Time to Get FIT

Elizabeth Haddad, MD, FRCSC, MBA
Erie St. Clair Regional GI Endoscopy Lead
Chief of Surgery at CKHA

Cancer Education Day - October 12, 2018

Disclosures

- None

Objectives

- Why is screening important?
- About the FIT
- Windsor Regional Hospital central intake program
- Surveillance

Colorectal Cancer in Ontario

Males

- **In 2018, it is estimated that approximately 6,376 men will be diagnosed with colorectal cancer and approximately 1,811 will die from it**
- **Second leading cause of cancer deaths.**

Females

- **In 2018, it is estimated that approximately 5,219 women will be diagnosed with colorectal cancer and approximately 1,548 will die from it**
- **Third leading cause of cancer deaths.**

Colorectal cancer is the 2nd most commonly diagnosed cancer in Ontario

gFOBT vs. No Screening

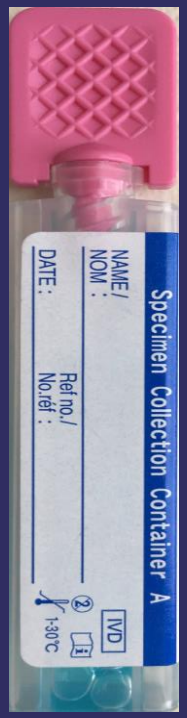
Outcomes	Relative effect (95% CI*)	# of person-years
CRC mortality (follow up range: 17-30 years)	RR* 0.87 (0.82 to 0.92)	(4 RCTs*)
CRC incidence (follow up range: 17-30 years)	RR 0.96 (0.90 to 1.02)	4,866,448 (5 RCTs)

13% reduction in death

*CI=confidence interval, RR= relative risk, RCT= randomized control trial

Sources: Tinmouth et al. Program in Evidence-based Care (PEBC) Evidence Summary 2015; 15-14

CCC is planning to implement FIT as the recommended test for people at average risk of CRC



gFOBT vs. FIT Lab Parameters

	gFOBT	FIT
Measures		Globin; human
Test technique		mmunochemical
Lower limit of blood detection	300–600 µg Hb/g*	10–20 µg Hb/g
Interference	Vitamin C, other sources of Hb	None

Detects much smaller levels of blood in stool

*Hb=hemoglobin

No dietary or medicine restrictions

Cancer Care Ontario

Source: Tinmouth J, et. al. Gut. 2015 Aug; 64(8):1327-37.

gFOBT vs. FIT Lab Parameters

	gFOBT	FIT
# of samples required	3	1
Lab process	Manual	Automated
Results	Qualitative	Qualitative or quantitative
Stability		Less stable at high temperatures and over time

- **Kit delivery and return**
- **Kit inventory management**

Accuracy for CRC: One Time Test

	Sensitivity	Specificity
FIT (n=19 studies)	82%	94%
gFOBT (n=9 studies)	47.1%	96.1%

FIT is comparable to mammography & Pap test

Sources:
1.Lee JK, Liles EG, Bent S, Levin TR, Corley DA. Accuracy of fecal immunochemical tests for colorectal cancer: systematic review and meta-analysis. Ann Intern Med 2014;160:171-181.
2. Canadian Task Force on Preventive Health Care. Screening for Colorectal Cancer [Internet]. Ottawa, Canada: Canadian Task Force on Preventive Health Care; 2014. Available from: http://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer/

FIT vs. gFOBT – Clinical Implications

16% improvement in participation

Outcomes	Relative effe (95% CI*)	ears (# of studies)
Participation rate	RR 1.16 (1.05 to 1.28)	52,038 (6 RCTs*)
CRC/HRA* detection	RR 2.15 (1.58 to 2.94)	51,634 (5 RCTs)

- **2X more accurate**
- **Detects CRC and HRA**

*HRA= High risk adenoma

Source: Tinmouth et al. Program in Evidence-based Care Evidence Summary 2015; 15-14

