



# Colon Screening Program

## Does my Patient Need a Fecal Immunochemical Test (FIT)?

Please work down the following list for decision-making. Does your patient have:

DECISION-MAKING CHECKLIST	FIT RECOMMENDATION	REFER TO PROGRAM
<b>1 SYMPTOMS OF:</b> <ul style="list-style-type: none"> <li>Anemia</li> <li>Abdominal pain</li> <li>Rectal bleeding</li> <li>Change in bowel habits</li> </ul>	<p>✗ FIT is not recommended. Refer to a specialist for consideration of endoscopic evaluation after initial investigations.</p>	Do not refer to Colon Screening Program.
<b>2 PERSONAL HISTORY OF COLON CANCER</b>	<p>✗ FIT is not recommended. Refer for ongoing follow-up with a specialist.</p>	
<b>3 INFLAMMATORY BOWEL DISEASE</b> <ul style="list-style-type: none"> <li>Crohn's</li> <li>Ulcerative colitis</li> </ul>	<p>✗ FIT is not recommended. Refer for ongoing follow-up with a specialist.</p>	
<b>4 PERSONAL HISTORY OF ADENOMAS</b> <ul style="list-style-type: none"> <li>Low risk adenoma(s) at last colonoscopy</li> </ul> <hr/> <ul style="list-style-type: none"> <li>High risk adenoma(s) at last colonoscopy <ul style="list-style-type: none"> <li>Villous features</li> <li>≥ 10 mm</li> <li>High grade dysplasia</li> <li>Sessile serrated adenoma/polyp with dysplasia</li> <li>Traditional serrated adenoma</li> <li>3 or more adenomas of any size</li> </ul> </li> </ul>	<p>✗ FIT is not recommended. Refer for colonoscopy. Surveillance interval for low risk adenomas is 5 years.</p> <p>✗ FIT is not recommended. Refer for colonoscopy. Surveillance interval for high risk adenomas is 3 years.</p>	If patient is 50-74, refer for screening colonoscopy in the Colon Screening Program using the Colonoscopy Referral Form.
<b>5 FAMILY HISTORY OF COLON CANCER</b> <ul style="list-style-type: none"> <li>1 first degree relative (parent, sibling, child) who was over the age of 60 when diagnosed</li> </ul> <hr/> <ul style="list-style-type: none"> <li>1 first degree relative who was 60 or younger when diagnosed, or</li> <li>More than 1 first degree relative w/CRC</li> </ul>	<p>✓ FIT is recommended. Screen with FIT every 2 years between the ages of 50-74.</p> <p>✗ FIT is not recommended. Refer for colonoscopy at age 40, or 10 years prior to index case, whichever is first. If under the age of 50, refer patient directly to a specialist for consideration of colonoscopy.</p>	
<b>6 DID THE PATIENT HAVE A NORMAL:</b> <ul style="list-style-type: none"> <li>FIT within 2 years</li> <li>Colonoscopy within 10 years</li> <li>Flexible sigmoidoscopy or CT colonography within 5 years</li> </ul>	<p>✗ FIT is not recommended. Patient is up to date with colon cancer screening.</p>	Do not refer to Colon Screening Program.
<b>7 PATIENT HAS NEVER SCREENED FOR COLON CANCER OR SCREENING INTERVAL HAS ELAPSED</b> <ul style="list-style-type: none"> <li>Patient between the ages of 50-74</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Patient between ages of 40-49 and 75-84</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Patient younger than 40 or older than 84</li> </ul>	<p>✓ FIT is recommended. Screen with FIT every 2 years.</p> <p>Individually assess risk of colon cancer and risk of colonoscopy. Harm can outweigh benefit; use clinical judgement. If proceeding with screening, use standard lab requisition and select 'FOBT, Other Indication'. Patient will not be registered in program. Refer directly to a specialist for follow-up when indicated.</p> <p>✗ Screening not recommended for these age groups.</p>	<p>Use standard lab requisition: Select 'Fecal Occult Blood, age 50-74, asymptomatic q2y (copy to Colon Screening Program)'</p> <p>Do not refer to Colon Screening Program.</p>