

# Frequently Asked Questions for Primary Care Providers

ColonCancerCheck  
Program Changes

Version 1.0



**Ontario  
Health**

# Table of Contents

ColonCancerCheck Program Changes .....	1
Table of Contents .....	2
Overview .....	5
Glossary .....	6
Changes to the ColonCancerCheck program and screening recommendations.....	7
1. What changes will be implemented to ColonCancerCheck starting on July 1, 2026? .....	7
2. Who is eligible for ColonCancerCheck? .....	8
Lower screening start age.....	12
3. Why is the screening start age being lowered from age 50 to 45? .....	12
4. Why has Ontario Health (Cancer Care Ontario) not lowered the screening start age sooner? .....	13
5. Should people younger than age 45 screen for colorectal cancer? .....	14
6. Will all people ages 45 to 49 be invited to screen starting on July 1, 2026?.....	14
7. What are the downstream impacts from lowering the screening start age on colonoscopy services?.....	15
Changes to screening recommendations for people with a family history of colorectal cancer .....	16
8. What changes are being made to ColonCancerCheck's recommendations for screening people with a family history of colorectal cancer? .....	16
9. Why is ColonCancerCheck changing their recommendations for people with a family history of colorectal cancer? .....	17
10. 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 age 60 or older? .....	18
11. How often should people screen with colonoscopy based on their family history?.....	19
12. How often should people screen with colonoscopy if they have a personal history of high risk adenomas? .....	19
13. Will people under age 45 who are at increased risk due to family or personal history receive invitation letters from Ontario Health (Cancer Care Ontario)? .....	19
14. Why is ColonCancerCheck recommending that people stop screening with colonoscopy over age 74? .....	20
15. What is the anticipated impact of the new family history recommendations on colonoscopy services? .....	20
New laboratory and fecal immunochemical test (FIT) device starting on July 1, 2026 .....	21
16. Who is the new laboratory and device vendor for the fecal immunochemical test (FIT)? .....	21
17. Why is Ontario Health (Cancer Care Ontario) switching to a different laboratory and fecal immunochemical test (FIT) device?.....	21

18. When will Ontario Health (Cancer Care Ontario) be switching to In-Common Laboratories (ICL) and the new fecal immunochemical test (FIT) device? .....	21
19. What changes will participants and primary care providers experience because of the laboratory and fecal immunochemical test (FIT) device changes?.....	22
20. How should primary care providers prepare for the new laboratory and fecal immunochemical test (FIT) device?.....	23
21. Have the stool collection instructions changed because of the new fecal immunochemical test (FIT) device? .....	24
<b>Laboratory and fecal immunochemical test (FIT) device transition .....</b>	<b>25</b>
22. Will In-Common Laboratories (ICL) accept fecal immunochemical test (FIT) devices from LifeLabs? ..	25
23. When should participants stop screening with fecal immunochemical test (FIT) devices mailed by LifeLabs?.....	25
24. What happens if I have questions about a LifeLabs fecal immunochemical test (FIT) order after July 1, 2026?.....	25
25. What should I do if a participant reports that their fecal immunochemical test (FIT) kit sent by LifeLabs was damaged or misplaced?.....	25
26. What happens if a participant receives a rejected or invalid fecal immunochemical test (FIT) result for a device mailed by LifeLabs after July 1, 2026? .....	26
27. What happens if a participant has a normal fecal immunochemical test (FIT) result with one lab and an abnormal FIT result with the other lab? .....	26
28. When should I stop submitting requisitions to LifeLabs? .....	26
29. When can I start sending requisitions to In-Common Laboratories (ICL)? .....	26
<b>Fecal immunochemical test (FIT) ordering and results .....</b>	<b>27</b>
30. How do I order a fecal immunochemical test (FIT) for someone who is eligible? .....	27
31. What changes have been made to the fecal immunochemical test (FIT) requisition, and why? .....	28
32. Where can I find the fecal immunochemical test (FIT) requisition? .....	28
33. Is the fecal immunochemical test (FIT) requisition available in my electronic medical record (EMR)?	28
34. Can a registered nurse (instead of a nurse practitioner or family doctor) submit a fecal immunochemical test (FIT) requisition form for screening? .....	28
35. How will I know if a participant received their fecal immunochemical test (FIT) kit? .....	29
36. What should I do if someone reports that their fecal immunochemical test (FIT) kit was damaged or misplaced?.....	29
37. How do participants return completed fecal immunochemical tests (FITs) and what needs to be included when they return it? .....	30
38. How will fecal immunochemical test (FIT) results be communicated to participants and me?.....	30
39. Who should I contact about getting fecal immunochemical test (FIT) results in my electronic medical record (EMR)?.....	32
40. What do I do if a participant's fecal immunochemical test (FIT) result is abnormal? .....	33
41. What do I do if a participant's fecal immunochemical test (FIT) is rejected or invalid? .....	33

