

ColonCheck Fact Sheet for Health Care Professionals

What is the recommended colorectal cancer (CRC) screening test for average risk persons 50-74 years of age?

The Canadian Task Force on Preventive Health Care (Guidelines 2016) recommends a fecal occult blood test (FOBT) every two years.

Should colonoscopy be used as a CRC screening test for my average-risk patients 50-74 years of age?

No. The Canadian Task Force on Preventive Health Care (Guidelines 2016) recommends against colonoscopy as an average risk screening test for CRC.

How do I know if my patient is average risk?

Patients are of average risk if they:

- Are not experiencing signs or symptoms of CRC such as:
 - Rectal bleeding,
 - Persistent change in bowel habits and/or abdominal pain, or
 - Iron-deficiency anemia.
- Have no personal history of CRC, adenomas or diseases of the colon that require ongoing monitoring by colonoscopy (e.g. Crohn's disease or ulcerative colitis), or suspicion/diagnosis of hereditary syndromes predisposed to CRC (e.g. familial adenomatous polyposis (FAP) or Lynch syndrome).
- Do not have family history of 1st degree relatives with CRC or advanced adenomas.

What is the screening recommendation for my patients at increased risk of developing CRC?

Patients at increased risk should be referred to colonoscopy for surveillance and management. Refer to CancerCare Manitoba's "Guidelines for Cancer Screening in Manitoba" for detailed recommendations.

What scientific evidence is there to support the use of FOBT for average risk CRC screening?

A Cochrane Review of four randomized controlled trials found an up to 25% reduction in CRC mortality in average risk individuals who participated in regular FOBT screening.

What FOBT does the ColonCheck program use?

The program uses a guaiac FOBT; Hemoccult II SENSAs.

- Sensitivity - 64% to 85%
- Specificity - 87% to 95%
- Positivity Rate - 4-5% (ColonCheck results)

Should my patients with hemorrhoids complete an FOBT?

Patients with obvious, uncomplicated, non-bleeding hemorrhoids can complete an FOBT. If there is worrisome bleeding or concern that there may be associated serious pathology such as cancer or polyps, they should be referred for additional investigations and endoscopy.

Are there any dietary and/or drug restrictions while completing an FOBT?

ColonCheck instructs individuals to limit their Vitamin C intake to <250 mg/day for 3 days before and during testing to minimize the risk of false negative results.

What happens when my patient receives a positive (abnormal) result from their completed ColonCheck test?

ColonCheck's Follow-up Coordinator will inform you and your patient of the positive test result. With your permission, the program will coordinate the colonoscopy referral.

How many windows must test positive for blood to determine if an FOBT result is overall positive?

An FOBT is considered positive when one or more (maximum 6) of the test windows test positive for blood. As bleeding from cancers or adenomas may be intermittent, all positive FOBT results must be investigated.

Should my patient repeat an FOBT to confirm a positive test result?

No. Further FOB testing in individuals with a positive result is unwarranted as serious pathology is not ruled out by subsequent negative FOBT results.

What happens if my patient had a positive ColonCheck FOBT result, and a negative (normal) follow up colonoscopy?

ColonCheck will recall your patient for routine screening with FOBT in 5 years.

What are the benefits of having my average risk patients screened with ColonCheck?

- CancerCare Manitoba is the province's recognized authority in prevention and treatment of cancer.
- Adherence to published screening guidelines.
- Assuredness that your patients are being provided a high quality FOBT.
- Confidence that your patients are being actively encouraged to participate in regular FOBT screening by receiving test kit invitations, recall kits when they are due, and reminder letters if needed.
- Direct referral process for colonoscopy guarantees effective and prompt follow up care for individuals with positive results. Rapid communication of all test results (FOBT, colonoscopy, pathology, and future endoscopic surveillance recommendations if needed).

