Understanding the Changes to Colorectal Cancer Screening in Manitoba

Colorectal cancer screening test	Effective June 20, 2023 Manitoba transitioned from the guaiac fecal occult blood test (gFOBT) to the fecal immunochemical test (FIT). As of September 29, 2023, gFOBT will no longer be available in Manitoba (Shared Health and Dynacare labs). ColonCheck recommends those 50-74 years of age at average risk for colorectal cancer complete a FIT every 2 years. Benefits of FIT in colorectal cancer screening: - Only one fecal sample is required. - Non-invasive test.[5] - Increased patient participation.[3] - No dietary or medication restrictions before or during the test. - Tests specifically for *human* blood. - More specific for colonic bleeding. - Improved sensitivity for colorectal cancer and advanced adenomas.[3, 5] Written and video FIT instructions are available at: cancercare.mb.ca/coloncheck.
FIT access, distribution and analysis	FIT kits are available only through CancerCare Manitoba's ColonCheck Program. Request can be made using the FIT Requisition form (pdf) available at cancercare.mb.ca/screening/hcp. All FIT analysis has been centralized under Cadham Provincial Laboratory. Benefits of centralizing kit distribution and analysis include: - Single point of test access for patients and healthcare providers. - Consistent and equitable delivery across the province. - High quality colorectal cancer screening testing available to all Manitobans. - Ability to apply consistent quality assurance measures. - Provincial evaluation and reporting are now possible.
FIT result reporting	ColonCheck will send a FIT result to your patient. - A normal result will be communicated by letter. - An abnormal result will be communicated by phone, followed by a letter. The healthcare provider identified on the FIT Return Form submitted with the completed FIT will receive the FIT result report from Cadham Provincial Laboratory.
Follow-up of abnormal FIT results	ColonCheck will automatically make a colonoscopy referral for any participant who has an abnormal result, and send notification of the colonoscopy appointment to the healthcare provider. The program will follow the provincial endoscopy referral processes and healthcare providers will be copied on all reports.

FIT eligibility	FIT is an appropriate test for screening individuals who: - are aged 50-74 and at average risk for colorectal cancer. - are undergoing surveillance for low risk adenomas.[4] - have one first-degree family member diagnosed with colorectal cancer at age 60 or older. - have one or more first-degree relatives diagnosed with documented advanced adenomas (adenomas greater than or equal to one centimeter in size, or with high-grade dysplasia, or villous and tubulovillous lesions) at any age. See the ColonCheck Screening Guidelines (pdf) for more detail.
FIT ordering rejection	Requests for FIT outside of ColonCheck screening guidelines and eligibility criteria will generally be rejected. Providers should contact ColonCheck at 1-855-95-CHECK (1-855-952-4325) or by fax at 204-774-0341 if they feel that the request was wrongly rejected.
FIT screening in individuals age 75 to 85	Routine FIT colorectal cancer screening is not recommended in individuals aged 75 to 85 years.[1,3,5] The decision to continue screening in this age group should be made on a case-by-case basis with consideration given to life expectancy, family history, comorbidities, and the potential benefits and harms of screening.[13]
FIT screening in individuals age 86 and over	Individuals age 86 and over should not be screened for colorectal cancer.[1,5,13] ColonCheck will reject any FIT requests in patients over 85 years of age.
Inappropriate use of FIT	The use of FIT is for screening purposes only as indicated in the ColonCheck Screening Guidelines. FIT is **not** indicated: - For investigation of patients with signs or symptoms of colorectal cancer, including those with rectal bleeding. These individuals should be referred immediately for endoscopic investigation using the Endoscopy Intake Referral Form – Adult (Interlake-Eastern, Northern, Prairie Mountain, Southern, Winnipeg) (pdf) for your regional health authority, or by contacting the endoscopist directly for an urgent consultation. - For investigation of patients with anemia (including iron-deficient anemia). Refer to the CancerCare Manitoba anemia and iron-deficient anemia algorithms (pdf). - Repeat testing for a previous abnormal FIT/FOBT. - For surveillance of high-risk adenomas or as a screening test for individuals at a significantly increased risk of colorectal cancer where colonoscopy surveillance is indicated. - As a replacement for colonoscopy in individuals requiring a repeat colonoscopy due to an incomplete examination or poor bowel preparation. In these circumstances, the colonoscopy should be repeated whenever possible, or the colon should be visualized using an alternate modality such as CT colonography.