FIT vs. Colonoscopy: Summary

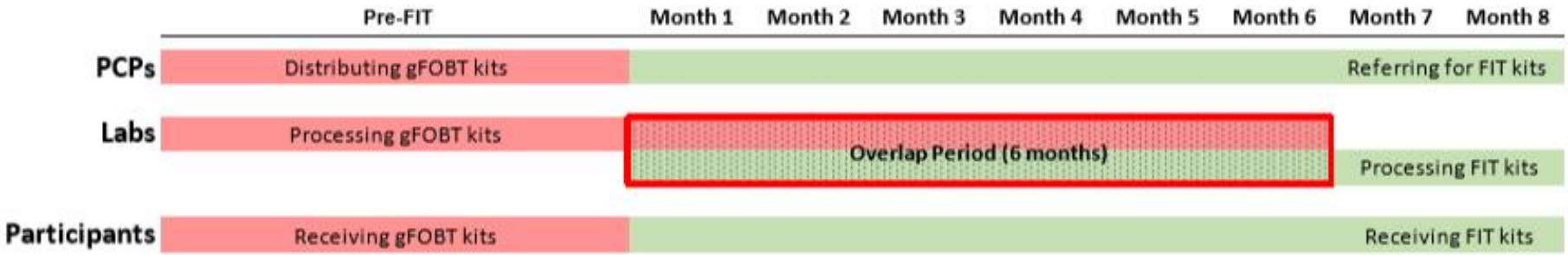
- Patients prefer FIT
- FIT is safer than colonoscopy
- FIT is as good as colonoscopy at detecting CRC in average risk people
- FIT-positive colonoscopy is high yield – colonoscopy used in people most likely to benefit

The CCC program does not recommend screening for average risk people with colonoscopy

FIT → better risk–benefit ratio of screening

WHEN???

WHEN???



- 6-month overlap from FIT go-live to decommissioning of gFOBT
- During overlap period, both gFOBT and FIT will be analyzed, but no gFOBT kits will be handed out

