

Report Supplementary Material 15

FIT for Follow-Up study discussion guide

Colonoscopy surveillance

Discussion Group

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Introduction

- Aims and objectives:
 - Colonoscopy surveillance
 - Current surveillance guidelines
 - Future surveillance
 - Information using a step-by-step design
 - Question and answers
 - Decisions and discussions

Ground Rules

- Your rights:
 - Right to withdraw at any stage
 - Right to confidentiality
 - Right to be respected by others
- Please try and discuss with other people only when we ask
- Please try to speak one at a time
- Please ask if something is unclear or if you would like it repeated
- Please don't be offended if we have to move onto the next question, we just want to ensure we ask all of our questions

Group Introduction

Colonoscopy surveillance

Colonoscopy surveillance in the NHS

- There are two routes into colonoscopy surveillance:

GP Referral

NHS Bowel Cancer
Screening Programme

GP Referral

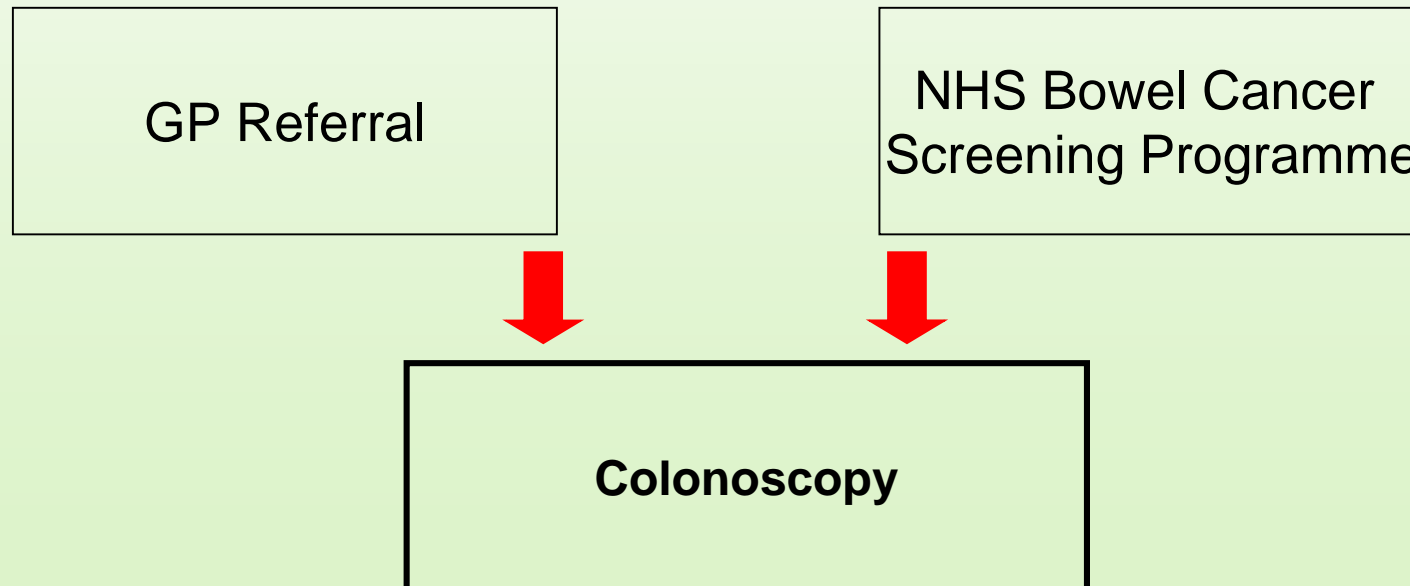
- GP's may refer people for a colonoscopy if they:
 - are presenting with bowel symptoms, e.g., rectal bleeding
 - have a family history of bowel cancer
 - have a pre-existing bowel disorder, e.g., Crohn's Disease

NHS Bowel Cancer Screening Programme (BCSP)

- If individuals receive an abnormal result from their faecal occult blood test (FOBT), i.e., there is blood present, they will be invited to attend a colonoscopy investigation

