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Dear Colleagues

Faecal Calprotectin testing in Primary Care.

- This stool test is a marker of gastrointestinal inflammation, and is helpful predominantly in diagnosing irritable bowel syndrome or monitoring known inflammatory bowel disease, ie diagnosing a 'flare' of IBD where symptomatology is doubtful.
- Raised levels of faecal calprotectin are seen in a variety of conditions; further information is available in the NICE document: <https://www.nice.org.uk/guidance/dg11>
- Levels of less than 50µg/g are considered negative, i.e. diagnostic of IBS in the correct clinical setting.
- *It is important to note that low calprotectin levels are not diagnostic of the absence of malignancy*
- Following pilot studies in ABUHB and NICE guidance, it has been decided to make this test available in the primary care setting.

Nice Recommendations:

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:

- cancer is not suspected, having considered the risk factors (for example, age) described in [Referral guidelines for suspected cancer](#) (NICE clinical guideline 27), **and**
- appropriate quality assurance processes and locally agreed care pathways are in place for the testing.

In practice, younger patients (usually below age 50), with bowel symptoms suggestive of IBS, but without red flag symptoms suspicious for more significant pathology, would benefit from faecal calprotectin testing (also TFT's and anti TTG Elisa) in the community *prior* to referral for specialist opinion.

It is hoped this will prevent unnecessary delay in the diagnosis of IBS in the community for a proportion of patients without alarm symptoms, and provide timely reassurance for them without requiring specialist review.

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