Cancer Care Ontario

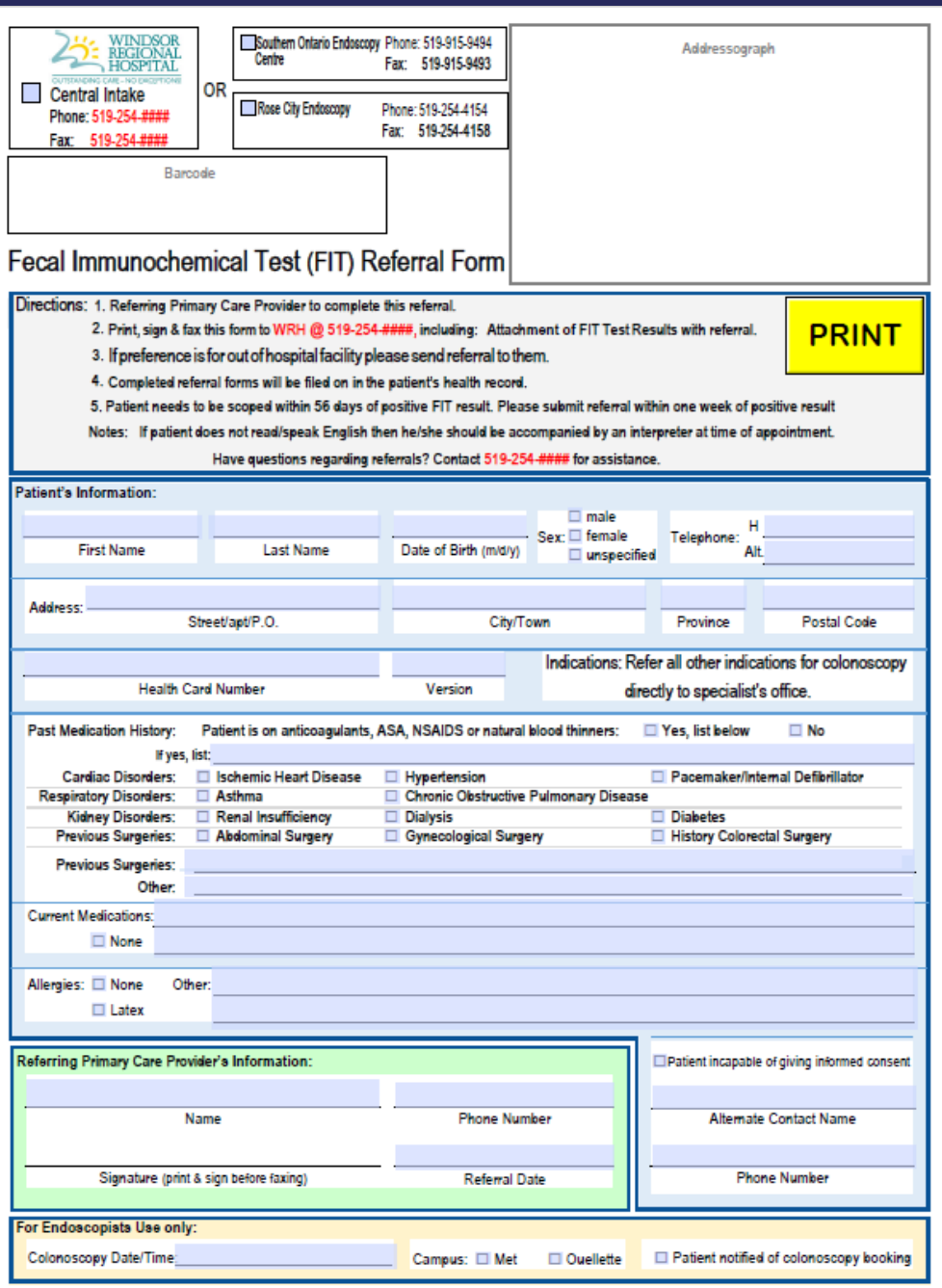
21

Lab Services and FIT Kit System Vendors

- CCO signed vendor contracts with a laboratory service provider and a test system vendor in June 2018
- The successful laboratory service provider is:

- The successful test system vendor is:

Windsor Regional Hospital Central Intake Program



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS

☐ Central Intake
Phone: 519-254-####
Fax: 519-254-####

OR

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

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

Addressograph

Barcode

Fecal Immunochemical Test (FIT) Referral Form

Directions:
1. Referring Primary Care Provider to complete this referral.
2. Print, sign & fax this form to WRH @ 519-254-####, including: Attachment of FIT Test Results with referral.
3. If preference is for out of hospital facility please send referral to them.
4. Completed referral forms will be filed on in the patient's health record.
5. Patient needs to be scoped within 56 days of positive FIT result. Please submit referral within one week of positive result

Notes: 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 519-254-#### for assistance.

PRINT

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:

Cardiac Disorders:	☐ Ischemic Heart Disease	☐ Hypertension	☐ Pacemaker/Internal Defibrillator
Respiratory Disorders:	☐ Asthma	☐ Chronic Obstructive Pulmonary Disease	
Kidney Disorders:	☐ Renal Insufficiency	☐ Dialysis	☐ Diabetes
Previous Surgeries:	☐ Abdominal Surgery	☐ Gynecological Surgery	☐ History Colorectal Surgery

Previous Surgeries:

Other:

Current Medications:

☐ None

Allergies: ☐ None ☐ Latex Other:

Referring Primary Care Provider's Information:

