Frequently Asked Questions for Endoscopists

ColonCancerCheck Program Changes

Version 1.0

Ontario Health

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Overview

Several key changes are being made to the ColonCancerCheck program as of July 1, 2026. Frequently asked questions have been developed to give endoscopists information on these changes and how the changes are expected to impact how they provide care and their patients. This document also includes general ColonCancerCheck and gastrointestinal endoscopy program frequently asked questions.

Changes to the ColonCancerCheck program and screening recommendations

1. What changes will be implemented to ColonCancerCheck starting on July 1, 2026?

- **Lower screening start age:** The start age for screening with the fecal immunochemical test (FIT) is lowering from age 50 to 45.
- **New recommendations for people with a family history of colorectal cancer:**
    - People with only 1 first-degree relative (parent, sibling or child) diagnosed with colorectal cancer at age 60 or over should no longer screen with colonoscopy. Instead, they should screen with the FIT every 2 years.
    - People with only 1 first-degree relative with colorectal cancer diagnosed before age 60 or 2 or more first-degree relatives diagnosed with colorectal cancer at any age should begin screening with colonoscopy at age 40, or 10 years earlier than the age their youngest relative was diagnosed (whichever comes first). People with this family history should re-screen with colonoscopy every 5 years.
- **New FIT device vendor:** Micronostyx will be the new FIT device vendor.
- **New laboratory:** In-Common Laboratories will be the new laboratory distributing and analyzing (testing) the ColonCancerCheck FIT devices.

2. Who is eligible for ColonCancerCheck?

- Someone is eligible for ColonCancerCheck if they:
    - Have no symptoms of colorectal cancer;
    - Have Ontario Health Insurance Plan (OHIP) coverage; and
    - Meet the average risk or increased risk criteria outlined below.

- Starting on July 1, 2026, ColonCancerCheck screening recommendations are as follows:
    - **Average risk**: The fecal immunochemical test (FIT) is recommended for people ages 45 to 74 who have:
        - No personal history of colorectal cancer, pre-cancerous colorectal polyps needing surveillance, Crohn's disease involving the colon or ulcerative colitis, and
        - A family history with:
            - No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer **or** only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older, and/or
            - One or more first-degree relatives diagnosed with colorectal polyps, including high risk adenomas and polyps of unknown histology, and/or
            - One or more second-degree relatives, including grandparents, grandchildren, niblings (e.g., nieces and nephews) and piblings (e.g., aunts and uncles), diagnosed with colorectal cancer or colorectal polyps at any age.
    - **Increased risk:** Colonoscopy is recommended beginning at age 40, or 10 years earlier than the age their youngest relative was diagnosed (whichever comes first), for people who have:
        - Only 1 first-degree relative diagnosed with colorectal cancer before age 60, or
        - Two or more first-degree relatives diagnosed with colorectal cancer at any age.

- Tables 1, 2 and 3 show a summary of ColonCancerCheck's eligibility criteria with the current and future program design.

Table 1: Average risk eligibility

	Current program design	Future program design (starting on July 1, 2026)
Screening test	FIT	FIT
Start age	50	45
Stop age	• End routine screening at age 74 • People ages 75 to 85 can choose to get screened if the benefits outweigh the risks and their health, life expectancy and prior screening history are considered • Strongly recommend against screening in people older than age 85	• End routine screening at age 74 • People ages 75 to 85 can choose to get screened if the benefits outweigh the risks and their health, life expectancy and prior screening history are considered • Strongly recommend against screening in people older than age 85
Screening interval	2 years if prior result was normal	2 years if prior result was normal
Personal history	No personal history of colorectal cancer, pre-cancerous colorectal polyps needing surveillance, Crohn's disease involving the colon or ulcerative colitis	No personal history of colorectal cancer, pre-cancerous colorectal polyps needing surveillance, Crohn's disease involving the colon or ulcerative colitis

Family history	• No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer	• No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer, or any of the following:
		  ○ Only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older
		  ○ One or more first-degree relatives diagnosed with colorectal polyps including high risk adenomas and polyps of unknown histology
		  ○ One or more second-degree relatives, including grandparents, grandchildren, niblings (e.g., nieces and nephews) and piblings (e.g., aunts and uncles), diagnosed with colorectal cancer or colorectal polyps at any age

