

From end January 2026, when referring to LGI USC Trust pathways, GPs are advised to request and review results for **1 x FIT** only.

- Historically, in the absence of a rectal/anal mass; GPs have requested 2 x FIT tests and reviewed results pre-referral to LGI Urgent Suspected Cancer (USC) pathways
- ICB has now changed this requirement in line with national [NICE NG12 guidance](#) . From January 2026, only 1 x FIT will require results review pre-LGI USC referral
- **In the absence of a rectal/anal mass, if the FIT result is $\geq 10\mu\text{g/g}$, please refer the patient to Trust LGI USC pathways**
- Please only issue FIT kits to patients who meet [NICE DG56 criteria](#) . Please wait at least 4-6 weeks between repeating a FIT kit where the first FIT result is $< 10\mu\text{g/g}$

What has changed?

- From January 2026 only 1 x FIT will require GP result review pre-LGI USC referral
- New LGI USC referral forms reflecting these changes will be available on EMIS end January 2026
- If the patient still has concerns and symptoms have not changed, GPs are advised to repeat FIT after 4-6 weeks of the previous FIT
- Where a FIT has been undertaken in an asymptomatic patient (an incidental finding) and the patient's FIT result is $< 120\mu\text{g/g}$; these patients will be reviewed at Trust triage as they are at very low risk of cancer and may not be suitable for the pathway.
- Where pathology requesting bundles are available in pathology systems in LSC, these will be amended to include only the most recent 1 x FIT result

What is staying the same?

- If the patient has a rectal/anal mass please request 1 x FIT test but do not wait for results. In these cases the patient should be referred immediately
- In the absence of a rectal/anal mass, GPs are requested to review the FIT result pre-USC referral. If the 1 x FIT result is $\geq 10\mu\text{g/g}$ please refer patients to your local Trusts' LGI USC pathway

What happens if the 1 x FIT is $< 10\mu\text{g/g}$, but patient still has concerns?

- **Patients with no anal/rectal mass and a FIT $< 10\mu\text{g/g}$ have a very low risk of cancer;** a 0.14% LGI cancer risk
- GPs are asked to provide reassurance to the patient and encourage take-up of the Bowel Cancer Screening Programme invitation (where applicable)
- In the case where a patient's symptoms have not changed, and a previous FIT result was $< 10\mu\text{g/g}$, GPs may choose to request another 1 x FIT after 4-6 weeks of the previous FIT
- Please continue to ensure the suite of filter function tests has been undertaken in the preceding 90 days of USC referral
- Non-symptom specific (NSS) urgent suspected cancer pathways can be used (available in all LSC areas) if clinical concern for cancer remains

Why have these changes been made?

- Reduces unnecessary scoping; in some cases patients are at higher risk of colonoscopy complication than their risk of cancer
- Reduces patient over-testing

- Reduces unnecessary visits to acute sites for patients
- ~20% fewer LGI USC referrals pa in LSC; this is likely to speed up time to diagnosis for patients at highest risk
- Frees up ~1,500 colonoscopies pa; generating capacity for additional routine & screening procedures. Patients often experience very long waits for routine colonoscopy
- Brings LSC inline with [NICE NG12 guidance](#); LSC no longer an outlier nationally in this regard. Provides additional medico-legal protection

When to refer to LGI USC pathways:

For the below indications, please request one FIT and refer immediately. GPs are not required to wait for the FIT result:

- Rectal mass
- Unexplained anal mass
- Unexplained anal ulceration
- Imaging suggestive of lower GI cancer

For the below indications, please request one FIT and obtain results first. Referral on this pathway is only required if the FIT is positive ($\geq 10\mu\text{g/g}$):

- Iron-deficiency anaemia
- Change in bowel habit
- Abdominal mass
- Aged 40 and over with unexplained weight loss and abdominal pain
- Aged under 50 with rectal bleeding and either of the following unexplained symptoms:
 - Abdominal pain
 - Weight loss
- Aged 50 and over with any of the following unexplained symptoms:
 - Rectal bleeding
 - Abdominal pain
 - Weight loss
- Aged 60 and over with anaemia, even in the absence of iron deficiency

What if my patient isn't suitable for LGI USC, but I would like them to be seen in secondary care?

- Please refer to the local guidance in the LGI USC referral forms on EMIS for the respective Trust
- Patients with IDA and a FIT result $< 10\mu\text{g/g}$ should not be referred to the LGI USC pathway and should be referred as per your local trust's IDA guidance.
- Patients with rectal bleeding and a FIT result $< 10\mu\text{g/g}$ should not be referred to the LGI USC pathway and should be referred as per your local trust's rectal bleeding guidance.
- LTHTR are working on launching new non-cancer pathways 26/27
- If FIT is negative but suspicion of cancer remains following clinical assessment, referral to the Non-Specific Symptom (NSS) pathways is recommended. NSS pathways are available at BTHT, LTHTR, UHMBT and Irwell Medical Practice (for Blackburn w/Darwen and East Lancashire patients)

Will this mean that fewer cancers are found on LGI USC pathways?

- The chance of missing cancer with 1 FIT is 10% (in line with NHSE expectation) compared to 8% chance with 2 FITs
- ICB anticipates that the reduction in demand for colonoscopies will benefit routine and screening colonoscopy wait times for patients and increase the early cancer detection rate on these pathways
- LSC is now inline with [NICE NG12 guidance](#) which provides additional medico-legal protection for practices