Colonoscopy surveillance in the NHS

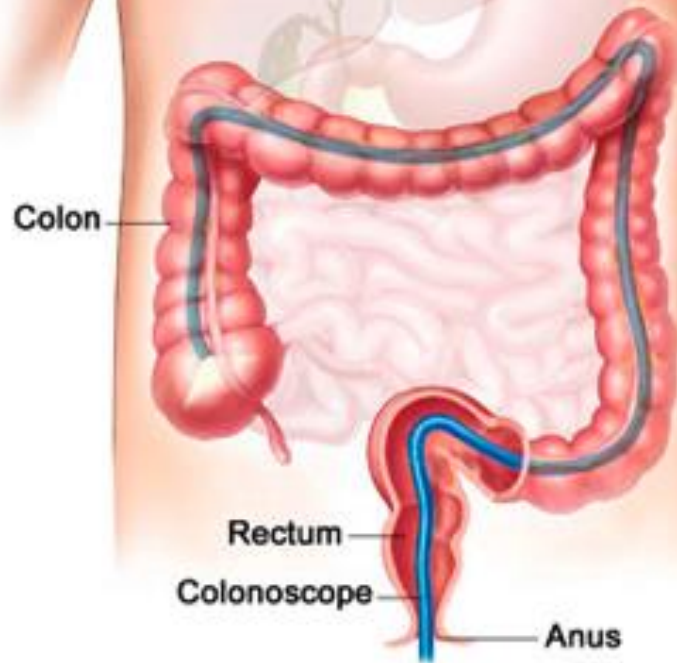
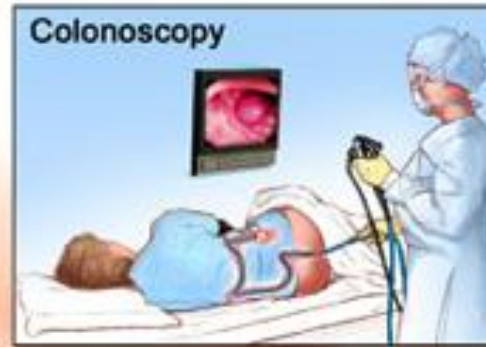
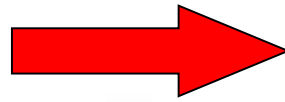
- There are two routes into colonoscopy surveillance:



Colonoscopy

- A thin, flexible tube with a tiny camera is passed through the back passage and around the large bowel
- Small instruments can be attached to the far end of the scope to take tissue samples or remove polyps
- These samples can then be checked for any abnormal cells that *might* be cancerous

The camera produces images of the colon which can be seen on a monitor

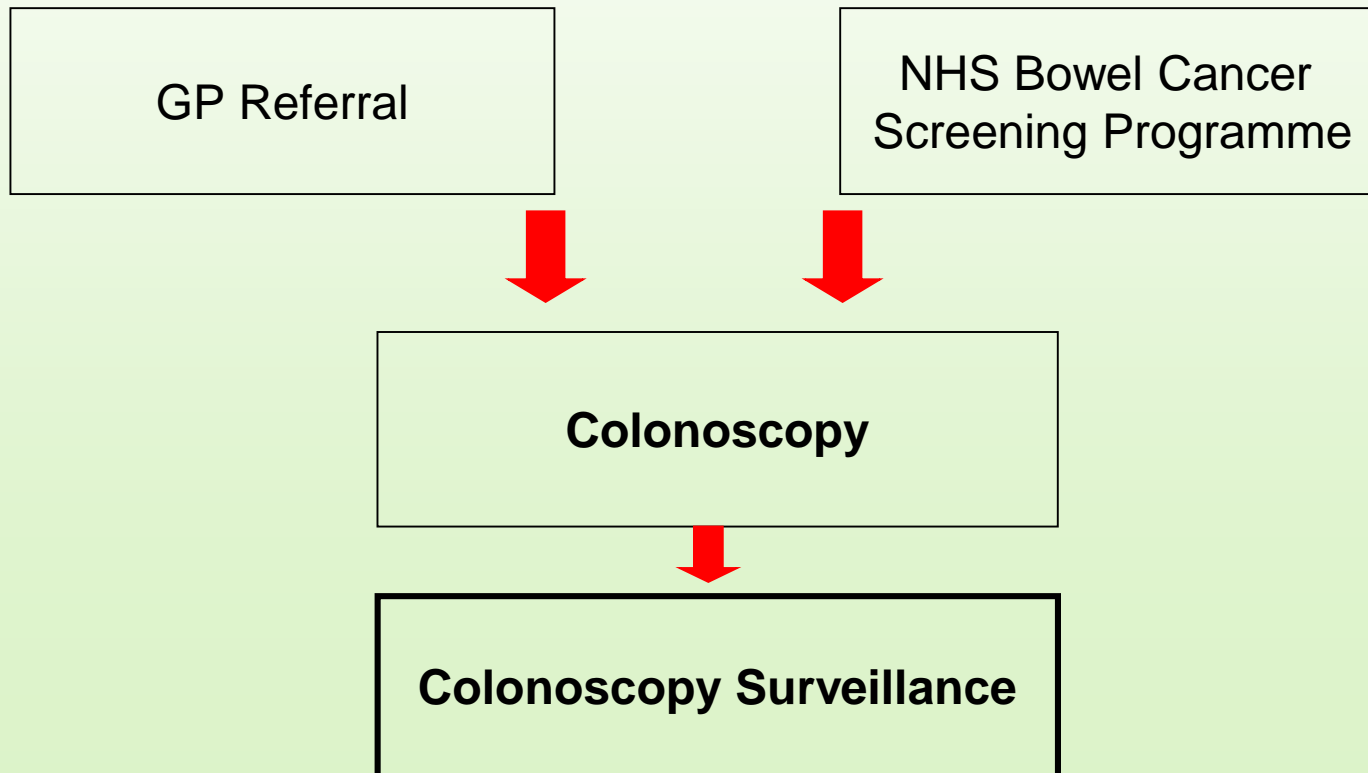


Small instruments can be attached to the far end of the scope to take tissue samples or remove polyps



