Cancer Care Ontario

Time to get “FIT”

Fecal immunochemical test (FIT): A non-invasive test for colorectal cancer screening

Disclaimer:

The intended users of these materials are regional primary care leads and regional aboriginal care leads employed by Cancer Care Ontario. For other individuals who wish to present, or otherwise use these materials, please contact: primarycareinquiries@cancercare.On.Ca

Ontario
Cancer Care Ontario

After this presentation, you will be able to:

- Understand the Burden of Colorectal Cancer (CRC) in Ontario
- Order the Fecal Immunochemical Test (FIT) and Counsel your Patients
- Compare CRC Screening Tests for Average Risk Patients
- Select Appropriate Follow-Up: Screening Interval and Surveillance
- Describe Learnings from Other Jurisdictions
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Question 1

Approximately how many new cases of CRC will be diagnosed in Ontario in 2018?

a) 8,500
b) 10,100
c) 11,600
d) 10,600

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Question 2

Fill in the blank: If caught early (stage 1), approximately _____ of people with CRC will be disease free at five years?

a) 90%
b) 80%
c) 35%
d) 55%

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Question 3

Within Ontario, approximately how many people will die from CRC annually?

a) 5,000
b) 10,500
c) 19,000
d) 3,350
e) 700

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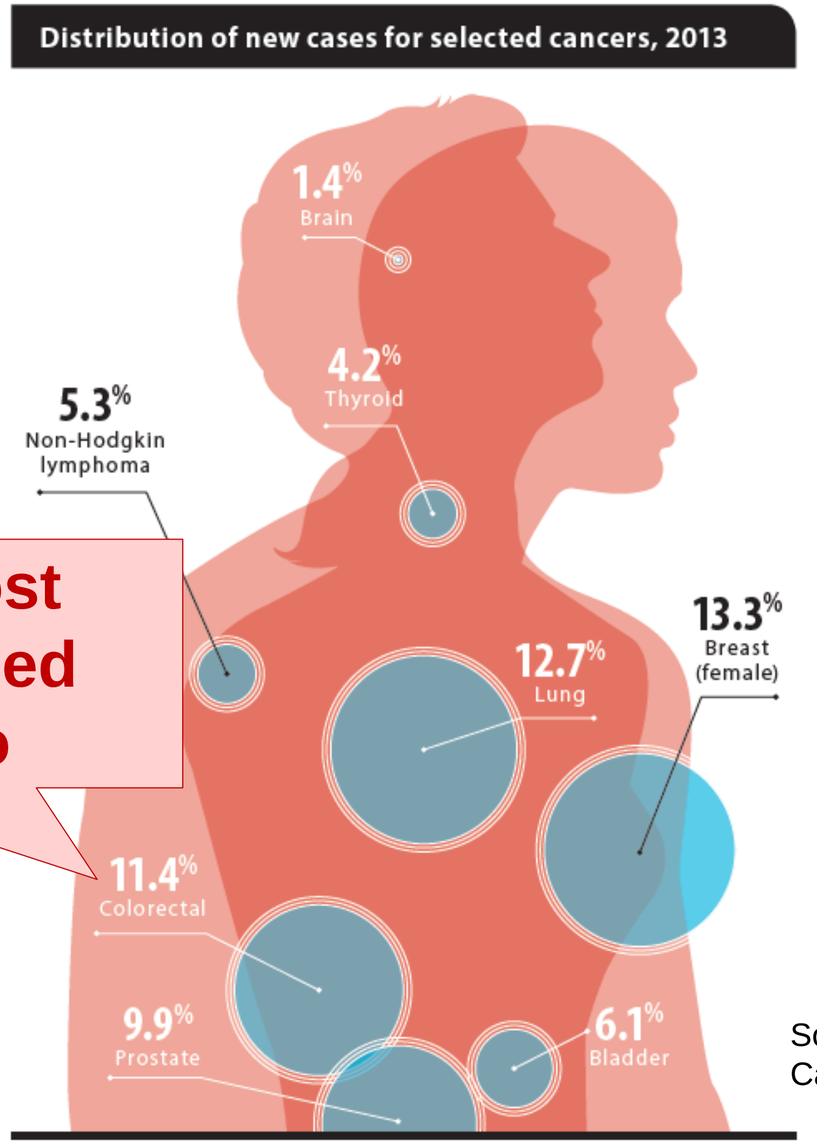
Burden of CRC in Ontario

CRC is the 2nd most commonly diagnosed cancer in Ontario



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Source: Cancer Care Ontario. Ontario Cancer Statistics 2018. Toronto: Cancer Care Ontario; 2018.

CRC & CRC Screening Among Indigenous Populations

- Traditionally, infectious disease was a leading cause of death among Indigenous people in Ontario
- Over the past few decades, colorectal cancer rates have increased among Indigenous people in Ontario
- Rates of colorectal cancer screening among Indigenous people in Ontario are low, and often lower than non-Indigenous Ontarians

Sources:
Chiefs of Ontario, Cancer Care Ontario and Institute for Clinical Evaluative Sciences. Cancer in First Nations People in Ontario. Toronto, 2016.
Chiefs of Ontario and Cancer Care Ontario. Cancer in First Nations in Ontario: Risk Factors and Screening. Toronto, 2016
Tungasuvvingat Inuit and Cancer Care Ontario. Cancer Risk Factors and Screening Among Inuit in Ontario and Other Canadian Regions. Toronto, 2017.
Métis Nation of Ontario and Cancer Care Ontario. Cancer in the Métis people of Ontario: Risk Factors and Screening Behaviours. Ottawa, 2015.

CRC Incidence Rate in Status First Nations Populations

Status First Nations

Sex	Ontario Status First Nations Age Standardized Incidence Rates	Rest of Ontario Age Standardized Incidence Rates
Males	56.37	41.32
Females	38.19	28.41

Age-standardized cancer incidence rates (per 100,000) among Ontario Status First Nations and the rest of Ontario population 1991-2010

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Sources: Chiefs of Ontario, Cancer Care Ontario and Institute for Clinical Evaluative Sciences. Cancer in First Nations People in Ontario. Toronto, 2016. Available at: http://www.snhs.ca/FNCancerInFirstNationsReportCOOCCO.PDF

Marrett and Chaudhry. 2003. Cancer incidence and mortality in Ontario First Nations, 1968-1991 (Canada). Cancer Causes and Control . 14:259–268.

CRC Incidence Rate in Inuit Populations

Inuit

Sex	Inuit Nunangat Age Standardized Incidence Rates	Rest of Canada Age Standardized Incidence Rates
Males	62.6	43.3
Females	57.6	30.8

Age-standardized incidence rates per 100,000 for residents in Inuit Nunangat and the rest of Canada, 1998-2007

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Source: Carrière et al. (2012). Cancer patterns in Inuit Nunangat: 1998-2007. Int J Circumpolar Health; 71:18581

CRC Incidence Rate in Métis Populations

Métis

Sex	Métis Age Standardized Incidence Rates	Rest of Ontario Age Standardized Incidence Rates
Males	74.3	75.4
Females	37.0	50.3

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Source: Mazereeuw et al. (2017). Cancer incidence and survival among Métis adults in Canada: results from the Canadian census follow-up cohort (1992–2009). CMAJ. In Press

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Question 4

Fill in the blank: Of the individuals diagnosed with CRC, approximately _____have no family history of the disease.

a) 50%
b) 15%
c) 70%
d) 90%
e) 25%

Ontario’s ColonCancerCheck (CCC) Program

- Canada’s first organized province-wide CRC screening program launched in 2008
- Sends letters to eligible people
- Screening offered to people ages 50–74
  - Via primary care provider
  - **Average risk**: guaiac fecal occult blood test (gFOBT)*

    until fecal immunochemical test (FIT) is available in Ontario
  - **Increased risk** (≥1 first-degree relative with CRC): colonoscopy

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*Flexible sigmoidoscopy every 10 years is an acceptable screening test.

gFOBT vs. No Screening

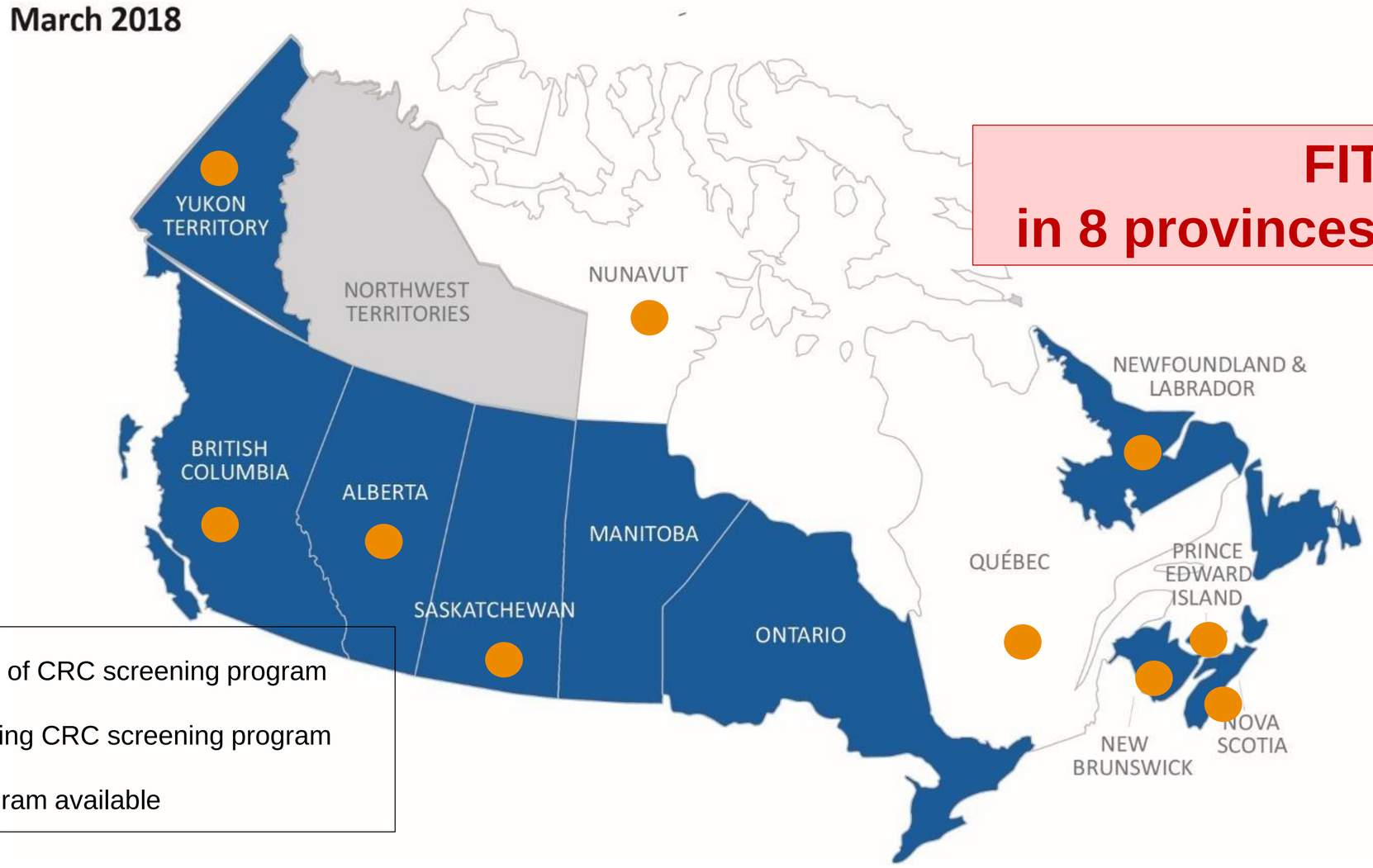
13% reduction in CRC deaths

Outcomes	Relative Effect (95% CI*)	# of Person-Years (# of studies)
CRC mortality (follow-up range: 17–30 years)	RR* 0.87 (0.82–0.92)	5,344,100 (4 RCTs)
CRC incidence (follow-up range: 17–30 years)	RR 0.96 (0.90–1.02)	4,866,448 (5 RCTs)

*CI=confidence interval, RR= relative risk, RCT= randomized control trial

Source: Tinmouth J, Vella E, Baxter N, Dubé C, Gould M, Hey A, et al. Colorectal Cancer Screening in Average Risk Populations: Evidence summary. Toronto (ON): CCO; 2015 October 30. Program in Evidence-based Care Evidence Summary No.: 15-14.

Organized CRC Screening in Canada



FIT=●
in 8 provinces, 2 territories

- Reviewing feasibility of CRC screening program
- Announced or planning CRC screening program
- CRC screening program available

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Source: National Colorectal Cancer Screening Network Report Survey, July 2016; Colorectal Cancer Screening in Canada: Environmental Scan, April 2017

CCC is implementing FIT as the recommended screening test for people at average risk of colorectal cancer (CRC) on June 24, 2019

to cut down the deck to support a 45 min webinar. There are about 22 FIT content slides plus some additional appendix slides if needed during Q&A.

gFOBT vs. FIT Lab Parameters

Detects much smaller levels of blood in stool

	gFOBT	FIT
Measures	Heme; non-specific	Globin; human
Test technique	Guaiac; peroxidase	Immunochemical
Lower limit of blood detection	300–600 µg Hb/g*	10–20 µg Hb/g
Interference	Vitamin C, other sources of Hb	None

No dietary or medicine restrictions

*Hb=hemoglobin

gFOBT vs. FIT Lab Parameters

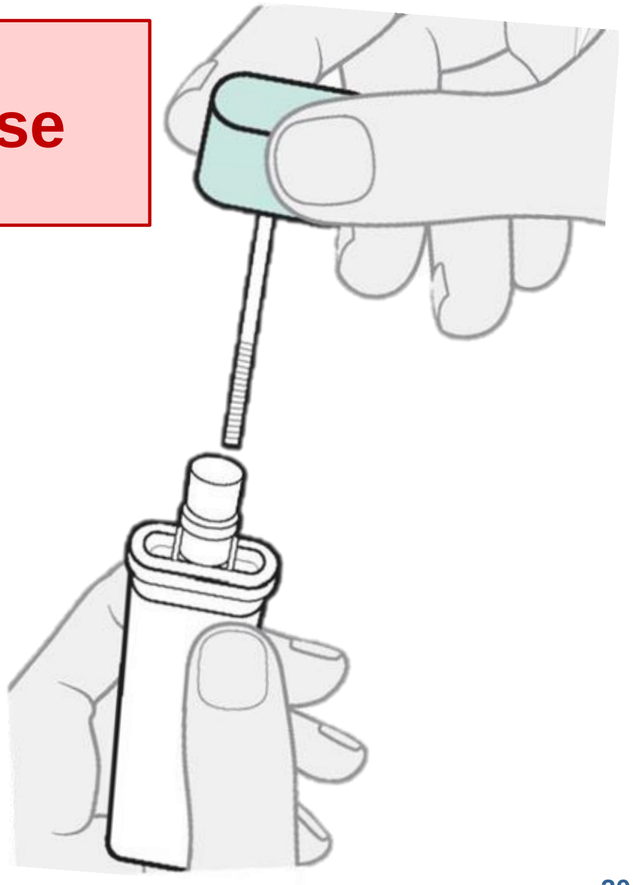
- **Kit inventory management**
- **Kit delivery and return**

	gFOBT	FIT
Shelf life	3 years	12 to 18 months
Specimen stability		Less stable at high temperatures and over time
# of samples required	3	1
Lab process	Manual	Automated
Results	Qualitative	Qualitative or quantitative

FIT Usability for Participants

- At-home stool sample screening test
- 1 sample
- Tube designed for easy sampling
- No dietary or medication restrictions

Easier to use



Accuracy for CRC: One-Time Test

	Sensitivity	Specificity
FIT (n=15 studies)	82%	94%
gFOBT (Hemoccult II) (n=8 studies)	38%	96%

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Sources:
Lee JK, Liles EG, Bent S, Levin TR, Corley DA. Accuracy of fecal immunochemical tests for colorectal cancer: systematic review and meta-analysis. Ann Intern Med 2014;160:171-181.
Canadian Task Force on Preventive Health Care. Screening for Colorectal Cancer [Internet]. Ottawa, Canada: Canadian Task Force on Preventive Health Care; 2014. Available from: http://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer/

FIT vs. gFOBT: Clinical Implications

16% increase in participation

Outcomes	Relative Effect (95% CI*)	# of Person-Years (# of studies)
Participation rate	RR* 1.16 (1.05–1.28)	52,038 (6 RCT*s)
CRC and HRA* detection	RR 2.15 (1.58–2.94)	51,634 (5 RCTs)