REFERENCES

1. Tran et al. (2014). Surveillance Colonoscopy in Elderly Patients. A Retrospective Cohort Study. JAMA Intern Med.,174(10):1675-1682. http://doi.org/10.1001/jamainternmed.2014.3746

2. Canadian Agency for Drugs and Technologies in Health (2021). Colorectal and breast cancer screening for survivors of childhood, adolescent, or young adult cancers. CADTH summary of abstracts reference list, project number RB1556-000. Retrieved from: https://www.cadth.ca/colorectal-and-breast-cancer-screening-survivors-childhood-adolescent-or-young-adult-cancers

3. Canadian Task Force on Preventive Health Care (2016). Recommendations on screening for colorectal cancer in primary care. Canadian Task Force on Preventive Health Care. CMAJ, 188(5):340-348. https://doi.org/10.1503/cmaj.151125

4. Cancer Care Ontario (2019). ColonCancerCheck recommendations for post-polypectomy surveillance frequently asked questions. Retrieved from https://swrcpweb.lhsc.on.ca/sites/swrcpweb.lhsc.on.ca/files/FAQs_CCC%20Post-Polypectomy%20Surveillance%20Recommendations.pdf

5. Rex et al. (2017). Colorectal cancer screening: Recommendations for physicians and patients from the U.S. multi-society task force on colorectal cancer. Gastrointestinal Endoscopy, 86(1):18-33. http://dx.doi.org/10.1016/j.gie.2017.04.003

6. Wong et al. (2019). One-time fecal immunochemical screening for advanced colorectal neoplasia in patients with CKD (DETECT Study). J Am Soc Nephrol, 30(6):1061–1072. https://doi.org/10.1681%2FASN.2018121232

7. Cesare et al. (2020). Post-polypectomy colonoscopy surveillance: ESGE Guideline Update 2020. Endoscopy, 52(08):687-700. https://doi.org/10.1055/a-1185-3109

8. Leddin et al. (2018). Clinical practice guideline on screening for colorectal cancer in individuals with a family history of nonhereditary colorectal cancer or adenoma: The Canadian Association of Gastroenterology Banff Consensus. Gastroenterology, 155(5): 1325–1347. https://doi.org/10.1053/j.gastro.2018.08.017

9. Rutter, et al. (2020). British Society of Gastroenterology/Association of Coloproctology of Great Britain and Ireland/Public Health England post-polypectomy and post-colorectal cancer resection surveillance guidelines. Gut (69):201–223. http://dx.doi.org/10.1136/gutjnl-2019-319858

10. Sadowski D, Kolber MR, Nemecek N, Wiseman J, on behalf of the ACRCSP Post Polypectomy Working Group Panel (2022). Post polypectomy surveillance guidelines: recommendations on follow-up after colonoscopy and post polypectomy in Alberta. Alberta Health Services. Retrieved from https://screeningforlife.ca/wp-content/uploads/ACRCSP-Post-Polypectomy-Surveillance-Guideline-2022_final-Jan-24-2023-002.pdf

11. Gupta et al. (2020). Recommendations for follow-up after colonoscopy and polypectomy: A consensus update by the US multi-society task force on colorectal cancer. Gastroenterology, 158(4):1131-1153. https://doi.org/10.1053/j.gastro.2019.10.026

12. Roos et al. (2019). Effects of family history on relative and absolute risks for colorectal cancer: A systematic review and meta-analysis. Clinical Gastroenterology and Hepatology, 17(13):2657–2667. https://doi.org/10.1016/j.cgh.2019.09.007

13. U.S. Preventive Services Task Force. (2021). US Preventive Services Task Force. Screening for Colorectal Cancer. US Preventive Services Task Force Recommendation Statement. JAMA, 325(19):1965-1977. https://doi.org/10.1001/jama.2021.6238

14. WHO Classification of Tumours Editorial Board (2020). The 2019 WHO classification of tumours of the digestive system. Histopathology, 76(2):182-188. https://doi.org/10.1111/his.13975