Colonoscopy surveillance in the NHS

- There are two routes into colonoscopy surveillance:



Colonoscopy surveillance

- Colonoscopy surveillance (monitoring) is recommended if large and/ or multiple polyps have been detected during a colonoscopy
- This is because such people are more likely to develop bowel cancer
- The frequency of surveillance exams can vary as it depends on the size and number of polyps found

Colonoscopy- Advantages

- Currently the best test for detecting bowel cancer
- Can detect a vast majority of polyps
- Any polyps found are removed for analysis
- Provides reassurance to patient

Colonoscopy- Disadvantages

- Inconvenient
 - Bowel preparation, i.e. strong laxative taken a day before procedure
 - Hospital based procedure
 - Mild sedation, e.g. cannot drive after colonoscopy
- Risks to patient
 - 1 in 150 result in heavy bleeding
 - 1 in 1,500 result in bowel perforation
 - 1 in 10,000 result in death
 - Sedative can lower blood pressure

Colonoscopy- Disadvantages (Contd.)

- Results
 - A vast majority of exams will be negative, i.e. they will not find anything significant such as high risk polyps or bowel cancer
 - A vast majority of patients won't gain any benefit other than reassurance

Future surveillance

Future surveillance

What is FIT?



FIT = Faecal Immunochemical Test

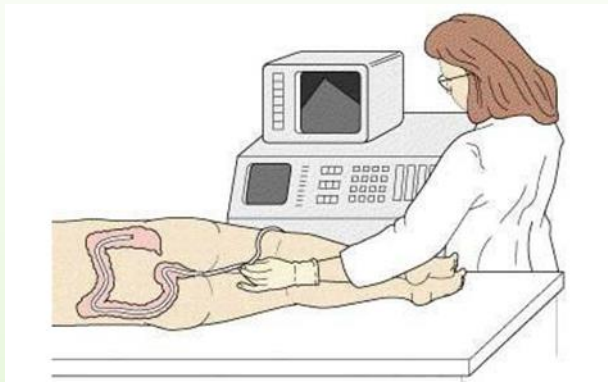
Future Surveillance (Contd.)

- We are only considering FIT for the **intermediate surveillance group**
- FIT once a year may *replace* 3 yearly colonoscopy for people at intermediate risk
- A colonoscopy would only be offered if FIT result was abnormal
- We are just asking you for your views on this subject
 - *it is not current practice in the NHS*

Future Surveillance (Contd.)

- **Why are we investigating FIT?**
 - To provide a safer and more convenient method of protecting people with higher risk of bowel cancer
- **What are the aims of this discussion group?**
 - To offer a comprehensive introduction to FIT
 - To gain your views on whether the FIT test should replace colonoscopy surveillance

Consider the information you have just seen about
FIT REPLACING a routine colonoscopy...



Colonoscopy



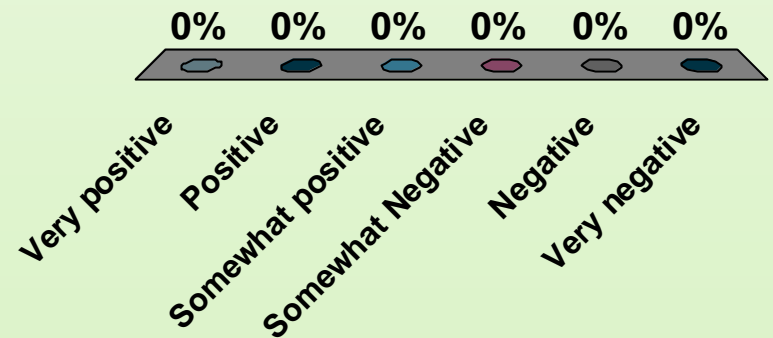
FIT

How would you feel about the offer of a FIT every year instead of 3-yearly colonoscopy?

(**Remember**: You would still receive a colonoscopy if the FIT result was abnormal)

Please make your selection based upon the information you have just received...

1. Very positive
2. Positive
3. Somewhat positive
4. Somewhat Negative
5. Negative
6. Very negative



Group discussion:

- *What do you think about a FIT every year replacing the 3-yearly colonoscopy?*
 - *What are the advantages?*
 - *What are the disadvantages?*

More information on FIT

<p style="text-align: center;">Practical Issues</p> <ul style="list-style-type: none"> •What is FIT? •How does FIT work? •How is FIT carried out? 	<p style="text-align: center;">Results & Outcomes</p> <ul style="list-style-type: none"> •How long will it take to get the results? •What happens if the FIT result is normal? •What happens if the FIT result is abnormal?
<p style="text-align: center;">Accuracy</p> <ul style="list-style-type: none"> •How good is FIT at identifying problems? 	<p style="text-align: center;">Possible risks</p> <ul style="list-style-type: none"> • What are the risks associated with completing a FIT?

