

What is the recommended colorectal cancer (CRC) screening test for an asymptomatic patient 50-74 years of age with no other risk factors or significant family history of CRC?

ColonCheck recommends a fecal occult blood test (FOBT) every 2 years for “these average risk” individuals. If the FOBT result is positive, a follow-up colonoscopy is recommended. Please refer to the ColonCheck Screening Guidelines for more information.

What scientific evidence is there to support the use of FOBT for CRC screening?

A Cochrane Review of four randomized controlled trials found the CRC mortality reduction when screening with FOBT is up to 25% in average risk individuals who participate in regular screening.¹

Should I refer average-risk patients \geq 50 years with no significant family history of colorectal cancer (CRC) for colonoscopy?

No. 2016 guidelines from the Canadian Task Force on Preventive Health Care recommends against colonoscopy as a screening test for average-risk individuals. The recommendation is FOBT every 2 years or flexible sigmoidoscopy every 10 years for these average risk individuals.⁴ If a patient is eligible for screening and has not received an FOBT from ColonCheck, call toll free 1-855-95-CHECK and we will mail a kit.

Is it necessary for patients to follow dietary and drug restrictions while testing?

ColonCheck instructs individuals to limit their vitamin C intake (<250 mg/day) before and during testing to minimize the risk of false negative results. No other dietary or medication restrictions are required.⁵

Who is NOT eligible to participate in the ColonCheck program?

Individuals who have completed an FOBT in the past 2 years or undergone colonoscopy or flexible sigmoidoscopy in the past 5 years are not eligible for a ColonCheck FOBT. The ColonCheck program is not recommended for individuals who are at higher risk for CRC including those with:

- a personal history of CRC or adenomatous polyps
- diseases of the colon requiring colonoscopic surveillance (e.g. Crohn's disease and ulcerative colitis)
- symptoms of possible colorectal cancer such as rectal bleeding
- a history of CRC in first-degree relatives (please refer to ColonCheck Guidelines) or adults with hereditary syndromes predisposing to CRC (e.g. Lynch Syndrome or familial adenomatous polyposis), where colonoscopy may be a more appropriate screening tool.

How sensitive is the Hemoccult II SENSE FOBT?

The Hemoccult II SENSE's sensitivity (proportion of people with the disease who have a positive test result) ranges from 64% to 85% and the specificity (proportion of people without the disease who have a negative test result) ranges from 87% to 95%.^{2,3}

What is the positivity rate for the ColonCheck FOBT?

The positivity rate in Manitoba is 4-5%.

If my patient completes a test from ColonCheck and the result is positive, who will refer him/her for a colonoscopy?

ColonCheck's Follow-up Coordinator will inform the health care provider of their patient's positive result and confirm their preferred referral process. With permission, the program can assist in colonoscopy referral.

What if my patient had a positive ColonCheck FOBT result, and a negative (normal) follow up colonoscopy?

ColonCheck will recall patients for routine screening with FOBT 5 years after a negative colonoscopy.

How can I request a ColonCheck FOBT for my patients who are due for screening?

ColonCheck FOBT Request Forms are available on your EMR, GetCheckedManitoba.ca, or call **1-855-95 CHECK**.

References:

1. Hewitson P., Glasziou P., Irwig L. & Watson E. (2007). Screening for colorectal cancer using the fecal occult blood test, Hemoccult. Cochrane Database of Systemic Review.
2. Rennert G., Rennert H.S., Miron E., & Peterburg Y. (2001). Population colorectal cancer screening with fecal occult blood test. *Cancer Epidemiology, Biomarkers & Prevention*, 10.
3. Whitlock, E. P., Lin, J. S., Liles, E., Beil, T. L. Fu, R. (2008). Screening for colorectal cancer: a targeted, updated systematic review for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 149: 638-658.
4. Canadian Task Force on Preventive Health; Colorectal cancer screening recommendations for individuals at average risk February 2016. *CMAJ* March 15, 2016 vol. 188 no. 5 340-348.
5. Konrad, G. (2010). Dietary interventions for fecal occult blood test screening: Systematic review of the literature. *Canadian Family Physician*, 56: 229-38.

ColonCheck Screening Pathway

