

Colon Screening Program Fact Sheet

The BC Cancer Colon Screening Program is an organized population-based program aimed at reducing colon cancer incidence and mortality in BC^{1,2}.

Who should be screened?

In general, screening is recommended for asymptomatic women and men ages 50 to 74 living in BC.

Who should not be screened?³

- Patients that are up-to-date for colon screening:
 - FIT in the preceding two years or colonoscopy or flexible sigmoidoscopy in the preceding 10 years for average risk patients.
 - Colonoscopy in the preceding five years for patients at higher than average risk.
- Have a personal history of colorectal cancer, ulcerative colitis or Crohn's disease (IBD). These patients should continue to obtain care through their specialist.
- Have a personal history of a hereditary cancer syndrome (e.g. Lynch Syndrome). These patients should continue to obtain care through their specialist.
- Currently have symptoms, e.g. rectal bleeding, persistent change in bowel habits, abdominal pain, unexplained weight loss or iron deficiency anemia. These patients should be referred to a specialist, no FIT required.
- Are on a definite surveillance plan through a specialist.
- Are in poor health - if a patient is not medically fit to undergo colonoscopy, then they should not undergo FIT.

The Screening Tests

Average Risk - Fecal Immunochemical Test (FIT)

FIT is recommended every two years for average risk colon screening by the Canadian Task Force on Preventative Health Care to decrease colon cancer mortality and incidence⁴. In BC, FIT is expected to yield over 80% sensitivity and 90% specificity for detecting colon cancer. There are also no dietary or medication restrictions for FIT, which assists uptake and test completion⁵.

Screening interval: FIT every two years for individuals at average risk.

What you should know: For FIT screening, health care providers should complete the Standard Outpatient Lab Requisition (select FIT, Age 50-74, asymptomatic q2y Copy to Colon Screening Program) and instruct patients to take the form to a lab to pick up their FIT kit.

Higher Than Average Risk - Colonoscopy

Colonoscopy is recommended for individuals up to age 74 (inclusive) at higher than average risk for developing colon cancer defined as having one of the following:

- One first degree relative diagnosed with colon cancer under the age of 60;*
- Two or more first degree relatives with colon cancer diagnosed at any age;*
- A personal history of adenoma(s), sessile serrated lesion(s) or traditional serrated adenoma(s).

*For those with a family history of colon cancer, the first screening colonoscopy should be done at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative - whichever is earliest.

Screening interval:

- Colonoscopy every five years for patients with a family history of colon cancer.
- Colonoscopy in five years after a patient has low risk adenoma(s) identified.
- Colonoscopy in three years after a patient has high risk adenoma(s) identified.

What you should know: For colonoscopy screening, health care providers should complete the Colonoscopy Referral Form and fax it to 1-604-297-9340.

Patient Pathway

Eligibility

- 1 Patient visits health care provider
 - 2 Health care provider assesses eligibility
- ✗ **Not Eligible**
- Symptomatic.
 - Up-to-date with colon screening - patient should wait for next recommended interval.
 - Has a personal history of colorectal cancer or have ulcerative colitis or Crohn's disease - patient should continue to obtain care through their specialist or health care provider.
- ✓ **Eligible**
- Asymptomatic men and women ages 50-74 (in general).
- 3 Health care provider assesses risk

Average Risk Patient: FIT

Patients who do not have high risk characteristics as below should be referred for the fecal immunochemical test (FIT).

Complete Standard Outpatient Lab Requisition Form (select FIT, Age 50-74, asymptomatic q2y Copy to Colon Screening Program) and provide to patient.*

Higher than Average Risk Patient: Colonoscopy

Higher than average risk patients are defined as those having one of the following:

- One first degree relative with colon cancer diagnosed under the age of 60;**
- Two or more first degree relatives with colon cancer diagnosed at any age;**
- A personal history of adenoma(s), sessile serrated lesion(s) or traditional serrated adenoma(s).

Complete Colon Screening Program Colonoscopy Referral Form and fax to BC Cancer at 1-604-297-9340.*

FIT

- 1 Patient picks up FIT from lab
Patient brings Standard Outpatient Lab Requisition to any lab to obtain FIT kit.
- 2 Patient completes FIT at home
Test instructions included in each kit.
- 3 Patient drops off completed FIT at lab
- 4 Lab results sent to health care provider and BC Cancer

Normal FIT Result

- BC Cancer sends result to patient and recalls patient for screening in two years.

Abnormal FIT Result

- BC Cancer sends result to patient
NOTE: Do not repeat FIT if abnormal. All patients should proceed to an assessment for colonoscopy.

*Patients are registered in the Colon Screening Program by the use of the Standard Outpatient Lab Requisition (selecting 'FIT, copy to Colon Screening Program') or the Colon Screening Program Colonoscopy Referral Form.

The Program will refer your patient to the Health Authority for necessary follow up or recall them at the appropriate interval.

**For those with a family history of colon cancer, the first screening colonoscopy should be done at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative - whichever is earliest.

Colonoscopy

- 1 BC Cancer facilitates referral to patient's Health Authority
- 2 Health Authority staff completes pre-colonoscopy assessment with patient

Not Eligible for Colonoscopy

- Advises health care provider that patient is not proceeding to colonoscopy.

Eligible for Colonoscopy

- Health authority staff books patient for colonoscopy.

- 3 Colonoscopist performs colonoscopy
- 4 Health care provider receives colonoscopy results, pathology report and any recommendation for surveillance or follow-up

Normal Result / No Adenomas Found

- BC Cancer recalls average risk patients for FIT in 10 years.
- BC Cancer recalls patients with family history or personal history of adenomas for colonoscopy in five years.

Adenoma Identified

- Low risk adenoma: BC Cancer recalls patients for colonoscopy in five years.
- High risk adenoma, or 3 or more low risk adenomas: BC Cancer recalls patient for colonoscopy in three years.

Cancer or IBD Detected

- Patient is no longer followed by the program. Colonoscopist arranges follow-up or refers back to health care provider for follow-up.

References

1. Recommendations on screening for colorectal cancer in primary care, Canadian Task Force on Preventive Health Care, CMAJ Mar 2016, 188 (5) 340-348; DOI: 10.1503/cmaj.151125.
2. Hewitson P, Glasziou PP, Irwig L, To,2wler B, Watson E. Screening for colorectal cancer using the faecal occult blood test, Hemoccult. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD001216. DOI: 10.1002/14651858.CD001216.pub2.
3. Telford J. Effectively using the fecal immunochemical test. BCMJ 2013;55(7): 334-335.
4. Recommendations on screening for colorectal cancer in primary care, Canadian Task Force on Preventive Health Care, CMAJ Mar 2016, 188 (5) 340-348; DOI: 10.1503/cmaj.151125.
5. Cole SR et al. A randomised trial of the impact of new faecal haemoglobin test technologies on population participation in screening for colorectal cancer. J Med Screen 2003; 10:117-22.