Your task



OR



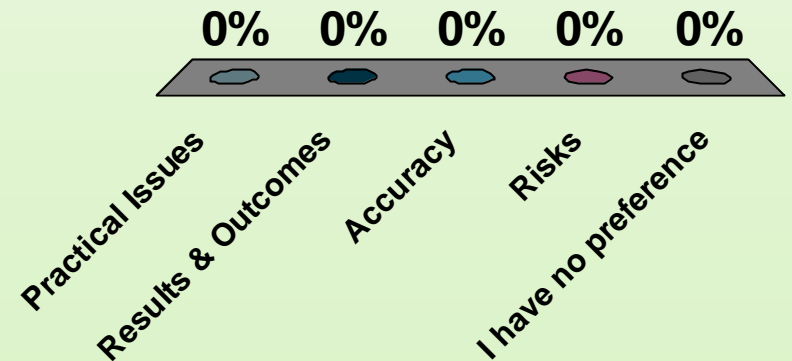
Using your 'keypads', decide for yourself the most important aspect that you would consider when deciding which test to have.

You will then be asked to decide the least important aspect to you. On each 'poll' you only need to decide once.



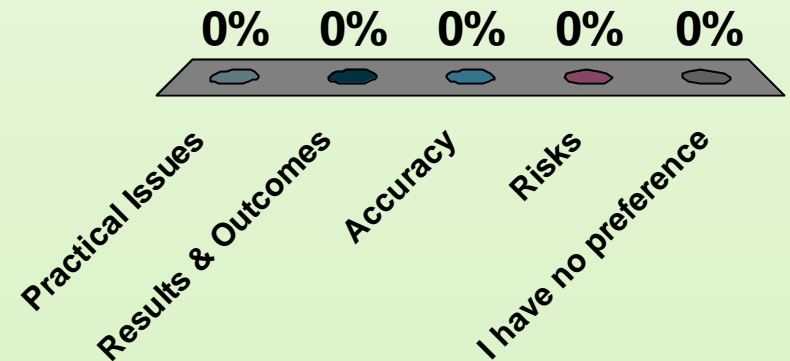
What is the most important aspect to you?

1. Practical Issues
2. Results & Outcomes
3. Accuracy
4. Risks
5. I have no preference



What is the least important aspect to you?

1. Practical Issues
2. Results & Outcomes
3. Accuracy
4. Risks
5. I have no preference



Practical issues

What is FIT?



- FIT detects traces of blood in faecal matter which are not visible to the human eye (occult blood)
- Traces of blood found *may* be an indication of polyps / bowel cancer inside the large bowel which are bleeding

What is FIT? (Contd.)



- FIT cannot diagnose bowel cancer, but will indicate if a colonoscopy is needed
- FIT differs from the FOBt currently used in the NHS BCSP
 - 1 sample (FIT) vs. 3 samples (FOBt)

How is FIT carried out?

- FIT is carried out by the individual in the privacy of their own home
- The test takes approximately 5 minutes to complete

How is FIT carried out? (Contd.)

- Only one sample is required
- There are no dietary or medicinal restrictions
- There is no bowel preparation required

How does FIT work?

- When the sample is taken, a small amount of faecal matter will attach to the grooves on the probe



- When the probe is re-inserted back into the bottle it is pushed through a scraper so that any excess sample is removed

How does FIT detect blood?

- When the sample bottle arrives at the laboratory it is inserted into an analysing machine



- The machine can detect very small amounts of human blood in a sample

FIT advantages

- Completed at home
- 5 minutes to complete test
- 1 faecal sample

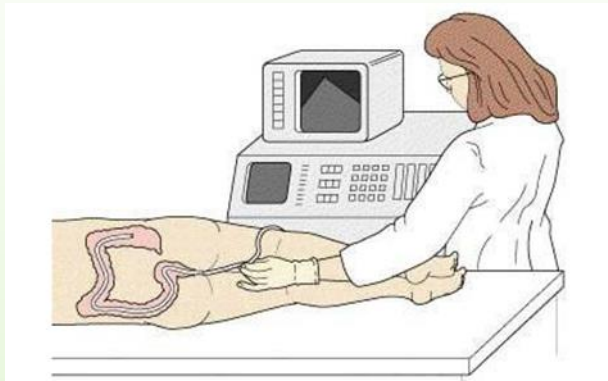
FIT advantages (Contd.)

- No dietary/ medicinal restrictions
- No bowel preparation
- Simple test
- Highly sensitive for detection of occult blood

FIT disadvantages

- Complete a FIT once a year
- May not detect polyps that are bleeding
- May be too sensitive
- Annual FIT may increase worry about bowel cancer
- Currently being trialled, do not know how many bowel cancers will be detected

Consider the information you have just seen about
FIT REPLACING a routine colonoscopy...



