ColonCheck Fact Sheet for Health Care Professionals

What is the screening recommendation for my patients at average risk or developing colorectal cancer?
The Canadian Task Force on Preventive Health Care (Guidelines 2016) recommends those age 50-74 at average risk of colorectal cancer complete a fecal immunochemical test (FIT) every two years.

Should colonoscopy be used as a colorectal cancer screening test for my average-risk patients age 50-74?
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 of developing colorectal cancer?
Patients are considered to be average risk if they:

- Have no personal history of colorectal cancer, adenomas or diseases of the colon that require ongoing monitoring by colonoscopy. This includes inflammatory bowel disease with associated colitis, or confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP).
- Do not have a history of colorectal cancer or advanced adenomas in a first degree relative.
- Do have a second-degree family history of colorectal cancer or advanced adenomas.

What scientific evidence is there to support the use of FIT for average risk colorectal cancer screening?
Randomized controlled trials have shown that regular screening with FIT can reduce colorectal cancer incidence by up to 21%. *(Zhang J, Cheng Z, Ma Y, et al. Effectiveness of Screening Modalities in Colorectal Cancer: A Network Meta-Analysis. Clinical Colorectal Cancer 2017; 16(4): 252-63.)*

How do I know if my patient is at increased risk of developing colorectal cancer?
Patients are at low increased risk if they:

- have one first-degree relative diagnosed with colorectal cancer at age 60 or over, or have one more first-degree relatives diagnosed with advanced adenomas at any age.

Patients are at high increased risk if they:

- First-degree family history of one relative diagnosed with colorectal cancer before age 60, or two or more first-degree relatives diagnosed with colorectal cancer at any age.
- Personal history of colorectal cancer or high-risk adenomas requiring surveillance, inflammatory bowel disease with associated colitis, or confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP).

What is the screening recommendation for my patients at increased risk of developing colorectal cancer?
Individuals at *low-increased* risk of colorectal cancer can choose to be screened with FIT every two years OR have a colonoscopy every 5 to 10 years starting at age 40 or 10 years earlier than the youngest relative's age at diagnosis (whichever occurs first).

Individuals at *increased* risk of colorectal cancer should have colonoscopy. Frequency varies. Refer to the ColonCheck Screening Guidelines. Those at increased risk of colorectal cancer include those with a:

- Personal history of colorectal cancer, high-risk adenomas requiring surveillance, inflammatory bowel disease with associated colitis, confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis
- Family history of one first-degree relative diagnosed with colorectal cancer before age 60 or two or more first-degree relatives diagnosed with colorectal cancer at any age.

Is FIT appropriate for my symptomatic patient?
No, patients experiencing signs or symptoms of colorectal cancer such as:

- Rectal bleeding,
- Persistent change in bowel habits and/or abdominal pain, or
- Iron-deficiency anemia.

should be directly referred to colonoscopy.

CancerCare Manitoba
ActionCancerManitoba
BreastCheck CervixCheck ColonCheck

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Is a FIT appropriate follow up for an incomplete colonoscopy?
Incomplete colonoscopy may be due to patient intolerance to the procedure, poor bowel preparation or technical difficulties.

- FIT is not a replacement for a diagnostic colonoscopy.
- It is important to consider the reason for the original referral to colonoscopy. FIT may not be an alternative.
- All abnormal FIT results require further investigation to rule out colonic pathology.
- If the patient cannot or will not complete a colonoscopy or the bowel prep required for a colonoscopy, other testing can be explored. Please discuss this with your gastrointestinal endoscopist
- A repeat FIT, regardless of the result, is **not** appropriate follow up for an abnormal FIT or gFOBT and does not alter the need for colonoscopy.

Should my patients with hemorrhoids complete a FIT?
Patients with obvious, uncomplicated, **non-bleeding** hemorrhoids can complete a FIT. 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 medication restrictions while completing a FIT?
No.

How will I be notified of my patient's FIT result?
Cadham Provincial Laboratory will send the qualitative result report directly to the patient's healthcare provider.

What happens when my patient receives an abnormal FIT result?
ColonCheck's Follow-up Clerk will inform your patient of the abnormal test result by phone, and coordinate the colonoscopy referral.

Should my patient repeat a FIT to confirm an abnormal test result?
No. Further testing with a FIT in individuals with an initial abnormal result is unwarranted. Serious pathology cannot be ruled out by subsequent FIT normal test results.

What type of colorectal cancer screening will occur after my patient attends a colonoscopy following an abnormal FIT result?
Subsequent colorectal cancer screening will depend on the colonoscopy findings. Some patients will return to screening with a FIT, while others will require surveillance with colonoscopy. Refer to the ColonCheck Screening Guidelines Management of Colonoscopy Results – Polyp Surveillance (pdf) for more information.

How can I request a FIT for my patients who are eligible to participate in colorectal cancer screening?
ColonCheck will send your patient a FIT once they are eligible to participate (age 50). If your patient is at low increased risk and under the age of 50, **or** your patient does not complete the initial FIT sent at age 50, you can facilitate access to a FIT by completing and faxing to ColonCheck the Fecal Immunochemical Test (FIT) Requisition form. The FIT Requisition form can be found in your EMR or downloaded from cancercare.mb.ca/screening/hcp.

What are the benefits of having all average-risk Manitobans screened through ColonCheck?
FIT kits will only be available through ColonCheck and no longer requested through your local laboratory. Benefits of centralizing kit distribution 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.
- Pre-colonoscopy assessments and referrals are all being facilitated by ColonCheck.

How can I request educational resources for my clinic?
Visit cancercare.mb.ca/screening/resources to view, download, and request print copies for your clinic.

Who can I contact if I have a question about colorectal cancer screening?
Email us at screening@cancercare.mb.ca.