Effect of deprivation on faecal immunochemical test return rate

We read with interest Bailey et al’s study looking at sociodemographic variations in the return of faecal immunochemical tests (FITs) for colorectal cancer (CRC) detection in primary care. FIT is now embedded into referral pathways for CRC following a recent update by the National Institute for Health and Care Excellence. This study defined FIT returned over 14 days as a non-return, concluding that there was clear variation in demographic, ethnic, and socioeconomic factors in the return rate of FIT. Cohorts least likely to return tests were males, patients under 65, patients of Asian ethnicity, and patients in the lowest social deprivation quintile. This study did not however look specifically at overall time to return an FIT.

The results concurred with a small-scale retrospective cohort study by Cripps et al, which demonstrated that most non-FIT returners were from the most deprived quartile. This study also reviewed the time from GP referral to FIT result, demonstrating a median of 24 days and an average of 40 (range 5–749). It demonstrated that 39.5% of patients took over 28 days to return their test across all sociodemographic groups, questioning whether FIT is the optimal test for cancer pathway entry.

A standardised definition of FIT non-response would help compare acceptability across studies; we suggest a 28-day period would be in line with the Faster Diagnosis Standard. There is definite importance in assessment of factors that reduce return of FITs, as it can help ensure that these cohorts can be targeted more effectively for CRC diagnosis. More work has been done to evaluate FIT uptake in screening populations than in symptomatic cohorts to date. It seems that similar barriers to uptake of FIT exist, despite the care pathway being self-initiated by symptomatic patients.

Further work is needed to understand whether targeted intervention to increase uptake of FIT in those cohorts who decline to return their test will succeed, or whether alternative choices for gaining entry to cancer pathways are required. What is clear is that non-uptake of FIT is likely to widen disparities within those groups who already suffer adverse cancer outcomes.

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References
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