COMPENDIUM

Answers to Participant Webinar Questions
Increased Risk Colorectal Cancer Screening and Follow-Up
March 2, 2022

CancerCare Manitoba
ActionCancerManitoba
BreastCheck CervixCheck ColonCheck

CANCERCARE MANITOBA WEBINAR COMPENDIUM

Increased Risk Colorectal Cancer Screening

WEDNESDAY, MARCH 2, 2022
12:00 – 1:00PM CST

ANSWERED DURING THE WEBINAR

1. **(44:00) If my patient has second degree relatives who were diagnosed with CRC, can they do FIT instead of colonoscopy?**

2. **(44:59) Could you clarify when it is appropriate to use FIT or FOBT testing versus colonoscopy after finding a colon polyp or an adenoma during a colonoscopy?**

3. **(46:46) Can you share your thoughts on earlier screening than age 50 given the recent increase trend in earlier age groups?**

4. **(47:50) It is not unusual for me to encounter patients who have first degree relatives with polyps, who had been told that they had cancer. In the absence of being able to get hold of more precise information from the patient, how do we regard these?**

5. **(49:13) What is the difference in accuracy of the FOBT from ColonCheck vs. the test supplied by Dynacare?**

6. **(50:33) Whose responsibility will it be to discuss FIT/FOBT vs colono after having a polyp removed. The GP or the endoscopist? If it's the GP, will CCMB have resources available to inform this discussion?**

7. **(53:22) When will FIT testing kits replace FOBT in MB? Which lab req will the FIT test be found on?**

8. **(54:03) The Free Press reported that as a result of COVID patients waiting for colonoscopy will not be receiving these because of the wait times and resources and will instead be giving the new FIT test. Is this correct?**

FIT

9. **Ross - I think you said there are patients who might be appropriate for FIT who might be taken off the waiting list - but if they are on the waiting list, doesn't that mean they had a +ve FOB?**
    - Positive FIT or FOBT patients would not be removed from the waitlist as they do require colonoscopy. The patients removed from the colonoscopy waitlist are individuals receiving FIT as an alternative to colonoscopy. These are patients undergoing colonoscopy for average risk screening, surveillance of low risk adenomas and low increased risk screening for one first degree relative who developed CRC at or older than 60 years of age. To learn more, click here.

OTHER

10. Is capsule endoscopy an alternative to colonoscopy (sensitivity vs specificity)?

- Capsule endoscopy should not be used as an alternative to colonoscopy unless it is required to exclude disease in individuals who have an incomplete colonoscopy. It does require a bowel prep. There is not a lot of data on efficacy for use in screening. Unlike colonoscopy, it does not permit biopsy or removal of lesions. It has a reported sensitivity of 92% for adenomas greater than 1 cm in size, with a specificity of 95%. Reference: Gastroenterology. 2015;148(5):948. Epub 2015 Jan 22.

11. Is there an expiry date on the failsafe list?

- Not sure if means in terms of reminder letters or when we stop sending FIT kits to individuals. We will provide one set of failsafe reminder letters to those requiring surveillance for high risk adenomas or colonoscopy screening due to increased risk due to family history (one first degree relative that developed CRC at under age 60 or two or more FDRs that developed CRC at any age). These individuals would not be sent a FIT test as it is not recommended in these groups. Individuals at low increased risk (surveillance of low-risk adenomas and screening in individuals with for one first degree relative who developed CRC at or older than 60 years of age) will continue to be sent reminders that colonoscopy may be an option, but will also receive a FIT kit as a failsafe until age 74. After that a primary care provider may still continue to request a FIT every 2 years.

12. FOBT 1 and 3 negative and 2 is positive, how significant is this?

- When any window on a FOBT test is positive for blood, the test is considered positive and the patient should undergo colonoscopy. We have not seen significant evidence regarding outcomes based on the number of positive windows. Bleeding from polyps and cancer is intermittent, so one positive window in one case may be as significant as 6 windows in another. A positive is a positive. Conversely, all 6 windows are as likely to be from a bleeding hemorrhoid then of a severe outcome.

Resources for Healthcare Providers

- Cancer Screening Information for Healthcare Providers
- Screening Guidelines
- E-news Sign-Up – To be notified of changes to guidelines, education events, and the cancer screening programs sign-up for e-news updates. You can unsubscribe at any time. We only send a newsletter when there is something new to share.