

Clinical validation

IDK Faecal Haemoglobin ELISA n=387 (150 healthy patients + 237 known clinical diagnoses) vs colonoscopy⁴

Sensitivity	% (95% CI)
Adenoma	22.2* (6.41-47.64)
Carcinoma	77.7* (64.4-87.96)
Adenoma + Carcinoma	63.8* (51.71-74.88)
Ulcerative Colitis	96.5 (82.24-99.91)
Crohn's disease	94.7* (82.25-99.36)
Specificity	% (95% CI)
Adenoma + Carcinoma	96.3* (92.21-98.65)
Ulcerative Colitis	95.4 (77.16-99.88)
Crohn's disease	95.4* (87.29-99.05)

Cut-off <10ng/ml. *p<0.05 compared to guaiac based test.

Product Specifications

- Single faecal sample
- Range: 0.67 - 50µg/g
- Easy to set up and run
- Automatable and high throughput
- *IDKextract*® sample collection tube stabilises Hb for 7 days at room temperature

Faecal Haemoglobin

quantitative FIT

Product Code	Description
K7816D	IDK® Faecal Hb ELISA kit. 96 wells.
K7836D	IDK® Faecal Hb 1-point calibration ELISA kit. 96 wells.
K6999	IDKextract Prefilled Stool Sample extraction system. 100 pcs.

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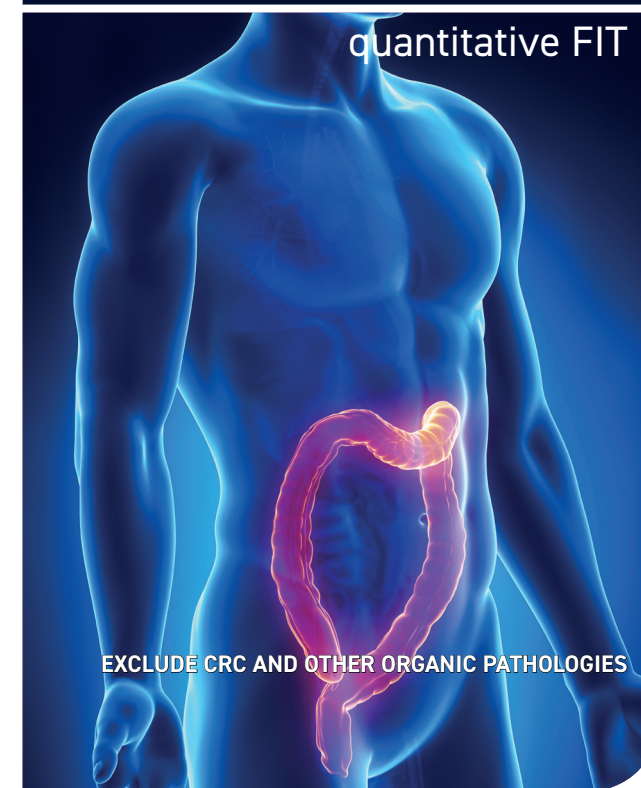
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Faecal Haemoglobin

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EXCLUDE CRC AND OTHER ORGANIC PATHOLOGIES

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Faecal Haemoglobin quantitative FIT

Cancer of the colon and rectum (colorectal cancer) continues to be one of the leading causes of cancer morbidity and mortality worldwide with more than 1.2 million new cases and 609,000 deaths annually.¹

CRC refers to all malignant tumours that develop in the region of colon and rectum. Tumours that are located in the caecum, ascending- and transverse colon are called proximal cancers, and those located in the descending colon, sigmoid colon and rectum are known as distal cancers.

Based on population studies it is estimated that at least 95% of all CRC cases develop from clearly identifiable precursors, such as adenomatous polyps and flat adenomas² and well-defined case-control studies demonstrate that the removal of polyps results in reduction of CRC mortality by more than 60% during 10 years of follow-up.³



For colorectal cancer screening and the investigation of symptoms and risks

As well as being a highly specific marker for colorectal neoplasms, faecal haemoglobin also supports the differential diagnosis of suspected colorectal cancer and organic intestinal diseases in symptomatic patients too.

In the absence of alarm symptoms, positive FIT tests may help select apparently low-risk patients exhibiting unexplained symptoms for referral. e.g.:

- >50 years with unexplained abdominal symptoms
- <60 years with changes in bowel habit

By identifying patients who may benefit from a referral to an expert or for further investigation, FIT tests can help identify significant pathology at an early, more curable stage. While in low-risk symptomatic patients, FIT tests are cost effective in the triaging of patients by ruling-out organic diseases.

Detection of occult blood in faeces is essential in the early diagnosis of colorectal cancer.

References

1. Ferlay J et al. GLOBOCAN 2008
2. Chen CD et al. Br J Cancer 2003;88:1866-1873.
3. Selby JV et al. N Engl J Med 1992;326:653-657.
4. Hoepffner N et al. Aliment Pharmacol Ther 2006;23:145-154.

IDK® Faecal Haemoglobin ELISAs

- Quantitative FIT ELISA test
- Automatable or Manual
- Easy to use sample collection / extraction
- Stool Extracts stable at room temperature for 7 days
- 5 standards or 1-point calibration available

Includes universal extraction buffer
IDK Extract® enabling complete stool
analytics from one single extract:

- ✓ Faecal Calprotectin
- ✓ Pancreatic Elastase
- ✓ α -1-antitrypsin
- ✓ Faecal Bile Acids
- ✓ Lactoferrin

...and more



Read more at: [www.biohithealthcare.co.uk/
assays-for-colorectal-cancer](http://www.biohithealthcare.co.uk/assays-for-colorectal-cancer)