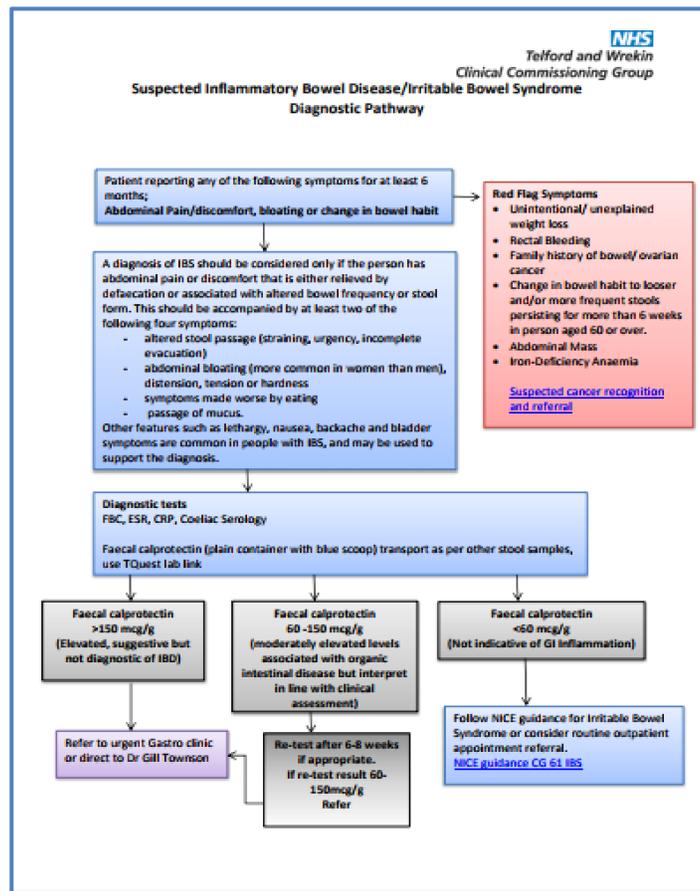


From Diarrhoea to Diagnosis

An analysis of faecal calprotectin use by primary care in an IBD referral pathway
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Introduction

The volume of referrals to gastroenterology from primary care is steadily increasing. In order to prioritise appointments for suspected inflammatory bowel disease (IBD), a pathway for primary care assessment and referral of patients to a specialist IBD clinic was introduced in Telford and Wrekin in 2015, based on NICE guidelines.¹ This took symptoms, baseline bloods and faecal calprotectin (FC) result into account. We reviewed the efficacy and outcome of referrals following implementation of the pathway.

Methods

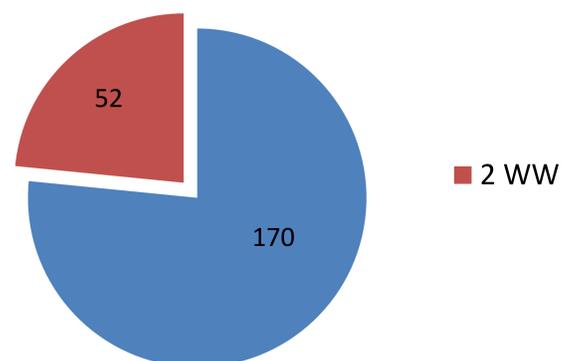
A retrospective analysis was conducted for all patients in Telford and Wrekin who had a FC requested between September 2015 and September 2016. Electronic data were collected contemporaneously by the pathology laboratory on patients' age, gender and FC result. Further retrospective analysis of the cohort assessed whether a referral was made, the outcome of the referral, including endoscopy findings if performed, and diagnosis. The cohort was divided into three groups based on the FC result: negative, indeterminate and positive. The number of referrals that followed the IBD pathway was recorded for each group.

Results

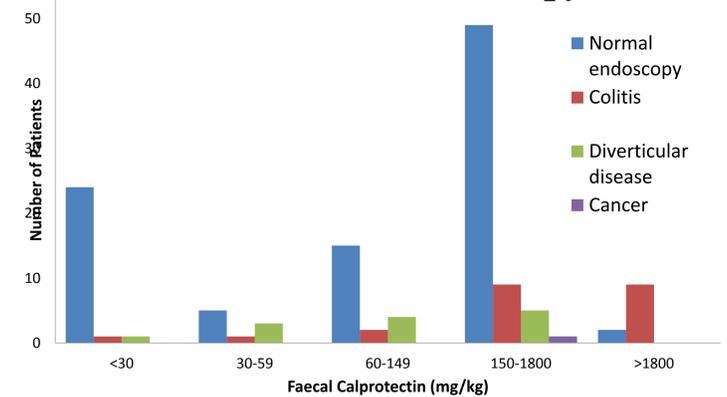
506 patients had a FC requested over 12 months. Ages ranged from 1 to 88 years and 63% were female. 244 were referred to secondary care. The likelihood of being referred correlated with the absolute FC value (Graph 2). Of those referred, there were 22 IBD diagnoses (Graph 3) giving an FC sensitivity of 90% and specificity of 63%.

161 referrals (66%) did not meet the referral criteria on the IBD pathway, including 52 suspected colorectal cancer cases who met criteria for a two week wait referral, which would supersede referral to the IBD clinic (Graph 1).

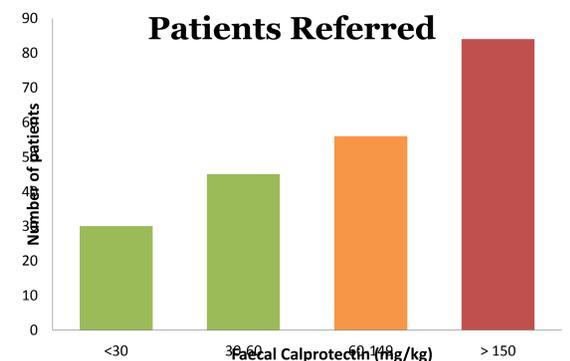
Referred patients



Outcome of endoscopy



Patients Referred



Conclusion

FC remains a sensitive marker of IBD in the symptomatic population. Whilst GP's are being guided by FC result when making referrals, there remains a significant number of patients who are being referred with IBS. In over a fifth of referrals the FC is obsolete as the patient requires a two week wait colorectal cancer appointment. This has financial implications as each FC assay costs £35. Thus there is still progress to be made regarding implementation of the IBD pathway.

¹NICE. Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel. Diagnostics guidance [DG11] Published date: October 2013. Available from URL www.nice.org.uk/guidance/dg11/chapter/5-Outcomes#