

Date: June 23, 2015

To: All Zones
Physicians, Nurse Managers, Educators, and Practitioners, AHS Corrections,
Laboratory Directors and Managers

From: AHS Laboratory Services, Calgary Laboratory Services and DynaLIFE_{DX}

Re: Age restriction for Fecal Immunochemical Test (FIT)

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Messages:

- The Fecal Immunochemical Test (FIT) is recommended for colorectal cancer (CRC) screening of average risk asymptomatic individuals aged 50 to 74 years old with an interval of every 1-2 years.
- FIT is acceptable for testing patients aged 40 to 49 due to increased risk of CRC (one first degree relative older than 60 years at diagnosis of CRC and/or high risk of adenomatous polyps) and patients aged 75 to 84 after quality of life and life expectancy have been assessed.
- The laboratory will only perform testing for patients between 40 and 84 years of age.

Why this is important:

- Beginning the first week in July 2015, the laboratory will no longer provide FIT kits to individuals falling outside the ages of 40 to 84 years of age.
- In lieu of a test result, the following message will be received by the ordering practitioner. *Test not performed. FIT is only recommended for colorectal cancer screening of low risk individuals between the ages of 50 and 74. FIT is not performed on patients outside the age range of 40 to 84 years. For further information on colorectal cancer screening, please visit TOP at www.topalbertadoctors.org/cpgs.*
- Using FIT for non CRC screening purposes, i.e., as a diagnostic tool in symptomatic patients, is not evidence based and can lead to *unnecessary and consequential delays* in the diagnostic work – up.

Action Required:

- Use the FIT only for CRC screening purposes on average risk asymptomatic individuals.
- Patients with signs or symptoms indicating possible gastrointestinal (GI) pathology should be investigated and referred for consultation.
- For the patient with symptoms:
 - Baseline investigations of patients with possible GI blood loss must include a complete blood count and serum ferritin
 - Patients with iron deficiency anemia and suspicion of GI blood loss should be referred to GI care for endoscopic follow up investigation. For further information regarding proper endoscopic follow up please refer to the Provincial Gastroenterology (Adult) Referral Guidelines cited below.

Additional Information:

Towards Optimized Practice Clinical Guidelines located at: www.topalbertadoctors.org/cpgs

Provincial Gastroenterology (Adult) Referral Guidelines located at www.albertahealthservices.ca/pathways

For general information on screening refer to www.screeningforlife.ca

Inquiries and feedback may be directed to:

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This bulletin has been reviewed and approved by:

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