Colonoscopy



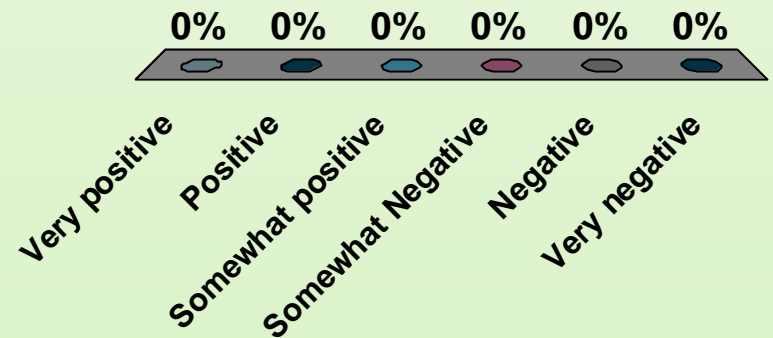
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5. Negative
6. Very negative



Group discussion:

*How would you feel about completing a
FIT?*

Results and possible outcomes

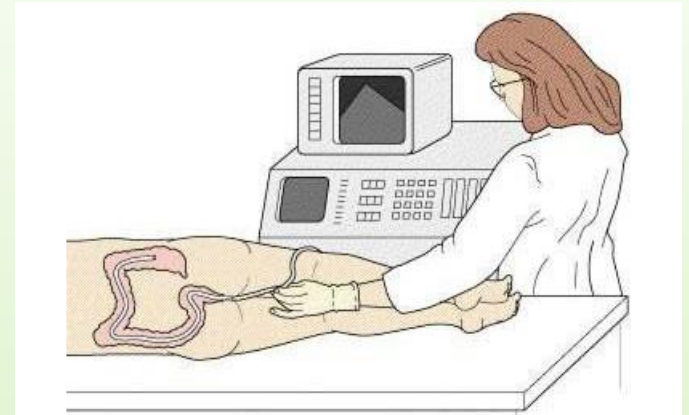
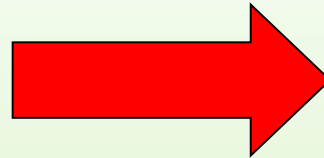
How long will it take to get the results?



Individuals will receive their results at home 2 weeks after posting their sample

What happens if FIT detects blood?

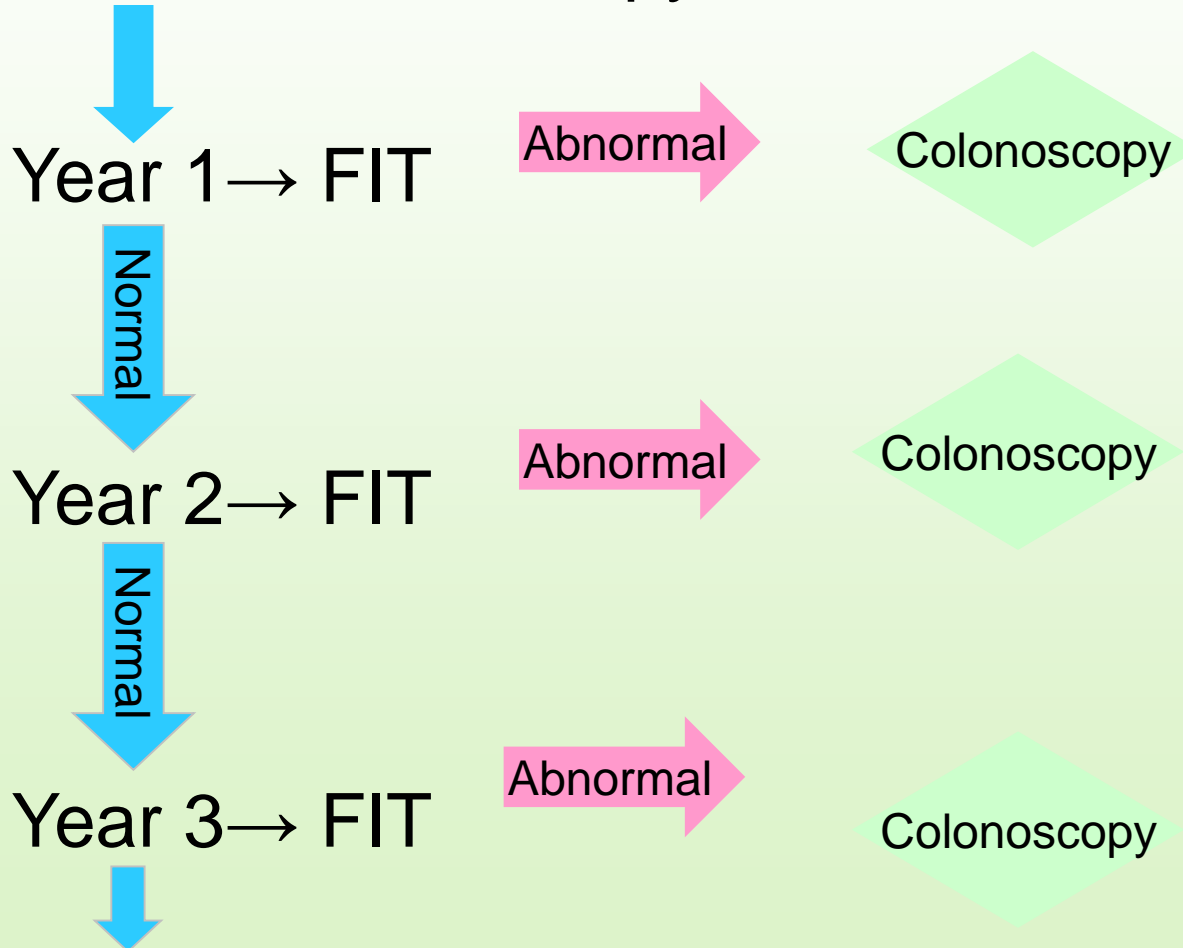
1 in 16 patients will have an abnormal FIT result and be offered a colonoscopy



