ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

DATE:	4 August 2026
TO:	All Healthcare Providers
FROM:	Clinical Biochemistry and Point of Care Testing, Alberta Precision Laboratories (APL)
RE:	**Delisting of Guaiac Based Fecal Occult Blood Testing (gFOBT) in Alberta**

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- Effective 8 September 2026, guaiac based fecal occult blood test (gFOBT) will be fully removed as an available test (both as a point of care test [POCT] and a central lab test) in Alberta.
- gFOBT should no longer be stocked or ordered in Alberta, including acute and primary care settings.
- See Appendix 1 for details on the evidence, use, alternative patient care options, and how this initiative aligns with health system foundational strategies and quadruple aim.

Background

- Several Choosing Wisely Canada recommendations, as well as systematic reviews/metanalysis recommend against the use of gFOBT (Appendix 1).
- gFOBT detects peroxidase activity of hemoglobin in the stool and was historically used for colorectal cancer (CRC) screening.
    - gFOBT has been replaced by the fecal immunochemical test (FIT) for CRC screening due to superior sensitivity and specificity.
    - gFOBT test results are vulnerable to diet, medications (e.g. NSAIDs), and local anorectal blood sources (e.g. hemorrhoids, digital rectal exam (DRE), menstruation).
    - Despite limited validity and utility in symptomatic patients, gFOBT continues to be used and influences clinical decision-making, contributing to unnecessary investigations and care delays.

How this will impact you

- Discontinue ordering gFOBT (Occult Blood, Stool; LAB812) and discontinue performing POCT gFOBT.
    - Samples received on and after Sept 8, 2026, will be cancelled.
    - Consider alternate patient management options, such as FIT, clinical assessment (history and physical exam), and/or validated risk scores (e.g. Glasgow–Blatchford Score (GBS) / Rockall Score, Oakland Score) to guide management.
- Be aware that in primary care there is no role for gFOBT to be used, as it does not change the triage for GI referrals, and the FIT test is now primarily used for CRC screening purposes (not gFOBT).
- As per 2013 communication, if there is a gFOBT requested on a community laboratory requisition, it will automatically be changed by the Laboratory to a FIT (2013 Bulletin for Province Wide Testing for FIT).

Questions/Concerns

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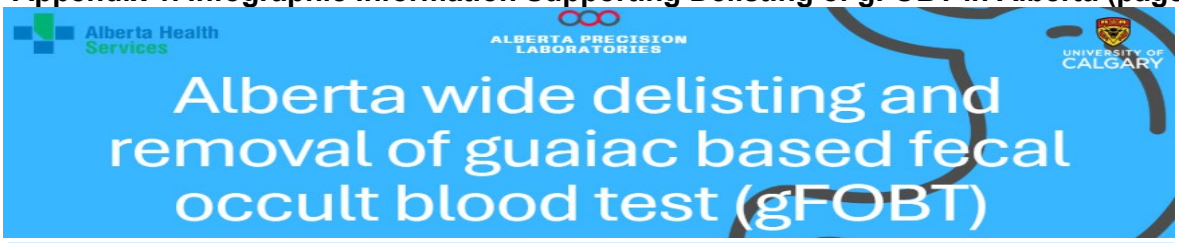
Approved by

- Dr. Carolyn O'Hara, Chief Medical Laboratory Officer, APL

Appendix 1. Infographic Information Supporting Delisting of gFOBT in Alberta (page 2-4)



Key Information

- Guaiac based fecal occult blood test (gFOBT) has been approved to be delisted in Alberta, and will be fully removed as an available test (point of care test [POCT] and central lab test) in Alberta effective 8 September, 2026.
- gFOBT detects peroxidase activity of hemoglobin in the stool and was historically used for colorectal cancer (CRC) screening.
  - gFOBT has been replaced by the fecal immunochemical test (FIT) for CRC screening due to higher sensitivity and specificity.
  - Results of gFOBT test are vulnerable to diet, medications (e.g. NSAIDs), and local anorectal sources (e.g. hemorrhoids, digital rectal exam (DRE), menstruation).
  - Despite limited validity and utility in symptomatic patients, gFOBT continues to be used and influences clinical decision-making in acute care, contributing to unnecessary investigations and delays in care.
- gFOBT should no longer be stocked or ordered within Alberta, including in acute care and primary care settings.

