

# Frequently Asked Questions for Health Care Professionals



## What scientific evidence is there to support the use of FOBT?

Four randomized controlled trials (RCT) have shown that screening using the Fecal Occult Blood Test (FOBT) can reduce mortality from colorectal cancer (CRC) in average risk individuals. A Cochrane Review of these four trials found that the mortality reduction for colorectal cancer is up to 25%.<sup>1</sup>

## Is it necessary for patients to follow the dietary and drug restrictions of the guaiac FOBTs?

Dietary and drug restrictions increase the accuracy of a guaiac-based FOBT. NSAIDs and red meat may cause false positives, resulting in unnecessary risks from a colonoscopy. Vitamin C supplements, citrus fruits and juices may cause false negatives. Even when dietary restrictions have not been adhered to, a positive FOBT warrants further investigation with colonoscopy.

## How sensitive is the Hemoccult II Sensa FOBT?

The sensitivity (proportion of people with cancer who have a positive test result) ranges from 64% to 85.3% and the specificity (proportion of people who do not have cancer who have a negative test result) from 87% to 95%.<sup>2,3</sup>

## Why is the program using a guaiac fecal occult blood test?

A guaiac FOBT was chosen as randomized controlled trials (RCT) found that when used in a population based screening program, it reduced mortality from colorectal cancer. There is growing evidence to suggest that the immunochemical FOBT is more sensitive for the detection of cancers and adenomas. As new evidence becomes available, an

immunochemical test may be considered. The decision to change the program's test will be based on many factors including sensitivity of the test, RCT evidence, acceptability and feasibility.

## What is the positivity rate for the Program FOBT?

During the first phase of the program, the positivity rate was approximately 3%.

## What is Colon Check Manitoba?

ColonCheck Manitoba is the provincial colorectal cancer screening program. The goal of the program is to detect colorectal cancer early and reduce the mortality from the disease in Manitobans. The population based program will be inviting individuals of average risk between the ages of 50 & 74 to be screened with the Hemoccult II Sensa FOBT.

## What if I have a patient who is 50 -74 years of age, but has not received a (FOBT) from the Colorectal Cancer Screening Program?

If a patient is eligible for screening and has not received a FOBT from the program, assess their risk and screen appropriately or they can call the program to request a kit. Refer to the Program Screening, Surveillance and Follow up Recommendations found on the website [www.coloncheckmb.ca](http://www.coloncheckmb.ca) or call ColonCheck Manitoba 204-788-8635 or 1-866-744-8961.

## If an individual completes a test from the program and the result is positive, who will refer them for a colonoscopy?

The program would prefer to refer these individuals. The program will inform the primary care provider of the results and confirm the referral process.

### **We already have wait lists for colonoscopy services; won't the program create additional demands on the system?**

The program is working with stakeholders such as Manitoba Health and the Regional Health Authorities to ensure that the expansion of the screening program will be conducted in a coordinated manner that minimizes impact to the health care system. Manitoba Health has increased funding for endoscopy services.

### **Why does the Program exclude individuals older than 74 years of age?**

The Program is a population based screening program and has chosen to target individuals 50 – 74 years of age. Screening individuals under 50 or over 74 years of age should be made on an individual basis, depending on patient concerns, family history and/or coexisting morbidities. We recommend these individuals discuss the risks and benefits of screening with their health care provider.

### **What if my patient had a positive FOBT and is refusing a colonoscopy or is not medically suitable for a colonoscopy?**

Discuss and investigate for GI blood loss as appropriate. Consider alternatives to colonoscopy such as air contrast barium enema or CT colonography depending on availability.

### **What if my patient who has completed a program FOBT had a positive result and had a follow up colonoscopy with a negative result?**

Evidence suggests a negative colonoscopy should be protective against the development of colon cancer for ten years. On occasion, other investigations may be recommended by the endoscopist depending on the clinical situation.

### **What if I have a patient who has a positive FOBT? Can I ask the program to make the referral for colonoscopy?**

No. The program can only refer individuals who have completed a program FOBT.

### **What if I have a patient who is asymptomatic, ≥ 50 years, with no family history, what is the recommended screening test?**

The Program recommends FOBT, every two years followed by a colonoscopy if any one FOBT sample is positive.

### **Contact ColonCheck Manitoba to:**

- ✔ Order posters or pamphlets
- ✔ Order Reduce Your Risk DVD
- ✔ Request a Presentation



### **References:**

- <sup>1</sup> Hewitson P., Glasziou P., Irwig L. & Watson E. (2007). Screening for colorectal cancer using the fecal occult blood test, Hemmocolt. Cochrane Database of Systemic Review, 1.
- <sup>2</sup> Rennert G., Rennert H.S., Miron E., & Peterburg Y. (2001). Population colorectal cancer screening with fecal occult blood Cancer Epidemiology, Biomarkers & Prevention, 10.
- <sup>3</sup> 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.

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