<b>General ColonCancerCheck and cancer screening frequently asked questions .....</b>	<b>34</b>
42. What are the symptoms of colorectal cancer and should people with symptoms participate in ColonCancerCheck? .....	34
43. What is the fecal immunochemical test (FIT)? .....	35
44. Who is eligible for screening with the fecal immunochemical test (FIT)? .....	35
45. What is the screening interval for the fecal immunochemical test (FIT)? .....	36
46. Who is eligible for screening with colonoscopy as part of ColonCancerCheck? .....	36
47. Why is screening average risk people with the fecal immunochemical test (FIT) recommended over colonoscopy? .....	36
48. Can people older than age 74 screen with the fecal immunochemical test (FIT)? .....	39
49. Does ColonCancerCheck screen people at high risk for colorectal cancer? .....	39
50. Can someone still screen if they do not have Ontario Health Insurance Program (OHIP) coverage? ..	40
51. Where can I learn more about the fecal immunochemical test (FIT) and ColonCancerCheck? .....	40
52. Are there any changes to the correspondence letters that participants receive from Ontario Health (Cancer Care Ontario)? .....	40
53. How can someone without a primary care provider access colorectal cancer screening? .....	41
54. Do mobile coaches offer colorectal cancer screening with the fecal immunochemical test (FIT)? .....	41
55. Do firefighters have a higher risk of developing colorectal cancer? .....	42
56. Can I test someone for occult blood in the stool outside of the ColonCancerCheck program? .....	43
57. Where can I find out more information about fee codes for colorectal cancer screening? .....	43

# Overview

---

Several key changes are being made to the ColonCancerCheck program starting on July 1, 2026. Frequently asked questions have been developed to give primary care providers information on these changes and how the changes are expected to impact their practice and patients. This document also includes general ColonCancerCheck program frequently asked questions.

# Glossary

## **Colonoscopy:**

A procedure performed by an endoscopist that examines the lining of the entire colon using a long, flexible tube with a small camera on the end. During the colonoscopy, the endoscopist can take biopsies or remove polyps.

## **Colorectal cancer:**

Cancer of the colon or rectum.

## **Fecal immunochemical test (FIT):**

A safe and painless at-home cancer screening test that checks someone's stool for tiny amounts of blood. Blood in the stool can be caused by colorectal cancer or some pre-cancerous polyps.

## **First-degree relative:**

A person's parent, sibling or child.

## **Flexible sigmoidoscopy:**

A procedure performed by a doctor that examines the lining of the lower third of the colon using a long, flexible tube with a small camera on the end. During the flexible sigmoidoscopy, the doctor can also take biopsies or remove polyps.

## **Pre-cancerous adenoma or polyp:**

A non-cancerous (benign) tumour or growth that starts in epithelial cells that line the inside of organs and glands that can turn into cancer over time. It may also be called an adenomatous polyp when it is in the gastrointestinal tract. It includes low risk adenomas, high risk (i.e., advanced) adenomas and sessile serrated adenomas or polyps. (1)

## **Second-degree relative:**

A person's siblings (e.g., aunts and uncles), grandparents, grandchildren, nieces and nephews) or half-siblings. (2)

## **REFERENCES**

- 1) Canadian Cancer Society. Adenoma [Internet]. Cancer.ca; 2025 [cited February 17, 2026]. Available from: [cancer.ca/en/cancer-information/resources/glossary/a/adenoma](https://cancer.ca/en/cancer-information/resources/glossary/a/adenoma)
- 2) Canadian Cancer Society. Second-degree relative [Internet]. Cancer.ca; 2025 [February 17, 2026]. Available from: [cancer.ca/en/cancer-information/resources/glossary/s/seconddegree-relative](https://cancer.ca/en/cancer-information/resources/glossary/s/seconddegree-relative)

# 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:** Micronostyx will be the new FIT device vendor. The stool collection instructions have been updated to reflect the small differences between the new and old FIT devices.
- **New laboratory:** In-Common Laboratories (ICL) 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, nieces and nephews) and 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**

	<b>Current program design</b>	<b>Future program design (starting on July 1, 2026)</b>
<b>Screening test</b>	FIT	FIT
<b>Start age</b>	50	45
<b>Stop age</b>	<ul style="list-style-type: none"> <li>• End routine screening at age 74</li> <li>• 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</li> <li>• Strongly recommend against screening in people older than age 85</li> </ul>	<ul style="list-style-type: none"> <li>• End routine screening at age 74</li> <li>• 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</li> <li>• Strongly recommend against screening in people older than age 85</li> </ul>
<b>Screening interval</b>	2 years if prior result was normal	2 years if prior result was normal
<b>Personal history</b>	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
<b>Family history</b>	<ul style="list-style-type: none"> <li>• No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer</li> </ul>	<ul style="list-style-type: none"> <li>• No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer, or any of the following: <ul style="list-style-type: none"> <li>○ Only 1 first-degree relative diagnosed with colorectal cancer at age 60 or older</li> <li>○ One or more first-degree relatives diagnosed with colorectal polyps including high risk adenomas and polyps of unknown histology</li> <li>○ One or more second-degree relatives, including grandparents, grandchildren, nieces and nephews) and aunts and uncles), diagnosed with colorectal cancer or colorectal polyps at any age</li> </ul> </li> </ul>