Choosing Wisely Canada: Recommendations

Clinical Biochemistry:

- Don't perform point of care testing (POCT) fecal occult blood tests for suspected gastrointestinal bleed in the Emergency Department or acute care setting.

General Surgery:

- Do not use screening tests such as FOBT and FIT, or surveillance tests such as CEA, for diagnostic purposes.

Gastroenterology:

- Do not use guaiac fecal occult blood test as a diagnostic tool to evaluate clinical symptoms, signs or lab abnormalities such as abdominal pain, change in bowel habits, dark stool, rectal bleeding or anemia.

Key Evidence

Multiple systematic reviews/meta-analyses show gFOBT is a **low-value test** in symptomatic patients:

- Russell et al., 2025 (22-study systematic review) found that gFOBT **increases cost and workload without improving outcomes**, with results rarely influencing endoscopy decisions, even in iron deficiency anemia, and poor real-world validity due to frequent medication and dietary confounders.
- Lee et al., 2020 showed **suboptimal diagnostic performance** (sensitivity 58%, specificity 83%), with a **high false-negative rate**, including 42% of patients with iron deficiency anemia and a confirmed cause on endoscopy, highlighting the risk of missed pathology.
- When appropriately following manufacturer instructions, sample cards need to sit for 3 days prior to interpretation, patients need to have undergone medication and diet restriction before sampling, and stool samples from at least 3 days need to be collected to reduce chance of false positives and negatives. These steps are uncommonly followed.

Current Use and Impact

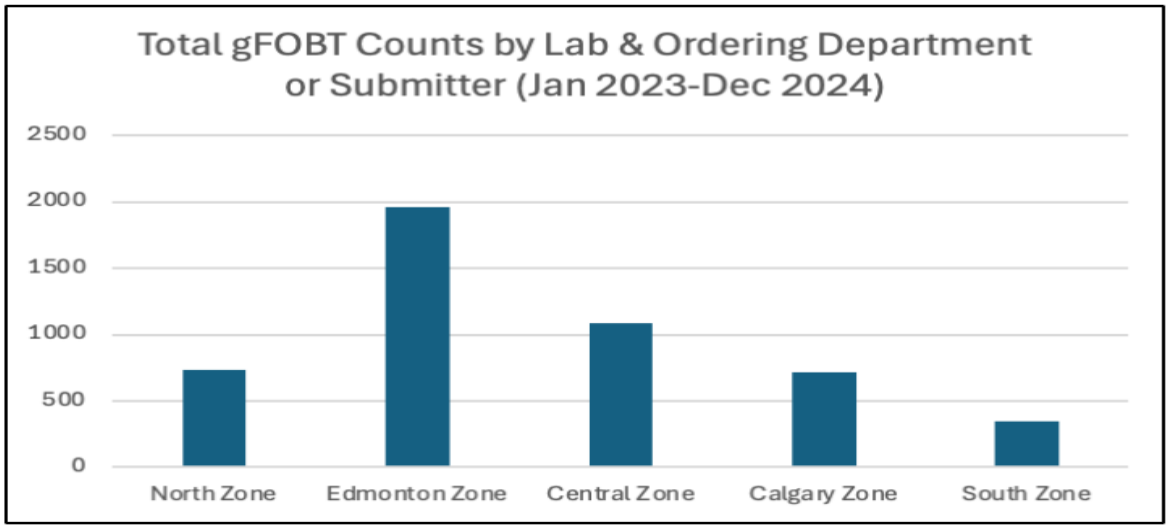


Figure 1: gFOBT use is widespread across all zones, with the highest volume in Edmonton, followed by Central Zone and North Zone/Calgary Zone.

