



Erie St. Clair
Regional Cancer Program
in partnership with Cancer Care Ontario

Colorectal Cancer Screening Improvements: FIT is Here!

SEPTEMBER 13, 2019

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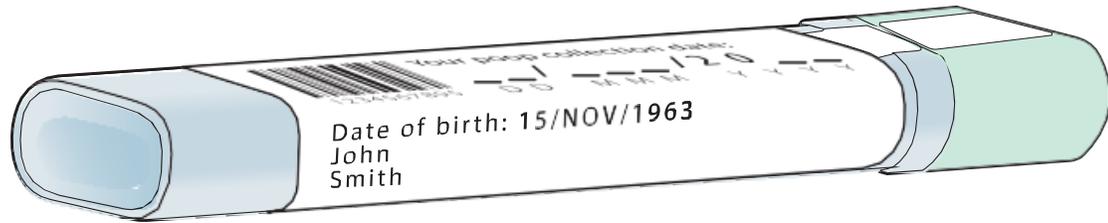
Review of FIT

As of June 24, 2019, Ontario has transitioned from the FOBT to the FIT.

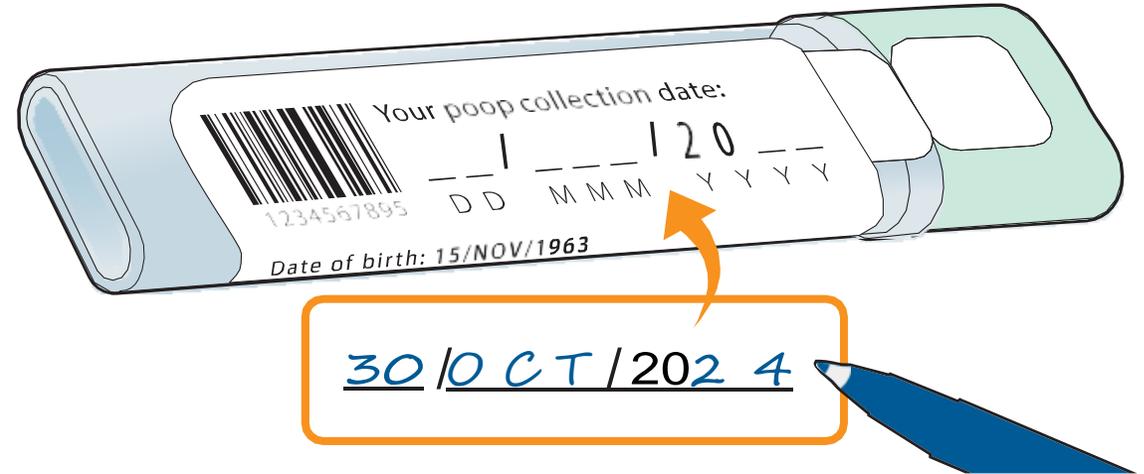
- **Eligibility** for FIT (has not changed from FOBT):
 - Age 50 to 74 and asymptomatic
 - No first-degree relative diagnosed with colorectal cancer
 - No personal history of colorectal cancer, Crohn's disease involving colon or ulcerative colitis
 - No colorectal polyps needing surveillance
 - Valid OHIP number
- New process for **ordering**:
 - Fax requisition to LifeLabs at 1-833-676-1427
 - LifeLabs will mail pre-labelled FIT kit to patient
 - Patient to complete FIT and mail to/drop-off at LifeLabs within 2 days of collecting specimen
- **FIT+ patients** to be sent for colonoscopy within 1 week of receiving result (**must include lab result with referral**)



Sample FIT Kit/Lab Label



✓ Date of birth ✓ Your name



* If you would like a demo FIT kit for your office, email Brooke.Meloche@wrh.on.ca

FIT Forms

- To order a FIT:

Fecal Immunochemical Test (FIT) Requisition - For Colorectal Cancer Screening

Form Completion Fax Code Q150 **LifeLabs**

Eligibility Criteria:

- Age 50 to 74
- Asymptomatic
- No personal history of colorectal cancer, Crohn's disease involving the colon or ulcerative colitis
- No first-degree relative diagnosed with colorectal cancer
- No colorectal polyps needing surveillance
- Due for screening (no FIT in the last two years, and no flexible sigmoidoscopy or colonoscopy in the last 10 years)
- Valid Ontario Health Insurance Plan (OHIP) number

Note:

- Do not use for the workup of patients with overt GI bleeding and/or anemia.
- ColonCancerCheck does not recommend routine screening for people over 74 years. Decisions to screen those between the ages of 75 to 85 years should include an assessment of risks and benefits, and take into consideration health, life expectancy, and prior screening history. It is not appropriate to screen people over 85 years of age.