**Table 2: Increased risk eligibility criteria**

	Current program design	Future program design (starting on July 1, 2026)
<b>Screening test</b>	Colonoscopy	Colonoscopy
<b>Start age</b>	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
<b>Stop age</b>	<ul style="list-style-type: none"> <li>No formal recommendation</li> </ul>	<ul style="list-style-type: none"> <li>End routine screening at age 74</li> <li>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</li> <li>Strongly recommend against screening in people older than age 85</li> </ul>
<b>Screening interval</b>	<ul style="list-style-type: none"> <li>10 years for people with only 1 first-degree relative diagnosed at age 60 or older</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>5 years for everyone</li> </ul>
<b>Family history</b>	<ul style="list-style-type: none"> <li>One or more first-degree relatives diagnosed with colorectal cancer at any age</li> </ul>	<ul style="list-style-type: none"> <li>Only 1 first-degree relative diagnosed with colorectal cancer before age 60, or</li> <li>2 or more first-degree relatives diagnosed with colorectal cancer at any age</li> </ul>

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

	<b>Current program design</b>	<b>Future program design (starting on July 1, 2026)</b>
<b>OHIP</b>	Required	Required
<b>Symptoms</b>	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.

# Lower screening start age

## 3. 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)

### REFERENCES

1. Araghi M, Soerjomataram I, Bardot A, Ferlay J, Cabasag CJ, Morrison DS, et al. Changes in colorectal cancer incidence in seven high-income countries: a population-based study. *Lancet Gastroenterol Hepatol*. 2019 Jul;4(7):511-518.
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](https://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](https://cancer.org.au/clinical-guidelines/bowel-cancer/colorectal-cancer)

#### 4. 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.

#### REFERENCES

1. 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.
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.

## 5. 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, Hsu C, 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

## 6. Will all people ages 45 to 49 be invited to screen starting on July 1, 2026?

- All average risk people ages 45 to 49 will become eligible to screen with the fecal immunochemical test (FIT) starting on July 1, 2026.
- You can begin ordering the FIT for people ages 45 to 49 as of this date, regardless of whether they received a screening invitation letter from Ontario Health (Cancer Care Ontario).
- The program will begin sending invitations to people ages 45 to 49 in a phased manner over the next two years following the launch of this change.

## 7. 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 abnormal fecal immunochemical test (FIT) results as participants ages 45 to 49 start screening. The demand for colonoscopy services will also increase because these people will need follow-up colonoscopies.
- 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

## 8. 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.

## 9. 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.

## 10. 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 age 60 or older?

- 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.

## 11. 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 the 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.

## 12. 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](https://ontariohealth.ca/coloncancercheckhub).

## 13. Will people under age 45 who are at increased risk due to family or personal history receive invitation letters from Ontario Health (Cancer Care Ontario)?

- No, people under age 45 who are at increased risk due to family history will not receive invitation letters from Ontario Health (Cancer Care Ontario) because data limitations prevent Ontario Health (Cancer Care Ontario) from identifying these people.
- You are encouraged to identify participants who may be at increased risk for colorectal cancer due to family history and refer them for colonoscopy if they meet the criteria (i.e., they 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).

## 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.

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

## 16. 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](https://iclabs.ca).
- Micronostyx is supplying the new FIT device and Alfresa Pharma Corporation is the manufacturer.

## 17. 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.

## 18. When will Ontario Health (Cancer Care Ontario) be switching to In-Common Laboratories (ICL) and the 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 ends.

## 19. What changes will participants and primary care providers experience because of the laboratory and fecal immunochemical test (FIT) device changes?

### *Primary care providers:*

- **Submitting requisitions:** You will submit requisitions to In-Common Laboratories (ICL) by fax (1-833-520-1544) or electronic medical record (EMR). ICL will mail FIT kits to participants in the same way LifeLabs did. The process of submitting requisitions is not changing.
- **FIT results and rejections:** All FIT results and rejections are available in the Ontario Laboratories Information System (OLIS), but you must also have a direct method to receive FIT results (i.e., electronic medical record (EMR), fax or mail). Fax is the default.
  - If you prefer to receive FIT results via EMR, Ontario Health (Cancer Care Ontario) is working with OntarioMD-certified electronic medical record (EMR) vendors to make FIT results available directly in your EMR. Because not all OntarioMD-certified EMR vendors will offer this functionality at launch, FIT results will be sent by fax in the interim. If EMR is your preferred reporting method, please indicate which EMR you are using by completing the form at [iclabs.ca/FIT/reports](https://iclabs.ca/FIT/reports). If you complete this form ICL will switch your reporting method from fax to EMR once the feature is available in your EMR.
  - If you prefer to receive FIT results by mail, please email ICL's FIT Support Team with your mailing address [fit@iclabs.ca](mailto:fit@iclabs.ca). If you have any questions, please call ICL at 1-833-FIT-POOP (1-833-348-7667).
- **Account with ICL:** In order to receive results, you must have an account with ICL to get FIT results for the FIT requisitions you have submitted. In most cases, ICL handles the set-up for you.
  - If you have submitted a FIT requisition to LifeLabs within the past two years, ICL will automatically create your account. If your contact details need to be confirmed, ICL will be in touch.
  - If you have not submitted a FIT requisition to LifeLabs within the past two years, ICL will create an account for you the first time you submit a FIT requisition to ICL.
  - To get FIT results, you must complete a one-time short fax verification step:
    - Watch for the verification form ICL will fax to you, and
    - Sign the form and fax it back to ICL.
  - ICL will still process requisitions (i.e., mail FIT kits) and test completed FITs even if fax verification is pending. However, you will not receive faxed provider reports until the fax verification step is complete. Results will still be available in OLIS.