- **2X more accurate**
- **Detects CRC and HRA**

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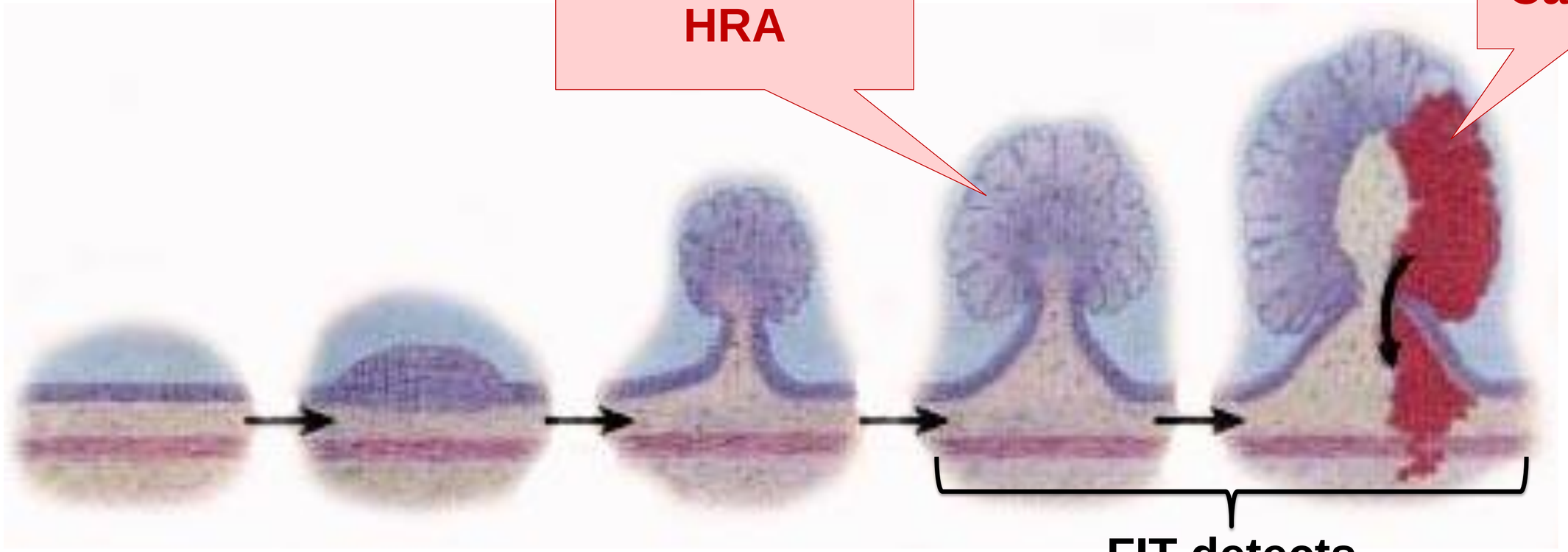
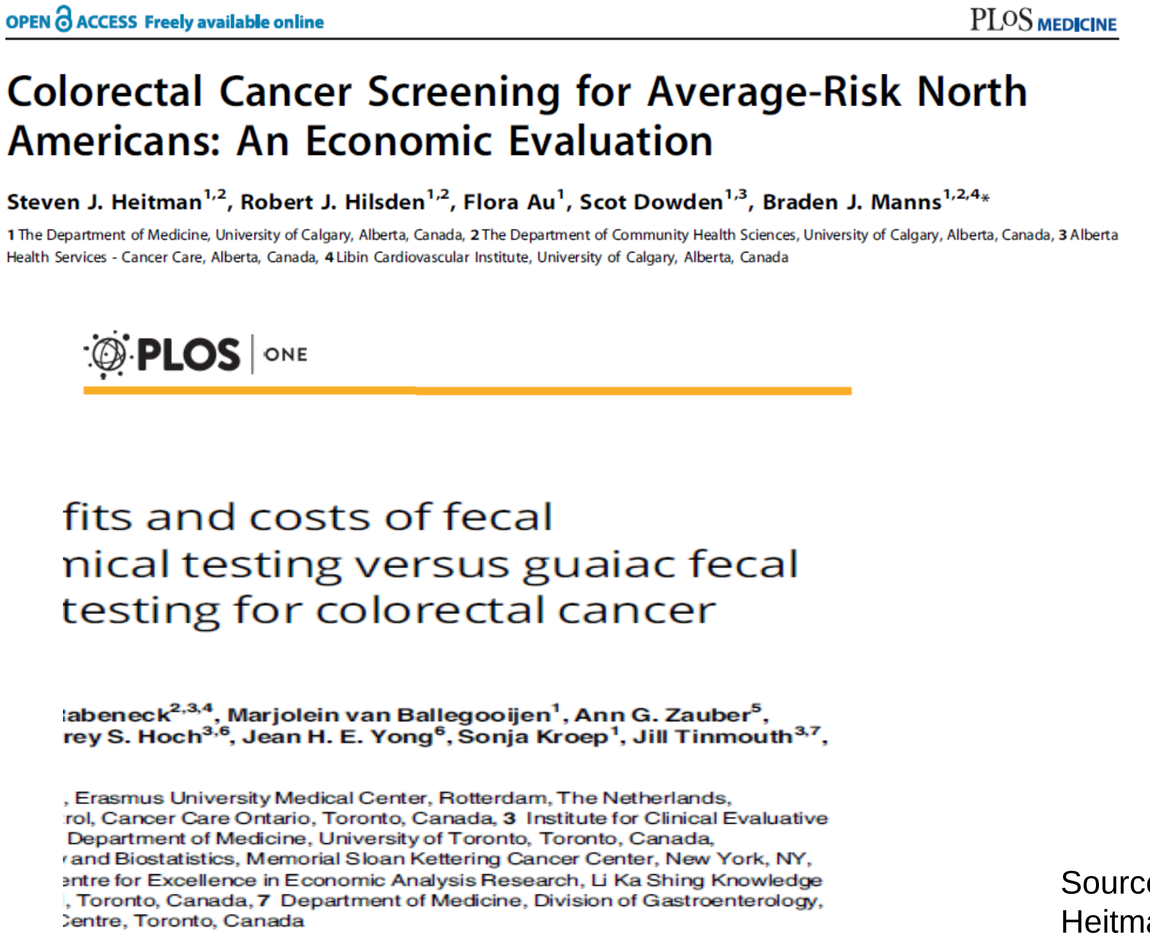
*HRA= High risk adenoma, CI = confidence interval, RCT= randomized control trial, RR= relative risk
Source: Tinmouth J, Vella E, Baxter NN, Dubé C, Gould M, Hey A, et al. Colorectal cancer screening in average risk populations: Evidence summary. Toronto (ON): CCO; 2015 November 11. Program in Evidence-based Care Evidence Summary No.: 15-14.

Adenoma to Cancer



FIT has potential to reduce the incidence of CRC

Cost Effectiveness of FIT



OPEN ACCESS Freely available online PLoS MEDICINE

Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation

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PLOS ONE

fits and costs of fecal
nical testing versus guaiac fecal
testing for colorectal cancer

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, Toronto, Canada, 7 Department of Medicine, Division of Gastroenterology,
Centre, Toronto, Canada

- Modelling techniques used to estimate relative benefits and costs of FIT vs other screening approaches/no screening
- Canadian cost data used in both studies

Sources:
Heitman S, Hilsden R, Au F, Dowden S, Manns B. Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation. PLoS Medicine. 2010;7(11):e1000370.
Goede S, Rabeneck L, van Ballegooijen M, Zauber A, Paszat L, Hoch J et al. Harms, benefits and costs of fecal immunochemical testing versus guaiac fecal occult blood testing for colorectal cancer screening. PLOS ONE. 2017;12(3):e0172864.

Cost Effectiveness of FIT

Key Findings

- biennial screening with FIT is:
  - more effective and less costly than gFOBT
  - as effective as, and less costly than, colonoscopy; and
  - cost saving compared to no screening

Sources:
Heitman S, Hilsden R, Au F, Dowden S, Manns B. Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation. PLoS Medicine. 2010;7(11):e1000370.
Goede S, Rabeneck L, van Ballegooijen M, Zauber A, Paszat L, Hoch J et al. Harms, benefits and costs of fecal immunochemical testing versus guaiac fecal occult blood testing for colorectal cancer screening. PLOS ONE. 2017;12(3):e0172864.

FIT vs. Colonoscopy for Average Risk Screening

Systematic Review: Average Risk Screening for CRC

Evidence	Strength
• Fecal tests for occult blood	**Strong evidence**
FIT is at least as good as gFOBT for ↓CRC-related mortality	
• Flexible sigmoidoscopy vs. no screening	**Strong evidence**
Colonoscopy is at least as sensitive as FS but uncertain risk/benefit ratio	
• Colonoscopy vs. no screening	**Insufficient direct evidence**
Early results are promising	
• FIT vs. colonoscopy	**Strong emerging evidence** ***3 large-scale RCTs are underway**

Quintero et al.: FIT vs. Colonoscopy

Large RCT in Spain

Ages 50–69

Biennial FIT vs. one-time colonoscopy

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Colonoscopy versus Fecal Immunochemical Testing in Colorectal-Cancer Screening

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ABSTRACT

BACKGROUND

Colonoscopy and fecal immunochemical testing (FIT) are accepted strategies for colorectal-cancer screening in the average-risk population.

METHODS

In this randomized, controlled trial involving asymptomatic adults 50 to 69 years of age, we compared one-time colonoscopy in 26,703 subjects with FIT every 2 years in 26,599 subjects. The primary outcome was the rate of death from colorectal cancer at 10 years. This interim report describes rates of participation, diagnostic findings, and occurrence of major complications at completion of the baseline screening. Study outcomes were analyzed in both intention-to-screen and as-screened populations.

RESULTS

The rate of participation was higher in the FIT group than in the colonoscopy group (34.2% vs. 24.6%, P<0.001). Colorectal cancer was found in 30 subjects (0.1%) in the colonoscopy group and 33 subjects (0.1%) in the FIT group (odds ratio, 0.99; 95% confidence interval [CI], 0.61 to 1.64; P=0.99). Advanced adenomas were detected in 514 subjects (1.9%) in the colonoscopy group and 231 subjects (0.9%) in the FIT group (odds ratio, 2.30; 95% CI, 1.97 to 2.69; P<0.001), and nonadvanced adenomas were detected in 1109 subjects (4.2%) in the colonoscopy group and 119 subjects (0.4%) in the FIT group (odds ratio, 9.80; 95% CI, 8.10 to 11.85; P<0.001).

CONCLUSIONS

Subjects in the FIT group were more likely to participate in screening than were those in the colonoscopy group. On the baseline screening examination, the numbers of subjects in whom colorectal cancer was detected were similar in the two study groups, but more adenomas were identified in the colonoscopy group. (Funded by Instituto de Salud Carlos III and others; ClinicalTrials.gov number, NCT00906997.)

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Castells at the Department of Gastroenterology, Hospital Clínic, Villarroel 170, 08036 Barcelona, Spain, or at castells@clinic.ub.es; or to Dr. Quintero at the Department of Gastroenterology, Hospital Universitario de Canarias, Ctra. Ofra S/N Cuesta, 38320 La Laguna, Tenerife, Spain, or at equinter@gmail.com.

Drs. Quintero and Castells contributed equally to this article.

*The investigators in the COLONPREV study are listed in the Supplementary Appendix, available at NEJM.org.

This article was updated on April 27, 2016, at NEJM.org.

N Engl J Med 2012;366:697-706.

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Mailed invitation to participate

Primary outcome: CRC death at 10 years

Reflects only first round results

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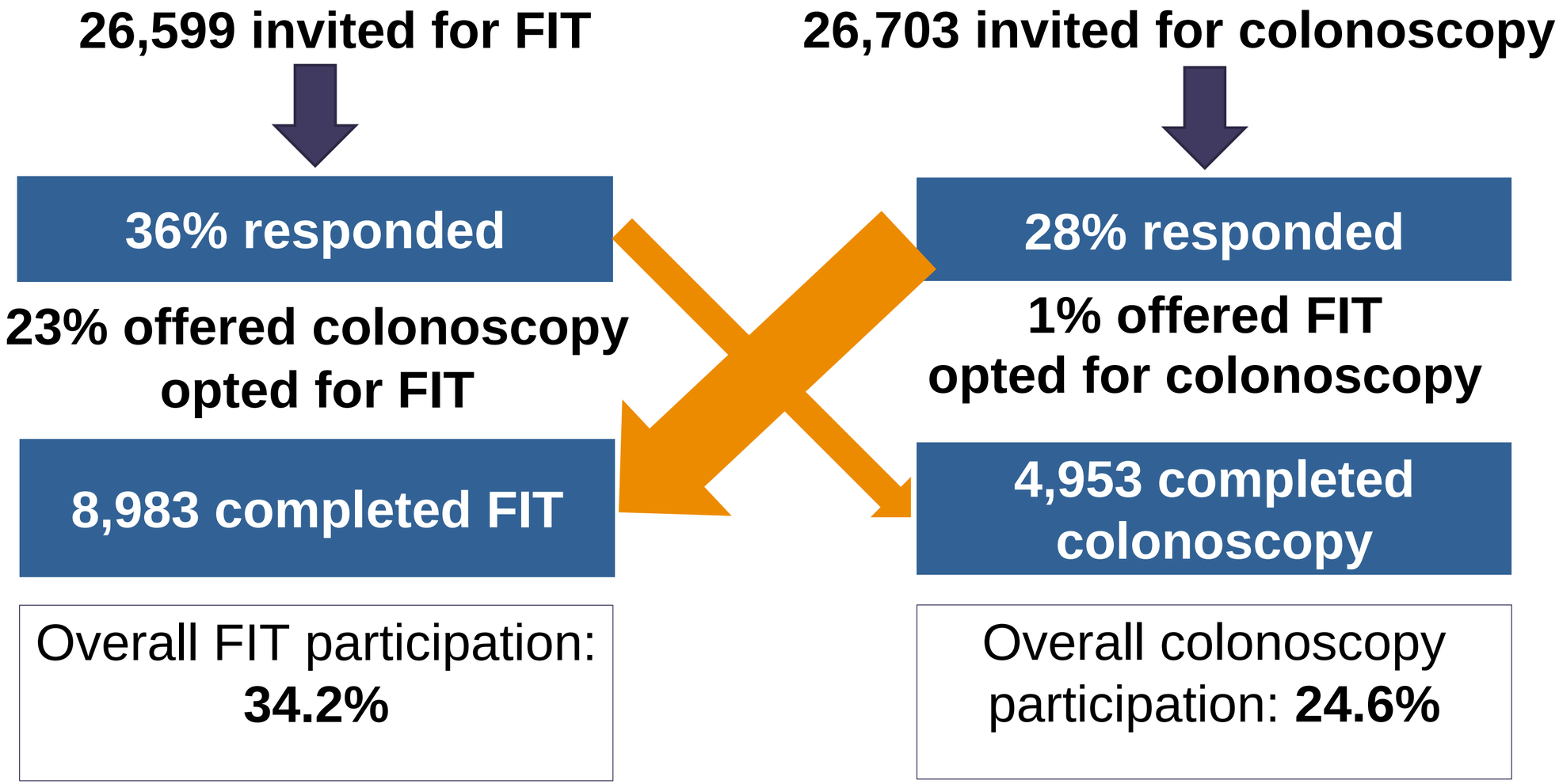
Quintero et al.: Patients Prefer FIT



Patients prefer FIT when given the option

Quintero et al.: Diagnostic Yield – Intention to Screen

	Colonoscopy n=26,703	FIT n=26,599	P-value
CRC detection	30	33	Not significant
HRA **Reflects first round results only**	514	231	<0.001
# needed to screen to find 1 CRC	191	281	
# needed to scope to find 1 CRC	191	18	
# of complications	24	10	<0.001

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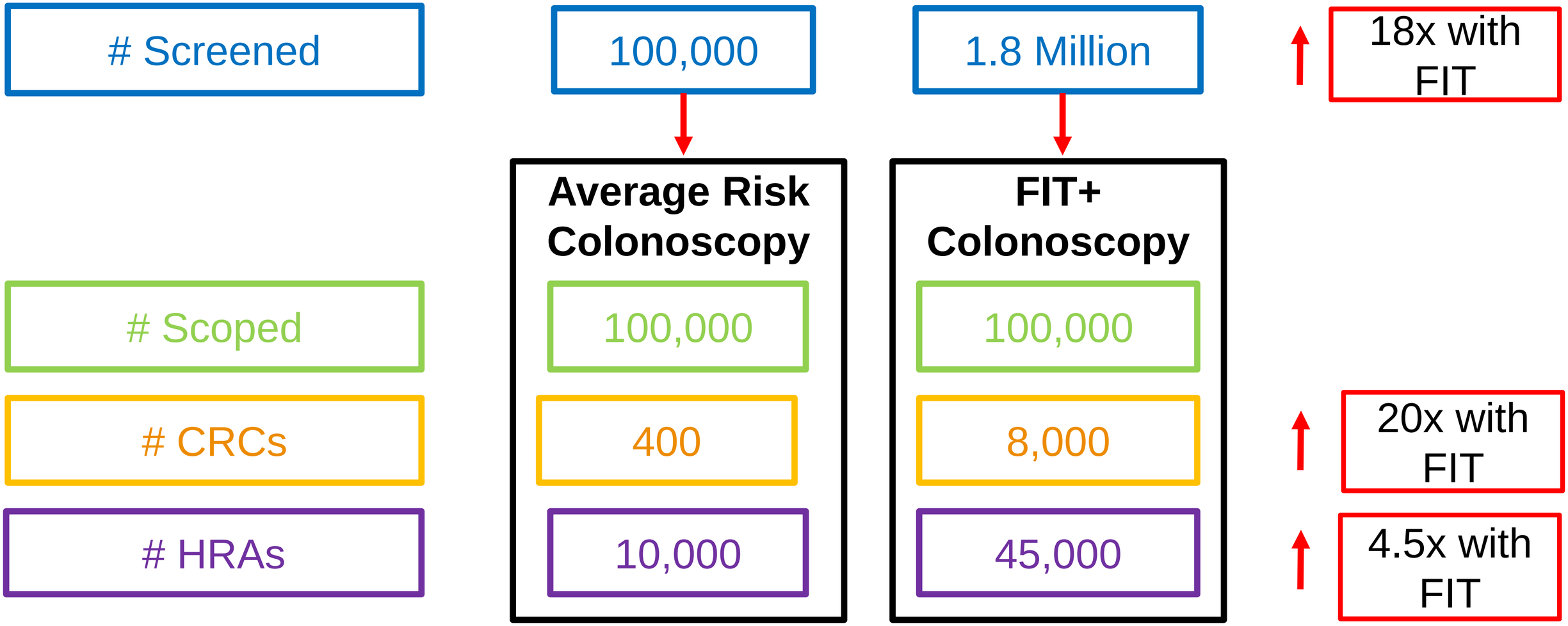
Colonoscopy Associated Complications: Calgary, Alberta

Complication **N=18,456** **Total # adverse events: 119**	**Event Rate*** *per 1,000 colonoscopies
Bleeding	2.93
Perforation	0.22
Post-polypectomy syndrome	0.16
Cardiac	0.22
Syncope/hypotension	0.27
GI symptoms (minor and transient)	1.95
Splenic/hepatic hematoma	0.11
Other	0.60

Colonoscopy is not a benign procedure

Sources: Hilsden RJ, Dube C, Heitman SJ, Bridges R, McGregor SE, Rostom A. The association of colonoscopy quality indicators with the detection of screen-relevant lesions, adverse events, and postcolonoscopy cancers in an asymptomatic Canadian colorectal cancer screening population. Gastro Endosc. 2015 Nov; 82(5):887-94.
Cash BD, Saltzman JR, Robson KM. Postpolypectomy electrocoagulation syndrome Postpolypectomy electrocoagulation syndrome. Postpolypectomy electrocoagulation syndrome

Screening with Colonoscopy vs. FIT



FIT: same number of colonoscopies • more people screened • more cancers detected • higher diagnostic yield

FIT vs. Colonoscopy: Summary

- Patients prefer FIT
- FIT is safer than colonoscopy
- FIT is as good as colonoscopy at detecting CRC in average risk people
- FIT-positive colonoscopy is high yield – colonoscopy used in people most likely to benefit

The CCC program does not recommend screening for average risk people with colonoscopy

FIT → better risk–benefit ratio of screening

Case Study 1 - Part 1

You are discussing CRC screening with Rahm, a 52 year old man with no known family history of CRC. Rahm has heard about colonoscopy examination through a friend on his baseball team, and he has decided he really wants one. Rahm has heard that fecal-based testing can often miss identifying cancers. During your conversation, you are emphasizing the benefit(s) of FIT to him. Please identity the benefit(s) of the FIT.