Table 2: Increased risk eligibility criteria

	Current program design	Future program design (starting on July 1, 2026)
Screening test	Colonoscopy	Colonoscopy
Start age	50 years old, or 10 years earlier than the age their youngest relative was diagnosed, whichever comes first	40 years old, or 10 years earlier than the age their youngest relative was diagnosed, whichever comes first
Stop age	• No formal recommendation	• End routine screening at age 74 • People ages 75 to 85 can choose to get screened if the benefits outweigh the risks and their health, life expectancy and prior screening history are considered • Strongly recommend against screening in people older than age 85
Screening interval	• 10 years for people with only 1 first-degree relative diagnosed at age 60 or older • 5 years for people with 2 or more first-degree relatives diagnosed with colorectal cancer or only 1 first-degree relative diagnosed with colorectal cancer at less than 60 years old	• 5 years for everyone
Family history	• One or more first-degree relatives diagnosed with colorectal cancer at any age	• Only 1 first-degree relative diagnosed with colorectal cancer before age 60, or • 2 or more first-degree relatives diagnosed with colorectal cancer at any age

Table 3: General eligibility (applies to average and increased risk programs)

	Current program design	Future program design (starting on July 1, 2026)
OHIP	Required	Required
Symptoms	People presenting with new onset of problems or symptoms suggestive of colorectal cancer should be referred to a specialist for evaluation and consideration of endoscopy.	People presenting with new onset of problems or symptoms suggestive of colorectal cancer should be referred to a specialist for evaluation and consideration of endoscopy.

3. Which ColonCancerCheck changes will impact colonoscopy services?

- **Lower start age**: The volume of abnormal fecal immunochemical test (FIT) results will increase as the cohort of people ages 45 to 49 start screening. You should expect to see an increase in the number of FIT-positive colonoscopies. The program will begin sending invitations to people ages 45 to 49 in a phased manner over the next two years. However, primary care providers can begin ordering FIT for people ages 45 to 49 starting July 1, 2026, regardless of whether they received a screening invitation letter from Ontario Health (Cancer Care Ontario).
- **New recommendations for people with a family history of colorectal cancer**: The volume of colonoscopies for family history indications will decrease with the new narrower increased risk definition. This new definition should improve wait times for other colonoscopy indications (e.g., abnormal FIT, symptoms, surveillance) and overall, ensure better alignment of colonoscopy services with people who will benefit from them most.

4. How should endoscopists prepare for the ColonCancerCheck changes?

- Familiarize yourself with the changes to ColonCancerCheck by accessing program materials through the new resource hub: ontariohealth.ca/coloncancercheckhub.
- You are encouraged to attend educational events hosted by Ontario Health (Cancer Care Ontario) and/or your Regional Cancer Program. These events can help prepare you for the changes that are happening.
- Information on provincial webinars hosted by Ontario Health (Cancer Care Ontario) will be shared with you as it becomes available.

Lower screening start age

5. Why is the screening start age being lowered from age 50 to 45?

- The epidemiology of colorectal cancer is changing in many countries around the world, including in Canada, and is showing a notable increase in colorectal cancer incidence in people younger than age 50. (1) Evidence from population-based observational studies and modelling studies also shows that screening starting at age 45 has more benefits (e.g., a reduction in colorectal cancer mortality) than harms (e.g., false-positives that lead to unnecessary diagnostic testing).
- Modelling was performed to understand the impact of lowering the screening start age from age 50 to 45 in Ontario. This modelling showed that this lower start age would lead to fewer persons diagnosed with colorectal cancer and fewer deaths from colorectal cancer. (2)
- Our decision to lower the colorectal cancer screening start age was also informed by an expert panel. The panel included representation from Ontario regions, medical and surgical specialty groups, primary care, national and international experts and public advisors. Input from the panel, along with modelling and evidence helped inform the recommendation.
- Similarly, the U.S. and Australia have previously lowered their recommended screening start age to 45. (3, 4)

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2) Brenner DR, Hutchinson J, Ruan Y, Warkentin M, Nicolau I, Sheth P, et al. Evaluating lower FIT threshold and age of screening eligibility in Ontario, REFRAME: Preliminary results. University of Calgary. 2026 Jan.
3) US Preventive Services Taskforce. Colorectal cancer: screening [Internet]. US Preventive Services Taskforce; 2021 May 18 [cited February 17, 2026]. Available from: uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
4) Cancer Council Australia. Colorectal cancer clinical guidelines [Internet]. Cancer Council; [date unknown] [cited February 17, 2026]. Available from: cancer.org.au/clinical-guidelines/bowel-cancer/colorectal-cancer

6. Why has Ontario Health (Cancer Care Ontario) not lowered the screening start age sooner?

- ColonCancerCheck is an evidence-based cancer screening program that makes policy decisions based on Canadian epidemiological data and data from other jurisdictions. The decision to make changes to an organized screening program is based on high-quality evidence that assesses the harms and benefits of screening. In addition to data showing an increase in early onset colorectal cancer incidence in Ontario, a study was published in 2025 that showed, compared with starting colorectal cancer screening at age 50, starting earlier resulted in a reduction in colorectal cancer incidence and colorectal cancer mortality (1). These results have also been predicted in modelling studies that examine the impact of lowering the colorectal cancer screening age (2). Finally, lowering the screening start age might also help reduce the burden of colorectal cancer burden in First Nations people in Ontario; compared with other Ontario populations, First Nations people are more likely to get colorectal cancer at an earlier age and to be diagnosed with colorectal cancer at a later stage (3).
- Based on the evidence and input from a multidisciplinary international expert panel, Ontario has determined there is adequate evidence to support lowering the screening start age from 50 to 45. Ontario will be the first jurisdiction to implement this change in Canada.

