

## Erratum: From FOBt to FIT: making it work for patients and populations

**Authors:** Guy Mole,<sup>A</sup> John Withington<sup>B</sup> and Robert Logan<sup>C</sup>

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**Authors:** <sup>A</sup>national medical director's clinical fellow, NHS England, London, UK; <sup>B</sup>national medical director's clinical fellow, NHS England, London, UK; <sup>C</sup>consultant gastroenterologist, Department of Gastroenterology, King's College Hospital, London, UK

*Clinical Medicine* 2019;19:196–9

Please note the correction to the second paragraph in the introduction, 'These changes have led to more urgent 2-week-wait (2WW) cancer referrals however colonoscopies in this group do not detect CRC or other serious bowel pathology.' should say 'These changes have led to more urgent 2-week-wait (2WW) cancer referrals however colonoscopies in this group do not *often* detect CRC or other serious bowel pathology.'

Please also note that the second paragraph on page 198 reading 'Dr Nicholson discussed the approach in Oxford where GPs have access to FIT for any patient, not only those referred on the 2WW pathway. He also concluded that FIT is better than symptoms for deciding who to refer for colonoscopy with fewer missed cancers and that GPs use the test judiciously. Their pathway introduced FIT (OC-Sensor<sup>TM</sup>) in the low risk symptomatic population (DG30) with a cut off at 7 µg/g and the result reported as either positive or negative.<sup>12</sup> The exception was for males and post-menopausal females with iron deficiency anaemia in which case referral for endoscopy was recommended. They reported 1,457 patients with a negative FIT so far and no cancers found in this group although only 201 have had colonoscopy. Dr Hunt from Lancashire also reported using FIT (OC-Sensor<sup>TM</sup>) but with a cut off at 10 µg/g in the low risk symptomatic population (DG30).' should have read 'Dr Nicholson discussed the approach in Oxford where GPs have access to FIT for any patient who fulfils NICE DG30 criteria. He also concluded that FIT is an effective triage test to decide which symptomatic patients should be urgently referred for colonoscopy and that GPs use the test judiciously. The pathway uses FIT (HM-Jack<sup>TM</sup>) with a cut off at 7 µg/g and the result reported as either positive or negative.<sup>12</sup> Dr Hunt from Lancashire reported using FIT (OC-Sensor<sup>TM</sup>) but with a cut off at 10 µg/g in the low risk symptomatic population (DG30). The exception was for males and post-menopausal females with iron deficiency anaemia in which case referral for endoscopy was recommended. She reported 1,457 patients with a negative FIT so far and no cancers found in this group although only 201 have had colonoscopy.'