a) High sensitivity for CRC
b) Detects high risk adenomas (HRAs)
c) Easy take-home screening test (e.g., one stool sample, no dietary medication restrictions)
d) FIT is non-invasive and safer than colonoscopy
e) All of the above

Case Study 1 - Part 2

After you explain the benefits of FIT, your patient still feels they may want to have a colonoscopy and asks about potential risks. What are the risks associated with colonoscopy?

a) Colonoscopy-related perforation
b) Post-polypectomy bleeding
c) Risks related to bowel preparation
d) Risks related to the use of sedation
e) All of the above

Case Study 2

Danielle, a 66 year old woman with no family history of CRC, mentions that she has been experiencing fatigue, shortness of breath, weakness and low energy for the past two months. She denies any rectal bleeding, melena, or hematemesis. You conduct a focused patient history and thorough physical examination and order routine bloodwork. Danielle's hemoglobin is reported back as 108 g/L (it was measured to be 130 g/L one year previously) and her ferritin level is 5 µg/L (reference range: 11-307 ug/L). Please identify the next appropriate course of action:

a) Complete a FIT requisition for Danielle
b) Have Danielle come for an in-office gFOBT
c) Refer Danielle for specialist evaluation (including colonoscopy)
d) Prescribe iron supplements and counsel Danielle on dietary sources of iron
e) c and d

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Colorectal Cancer CRC Screening in Calgary, Alberta

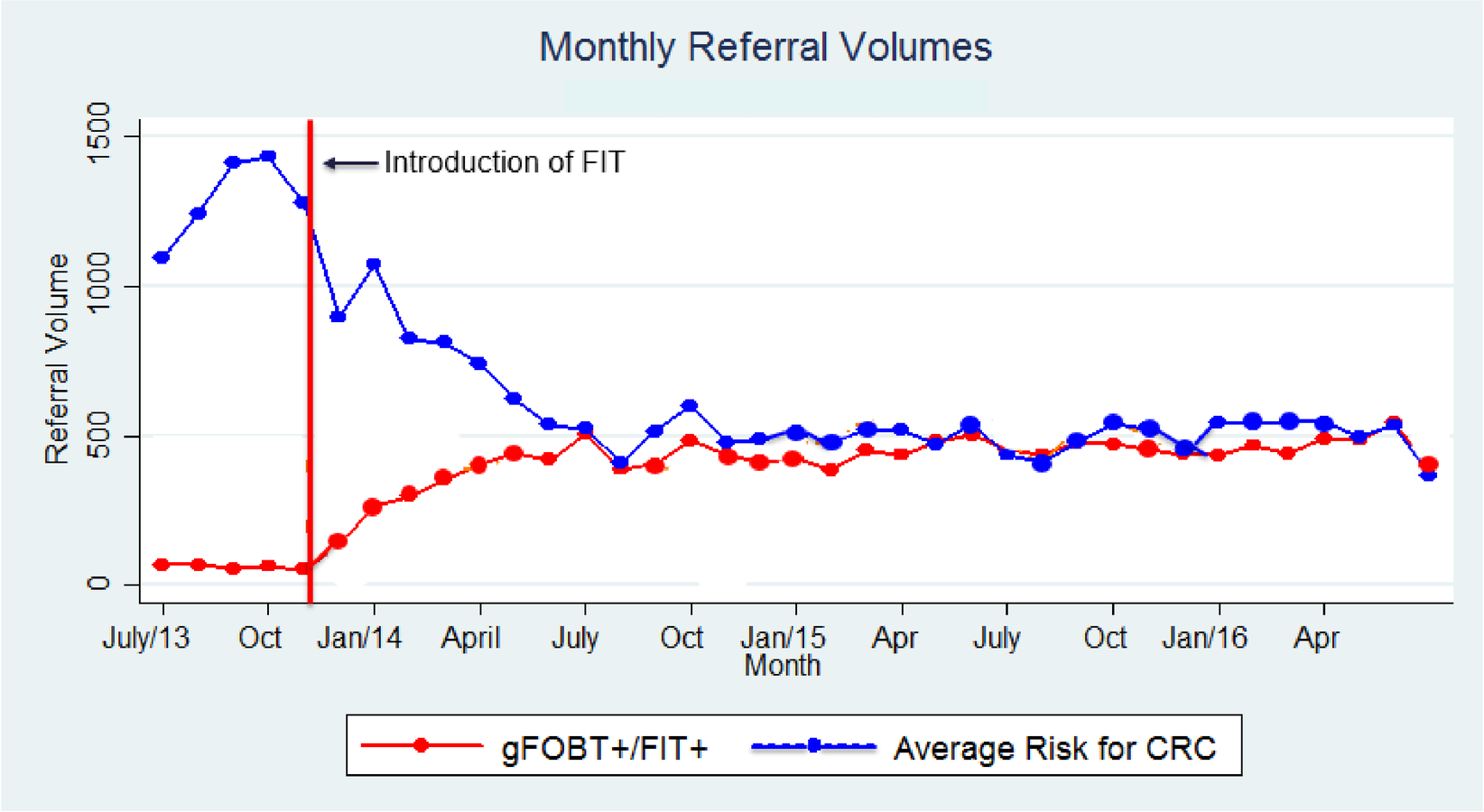
Before fecal immunochemical test (FIT) roll out:

- Primary care providers preferred colonoscopy over guaiac fecal occult blood test (gFOBT)
- Only 23.5% gFOBT participation in Calgary zone

Introduction of FIT:

- Rapid uptake of the FIT
- 31–35% FIT participation in Calgary zone
- Primary care providers quickly saw value of screening with FIT

FIT Roll Out: Impact on Colonoscopy in Calgary, Alberta



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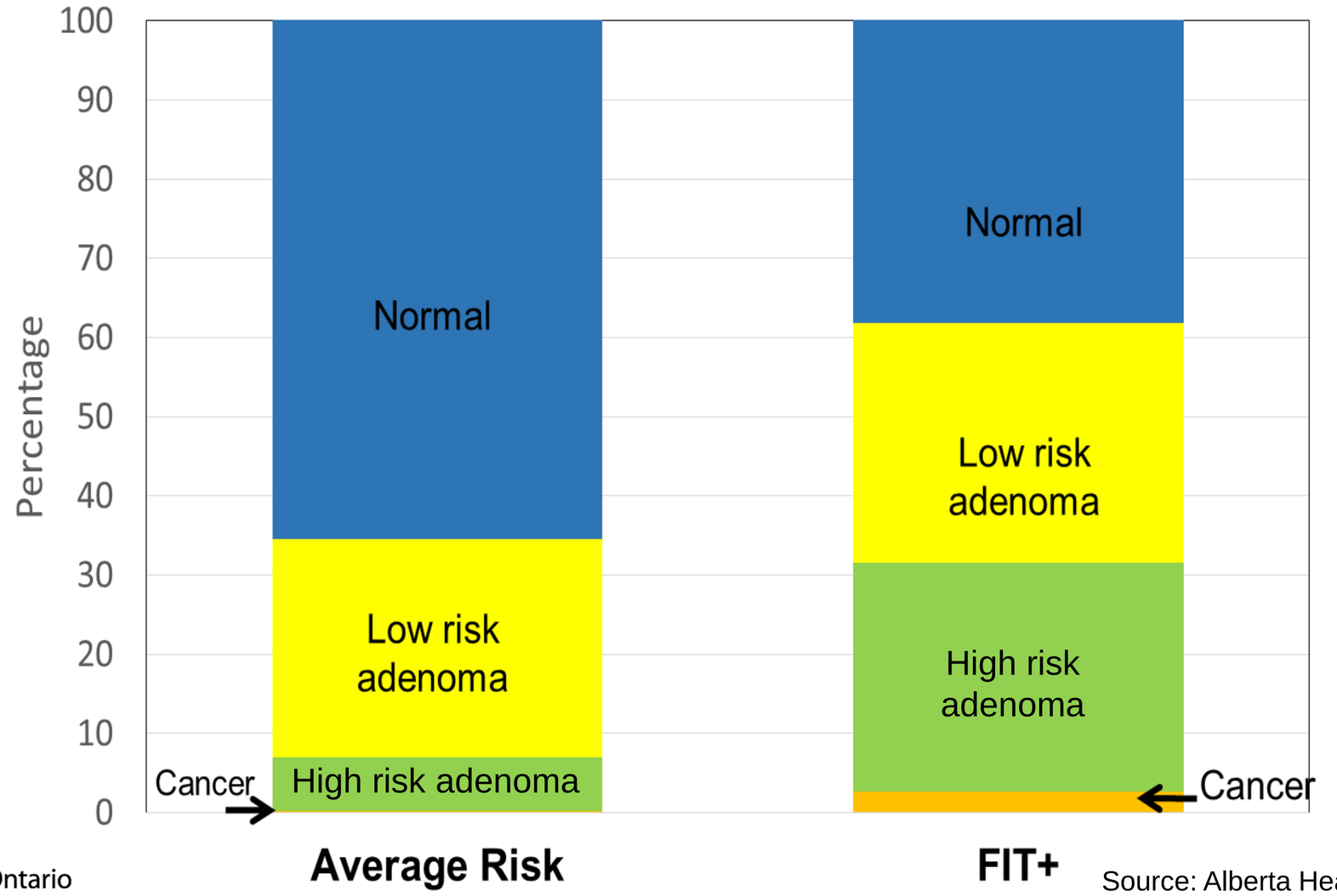
Source: Alberta Health Services. First Year Experience with the Fecal Immunochemical Test. June 2015.

Calgary: Lesions Detected at Colonoscopy



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Source: Alberta Health Services. First Year Experience with the Fecal Immunochemical Test. June 2015.

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ColonCancerCheck (CCC) Eligibility Criteria for FIT

Average risk

- **Age 50 to 74**
- **Asymptomatic**
- **No first-degree relative diagnosed with colorectal cancer**
- **No personal history of colorectal cancer, Crohn's disease involving colon or ulcerative colitis**
- **No colorectal polyps needing surveillance**
- **Valid OHIP number**

Eligibility criteria have not changed

Cancer Care Ontario

Source: Cancer Care Ontario. ColonCancerCheck Screening Recommendations Summary (2018). Available at: www.cancercare.on.ca/FIThub

Case Study 3

Jamieson is a 52 year old patient who comes to your office indicating that he has recently noticed numerous streaks of blood on his toilet paper. You conduct a thorough physical examination, including a digital rectal exam, and note the presence of hemorrhoids but no mass. During your appointment, you note that Jamieson is due for colorectal cancer screening next month. Please identify the appropriate next course of action:

a) Refer for endoscopic evaluation (may include colonoscopy)
b) Order a computed tomography colonography
c) Repeat digital rectal examination in three months
d) Complete a FIT requisition for Jamieson
e) Reassure Jamieson and recommend topical therapy for hemorrhoids

Case Study 4

Your new patient Kelly is a 50 year old woman who presents to your office for a periodic health visit. Kelly has a history of hemorrhoids that were treated with rubber band ligation 10 years ago. Kelly can still feel skin tags when wiping after a bowel movement but hasn't experienced any bleeding since the banding ten years ago. Taking the above into consideration, how and when should Kelly be screened for CRC?

a) Kelly should be screened every ten years with a colonoscopy
b) Kelly should be screened every two years with a colonoscopy
c) Kelly should be screened every two years with FIT
d) Kelly should be screened every two years with flexible sigmoidoscopy
e) None of the above

Case Study 5

Jessica suffers from chronic atrial fibrillation and has been on dabigatran for the past year. Upon her 72nd birthday, she receives a correspondence letter from Cancer Care Ontario indicating that it's time for her to complete CRC screening. Jessica has completed a number of gFOBT in the past, with no abnormal findings. Taking the above into consideration, is it appropriate to screen Jessica for CRC with FIT?

a) Yes
b) No
c) Unsure

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Ordering FIT: Steps for Providers

How to Order FIT for Patients

Step 1

Confirm mailing address for FIT kit, patient address and date of birth*

Step 2

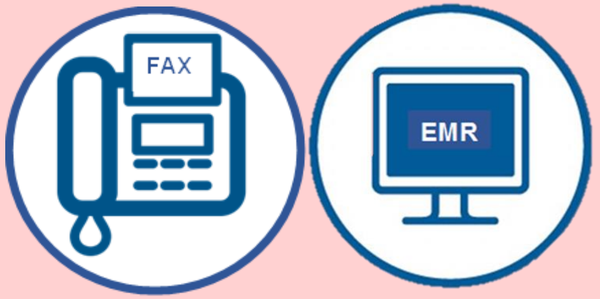
Explain to patient how to complete FIT

Step 3

Submit completed FIT requisition to LifeLabs

Step 4

LifeLabs will mail pre-labelled FIT kit to patient



*Patients who live on a First Nation reserve can contact their health centre or nursing station

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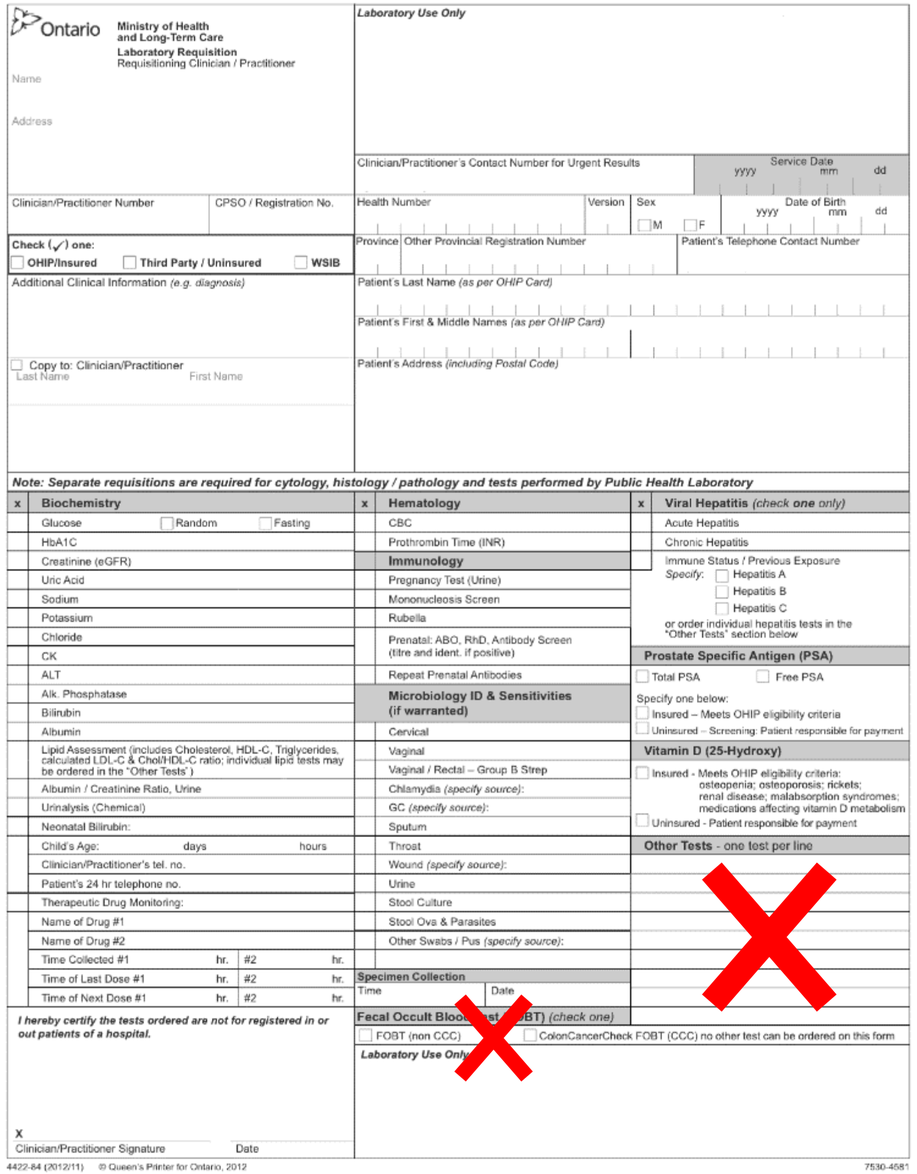
Requisition Changes

MOHLTC lab requisition cannot be used to request CCC program FIT

CCC gFOBT will be removed from MOHLTC lab requisition



Ontario
Ministry of Health and Long-Term Care
Laboratory Requisition
Requisitioning Clinician / Practitioner

Name

Address

Clinician/Practitioner Number | CPSO / Registration No.

Check (✓) one:
☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Additional Clinical Information *(e.g. diagnosis)*

☐ Copy to: Clinician/Practitioner
Last Name First Name

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results | Service Date yyyy mm dd

Health Number | Version | Sex ☐M ☐F | Date of Birth yyyy mm dd

Province | Other Provincial Registration Number | Patient's Telephone Contact Number

Patient's Last Name *(as per OHIP Card)*

Patient's First & Middle Names *(as per OHIP Card)*

Patient's Address *(including Postal Code)*

Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory

x	Biochemistry
	Glucose ☐Random ☐Fasting
	HbA1C
	Creatinine (eGFR)
	Uric Acid
	Sodium
	Potassium
	Chloride
	CK
	ALT
	Alk. Phosphatase
	Bilirubin
	Albumin
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests")
	Albumin / Creatinine Ratio, Urine
	Urinalysis (Chemical)
	Neonatal Bilirubin:
	Child's Age: days hours
	Clinician/Practitioner's tel. no.
	Patient's 24 hr telephone no.
	Therapeutic Drug Monitoring:
	Name of Drug #1
	Name of Drug #2
	Time Collected #1 hr. #2 hr.
	Time of Last Dose #1 hr. #2 hr.
	Time of Next Dose #1 hr. #2 hr.

x	Hematology
	CBC
	Prothrombin Time (INR)
	Immunology
	Pregnancy Test (Urine)
	Mononucleosis Screen
	Rubella
	Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)
	Repeat Prenatal Antibodies
	Microbiology ID & Sensitivities (if warranted)
	Cervical
	Vaginal
	Vaginal / Rectal – Group B Strep
	Chlamydia *(specify source)*:
	GC *(specify source)*:
	Sputum
	Throat
	Wound *(specify source)*:
	Urine
	Stool Culture
	Stool Ova & Parasites
	Other Swabs / Pus *(specify source)*:

Specimen Collection
Time | Date

Fecal Occult Blood Test (FOBT) *(check one)*
☐ FOBT (non CCC) ☐ ColonCancerCheck FOBT (CCC) no other test can be ordered on this form

Laboratory Use Only

x	Viral Hepatitis *(check one only)*
	Acute Hepatitis
	Chronic Hepatitis
	Immune Status / Previous Exposure *Specify:* ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C or order individual hepatitis tests in the "Other Tests" section below

Prostate Specific Antigen (PSA)
☐ Total PSA ☐ Free PSA

Specify one below:
☐ Insured – Meets OHIP eligibility criteria
☐ Uninsured – Screening: Patient responsible for payment

Vitamin D (25-Hydroxy)
☐ Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism
☐ Uninsured - Patient responsible for payment

Other Tests - one test per line

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

x
Clinician/Practitioner Signature Date

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Cancer Care Ontario

New FIT Requisition

- **FIT kits can be completed up to 6 months after lab receives FIT requisition**
- **Supports patients who opt for a different preferred FIT mailing address**

Fecal Immunochemical Test (FIT) Requisition – For Colorectal Cancer Screening

Form Completion Fee Code Q150

LifeLabs

Eligibility Criteria:

- Age 50 to 74
- Asymptomatic
- No personal history of colorectal cancer, Crohn's disease involving the colon or ulcerative colitis
- No first-degree relative diagnosed with colorectal cancer
- No colorectal polyps needing surveillance
- Due for screening (no FIT in the last two years, and no flexible sigmoidoscopy or colonoscopy in the last 10 years)
- Valid Ontario Health Insurance Plan (OHIP) number

Lab Use Only

Note: • Do not use for the workup of patients with overt GI bleeding and/or anemia.
• ColonCancerCheck does not recommend routine screening for people over 74 years. Decisions to screen those between the ages of 75 to 85 years should include an assessment of risks and benefits, and take into consideration health, life expectancy, and prior screening history. It is not appropriate to screen people over 85 years of age.