(In the current screening programme 1 in 50 patients have an abnormal FOBt result and are offered a colonoscopy)

Surveillance Outcomes

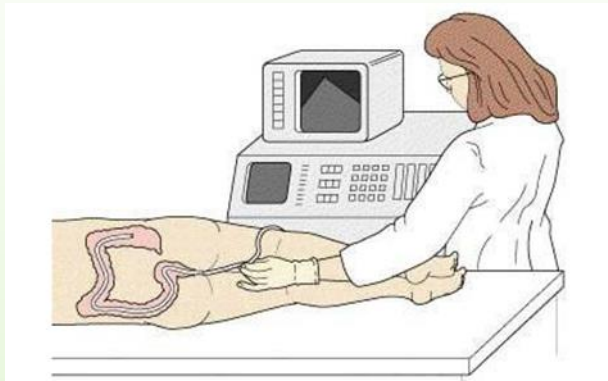
Year 0- Colonoscopy



Summary

- Results of FIT within around 2 weeks
- Normal FIT result = no colonoscopy
- Colonoscopy offered if blood found

Consider the information you have just seen about **FIT RESULTS** and **POSSIBLE OUTCOMES** ...



Colonoscopy



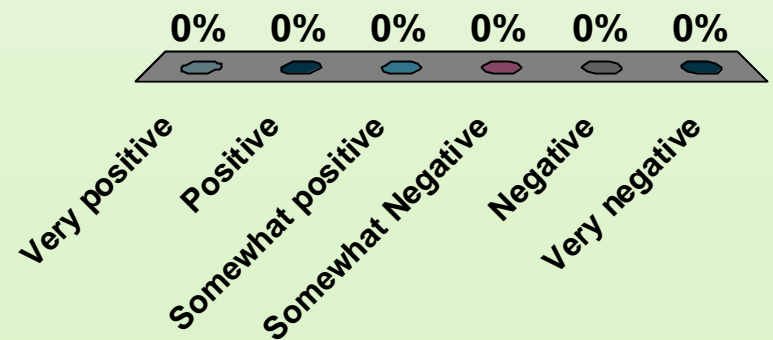
FIT

How would you feel about the offer of annual FIT instead of 3-yearly colonoscopy?

(**Remember**: You would still receive a colonoscopy if the FIT result was abnormal)

Please make your selection based upon the information you have just received...

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3. Somewhat positive
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5. Negative
6. Very negative



Group discussion:

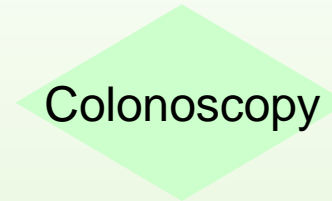
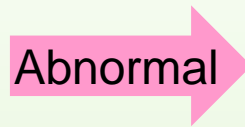
- Imagine you received a **normal** FIT result
- Imagine you received an **abnormal** FIT result

