

Title: Preferences for the Faecal immunochemical test to rule out colorectal cancer in symptomatic patients: results from a hypothetical online vignette study

Background: In England, patients with symptoms suggestive of colorectal (CRC) symptoms are referred for a colonoscopy via the two week wait (2WW) pathway. However, due to the competing demand on capacity by the CRC screening programme, there has been interest in using a non-invasive home-based Faecal immunochemical test (FIT) to triage these patients. The present study elicited preferences for how FIT should be implemented from a prospective user perspective.

Methods: Adults aged 40-59 (without a previous CRC diagnosis or a history of CRC screening or surveillance) were invited to state their preferences for FIT versus colonoscopy as part of an online survey. Respondents who opted for FIT were asked to state their preferences for several aspects of how the test would be implemented in primary care. Questions principally related to FIT return, communication of FIT results and follow-up actions.

Results: Of the 1617 respondents (810 women, 807 men), 1148 (71.0%; 598 women, 550 men) preferred FIT over colonoscopy when both tests had an equivalent CRC miss rate of 1%. 62% of these respondents (N=710) preferred to return FIT by freepost compared with taking the completed test kit to the GP. However, respondents from ethnically diverse backgrounds were more likely to want to return the test back directly to their GP (49% vs 37%); Odds Ratio (OR) 1.61; 95% confidence interval (CI) 1.09-2.37. Respondents had mixed views about how to be informed about a negative (normal) test result with 46% wanting to receive it through a letter and 29% online, 16% over the phone and 13% face-to-face. When asked about follow up actions, the majority (60%) did not expect to seek any further testing compared with colonoscopy (25%) or a repeat FIT (12%). In the case of an abnormal result respondents again did not express clear preferences for how they would like to receive their results (face-to-face: 33%, letter: 27%, phone: 25%, online: 15%) or by whom (56% specialist vs GP 44%).

Conclusion: Preferences for the way FIT should be delivered as a rule out test in primary care were relatively mixed. Future research should try and explore sociodemographic patterns in these preferences which could inform local implementation.