☐ Check box if patient requires a new FIT kit (i.e., FIT was lost, damaged, or not received) and complete this form. Call … questions: **1-833-676-1426**

All sections on this form must be accurate and complete. Fax the requisition to 1-8…

1. Requester Information

Requester Type (check one): ☐ Physician ☐ Nurse Practitioner ☐ Mobile Coach ☐ Telehealth Ontario	Mobile Coach ID:	CPSO or CNO N…	OHIP Billing Number:
Last Name:	Middle Name (optional):	…me:	
Office Address:		…ffice Phone Number: ( )	
City:	Province:	Pos…	Fax Number: ( )

Copy to: Physician/Nurse in Charge for Nursing Stations. If the same as Requ… …o not complete this section.

Last Name:	Middle Name (option…	First Name:
Office Address:		Office Phone Number: ( )
City:	Province: …stal Code:	Fax Number: ( )

2. Patient Information (… …tters and other correspondence will be sent to the Patient Address)

Last Name (on OHIP card):	…HIP card, optional):	First Name (on OHIP card):	
Date of Birth (on OHIP card): yyyy/mm/dd	…:	OHIP Version:	Sex: ☐ Male ☐ Female
Patient Address:		Primary Phone Number: ( )	Ext. (optional)
City:	Province:	Postal Code:	Cell Phone Number (optional, if not primary number): ( ) / Type: ☐ Work ☐ Home ☐ Cell

3. FIT Kit Mailing Address (for patients who prefer to have their kit mailed to a different address within Ontario)

FIT Kit Mailing Address:

Facility Name (if applicable):		Primary Phone Number: ( )	Type: ☐ Work ☐ Home ☐ Cell
City:	Province: Ontario	Postal Code:	Ext. (optional)

4. Requester Verification

Requester Signature:	Date: yyyy/mm/dd

Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815 publicaffairs@cancercare.on.ca

Ontario Cancer Care Ontario

DRAFT

Cancer Care Ontario

New FIT Requisition

- **New FIT Requisition contains eligibility requirements**

Fecal Immunochemical Test (FIT) Requisition – For Colorectal Cancer Screening

Eligibility Criteria:

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Form Completion Fee Code
Q150

LifeLabs®

Lab Use Only

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Ensure Your Patients Get Their FIT

Confirm that patient address information is up to date:

- **To obtain a FIT kit**
- **To receive results**

Fecal Immunochemical Test (FIT) Requisition – For Colorectal Cancer Screening

Form Completion Fee Code Q150

LifeLabs

Eligibility Criteria:

- Age 50 to 74
- Asymptomatic
- No personal history of colorectal cancer, Crohn's disease involving the colon or ulcerative colitis
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All sections on this form must be accurate and complete. Fax the requisition to 1-833-676-1427

1. Requester Information

Requester Type (check one): ☐ Physician ☐ Nurse Practitioner ☐ Mobile Coach ☐ Telehealth Ontario	Mobile Coach ID:	CPSO or CNO Number:	OHIP Billing Number:

2. Patient Information (Cancer Care Ontario patient result letters and other correspondence will be sent to the Patient Address)

Last Name (on OHIP card):	Middle Name (on OHIP card, optional):	First Name (on OHIP card):	
Date of Birth (on OHIP card): yyyy/mm/dd	OHIP Number:	OHIP Version:	Sex: ☐ Male ☐ Female
Patient Address:		Primary Phone Number: ( )	Ext. (optional)
City:	Province:	Postal Code:	Cell Phone Number (optional, if not primary number): ( ) / Type: ☐ Work ☐ Home ☐ Cell

4. Requester Verification

Requester Signature:	Date: yyyy/mm/dd

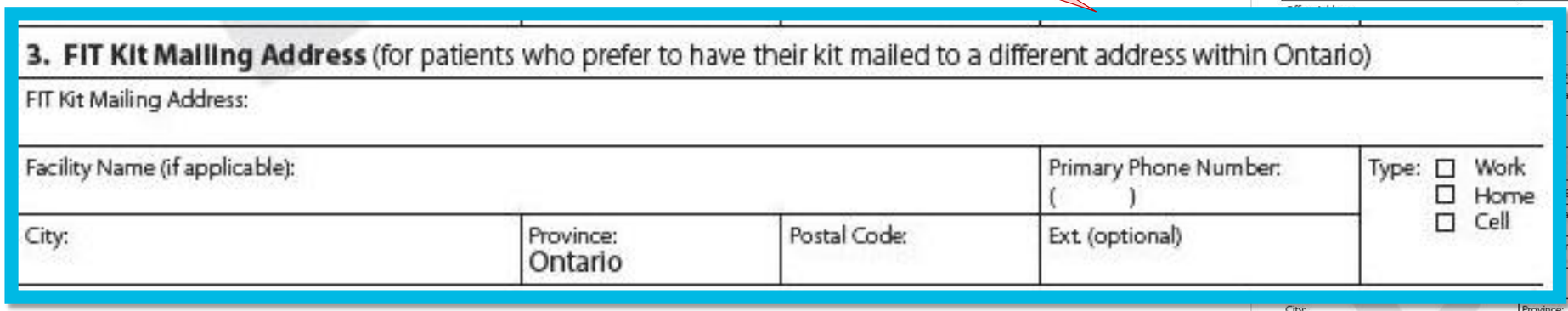
Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815 publicaffairs@cancercare.on.ca

Ontario Cancer Care Ontario

Cancer Care Ontario

Ensure Your Patients Get Their FIT

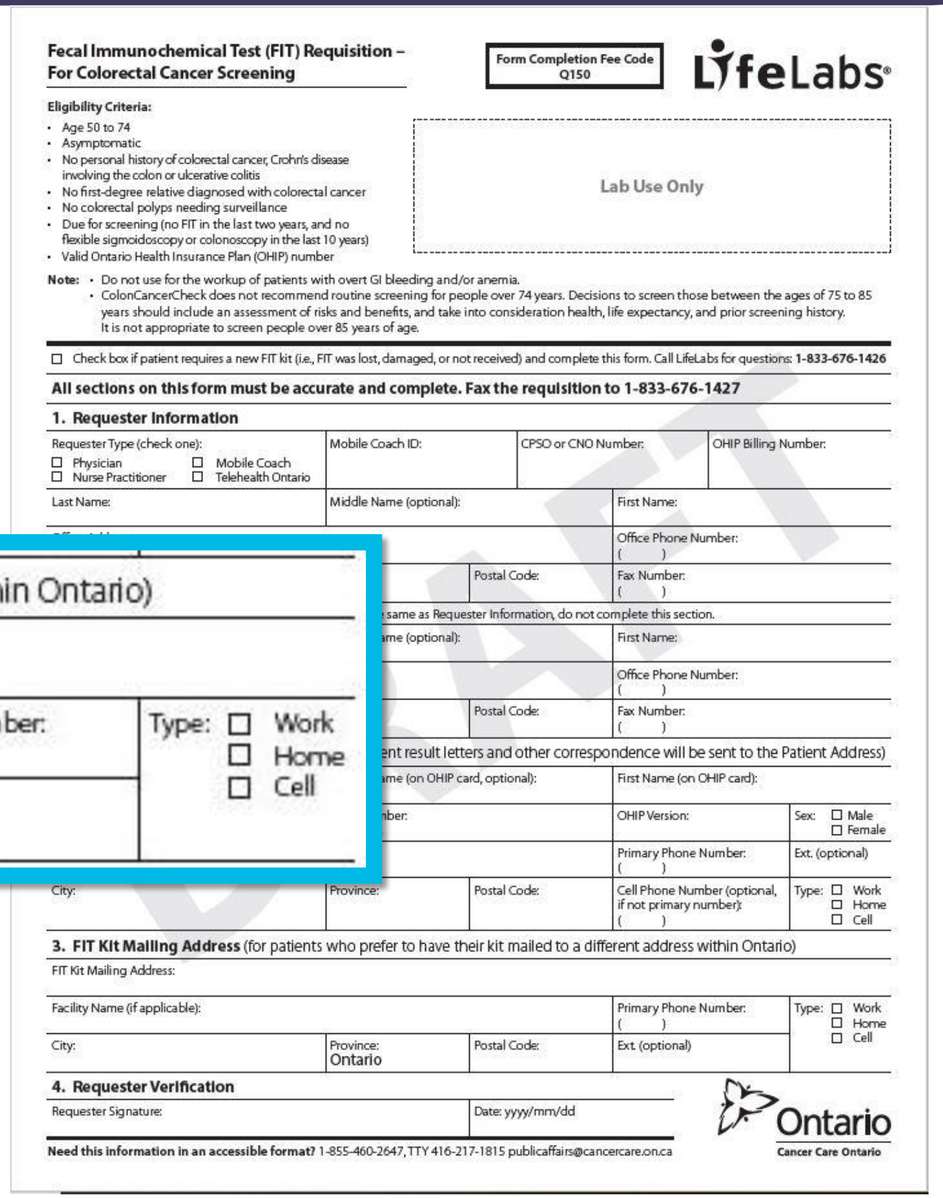
Alternate FIT kit delivery option



3. FIT Kit Mailing Address (for patients who prefer to have their kit mailed to a different address within Ontario)

FIT Kit Mailing Address:

Facility Name (if applicable):			Primary Phone Number: ( )	Type: ☐ Work ☐ Home ☐ Cell
City:	Province: Ontario	Postal Code:	Ext. (optional)	



Fecal Immunochemical Test (FIT) Requisition – For Colorectal Cancer Screening

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LifeLabs

Eligibility Criteria:

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All sections on this form must be accurate and complete. Fax the requisition to 1-833-676-1427

1. Requester Information

Requester Type (check one): ☐ Physician ☐ Nurse Practitioner ☐ Mobile Coach ☐ Telehealth Ontario	Mobile Coach ID:	CPSO or CNO Number:	OHIP Billing Number:
Last Name:	Middle Name (optional):		First Name:
			Office Phone Number: ( )
		Postal Code:	Fax Number: ( )

same as Requester Information, do not complete this section.

	me (optional):		First Name:
			Office Phone Number: ( )
		Postal Code:	Fax Number: ( )

ent result letters and other correspondence will be sent to the Patient Address)

	me (on OHIP card, optional):		First Name (on OHIP card):
	nber:		OHIP Version: / Sex: ☐ Male ☐ Female
			Primary Phone Number: ( ) / Ext. (optional)
City:	Province:	Postal Code:	Cell Phone Number (optional, if not primary number): ( ) / Type: ☐ Work ☐ Home ☐ Cell

3. FIT Kit Mailing Address (for patients who prefer to have their kit mailed to a different address within Ontario)

FIT Kit Mailing Address:

Facility Name (if applicable):			Primary Phone Number: ( )	Type: ☐ Work ☐ Home ☐ Cell
City:	Province: Ontario	Postal Code:	Ext. (optional)	

4. Requester Verification

Requester Signature:	Date: yyyy/mm/dd

Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815 publicaffairs@cancercare.on.ca

Ontario Cancer Care Ontario

DRAFT

Cancer Care Ontario

Preparing Your Practice for FIT: Requisition

- ✓ Call LifeLabs at **1-833-676-1426** if you do not routinely receive laboratory supplies or test results from them
- ✓ Add the FIT requisition to your usual process for requesting laboratory tests
- ✓ Add the FIT requisition to your library of custom forms
- ✓ Add LifeLabs kit distribution contact information to your address book
  - Phone: 833-676-1426
  - Fax Requisition: 1-833-676-1427

FIT requisition can be found at: cancercareontario.ca/pcscreeningprograms

The FIT requisition will be made available before FIT launch

FIT Kit

- LifeLabs mails the FIT kit within two days of receiving a complete FIT requisition
- Once mailed from LifeLabs most patients can expect to receive their FIT kit from Canada Post within five to 10 days (standard local mail)

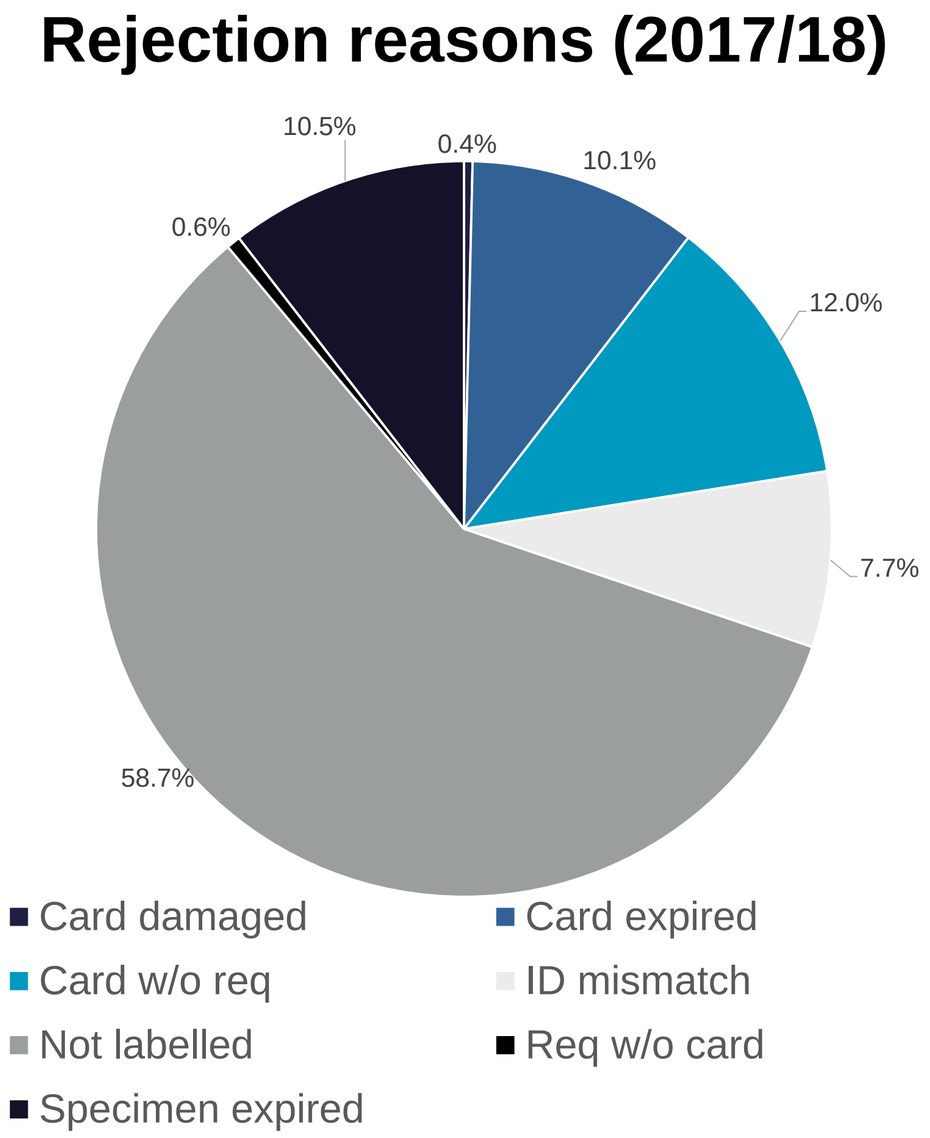
Cancer Care Ontario

Why Centralized Distribution?

Program challenges	Addressing program challenges for FIT
• 11.1% of gFOBTs require re-testing • Majority of rejected tests due to mislabelling	**Pre-labelled FIT kit with patient identifiers**
• gFOBT shelf-life: three years • FIT shelf-life: 12 months	**Inventory management at central laboratory**
Inappropriate use of gFOBT: • Repeating gFOBT between recommended screening intervals • Using the test in people outside the screen-eligible age range	**Laboratory verification of patient information during processing of requisition form**

Why Centralized Distribution?

