

Fecal Immunochemical Tests (FIT) Information and Options

Fecal immunochemical tests (FIT) are a good first line approach to colorectal cancer (CRC) screening. The American Cancer Society (ACS) recommends CRC screening beginning at age 45, while the United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control (CDC) recommend CRC screening beginning at age 50 for asymptomatic, average-risk individuals. Insurance coverage varies so it is encouraged that individuals check with their plan to ensure the CRC test they are receiving is covered.

FIT's offer simplicity and convenience to the patient and a relatively low-cost when compared to most other types of CRC screening options. When choosing a FIT for your practice, there are several factors to consider to ensure you are getting the best test for the money as well as promoting compliance for a completed screening.

Simplicity

There is a common saying in cancer screening that the best screening is the one that gets completed. While most FITs are simple and less invasive than other CRC screening methods, there are differences even among FITs that can create challenges to a completed screening. While the overall purpose of the FIT is to detect blood in the stool, the way in which this is completed may differ between tests from different manufacturers, and in some cases even between tests marketed by the same manufacturer. Therefore it is important to recognize that not all FITs are created equal, and there are tradeoffs that are inherent in these differences.

One Sample versus Two or Three Sample FIT

The Multi-Society Task Force on colorectal cancer suggests implementing a 1-sample annual FIT screening approach according to a special article published jointly in *Gastrointestinal Endoscopy*, *Gastroenterology*, and *American Journal of Gastroenterology* (https://www.asge.org/docs/default-source/education/practice_guidelines/fecal_immunochemical_testing.pdf?sfvrsn=2). The article highlights research that showed that the performance characteristics of FIT for CRC screening were similar regardless of the number of FIT samples tested. Accordingly, using a 1-sample FIT was found to be more cost-effective than 2-sample testing if short intervals between screenings is used. The USPSTF recommends FIT's be administered annually, regardless of number of samples collected. There is no clear disadvantage to a two-or three sample FIT other than they require more than one sample from the patient. Based upon your knowledge of your compliance rates for other screening tests, you will be able to determine the test that will give you a better chance for a completed screening.

Laboratory versus In-Office Processing

Many FITs manufactured today can be processed in the primary care office rather than a laboratory using a simple indicator that is similar to a pregnancy test. A sample of the fecal fixative is placed on the indicator strip and the test instructions will alert you to what is a positive or negative result. This can

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save time and money by allowing the test to be resulted as soon as it is received in the office and those results entered into the health record immediately, and the results shared with the patient.

Return Time Intervals

All FITs have a time period between when the sample was provided and when it needs to be processed, typically ten (10) days up to two (2) weeks. One complicating factor is if the sample(s) is sent back to the laboratory or provider office by postal service. In some rural areas, compliance in meeting this turnaround time can be a challenge so an alternative delivery method to getting the completed FIT back to your office should be considered in those specific situations. One strategy that is effective is the use of pre-paid postage on FIT return packaging. This alleviates the guess work on how many stamps are needed by the patient, and also encourages the patient to return the completed kit in a timely manner. In addition to pre-paid postage, another strategy to prompt the patient to return the kit is to write a due date on the packaging.

Illustrated Instructions

Instructions that are easy to understand provide the patient with a high degree of confidence that he or she will be able to complete the FIT accurately. Instructions that provide pictures or illustrations of the steps involved in collecting a sample offer the patient a better idea of what is being asked of them to do and will result in higher completion rates. This is especially helpful when there are language barriers. Most FIT manufacturers offer instructions in many different languages, so consider contacting the manufacturer for alternatives if you have patients that speak a language other than English. The old saying that a picture is worth a thousand words is especially true when language is a barrier, so consider showing the patient how a stool sample is collected using clay or other similar material.

Summary

FIT's are a good screening choice for persons at average risk for developing colorectal cancer, who are between the ages of 50 – 75 years and do not want to have a colonoscopy as their first screening test. Because FIT's are inexpensive and a quality first-line tool in identifying possible colorectal cancer, the test should not be undervalued in its usefulness in screening for colorectal cancer. Consider asking your patient to complete the FIT kit before leaving the office if possible. Please note: A digital rectal exam is NOT a valid method to collect a stool sample for purposes of colorectal cancer screening using a FIT and should not be utilized.