

**Date:** November 27, 2014

**To:** All Zones  
Physicians, Nurses, Laboratory Staff

**From:** AHS Laboratory Services, Alberta Colorectal Cancer Screening Program (ACRCSP)

**Re:** Appropriate Utilization of the Fecal Immunochemical Test (FIT) for Colorectal Cancer Screening and a Reminder of the Discontinuation of the Guaiac Fecal Occult Blood Test (gFOBT) in community patients

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## PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

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### 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.
- FIT is acceptable for testing patients aged 40-49 due to increased risk of CRC and patients aged 75-85 after quality of life and life expectancy have been assessed.
- The lab will perform testing for patients 40 to 85 years old only.
- The recommended screening interval for FIT is every 1-2 years. The lab will not perform testing for intervals less than 1 year.
- There is little evidence for use of the gFOBT or the FIT in the diagnostic work-up of symptomatic patients.
- Patients with signs or symptoms indicating possible gastrointestinal (GI) pathology should be investigated and referred for consultation.

### Background:

In November 2013, the FIT replaced the gFOBT and average-risk screening colonoscopy as the primary screening modality for average risk individuals.

FIT is superior to the gFOBT for several reasons: better clinical performance, higher sensitivity, and simplified sampling process for the individual.

- The revised Toward Optimized Practice Clinical Practice Guideline recommends all Albertans aged 50 to 74 at average risk of developing CRC have a FIT every 1-2 years.
- Under special circumstances, testing may occur in 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 adenomas), or patients age 75 to 85 after consideration of co-morbidities, risk of screening, general health and life expectancy.
- Colonoscopy will be recommended as the follow-up test for those with a positive FIT result.
- The gFOBT and the FIT have been commonly used to investigate lower GI symptoms in patients; however, there is little evidence to support the use of these tests beyond CRC screening.
- Common inappropriate reasons a FIT or gFOBT is ordered<sup>1</sup>:
  - Anemia
  - Suspicion of rectal bleeding
  - Abdominal pain
  - Changed bowel habits

**Why this is important:**

- Using the FIT or gFOBT 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.
- If the FIT or gFOBT result for a symptomatic patient is negative, it may discourage physicians from referring to GI care, despite the presence of symptoms.
- Patient care should be individualized based on risk assessment (previous screening examinations, family history, life expectancy) and patient preference. Based on the risk of colonoscopy with increasing age and co-morbidities, screening is inappropriate when the risks exceed the benefit.

**Action Required:**

- Discontinue referrals for the gFOBT.
- Use the FIT for only CRC screening purposes on average risk asymptomatic individuals aged 50 to 74 years old. FIT is also acceptable for screening individuals aged 40-49 who are increased risk for developing CRC and individuals aged 75 to 85 after quality of life and life expectancy have been assessed.
- For 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 investigations.

**Inquiries and feedback may be directed to:**

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