



Cancer Care Ontario

Time to get “FIT”

Fecal immunochemical test (FIT): A non-invasive test for colorectal cancer screening

DR N ZAVAGNIN MD CCFP

This **Group Learning** program has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+ credits..

Faculty/Presenter Disclosure



Presenter: Dr. Nicole Zavignin

Title of Presentation: Time to Get FIT

I have no financial or personal relationship related to this presentation to disclose.

Disclosure of Commercial Support

Commercial Support:

- This program has received financial support from Cancer Care Ontario in the form of payment for the certification of this module

Potential for conflicts of interest:

None

Mitigating Potential Bias

- This program is not the opinions of the speakers, but uses evidence-based content developed by Cancer Care Ontario

After this presentation, you will be able to:



Understand the Burden of Colorectal Cancer (CRC) in Ontario



Order the Fecal Immunochemical Test (FIT) and Counsel your Patients



Compare CRC Screening Tests for Average Risk Patients



Select Appropriate Follow-Up: Screening Interval and Surveillance

Question 1

Approximately how many new cases of CRC will be diagnosed in Ontario in 2018?

- a) 8,500
- b) 10,100
- c) 11,600
- d) 10,600



Question 2

Fill in the blank: If caught early (stage 1), approximately _____ of people with CRC will be disease free at five years?

- a) 90%
- b) 80%
- c) 35%
- d) 55%



Question 3

Within Ontario, approximately how many people will die from CRC annually?

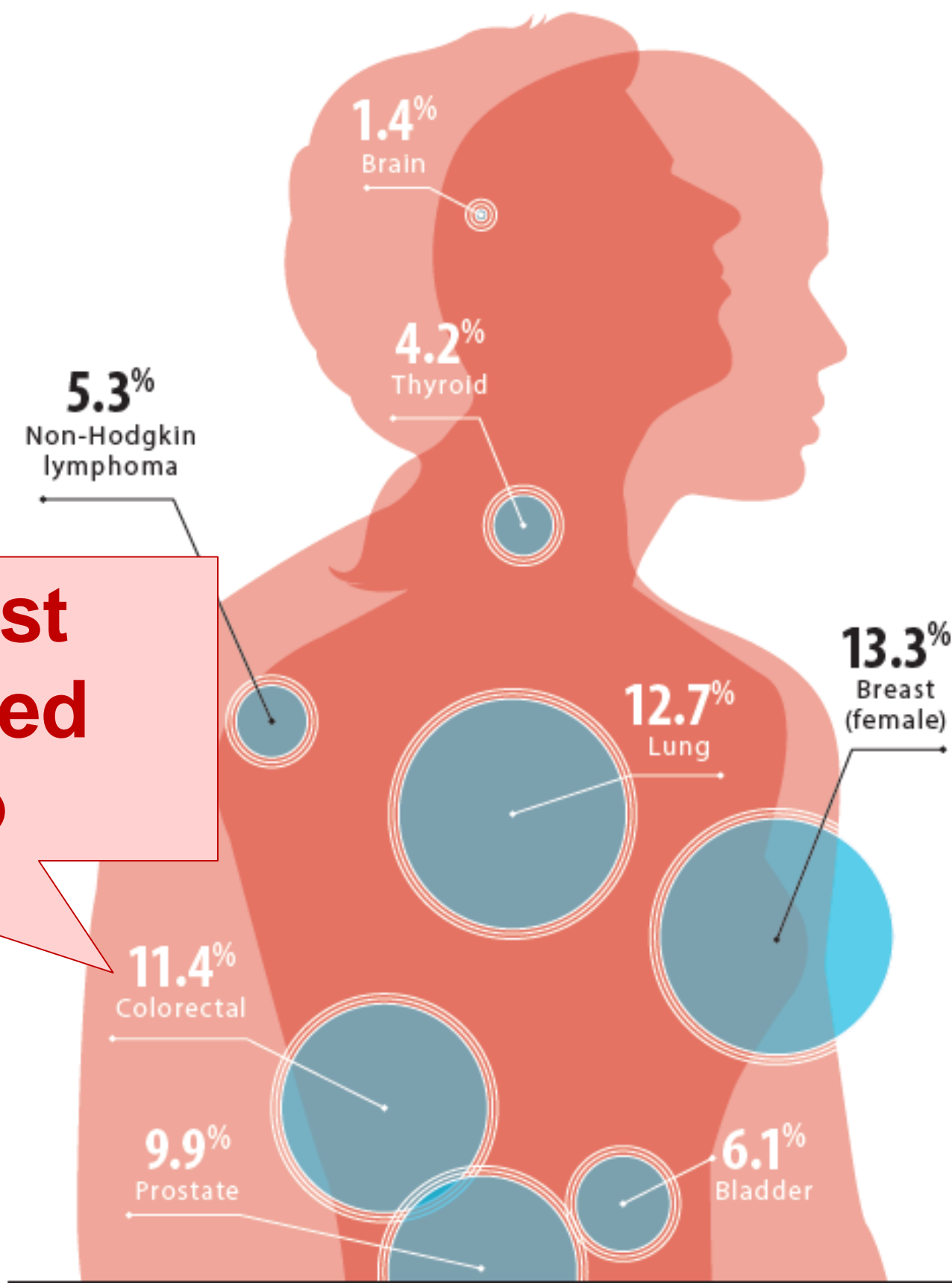
- a) 5,000
- b) 10,500
- c) 19,000
- d) 3,350
- e) 700



Burden of CRC in Ontario

Distribution of new cases for selected cancers, 2013

CRC is the 2nd most commonly diagnosed cancer in Ontario



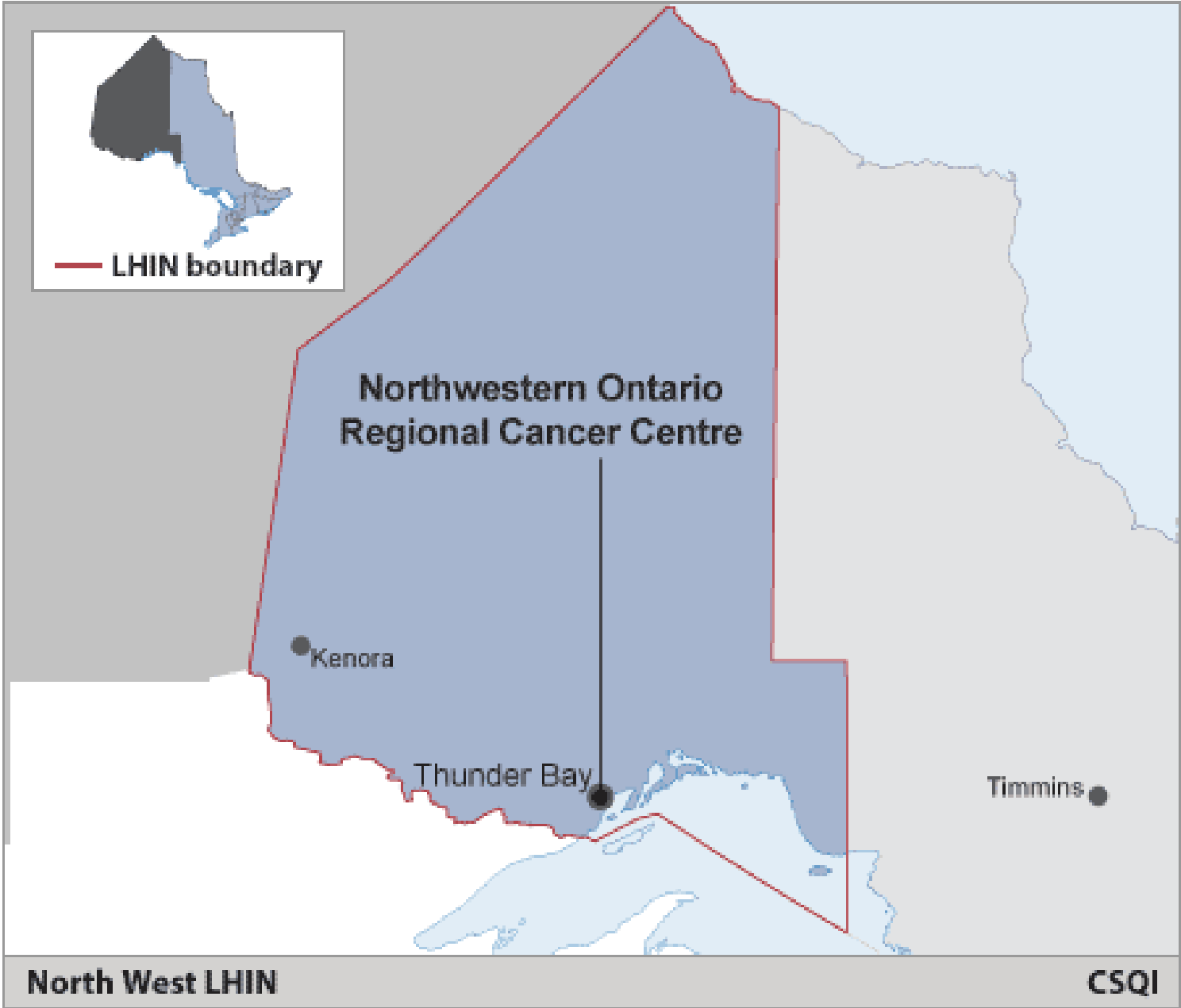
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Source: Cancer Care Ontario. Ontario Cancer Statistics 2018. Toronto: Cancer Care Ontario; 2018.

North West Local Health Integration Network (LHIN)



Indicator (total population)	North West LHIN	Ontario
Age-standardized incidence of colorectal cancer (CRC) (per 100,000 people) (2017 estimate)	84.2	72.1
Age-standardized 5-year relative survival of CRC (2009–2013)	65.5%	67.5%
Percentage of people overdue for CRC screening* (2016)	42.5%	38.1%



*People are considered "overdue" if they have not had an gFOBT in 2 years, colonoscopy in 10 years, or flexible sigmoidoscopy in 10 years.

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Question 4

Fill in the blank: Of the individuals diagnosed with CRC, approximately _____ have no family history of the disease.

- a) 50%
- b) 15%
- c) 70%
- d) 90%
- e) 25%



Ontario's ColonCancerCheck (CCC) Program

- Canada's first organized province-wide CRC screening program launched in 2008
- Sends letters to eligible people
- Screening offered to people ages 50–74
 - Via primary care provider
 - **Average risk:** guaiac fecal occult blood test (gFOBT)* until fecal immunochemical test (FIT) is available in Ontario
 - **Increased risk** (≥ 1 first-degree relative with CRC): colonoscopy



*Flexible sigmoidoscopy every 10 years is an acceptable screening test.

gFOBT vs. No Screening



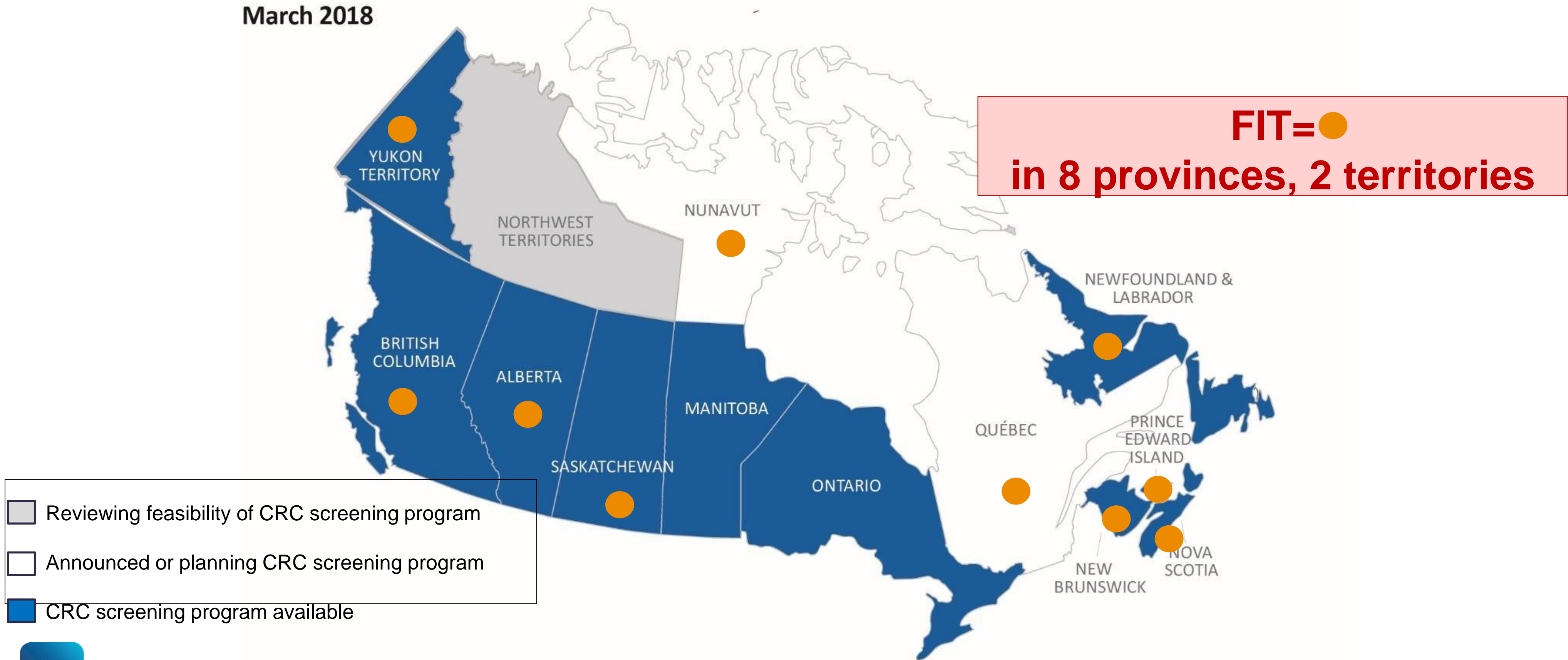
Outcomes	Relative Effect (95% CI*)	# of Person-Years (# RCTs)
CRC mortality (follow-up range: 17–30 years)	RR* 0.87 (0.82–0.92)	4,866,448 (5 RCTs)
CRC incidence (follow-up range: 17–30 years)	RR 0.96 (0.90–1.02)	4,866,448 (5 RCTs)

13% reduction in CRC deaths

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

Organized CRC Screening in Canada

March 2018



- Reviewing feasibility of CRC screening program
- Announced or planning CRC screening program
- CRC screening program available

CCC is implementing FIT as the recommended screening test for people at average risk of CRC



gFOBT vs. FIT Lab Parameters

	gFOBT	FIT
Measures	Hemoglobin	Globin; human
Test technique	Chemical	Immunochemical
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