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2) Peterse LFP, Reinier G. S. Meester RGS, Siegel RL, Chen JC, Dwyer A, et al. The impact of the rising colorectal cancer incidence in young adults on the optimal age to start screening: microsimulation analysis I to inform the American Cancer Society colorectal cancer screening guideline. Cancer. 2018;124(14):2964-2973.
3) Tinmouth J, Sutradhar R, Liu N, Senese L, Leylachian S, Chiarelli A, et al. Catching cancers early? Age and stage at diagnosis of colorectal cancer in First Nations people in Ontario compared to other Ontarians. J Can Assoc Gastroenterol. 2024 Feb 14;7(Suppl 1):126–7.

7. Should people younger than age 45 screen for colorectal cancer?

- ColonCancerCheck recommends that people at increased risk of colorectal cancer (i.e., people with 1 first-degree relative diagnosed with colorectal cancer before age 60 or 2 or more first-degree relatives diagnosed with colorectal cancer at any age) screen starting at age 40, or 10 years earlier than the age their youngest relative was diagnosed, whichever comes first.
- Most people in Ontario are at average risk of developing colorectal cancer. ColonCancerCheck does not recommend people at average risk start screening before the age of 45. Evidence shows these people are at very low risk of colorectal cancer. Canadian data on people ages 35 to 39 shows they have a colorectal cancer incidence of about 7 per 100, 000 population and that people ages 40 to 44 have an incidence rate of about 15 per 100, 000 population. This is compared to a rate of approximately 50 per 100, 000 population for people ages 50 to 54. (4)
- It is important that people of any age presenting with new onset of problems or symptoms suggestive of colorectal cancer should be referred to a specialist for evaluation and possible endoscopy.

REFERENCES

1) Liang PS, Allison J, Ladabaum U, Martinez ME, Murphy CC, Schoen RE, et al. Potential intended and unintended consequences of recommending initiation of colorectal cancer screening at age 45 years. Gastroenterology. 2018 Oct;155(4):950-954.
2) Chiu H, Chen SL, Su C, Yen AM, Hsu W, Lin T et al. Long-term effectiveness associated with fecal immunochemical testing for early-age screening. JAMA Oncol. 2025;11(8):846–854.
3) Tinmouth J, Sutradhar R, Liu N, Senese L, Leylachian S, Chiarelli A, et al. Catching cancers early? Age and stage at diagnosis of colorectal cancer in First Nations people in Ontario compared to other Ontarians. J Can Assoc Gastroenterol. 2024 Feb 14;7(Suppl 1):126–7.
4) Statistics Canada. Table 13-10-0111-01. Number and rates of new cases of primary cancer, by cancer type, age group and sex

8. What are the downstream impacts from lowering the screening start age on colonoscopy services?

- You will likely notice a modest increase in the volume of fecal immunochemical test (FIT)-positive colonoscopies you perform as the cohort of people ages 45 to 49 start screening.
- Downstream, the demand for colorectal cancer surgeries and pathology specimens will also increase. However, overtime, these volumes are expected to stabilize as pre-cancers are detected and removed.
- Ontario Health (Cancer Care Ontario) is working with the Regional Cancer Programs to support capacity planning and readiness for the increased volumes at the hospital level.

Changes to screening recommendations for people with a family history of colorectal cancer

9. What changes are being made to ColonCancerCheck's recommendations for screening people with a family history of colorectal cancer?

- Starting on July 1, 2026, ColonCancerCheck is making two key changes to its recommendations for screening people with a family history of colorectal cancer:
- *Changes to screening recommendations for people with a family history of colorectal cancer:*
    - Starting on July 1, 2026, screening with colonoscopy is recommended for people who have:
        - Only 1 first-degree relative (parent, sibling or child) diagnosed with colorectal cancer **before age 60**, or
        - 2 or more first-degree relatives diagnosed with colorectal cancer at any age
    - Screening with colonoscopy should be repeated every 5 years beginning at age 40, or 10 years earlier than the age their youngest relative was diagnosed (whichever comes first).
    - People with only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older should now screen with the fecal immunochemical test (FIT) every 2 years starting at age 45. Colonoscopy is no longer the recommended screening test for people with this family history.
- *Screening cessation recommendation:*
    - ColonCancerCheck is releasing formal screening cessation recommendations for people who screen with colonoscopy to align with recommendations for people who screen with the FIT.
    - ColonCancerCheck does not recommend routine screening for people over age 74. However, people ages 75 to 85 may choose to get screened if the benefits are felt to outweigh the risks after talking with their primary care provider. ColonCancerCheck strongly recommends against colorectal cancer screening in people older than age 85.

