Early value assessment: COLOFIT algorithm to guide colorectal cancer pathway referral in primary care

Faecal immunochemical testing (FIT) is designed to detect small amounts of blood in a faecal sample by using antibodies specific to human haemoglobin. NICE diagnostics guidance 30 recommends using FIT to guide referrals for people without rectal bleeding who have unexplained symptoms but do not meet the criteria for a suspected cancer pathway referral according to NICE guideline NG12. The ongoing diagnostics assessment on quantitative FIT will assess its use in all people with symptoms of colorectal cancer. Following referral, colonoscopy or alternative testing by CT colonography is required to confirm diagnosis of colorectal cancer or other significant bowel pathology. COLOFIT is an ongoing NIHR-funded study designed to develop a prognostic risk-based algorithm that combines the FIT result with patient characteristics and laboratory tests, which are yet to be confirmed. The algorithm produces a probability that the person has colorectal cancer, which could help optimise the use of FIT to guide referral decisions for people with suspected colorectal cancer in primary care. This could ensure that people with the highest risk of colorectal cancer are referred, while people unlikely to have colorectal cancer can avoid colonoscopy, and so reduce the strain on colonoscopy services. The NICE diagnostics assessment programme will assess the COLOFIT algorithm in an early value assessment pilot. The assessment will map the available evidence, assess the potential clinical and cost effectiveness and identify evidence gaps to help direct data collection and further evidence generation in the NHS.