No dietary or medicine restrictions

*Hb=hemoglobin

gFOBT vs. FIT Lab Parameters

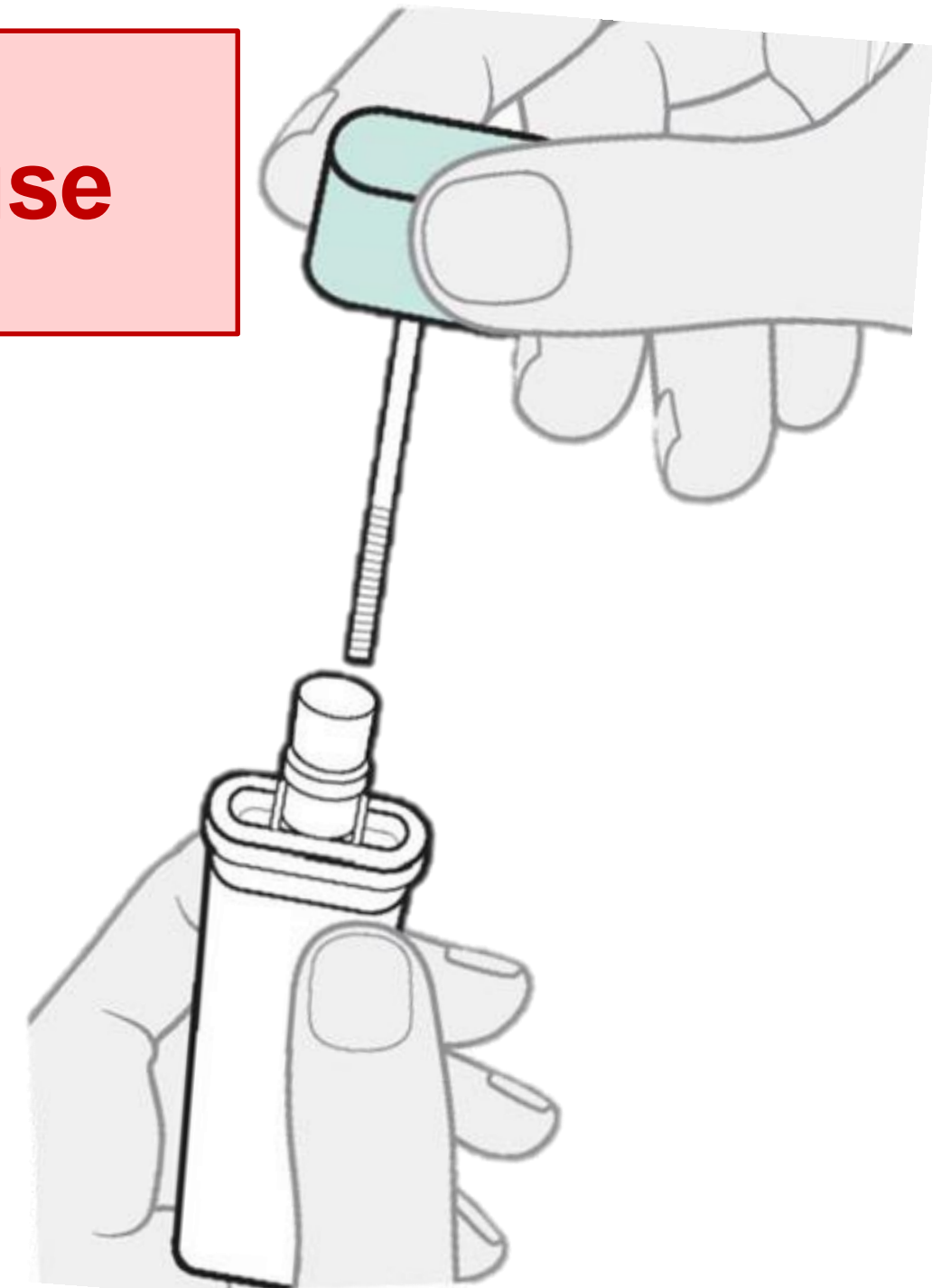
	gFOBT	FIT
Shelf life	3 years	12 to 18 months
Specimen stability		Less stable at high temperatures and over time
# of samples required		1
Lab process		Automated
Results	Qualitative	Qualitative or quantitative

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

FIT Usability for Participants

- At-home stool sample screening test
- 1 sample
- Tube designed for easy sampling
- No dietary or medication restrictions

Easier to use



Accuracy for CRC: One-Time Test

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

FIT vs. gFOBT: Clinical Implications

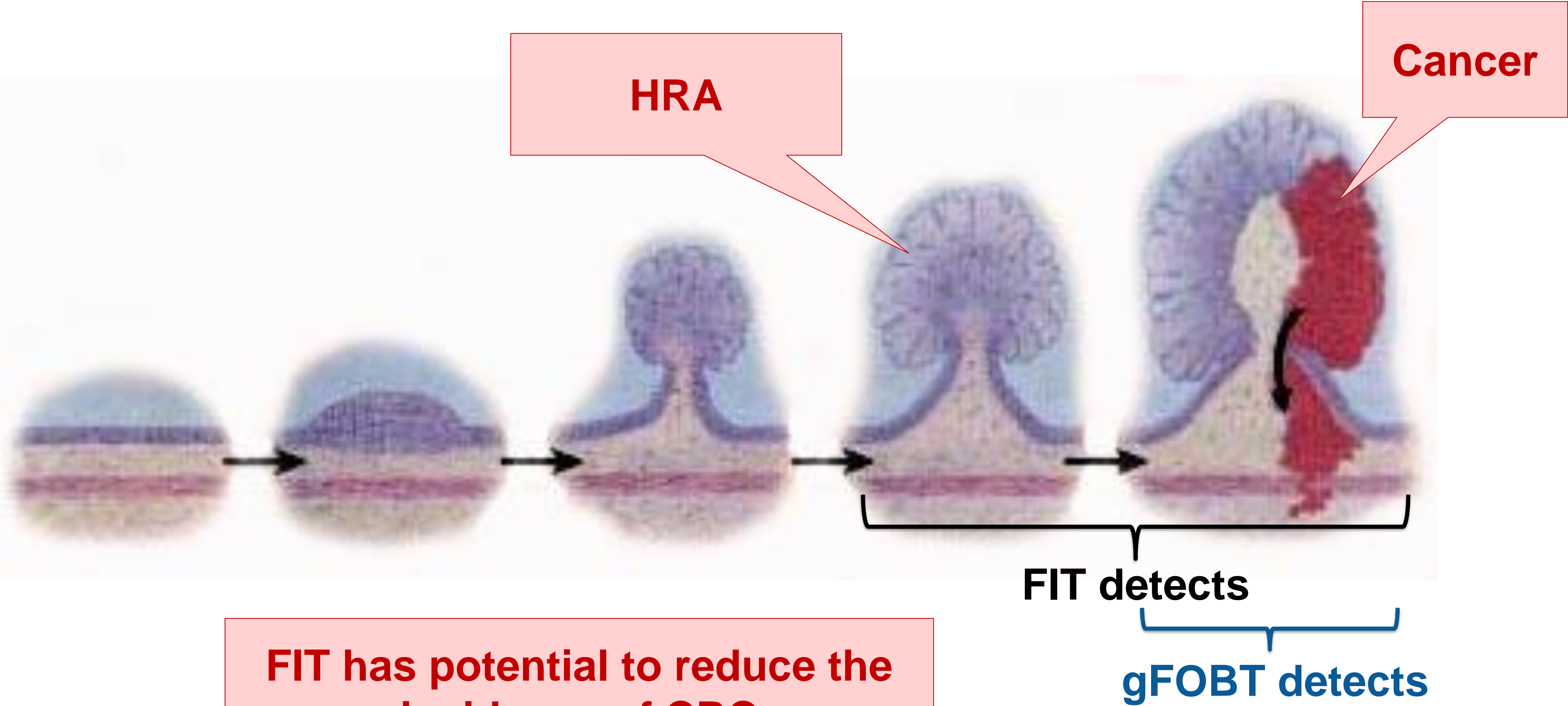
Outcomes	Relative Effect (95% CI*)	Years (# of studies)
Participation rate	RR* 1.16 (1.05–1.28)	52,038 ^[LSEP] (6 RCT*s)
CRC and HRA* detection	RR 2.15 (1.58–2.94)	51,634 ^[LSEP] (5 RCTs)

16% increase in participation

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

*HRA= High risk adenoma, CI = confidence interval, RCT= randomized control trial, RR= relative risk
Source: Tinmouth J, Vella E, Baxter NN, Dubé C, Gould M, Hey A, et al. Colorectal cancer screening in average risk populations: Evidence summary. Toronto (ON): CCO; 2015 November 11. Program in Evidence-based Care Evidence Summary No.: 15-14.

Adenoma to Cancer



FIT has potential to reduce the incidence of CRC

Cost Effectiveness of FIT

OPEN ACCESS Freely available online

PLOS MEDICINE

Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation

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fits and costs of fecal
nical testing versus guaiac fecal
testing for colorectal cancer

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Cancer Care Ontario

- Modelling techniques used to estimate relative benefits and costs of FIT vs other screening approaches/no screening
- Canadian cost data used in both studies

Sources:

Heitman S, Hilsden R, Au F, Dowden S, Manns B. Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation. PLoS Medicine. 2010;7(11):e1000370.

Goede S, Rabeneck L, van Ballegooijen M, Zauber A, Paszat L, Hoch J et al. Harms, benefits and costs of fecal immunochemical testing versus guaiac fecal occult blood testing for colorectal cancer screening. PLOS ONE. 2017;12(3):e0172864.

Cost Effectiveness of FIT

Key Findings

- biennial screening with FIT is:
 - more effective and less costly than gFOBT
 - as effective as, and less costly than, colonoscopy; and
 - cost saving compared to no screening

Sources:

Heitman S, Hilsden R, Au F, Dowden S, Manns B. Colorectal Cancer Screening for Average-Risk North Americans: An Economic Evaluation. PLoS Medicine. 2010;7(11):e1000370.

Goede S, Rabeneck L, van Ballegooijen M, Zauber A, Paszat L, Hoch J et al. Harms, benefits and costs of fecal immunochemical testing versus guaiac fecal occult blood testing for colorectal cancer screening. PLOS ONE. 2017;12(3):e0172864.



FIT vs. Colonoscopy for Average Risk Screening

Systematic Review: Average Risk Screening for CRC

Evidence	Strength
<ul style="list-style-type: none">Fecal tests for occult blood <p>FIT is at least as good as gFOBT for ↓CRC-related mortality</p>	Strong evidence
<ul style="list-style-type: none">Flexible sigmoidoscopy vs. no screening <p>Colonoscopy is at least as sensitive as FS but uncertain risk/benefit ratio</p>	Strong evidence
<ul style="list-style-type: none">Colonoscopy vs. no screening <p>Early results are promising</p>	Insufficient direct evidence
<ul style="list-style-type: none">FIT vs. colonoscopy	Strong emerging evidence *3 large-scale RCTs are underway

Quintero et al.: FIT vs. Colonoscopy

Large RCT in Spain

Mailed invitation to participate

Ages 50–69

Primary outcome: CRC death at 10 years

Biennial FIT vs. one-time colonoscopy

Reflects only first round results

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Colonoscopy versus Fecal Immunochemical Testing in Colorectal-Cancer Screening

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ABSTRACT

BACKGROUND
Colonoscopy and fecal immunochemical testing (FIT) are accepted strategies for colorectal-cancer screening in the average-risk population.

METHODS
In this randomized, controlled trial involving asymptomatic adults 50 to 69 years of age, we compared one-time colonoscopy in 26,703 subjects with FIT every 2 years in 26,599 subjects. The primary outcome was the rate of death from colorectal cancer at 10 years. This interim report describes rates of participation, diagnostic findings, and occurrence of major complications at completion of the baseline screening. Study outcomes were analyzed in both intention-to-screen and as-screened populations.

RESULTS
The rate of participation was higher in the FIT group than in the colonoscopy group (34.2% vs. 24.6%, $P<0.001$). Colorectal cancer was found in 30 subjects (0.1%) in the colonoscopy group and 33 subjects (0.1%) in the FIT group (odds ratio, 0.99; 95% confidence interval [CI], 0.61 to 1.64; $P=0.99$). Advanced adenomas were detected in 514 subjects (1.9%) in the colonoscopy group and 231 subjects (0.9%) in the FIT group (odds ratio, 2.30; 95% CI, 1.97 to 2.69; $P<0.001$), and nonadvanced adenomas were detected in 1109 subjects (4.2%) in the colonoscopy group and 119 subjects (0.4%) in the FIT group (odds ratio, 9.80; 95% CI, 8.10 to 11.85; $P<0.001$).

CONCLUSIONS
Subjects in the FIT group were more likely to participate in screening than were those in the colonoscopy group. On the baseline screening examination, the numbers of subjects in whom colorectal cancer was detected were similar in the two study groups, but more adenomas were identified in the colonoscopy group. (Funded by Instituto de Salud Carlos III and others; ClinicalTrials.gov number, NCT00906997.)

The authors' affiliations are listed in the Appendix. Address reprint requests to Dr. Castells at the Department of Gastroenterology, Hospital Clínic, Villarroel 170, 08036 Barcelona, Spain, or at castells@clinic.ub.es; or to Dr. Quintero at the Department of Gastroenterology, Hospital Universitario de Canarias, Ctra. Ofra 5/N Cuesta, 38320 La Laguna, Tenerife, Spain, or at equinter@gmail.com.

Drs. Quintero and Castells contributed equally to this article.

*The investigators in the COLONPREV study are listed in the Supplementary Appendix, available at NEJM.org.