10. Why is ColonCancerCheck changing their recommendations for people with a family history of colorectal cancer?

- Evidence on screening strategies for people with a family history of nonhereditary colorectal cancer or adenoma has evolved since the ColonCancerCheck program was first launched in 2008. The Canadian Association of Gastroenterology released updated guidelines in 2018, which was endorsed by the American Gastroenterology Association. The guideline made 19 recommendations for screening people who have a family history of nonhereditary colorectal neoplasia.
- The emerging evidence on colorectal cancer risk in people with a family history of the disease as well as screening start and stop ages was reviewed and an expert panel was convened to provide evidence-based and expert opinion guidance on screening recommendations for people with a family history of colorectal neoplasia in Ontario. Refer to the question below for a summary of the evidence.
- The updated recommendations for screening people at increased risk of colorectal cancer align with the outputs of the expert panel and emerging evidence.
- Please refer to the Colorectal Cancer Screening Recommendations Summary webpage for more information.

11. Why is the fecal immunochemical test (FIT) replacing colonoscopy for people who have 1 first-degree relative (parent, sibling or child) with colorectal cancer diagnosed at or after age 60?

- Evidence shows that people who have only 1 first-degree relative (parent, sibling or child) diagnosed with colorectal cancer diagnosed at age 60 or older have a risk of developing colorectal cancer that is similar to the risk observed in the general population and lower than people who have 1 first-degree relative diagnosed with colorectal cancer before age 60 or 2 or more first-degree relatives diagnosed with colorectal cancer at any age. (1)
    - The cumulative absolute risk of colorectal cancer by age 85 for people with only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older is 4.2% in the United States and 5.5% in Western Europe, compared with 2.7% and 3.5% in the general population, respectively.
    - The cumulative absolute risk of colorectal cancer by age 85 for people who have a first-degree relative diagnosed with colorectal cancer before age 60 is 5.3% and 6.9% in the United States and Western Europe, respectively. The recommendation to screen people who have only 1 first-degree relative with colorectal cancer diagnosed at or after age 60 with the FIT (versus colonoscopy) is based on a review of the evidence and discussions with a panel of experts.
- There is insufficient evidence to suggest that the FIT is less accurate for people with this extent of family history compared with the general population.
- Overall, the FIT is a safer and less invasive way to detect colorectal cancer than colonoscopy. This program change ensures the effective use of colonoscopy services for people who will benefit most based on their risk level, while also minimizing exposure to potential risks from colonoscopy.

REFERENCES

1) Roos VH, Mangas-Sanjuan C, Rodriguez-Girondo M, Medina-Prado L, Steyerberg EW, Bossuyt PM, et al. Effects of family history on relative and absolute risks for colorectal cancer: a systematic review and meta-analysis. Clin Gastroenterol Hepatol. 2019 Dec 1;17(13):2657-67.

12. How often should people screen with colonoscopy based on their family history?

- People at increased risk* should screen with colonoscopy every 5 years beginning at age 40, or 10 years earlier than the age their youngest relative was diagnosed (whichever comes first).
- Before July 1, 2026, ColonCancerCheck recommended different screening intervals for people at increased risk of colorectal cancer based on the extent of their family history. With the updated recommendations, the family history group that was previously recommended to screen with colonoscopy every 10 years (i.e., people with one first-degree relative (parent, sibling or child) diagnosed with colorectal cancer at or after age 60), should now screen with fecal immunochemical test (FIT) every 2 years. Therefore, with the new program design, everyone at increased risk should screen with colonoscopy at the same interval.
- *People are at increased risk of colorectal cancer if they have only 1 first-degree relative diagnosed with colorectal cancer before age 60 or 2 or more first-degree relatives diagnosed with colorectal cancer at any age.

13. How often should people screen with colonoscopy if they have a personal history of high risk adenomas?

- People with a personal history of high risk adenomas should screen with colonoscopy again in 3 years.
- If the subsequent colonoscopy finds no polyps, or hyperplastic polyps in rectum or sigmoid, or low risk adenomas, the participant should return for colonoscopy in 5 years.
- If the subsequent colonoscopy finds 1 or more high risk adenomas, the participant should return for colonoscopy in 3 years.
- For more information, refer to ColonCancerCheck Recommendations for Post-Polypectomy Surveillance, available online. Surveillance recommendations are now included in our updated provider tool which can be accessed on the new resource hub: ontariohealth.ca/coloncancercheckhub.

