

Physician Commonly Asked Questions about the Fecal Immunochemical Test (FIT)

The Fecal Immunochemical Test (FIT) is available province wide. It is now the primary colorectal cancer (CRC) screening modality for average risk individuals, replacing the guaiac Fecal Occult Blood Test (gFOBT) and colonoscopy for average-risk screening. The gFOBT is no longer available in community practice within Alberta.

Who should be screened for CRC with the FIT?

The 2013 revised Toward Optimized Practice (TOP) Clinical Practice Guideline recommends that:

- Average risk (**no personal or family history of CRC**) individuals aged 50-74 should be screened with a FIT every 1-2 years.
- Increased risk individuals with one first degree relative who was diagnosed with CRC and/or high risk colonic adenomas after age 60 should be screened using the FIT every 1-2 years starting at age 40.
- Screening patients aged 75-84 with a FIT should be individualized with consideration of comorbidities, risk of screening, general health and life expectancy. The FIT should not be provided to patients younger than 40 or older than 84.

Can the FIT be used for symptomatic patients (e.g. anemia, digestive system symptoms)?

The FIT should **not** be used for symptomatic or diagnostic purposes. Patients with signs or symptoms indicating possible gastrointestinal pathology should be investigated and referred for consultation.

What is the procedure for ordering and completing a FIT?

A FIT is ordered on a community lab requisition and patients receive a FIT kit from the lab with instructions. One stool sample is required and patients scrape the surface of the stool with a collection stick, insert the stick into a vial and return the vial to the lab. Patients aged 50-74 will receive result letters from the Alberta Colorectal Cancer Screening Program. It is the responsibility of the physician to follow up on tests performed on patients outside the age range of 50-74. The recommended screening interval for FIT is every 1-2 years; the lab will not perform testing for intervals less than 1 year.

What are the benefits of using the FIT instead of average-risk screening by colonoscopy?

The FIT is a non-invasive, highly sensitive test for CRC and adenomas that uses human-specific anti-globin antibodies to detect trace amounts of blood in the stool. It does not require a change of diet, procedure preparation, time away from work and there is no risk of adverse events (e.g. abdominal pain, bloating, gastrointestinal bleeding, bowel perforation).

Will my patient with an abnormal FIT result be placed on a wait list for colonoscopy follow up?

Patients with an abnormal FIT result should be referred promptly for a colonoscopy. This procedure should be preferably completed within 60 days of the result according to provincial standards; however, screening facility wait times will vary.

After my patient has a colonoscopy, when can they return to screening with FIT?

Wait 10 years after a normal colonoscopy to refer the patient for a FIT. If the quality of the colonoscopy was uncertain, a FIT may be completed 5 years after the colonoscopy. If your patient is experiencing new gastrointestinal symptoms within 3 years of a previous colonoscopy, the patient should be referred to a gastroenterologist for a diagnostic follow-up.