Colonoscopy Outcomes Year 1

Year 0- Colonoscopy



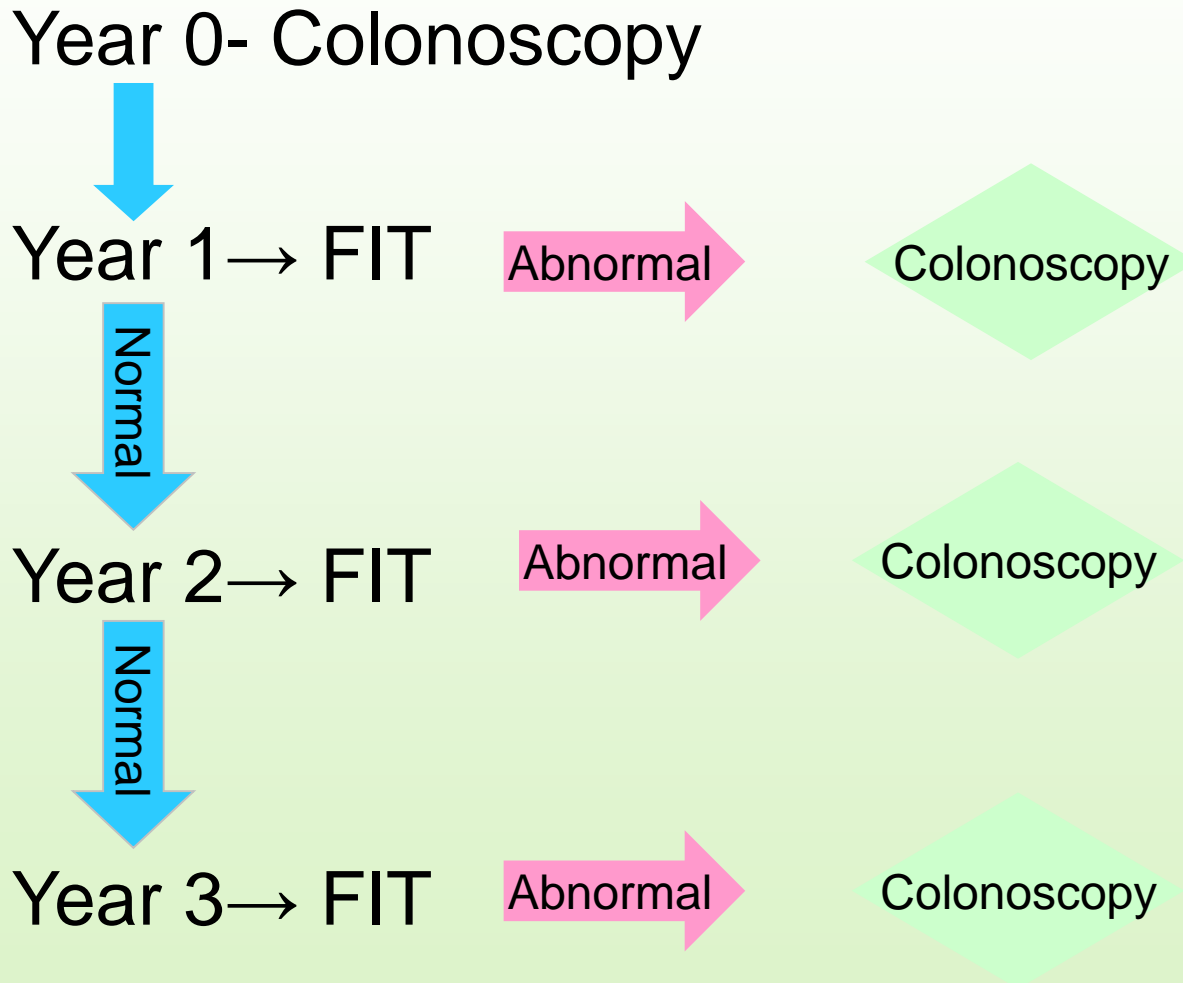
Year 1 → FIT



Group discussion

- Imagine you had an **abnormal** FIT result, but the follow-up colonoscopy **did not find** any abnormalities
- Imagine the follow-up colonoscopy found a polyp that was not cancerous, but may have turned into cancer in the future
- Imagine the follow-up colonoscopy found bowel cancer

Colonoscopy Outcomes Year 2 and 3



Group discussion:

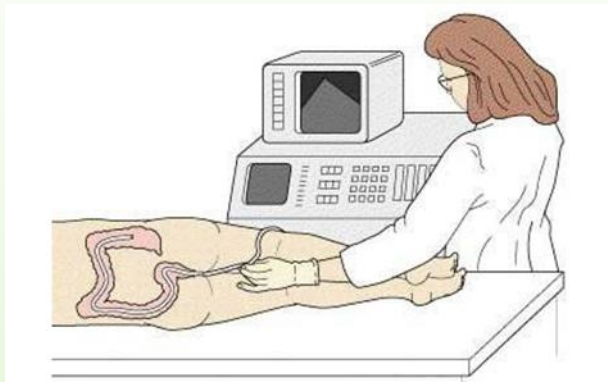
- Imagine you had an **abnormal** FIT result in the 2nd Year.
- Imagine the follow-up colonoscopy found a polyp that was not cancerous, but may have turned into cancer in the future
- Imagine the follow-up colonoscopy found bowel cancer

Accuracy

How accurate is FIT?

- The FIT test only detects human blood in faecal samples, i.e., not blood from animal meat
- The FIT used in this study is more likely to detect traces of blood than the FOBt currently being used in the NHS BCSP.
- A vast majority of high risk polyps are expected to be detected over 3 annual FIT's
- Individuals would be required to complete a FIT every year to gain full benefit of the test

Consider the information you have just seen about
FIT REPLACING a routine colonoscopy...



Colonoscopy



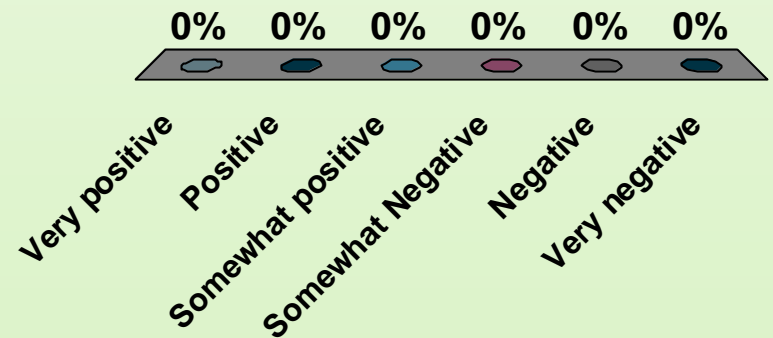
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Group discussion:

How would you feel about using the FIT?