Name | Phone Number

Signature (print & sign before faxing) | Referral Date

☐ Patient incapable of giving informed consent

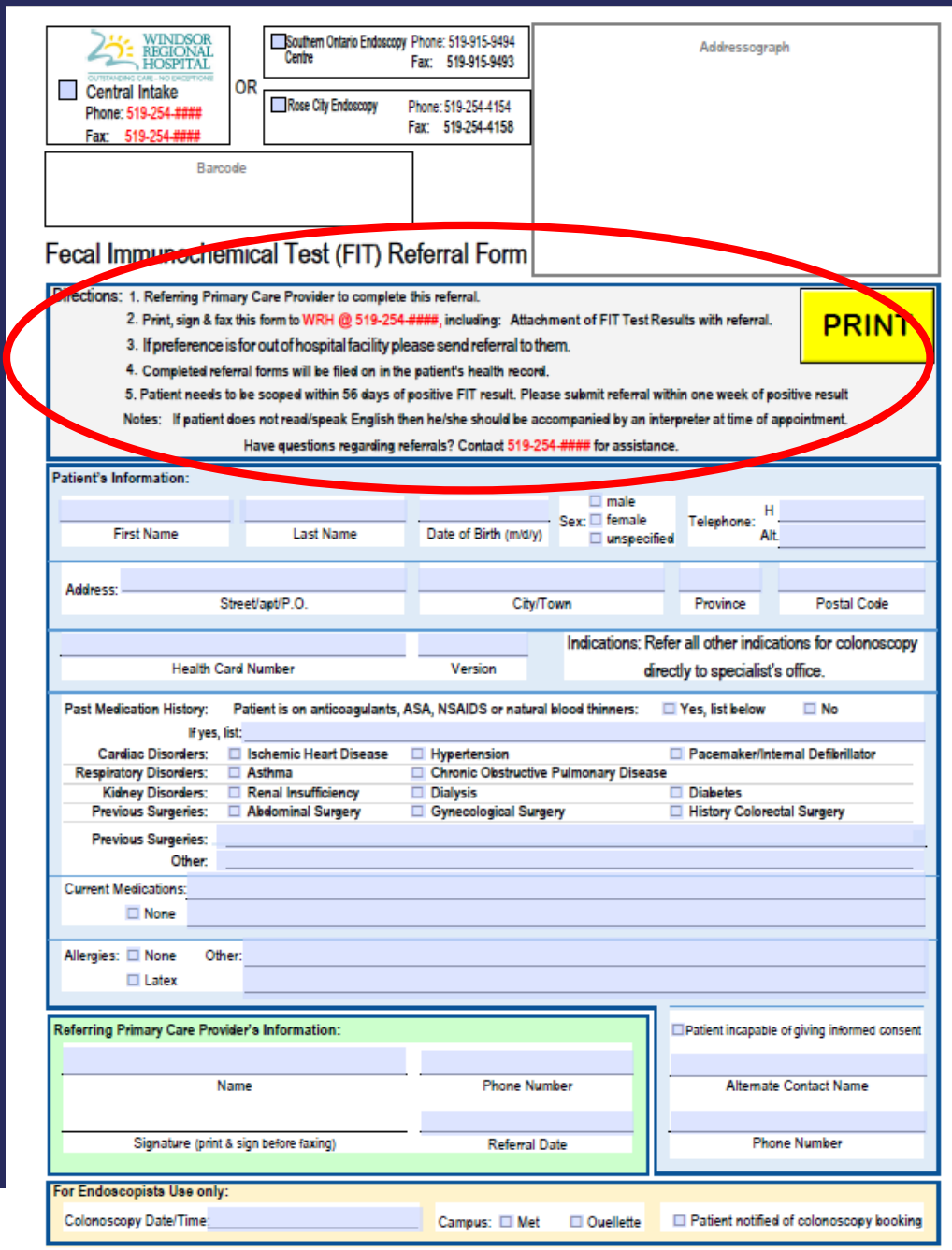
Alternate Contact Name

Phone Number

For Endoscopists Use only:

Colonoscopy Date/Time | Campus: ☐ Met ☐ Ouellette | ☐ Patient notified of colonoscopy booking

WRU 117# AMB R1 (Rev. 06/12/2018) PC Page 1 of 1



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS

☐ Central Intake
Phone: 519-254-####
Fax: 519-254-####

OR

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

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

Addressograph

Barcode

Fecal Immunochemical Test (FIT) Referral Form

Directions:
1. Referring Primary Care Provider to complete this referral.
2. Print, sign & fax this form to WRH @ 519-254-####, including: Attachment of FIT Test Results with referral.
3. If preference is for out of hospital facility please send referral to them.
4. Completed referral forms will be filed on in the patient's health record.
5. Patient needs to be scoped within 56 days of positive FIT result. Please submit referral within one week of positive result

Notes: 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 519-254-#### for assistance.

PRINT

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:

Cardiac Disorders:	☐ Ischemic Heart Disease	☐ Hypertension	☐ Pacemaker/Internal Defibrillator
Respiratory Disorders:	☐ Asthma	☐ Chronic Obstructive Pulmonary Disease	
Kidney Disorders:	☐ Renal Insufficiency	☐ Dialysis	☐ Diabetes
Previous Surgeries:	☐ Abdominal Surgery	☐ Gynecological Surgery	☐ History Colorectal Surgery

Previous Surgeries:

Other:

Current Medications:

☐ None

Allergies: ☐ None ☐ Latex Other:

Referring Primary Care Provider's Information:

Name | Phone Number

Signature (print & sign before faxing) | Referral Date

☐ Patient incapable of giving informed consent

Alternate Contact Name

Phone Number

For Endoscopists Use only:

Colonoscopy Date/Time: Campus: ☐ Met ☐ Ouellette ☐ Patient notified of colonoscopy booking

WRU 117# AMB R1 (Rev. 06/12/2018) PC Page 1 of 1

Directions: 1. Referring Primary Care Provider to complete this referral.

2. Print, sign & fax this form to WRH @ 519-254-####, including: Attachment of FIT Test Results with referral.

3. If preference is for out of hospital facility please send referral to them.

4. Completed referral forms will be filed on in the patient's health record.

5. Patient needs to be scoped within 56 days of positive FIT result. Please submit referral within one week of positive result

Notes: 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 519-254-#### for assistance.