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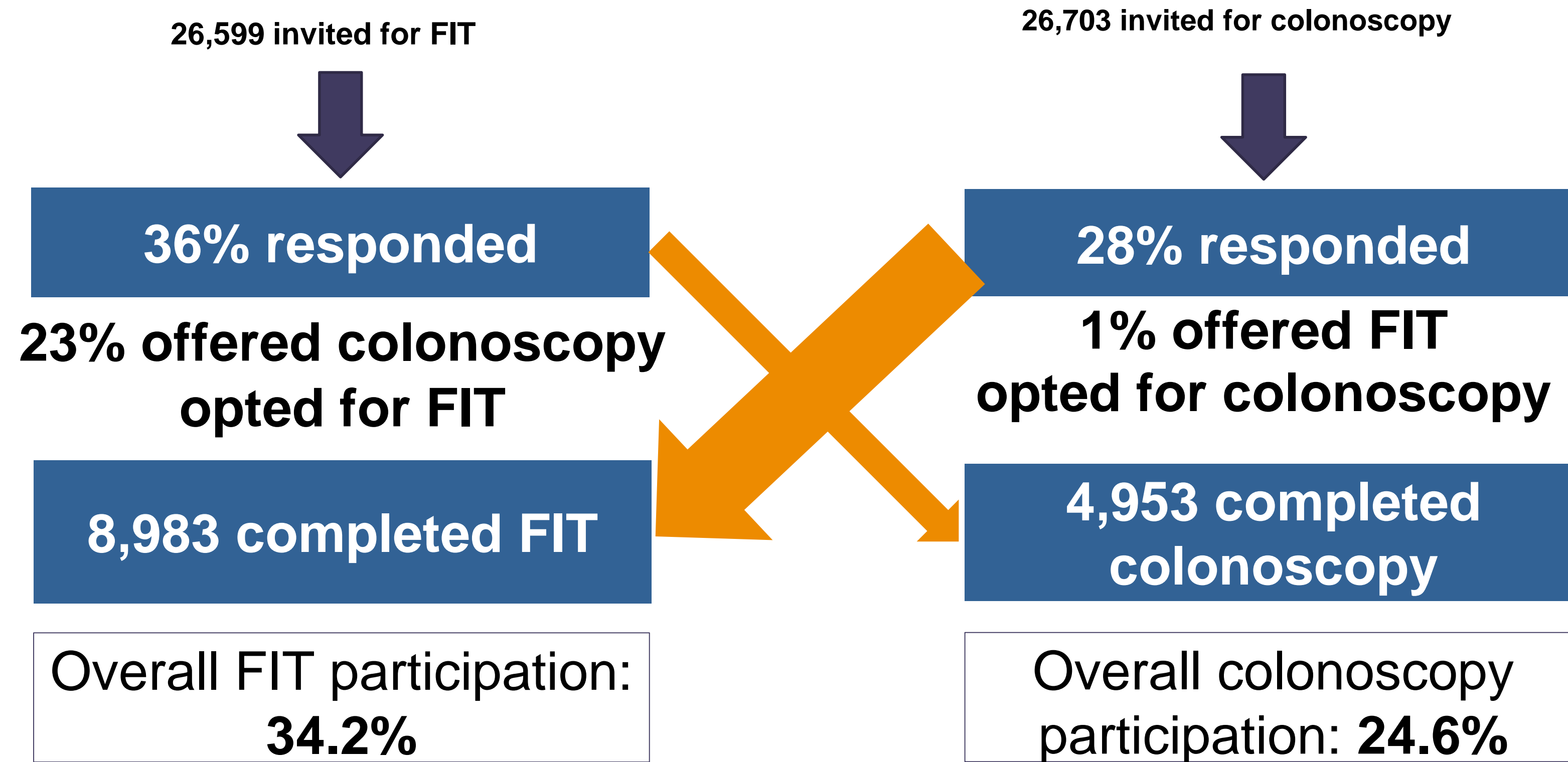
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The New England Journal of Medicine

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Quintero et al.: Patients Prefer FIT



Patients prefer FIT when given the option

Quintero et al.: Diagnostic Yield – Intention to Screen

	Colonoscopy n=26,703	FIT n=26,599	P-value
CRC detection	30	33	Not significant
HRA	514	231	<0.001
# needed to <u>screen</u> to find 1 CRC	191	281	
# needed to <u>scope</u> to find 1 CRC	191	18	
Complication rate	24	10	<0.001

Reflects first round results only

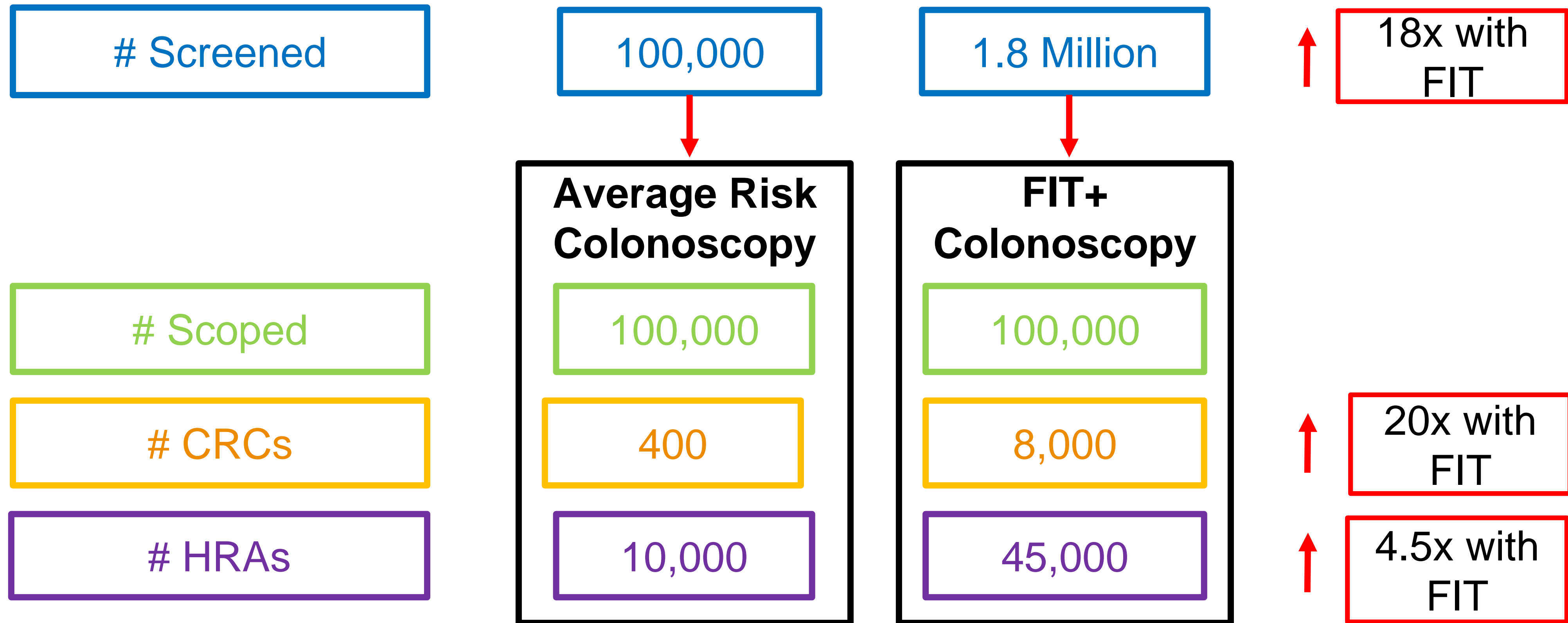
Colonoscopy Associated Complications: Calgary, Alberta

Complication N=18,456 Total # adverse events: 119	Event Rate* *per 1,000 colonoscopies
Bleeding	2.93
Perforation	0.22
Post-polypectomy syndrome	0.16
Cardiac	0.22
Syncope/hypertension	0.27
GI symptoms (minor and transient)	1.95
Splenic/hepatic hematoma	0.11
Other	0.60

Sources: Hilsden R, Dube C, Heitman S, Bridges R, McGregor SE, Rostom A. The association of colonoscopy quality indicators with the detection of screen-relevant lesions.

Colonoscopy is not a benign procedure

Screening with Colonoscopy vs. FIT



FIT: same number of colonoscopies • more people screened • more cancers detected • higher diagnostic yield

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

Case Study 1 - Part 1

You are discussing CRC screening with Rahm, a 52 year old man with **no** known family history of CRC. Rahm has heard about colonoscopy examination through a friend on his baseball team, and he has decided he really wants one. Rahm has heard that fecal-based testing can often miss identifying cancers. During your conversation, you are emphasizing the benefit(s) of FIT to him. Please identify the benefit(s) of the FIT.

- a) High sensitivity for CRC
- b) Detects high risk adenomas (HRAs)
- c) Easy take-home screening test (e.g., one stool sample, no dietary medication restrictions)
- d) FIT is non-invasive and safer than colonoscopy
- e) All of the above



Case Study 1 - Part 2

After you explain the benefits of FIT, your patient still feels they may want to have a colonoscopy and asks about potential risks. What are the risks associated with colonoscopy?

- a) Colonoscopy-related perforation
- b) Post-polypectomy bleeding
- c) Risks related to bowel preparation
- d) Risks related to the use of sedation
- e) All of the above



Case Study 2

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



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Select Appropriate Follow-Up: Screening Interval and Surveillance

ColonCancerCheck (CCC) Eligibility Criteria for FIT

Average risk



- Age 50 to 74
- 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

Eligibility criteria have not changed



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Case Study 3

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 4

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 5

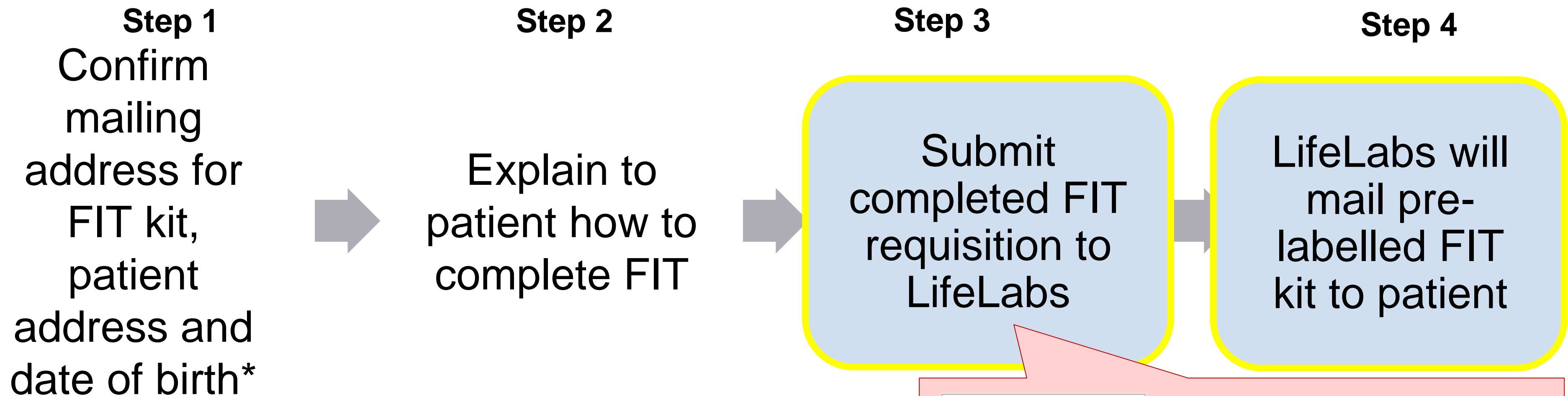
Jessica suffers from chronic atrial fibrillation and has been on dabigatran for the past year. Upon her 72nd birthday, she receives a correspondence letter from Cancer Care Ontario indicating that it's time for her to complete CRC screening. Jessica has completed a number of gFOBT in the past, with no abnormal findings. Taking the above into consideration, is it appropriate to screen Jessica for CRC with FIT?

- a) Yes
- b) No
- c) Unsure

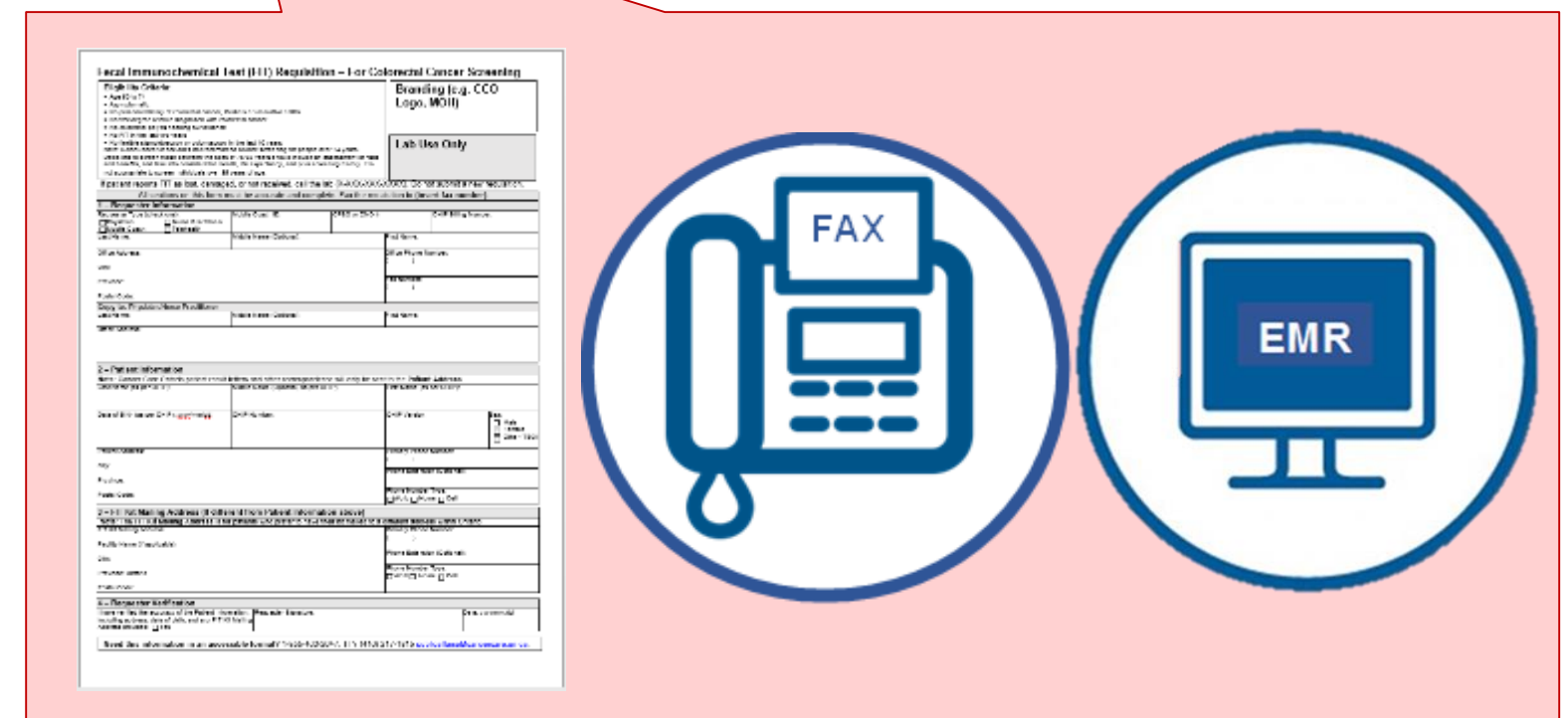


Ordering FIT: Steps for Providers

How to Order FIT for Patients



*Patients who live on a First Nation reserve can contact their health centre or nursing station



Requisition Changes

MOHLTC lab requisition cannot be used to request CCC program FIT

CCC gFOBT will be removed from MOHLTC lab requisition

Ontario Ministry of Health and Long-Term Care
Laboratory Requisition
Requisitioning Clinician / Practitioner

Name _____
Address _____

Clinician/Practitioner Number _____ CPSO / Registration No. _____

Check (✓) one:
☐ OHIP/Insured ☐ Third Party / Uninsured ☐ WSIB

Additional Clinical Information (e.g. diagnosis) _____

☐ Copy to: Clinician/Practitioner
Last Name _____ First Name _____

Laboratory Use Only

Clinician/Practitioner's Contact Number for Urgent Results _____ Service Date: yyyy mm dd
Health Number _____ Version _____ Sex ☐ M ☐ F Date of Birth: yyyy mm dd
Province _____ Other Provincial Registration Number _____ Patient's Telephone Contact Number _____
Patient's Last Name (as per OHIP Card) _____
Patient's First & Middle Names (as per OHIP Card) _____
Patient's Address (including Postal Code) _____

Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory

x	Biochemistry	x	Hematology	x	Viral Hepatitis (check one only)
	Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting		CBC		Acute Hepatitis
	HbA1C		Prothrombin Time (INR)		Chronic Hepatitis
	Creatinine (eGFR)		Immunology		Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below
	Uric Acid		Pregnancy Test (Urine)		Prostate Specific Antigen (PSA)
	Sodium		Mononucleosis Screen		<input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA
	Potassium		Rubella		Specify one below: <input type="checkbox"/> Insured – Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured – Screening: Patient responsible for payment
	Chloride		Prenatal: ABO, RhD, Antibody Screen (titre and ident. if positive)		Vitamin D (25-Hydroxy)
	CK		Repeat Prenatal Antibodies		<input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment
	ALT		Microbiology ID & Sensitivities (if warranted)		Other Tests - one test per line
	Alk. Phosphatase		Cervical		
	Bilirubin		Vaginal		
	Albumin		Vaginal / Rectal – Group B Strep		
	Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/HDL-C ratio; individual lipid tests may be ordered in the "Other Tests")		Chlamydia (specify source):		
	Albumin / Creatinine Ratio, Urine		GC (specify source):		
	Urinalysis (Chemical)		Sputum		
	Neonatal Bilirubin:		Throat		
	Child's Age: _____ days _____ hours		Wound (specify source):		
	Clinician/Practitioner's tel. no. _____		Urine		
	Patient's 24 hr telephone no. _____		Stool Culture		
	Therapeutic Drug Monitoring:		Stool Ova & Parasites		
	Name of Drug #1 _____		Other Swabs / Pus (specify source):		
	Name of Drug #2 _____				
	Time Collected #1 _____ hr. #2 _____ hr.				
	Time of Last Dose #1 _____ hr. #2 _____ hr.				
	Time of Next Dose #1 _____ hr. #2 _____ hr.				
			Specimen Collection		
			Time _____ Date _____		
			Fecal Occult Blood (FOBT) (check one)		
			<input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form		
			Laboratory Use Only		

I hereby certify the tests ordered are not for registered in or out patients of a hospital.