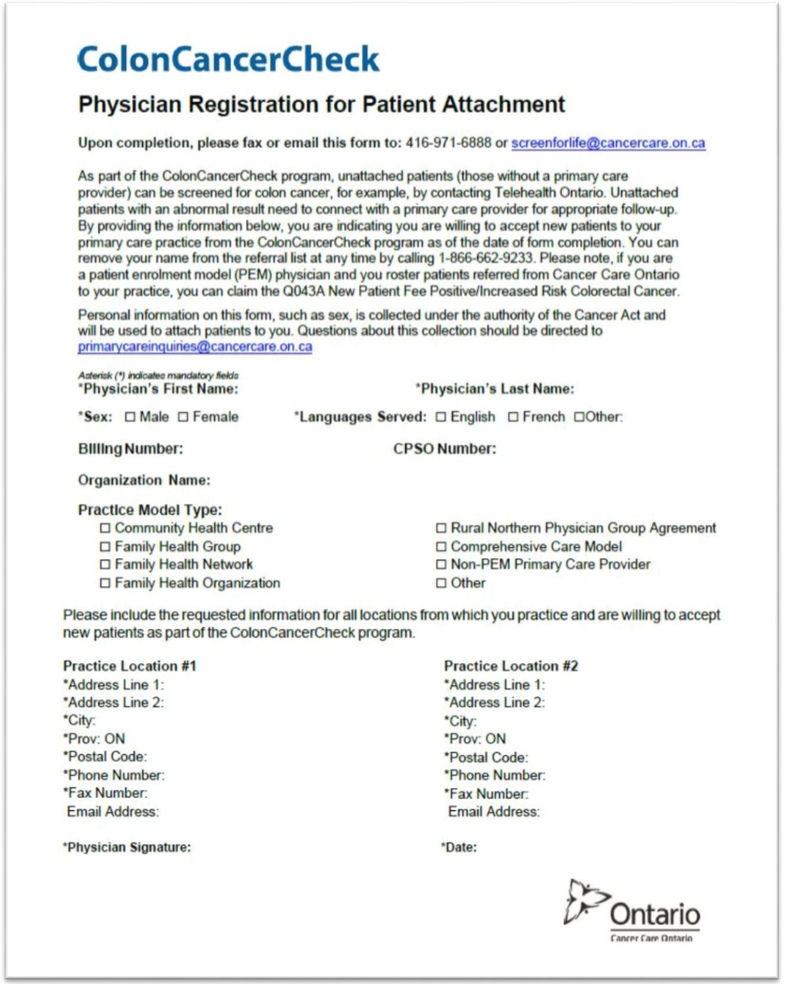
Centralized distribution eliminates almost 90% of causes for rejected tests



Cancer Care Ontario

Ordering FIT for Unattached Patients

- Unattached patients can contact Telehealth Ontario or a mobile coach (where available) to request a FIT kit



ColonCancerCheck

Physician Registration for Patient Attachment

Upon completion, please fax or email this form to: 416-971-6888 or screenforlife@cancercare.on.ca

As part of the ColonCancerCheck program, unattached patients (those without a primary care provider) can be screened for colon cancer, for example, by contacting Telehealth Ontario. Unattached patients with an abnormal result need to connect with a primary care provider for appropriate follow-up. By providing the information below, you are indicating you are willing to accept new patients to your primary care practice from the ColonCancerCheck program as of the date of form completion. You can remove your name from the referral list at any time by calling 1-866-662-9233. Please note, if you are a patient enrolment model (PEM) physician and you roster patients referred from Cancer Care Ontario to your practice, you can claim the Q043A New Patient Fee Positive/Increased Risk Colorectal Cancer.

Personal information on this form, such as sex, is collected under the authority of the Cancer Act and will be used to attach patients to you. Questions about this collection should be directed to primarycareinquiries@cancercare.on.ca

Asterisk (*) indicates mandatory fields

***Physician's First Name:** ***Physician's Last Name:**

***Sex:** ☐ Male ☐ Female ***Languages Served:** ☐ English ☐ French ☐Other:

Billing Number: **CPSO Number:**

Organization Name:

Practice Model Type:

- ☐ Community Health Centre
- ☐ Family Health Group
- ☐ Family Health Network
- ☐ Family Health Organization
- ☐ Rural Northern Physician Group Agreement
- ☐ Comprehensive Care Model
- ☐ Non-PEM Primary Care Provider
- ☐ Other

Please include the requested information for all locations from which you practice and are willing to accept new patients as part of the ColonCancerCheck program.

Practice Location #1
*Address Line 1:
*Address Line 2:
*City:
*Prov: ON
*Postal Code:
*Phone Number:
*Fax Number:
Email Address:

Practice Location #2
*Address Line 1:
*Address Line 2:
*City:
*Prov: ON
*Postal Code:
*Phone Number:
*Fax Number:
Email Address:

***Physician Signature:** ***Date:**

Ontario
Cancer Care Ontario

Completing FIT: Steps for Patients

Completing FIT: 3 Steps for Patients

Step 1

Check label accuracy and clearly record specimen collection date on FIT tube

Step 2

Complete FIT

Step 3

Mail or drop off completed FIT to LifeLabs **as soon as possible**

Cancer Care Ontario

Supporting Patients

- Patients will continue to receive CCC program correspondence
  - Invitations/recalls
  - Reminders
  - Results
- Physician-linked correspondence helps increase screening rates
- cancercareontario.ca/en/physician-linked-correspondence

Source:
Tinmouth J, Baxter NN, Paszat L, Sutradhar R, Rabeneck L, Yun L. Using physician-linked mailed invitations in an organised colorectal cancer screening programme: effectiveness and factors associated with response. BMJ. 2014 Mar 12;4(3):e004494. doi: 10.1136/bmjopen-2013-004494

Evidence Supporting CCC Correspondence

- **Physician-Linked Correspondence (PLC) – Pilot (2009, 2012)**
  - PLC helps increase screening rates vs no mailed invite, and vs non-PLC invites

- **Focus testing & consultation with health behaviorists (2013)**
  - Informed revisions to CCC correspondence messaging and approach

- **Male-specific correspondence – RCT (2014)**
  - Male-specific invitation: 21% greater odds of screening with gFOBT among men, compared to standard letter
  - Among men & women, receiving any letter significantly increased screening uptake

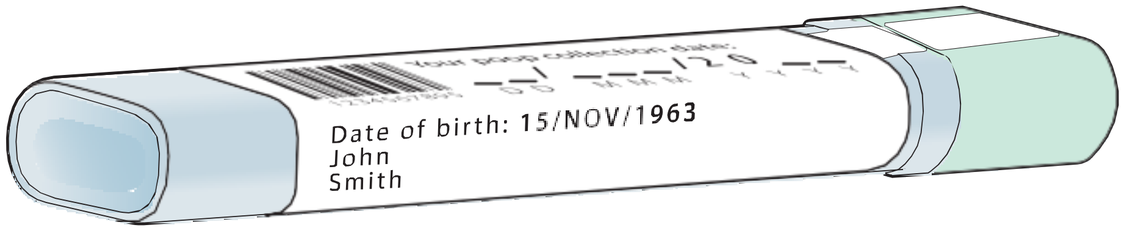
Source:
Tinmouth J, et al. BMJ. 2014 Mar 12;4(3):e004494.
Llovet et al., Cancer Care Ontario, 2013.

Supporting Patients

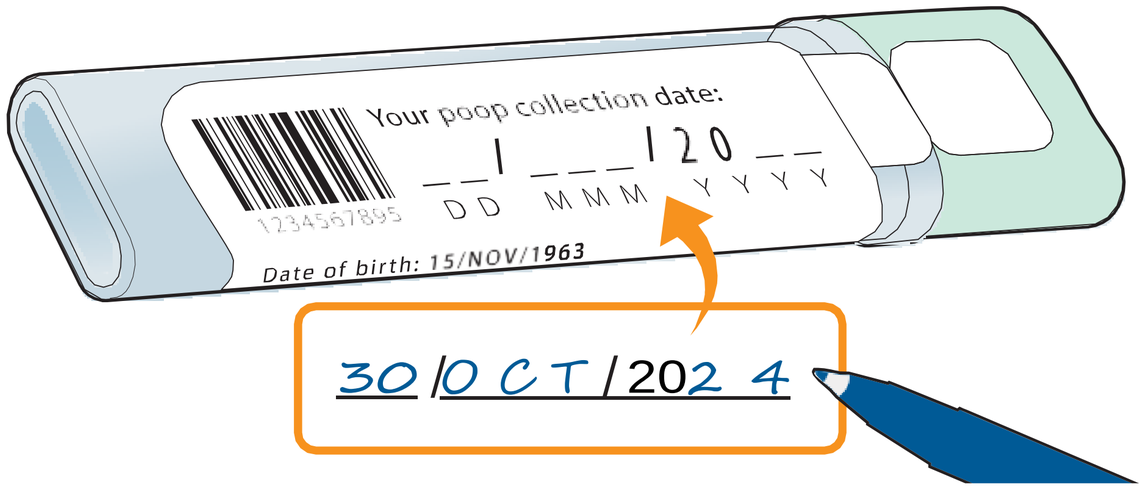
Supporting Patients

- Patient-friendly FIT materials have been developed, including FIT instructions with more visuals than words
- FIT instructions will be available in 20+ languages and in accessible format online: cancercareontario.ca/FITinstructions

Supporting Patients- Lab Label



✔ Date of birth ✔ Your name



Cancer Care Ontario

FIT Return

Completed FIT kit should be returned as soon as possible to LifeLabs ideally within 2 days of collecting the specimen

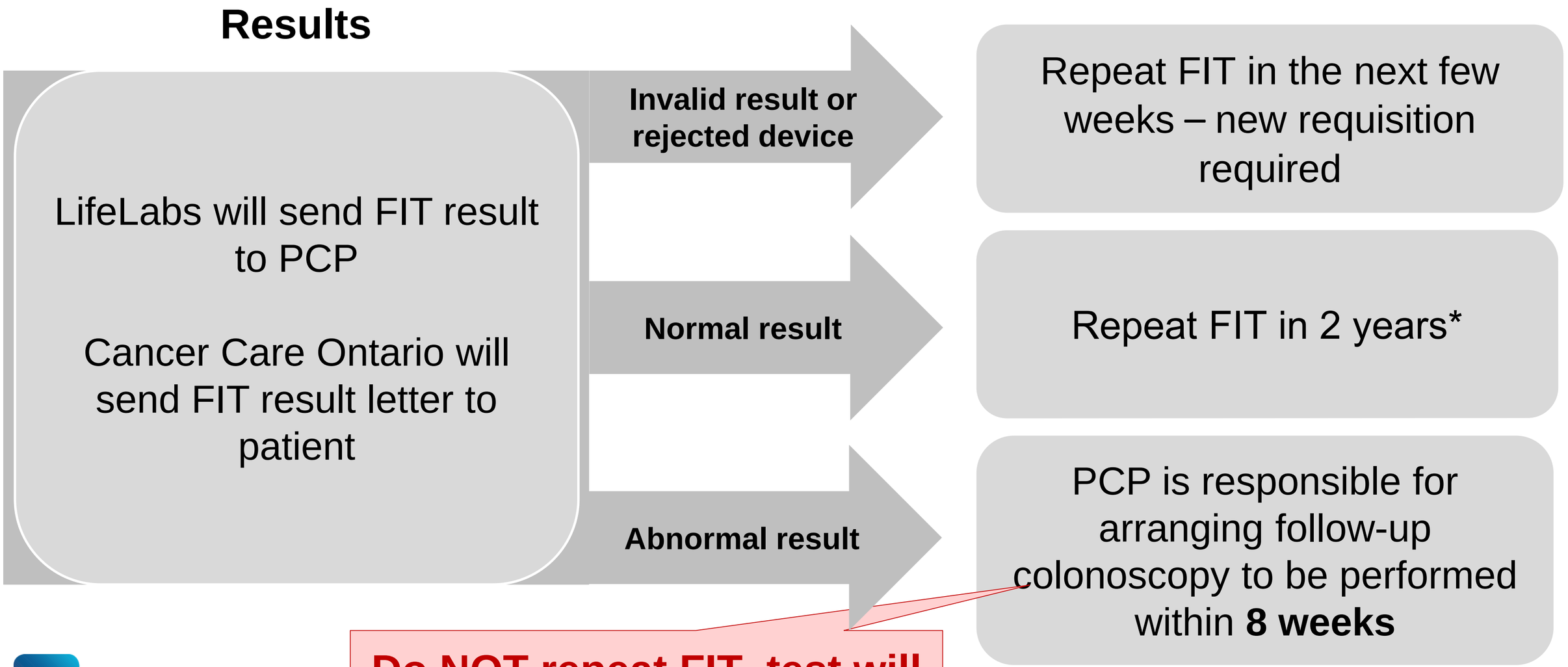
- Mail
  - Regular mail
  - Expedited mail included for some areas
- Drop off at LifeLabs Patient Service Centres
- If your patient lives on a First Nations reserve, contact the health centre or nursing station for return options

Results received 15-30 days after collection that are below the positivity threshold will be reported as "invalid"

Patient Service Centre (PSC) Locations

To find the closest PSC to drop off a completed FIT, visit: locations.lifelabs.com

FIT Results and Follow-Up by Primary Care Provider (PCP)



Do NOT repeat FIT- test will be rejected

*For people ages 50–74.

The Patient Perspective

An abnormal FIT result can be stressful for your patient and their family

- At the time of ordering FIT, explain that an abnormal FIT:
  - Is NOT a cancer diagnosis
  - Needs timely follow-up with colonoscopy within eight weeks
  - Can identify a polyp before it becomes cancerous
- For patient materials explaining an abnormal FIT result, visit: cancercareontario.ca/FITresult

Case Study 6

Anna is a 64 year old woman who has recently completed a FIT. When her FIT result comes back as abnormal, Anna calls you and mentions that she completed her FIT just one day after having a tooth removed by her dentist. Anna would like to repeat the FIT. What should you do and why?

a) Complete another FIT requisition for Anna
b) Refer Anna for flexible sigmoidoscopy
c) Have Anna come for an in-office gFOBT
d) Counsel Anna on the importance of a follow-up colonoscopy and refer her promptly for colonoscopy
e) None of the above

Receiving and Interpreting Lab Reports: Normal and Abnormal

- Lab reports for providers will include the FIT result and recommended next steps, including follow-up
- FIT results will be reported as normal, abnormal, invalid or rejected

Test	Result	Canned Comments
FIT	Normal	Action required for you: Re-screen your patient with FIT in 2 years if they continue to meet the ColonCancerCheck eligibility criteria for average risk colorectal cancer screening. For more information, please visit cancercareontario.ca/CCCrecommendations to access ColonCancerCheck's screening recommendations.
FIT	ABNORMAL	Action required for you: REFER TO COLONOSCOPY as soon as possible. The colonoscopy should be completed within 8 weeks of the abnormal FIT result. For a list of facilities funded by Cancer Care Ontario to provide colonoscopies for patients with an abnormal FIT result, please visit cancercareontario.ca/FITcolonoscopy Note: Requests to repeat FIT after an abnormal FIT result will not be accepted by the lab. Repeating the FIT after an abnormal FIT or gFOBT is not appropriate and can lead to delays in diagnosis and treatment.

Receiving and Interpreting Lab Reports: Rejected and Invalid

Test	Result	Canned Comments
FIT	FIT Collection Device Rejected	Comment: The FIT specimen was received more than 30 days after the collection date and could not be tested. Action required for you: Complete a new FIT requisition for your patient. Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection. Please visit cancercareontario.ca/FITinstructions to access the FIT instructions.
FIT	Invalid	Comment: The lab received the FIT collection device more than 14 days after the specimen collection date. It was not possible to get a reliable result. Action required for you: Complete a new FIT requisition for your patient. Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection. Please visit cancercareontario.ca/FITinstructions to access the FIT instructions.

Receiving and Interpreting Lab Reports: Requisition Rejected

Test	Result	Canned Comments
FIT	Requisition Rejected	Comment: A valid Ontario Health Insurance Plan (OHIP) number was not provided. Action required for you: Please contact your patient to confirm their OHIP information and complete a new FIT requisition.
FIT	Requisition Rejected	Comment: A FIT collection device was already sent to this patient within 6 months of this request. Action required for you: If your patient requires a new FIT kit or if their address information was incorrect, please contact the lab directly at 1-833-676-1426.
FIT	Requisition Rejected	Comment: Your patient is not age-eligible for screening with the FIT. Action required for you: Please contact your patient to let them know they will not receive a FIT kit. For more information, please visit cancercareontario.ca/CCCrecommendations to access ColonCancerCheck’s screening recommendations.

Discontinuation of CCC gFOBT in Ontario

- **Do not delay!** Continue to screen your patients with gFOBT until FIT is available through the CCC program
- Laboratories will continue to test gFOBT kits 6 months after FIT is introduced

Prior to FIT Launch	FIT Launch	>1 Month	>6 Months
• Order less gFOBT inventory for office	• Remove remaining gFOBT inventory from office • Do not distribute gFOBT	• FIT data available in screening activity report (SAR)	• Patients who complete gFOBT no longer considered up-to-date for CRC screening

Key FIT launch milestones

Cancer Care Ontario

Disposing of CCC gFOBT Kits in Ontario

- Once FIT is available in Ontario, CCC gFOBT laboratory providers will arrange to remove unused CCC gFOBT kits from primary care provider offices, pharmacies, and Cancer Care Ontario mobile screening coaches.
- If you have any questions, contact your CCC gFOBT laboratory provider for more information.

