

**Audit Template**

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| **Audit Title:**Thames audit on the provision of faecal markers |
| **Lead Auditor:**Peter West | **Audit date(s):**15th March 2016 |
| Please indicate if **Local / Regional / National Audit**Please indicate which hospital & location or regionRegional | **Report Author:**Name: Peter WestEmail:peterwest@nhs.net |
| **Aims of the Audit:**To ascertain what faecal markers were currently being provided by biochemistry laboratories within the Thames Region |
| **Audit Method and Outcome(s):**A questionnaire was sent out to biochemistry laboratories in the Thames Region asking questions related to faecal occult blood, faecal elastase, faecal calprotectin and faecal reducing substances with an additional question asking whether any other markers were additionally offered.19 responses were received.An equal number of laboratories were or were not offering faecal occult blood with the majority offering the test still using the guaiac colorimetric method with very few using the more sensitive immunochemical FIT method but all performing the test in house.All laboratories offered faecal elastase with the majority accepting both wet and formed stool samples and referring the samples to another Trust. All laboratories used the same reference ranges to suggest normal, mild or severe exocrine pancreatic function.All but one laboratory offered faecal calprotectin with an equal number performing the test in house and referring the samples to another Trust.There was some variation in the cut off values quoted for faecal calprotectin to differentiate irritable bowel syndrome from inflammatory bowel disease.The majority of laboratories still offered faecal reducing substances with the majority performing the test in house.Some form of clinical interpretation was offered for most of the assays.There was a significant variation in the workload for all four assays with all laboratories having seen a significant increase for both faecal elastase and faecal calprotectin.All laboratories performed IQA and participated in an EQA scheme for their assays with the exception of faecal reducing substances where EQA was not readily available.A small number of laboratories additionally offered either faecal porphyrins or faecal alpha 1 antitrypsin. |
| **Audit Recommendations / Standards:**1. Wherever possible, laboratories should discourage the requesting of faecal occult blood if using the guaiac colorimetric method for investigation of suspected colorectal cancer due to the poor sensitivity and specificity of the method. The guaiac colorimetric method should only be used as part of the UK National Bowel Cancer Screening Programme.
2. The only acceptable routine faecal occult blood method should be a validated FIT method.
3. Both wet and formed stool samples are acceptable for the measurement of faecal elastase. However, if a low or borderline low result is obtained on a wet sample the laboratory should suggest a repeat request with a more formed stool.
4. Guidelines should be issued to primary care with a suggestion to refer those patients with an elevated faecal calprotectin to secondary care for follow up investigations.
5. Samples sent to a referral laboratory for faecal calprotectin should be sent by first class post or by courier as soon as possible and preferably within 7 days and stored at -20OC prior to being sent.
6. Wherever possible, laboratories should discourage the routine requesting of faecal reducing substances for the investigation of diarrhoea due to its poor sensitivity and specificity.
7. Laboratories should consider offering faecal alpha 1 antitrypsin in patients for the investigation of protein losing enteropathy.
8. Wherever possible, clinical interpretation should be included with the results of faecal markers.
9. IQC should be performed on all faecal marker assays.
10. EQA (or an alternative if EQA is not available) should be performed on all faecal marker assays.
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| **Audit recommendations / standards ratified by … and when:**Thames Audit Committee at the end of March 2016 |
| **Date of audit report:**4th April 2016 |
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