- Account set-up is required for each of your working addresses or locations and fax numbers. If you practice at multiple sites, use multiple fax numbers or work as a locum, each location will need a separate account and each fax number must be verified separately.
  - If you have questions about account set-up, please contact ICL at 1-833-FIT-POOP (1-833-348-7667).
- **FIT device:** If you provided counselling to participants in the past on how to complete their FIT, the instructions have changed slightly because there are some key differences between the new and old FIT devices. Prior to launch, the new FIT instructions are available at [ontariohealth.ca/coloncancercheckhub](https://ontariohealth.ca/coloncancercheckhub). At launch, they will also be available online to the public at: [ontariohealth.ca/fitinstructions](https://ontariohealth.ca/fitinstructions) in 30+ languages.
  - **Automatic sending of new FIT kit after a rejected device or invalid result:** If a participant completes their FIT incorrectly or they have an invalid result, ICL will send them a new FIT kit without requiring a new requisition as long as the original requisition is still valid (i.e., within 12 months of initial submission). If more than 12 months has passed since you submitted the original requisition or if the participant has unsuccessfully completed six FIT kits, you will need to submit a new requisition to ICL.

*Participants:*

- **FIT device:** The new and old FIT devices have some key differences that affect how to complete the test. For example, the new FIT device has a twist-to-close cap to prevent leakage (instead of a snap closure).
- **Drop-off locations:** The options for returning completed FIT devices are not changing (i.e., mail or drop off), but the drop-off locations are changing. Participants can drop off their completed FIT to any Rexall location. For more information visit [iclabs.ca/FIT/locations](https://iclabs.ca/FIT/locations).
- **Correspondence:** If participants do not return their FIT within 2 months, they will now receive a personalized letter from Ontario Health (Cancer Care Ontario) reminding them to complete their FIT.

## 20. How should primary care providers prepare for the new laboratory and fecal immunochemical test (FIT) device?

- Familiarize yourself with the changes to ColonCancerCheck by accessing program materials through the new resource hub: [ontariohealth.ca/coloncancercheckhub](https://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.

## 21. Have the stool collection instructions changed because of the new fecal immunochemical test (FIT) device?

- Yes, because of some key differences between the new and old FIT devices, new stool collection instructions have been updated.
- Prior to launch, the new FIT instructions are available at [ontariohealth.ca/coloncancercheckhub](https://ontariohealth.ca/coloncancercheckhub). At launch, they will also be available online to the public at: [ontariohealth.ca/fitinstructions](https://ontariohealth.ca/fitinstructions) in 30+ languages.

# Laboratory and fecal immunochemical test (FIT) device transition

## 22. Will In-Common Laboratories (ICL) accept fecal immunochemical test (FIT) devices from LifeLabs?

- No, any FITs sent to participants by LifeLabs must be completed and returned to LifeLabs via mail or drop-off as usual. If ICL receives a FIT kit for LifeLabs, it will be transported for testing at LifeLabs.

## 23. When should participants stop screening with fecal immunochemical test (FIT) devices mailed by LifeLabs?

- If the FIT kit and requisition are not expired, participants should complete the FIT they received from LifeLabs.
- Completed FITs should be returned to LifeLabs using the instructions in the kit. There is no need for participants to discard or delay completing FITs that they already received from LifeLabs.

## 24. What happens if I have questions about a LifeLabs fecal immunochemical test (FIT) order after July 1, 2026?

- Any questions about LifeLabs FIT orders should be directed to the LifeLabs call centre at 1-833-676-1426.
- Any questions about In-Common Laboratories (ICL) FIT orders should be directed to the ICL call centre at 1-833-FIT-POOP (1-833-348-7667) from Monday to Sunday 7 a.m. to 7 p.m.

## 25. What should I do if a participant reports that their fecal immunochemical test (FIT) kit sent by LifeLabs was damaged or misplaced?

- If participants report that their FIT kit sent by LifeLabs was damaged or misplaced before July 1, 2026, you should send a replacement request to LifeLabs as usual using the LifeLabs FIT requisition.
- If participants report that their FIT kit sent by LifeLabs was damaged or misplaced after July 1, 2026, you should send a new FIT requisition to In-Common Laboratories (ICL) using the new ICL FIT requisition. You should not send any FIT requisitions to LifeLabs after June 30, 2026.

## **26. What happens if a participant receives a rejected or invalid fecal immunochemical test (FIT) result for a device mailed by LifeLabs after July 1, 2026?**

- Participants will receive correspondence from Ontario Health (Cancer Care Ontario) informing them of the rejected or invalid FIT result and advising them to visit their primary care provider to get a new FIT requisition.
- You will also receive a result report from LifeLabs indicating the rejected or invalid FIT result and the need for a new test.
- You should submit a new FIT requisition to In-Common Laboratories (ICL) for anyone who receives a rejected or invalid result after July 1, 2026.

