The performance of FIT to triage symptomatic patients.

(Clinical evaluation of "HM-JACKarc" analyser)

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Heterogeneity of analytical platforms.

Apparentely similar performances.

Utility of evaluation in symptomatic patients.

Distribution of the lesions in relation to FIT result.

208 symptomatic patients (208 samples)
(92 men, 116 women 22–80 years old)
Two samples from two bowel motions

1. Colorectal cancer (Stage II and III)
27 High and intermediate risk adenoma
21 Mucosa (10 low risk)
41 Low risk adenomas
65 Other lesions
- Inflammatory and hyperplasic polyps
- Inflammatory bowel disease
- Neoplastic foci
- Angiomyolipoma
- Other benign lesions

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**Distribution of the lesions in relation to FIT result.**

- **ACPI**: 0%
- **FIT**: 0–10%
- **Other**: 10–20%
- **Normal**: >20%

**Two samples of two intestinal motions**

**FIT/1**: Result of the first intestinal motion

**FIT/max**: Higher result of the two FIT samples

<table>
<thead>
<tr>
<th>Cut-off, μg/g</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIT/1</td>
<td>100% (91%, 100%)</td>
<td>82% (77%, 86%)</td>
</tr>
<tr>
<td>FIT/max</td>
<td>100% (91%, 100%)</td>
<td>79% (74%, 84%)</td>
</tr>
<tr>
<td>FIT/1&lt;30 μg</td>
<td>70% (57%, 80%)</td>
<td>87% (81%, 91%)</td>
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</tr>
<tr>
<td>FIT/1&lt;50 μg</td>
<td>41% (21%, 64%)</td>
<td>92% (87%, 96%)</td>
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<td>FIT/1&lt;20 μg</td>
<td>91% (86%, 95%)</td>
<td>13% (7%, 20%)</td>
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</tr>
<tr>
<td>FIT/1&lt;10 μg</td>
<td>100% (95%, 100%)</td>
<td>5% (0%, 10%)</td>
</tr>
<tr>
<td>FIT/max&lt;10 μg</td>
<td>100% (95%, 100%)</td>
<td>5% (0%, 10%)</td>
</tr>
<tr>
<td>FIT/1&lt;5 μg</td>
<td>55% (43%, 66%)</td>
<td>3% (0%, 9%)</td>
</tr>
<tr>
<td>FIT/max&lt;5 μg</td>
<td>55% (43%, 66%)</td>
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</tr>
</tbody>
</table>

**Lessons learned from symptomatic patients.**

- Proportion of symptomatic patients.
- Proportion of lesions.
- Hb and FIT in relation to stage and location.
- Proportion of lesions in relation to stage.

**Conclusions.**

- Many manufacturers with apparently similar analytical performances.
- The units’ standardization is adequate but is not a definitive solution.
- Evaluations of different analytical platforms are mandatory.
- Evaluations in symptomatic patients are useful to understand screening results.
- Sensitivity is a drawback for this reason the utility as rule in test is limited.
- Results below detection limit are very useful as rule out test (high NPV).
- High faecal haemoglobin levels are, mainly in men, related with pathology severity.
- Women, because different bleeding patterns, may benefit of personalized strategies.

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