



Summary of NICE Guidelines

Title	Faecal calprotectin diagnostic tests for inflammatory diseases of the bowel
NICE Reference	DG11
Date of Review:	July 2018
Date of Publication	October 2013
Summary of Guidance (Max 250 words)	<p>Faecal calprotectin testing is recommended as an option to support clinicians with the differential diagnosis of inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS) in adults with recent onset lower gastrointestinal symptoms for whom specialist assessment is being considered if:</p> <ul style="list-style-type: none">– Cancer is not suspected (e.g. weight loss, anaemia, rectal mass, age > 60 etc.)– Appropriate QA processes and locally agreed care pathways are in place for testing <p>Faecal calprotectin is recommended as an option to support clinicians with the differential diagnosis of IBD or non-IBD (including IBS) in children with suspected IBD who have been referred for specialist assessment, if appropriate QA processes and locally agreed pathways are in place for testing.</p> <p>An economic analysis found faecal calprotectin analysis to be cost effective, mainly due to a reduction in referrals and colonoscopies. There are limited data comparing the performance of different faecal calprotectin tests, and no study suggested any considerable differences in clinical reliability and performance between tests. Further research is needed on optimal cut off values for tests and the investigation of repeat testing strategies in people with intermediate levels of faecal calprotectin.</p>
Impact on Lab	<p>■ Important: This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.</p>
Lab professionals to be made aware	<ul style="list-style-type: none">✓ Laboratory Manager✓ Chemical Pathologist✓ Clinical Scientist
Please detail the impact of this guideline (Max 150 words)	<p>Laboratories should work with commissioners, primary care and specialist services to i) agree local care pathways for patients with suspected IBD and ii) to provide a faecal calprotectin service to primary care, if this is not already in place.</p>

	The laboratory should also be prepared to offer guidance to users on i) when to request faecal calprotectin (e.g. not in suspected bowel cancer as testing has potential to falsely reassure GPs and delay diagnosis) and ii) interpretation of calprotectin results (e.g. calprotectin levels can be raised in conditions other than IBD, such as larger colorectal adenomas and some colorectal cancers)
--	--

Impact on Lab

- **None:** This NICE guideline has no impact on the provision of laboratory services
- **Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

Written by: Nick Flynn

Reviewed by: Professor Roy Sherwood