PRINT

Surveillance After Polyp Removal

Primary care hard copy mail-out

The following outlines contents of the hard copy mail-out, some of which will be stored on the FIT Hub:

- CCC Screening Recommendations Summary
- FIT requisition
- FIT specimen collection instructions for patients
- Recommendations for Post-Polypectomy Surveillance Provider Tool ⟸ January 2019
- PCP registration for patient attachment
- Sample FIT specimen collection device (TBC)

Cancer Care Ontario

ColonCancerCheck (CCC)
Recommendations for Post-Polypectomy Surveillance

C. Dubé, B.R. McCurdy, A. Pollett, N.N Baxter, D. Morgan, J. Tinmouth

Appendix 1: List of Guidelines Reviewed

Guideline Source	Title	Year
Alberta Colorectal Cancer Screening Program	Post Polypectomy Surveillance Guidelines (16)	2013
British Society of Gastroenterology and Association of Coloproctology for Great Britain and Ireland	Guidelines for colorectal cancer screening and surveillance in moderate and high risk groups (17)	2010
Canadian Association of Gastroenterology	Colorectal cancer surveillance after index colonoscopy: guidance from the Canadian Association of Gastroenterology (6)	2013
Cancer Council Australia	Clinical Practice Guidelines for Surveillance Colonoscopy - in adenoma follow-up; following curative resection of colorectal cancer; and for cancer surveillance in irritable bowel disease (18)	2011
ColonCheck, CancerCare Manitoba	Screening, Surveillance and Follow up Recommendations (19)	2011
European Commission	European guidelines for quality assurance in colorectal cancer screening and diagnosis (20)	2010
European Society of Gastrointestinal Endoscopy	Post-polypectomy colonoscopy surveillance: European Society of Gastrointestinal Endoscopy (ESGE) Guideline (21)	2013
Expert Panel Convened by the National Institutes of Health (Rex et al)	Serrated lesions of the colorectum: review and recommendations from an expert panel (21)	2012
Guidelines and Protocols Advisory Committee (British Colombia)	Follow-up of Colorectal Polyps or Cancer (22)	2013
New Zealand Guidelines Group	Guidance on Surveillance for People at Increased Risk of Colorectal Cancer (23)	2011
National Institute for Health and Clinical Excellence (NICE)	Colonoscopic Surveillance for Prevention of Colorectal Cancer in People with Ulcerative Colitis, Crohn's Disease or Adenomas (24)	2011
Mayo Clinic	Recommended Intervals Between Screening and Surveillance Colonoscopies (25)	2013
U.S. Multi-Society Task Force on Colorectal Cancer	Colonoscopy Surveillance after Colorectal Cancer Resection: Recommendations of the U.S. Multi-Society Task Force on Colorectal Cancer (2)	2012

Table 1. ColonCancerCheck (CCC) Recommendations for Post-Polypectomy Surveillance

Initial colonoscopy			Subsequent colonoscopy		
Findings	**Next test[1]**	**Time until next test**	**Findings**	**Next test[1]**	**Time until next test**
No polyps Hyperplastic polyp(s) in rectum or sigmoid	FIT	10 years	Not applicable		
Low risk adenoma(s)[2]	FIT	5 years	Not applicable		
High risk adenoma(s)[2]	Colonoscopy	3 years	No polyps, hyperplastic polyp(s) in rectum or sigmoid, or low risk adenoma	Colonoscopy	5 years
			High risk adenoma(s)	Colonoscopy	3 years
>10 adenomas	Cleaning colonoscopy[3]	≤ 6 months	<3 years at endoscopist discretion[3]		
Any sessile serrated polyp(s) <10 mm without dysplasia	Colonoscopy	5 years	At endoscopist discretion[4]		
Sessile serrated polyp(s) ≥10 mm Sessile serrated polyp(s) with dysplasia Traditional serrated adenoma	Colonoscopy	3 years			
Large sessile polyp removed piecemeal	Colonoscopy	≤ 6 months			
Serrated polyposis syndrome[2]	Colonoscopy	1 year			

Notes:

1 - Additional testing with FIT or flexible sigmoidoscopy is not required between surveillance intervals.

2 - See page seven for definitions

3 - People with >10 adenomas should undergo genetic assessment for familial adenomatous polyposis (FAP) syndrome. The subsequent surveillance interval will depend on the results of the genetic assessment and whether the colon is cleared of polyps. If there is no FAP and after the colon is cleared, surveillance recommendation is colonoscopy in <3 years.

4 - Sessile serrated polyps and traditional serrated adenomas require surveillance, but there is currently insufficient evidence to make specific recommendations on surveillance intervals.

Thank you