Check box if patient requires a new FIT kit (i.e., FIT was lost, damaged, or not received) and complete this form. Call LifeLabs for questions: 1-833-676-1426

All sections on this form must be accurate and complete. Fax the requisition to 1-833-676-1427

1. Requester Information

Requester Type (check one): Physician Mobile Coach Nurse Practitioner Telehealth Ontario

Mobile Coach ID: _____ CFSD or CNO Number: _____ OHP Billing Number: _____

Last Name: _____ Middle Name (optional): _____ First Name: _____

Office Address: _____ Office Phone Number: _____

City: _____ Province: _____ Postal Code: _____ Fax Number: _____

Copy to: Physician/Nurse in Charge for Nursing Stations. If the same as Requester Information, do not complete this section.

Last Name: _____ Middle Name (optional): _____ First Name: _____

Office Address: _____ Office Phone Number: _____

City: _____ Province: _____ Postal Code: _____ Fax Number: _____

2. Patient Information (Cancer Care Ontario patient result letters and other correspondence will be sent to the Patient Address)

Last Name (on OHP card): _____ Middle Name (on OHP card, optional): _____ First Name (on OHP card): _____

Date of Birth (on OHP card): yyyy/mm/dd _____ OHIP Number: _____ OHIP Version: _____ Sex: Male Female

Patient Address: _____ Primary Phone Number: _____ Ext. (optional): _____

City: _____ Province: _____ Postal Code: _____ Cell Phone Number (optional, if not primary number): _____ Type: Work Home Cell

3. FIT Kit Mailing Address (for patients who prefer to have their kit mailed to a different address within Ontario)

FIT Kit Mailing Address: _____

Facility Name (if applicable): _____ Primary Phone Number: _____ Type: Work Home Cell

City: _____ Province: Ontario _____ Postal Code: _____ Ext. (optional): _____

4. Requester Verification

Requester Signature: _____ Date: yyyy/mm/dd _____

Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815 publicaffairs@cancercares.on.ca

Ontario
Cancer Care Ontario

- To order a colonoscopy for a FIT+ patient (do not send FIT+ referral directly to an Endoscopist):

Fecal Immunochemical Test (FIT) Positive Referral Form

Directions: 1. Print, sign & fax form to preferred facility, including attachment of positive FIT with referral. **Reset** **PRINT**

Notes:

- Please submit referral within one week of positive result.
- If patient does not read/speak English then he/she should be accompanied by an interpreter at time of appointment.

* Have questions regarding referrals? Contact the preferred facility listed at top of this page for assistance. *

Endoscopy Central Intake Use Only

Date: _____

Time: _____

Physician: _____

Campus: Met Ouellette

Bluewater Health Phone: 519-464-4400 ext. 5347 Fax: 519-464-4454

Windsor Regional Hospital Phone: 519-985-2695 Fax: 519-985-2681

Erie Shores Healthcare Phone: 519-325-2373 ext. 4136 Fax: 519-322-0041

Rose City Endoscopy Phone: 519-254-4154 Fax: 519-254-4158

Chatham-Kent Health Alliance Phone: 519-437-6125 Fax: 519-437-6126

Southern Ontario Endoscopy Centre Phone: 519-915-9494 Fax: 519-915-9493

SOEC

Directions: 1. Print, sign & fax form to preferred facility, including attachment of positive FIT with referral. **Reset** **PRINT**

Notes:

- Please submit referral within one week of positive result.
- If patient does not read/speak English then he/she should be accompanied by an interpreter at time of appointment.