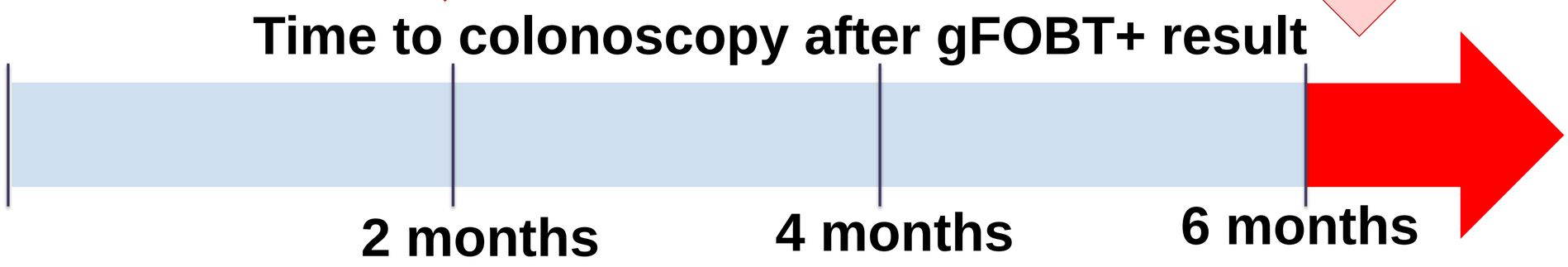
After this presentation, you will be able to:

- Understand the Burden of Colorectal Cancer (CRC) in Ontario
- Order the Fecal Immunochemical Test (FIT) and Counsel your Patients
- Compare CRC Screening Tests for Average Risk Patients
- Select Appropriate Follow-Up: Screening Interval and Surveillance
- Describe Learnings from Other Jurisdictions
- Integrate Cancer Care Ontario Tools to Support your Practice

Follow-Up of guaiac fecal occult blood test (gFOBT)

48% of people receive a colonoscopy within 8 weeks of a positive gFOBT result

Approximately 20% of people are lost to follow-up at 6 months



Benchmark: follow-up within 8 weeks

Cancer Care Ontario

to: Cancer Care Ontario; 2018.
-follow-up

Ensure Timely Follow-Up

- Colonoscopy should be completed within 8 weeks of an abnormal fecal immunochemical test (FIT) result
- Abnormal FIT results are associated with a higher chance of colorectal cancer (CRC)
- Diagnostic delays can lead to disease progression
- Timely follow-up is critical to minimize patient anxiety

Importance of Timely Follow-Up

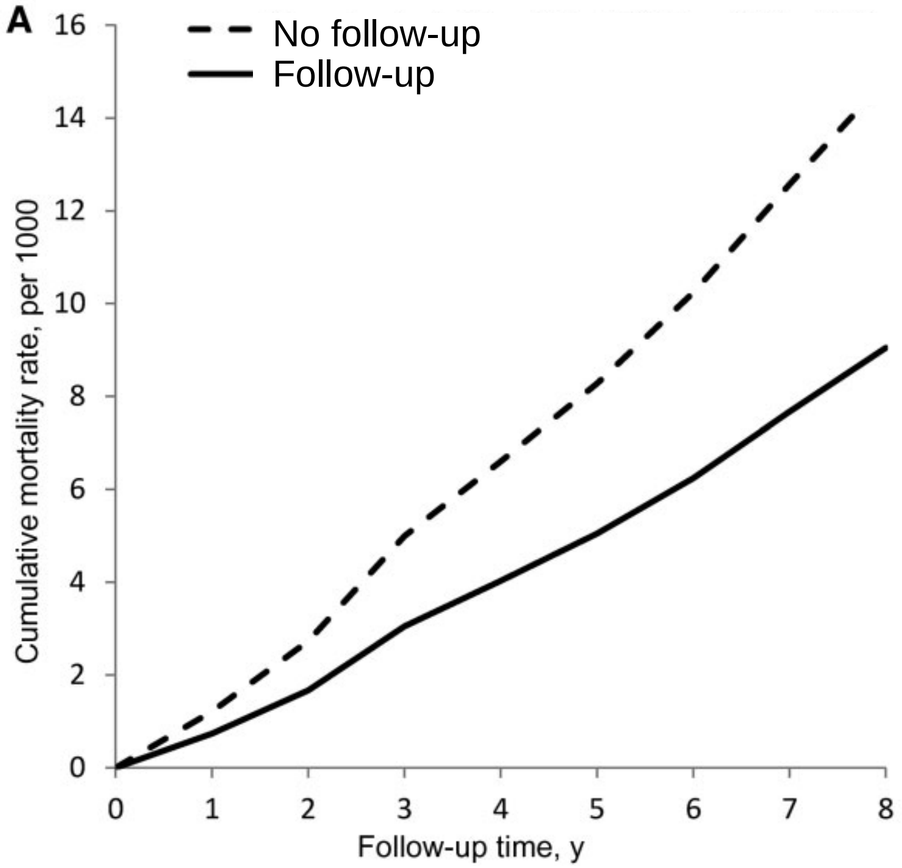
Time to colonoscopy after FIT+	% cases receiving colonoscopy after FIT+	
	Any CRC	Advanced-stage CRC
8–30 days	2.97%	0.81%
2 months	2.78%	0.70%
3 months	3.06%	0.69%
4–6 months	3.14%	0.88%
7–12 months	4.56%	1.49%
>12 months	7.55%	3.13%

Impact of diagnostic delay is seen within months
– significantly higher risk of CRC outcomes after 6 months

Cancer Care Ontario

Source: Corley et al. JAMA 2017;317(16):1631-41.

Importance of Follow-Up



Patients with an abnormal FIT who do not undergo colonoscopy are more likely to die from CRC (1.63 fold increase)

Cancer Care Ontario

Source: Lee et al., Association Between Colorectal Cancer Mortality and Gradient Fecal Hemoglobin Concentration in Colonoscopy Noncompliers. J Natl Cancer Inst (2017) 109(5)

Case Study 7

You receive a lab report indicating that your 54 year old patient, Katya, has an abnormal FIT result. Following this report, what would the appropriate test and timing be for Katya's follow-up?

a) Follow-up colonoscopy within eight weeks
b) Follow-up with colonoscopy or computed tomography colonography within eight weeks
c) Follow-up with colonoscopy within 12 weeks
d) Follow-up with colonoscopy within six months
e) None of the above

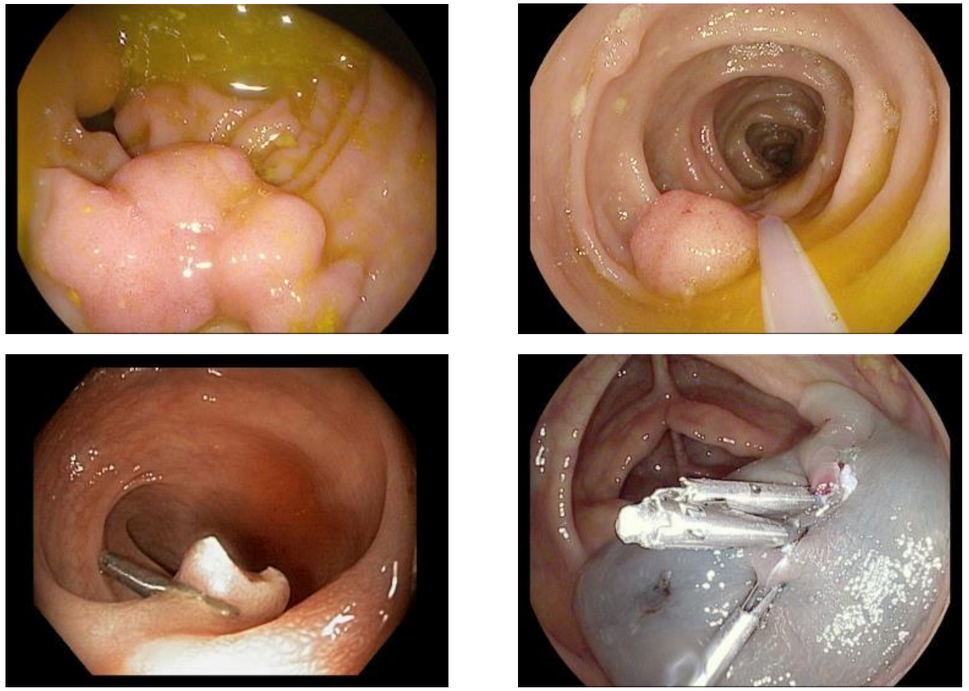
Strategies to Reduce Lost to Follow-Up Rates

Proactively follow-up with your patients:

- Preemptively counsel your patient on what to expect before, during and after the procedure
  - Explain that an abnormal result is not a cancer diagnosis
- Set electronic medical record reminders and alerts for FIT results
- Review your Screening Activity Report (SAR) monthly report (for help accessing and using your SAR, visit cancercareontario.on.ca/SAR)
- Verify that patient has been scheduled for a FIT-positive colonoscopy appointment within eight weeks
- Be aware of regional strategies to ensure timely access to colonoscopy for your patients with a positive FIT

Carefully Consider Where Follow-Up Occurs

- FIT+ colonoscopies are more complex – require more expertise, time and resources
- Patients with an abnormal FIT result should be referred to a facility that offers FIT+ colonoscopy



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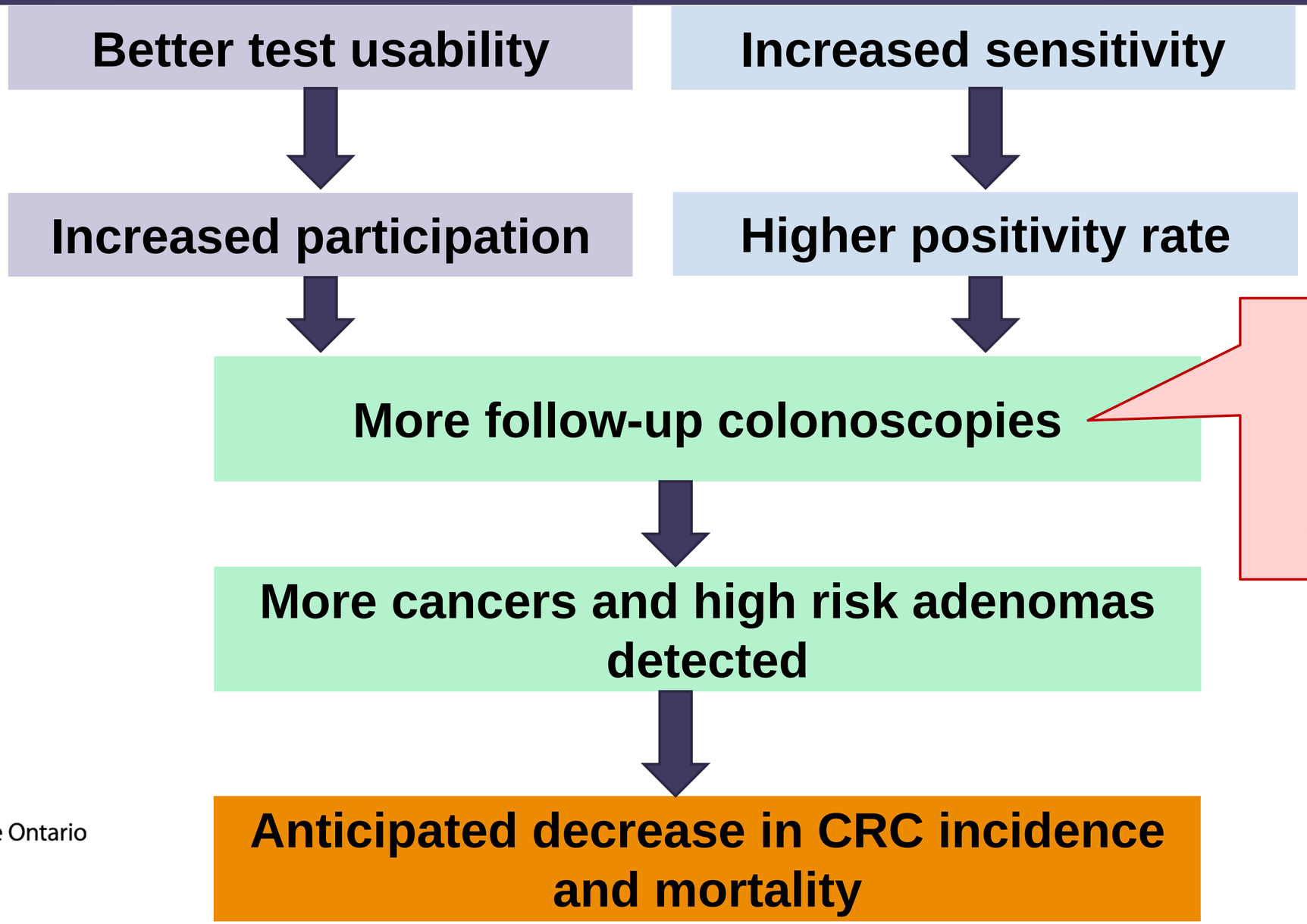
FIT+ Guidance

- Designed to ensure safe, complete and timely FIT procedures
- Provides guidance for facilities and endoscopists
- Informed by best practices from other jurisdictions and experts in GI endoscopy
- FIT+ Guidance includes:
  - **Booking management:** Access to FIT+ colonoscopy should be provided within eight weeks, adequate time and expertise should be available for procedures
  - **Endoscopist expertise:** Should be comfortable in removing most polyps (e.g., threshold up to 2 cm polyps)
  - **Facilities:** Should provide access to all the necessary tools and equipment, access to appropriate referral channels for complex cases

Source: Cancer Care Ontario. Fecal immunochemical test (FIT)-positive colonoscopy facility-level guidance. 2017. Available at: www.cancercare.on.ca/FIThub

Impact of FIT



Colonoscopy Surveillance Recommendations

Surveillance

- The goal of colonoscopic surveillance is to decrease CRC incidence and subsequent mortality through the removal of adenomas in people with a personal history of colorectal adenomas

- In 2008, ColonCancerCheck endorsed the U.S. Multi-Society Task Force (USMSTF) 2006 guidelines

- Recommendations need to be periodically updated to reflect the most recent evidence

Background

- **What is the purpose of CCC's post-polypectomy surveillance recommendations?**
  - Intended for endoscopists and endoscopy services to ensure appropriateness of colonoscopy
  - Designed to ensure that the benefits of surveillance colonoscopies outweigh the potential harms for people who receive the procedure
  - Can also be used to support primary care provider's understanding and interpretation of endoscopist surveillance recommendations

CCC's Approach for Developing New Recommendations

- Literature search of existing guidelines
  - Polyp nomenclature and framework for new recommendations align with those currently used in Ontario, i.e., Canadian Association of Gastroenterology's (CAG), and the USMSTF

- Identified knowledge gaps
  - Performed systematic review and meta-analysis on low risk adenomas

- Expert panel evidence review and development of recommendations

Developing Surveillance Recommendations

- Recommendations are based on:
  - future probability of CRC, based on size and histology of the most advanced screen-relevant polyp (e.g., low risk adenoma, high risk adenoma)
  - assumption of a high-quality and complete baseline colonoscopy
  - findings of the initial and subsequent surveillance colonoscopy (if applicable), and include the suggested test and interval.

Polyp Types and CRC Risk

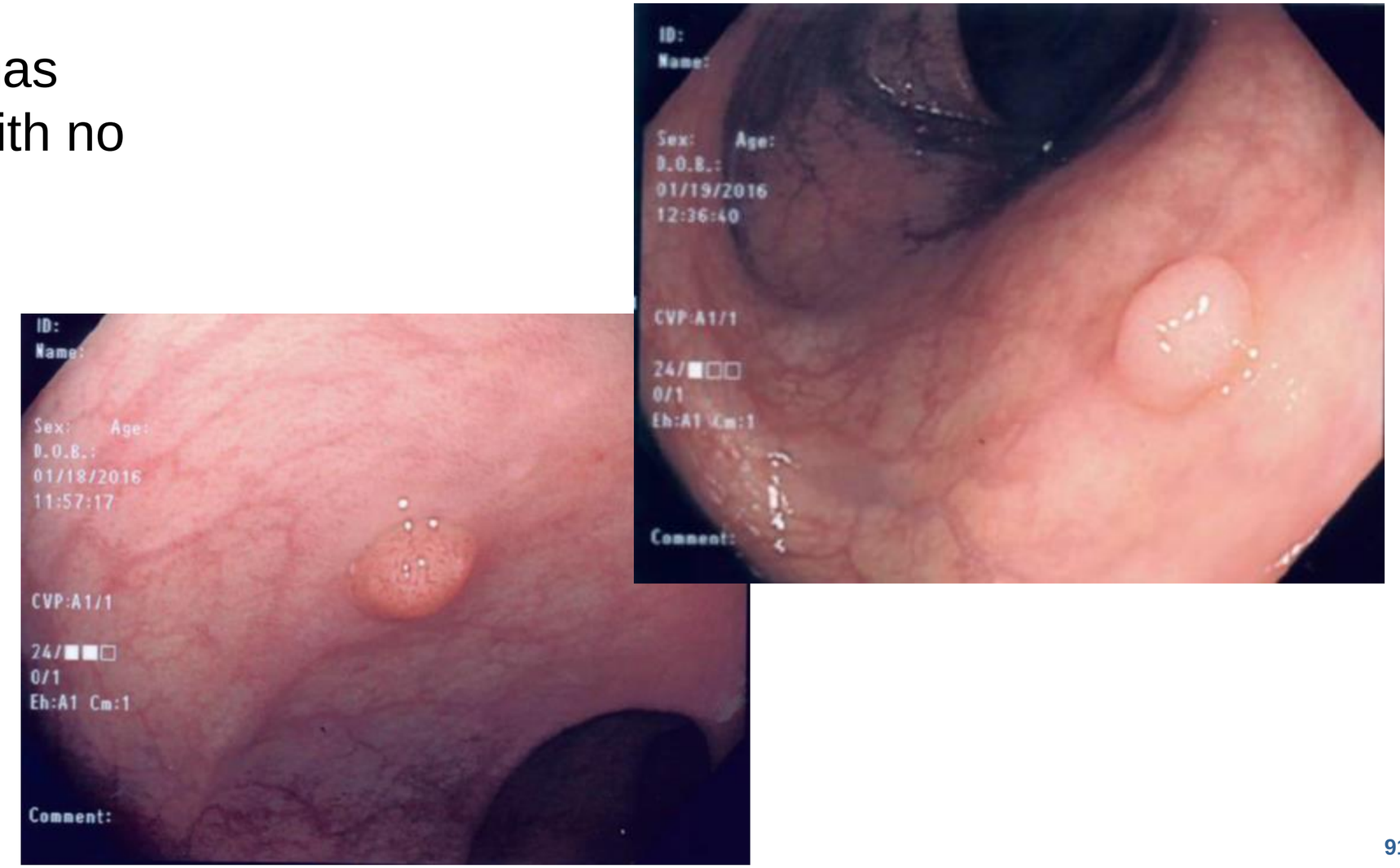
Screen-relevant polyps		Non screen-relevant polyps
Low risk polyps	**High risk polyps**	
• Low risk adenomas	• High risk adenomas • Large sessile serrated polyps • Sessile serrated polyps with dysplasia • Small sessile serrated polyps without dysplasia *	• Small hyperplastic polyps in the recto-sigmoid • Non-neoplastic polyps (e.g., lipomas)

Only screen-relevant polyps are linked to colorectal cancer

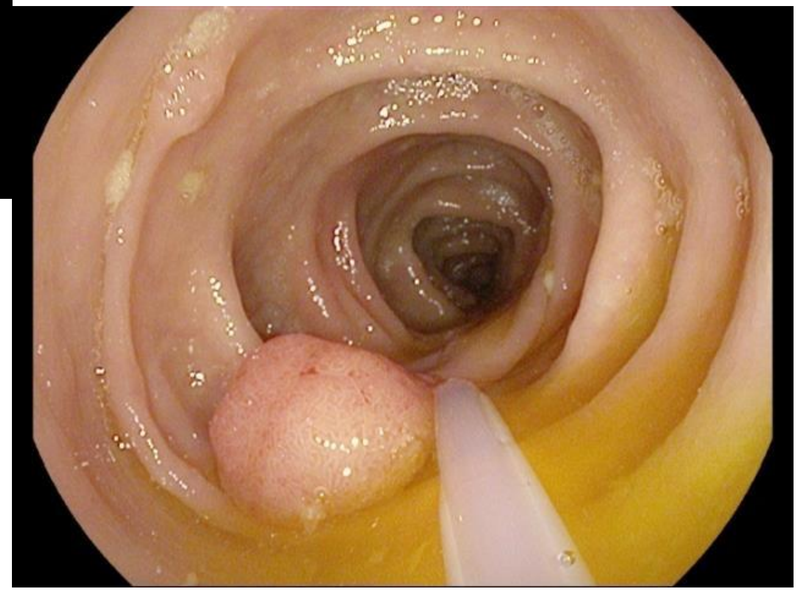
*uncertain risk level

Low Risk Adenomas- Screen Relevant

- 1 to 2 tubular adenomas <10mm in diameter with no high-grade dysplasia



High Risk Adenomas- Screen Relevant



- Tubular adenoma ≥10mm, adenoma with villous histology or adenoma with high-grade dysplasia; also includes people with 3 or more LRAs