14. Why is ColonCancerCheck recommending that people stop screening with colonoscopy over age 74?

- People over age 74 do not benefit as much from colorectal cancer screening and are at greater risk of having complications from a colonoscopy. People who are over age 74 and have severe medical conditions may also experience more risks than benefits from screening.
- Although ColonCancerCheck does not recommend routine screening for people over age 74, people ages 75 to 85 may choose to get screened if the benefits are felt to outweigh the risks after talking with their primary care provider.
- There are a number of considerations when deciding to screen people ages 75 to 85 for colorectal cancer, including how long someone is expected to live, their medical conditions and medications, their screening history and whether they are willing and able to do follow-up tests (i.e., colonoscopy).
- People expected to live less than 5 years should not get screened. (1)
- ColonCancerCheck strongly recommends against screening people over age 85 for colorectal cancer with any modality.

REFERENCES

1) McCurdy BR, Tinmouth J. Supplementary Evidence: Modelling Data on the Impact of Different Screening Age Ranges and Screening Intervals [Unpublished internal document]. Toronto (ON): Cancer Care Ontario; 2015.

15. What is the anticipated impact of the new family history recommendations on colonoscopy services?

- The new family history recommendations are expected to reduce the number of colonoscopies done for people with a family history of colorectal cancer.
- Fewer colonoscopies in these groups may help improve wait times for other colonoscopy indications (e.g., abnormal fecal immunochemical tests (FITs), symptoms, surveillance).
- No overall system capacity concerns are expected because reduced demand balances out the additional colonoscopies needed for people at the highest risk (i.e., 1 first-degree relative diagnosed with colorectal cancer before age 60 or 2 or more first-degree relatives diagnosed with colorectal cancer).
- Colonoscopy services will be better aligned with people who benefit from it most, resulting in efficient use of resources.

Lower fecal immunochemical test (FIT) positivity threshold

16. Why is the fecal immunochemical test (FIT) positivity threshold being lowered?

- The FIT positivity threshold determines the level of hemoglobin needed in a stool sample for it to qualify as a positive result in colorectal cancer screening. It is a quantitative value of hemoglobin per gram of fecal matter.
- The previous FIT positivity threshold had not changed since FIT replaced the guaiac fecal occult blood test (gFOBT) in 2019. Since then, Ontario Health (Cancer Care Ontario) has monitored the FIT positivity in Ontario over time, reviewed the evidence and completed modelling to estimate the benefits and impacts on the health system of lowering the FIT positivity threshold. Therefore, Ontario Health (Cancer Care Ontario) is planning to lower the FIT positivity threshold ahead of the other ColonCancerCheck program changes in April 2026. This will be applied for existing FIT devices with LifeLabs and new FIT devices with In-Common Laboratories starting on July 1, 2026.
- Lowering the FIT positivity threshold is expected to increase the number of positive FIT results and follow-up colonoscopies while also increasing the detection of colorectal cancer and advanced adenomas to better benefit the Ontario population.

17. How will the lower fecal immunochemical test (FIT) positivity threshold impact the health system and endoscopists?

- Lowering the FIT positivity threshold is expected to increase the number of positive FIT results and follow-up colonoscopies while also increasing the detection of colorectal cancer and advanced adenomas to better benefit the Ontario population.
- We expect an increase in FIT-positive colonoscopies, colorectal cancer surgeries and pathology specimens. Over time, volumes should stabilize as pre-cancers are detected and removed.

New laboratory and fecal immunochemical test (FIT) device starting on July 1, 2026

18. Who is the new laboratory and device vendor for the fecal immunochemical test (FIT)?

- Starting on July 1, 2026, Ontario Health (Cancer Care Ontario) will be switching to a new laboratory and new device vendor for FIT.
- From that date, In-Common Laboratories (ICL) will be the laboratory managing the distribution and testing of FIT in Ontario. ICL is a Canadian not-for-profit that has been supporting laboratory testing and patient care since 1967. You can learn more about ICL and their mandate at iclabs.ca.
- Micronostyx is supplying the new FIT device and Alfresa Pharma Corporation is the manufacturer.

19. Why is Ontario Health (Cancer Care Ontario) switching to a different laboratory and fecal immunochemical test (FIT) device?

