Colorectal Cancer Screening
Implementation of FIT testing

4TH ANNUAL PRIMARY CARE ONCOLOGY DAY
Partnering for Better Care

Mississauga Halton Central West Regional Cancer Program
in partnership with Cancer Care Ontario
FIT for CRC Screening

- What is FIT and why it is better than FOBT testing
- What does a positive FIT test mean? - Implications of a positive FIT test and why it requires urgent colonoscopy follow up
- Working together to improve CRC screening and outcomes in our region
Principles of Cancer Screening

Characteristics of an IDEAL screening test:

- Condition should be reasonably common in screened population
- Condition should be burdensome
- Safe and easy to implement screening test
- Pre- or cancerous lesion detectable and treatable

Improved mortality

Cost effective
The Fecal Immunochemical Test (FIT)
What is FIT?

- Fecal immunochemical test
- At-home screening test for CRC
- One sample
- Tube design for easy sampling
- Automated test processing
- Quantitative result
## FIT vs gFOBT – Lab Parameters

<table>
<thead>
<tr>
<th></th>
<th>gFOBT</th>
<th>FIT</th>
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<tbody>
<tr>
<td>Reacts to</td>
<td>Heme</td>
<td>Globin</td>
</tr>
<tr>
<td>Lower limit of detection</td>
<td>300-600µg Hb/g</td>
<td>40µg Hb/g</td>
</tr>
<tr>
<td>Interference</td>
<td>Vitamin C, other sources of Hb</td>
<td>None</td>
</tr>
<tr>
<td>Lab process</td>
<td>Manual</td>
<td>Automated</td>
</tr>
<tr>
<td>Measure</td>
<td>Qualitative</td>
<td>Quali- or quantitative</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td>Poor at high temperatures and over time</td>
</tr>
</tbody>
</table>
### Accuracy for CRC: One Time Test

<table>
<thead>
<tr>
<th>Test</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
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<tbody>
<tr>
<td>FIT(^1) ((n=19) studies)</td>
<td>82%</td>
<td>94%</td>
</tr>
<tr>
<td>gFOBT(^2) ((n=9) studies)</td>
<td>47.1%</td>
<td>96.1%</td>
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**FIT has improved sensitivity with minimal loss of specificity**


\(^2\)Canadian Task Force on Preventive Health Care. Screening for Colorectal Cancer. 2014.
Advantages of FIT

• Easier to collect
• No dietary restrictions
• One specimen
• Less stool contact

Better usability

• Great for detecting advanced adenomas
• Better than gFOBT at detecting cancer
• Simple, safe and accessible

16% IMPROVEMENT in participation over gFOBT
Alberta: Lesions Detected at C’scopy

CCSC 2015; courtesy of Dr Bob Hilsden
What this means for clinicians
Benefits of FIT for Primary Care Providers and their Patients
Benefits of FIT to Primary Care

- Better usability of the test
  - Increased participation

- Increased sensitivity
  - More follow-up colonoscopies
  - More advanced adenomas and cancers detected

- Higher positivity rate
  - Decreased CRC mortality
  - More patients under surveillance
Follow-up of FIT+: Recommendations

• PCPs should see/triage promptly
• Do NOT repeat FIT
• Refer patient for colonoscopy F/U
• Patient should have colonoscopy within 8 weeks
Promoting FIT to your patients

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Considerations for Endoscopy Services

- Higher likelihood of colorectal cancer
- Prompt referral from primary care provider to specialist will be critical
- FIT+ patients must be triaged appropriately to ensure prompt investigation
FIT: Role of Primary Care Provider

- Encourage participation in CRC screening
- Advocate for FIT testing for average risk persons
- Follow-up on all FIT+ and refer patient for colonoscopy – Do NOT retest
- A positive FIT test should be an urgent referral given high risk of CRC
When will FIT be available in Ontario?

- Until further notice: gFOBT remains the recommended CRC screening test in Ontario
- In the near future: FIT will become available

**STAY TUNED**
Questions and Discussion
• ColonCancerCheck (CCC) Screening Recommendations Summary – April 2016
• Online Mainpro + accredited colorectal cancer screening course
• Visit: cancercare.on.ca/presources
• Visit FIT Hub: www.cancercare.on.ca/FIThub