

When to use the Fecal Immunochemical Test (FIT)

Is your *asymptomatic* patient...

Average risk: Age 50-74

No personal or family history of polyps or colorectal cancer (CRC)

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ACRCSP advises your patient is screened with FIT every 1-2 years

If FIT *positive* refer for colonoscopy

Please wait 10 years after a normal colonoscopy (i.e., no polyps), or follow surveillance recommendation by endoscopist, to screen with FIT

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If your patient has been screened prior to this recommended interval and is now FIT *positive* please refer the patient to the endoscopist who performed the previous colonoscopy for consultation

If the quality of the colonoscopy was uncertain, screen with FIT 5 years after colonoscopy

Screening is not recommended for patients aged 75 and older

Increased risk

Family History: CRC and/or high risk adenomas

High risk colonic adenoma is defined as having one or more of the following: size greater or equal to 1 cm; villous elements; high grade dysplasia; more than three adenomas found at one colonoscopy

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1st degree relative >60 years at diagnosis

ACRCSP advises your patient is screened with FIT every 1-2 years starting at age 40

If FIT *positive* refer for colonoscopy

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1st degree relative ≤60 years at diagnosis or two or more affected relatives

ACRCSP advises your patient is referred for a colonoscopy at age 40, or 10 years prior to the index case, whichever is earliest



**Please
do not
use FIT**

As a diagnostic test for CRC in symptomatic patients (e.g., reported bloody stools or recent change in bowel habit)

As a diagnostic test to investigate patients' reporting gastrointestinal symptoms at any age (e.g., abdominal pain)

To determine or exclude a cause for anemia and/or rectal bleeding

As a CRC screening test when the patient has inflammatory bowel disease, acute gastroenteritis or C. difficile colitis, actively bleeding hemorrhoids or anal fissure or similar acute gastrointestinal condition

Using FIT for non-CRC screening purposes can lead to delays in proper diagnostic workup.

→ **Recommend** the patient is referred for gastroenterology consultation