## **27. What happens if a participant has a normal fecal immunochemical test (FIT) result with one lab and an abnormal FIT result with the other lab?**

- While unlikely, there is a possibility for patients to have two FIT results within the same screening episode because of the lab transition. If these results conflict (i.e., one is normal and one is abnormal), you should action the abnormal result as usual by referring your patient to colonoscopy within 8 weeks.
- FIT checks the stool for tiny amounts of blood, which could be caused by colorectal cancer or some pre-cancerous polyps. Because colorectal cancers and polyps do not bleed all the time, it is possible for there to be no blood in someone's stool when they do the test, causing their result to be normal. Only a colonoscopy can detect whether cancer or pre-cancerous colorectal polyps are present.

## **28. When should I stop submitting requisitions to LifeLabs?**

- You should stop submitting the LifeLabs FIT requisition to LifeLabs after June 30, 2026.

## **29. When can I start sending requisitions to In-Common Laboratories (ICL)?**

- You can start sending the new ICL requisition to ICL on July 1, 2026.

# Fecal immunochemical test (FIT) ordering and results

## 30. How do I order a fecal immunochemical test (FIT) for someone who is eligible?

- You can order a FIT kit for someone who is eligible by completing a FIT requisition. The FIT requisition is available on the ColonCancerCheck Resource Hub: [ontariohealth.ca/coloncancercheckhub](https://ontariohealth.ca/coloncancercheckhub). Completed FIT requisitions should be submitted directly to In-Common Laboratories (ICL) either by fax (1-833-520-1544) (including electronic fax via your electronic medical record (EMR)). The FIT requisition is a single-test, program-branded requisition. ICL will only accept orders that use the ColonCancerCheck program requisition. ICL will mail the FIT kit directly to participants.
- You should ensure that all required fields are completed on the requisition to prevent any rejections or delays. ICL will assess the requisition for completeness and verify participant eligibility. If required information is incomplete or missing, ICL will contact you using the phone number provided on the requisition. If ICL is unable to reach you, they will reject the requisition and send you a rejection report.
  - Ontario Health (Cancer Care Ontario) is working with OntarioMD-certified electronic medical record (EMR) vendors to make FIT results available directly in your EMR. Because not all OntarioMD-certified EMR vendors will offer this functionality at launch, FIT results will be sent by fax in the interim. If EMR is your preferred reporting method, please indicate which EMR you are using by completing the form at [iclabs.ca/FIT/reports](https://iclabs.ca/FIT/reports). If you complete this form, ICL will switch your reporting method from fax to EMR once the feature is available in your EMR.
  - If you prefer to receive FIT results by mail, please email ICL's FIT Support Team with your mailing address [fit@iclabs.ca](mailto:fit@iclabs.ca). If you have any questions, please call ICL at 1-833-FIT-POOP (1-833-348-7667).
- You will need to ensure the accuracy of participants' mailing address information (including an alternative mailing address for the FIT kit, if applicable) and confirm their date of birth. FIT kits will only be mailed within Ontario.
- The requisition has a second address section called "FIT Kit Mailing Address." This section can be used for people who may need their FIT kit to be sent to an alternative Ontario address, such as a health centre or nursing station. The information in the FIT Kit Mailing Address section will not be used for program correspondence. Ontario Health (Cancer Care Ontario) will use the address provided in the Patient Information section to send participant result letters and correspondence.

- The updated ColonCancerCheck Guide to Colorectal Cancer Screening in Ontario describes how to order a FIT kit for a participant. Find it online at [ontariohealth.ca/coloncancercheckhub](https://ontariohealth.ca/coloncancercheckhub).
- If you have any questions for ICL, contact 1-833-FIT-POOP (1-833-348-7667) from Monday to Sunday 7 a.m. to 7 p.m.

### 31. What changes have been made to the fecal immunochemical test (FIT) requisition, and why?

- The FIT requisition has been updated with revised wording to align with recent program changes (i.e. eligibility criteria) and to make the form easier for providers to use.
- Fields no longer required by In-Common Laboratories (ICL) have been removed to streamline the form and reduce administrative burden.
- The replacement checkbox wording and layout have been refined in response to feedback from primary care providers. Please do **not** check this box unless the participant confirms that they received a damaged FIT device, lost their FIT device or never received one in the mail that you previously requisitioned for them.

### 32. Where can I find the fecal immunochemical test (FIT) requisition?

- The FIT requisition can be found at [ontariohealth.ca/coloncancercheckhub](https://ontariohealth.ca/coloncancercheckhub).
- Please do not start using the new In-Common Laboratories (ICL)-branded FIT requisition until July 1, 2026.
- **You should not send any FIT requisitions to LifeLabs after June 30, 2026.**

### 33. Is the fecal immunochemical test (FIT) requisition available in my electronic medical record (EMR)?

- The FIT requisition will be available in all OntarioMD-Certified EMRs. Please add the FIT requisition to your library of custom forms in your EMR. If you are unable to find the requisition in your EMR, you can manually upload it or email [support@ontariomd.com](mailto:support@ontariomd.com) for help.

### 34. Can a registered nurse (instead of a nurse practitioner or family doctor) submit a fecal immunochemical test (FIT) requisition form for screening?

- Yes, a registered nurse with a medical directive can assess eligibility, and complete and submit the FIT requisition on behalf of a nurse practitioner or family doctor (primary care provider).
- However, the primary care provider is legally responsible for the requisition and managing the follow-up of results.