X
Clinician/Practitioner Signature _____ Date _____

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New FIT Requisition

- FIT kits can be completed up to 6 months after lab receives FIT requisition
- Supports patients who opt for a different preferred FIT mailing address

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

Eligibility Criteria:

- Age 50 to 74
 - Asymptomatic
 - No personal history of colorectal cancer, Crohn's or ulcerative colitis
 - No first degree relative diagnosed with colorectal cancer
 - No colorectal polyps needing surveillance
 - No FIT in the last two years
 - No flexible sigmoidoscopy or colonoscopy in the last 10 years
- Note: ColonCancerCheck does not recommend routine screening for people over 74 years. Decisions to screen those between the ages of 75-85 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 individuals over 85 years of age.

Branding (e.g. CCO Logo, MOH)

Lab Use Only

If patient reports FIT as lost, damaged, or not received, call the lab (X-XXX-XXX-XXXX). Do not submit a new requisition.

All sections on this form must be accurate and complete. Fax the requisition to (insert fax number).

1 – Requester Information

Requester Type (check one): <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Mobile Coach <input type="checkbox"/> Telehealth	Mobile Coach ID:	CPBO or CNO #:	OHIP Billing Number:
Last Name:	Middle Name (Optional):	First Name:	
Office Address:		Office Phone:	
City:		Fax:	
Province:			
Postal Code:			
Copy to: Physician/Nurse Practitioner			
Last Name:		Middle Name (Optional):	
Office Address:			

2 – Patient Information

Note: Cancer Care Ontario patient result letters and other correspondence will be sent to the Patient Address.

Last Name (as per OHIP):	Middle Name (Optional, as per OHIP):	First Name (as per OHIP):	
Date of Birth (as per OHIP):	OHIP Number:	OHIP Version:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (TBC)
Patient Address:		Primary Phone Number:	
City:		Phone Extension (Optional):	
Province:		Phone Number Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Postal Code:			

3 – FIT Kit Mailing Address (If different from Patient Information above)

Note: The FIT Kit Mailing Address is for patients who prefer to have their kit mailed to a different address within Ontario.

FIT Kit Mailing Address:	Primary Phone Number:
Facility Name (if applicable):	Phone Extension (Optional):
City:	Phone Number Type: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
Province: Ontario	
Postal Code:	

4 – Requester Verification

I have verified the accuracy of the Patient Information, including address, date of birth, and any FIT Kit Mailing Address provided: <input type="checkbox"/> Yes	Requester Signature:	Date: yyyy/mm/dd
---	----------------------	------------------

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

Ensure Your Patients Get Their FIT

Confirm that patient address information is up to date:

- Alternate FIT kit delivery option

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

Eligibility Criteria:

- Age 50 to 74
 - Asymptomatic
 - No personal history of colorectal cancer, Crohn's or ulcerative colitis
 - No first degree relative diagnosed with colorectal cancer
 - No colorectal polyps needing surveillance
 - No FIT in the last two years
 - No flexible sigmoidoscopy or colonoscopy in the last 10 years
- Note: ColonCancerCheck does not recommend routine screening for people over 74 years. Decisions to screen those between the ages of 75-85 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 individuals over 85 years of age.

Branding (e.g. CCO Logo, MOH)

Lab Use Only

If patient reports FIT as lost, damaged, or not received, call the lab (X-XXX-XXX-XXXX). Do not submit a new requisition.

All sections on this form must be accurate and complete. Fax the requisition to (insert fax number).

1 – Requester Information

Requester Type (check one):		Mobile Coach ID:	CPBO or CNO #:	OHIP Billing Number:
<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse Practitioner			
<input type="checkbox"/> Mobile Coach	<input type="checkbox"/> Telehealth			
Last Name:		Middle Name (Optional):		First Name:
Office Address:		Office Phone Number:		
City:		Fax Number:		
Province:				
Postal Code:				
Copy to: Physician/Nurse Practitioner				
Last Name:		Middle Name (Optional):		First Name:

3 – FIT Kit Mailing Address (If different from Patient information above)

☐ Same as patient address above

Note: The FIT Kit Mailing Address is for patients who prefer to have their kit mailed to a different address within Ontario.

FIT Kit Mailing Address (include facility name if applicable):

City:

Province: Ontario

Postal Code:

Primary Phone Number:
()

Phone Extension (Optional):

Phone Number Type:
☐ Work ☐ Home ☐ Cell

Phone Extension (Optional):

Phone Number Type:
☐ Work ☐ Home ☐ Cell



Cancer Care Ontario

including address, date of birth, and any FIT Kit Mailing Address provided: ☐ Yes

Need this information in an accessible format? 1-855-480-2647, TTY (416) 217-1815 publicaffairs@cancercare.on.ca.

Preparing Your Practice for FIT: Requisition

- ✓ Call LifeLabs at **1-833-676-1426** if you do not routinely receive laboratory supplies or test results from them
- ✓ Add the FIT requisition to your usual process for requesting laboratory tests
- ✓ Add the FIT requisition to your library of custom forms
- ✓ Add LifeLabs kit distribution contact information to your address book
 - Phone: 833-676-1426
 - Fax Requisition: 1-833-676-1427

FIT requisition can be found at: cancercareontario.ca/pcscreeningprograms

The FIT requisition will be made available before FIT launch

Why Centralized Distribution?

Program challenges

- 11.1% of gFOBTs require re-testing
- Majority of rejected tests due to mislabelling

- gFOBT shelf-life: three years
- FIT shelf-life: 12 months

Inappropriate use of gFOBT:

- Repeating gFOBT between recommended screening intervals
- Using the test in people outside the screen-eligible age range

Addressing program challenges for FIT

Pre-labelled FIT kit with patient identifiers

Inventory management at central laboratory

Laboratory verification of patient information during processing of requisition form

Why Centralized Distribution?

Program challenges

- 11.6% of gFOBTs require re-testing
- Majority of rejected tests due to mislabelling

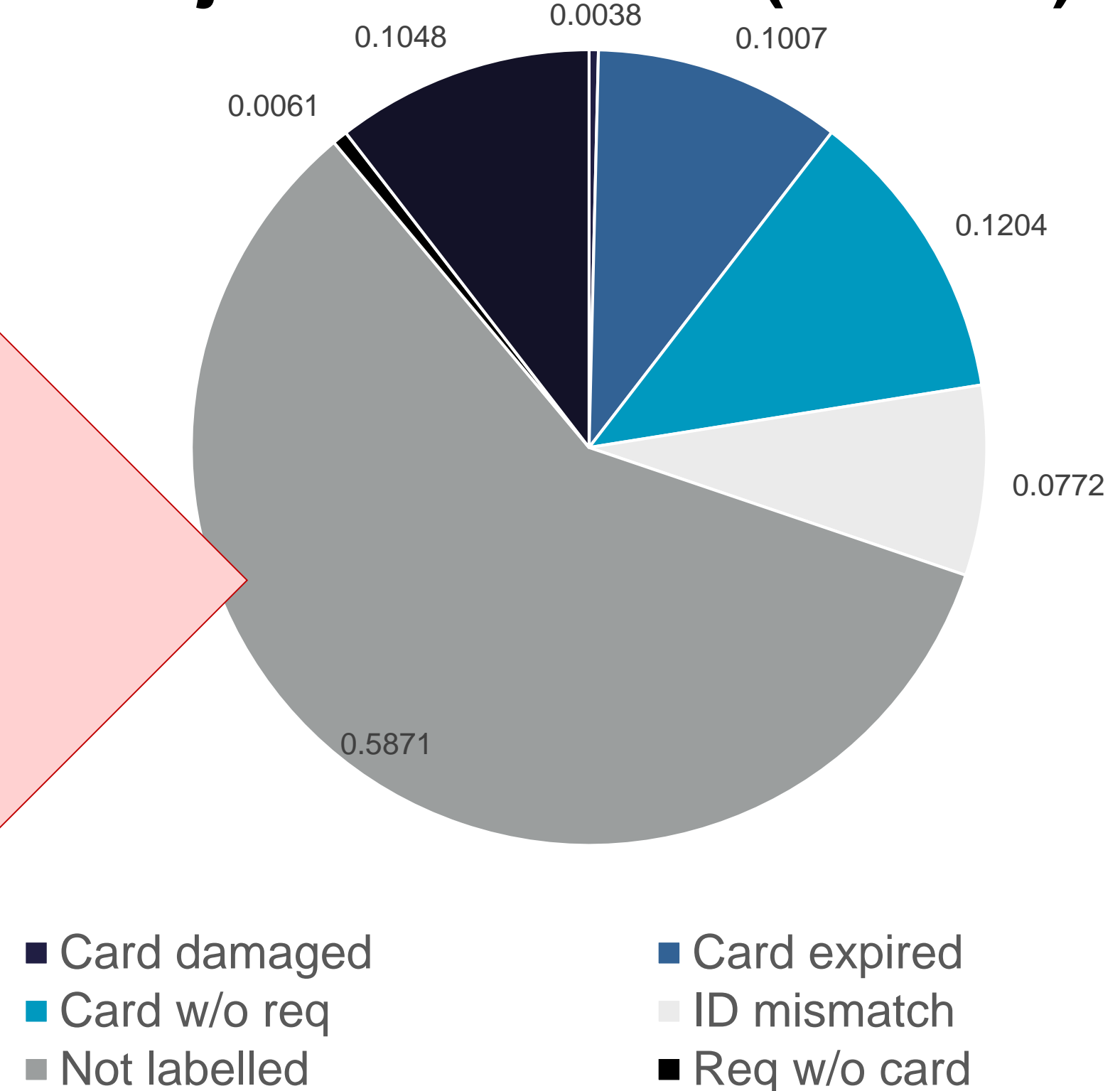
- gFOBT
- FIT she

Centralized distribution eliminates almost 90% of causes for rejected tests

Inappropriate use of gFOBT:

- Repeating gFOBT between recommended screening intervals
- Using the test in people outside the screen-eligible age range

Rejection reasons (2017/18)



Ordering FIT for Unattached Patients

- Unattached patients can contact Telehealth Ontario or a mobile coach (where available) to request a FIT kit

ColonCancerCheck

Physician Registration for Patient Attachment

Upon completion, please fax or email this form to: 416-971-8888 or screenforlife@cancercare.on.ca

As part of the ColonCancerCheck program, unattached patients (those without a family physician) can be screened for colon cancer as part of the ColonCancerCheck program, for example, by contacting Telehealth Ontario. Unattached patients with an abnormal result need to connect with a physician for appropriate follow-up. By providing the information below, you are indicating you are willing to accept new patients to your primary care practice from the ColonCancerCheck program as of the date of form completion. You can remove your name from the referral list at any time by calling 1-866-862-9233. Please note, if you are a patient enrolment model (PEM) physician and you roster patients referred from Cancer Care Ontario to your practice, you can claim the Q043A New Patient Fee FOBT Positive/Colorectal Cancer Increased Risk.

Personal information on this form, such as sex, is collected under the authority of the Cancer Act and will be used to attach patients to you. Questions about this collection should be directed to primarycareinquiries@cancercare.on.ca

Asterisk (*) indicates mandatory fields

*Physician's First Name:

*Physician's Last Name:

*Sex: ☐ Male

☐ Female

*Languages Served: ☐ English

☐ French

☐ Other:

Billing Number:

Organization Name:

CPSO Number:

Practice Model Type:

☐ Community Health Centre

☐ Family Health Group

☐ Family Health Network

☐ Family Health Organization

☐ Rural Northern Physician Group Agreement

☐ Comprehensive Care Model

☐ Non-PEM Primary Care Provider

☐ Other:

Please include the requested information for all locations from which you practice and are willing to accept new patients as part of the ColonCancerCheck program.

Practice Location #1

*Address Line 1:

*Address Line 2:

*City:

*Prov: ON

*Postal Code:

*Phone Number:

*Fax Number:

Email Address:

Practice Location #2

*Address Line 1:

*Address Line 2:

*City:

*Prov: ON

*Postal Code:

*Phone Number:

*Fax Number:

Email Address:

*Physician Signature:

*Date:

Screening with the Fecal Immunochemical Test FIT on Mobile Screening Coaches: North West

- Participants can request a FIT kit from a mobile screening coach
- The mobile screening coaches will not have gFOBT or FIT kit inventory – patients will receive their FIT kit from the lab in the mail
- Check the mobile screening coaches schedule: <http://tbrhsc.net/programs-services/regional-cancer-care/information-for-patients-and-families/cancer-screening/screen-for-life/travel-schedule/>

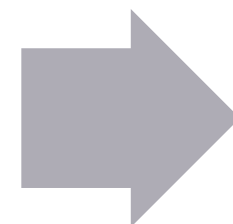


Completing FIT: Steps for Patients

Completing FIT: 3 Steps for Patients

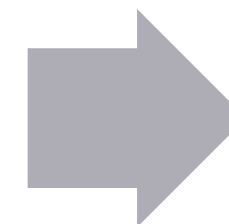
Step 1

Check label accuracy and clearly record specimen collection date on FIT tube



Step 2

Complete FIT



Step 3

Mail or drop off completed FIT to LifeLabs **as soon as possible**

Supporting Patients



**Same place,
new test!**

The fecal immunochemical test (FIT) is a **simple, safe** and **accurate** way to check for colon cancer

Call your family doctor or nurse practitioner to get the FIT
If you do not have a family doctor or nurse practitioner, call Telehealth Ontario 1.866.797.0000
If you live on a First Nation reserve, contact your health centre or nursing station





gettyimages®
Kimberlee Reimer






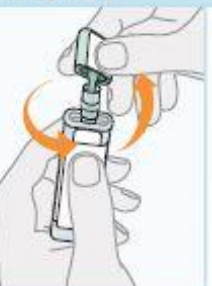



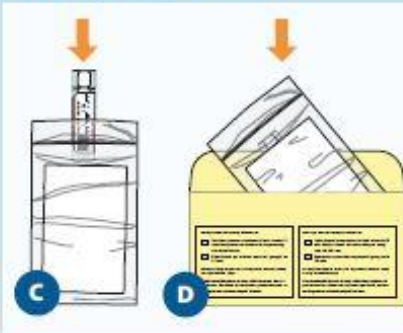

 Ontario
Cancer Care Ontario

Supporting Patients

- Patient-friendly FIT materials being developed, including FIT instructions with more visuals than words
- FIT instructions will be available in 20+ languages and in accessible format online: cancercareontario.ca/FITinstructions