* Have questions regarding referrals? Contact the preferred facility listed at top of this page for assistance. *

Patient's Information:

First Name: _____ Last Name: _____ Date of Birth (m/d/y): _____ Sex: male female unspecified Telephone: H: _____ Alt: _____

Address: _____ Street/apt/P.O. _____ City/Town _____ Province _____ Postal Code _____

Health Card Number: _____ Version: _____ Indications: Refer all other indications for colonoscopy directly to specialist's office.

Past Medication History: Patient is on anticoagulants, ASA, NSAIDs or natural blood thinners: Yes, list below No

If yes, list:

Cardio Disorders: Ischemic Heart Disease Hypertension Pacemaker/Internal Defibrillator

Respiratory Disorders: Asthma Chronic Obstructive Pulmonary Disease Diabetes

Kidney Disorders: Renal Insufficiency Dialysis Colorectal Surgery

Previous Surgeries: Abdominal Surgery Gynecological Surgery Colorectal Surgery

Other: _____

Current Medications: None _____

Allergies: Latex Other: _____

Patient incapable of giving informed consent _____ Alternate Contact Name _____ Phone Number _____

Referring Provider's Information:

Name: _____ Phone Number: _____ Referral Date: _____

Signature (print & sign before faxing): _____ OHIP Billing Number: _____

PCP: Same as referring provider Other: _____

1172-U ENDO R1 (REV 25-03-2019) NPC: Discard Page 1 of 1

Replaces previous FOBT+ referral forms at all facilities

Inappropriate Use of FIT

Situation	Key Message
FIT use in people with symptoms	<ul style="list-style-type: none">• Screening is not appropriate for people with symptoms• Symptoms → urgent referral <u>directly to Endoscopist</u> for colonoscopy
FIT use in people <50 years	<ul style="list-style-type: none">• FIT for people in eligible age range (50–74)• ~6% of colorectal cancer cases occur in people <50 → screening is not recommended for younger people at average risk
FIT use in people >74 years	<ul style="list-style-type: none">• People >74 do not benefit as much and are at more risk of complications → people ages 74 to 85 <i>can</i> be screened for colorectal cancer with FIT at your discretion
FIT use in people with 1st degree relative with CRC	<ul style="list-style-type: none">• Screening with FIT is never appropriate• Send referral <u>directly to Endoscopist</u> for colonoscopy 10 years before relative's age of diagnosis <u>or</u> when turn 50 (whichever occurs first)



Inappropriate Use of FIT Continued

Situation	Key Message
+ve FIT follow-up with FIT	<ul style="list-style-type: none">• +ve FIT is urgent indication for colonoscopy (recommended within 8 weeks of +ve FIT)• Repeat FIT with -ve result does not rule out colorectal cancer
FIT within 10 years of colonoscopy	<ul style="list-style-type: none">• Colonoscopy → if no surveillance required, up to date with screening for 10 years• Re-screen <u>in 10 years</u> with FIT. No screening with FIT is required in between
FIT use in people in-hospital	<ul style="list-style-type: none">• Using stool-based testing as a diagnostic tool has been shown to lead to <u>diagnostic delays</u> and inefficiencies• Symptoms → urgent referral <u>directly to Endoscopist</u> for colonoscopy



Referrals of Patients with Suspected Colorectal Cancer

✓ Referral must **specifically indicate any symptom criteria above and any risk factors**: age over 60, male, presence of all symptoms, personal history of polyps or IBD, or family history of first degree relative with IBD

	Urgent	Semi-Urgent
Referral to Endoscopist	24 hours	24 hours
Expect consultation	2 weeks	4 weeks
Expect definitive work-up	4 weeks	8 weeks
Symptom criteria	<ul style="list-style-type: none"> • Palpable mass • Abnormal imaging suggesting CRC 	<ul style="list-style-type: none"> • Rectal bleed: <ul style="list-style-type: none"> ○ With dark rectal bleed ○ Mixed with stool ○ Without obvious cause ○ With change in bowel habits ○ With weight loss • Unexplained iron-deficiency anemia (hb < 110 for men and <100 for females not menstruating and iron below normal range)