### **35. How will I know if a participant received their fecal immunochemical test (FIT) kit?**

- You can assume that a participant received their FIT kit if the requisition was complete (i.e., no mandatory information missing, incorrect or incomplete) and the FIT kit mailing address was correct. Once mailed from In-Common Laboratories (ICL), most people can expect to receive their FIT kit from Canada Post within 5 to 10 days (standard local mail).
- ICL will follow up with you to get missing or incomplete information on the requisition. If ICL cannot reach you, you will receive a rejection notice from ICL.
- You will also be notified by ICL if someone did not complete their FIT within 12 months of the requisition being sent to ICL. After 12 months, the FIT requisition will expire, the test will be cancelled and a new FIT kit requisition must be completed and submitted to ICL. You will also be notified if the participant contacts ICL and refuses to complete the test. In this situation, you may choose to contact the participant to address any questions or concerns.
- If a participant tells you that they did not receive their FIT kit (i.e., it is lost in mail), you should confirm that you have their correct address information on file, which includes their mailing address and an alternative FIT kit mailing address, if relevant. If the address information is correct and the FIT kit has still not arrived more than two weeks from the date of requisition submission, you or the participant should call ICL for assistance at 1-833-FIT-POOP (1-833-348-7667).

### **36. What should I do if someone reports that their fecal immunochemical test (FIT) kit was damaged or misplaced?**

- Participants can call In-Common Laboratories (ICL) to request a replacement FIT kit if their original kit was lost, damaged or never received. Participant-initiated replacement requests can only be accepted if they are made within 12 months of the original requisition submission.
- Alternatively, you can order them a replacement FIT kit. To order another FIT kit, send a new FIT requisition to ICL and be sure to tick the replacement checkbox at the top of the requisition indicating that a new FIT is required.
- ICL will send a new FIT to the participant as long as the original requisition is still valid. FIT requisitions are valid for 12 months from the date ICL received the requisition.

### 37. How do participants return completed fecal immunochemical tests (FITs) and what needs to be included when they return it?

- After completing the FIT, participants should put their completed device in the clear plastic bag provided in the kit. Participants should then put the bag into the yellow return envelope that was also in the kit.
- Participants should return their completed FIT as soon as possible, or within 2 days.
- There are no specific storage requirements, however if participants cannot return their completed FIT right away, they can choose to keep it in the fridge for a short period of time.
- Participants can return their completed FIT by mail or dropping it off at any Rexall location. For more information visit [iclabs.ca/FIT/locations](https://iclabs.ca/FIT/locations).

### 38. How will fecal immunochemical test (FIT) results be communicated to participants and me?

- In-Common Laboratories (ICL) will send participants' FIT results in the Ontario Laboratories Information System (OLIS) and a direct reporting method of your choice (i.e., electronic medical record (EMR), fax or mail). Fax is the default.
  - If you prefer to receive FIT results via EMR, Ontario Health (Cancer Care Ontario) is working with OntarioMD-certified EMR vendors to make FIT results available directly in your EMR. Because not all OntarioMD-certified EMR vendors will offer this functionality at launch, FIT results will be sent by fax in the interim. If EMR is your preferred reporting method, please indicate which EMR you are using by completing the form at [iclabs.ca/FIT/reports](https://iclabs.ca/FIT/reports). If you complete this form, ICL will switch your reporting method from fax to EMR once the feature is available in your EMR.
  - If you prefer to receive FIT results by mail, please email ICL's FIT Support Team with your mailing address [fit@iclabs.ca](mailto:fit@iclabs.ca). If you have any questions, please call ICL at 1-833-FIT-POOP (1-833-348-7667).
- You are responsible for communicating test result information to participants and for ensuring that people with abnormal FIT results receive timely follow-up.
- ColonCancerCheck recommends that you **refer** to colonoscopy as soon as possible or within 2 weeks of the abnormal FIT result and the colonoscopy exam be **completed** within 8 weeks. Timely follow-up after an abnormal FIT result is particularly important because people with abnormal results have a higher likelihood of abnormal findings at colonoscopy.
- Ontario Health (Cancer Care Ontario) also sends letters to participants with their FIT results or rejections.

- Note: if you call ICL to request a retest of your patient's FIT result, you may notice multiple results in one report. This could happen if your patient had a rejected or invalid result and was sent a new FIT kit for retesting. The most recent result will be the last entry on the report.

### 39. Who should I contact about getting fecal immunochemical test (FIT) results in my electronic medical record (EMR)?

- In general, it is best to contact your EMR vendor directly if you have questions about getting FIT results in your EMR.
- FIT results are available in the Ontario Laboratories Information System (OLIS) but you must also have a direct method to receive FIT results. Fax is the default. See below to learn how to receive FIT results via EMR or mail.

#### *OntarioMD-certified EMRs*

- Ontario Health (Cancer Care Ontario) is working with OntarioMD-certified EMR vendors to make FIT results available directly in your EMR. Because not all OntarioMD-certified EMR vendors will offer this functionality at launch, FIT results will be sent by fax in the interim. If EMR is your preferred reporting method, please indicate which OntarioMD-certified EMR you are using by completing the form at [iclabs.ca/FIT/reports](https://iclabs.ca/FIT/reports). If you complete this form, In-Common Laboratories (ICL) will switch your reporting method from fax to EMR once the feature is available in your EMR.
- The following EMRs are OntarioMD-certified:
  - Accuro® EMR – QHR Technologies
  - Avaros EMR - Avaros Inc
  - Cerebrum – AwareMD
  - Collaborative Health Record (CHR) – TELUS Health
  - EMR Advantage – Canadian Health Systems
  - GlobeMed – Alpha Global IT
  - Juno EMR – WELLSTAR
  - Med Access EMR – TELUS Health
  - OSCAR Pro (OSCAR McMaster – Professional Edition) – WELLSTAR
  - PS Suite EMR – TELUS Health
  - YMS EMR – YMS

#### *Non OntarioMD-certified EMRs*

- If you use a non OntarioMD-certified EMR, contact your vendor to find out whether you can receive FIT results via your EMR.