FIT Instructions

This FIT package includes:    

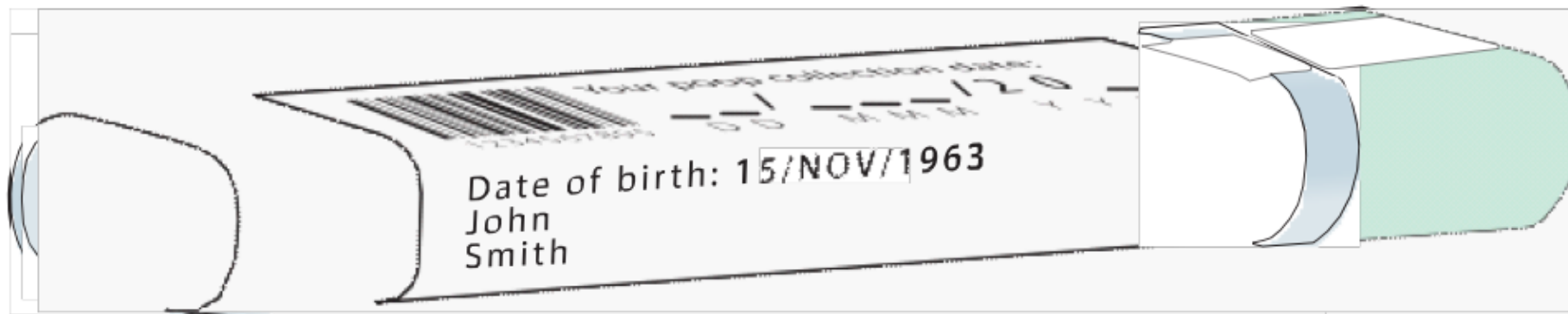
- 1. Check**

✓ Date of birth ✓ Your name
Is this your information? If not, call LifeLabs at 1-833-676-1426
- 2. Write**

Your poop collection date: 30/OCT/2024
- 3. Pee and Flush**

- 4. Prepare**

- 5. Poop**

- 6. Collect**



- 7. Flush**

- 8. Drop off or Mail**


BEST WITHIN 2 DAYS
LifeLabs locations.lifelabs.com
If you live on a First Nation reserve, contact your health centre or nursing station to discuss drop off options

Need this information in an accessible format?
1-855-460-2647 | TTY (416) 217-1815 | publicaffairs@cancercare.on.ca

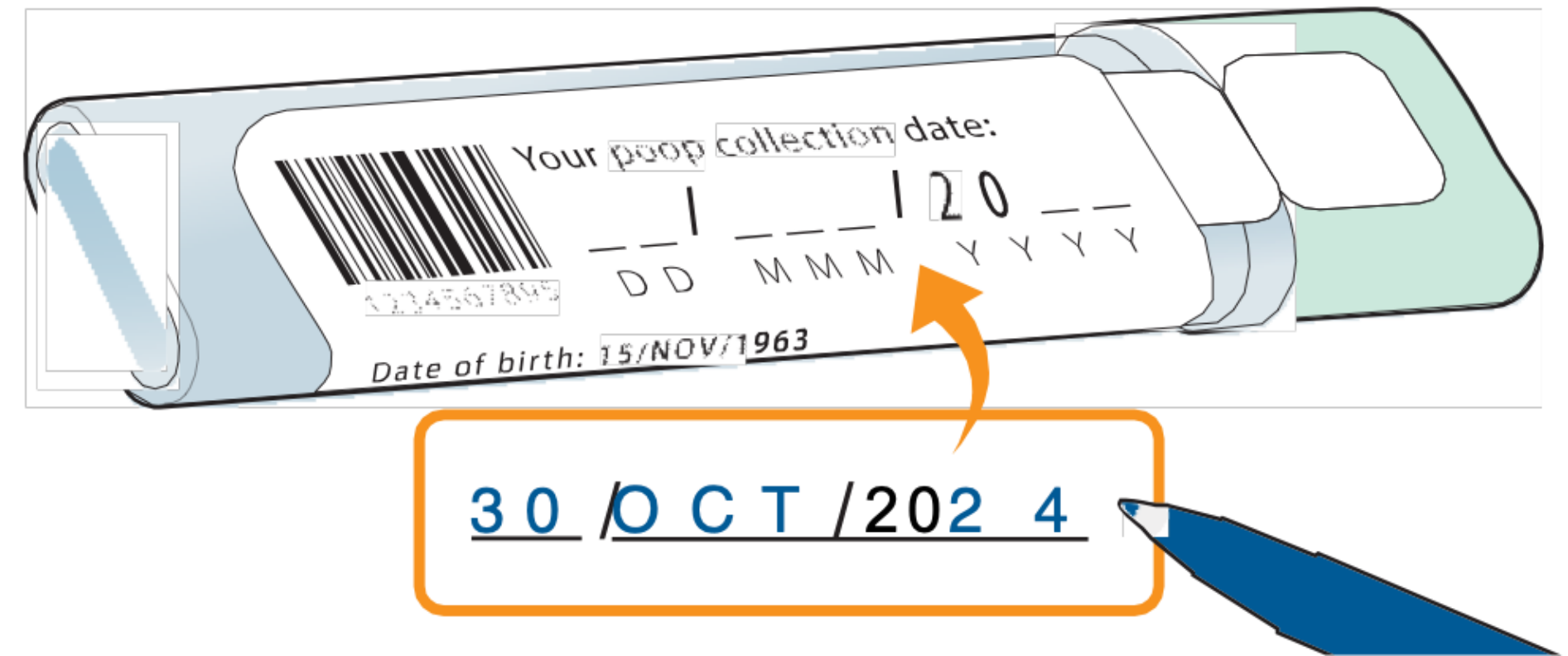
Funding provided by the Ontario Ministry of Health and Long-Term Care
Adapted by Cancer Care Ontario with permission from KAISER PERMANENTE CENTER FOR HEALTH RESEARCH
(NIH grant number: UH3 CA188640) and the UCSF Health Outcomes Policy & Economics (HOPE) Research Program

 Ontario
Cancer Care Ontario

Supporting Patients- Lab Label



✓ Date of birth ✓ Your name



FIT Return

Completed FIT kit should be returned as soon as possible to LifeLabs ideally within 2 days of collecting the specimen



- Mail
 - Regular mail
 - Expedited mail included for some areas
- Drop off at LifeLabs Patient Service Centres
- If your patient lives on a First Nations reserve, contact the health centre or nursing station for return options

Results received 15-30 days after collection that are below the positivity threshold will be reported as “invalid”

FIT Results and Follow-Up by Primary Care Provider (PCP)

Results

LifeLabs will send FIT result to PCP

Cancer Care Ontario will send FIT result letter to patient

Invalid result or rejected device

Repeat FIT in the next few weeks – new requisition required

Normal result

Repeat FIT in 2 years*

Abnormal result

PCP is responsible for arranging follow-up colonoscopy to be performed within **8 weeks**

Do NOT repeat FIT- test will be rejected

The Patient Perspective

An abnormal FIT result can be stressful for your patient and their family

- At the time of ordering FIT, explain that an abnormal FIT:
 - Is NOT a cancer diagnosis
 - Needs timely follow-up with colonoscopy within eight weeks
 - Can identify a polyp before it becomes cancerous
- For patient materials explaining an abnormal FIT result, visit:
cancercareontario.ca/FITresult

Case Study 6

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



Receiving and Interpreting Lab Reports

- Lab reports for providers will include the FIT result and recommended next steps, including follow-up
- FIT results will be reported as normal, abnormal, invalid or rejected

Sample draft lab reports: Normal and abnormal FIT results

Test	Result	Canned comments
FIT	Normal	Action required for you: Re-screen your patient with FIT in 2 years if they continue to meet the ColonCancerCheck eligibility criteria for average risk colorectal cancer screening.
	Abnormal	Action required for you: REFER TO COLONOSCOPY as soon as possible. The colonoscopy should be completed within 8 weeks of the abnormal FIT result.

*Lab reports are draft and subject to change.

Receiving and Interpreting Lab Reports

- Lab reports for ***invalid*** results or ***rejected*** devices will include the reason for the invalid result and rejected device

Sample lab reports: Invalid FIT result and Rejected FIT Collection Device

Test	Result	Canned comments
FIT	Invalid	Comment: The specimen collection date was not recorded on the FIT collection device or was illegible. Action required for you: Complete a new FIT requisition for your patient. Action required for your patient: Please advise your patient to complete a new FIT and remind them to clearly record the date they collect their stool on the FIT collection device.
	FIT collection device rejected	Comment: No stool was in the FIT collection device for testing. Action required for you: Complete a new FIT requisition for your patient. Action required for your patient: Please advise your patient to complete a new FIT and remind them to use the stick to collect their stool, put it in the FIT tube and close the cap tightly.

*Lab reports are draft and subject to change.

Receiving and Interpreting Lab Reports

- If the FIT requisition was rejected or if there was a problem with FIT kit mailing, the lab report will clearly identify the issue under the **result** column of the lab report

Sample lab report: Requisition rejected		
Test	Result	Canned comments
FIT	Requisition rejected	<p>Comment: Your patient is not eligible for screening with FIT because our records indicate that they had a normal or abnormal FIT result in the last 2 years.</p> <p>Action required for you: Please contact your patient to let them know they will not receive a FIT kit. If your patient had an abnormal FIT and has not yet had a follow-up colonoscopy, please refer them as soon as possible. The colonoscopy should be completed within 8 weeks of the abnormal FIT result.</p>

Discontinuation of CCC gFOBT in Ontario

- **Do not delay!** Continue to screen your patients with gFOBT until FIT is available through the CCC program
- Laboratories will continue to test gFOBT kits 6 months after FIT is introduced

Prior to FIT Launch	FIT Launch	>1 Month	>6 Months
<ul style="list-style-type: none">• Order less gFOBT inventory for office	<ul style="list-style-type: none">• Remove remaining gFOBT inventory from office• Do not distribute gFOBT	<ul style="list-style-type: none">• FIT data available in screening activity report (SAR)	<ul style="list-style-type: none">• Patients who complete gFOBT no longer considered up-to-date for CRC screening

Key FIT launch milestones

Disposing of CCC gFOBT Kits in Ontario

- Once FIT is available in Ontario, CCC gFOBT laboratory providers will arrange to remove unused CCC gFOBT kits from primary care provider offices, pharmacies, and Cancer Care Ontario mobile screening coaches.
- If you have any questions, contact your CCC gFOBT laboratory provider for more information.

After this presentation, you will be able to:



Understand the Burden of Colorectal Cancer (CRC) in Ontario



Order the Fecal Immunochemical Test (FIT) and Counsel your Patients

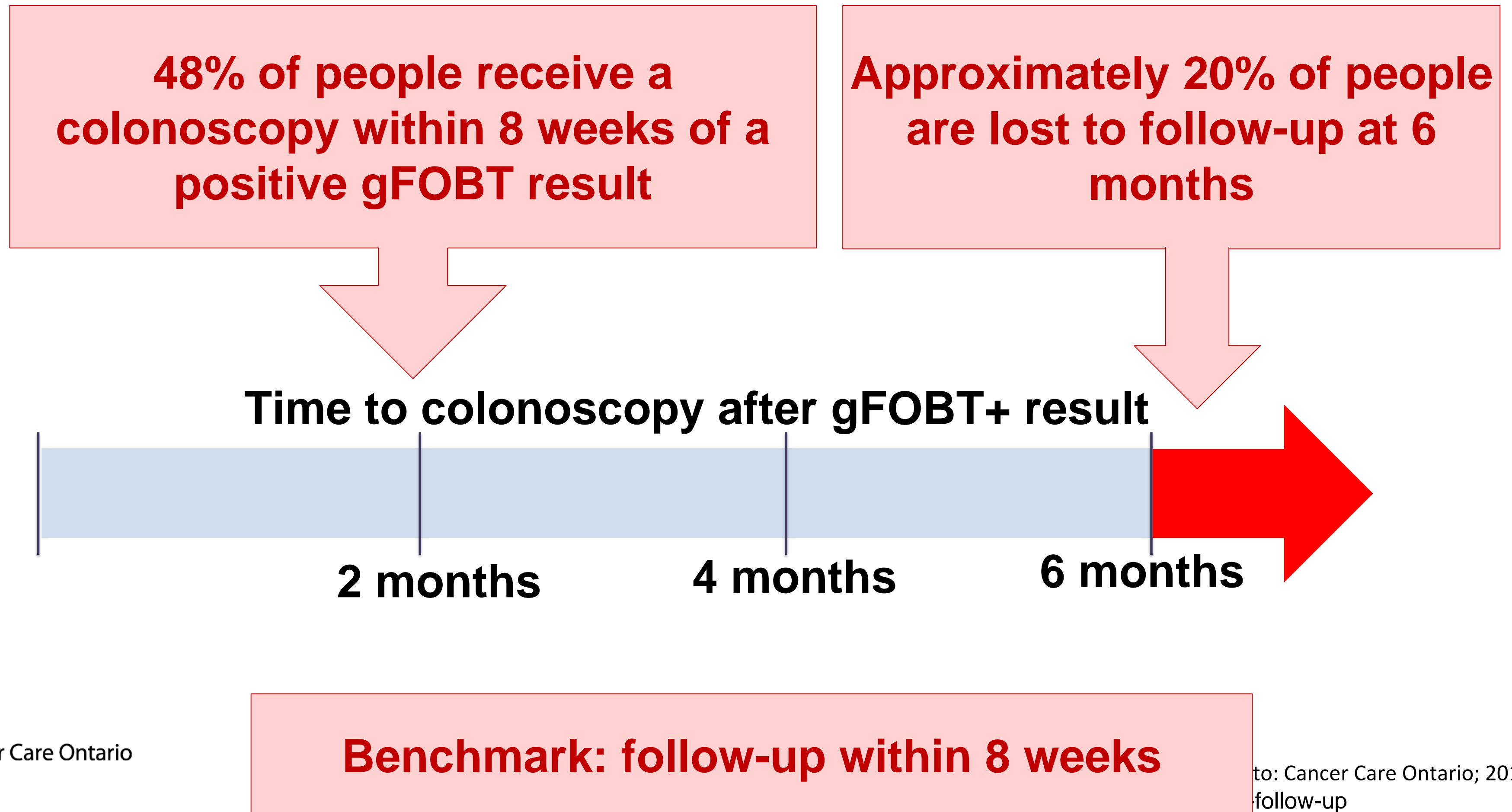


Compare CRC Screening Tests for Average Risk Patients



Select Appropriate Follow-Up: Screening Interval and Surveillance

Follow-Up of guaiac fecal occult blood test (gFOBT)



Ensure Timely Follow-Up

- Colonoscopy should be completed within 8 weeks of an abnormal fecal immunochemical test (FIT) result
- Abnormal FIT results are associated with a higher chance of colorectal cancer (CRC)
- Diagnostic delays can lead to disease progression
- Timely follow-up is critical to minimize patient anxiety

