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**Combining faecal haemoglobin, iron deficiency anaemia status and age can improve colorectal cancer risk prediction in patients attending primary care with bowel symptoms: a retrospective observational study**

Digby J, Nobes J, Strachan J*, et al.* Combining faecal haemoglobin, iron deficiency anaemia status and age can improve colorectal cancer risk prediction in patients attending primary care with bowel symptoms: a retrospective observational study. *Gut*2025; 74: 1430-1436. doi: 10.1136/gutjnl-2024-334248.

The National Institute for Health and Care Excellence suspected colorectal cancer (CRC) guidelines recommend a faecal haemoglobin (f-Hb) with a referral threshold of ≥10 µg Hb/g, but most have a normal colonoscopy.

This retrospective single-centre study identified cumulative 1-year CRC risk in symptomatic patients using age, f-Hb and presence of iron deficiency anaemia (IDA).

Of 34647 valid f-Hb results retrieved; 7889 (22.8%) had f-Hb≥10 µg Hb/g. Of these, 33285 samples (96.1%) had associated FBC results of which 3000 (9.0%) had IDA. Overall, 571 incident CRC were recorded. The risk of CRC breached 3% in patients with f-Hb>99 µg Hb/g aged >40 years and reached 30% (19.4–41.0) with f-Hb>99 µg Hb/g in age >55 years plus IDA. 2029 f-Hb results (25.7%) were in the 10–19 µg Hb/g range of which 27 (1.3%) had CRC. In this subgroup, CRC risk did not exceed 3% in patients <85 years and no IDA.

Digby *et al*., concluded that the threshold for f-Hb used in practice to trigger referral for colonoscopy in patients presenting with symptoms could be safely raised to ≥20 µg Hb/g faeces, provided safety-netting with FBC (full blood count) analysis (to identify IDA) and repeat FIT (faecal immunochemical test) for persisting bowel symptoms is in place. An important limitation is that data on other significant bowel disease including high-risk adenoma as a potential precursor to CRC, and inflammatory bowel disease, were not available.