Possible risks:

What do you think are the potential risks of using a FIT?

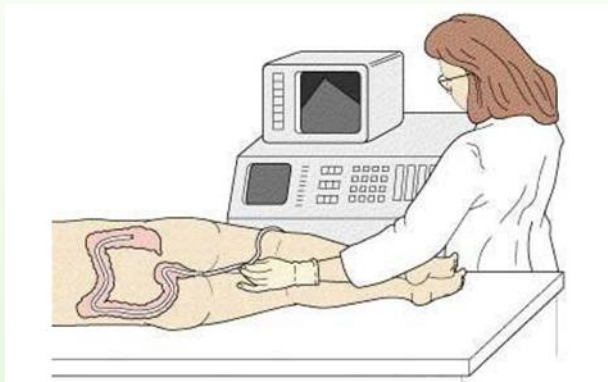
Risks

- There are no physical risks related to carrying out a FIT

BUT

- Patients with a normal FIT result may have polyps:
 - FIT may ‘miss’ the presence of polyps as some polyps do not bleed or bleed just occasionally
- Patients with an abnormal FIT result may go on to have a normal colonoscopy result:
 - FIT may detect faecal blood that has not come from a polyp which is bleeding, e.g. from a haemorrhoid

Consider the information you have just seen about
FIT REPLACING a routine colonoscopy...



Colonoscopy



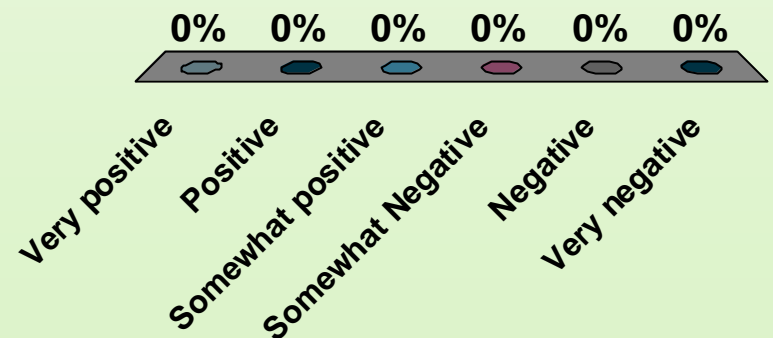
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Group discussion:

How would you feel about using the FIT?

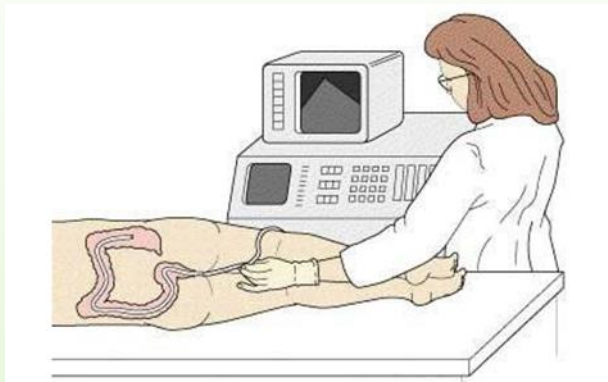
FIT Summary

- Detects occult blood
 - Cannot determine cause of bleeding
 - May 'miss' polyps which are not bleeding
- Abnormal FIT result → colonoscopy
- A vast majority of high risk polyps are expected to be detected over 3 annual FIT's
- Quick and simple test carried out at home

Colonoscopy Summary

- Currently the best test for detecting bowel cancer
 - A vast majority of colonoscopies will yield a negative result/ only find low risk polyps
 - Risk of bowel perforation/ bleeding/ lowered blood pressure
- Detects vast majority of polyps and allows removal all in one exam
 - Small chance of polyps being ‘missed’ during investigation
- Reassuring because it is a visual inspection of the bowel

Consider the information you have just seen about
FIT REPLACING a routine colonoscopy...



Colonoscopy



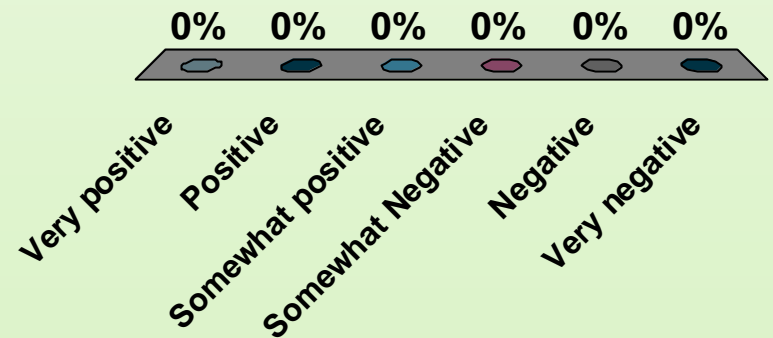
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6. Very negative



Group discussion:

Which would you prefer a colonoscopy every three years or FIT every year, i.e. with colonoscopy only if the FIT result is abnormal ?

Why?

Thank you for your time

If you have any questions please contact:

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harriet.bowyer@ucl.ac.uk