#### *Mail*

- Email your mailing address to ICL's FIT Support Team at [fit@iclabs.ca](mailto:fit@iclabs.ca).

#### 40. What do I do if a participant's fecal immunochemical test (FIT) result is abnormal?

- You should **refer participants with an abnormal FIT result to colonoscopy as soon as possible or within 2 weeks** of the abnormal FIT result. You should also contact the participant to inform them of their result and advise them on next steps. The participant will also receive a letter from Ontario Health (Cancer Care Ontario) informing them of their result.
- Ontario Health (Cancer Care Ontario) recommends that participants with an abnormal FIT result (i.e., FIT-positive) have a **colonoscopy within eight weeks** of the result.
- Participants should be informed about the importance of a follow-up colonoscopy because only colonoscopy can determine whether someone has colorectal cancer. It is important to counsel participants and answer any questions they might have on what to expect before, during and after the colonoscopy to relieve any fear or anxiety. It is also important to identify whether they need assistance before or after the procedure.
- Participants should not repeat the FIT after they have an abnormal FIT result because it can lead to delays in diagnosis and treatment. In-Common Laboratories (ICL) will reject requests to repeat a FIT after an abnormal FIT result.

#### 41. What do I do if a participant's fecal immunochemical test (FIT) is rejected or invalid?

- The rejection or invalid result report you receive from In-Common Laboratories (ICL) will include recommendations for next steps. Read the report carefully, including the comment, action and note sections.
- The participant will also receive a letter informing them that their FIT was rejected or invalid.
- In most cases, if the participant completed their FIT incorrectly or has an invalid test result, ICL will send them a new FIT kit without needing a new requisition as long as the original requisition is still valid (i.e., within 12 months of initial submission). If more than 12 months has passed since you submitted the original requisition or if the participant has unsuccessfully completed six FIT kits, you will need to submit a new requisition.

# General ColonCancerCheck and cancer screening frequently asked questions

## 42. 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.

## REFERENCES

- 1) Narula N, Ulic D, Al-Dabbagh R, Ibrahim A, Mansour M, Balion C, et al. Fecal occult blood testing as a diagnostic test in symptomatic patients is not useful: A retrospective chart review. *Can J Gastroenterol Hepatol*. 2014; 28(8): 421–26.
- 2) van Rijn AF, Stroobants AK, Deutekom M, Lauppe C, Sturk A, Bossuyt PMM, et al. Inappropriate use of the faecal occult blood test in a university hospital in the Netherlands. *Euro J of Gastroenterol and Hepatol*. 2012; 24(11):1266-69.
- 3) Ip S, Sokoro AA, Kaita L, Ruiz C, McIntyre E, Singh H. Use of fecal occult blood testing in hospitalized patients: results of an audit. *Can J Gastroenterol Hepatol*. 2014; 28(9): 489-94.

#### 43. 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.

#### 44. 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, nieces (e.g., nieces and nephews) and aunts (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 (ICL) 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/ccr-recommendations](https://ontariohealth.ca/ccr-recommendations).

#### **45. What is the screening interval for the fecal immunochemical test (FIT)?**

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

#### **46. 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).

#### **47. 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**

<b>Outcomes (at 10 years)</b>	<b>Colonoscopy (n=26,332) Cumulative risk</b>	<b>FIT (n=26,719) Cumulative risk</b>
<b>Colorectal cancer mortality</b>	0.22% (95% CI: 0.18 to 0.30)	0.24% (95% CI: 0.16 to 0.28)
<b>Colorectal cancer incidence</b>	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**

- 1) Castells A, Quintero E, Bujanda L, Castán-Cameo S, Cubiella J, Diaz-Tasende J, et al. Effect of invitation to colonoscopy versus faecal immunochemical test screening on colorectal cancer mortality (COLONPREV): a pragmatic, randomised, controlled, non-inferiority trial. *The Lancet*. 2025; 405(10486): 1231-1239.

- 2) 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.
- 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.
- 4) Hilsden RJ, Dubé 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. *Gastrointest Endosc*. 2015; 82(5):887-94.
- 5) Quintero E, Castells A, Bujanda L, Cubiella J, Salas D, Lanás Á, et al. Colonoscopy versus fecal immunochemical testing in colorectal cancer screening. *The New England Journal of Medicine*. 2012; 366(8): 697-706.

#### **48. 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.

#### **49. 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.

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

- Someone must have OHIP coverage to participate in screening through ColonCancerCheck.
- In-Common Laboratories (ICL) 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).
- For more information on screening with FIT for people covered by the Interim Federal Health Program, please visit [iclabs.ca/FIT](https://iclabs.ca/FIT).
- To help someone get OHIP coverage, visit [ontario.ca/page/apply-ohip-and-get-health-card](https://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.

