

# Fecal Immunohistochemistry Testing for Early Colorectal Cancer Diagnosis in South Africa

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**Research Question:** Can point-of-care fecal immunohistochemistry tests (FIT) be used to triage symptomatic patients for urgent colonoscopy and facilitate early diagnosis of colorectal cancer (CRC) in South African public hospitals?

## BACKGROUND

- Colorectal cancer (CRC) is the third most diagnosed cancer globally and its incidence is increasing across sub-Saharan Africa.<sup>1</sup>
- In South Africa, screening for CRC is not offered in public hospitals. Advanced stage at CRC diagnosis is common and associated with poor outcomes.<sup>2</sup>
- Endoscopic capacity is limited and not equitably distributed in South Africa, contributing to excessive diagnostic delays among patients with symptoms suggestive of CRC.<sup>3</sup>
- An accessible and affordable strategy for accurate early CRC diagnosis among symptomatic patients is needed.

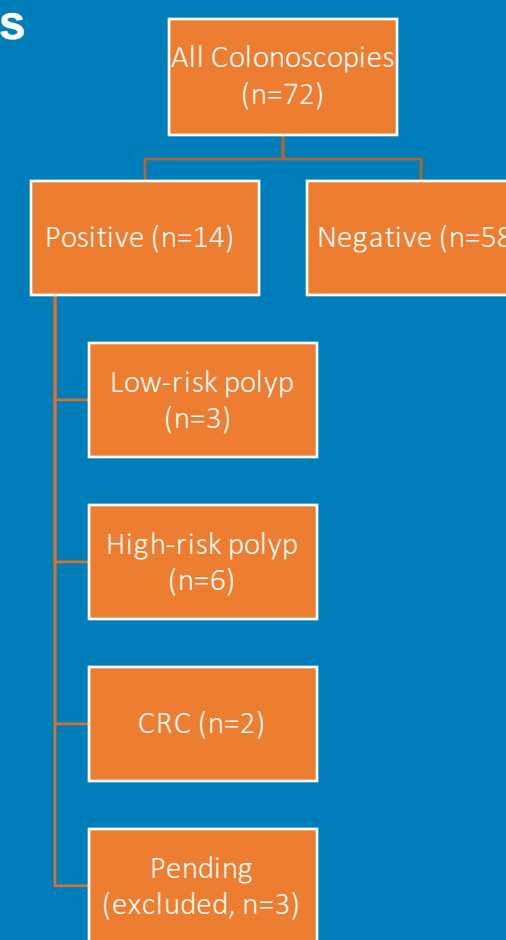
## METHODS

- 300 adults (≥18 years) will be recruited from two public hospitals in Durban, South Africa: Inkosi Albert Luthuli Central Hospital and Dr Pixley Ka Isaka Seme Memorial Hospital.
- Patients referred for colonoscopy with ≥1 “red flag” symptom (abdominal mass, anemia, change in bowel habits, rectal bleeding, and/or weight loss) are eligible. Patients with known inflammatory bowel disease (IBD), history of CRC, or an incomplete colonoscopy are excluded.
- All participants submit a stool sample prior to or during the colonoscopy for a point-of-care FIT (InSure™ FIT™).
- The primary outcome is the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of FIT for CRC. **Preliminary results for a composite endpoint of CRC or high-risk polyps are presented for the first 72 patients.**

## RESULTS

Age median (range)	52 (17-83)
<b>Gender</b>	
Female	45.8%
Male	54.2%
<b>Race</b>	
African	47.2%
Colored	1.4%
Indian	50.0%
White	1.4%
<b>Site</b>	
Albert Luthuli	52.8%
Pixley	47.2%
<b>Family History of CRC</b>	
Yes	8.3%
No	86.1%
Don't Know	5.6%
<b>Indications for Colonoscopy (% yes)</b>	
Abdominal Mass	7.6%
Anemia % yes (% unknown)	41.7% (31.9%)
Change in Bowel Habits	55.6%
Rectal Bleeding	38.8%
Weight Loss	50%
<b>Time Between Symptoms and Presentation</b>	
< 1 month	42.9%
1-3 months	31.7%
> 3 months	25.4%

**Figure 1: Breakdown of Colonoscopy Patients**



**Table 2: FIT results versus colonoscopy (gold standard) for composite endpoint of colonic polyps or CRC (n=69)**

	Positive Colonoscopy	Negative Colonoscopy
<b>Positive FIT</b>	5	27
<b>Negative FIT</b>	6	31

**Table 3: FIT Performance Statistics for composite endpoint of colonic polyps or CRC (n=69)**

<b>Sensitivity</b>	<b>45%</b>
<b>Specificity</b>	<b>53%</b>
<b>Positive Predictive Value</b>	<b>16%</b>
<b>Negative Predictive Value</b>	<b>84%</b>

## RESULTS

- Figure 1 shows the total number of colonoscopies (n=72) and the breakdown of positive colonoscopies between low-risk polyps (n=3), high-risk polyps (n=6), CRC (n=2), and those with pending histology (n=3). Patients with pending histology are excluded from the FIT performance analysis.
- Baseline demographic and clinical data for included patients is presented in Table 1. The median age was 52 years, the majority of patients were male (54.2%), and the most common indication for colonoscopy was change in bowel habits (55.6%). More than half the patients reported having symptoms for >1 month.

Out of the 69 patients with complete data, 11 (15.9%) had a positive colonoscopy (9 polyps and 2 malignant lesions), while 32 (46.4%) had positive FIT. **FIT had 45% sensitivity, 53% specificity, 16% PPV and 84% NPV for the composite endpoint of polyp or CRC.**

## DISCUSSION AND FUTURE DIRECTIONS

- Preliminary results suggest that in symptomatic South African patients referred for colonoscopy, FIT has a moderate NPV for colonic polyps or CRC, but a weak PPV.
- Patient recruitment is ongoing (goal n=300). Final data analysis is needed to draw conclusions about the predictive value of FIT and its use in South Africa.
- After completion of recruitment, a clinical prediction model for CRC will be developed, incorporating patient demographics, clinical characteristics, and FIT results.

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