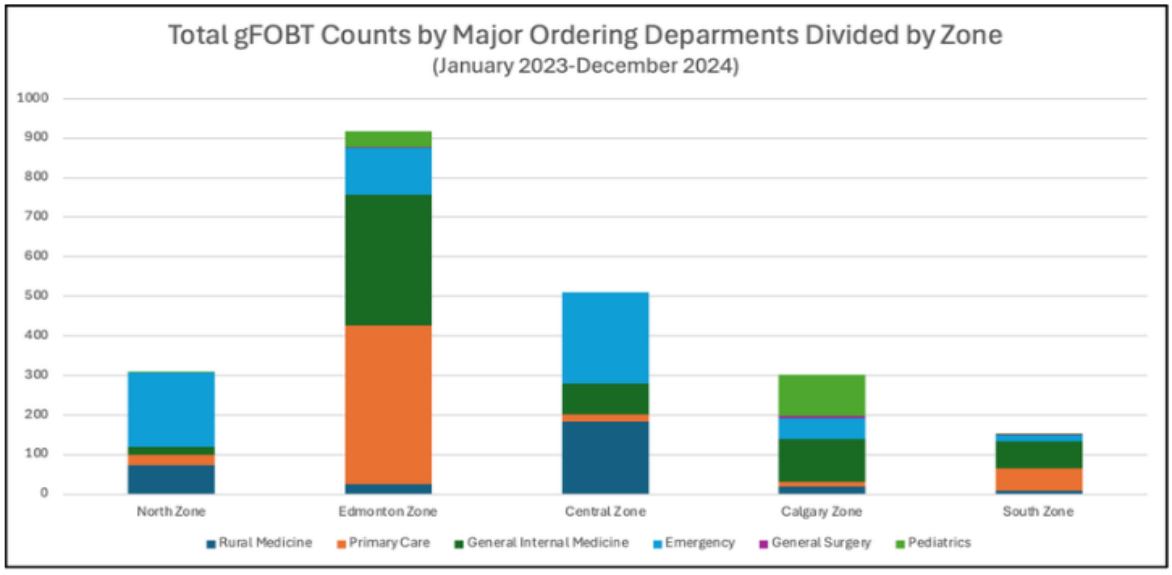


Figure 2: There is broad use across Emergency Departments, inpatient and primary care settings despite limited clinical value.

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Alternatives to gFOBT

For CRC screening, gFOBT has been completely replaced by FIT testing.

For other indications in acute care medicine, use clinical assessment, including focused **history and physical exam**, and **apply validated risk scores** to guide management:

- **Glasgow–Blatchford Score (GBS) / Rockall Score** – for upper GI bleed
- **Oakland Score** – for lower GI bleed

This approach is **evidence-based, directly informs management decisions**, and will make clinical work **more efficient** compared to using a low-value, inappropriate test.

In primary care, there is no role for gFOBT to be used, as **it does not change the triage for GI referrals**, and the FIT test is now primarily used for CRC screening purposes (not gFOBT).

Alignment with the Health System Foundational Strategies & Quadruple Aim

The delisting and removal of gFOBT **aligns with AHS foundational strategies** by promoting **evidence-based, safe care**, and supporting **quality improvement through elimination of low-value testing.**

Use of gFOBT, in the central laboratory or POCT, can **pose laboratory accreditation challenges.** It requires appropriate **quality assurance practices and resources** in order to be used in the clinical setting.

Improves Quadruple Aim outcomes:

- Better health outcomes (evidence-based patient evaluation, fewer misleading results)
- Improved patient experience (less unnecessary testing, reduced patient care delays)
- Greater value (reduced healthcare system costs and downstream clinical investigations)
- Improved healthcare provider satisfaction (less workload, more efficient workflows)

Canadian Sites/Areas Where gFOBT Has Been Eliminated

Several healthcare systems within Canada have already eliminated gFOBT use:

- Ottawa
- Hamilton
- University Health Network (UHN)
- Regina & Saskatoon
- Manitoba

References

- Choosing Wisely Canada. *Choosing Wisely Canada* [Internet]. Toronto (ON): Choosing Wisely Canada; [cited 2026 Jul 6]. Available from:https://choosingwiselycanada.org
- Lee, M. , Pourmorady, J. & Laine, L. (2020). Use of Fecal Occult Blood Testing as a Diagnostic Tool for Clinical Indications: A Systematic Review and Meta-Analysis. *The American Journal of Gastroenterology, 115* (5), 662-670. doi: 10.14309/ajg.0000000000000495.'
- Russell RO, Arroliga AC, Myers NL, Ogola GO, McNeal TM, Sonpal N, Cable C, Danesh V. Use and de-implementation of fecal occult blood tests in the acute care setting: a systematic review and meta-analysis. Int J Qual Health Care. 2025 Feb 15;37(1):mzae102. doi: 10.1093/intqhc/mzae102. PMID: 39508554.
- Alberta Health Services. *Enhancing Care in the Community* [Internet]. Alberta Health Services; cited 2026 Feb 25. Available from: albertahealthservices.ca/about/Page13457.aspx
- Alberta Health Services. *Foundational Strategies* [Internet]. Alberta Health Services; cited 2026 Feb 25. Available from: albertahealthservices.ca/about/page12951.aspx