



Welcome

North Glasgow Sector

Welcome to the first edition of the North Glasgow Laboratory Medicine newsletter aimed at Primary Care laboratory users. Its purpose is to bring you information on the laboratory service (e.g. changes to lab practice, ICE updates, links to guidelines, etc). We aim to issue a newsletter every 4–6 months. We hope you find it useful.

We would be delighted to receive your feedback on issues that you would like us to address in the newsletter. Comments or suggestions for future articles can be sent to:

Donna Chantler (donna.chantler@ggc.scot.nhs.uk)

Laboratory Contact Numbers

Contact numbers for results, urgent samples or general enquiries:

GRI

Biochemistry	0141 211 4003/4
Haematology	0141 211 5165
Microbiology	0141 201 8551

QEUH

Immunology	0141 354 9337 or 0141 347 8872
------------	--------------------------------

For non-urgent Biochemistry add-on requests, please email: NorthGlasgow.BioChem@ggc.scot.nhs.uk

Laboratory Handbooks

The North Glasgow User Handbooks and GP Handbook are available on our NHSGGC Staffnet pages. The handbooks are designed to provide information on available tests, tube types, reference ranges, clinical advice on routine investigations and departmental contact details.

The pages can be accessed via the pathways or links below:

Biochemistry

On Staffnet follow: **Acute > Diagnostics > All Laboratory Medicine > Biochemistry > North Glasgow**
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Biochemistry/North%20Glasgow/Pages/default.aspx>

Haematology

On Staffnet follow: **Acute > Diagnostics > All Laboratory Medicine > Haematology > Glasgow North Sector Haematology and Blood Transfusion**
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Diagnostics/All%20Laboratory%20Medicine/Haematology/Pages/NorthSectorHaematology.aspx>

GP Electronic Order Comms (ICE)

The GP Electronic Order Comms (ICE) system is now fully implemented across all North Glasgow GP practices. The system contains useful test information and links to relevant local guidelines. A recent addition is a link to the NHSGGC guidelines on the use of faecal calprotectin, accessible via the requesting screen for this test. http://www.nhs.gov.uk/media/237193/ggc_fc_guidelines_dec_2015.pdf
The guidelines are summarised overleaf.

NB. If you have any problems with GP Order Comms, all calls should be logged with Phoenix
Tel: 0844 8631244, email: nhs@phoenix.co.uk



Guidelines on the use of Faecal Calprotectin within NMSGC

Introduction

- Calprotectin is a calcium and zinc-binding protein within the cytosol of neutrophils
- FC is a sensitive but non-specific marker of inflammation within the GI tract
- Many diverse pathologies can cause elevation including IBD, infective gastroenteritis, colon cancer, peptic ulcer disease, NSAID enteropathy etc.
- **An elevated FC is NOT diagnostic of Inflammatory Bowel Disease (IBD)**

Indications for testing FC

A) Differentiation of IBD from irritable bowel syndrome (IBS)

- FC has been shown to accurately identify patients with functional disorders owing to the high negative predictive value (NPV) of a normal FC in this setting
- A normal FC can help support a diagnosis of IBS in the correct clinical context
- Studies in GG&C patients suggest that, **in adult patients aged 16-50 years old and without alarm features, FC values <200µg/g are rarely associated with IBD or other significant luminal pathology**
- **Older adults (>40y) with new onset bowel symptoms are still best investigated by colonoscopy** as FC may be within the normal range in selected cases of advanced polyps and colon cancer
- **Please refer to GGC testing and referral protocol**

B) Follow up of IBD patients

i) Assessment of disease activity

- FC levels correlate well with colonoscopic appearances and histology in IBD
- FC is a superior surrogate marker to CRP &/or ESR in this setting
- FC levels in small bowel Crohn's disease tend to be lower than in colonic disease

ii) Relapse prediction

- Elevated FC in 'clinical remission' has been shown to confer a higher rate of clinical relapse within one year
- In ulcerative colitis (UC) in remission, FC usually returns to within the normal range whereas this is not normally the case for Crohn's disease (CD).
- FC level check in CD patients in 'clinical remission' forms a useful baseline value to gauge whether or not future new symptoms are inflammatory in nature when rechecked

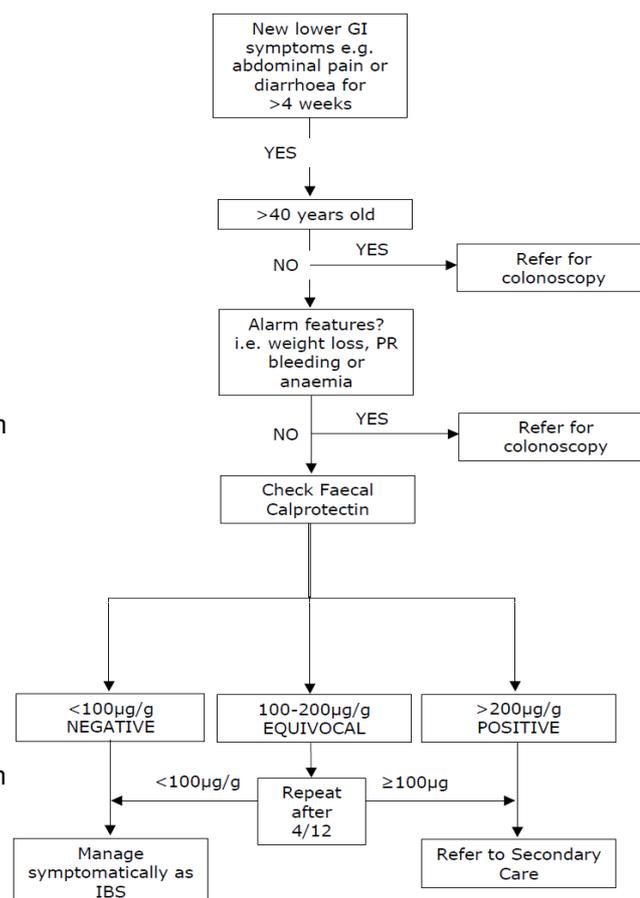
iii) Assessment of treatment efficacy

- FC levels have been shown to correlate with symptom improvement and endoscopic / histologic scores in IBD patients treated with steroids, immunosuppressants and biological agents

iv) Prediction of post surgical relapse in CD

- FC levels correlate with endoscopic / histologic scores in post-operative CD patients

GGC Faecal Calprotectin Testing and Referral Protocol – IBS or IBD?



Note that FC testing should NOT be undertaken in the following scenarios

- Colonic cancer or polyp screening – sensitivity of FC is poor
- In patients with a short duration of symptoms (<4/52)
- As the initial investigation in those with bloody diarrhoea – FC invariably elevated & lower GI endoscopy indicated provided stool cultures are negative
- In those patients >40y with altered bowel habit and no prior GI diagnosis – lower GI endoscopy appropriate