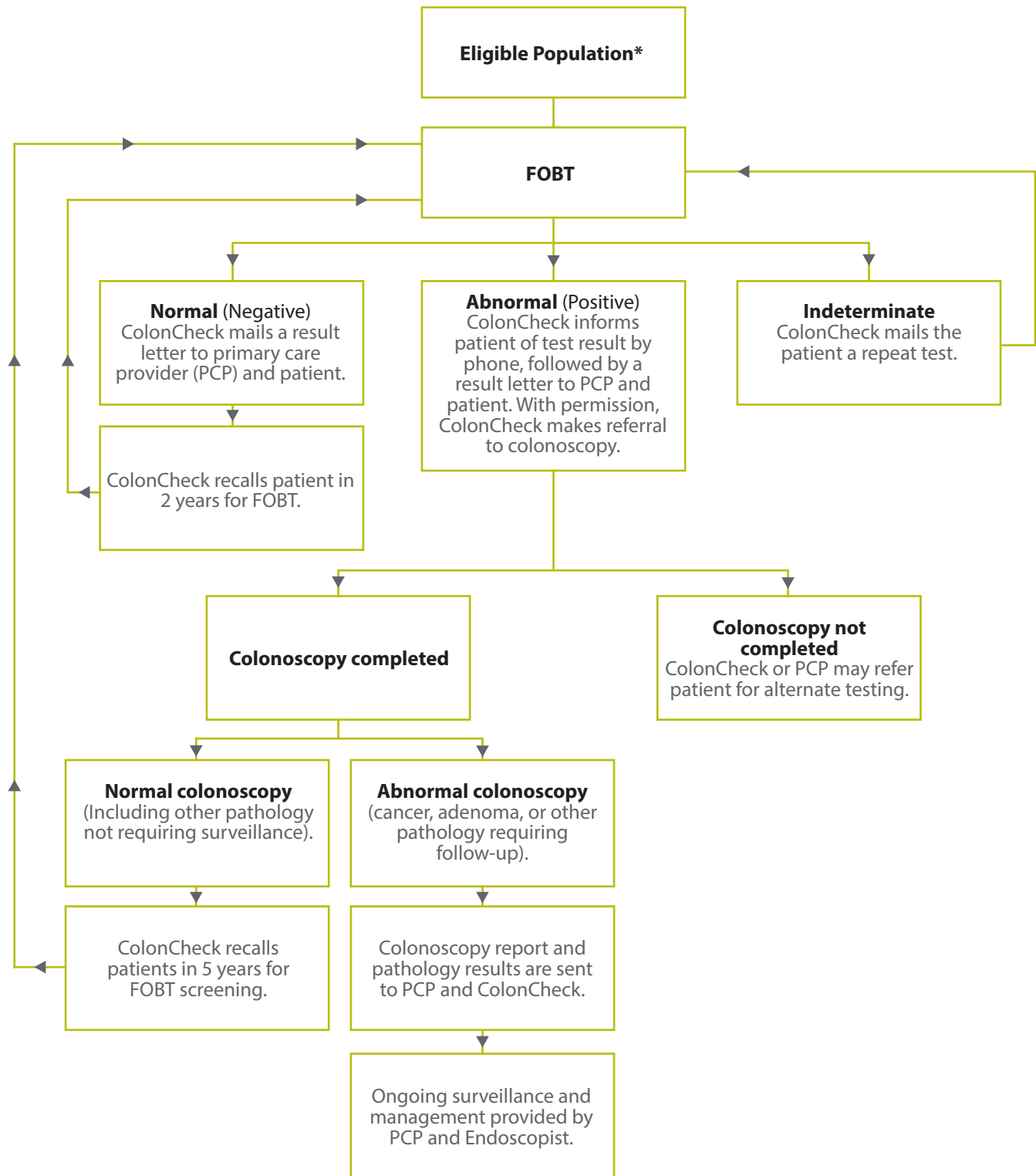
How can I request a ColonCheck FOBT for my patients who are eligible for screening?

ColonCheck Fecal Occult Blood Test Eligibility & Test Request forms are available on your EMR or at cancercare.mb.ca/screening.

How can I request educational resources for my patients/clinic?

To request copies of our free resources please visit cancercare.mb.ca/screening or call 1-855-95-CHECK.

ColonCheck Screening Pathway



***Eligible Population:**

Average risk 50 to 74 years of age with:

- No signs or symptoms of colorectal cancer (CRC)
- No personal history of CRC or adenomas, disease of the colon requiring monitoring by colonoscopy, or suspicion or diagnosis of hereditary syndromes predisposed to CRC such as familial adenomatous polyposis (FAP) or Lynch syndrome
- No 1st degree relatives diagnosed with CRC at any age