NEW: Recommendations for Post-Polypectomy Surveillance

Initial colonoscopy		
Findings	**Next test[1]**	**Time until next test**
No polyps **Hyperplastic polyp(s) in rectum or sigmoid**	FIT	10 years
Low risk adenoma(s)[2]	FIT	5 years
High risk adenoma(s)[2]	Colonoscopy	3 years
>10 adenomas	Cleaning colonoscopy[3]	≤ 6 months
Any sessile serrated polyp(s) <10 mm without dysplasia	Colonoscopy	5 years
Sessile serrated polyp(s) ≥10 mm **Sessile serrated polyp(s) with dysplasia** **Traditional serrated adenoma**	Colonoscopy	3 years
Large sessile polyp removed piecemeal	Colonoscopy	≤ 6 months
Serrated polyposis syndrome[2]	Colonoscopy	1 year

Patients with small hyperplastic polyps in recto-sigmoid do not require surveillance

Patients with a normal colonoscopy (incl. hyperplastic polyps in recto-sigmoid) should screen next with FIT, in 10 years

Surveillance tool available at:
cancercareontario.ca/CCCsurveillance

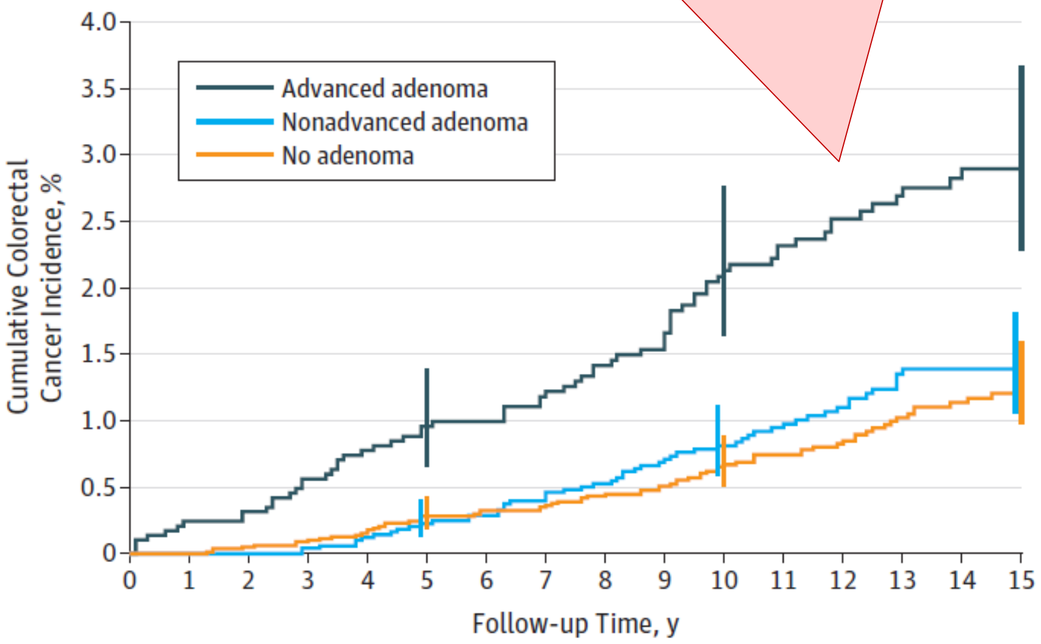
Risk of CRC & CRC Mortality After Colonoscopy

Among people with low risk (non-advanced) adenomas:

- No difference in CRC risk compared to those with normal colonoscopy (RR, 1.2 [95% CI, 0.8-1.7]; P = .30)

- No difference in mortality risk compared to those with normal colonoscopy (RR, 1.2 [95%CI, 0.5-2.7], P = .68)

Only people with HRAs have increased risk of CRC and of CRC death



No. at risk								
Advanced adenoma	2882	2836	2756	2656	2480	2187	1812	1294
Nonadvanced adenoma	5068	4993	4879	4696	4393	3753	2949	2082
No adenoma	7985	7898	7730	7445	6955	5734	4294	2964

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Source: Click B, et. al. Association of colonoscopy adenoma findings with long-term colorectal cancer incidence. JAMA 2018; 319(19):2021-2031

Risk of CRC Death After Colonoscopy

Among people with low risk adenomas:

- Risk of death from CRC is 25% lower compared to the general population
  - Standardized mortality ratio = 0.75 (95% CI: 0.63–0.88)

Surveillance is not required for people with low risk adenomas

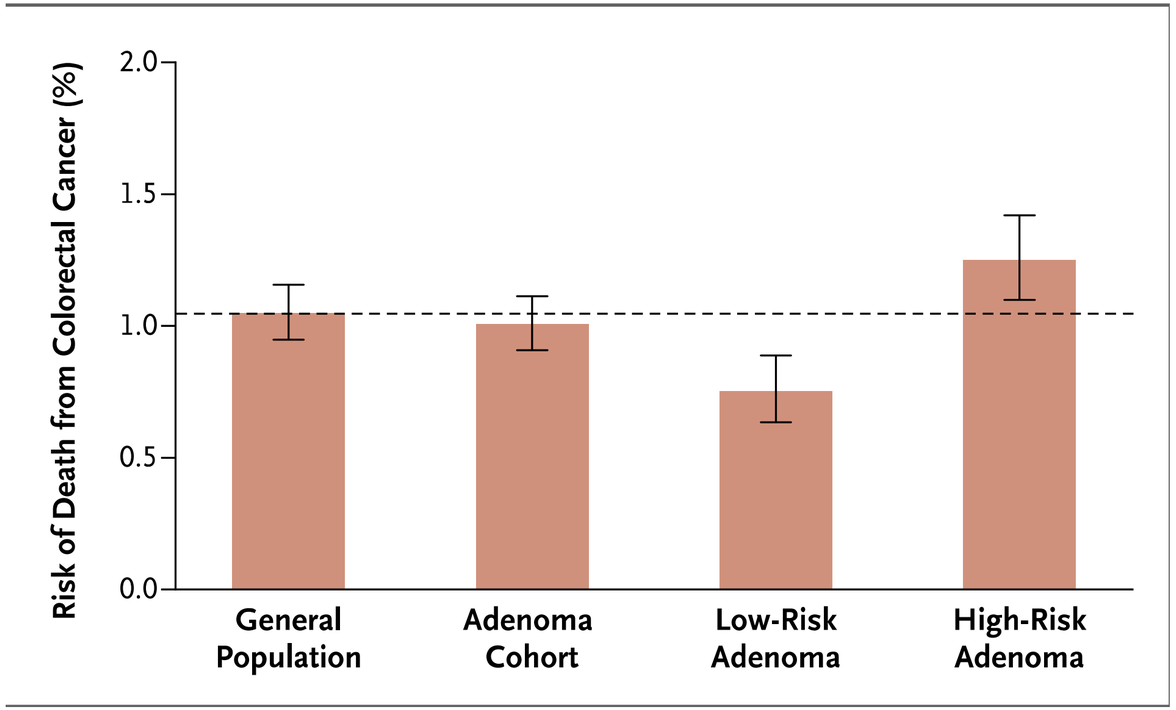

Figure source: Bretthauer M, Loberg M, Kalager M. Long-term colorectal-cancer mortality after adenoma removal. NEJM. 2014;371(21):2036-7.

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NEW: Recommendations for Post-Polypectomy Surveillance

Initial colonoscopy		
Findings	**Next test[1]**	**Time until next test**
No polyps **Hyperplastic polyp(s) in rectum or sigmoid**	FIT	10 years
Low risk adenoma(s)[2]	FIT	5 years
High risk adenoma(s)[2]	Colonoscopy	3 years
>10 adenomas	Cleaning colonoscopy[3]	≤ 6 months
Any sessile serrated polyp(s) <10 mm without dysplasia	Colonoscopy	5 years
Sessile serrated polyp(s) ≥10 mm **Sessile serrated polyp(s) with dysplasia** **Traditional serrated adenoma**	Colonoscopy	3 years
Large sessile polyp removed piecemeal	Colonoscopy	≤ 6 months
Serrated polyposis syndrome[2]	Colonoscopy	1 year

NEW: Patients with low risk adenomas should screen with FIT in 5 years, and do not require colonoscopy surveillance

Surveillance tool available at:
cancercareontario.ca/CCCsurveillance

NEW: Recommendations Following the FIRST Surveillance Colonoscopy

Initial colonoscopy	Subsequent colonoscopy		
Findings	Findings	Next test[1]	Time until next test
No polyps Hyperplastic polyp(s) in rectum or sigmoid			
Low risk adenoma(s)			
High risk adenoma(s)	Not applicable		

New: Recommendations for subsequent surveillance colonoscopy are provided

Cancer Care Ontario

Surveillance tool available at:
cancercareontario.ca/CCCsurveillance

Post-Polypectomy Surveillance in People With a Family History of CRC

- The recall interval following a normal colonoscopy for people with a family history of CRC (i.e., a first-degree relative with the disease) should be based on family history or surveillance recommendations, whichever recall interval is shortest

- As a reminder, if a patient's colonoscopy is normal and they have a family history of CRC, the recommendations are*:

  - Colonoscopy should be repeated **every five years** if their first-degree relative with CRC was diagnosed at **<60 years old**

  - Colonoscopy should be repeated **every 10 years** if their relative was diagnosed at **≥60 years old**

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*Based on emerging evidence, ColonCancerCheck will be reevaluating its recommendations for those with a family history

Primary Care Provider Role in Post Polypectomy Surveillance

- It is important to provide endoscopists with a copy of the prior colonoscopy report and the pathology report if available when referring a patient for surveillance

- Endoscopist can determine if surveillance is indicated at that time

Considerations

- **What do I do when endoscopist recommendations do not align with surveillance recommendations?**
  - Endoscopist recommendation may be influenced by factors not captured in the surveillance guidelines (e.g., colonoscopy quality)
  - Because surveillance recommendations evolve as new evidence emerges, the recommendation made by the endoscopist at the time of the patient's previous colonoscopy may not reflect more recent knowledge
  - It may be reasonable to reevaluate an endoscopists recommendation, taking into consideration prior colonoscopy and pathology reports. The surveillance recommendations can be used to assist discussions with endoscopists to confirm their recommendation.

Case Study 8 - Part 1

Anita is a 56 year old woman who had a colonoscopy completed in 2019 following an abnormal FIT result. Her baseline colonoscopy revealed one 5 millimeter tubular adenoma with no high-grade dysplasia (i.e. a low risk adenoma) on the sigmoid colon. When and how should she next be screened for colorectal cancer?

a) Resume screening every two years with FIT; starting in 10 years after the baseline colonoscopy
b) Resume screening every two years with FIT; starting in five years after the baseline colonoscopy
c) Resume screening in 10 years with colonoscopy after the baseline colonoscopy
d) Resume screening every three years with colonoscopy; starting in three years after the baseline colonoscopy

Case Study 8 - Part 2

For discussion: Upon reading Anita's colonoscopy report, you note that the endoscopist has recommended Anita repeat colonoscopy in five years. You are aware that this is not aligned with ColonCancerCheck's Recommendations for Post-Polypectomy Surveillance. How would you approach this situation? What factors might have contributed to this recommendation?

Case Study 9

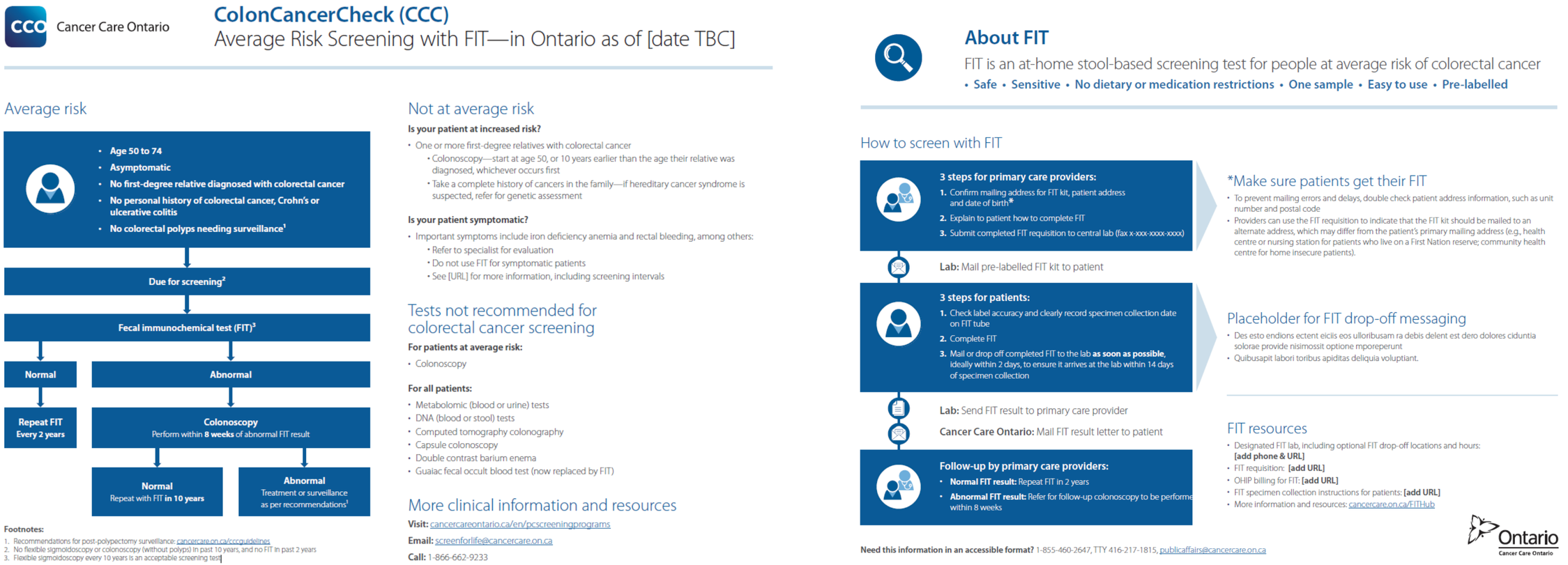
Mildred is a 65 year old woman with no family history of CRC who has recently undergone a colonoscopy to investigate gastrointestinal symptoms. Her results are reported as normal and her symptoms have resolved. How and when should Mildred be screened next for colorectal cancer?

a) Mildred should return to screening in 10 years with FIT
b) Mildred should return to screening in 10 years with colonoscopy
c) Mildred should return to screening in four years with a FIT
d) Reassess Mildred in 10 years to determine if screening is appropriate
e) a or b

After this presentation, you will be able to:

- Understand the Burden of Colorectal Cancer (CRC) in Ontario
- Order the Fecal Immunochemical Test (FIT) and Counsel your Patients
- Compare CRC Screening Tests for Average Risk Patients
- Select Appropriate Follow-Up: Screening Interval and Surveillance
- Describe Learnings from Other Jurisdictions
- Integrate Cancer Care Ontario Tools to Support your Practice

Tools that Support Colorectal Cancer (CRC) Screening: ColonCancerCheck Screening Recommendation Summary



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ColonCancerCheck (CCC)

Average Risk Screening with FIT—in Ontario as of [date TBC]

Average risk

- Age 50 to 74
- Asymptomatic
- No first-degree relative diagnosed with colorectal cancer
- No personal history of colorectal cancer, Crohn's or ulcerative colitis
- No colorectal polyps needing surveillance[1]

↓

Due for screening[2]

↓

Fecal immunochemical test (FIT)[3]

Normal	Abnormal
Repeat FIT Every 2 years	Colonoscopy Perform within **8 weeks** of abnormal FIT result
	Normal Repeat with FIT **in 10 years**
	Abnormal Treatment or surveillance as per recommendations[1]

Footnotes:

1. Recommendations for post-polypectomy surveillance: cancercare.on.ca/cccguidelines
2. No flexible sigmoidoscopy or colonoscopy (without polyps) in past 10 years, and no FIT in past 2 years
3. Flexible sigmoidoscopy every 10 years is an acceptable screening test

Not at average risk

Is your patient at increased risk?

- One or more first-degree relatives with colorectal cancer
  - Colonoscopy—start at age 50, or 10 years earlier than the age their relative was diagnosed, whichever occurs first
  - Take a complete history of cancers in the family—if hereditary cancer syndrome is suspected, refer for genetic assessment

Is your patient symptomatic?

- Important symptoms include iron deficiency anemia and rectal bleeding, among others:
  - Refer to specialist for evaluation
  - Do not use FIT for symptomatic patients
  - See [URL] for more information, including screening intervals

Tests not recommended for colorectal cancer screening

For patients at average risk:

- Colonoscopy

For all patients:

- Metabolomic (blood or urine) tests
- DNA (blood or stool) tests
- Computed tomography colonography
- Capsule colonoscopy
- Double contrast barium enema
- Guaiac fecal occult blood test (now replaced by FIT)

More clinical information and resources

Visit: cancercareontario.ca/en/pcscreeningprograms

Email: screenforlife@cancercare.on.ca

Call: 1-866-662-9233

About FIT

FIT is an at-home stool-based screening test for people at average risk of colorectal cancer

• **Safe** • **Sensitive** • **No dietary or medication restrictions** • **One sample** • **Easy to use** • **Pre-labelled**

How to screen with FIT

3 steps for primary care providers:

1. Confirm mailing address for FIT kit, patient address and date of birth*
2. Explain to patient how to complete FIT
3. Submit completed FIT requisition to central lab (fax x-xxx-xxxx-xxxx)

Lab: Mail pre-labelled FIT kit to patient

3 steps for patients:

1. Check label accuracy and clearly record specimen collection date on FIT tube
2. Complete FIT
3. Mail or drop off completed FIT to the lab **as soon as possible**, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection

Lab: Send FIT result to primary care provider

Cancer Care Ontario: Mail FIT result letter to patient

Follow-up by primary care providers:

- **Normal FIT result:** Repeat FIT in 2 years
- **Abnormal FIT result:** Refer for follow-up colonoscopy to be performe within 8 weeks

*Make sure patients get their FIT

- To prevent mailing errors and delays, double check patient address information, such as unit number and postal code
- Providers can use the FIT requisition to indicate that the FIT kit should be mailed to an alternate address, which may differ from the patient's primary mailing address (e.g., health centre or nursing station for patients who live on a First Nation reserve; community health centre for home insecure patients).

Placeholder for FIT drop-off messaging

- Des esto endions ectent eicilis eos ulloribusam ra debis delent est dero dolores ciduntia solorae provide nisimossit optione mporeperunt
- Quibusapit labori toribus apiditas deliquia voluptiant.