Importance of Timely Follow-Up

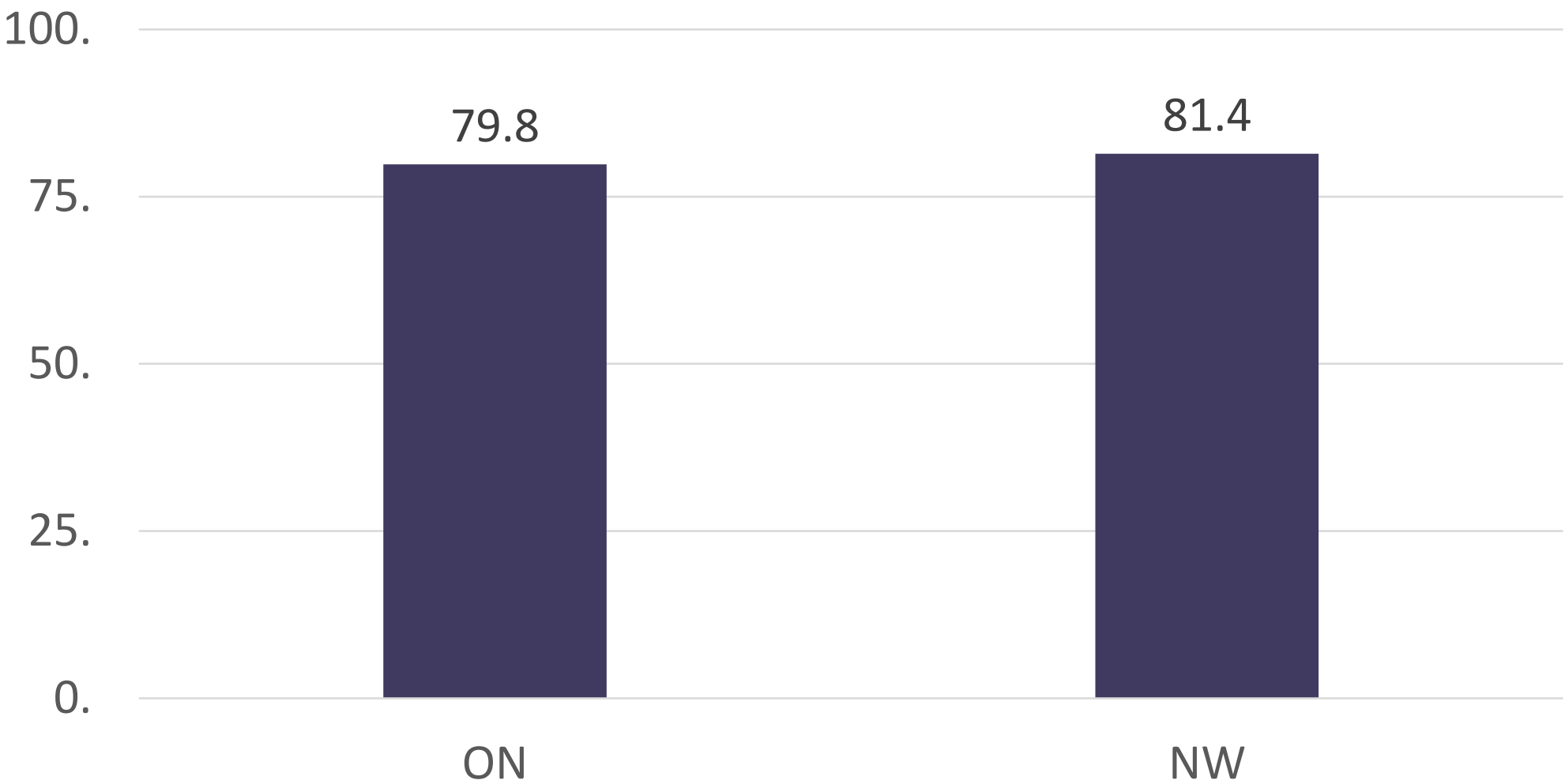
Time to colonoscopy after FIT+	% cases receiving colonoscopy after FIT+	
	Any CRC	Advanced-stage CRC
8–30 days	2.97%	0.81%
2 months	2.78%	0.70%
3 months	3.06%	0.69%
4–6 months	3.14%	0.88%
7–12 months	4.56%	1.49%
>12 months	7.55%	3.13%

Impact of diagnostic delay is seen within months
– significantly higher risk of CRC outcomes after 6 months

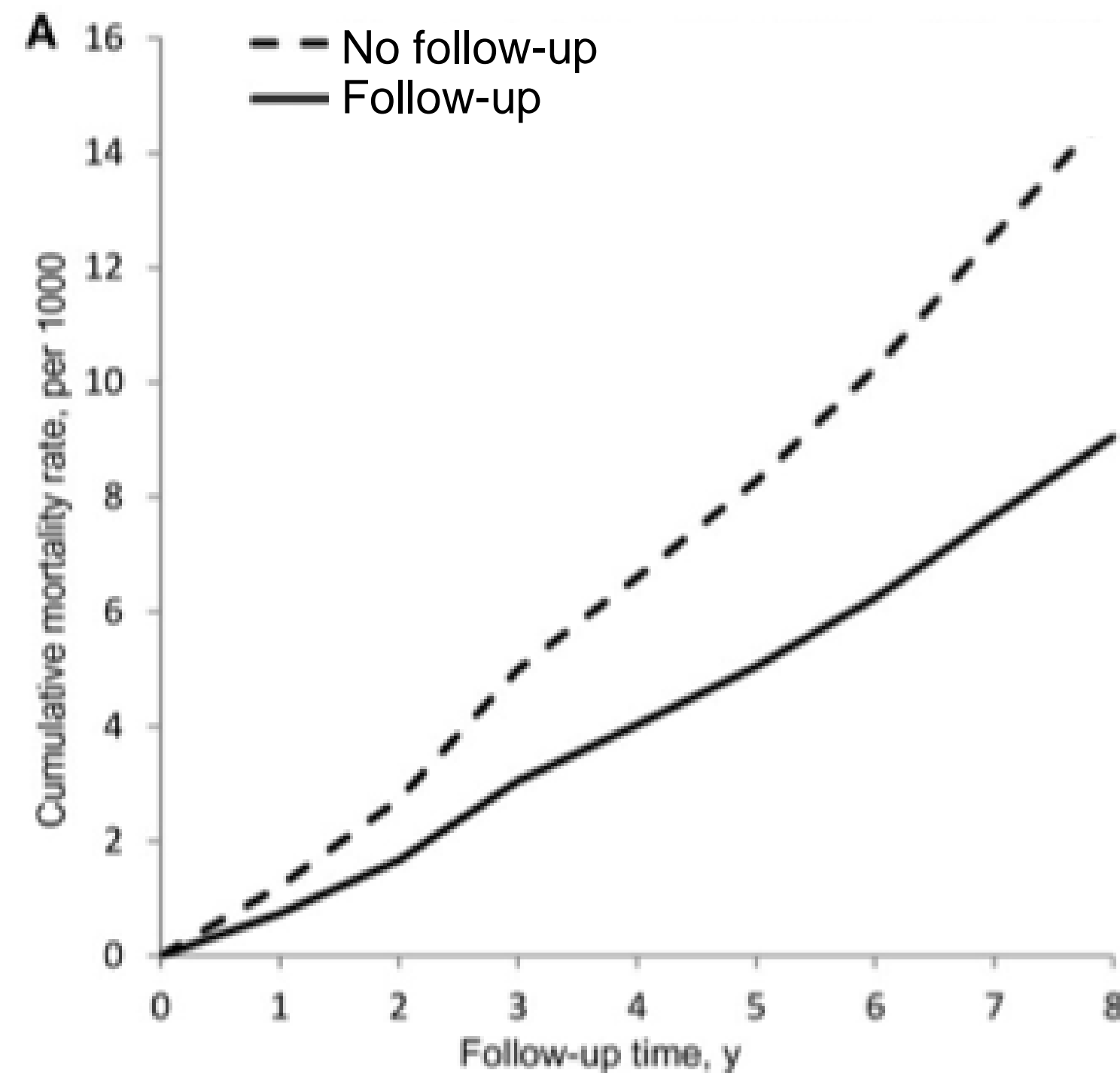
Follow-up of gFOBT is currently a problem

- People are being lost to follow-up
- In 2016, 79.8% of Ontarians who had an abnormal gFOBT result had a colonoscopy within 6 months, which is similar to the 6-month follow-up in 2015 (78.3%)

Percentage of screen-eligible Ontarians with an abnormal fecal occult blood test, ages 50–74 who underwent colonoscopy within 6 months of the abnormal screen date, by LHIN, 2016



Importance of Follow-Up



Patients with an abnormal FIT who do not undergo colonoscopy are more likely to die from CRC (1.63 fold increase)

Case Study 7

You receive a lab report indicating that your 54 year old patient, Katya, has an abnormal FIT result. Following this report, what would the appropriate test and timing be for Katya's follow-up?

- a) Follow-up colonoscopy within eight weeks
- b) Follow-up with colonoscopy or computed tomography colonography within eight weeks
- c) Follow-up with colonoscopy within 12 weeks
- d) Follow-up with colonoscopy within six months
- e) None of the above



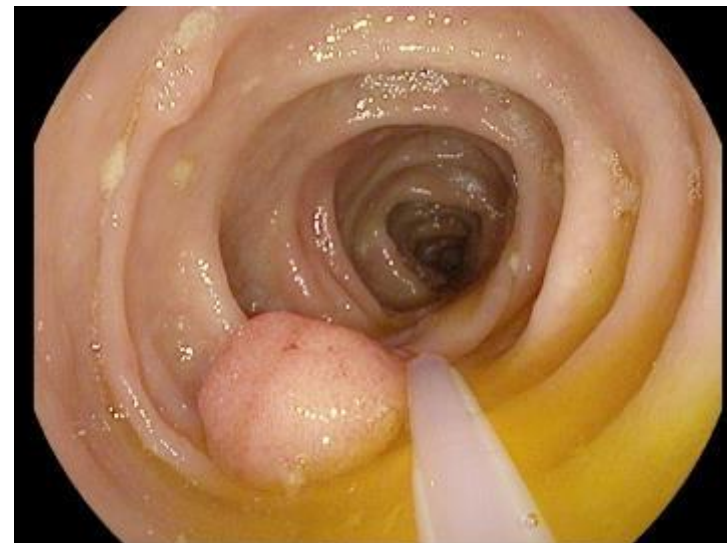
Strategies to Reduce Lost to Follow-Up Rates

Proactively follow-up with your patients:

- Preemptively counsel your patient on what to expect before, during and after the procedure
 - Explain that an abnormal result is not a cancer diagnosis
- Set electronic medical record reminders and alerts for FIT results
- Review your Screening Activity Report (SAR) monthly report (for help accessing and using your SAR, visit cancercareontario.on.ca/SAR)
- Verify that patient has been scheduled for a FIT-positive colonoscopy appointment within eight weeks
- Find out where FIT-positive colonoscopies are performed in your region and save central FIT colonoscopy referral fax number

Carefully Consider Where Follow-Up Occurs

- FIT+ colonoscopies are more complex – require more expertise, time and resources
- Patients with an abnormal FIT result should be referred to a facility that offers FIT+ colonoscopy
 - Ask your Regional Cancer Program who to contact for FIT+ colonoscopy




FIT+ Guidance

- Designed to ensure safe, complete and timely FIT procedures
- Provides guidance for facilities and endoscopists
- Informed by best practices from other jurisdictions and experts in GI endoscopy
- FIT+ Guidance includes:
 - **Booking management:** Access to FIT+ colonoscopy should be provided within eight weeks, adequate time and expertise should be available for procedures
 - **Endoscopist expertise:** Should be comfortable in removing most polyps (e.g., threshold up to 2 cm polyps)
 - **Facilities:** Should provide access to all the necessary tools and equipment, access to appropriate referral channels for complex cases



Referral for Colonoscopy

 Thunder Bay Regional Health Sciences Centre	Endoscopy Services COLONOSCOPY REFERRAL	Place Patient Label with Barcode Here
Guidelines: 1. Physician to complete referral. 2. Fax to Diagnostic Assessment Program at 807-684-5810. Patient will be contacted by a qualified health care professional to organize the Colonoscopy booking. 3. Completed referral forms will be filed on the patient's health record		
INDICATION FOR COLONOSCOPY		
Screening	<input type="checkbox"/> PF - Patient (50-74yrs) referred after a positive Fecal Occult Blood Test Date: _____	<input type="checkbox"/> FD - Patient (74yrs old or younger) referred first-degree relative had colorectal cancer Specify relative: _____ Last Colonoscopy Date: _____
Symptomatic	<input type="checkbox"/> SA- Patient is symptomatic or has had an abnormal lab (other than Fecal Occult Blood Test)	<input type="checkbox"/> Rectal Bleeding <input type="checkbox"/> Persistent Change in Bowel Habits <input type="checkbox"/> Anemia <input type="checkbox"/> Weight Loss <input type="checkbox"/> New Onset Abdominal Pain <input type="checkbox"/> Other Comments: _____
Surveillance	<input type="checkbox"/> CN- Surveillance for Colorectal Neoplasm or Disease	<input type="checkbox"/> Please attach most recent colonoscopy report and pathology report (if applicable). Comments: _____
* Urgent Referrals (palpable rectal mass or abdominal imaging suspicious for colorectal cancer) should go directly to a colonoscopist *		
COLONOSCOPY REQUESTED		
<input type="checkbox"/> First Available Screening Appointment OR Preferred Colonoscopist: <input type="checkbox"/> Dr. S. Cassie <input type="checkbox"/> Dr. E. Davenport <input type="checkbox"/> Dr. K. Gehman <input type="checkbox"/> Dr. W. Harris <input type="checkbox"/> Dr. H. Telang <input type="checkbox"/> Dr. P. Zazos <input type="checkbox"/> Dr. M. Holmes <input type="checkbox"/> Dr. A. Smith <input type="checkbox"/> Dr. G. Mapeso <input type="checkbox"/> Dr. M. Cooper <input type="checkbox"/> Dr. K. Raman		
PATIENT INFORMATION		
Last Name, First Name: _____ Date of Birth (day/month/year) _____		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Health Card Number: _____ Version Code: _____		
Address _____ Telephone: _____ Home _____ Postal Code: _____ Work _____ Cell _____		
Primary Contact (Last Name, First Name): _____		
Relationship to Patient: _____ Phone Number: _____		
<input type="checkbox"/> Patient incapable of giving his/her own Informed Consent Patient to be accompanied by an interpreter at the time of appointment if they do not read/speak English.		
PATIENT MEDICAL HISTORY		
Is patient on anticoagulants, ASA, NSAIDS or natural blood thinners? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list: _____	<input type="checkbox"/> Cardiac Disorders <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Valvular Heart Disease <input type="checkbox"/> Pacemaker/Internal Defibrillator <input type="checkbox"/> Respiratory Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Renal Insufficiency <input type="checkbox"/> Abdominal Surgery	<input type="checkbox"/> Gynecological Surgery <input type="checkbox"/> History of Gastrointestinal Bleeding <input type="checkbox"/> History Colorectal Cancer <input type="checkbox"/> Coagulation Disorders <input type="checkbox"/> Hemophilia <input type="checkbox"/> Diabetes <input type="checkbox"/> Communicable Diseases <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____
Allergies: <input type="checkbox"/> No known drug allergies <input type="checkbox"/> Latex <input type="checkbox"/> Penicillin <input type="checkbox"/> Other: _____	List current medications/ supplements and other relevant history: _____	
<input type="checkbox"/> Acute medical condition requiring hospitalization in past year: _____		
List any contact precautions (ie MRSA, VRE): _____		
PHYSICIAN INFORMATION		
After discussion with you, the patient is willing to go for direct referral colonoscopy. Date: _____		
Name: _____		Signature: _____
Phone: _____	Fax: _____	
ENDOSCOPY USE ONLY Date Received: _____		