- Contracts with the previous laboratory and FIT device vendor were expiring and had to be reissued. In 2024, Ontario Health (Cancer Care Ontario) issued two province-wide open competitive Request for Proposals (RFPs) to find qualified vendors to supply the FIT System and Consumables and Laboratory Services for FIT Testing and FIT Kit Distribution.
- The quality requirements and standards of ColonCancerCheck will remain unchanged for the duration of these new contracts. Ontario Health (Cancer Care Ontario) will continue to have oversight of the program and will be supporting all key partners with change management resources.

20. When will Ontario Health (Cancer Care Ontario) be switching to the new laboratory and new fecal immunochemical test (FIT) device?

- Contracts with ICL and the new FIT device vendor are effective starting on July 1, 2026.
- For a period of one year (until June 30, 2027), LifeLabs, the previous laboratory for FIT, will continue to test outstanding kits they sent out to participants before their contract ended.

General ColonCancerCheck and cancer screening frequently asked questions

21. What are the symptoms of colorectal cancer and should people with symptoms participate in ColonCancerCheck?

- While there are no physical symptoms during the early stages of colorectal cancer, as the cancer develops, someone may experience:
    - Unexplained anemia that is caused by a lack of iron
    - Blood (either bright red or very dark) in the stool
    - Unexplained weight loss
    - New and persistent diarrhea, constipation or feeling that the bowel does not empty completely
    - Stools that are narrower than usual
    - New and persistent stomach discomfort
- If someone reports symptoms of colorectal cancer and is due for screening, it is best to refer them to a specialist for investigation. It is not appropriate to screen people with symptoms of colorectal cancer with the FIT.
- In some jurisdictions where colonoscopy access is limited, FIT is sometimes used as triage tool. However, in Ontario where accessing colonoscopy is not a significant barrier, people with symptoms should be referred to colonoscopy for a diagnostic work-up. Screening with FIT can result in delays and a normal FIT result following an abnormal cannot rule out cancer.

22. What is the fecal immunochemical test (FIT)?

- The FIT is an at-home, safe and painless stool-based test used for screening people at average risk for developing colorectal cancer.
- Specifically, the FIT checks for the presence of occult blood in the stool, which can be an early sign of colorectal cancer or pre-cancerous lesions.

23. Who is eligible for screening with the fecal immunochemical test (FIT)?

- Starting on July 1, 2026, ColonCancerCheck recommends that average risk people screen with the FIT if they meet the following criteria:
    - Are age 45 to 74
    - Valid Ontario Health Insurance Program (OHIP) coverage
    - Have no personal history of colorectal cancer, pre-cancerous colorectal polyps needing surveillance, Crohn's disease involving the colon or ulcerative colitis, and
    - No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer, or
    - Any of the following types of family history:
        - Only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older
        - One or more first-degree relatives diagnosed with colorectal polyps, including high risk adenomas and polyps of unknown histology
        - One or more second-degree relatives including grandparents, grandchildren, niblings (e.g., nieces and nephews) and piblings (e.g., aunts and uncles), diagnosed with colorectal cancer or colorectal polyps at any age
    - Are asymptomatic
    - Are due for screening:
        - Never screened, or
        - Had a negative FIT in the past two years, or
        - Had a colonoscopy or flexible sigmoidoscopy in the past 10 years, or
        - A colonoscopy finding of 1 to 2 low risk adenomas in the past 5 years
- Primary care providers should assess eligibility for screening with the FIT. In addition, In-Common Laboratories will confirm eligibility based on key parameters, such as age and, when possible, previous fecal test screening status. To learn more about ColonCancerCheck's screening recommendations and eligibility criteria, please visit ontariohealth.ca/ccc-recommendations.

24. What is the screening interval for the fecal immunochemical test (FIT)?

- ColonCancerCheck recommends that eligible participants screen with the FIT every 2 years.

25. Who is eligible for screening with colonoscopy as part of ColonCancerCheck?

- Starting on July 1, 2026, screening with colonoscopy is recommended for people who have the following family history:
    - Only 1 first-degree relative (parent, sibling or child) diagnosed with colorectal cancer diagnosed before age 60, or
    - Two or more first-degree relatives diagnosed with colorectal cancer at any age
- ColonCancerCheck recommends that people with this type of family history screen with colonoscopy every 5 years beginning at age 40, or 10 years earlier than the age their youngest relative was diagnosed with colorectal cancer (whichever comes first).

26. Why is screening average risk people with the fecal immunochemical test (FIT) recommended over colonoscopy?

- ColonCancerCheck does not recommend screening with colonoscopy for people at average risk.
- A large, population-based pragmatic randomized controlled trial that compared fecal immunochemical test (FIT) to colonoscopy for population-based screening in average risk people showed the FIT is comparable to colonoscopy at detecting cancer and reducing colorectal cancer mortality, and that screening participation is higher with the FIT. (1)
- Unlike colonoscopy, the FIT is a non-invasive and painless screening test. It can be completed at home, making it is easily accessible and more equitable for people with poorer access to screening and health care.
- While colonoscopy is generally a safe exam, serious complications can occur (see below). Screening with the FIT reduces the number of people who need a colonoscopy and ensures that only those who are most likely to benefit from the procedure are exposed to its rare, but serious, complications.