FIT resources

- Designated FIT lab, including optional FIT drop-off locations and hours: **[add phone & URL]**
- FIT requisition: **[add URL]**
- OHIP billing for FIT: **[add URL]**
- FIT specimen collection instructions for patients: **[add URL]**
- More information and resources: cancercare.on.ca/FITHub

Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815, publicaffairs@cancercare.on.ca

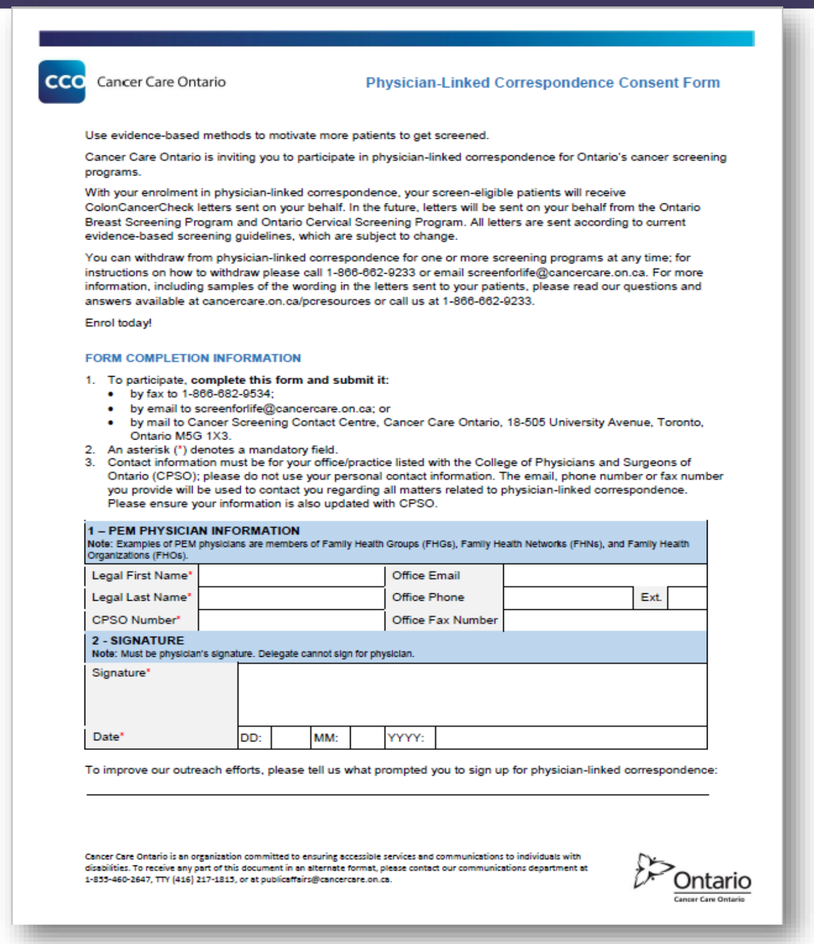
Ontario Cancer Care Ontario

Cancer Care Ontario

Copies can be found at: cancercareontario.ca/FIThub

Tools that Support CRC Screening: Physician Linked Correspondence

- Sign up for physician-linked correspondence to improve screening participation!
  - Research has shown that people who receive a personal recommendation from their family physician are more motivated to get screened for cancer than those who do not.



Cancer Care Ontario

Physician-Linked Correspondence Consent Form

Use evidence-based methods to motivate more patients to get screened.

Cancer Care Ontario is inviting you to participate in physician-linked correspondence for Ontario's cancer screening programs.

With your enrolment in physician-linked correspondence, your screen-eligible patients will receive ColonCancerCheck letters sent on your behalf. In the future, letters will be sent on your behalf from the Ontario Breast Screening Program and Ontario Cervical Screening Program. All letters are sent according to current evidence-based screening guidelines, which are subject to change.

You can withdraw from physician-linked correspondence for one or more screening programs at any time; for instructions on how to withdraw please call 1-866-662-9233 or email screenforlife@cancercare.on.ca. For more information, including samples of the wording in the letters sent to your patients, please read our questions and answers available at cancercare.on.ca/pcresources or call us at 1-866-662-9233.

Enrol today!

FORM COMPLETION INFORMATION

1. To participate, **complete this form and submit it:**
   - by fax to 1-866-682-9534;
   - by email to screenforlife@cancercare.on.ca; or
   - by mail to Cancer Screening Contact Centre, Cancer Care Ontario, 18-505 University Avenue, Toronto, Ontario M5G 1X3.
2. An asterisk (*) denotes a mandatory field.
3. Contact information must be for your office/practice listed with the College of Physicians and Surgeons of Ontario (CPSO); please do not use your personal contact information. The email, phone number or fax number you provide will be used to contact you regarding all matters related to physician-linked correspondence. Please ensure your information is also updated with CPSO.

1 – PEM PHYSICIAN INFORMATION

Note: Examples of PEM physicians are members of Family Health Groups (FHGs), Family Health Networks (FHNs), and Family Health Organizations (FHOs).

Legal First Name*		Office Email	
Legal Last Name*		Office Phone	Ext.
CPSO Number*		Office Fax Number	

2 - SIGNATURE

Note: Must be physician's signature. Delegate cannot sign for physician.

Signature*						
Date*	DD:		MM:		YYYY:	

To improve our outreach efforts, please tell us what prompted you to sign up for physician-linked correspondence:

Cancer Care Ontario is an organization committed to ensuring accessible services and communications to individuals with disabilities. To receive any part of this document in an alternate format, please contact our communications department at 1-855-460-2647, TTY (416) 217-1815, or at publicaffairs@cancercare.on.ca.

Ontario
Cancer Care Ontario

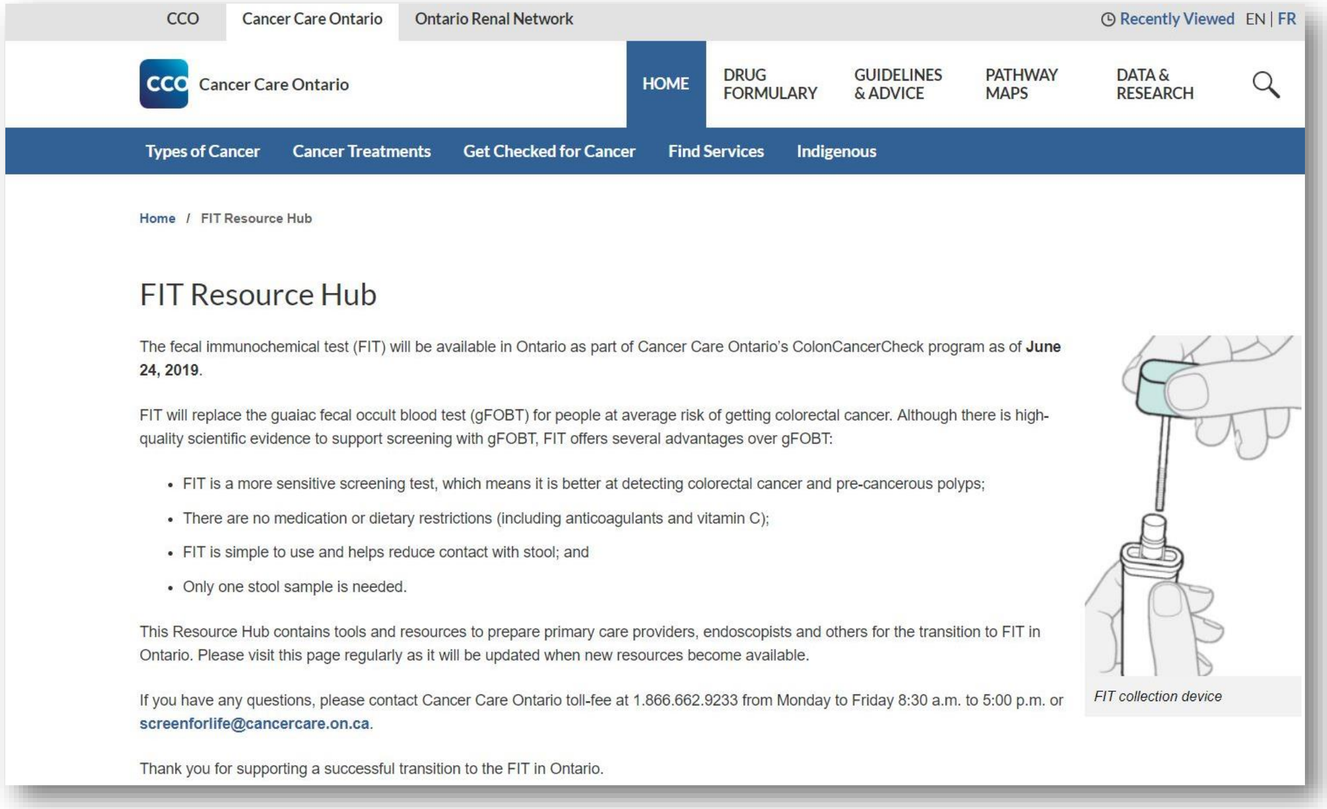
Sign up here! cancercareontario.ca/en/physician-linked-correspondence

Cancer Care Ontario

Source: Tinmouth J, Baxter NN, Paszat L, Sutradhar R, Rabeneck L, Yun L. Using physician-linked mailed invitations in an organised colorectal cancer screening programme: effectiveness and factors associated with response. BMJ. 2014 Mar 12;4(3):e004494. doi: 10.1136/bmjopen-2013-004494

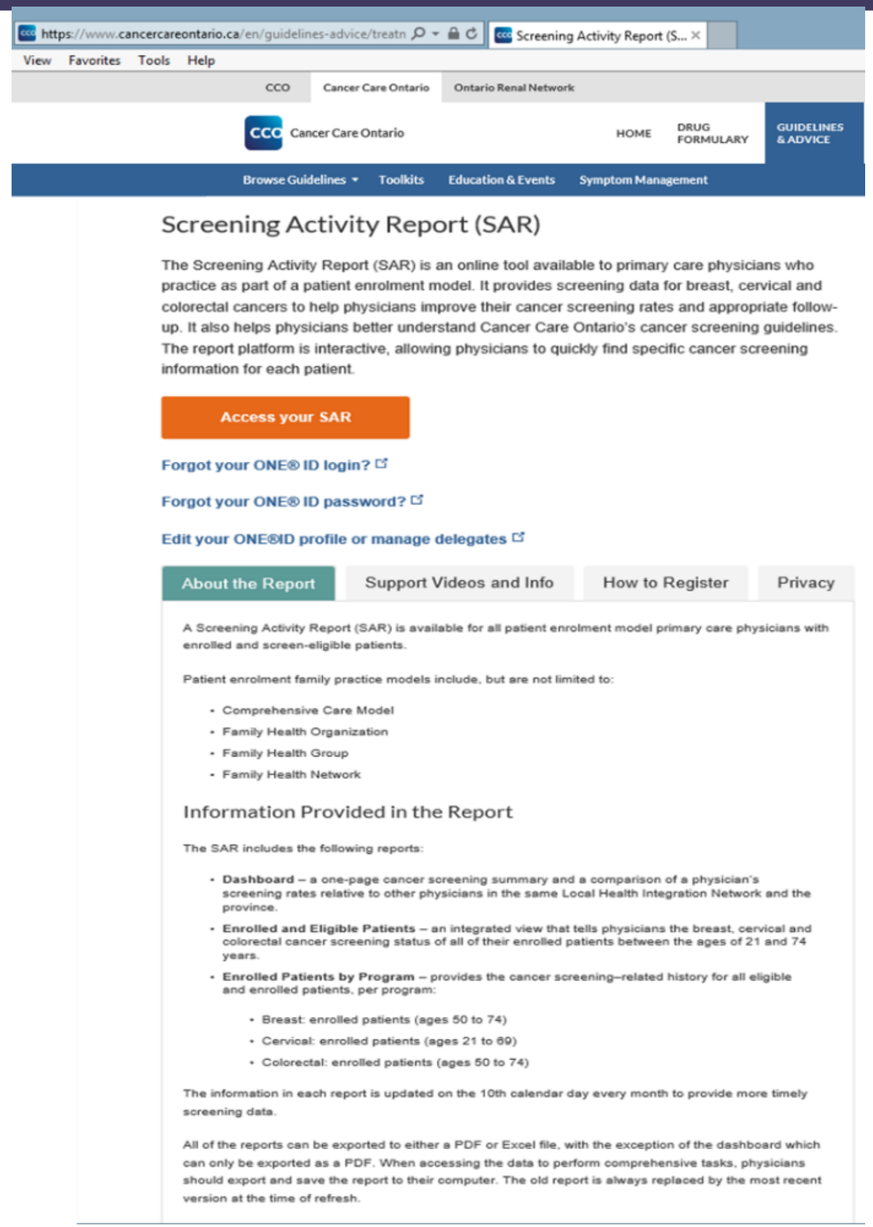
Tools that Support CRC Screening: FIT Resource Hub

- Information and tools to help prepare for FIT: cancercareontario.ca/FIThub
- Available on the FIT Resource Hub:
  - Frequently asked questions
  - Primary care provider mail-out contents
  - FIT CPD (for reference only)
  - First Nations, Inuit, Métis and Urban Indigenous screening toolkit and fact sheet



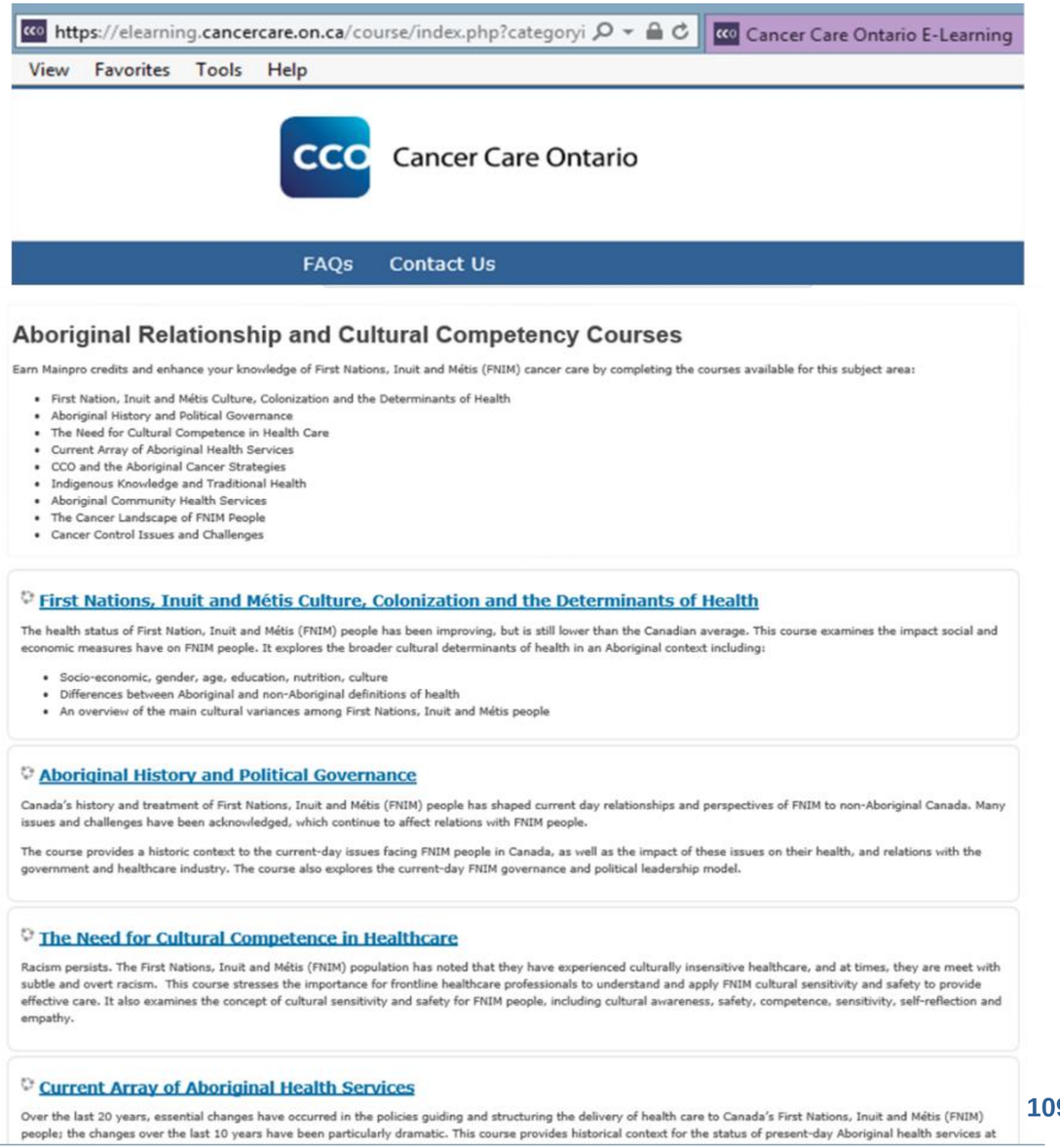
Tools that Support CRC Screening: Screening Activity Report (SAR)

- Sign up for Cancer Care Ontario's SAR to identify screen-eligible patients and to monitor FIT results that may require follow-up: cancercareontario.ca/SAR



Tools that Support CRC Screening: eLearning Modules

- First Nations, Inuit and Métis history, culture, health landscape and improved person-centered care continuing professional development: elearning.cancercare.on.ca



Clinical Pearls for Average Risk Screening

Use FIT, not colonoscopy

Centralized FIT kit distribution will minimize errors

FIT+ colonoscopy needed within 8 weeks

Screen with guaiac fecal occult blood test (gFOBT) until FIT is available

Post Quiz

Question 1

After an abnormal FIT result, what is the recommended follow-up intervention and timing?

a) Follow-up colonoscopy within 12 weeks
b) Follow-up colonoscopy within eight weeks
c) Follow up flexible sigmoidoscopy within eight weeks
d) Repeat FIT or gFOBT within four weeks
e) b or c

Question 2

With the shift from the gFOBT to the FIT, the recommended screening interval for people at average risk of developing CRC will be:

a) Screen every two years between ages 50 - 74
b) Screen every year beginning at age 50
c) Screen every year beginning at age 40
d) Screen every year beginning at age 40; and every two years after age 50
e) Screen every year between ages 50 - 74

Question 3

Which of the following is/are appropriate indications for FIT?

a) Confirmation of rectal blood loss
b) Anemia
c) CRC screening
d) Abdominal pain
e) a and c

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Question 4

Your patient Jenny is a 60 year old woman who completed CRC screening with flexible sigmoidoscopy two months ago. At a recent book club meeting, Jenny's friend mentions to her that she has recently completed a FIT. Jenny calls your office to find out if she is eligible to complete a FIT. How should you respond to Jenny?