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

- For more clinical information, resources and information about ColonCancerCheck, including screening recommendations, visit [ontariohealth.ca/ccc-recommendations](https://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](https://ontariohealth.ca/coloncancercheckhub).

## 52. Are there any changes to the correspondence letters that participants receive from Ontario Health (Cancer Care Ontario)?

- People ages 50-74 will continue to receive invitation, recall, invitation and recall reminder, and result and result reminder letters. People ages 45-49 will be invited to screen on a rolling basis. Small changes have been made to the letters to align with the program changes.
- To coincide with the overall ColonCancerCheck program changes, if a participant has a rejected or invalid FIT result, In-Common Laboratories (ICL) will send them a result letter along with a new fecal immunochemical test (FIT) kit. This new system allows participants to complete and return a new FIT without needing a new requisition from a primary care provider. However, a new FIT kit cannot be sent if it has been more than 12 months since the original requisition was submitted or the participant already received six FIT kits. You will need to submit a new requisition in both cases.
- A new FIT completion reminder letter is being introduced. This letter will be sent to participants who have been mailed a FIT kit but have not returned it within two months. The purpose of this new letter is to prompt and encourage participants to complete and return their FIT.

### 53. 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 (ICL), 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.

### 54. Do mobile coaches offer colorectal cancer screening with the fecal immunochemical test (FIT)?

- Yes, the FIT is available for eligible people through the mobile screening coaches offered by the North West and Hamilton Niagara Haldimand Brant Regional Cancer Programs.
- Visit this [page](#) for more information.

## 55. Do firefighters have a higher risk of developing colorectal cancer?

- There is some evidence to suggest a possible small increase in the risk of colorectal cancer among firefighters. (1, 2, 3, 4) However, according to a systematic review conducted by the International Agency for Research on Cancer (IARC), existing evidence for a causal relationship between occupational exposure due to firefighting and colorectal cancer is limited. (5, 6) It is not possible to determine from the available evidence whether the increased incidence of colorectal cancer in firefighters is due to increased detection through routine screening (i.e., detection bias) or from occupational exposure to carcinogens linked to firefighting. (1)
- Ontario Health (Cancer Care Ontario) will continue to monitor the published literature, and if more conclusive evidence becomes available, we will re-examine our colorectal cancer screening recommendations for firefighters. Ontario Health (Cancer Care Ontario) recognizes the importance of these issues and conducts its own occupational cancer research through its Occupational Cancer Research Centre. Examples of some of the centre's work can be seen in the references below. (1, 4) If you would like to track their work, feel free to visit their website at [occupationalcancer.ca](http://occupationalcancer.ca).
- In the absence of more conclusive data for this subpopulation, Ontario does not have colorectal cancer screening recommendations specific to firefighters at this time. Firefighters should screen for colorectal cancer following ColonCancerCheck's recommendations described here: [ontariohealth.ca/ccc-recommendations](http://ontariohealth.ca/ccc-recommendations).

### REFERENCES

- 1) Jalilian H, Ziaei M, Weiderpass E, Rueegg CS, Khosravi Y, Kjaerheim K. Cancer incidence and mortality among firefighters. *Int J Cancer* 2019; 145(10): 2639–2646.
- 2) Daniels RD, Kubale TL, Yiin JH, Dahm MM, Hales TR, Baris D, et al. Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950–2009). *Occup Environ Med* 2014; 71:388–97.
- 3) Pukkala E, Martinsen JI, Weiderpass E, Kjaerheim K, Lynge E, Sparén P, et al. Cancer Incidence among Nordic Firefighters. *Scand J Work Environ Health* 2014; 71:398-404.
- 4) Sritharan J, Kirkham TL, MacLeod J, Marjerrison N, Lau A, Dakouo M, et al. Cancer risk among firefighters and police in the Ontario workforce. *Occup Environ Med* 2022; 79:533–539.
- 5) Demers PA, DeMarini DM, Fent KW, Glass DC, Hansen J, Adetona O, et al. Carcinogenicity of occupational exposure as a firefighter. *Lancet Oncol.* 2022; 23(8):985-986.
- 6) IARC (2023). Occupational exposure as a firefighter. *IARC Monogr Identif Carcinog Hazards Hum.* 132:1–730.

## 56. Can I test someone for occult blood in the stool outside of the ColonCancerCheck program?

- ColonCancerCheck does not recommend using the fecal immunochemical test (FIT) or any fecal occult blood test for indications other than colorectal cancer screening (e.g., for diagnostic use, point-of-care testing). It is also recommended that all colorectal cancer screening tests be done through the ColonCancerCheck program so that participants receive the benefits of an organized screening program.
- 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.

## 57. Where can I find out more information about fee codes for colorectal cancer screening?

- For more information about fee codes, visit [ontario.ca/page/ohip-schedule-benefits-and-fees](https://ontario.ca/page/ohip-schedule-benefits-and-fees)
- For Ontario Health Insurance Plan (OHIP) billing questions, contact the Ministry's Service Support Contact Centre Helpdesk by phone at 1-800-262-6524 or by email at [SSContactCentre.MOH@ontario.ca](mailto:SSContactCentre.MOH@ontario.ca).