Evidence

Cancer screening participation

- A large, population-based, randomized controlled non-inferiority trial (n=57,979) in Spain called COLONPREV looked at colorectal cancer mortality at 10 years in people ages 50 to 69 comparing one-time colonoscopy with biennial FIT. (1) This is an important study because it mimics population-based screening where people from the general population are invited to screen (e.g., via letters to eligible people). This approach incorporates the impact of participation when assessing the effectiveness of the test and therefore results are more representative of population-based organized screening outcomes.
- The COLONPREV results show that overall participation in screening was higher in the FIT group than in the colonoscopy group (39.9% vs. 31.8%). (1)
- In this study, screening participants were given the option to switch their screening test from FIT to colonoscopy, or colonoscopy to FIT. Of the 8,367 people in the assigned colonoscopy group, 36.7% chose to switch to FIT, while only 1.2% of the 10,651 people screened in the FIT group chose colonoscopy screening. (1)
- Additional studies comparing participation between fecal-based tests and colonoscopy are described in the Colorectal Cancer Screening in Average Risk Populations: Evidence Summary. (2) While the quality of these studies varies, there is a general trend showing that people prefer fecal-based testing over colonoscopy.

Cancer detection and mortality:

- The COLONPREV study described above found that the FIT was statistically non-inferior to colonoscopy at reducing colorectal cancer mortality after 10 years; the cumulative risk of colorectal cancer mortality was 0.22% in the colonoscopy group and 0.24% in the FIT group (P non-inferiority = 0.0005) (see table below).
- The COLONPREV trial found that colonoscopy was significantly better than FIT at detecting advanced adenomas (OR: 1.39, 95% CI: 1.25-1.54). However, FIT presents additional benefits such as higher participation, lower risk of complications and increased cost-effectiveness. The higher participation rate with the FIT in the COLONPREV study, as described in the section above, contributes to the observed population health benefits, such as the comparable rate of dying between the two arms of the study. (1)
- The COLONPREV trial is planning to analyze these outcomes again at the 15-year mark.

Table 4: Summary of COLONPREV trial results

Outcomes (at 10 years)	Colonoscopy (n=26,332) Cumulative risk	FIT (n=26,719) Cumulative risk
Colorectal cancer mortality	0.22% (95% CI: 0.18 to 0.30)	0.24% (95% CI: 0.16 to 0.28)
Colorectal cancer incidence	1.13% (95% CI: 1.00 to 1.26)	1.22% (95% CI: 1.09 to 1.36)

Complications

- In the COLONPREV randomized controlled trial, there was no difference in the rate of major complications between groups. However, complications of bleeding and perforation reported in the FIT group occurred in people with a positive FIT result who had a follow-up diagnostic colonoscopy. (1)
- The FIT is a safe, non-invasive screening test. While colonoscopy is a generally safe exam, complications can occur. Possible colonoscopy-related complications include (but are not limited to) perforation, post-polypectomy bleeding, cardiac events, syncope or hypotension and death (in rare cases). (3, 4) A Canadian study found that out of approximately 68,000 people in Ontario who had an outpatient colonoscopy in 2002–2003, 101 were admitted to hospital with bleeding, 40 were admitted with perforations and five died. (3)
- In the preliminary report of COLONPREV described above, among people who screened with the FIT, one colorectal cancer was detected for every 18 FIT-positive people who had a colonoscopy, compared to one colorectal cancer being detected for every 191 people who screened with colonoscopy. No updates to these numbers were made in the final study report. (1, 5) Therefore, screening with the FIT reduces the number of people who need a colonoscopy and ensures that only those who are most likely to benefit from the procedure are exposed to its rare, but serious, complications.

REFERENCES

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3) Rabeneck L, Paszat L, Hilsden R, Saskin R, Leddin D, Grunfeld E, et al. Bleeding and perforation after outpatient colonoscopy and their risk factors in usual clinical practice. Gastroenterology. 2008;135(6):1899-1906.e1.
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27. Can people older than age 74 screen with the fecal immunochemical test (FIT)?

- ColonCancerCheck does not recommend routine screening for people over age 74, so they are not part of our invitation campaign. Decisions to screen people ages 75 to 85 should include an assessment of risks and benefits, and take into consideration health, comorbidities, life expectancy and previous screening history. While the laboratory will accept requisitions for eligible screening participants ages 75 to 85, requisitions will be rejected for people over age 85.