Cancer Care Ontario

Impact of FIT

Better test usability

Increased sensitivity

Increased participation

Higher positivity rate

More follow-up colonoscopies

**FIT leads to better
use of follow-up
colonoscopy**

**More cancers and high risk adenomas
detected**

**Anticipated decrease in CRC incidence
and mortality**

After this presentation, you will be able to:



Understand the Burden of Colorectal Cancer (CRC) in Ontario



Order the Fecal Immunochemical Test (FIT) and Counsel your Patients



Compare CRC Screening Tests for Average Risk Patients



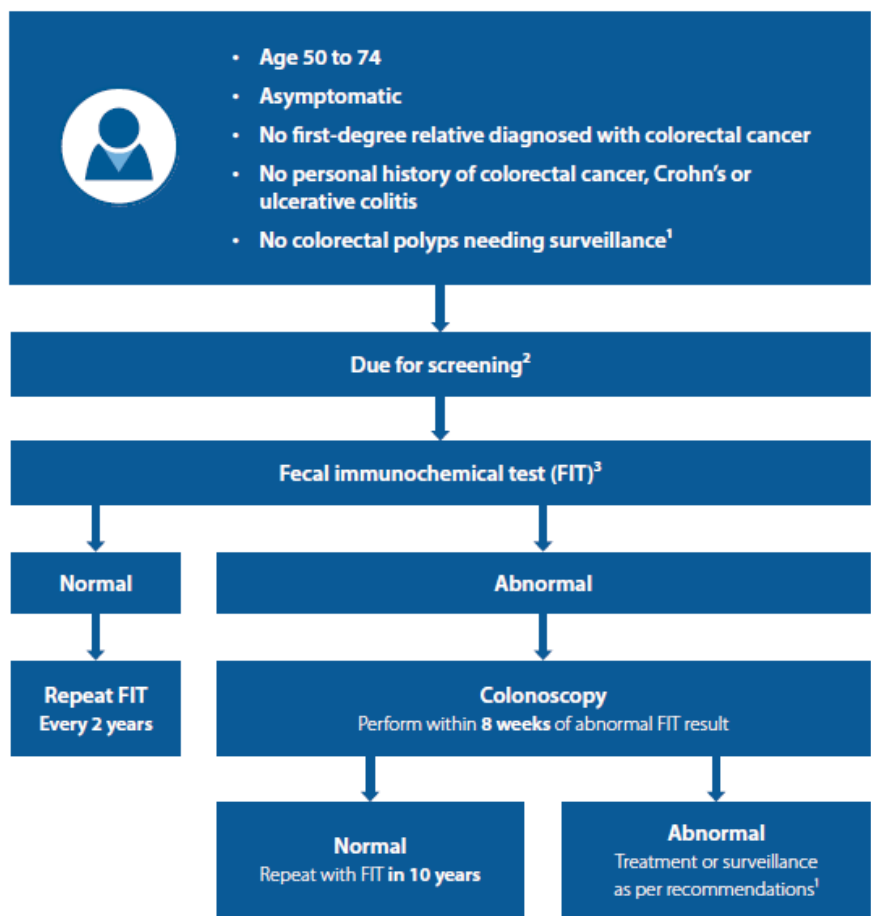
Select Appropriate Follow-Up: Screening Interval and Surveillance

Tools that Support Colorectal Cancer (CRC) Screening: ColonCancerCheck Screening Recommendation Summary



ColonCancerCheck (CCC) Average Risk Screening with FIT—in Ontario as of [date TBC]

Average risk



Footnotes:
1. Recommendations for post-polypectomy surveillance: cancercare.on.ca/crcguidelines
2. No flexible sigmoidoscopy or colonoscopy (without polyps) in past 10 years, and no FIT in past 2 years
3. Flexible sigmoidoscopy every 10 years is an acceptable screening test¹

Not at average risk

- Is your patient at increased risk?**
- One or more first-degree relatives with colorectal cancer
 - Colonoscopy—start at age 50, or 10 years earlier than the age their relative was diagnosed, whichever occurs first
 - Take a complete history of cancers in the family—if hereditary cancer syndrome is suspected, refer for genetic assessment
- Is your patient symptomatic?**
- Important symptoms include iron deficiency anemia and rectal bleeding, among others:
 - Refer to specialist for evaluation
 - Do not use FIT for symptomatic patients
 - See [URL] for more information, including screening intervals

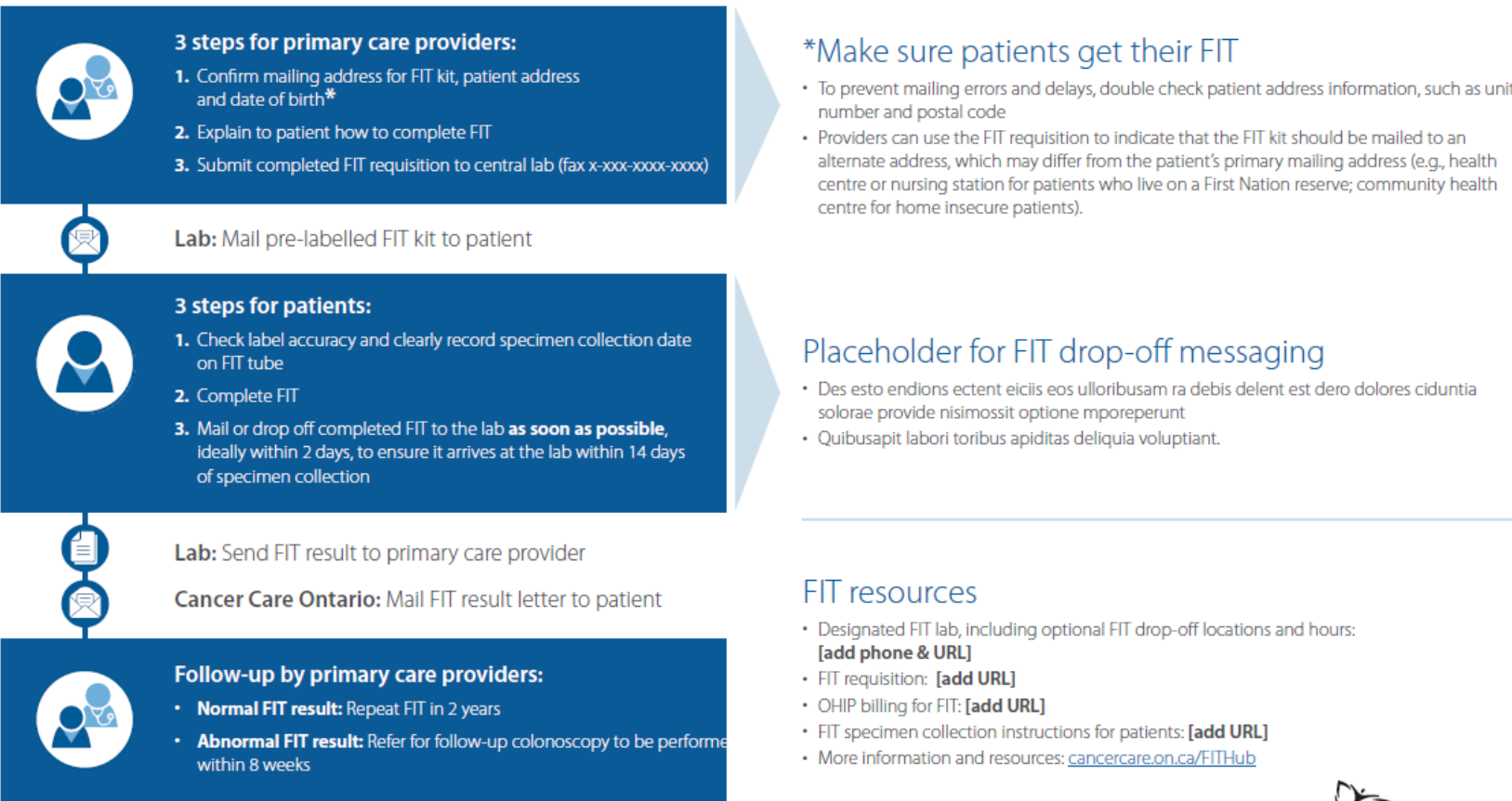
- Tests not recommended for colorectal cancer screening**
- For patients at average risk:**
- Colonoscopy
- For all patients:**
- Metabolomic (blood or urine) tests
 - DNA (blood or stool) tests
 - Computed tomography colonography
 - Capsule colonoscopy
 - Double contrast barium enema
 - Guaiac fecal occult blood test (now replaced by FIT)

More clinical information and resources
Visit: cancercareontario.ca/en/pccscreeningprograms
Email: screenforlife@cancercare.on.ca
Call: 1-866-662-9233



About FIT
FIT is an at-home stool-based screening test for people at average risk of colorectal cancer
• Safe • Sensitive • No dietary or medication restrictions • One sample • Easy to use • Pre-labelled

How to screen with FIT



***Make sure patients get their FIT**

- To prevent mailing errors and delays, double check patient address information, such as unit number and postal code
- Providers can use the FIT requisition to indicate that the FIT kit should be mailed to an alternate address, which may differ from the patient's primary mailing address (e.g., health centre or nursing station for patients who live on a First Nation reserve; community health centre for home insecure patients).

Placeholder for FIT drop-off messaging

- Des esto endions ectent eicis eos ulloribusam ra debis delent est dero dolores ciduntia solorae provide nisimossit optione mporeperunt
- Quibusapit labori toribus apiditas deliquia voluptant.

FIT resources

- Designated FIT lab, including optional FIT drop-off locations and hours: **[add phone & URL]**
- FIT requisition: **[add URL]**
- OHIP billing for FIT: **[add URL]**
- FIT specimen collection instructions for patients: **[add URL]**
- More information and resources: cancercare.on.ca/FITHub



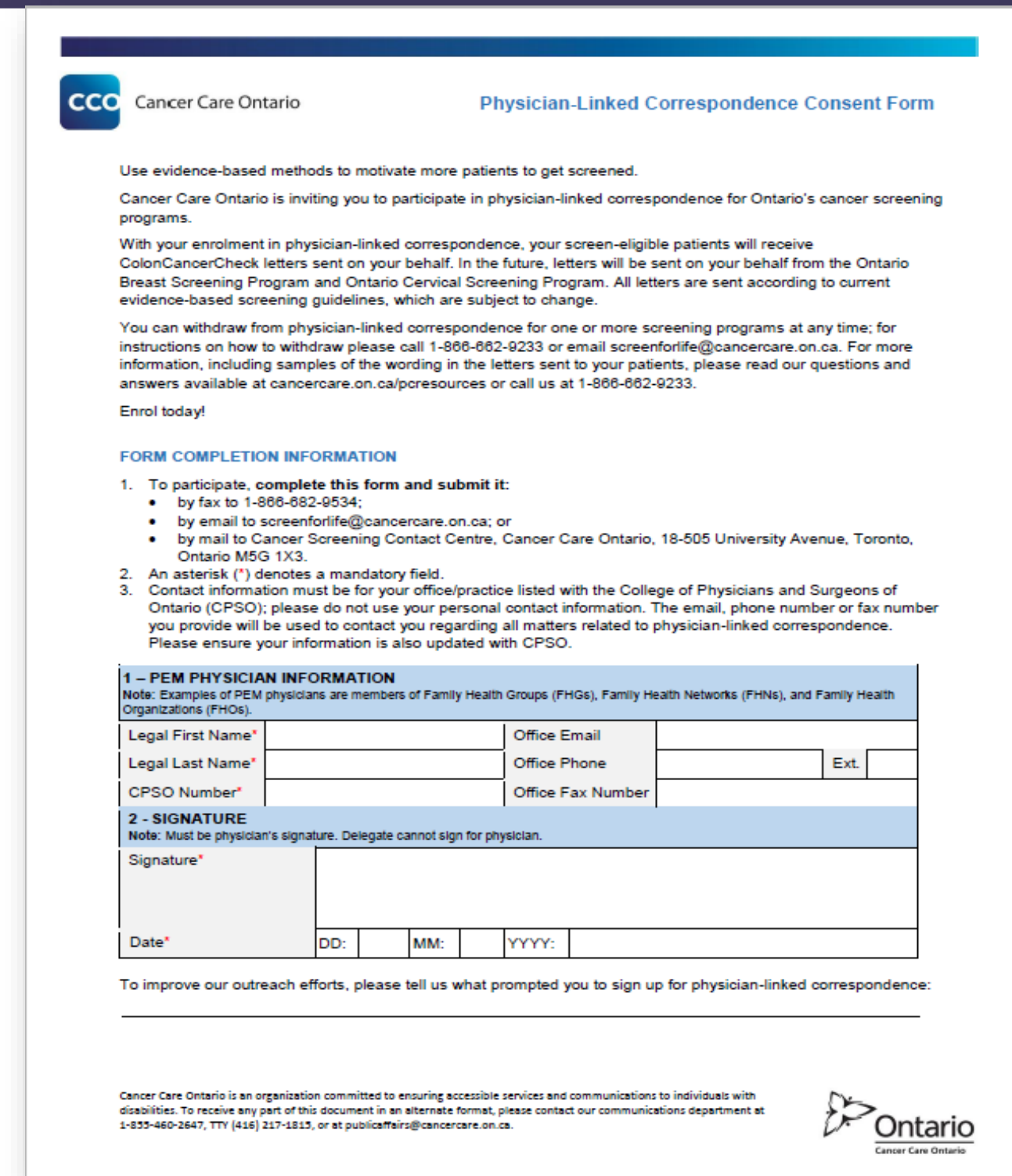
Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815, publicaffairs@cancercare.on.ca



Copies can be found at: cancercareontario.ca/pccresources

Tools that Support CRC Screening: Physician Linked Correspondence

- Sign up for physician-linked correspondence to improve screening participation!
 - Research has shown that people who receive a personal recommendation from their family physician are more motivated to get screened for cancer than those who do not.



The image shows a 'Physician-Linked Correspondence Consent Form' from Cancer Care Ontario. The form is titled 'Physician-Linked Correspondence Consent Form' and includes the CCO logo. It contains several paragraphs of text explaining the purpose of the form and the screening programs. Below the text, there is a section titled 'FORM COMPLETION INFORMATION' with numbered instructions. At the bottom, there are two main sections: '1 - PEM PHYSICIAN INFORMATION' and '2 - SIGNATURE'. The '1 - PEM PHYSICIAN INFORMATION' section includes a table with fields for 'Legal First Name', 'Legal Last Name', 'CPSO Number', 'Office Email', 'Office Phone', and 'Office Fax Number'. The '2 - SIGNATURE' section includes a field for 'Signature' and a 'Date' field with sub-fields for 'DD', 'MM', and 'YYYY'. The form also includes a footer with contact information and the Ontario Cancer Care Ontario logo.