Interactive Case Studies



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Case Study 1

Danielle, a 66 year old woman with no family history of CRC, mentions that she has been experiencing fatigue, shortness of breath, weakness and low energy for the past two months. She denies any rectal bleeding, melena, or hematemesis. You conduct a focused patient history and thorough physical examination and order routine bloodwork. Danielle's hemoglobin is reported back as 108 g/L (it was measured to be 130 g/L one year previously) and her ferritin level is 5 µg/L (reference range: 11-307 ug/L). Please identify the next appropriate course of action:

- a) Complete a FIT requisition for Danielle
- b) Have Danielle come for an in-office gFOBT
- c) Refer Danielle for specialist evaluation (including colonoscopy)
- d) Prescribe iron supplements and counsel Danielle on dietary sources of iron
- e) c and d



Case Study 2

Jamieson is a 52 year old patient who comes to your office indicating that he has recently noticed numerous streaks of blood on his toilet paper. You conduct a thorough physical examination, including a digital rectal exam, and note the presence of hemorrhoids but no mass. During your appointment, you note that Jamieson is due for colorectal cancer screening next month. Please identify the appropriate next course of action:

- a) Refer for endoscopic evaluation (may include colonoscopy)
- b) Order a computed tomography colonography
- c) Repeat digital rectal examination in three months
- d) Complete a FIT requisition for Jamieson
- e) Reassure Jamieson and recommend topical therapy for hemorrhoids



Case Study 3

Your new patient Kelly is a 50 year old woman who presents to your office for a periodic health visit. Kelly has a history of hemorrhoids that were treated with rubber band ligation 10 years ago. Kelly can still feel skin tags when wiping after a bowel movement but hasn't experienced any bleeding since the banding ten years ago. Taking the above into consideration, how and when should Kelly be screened for CRC?

- a) Kelly should be screened every ten years with a colonoscopy
- b) Kelly should be screened every two years with a colonoscopy
- c) Kelly should be screened every two years with FIT
- d) Kelly should be screened every two years with flexible sigmoidoscopy
- e) None of the above



Case Study 4

Anna is a 64 year old woman who has recently completed a FIT. When her FIT result comes back as abnormal, Anna calls you and mentions that she completed her FIT just one day after having a tooth removed by her dentist. Anna would like to repeat the FIT. What should you do and why?

- a) Complete another FIT requisition for Anna
- b) Refer Anna for flexible sigmoidoscopy
- c) Have Anna come for an in-office gFOBT
- d) Counsel Anna on the importance of a follow-up colonoscopy and refer her promptly for colonoscopy
- e) None of the above



Case Study 5

Joe is a 65 year old with no family history of CRC and no symptoms, but was found to have diverticulitis on colonoscopy 10 years ago. How should Joe be screened next?

- a) With a colonoscopy
- b) With FIT
- c) No screening required



Case Study 6

Jill is a 39 year old patient whose father was diagnosed with CRC when he was 50 years old. When and how should Jill be screened for CRC?

- a) With a colonoscopy at age 50
- b) With FIT and colonoscopy at age 50
- c) With a colonoscopy only at age 40
- d) With FIT only at age 40
- e) None of the above



Case Study 7

Henry is a 62-year old male who has presented to the office with rectal bleeding in addition to some noticeable weight loss. You send a referral to an Endoscopist indicating that the patient has rectal bleeding. When will Henry be scoped by an Endoscopist?

- a) Within 26 weeks
- b) Within 8 weeks
- c) Within 4 weeks
- d) Within 18 week



Updates from Central Intakes at Facilities

- **Bluewater Health:**
 - FIT+ Referral Form revised August 2019 to reflect correct BWH fax number. Please ensure you have most recent form.
 - If patient history is complete on referral form, no need to attach additional history reports.
- **Erie Shores HealthCare:** Receiving blurry referral forms which are hard to read. Ensure referral form versions are not blurry.
- **Chatham-Kent Health Alliance:** Providers still using old CKHA Colorectal DAP Referral Form. This form is no longer accepted. Use new FIT+ Referral Form instead and send family history referrals directly to Endoscopist of your choice.

Questions for the Audience

1. Have patients been completing the FIT tests in a timely fashion?
2. Have your patients reported any delays in receiving the FIT test from the lab?
3. How are you tracking the ordering/completion of these FIT tests?
4. Have you had any trouble sending FIT+ patients for a colonoscopy within 1 week of receiving positive result?