28. Does ColonCancerCheck screen people at high risk for colorectal cancer?

- ColonCancerCheck does not screen people at high risk for colorectal cancer who have certain hereditary colorectal cancer syndromes, such as:
    - Familial adenomatous polyposis (FAP) and Lynch syndrome
    - MYH-associated polyposis
    - Peutz-Jeghers syndrome
    - Juvenile polyposis

- People at high risk can be referred to a familial cancer genetics clinic or genetics clinic regardless of whether they have cancer. Refer to this Cancer Genetic Assessment Referral Guidance for more information.

29. Can someone still screen if they do not have valid Ontario Health Insurance Program (OHIP) coverage?

- Someone must have OHIP coverage to participate in screening through ColonCancerCheck.
- In-Common Laboratories will not accept fecal immunochemical test (FIT) requisitions that do not include a 10-digit OHIP number.
- Non-ColonCancerCheck program FIT kits may also be available for people in Ontario who do not have OHIP coverage through patient self-pay or other types of health insurance coverage (e.g., patient-pay for Mennonites who choose not to enroll in OHIP).
- To help someone get OHIP coverage, visit ontario.ca/page/apply-ohip-and-get-health-card, call Service Ontario toll-free at 1-800-267-8097 or text toll-free TYY at 1-800-268-7095 for more information.

30. Where can I learn more about the fecal immunochemical test (FIT) and the ColonCancerCheck program?

- For more clinical information, resources and information about ColonCancerCheck, including screening recommendations, visit ontariohealth.ca/ccc-recommendations. At launch, this web page will be updated with the new screening recommendations.
- For more information on our program changes, visit ontariohealth.ca/coloncancercheckhub.

31. How can someone without a primary care provider access colorectal cancer screening?

- People without a family doctor or nurse practitioner (i.e., unattached people) can access colorectal cancer screening in several ways:
    - People who are unattached can get a fecal immunochemical test (FIT) by calling Ontario Health's contact centre (1-866-662-9233) or visiting a walk-in clinic or mobile screening coach (where available). An order will be sent to In-Common Laboratories, and the laboratory will mail the FIT kit to the Ontario mailing address chosen by the participant.
    - Unattached people who need to screen with colonoscopy* can also contact Ontario Health (Cancer Care Ontario)'s contact centre to get connected with screening services. The contact centre will ask them a series of questions about their family history to determine their level of risk. If they meet ColonCancerCheck's criteria for increased risk, they will be connected to a primary care provider who can refer them to colonoscopy.

- Unattached people who have an abnormal FIT result should also call Ontario Health (Cancer Care Ontario)'s contact centre (1-866-662-9233) so they can be connected with a primary care provider who can refer them to colonoscopy.
- *Screening with colonoscopy is recommended for people with only 1 first-degree relative (parent, sibling or child) diagnosed with colorectal cancer before age 60 or people with 2 or more first-degree relatives diagnosed with colorectal cancer at any age.

Fecal immunochecmical test (FIT)-positive colonoscopy hospital requirements

32. Where can I find out more about the recommended level of endoscopist and nurse expertise and facility set-up needed to perform fecal immunochemical test (FIT)-positive colonoscopies?

- See the FIT-Positive Colonoscopy: Facility Level Guidance for more information about facility-level criteria for FIT-positive colonoscopies, including endoscopist and nurse expertise.
- The principal goals of the guidance document are to:
    - **Support participant flow**: Participants with FIT-positive results should be referred to and undergo colonoscopy within eight weeks of an abnormal result.
    - **Assist facilities in ensuring procedures are safe and complete**: The guidance will help ensure access to the necessary equipment and expertise needed to manage the complexity of FIT-positive colonoscopies. The facility-level guidance will also help maximize patient safety and reduce the need for repeat procedures.

33. What if my facility does not meet the recommendations in the Fecal Immunochemical Test (FIT)-Positive Colonoscopy: Facility-Level Guidance?

- Facilities providing FIT-positive colonoscopies are responsible for ensuring that the appropriate mechanisms are in place for safe, high-quality follow-up colonoscopies for people with a positive FIT result.
- The guidance provided in the document was informed by screening and colonoscopy experts and draws from the experiences of other jurisdictions that use FIT in their population-based screening programs. Therefore, the guidance is intended to provide information on best practices and highlights key considerations for facilities.
- Outlined in this document are the skills and practices necessary for endoscopists to provide access to safe and high-quality FIT-positive colonoscopies. If you intend to perform FIT-positive colonoscopies, please consider whether your competencies align with the guidance and plan to expand your skill set, if necessary.