICE guideline website - www.nice.org.uk/nicemedia/pdf/CG027quickrefguide.pdf.

Guidelines for the management of IDA from the British Society of Gastroenterology also state that 'Faecal Occult Blood Testing is of no benefit in the investigation of IDA.'

Many Trusts throughout the UK have already withdrawn this service and with the introduction of the national screening programme for colorectal cancer in asymptomatic patients, the need for laboratories to be offering this test has been further questioned. If you are unaware of the screening programme, please contact your PCT Screening Lead who should have further information.

Aiding this decision is the fact the UK external quality assessment scheme that monitors laboratory performance of this test has decided that it will no longer offer its services to non-screening laboratories. As a result we have consulted our Gastroenterology and Haematology colleagues and decided that the laboratories can no longer offer this test routinely.

I have attached some further information to accompany this letter with further details about this test and if you do have any further questions please contact the duty biochemist – Darlington 01325 743244 (email: hazel.borthwick@nhs.net) or Durham 0191 333 2694 (email: tim.lang@nhs.net).

Thank you for your co-operation with this matter.
CLINICAL USE OF FAECAL OCCULT BLOOD TESTING (FOBt)

- The only evidence-based use for FOBt is in asymptomatic population screening for bowel cancer.
- FOBt should NOT be done simply as part of a general clinical work up and certainly NOT as part of a general admission “screen” and definitely NOT using DRE-obtained faeces.
- FOBt is too insensitive and non-specific to be used in guiding referral or investigation of symptomatic patients [see SIGN 67: Management of Colorectal Cancer].
- FOBt does not feature in NICE Referral Guidelines for patients with suspected cancer.
- FOBt is NOT required in patients who:
  - complain of passing blood per rectum or who have blood evident on stool,
  - have obvious melaena,
  - have significant GI symptoms, or
  - have signs and symptoms suggestive of colorectal pathology.

These patients do require appropriate management as directed by their clinical presentation and they usually require more definitive investigation: FOBt does NOT have a role here in either primary or secondary care.

For those who used FOBt for patients with iron deficiency anaemia, a negative FOBt does NOT exclude the presence of underlying pathology and so irrespective of the result, patients should be referred for investigation.