CCO Cancer Care Ontario **Physician-Linked Correspondence Consent Form**

Use evidence-based methods to motivate more patients to get screened.

Cancer Care Ontario is inviting you to participate in physician-linked correspondence for Ontario's cancer screening programs.

With your enrolment in physician-linked correspondence, your screen-eligible patients will receive ColonCancerCheck letters sent on your behalf. In the future, letters will be sent on your behalf from the Ontario Breast Screening Program and Ontario Cervical Screening Program. All letters are sent according to current evidence-based screening guidelines, which are subject to change.

You can withdraw from physician-linked correspondence for one or more screening programs at any time; for instructions on how to withdraw please call 1-866-862-9233 or email screenforlife@cancercare.on.ca. For more information, including samples of the wording in the letters sent to your patients, please read our questions and answers available at cancercare.on.ca/pcoresources or call us at 1-866-862-9233.

Enrol today!

FORM COMPLETION INFORMATION

- To participate, **complete this form and submit it:**
 - by fax to 1-866-862-9534;
 - by email to screenforlife@cancercare.on.ca; or
 - by mail to Cancer Screening Contact Centre, Cancer Care Ontario, 18-505 University Avenue, Toronto, Ontario M5G 1X3.
- An asterisk (*) denotes a mandatory field.
- Contact information must be for your office/practice listed with the College of Physicians and Surgeons of Ontario (CPSO); please do not use your personal contact information. The email, phone number or fax number you provide will be used to contact you regarding all matters related to physician-linked correspondence. Please ensure your information is also updated with CPSO.

1 - PEM PHYSICIAN INFORMATION
Note: Examples of PEM physicians are members of Family Health Groups (FHGs), Family Health Networks (FHNs), and Family Health Organizations (FHOs).


Legal First Name*		Office Email	
Legal Last Name*		Office Phone	Ext. <input type="text"/>
CPSO Number*		Office Fax Number	

2 - SIGNATURE
Note: Must be physician's signature. Delegate cannot sign for physician.

Signature*			
Date*	DD: <input type="text"/>	MM: <input type="text"/>	YYYY: <input type="text"/>

To improve our outreach efforts, please tell us what prompted you to sign up for physician-linked correspondence:

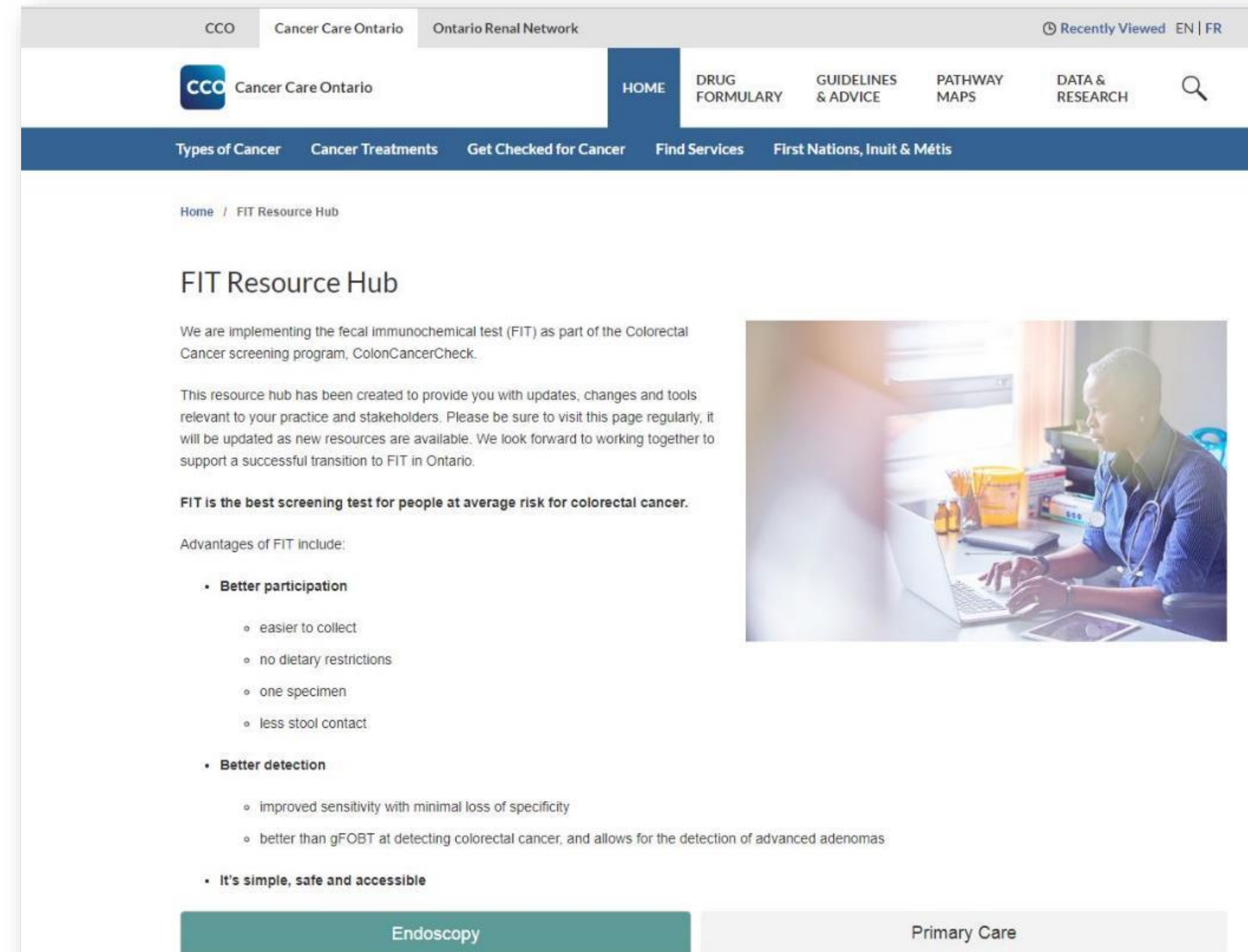
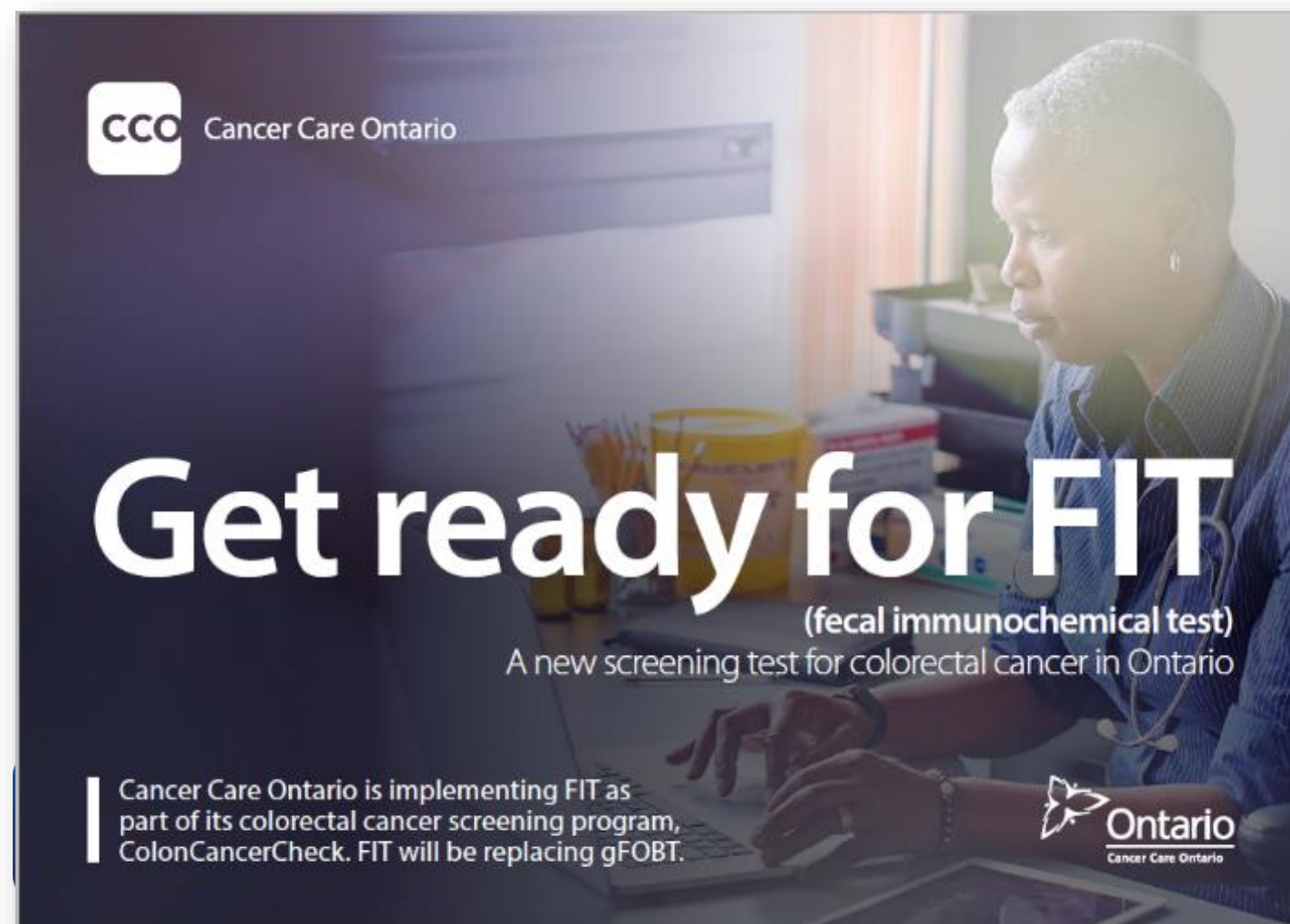
Cancer Care Ontario is an organization committed to ensuring accessible services and communications to individuals with disabilities. To receive any part of this document in an alternate format, please contact our communications department at 1-855-460-2647, TTY (416) 217-1813, or at publicaffairs@cancercare.on.ca.



Sign up here! cancercareontario.ca/en/physician-linked-correspondence

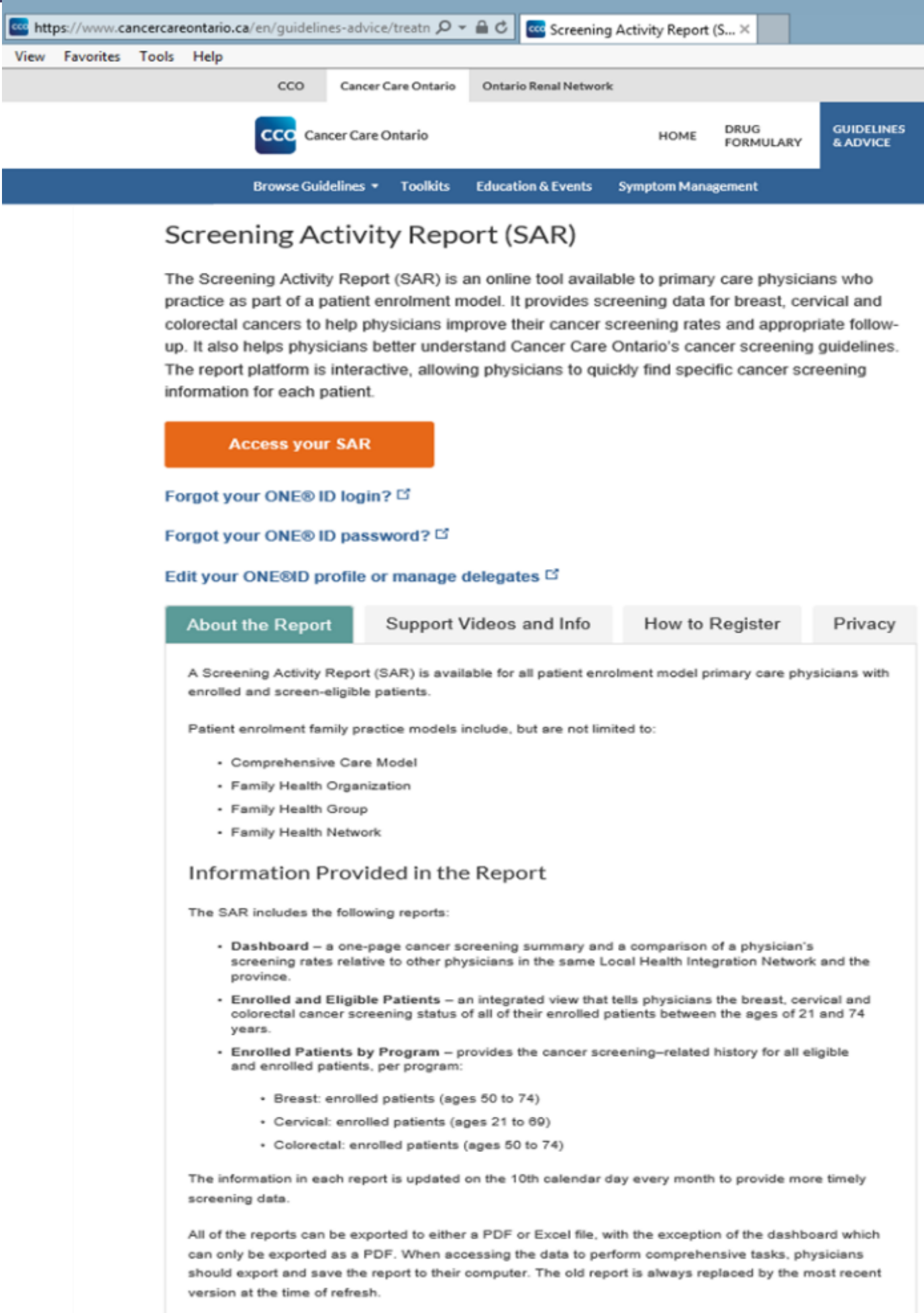
Tools that Support CRC Screening: FIT Resource Hub

- Information and tools to help prepare for the fecal immunochemical test (FIT): cancercareontario.ca/FIThub
- Frequently asked questions are available on the FIT hub



Tools that Support CRC Screening: Screening Activity Report (SAR)

- Sign up for Cancer Care Ontario's SAR to identify screen-eligible patients and to monitor FIT results that may require follow-up: cancercareontario.ca/SAR



The screenshot shows the Cancer Care Ontario website with the URL <https://www.cancercareontario.ca/en/guidelines-advice/treatn> in the browser address bar. The page title is "Screening Activity Report (SAR)". The navigation bar includes links for "View", "Favorites", "Tools", and "Help". The main navigation bar features the "Cancer Care Ontario" logo, "HOME", "DRUG FORMULARY", and "GUIDELINES & ADVICE". A secondary navigation bar includes "Browse Guidelines", "Toolkits", "Education & Events", and "Symptom Management".

Screening Activity Report (SAR)

The Screening Activity Report (SAR) is an online tool available to primary care physicians who practice as part of a patient enrolment model. It provides screening data for breast, cervical and colorectal cancers to help physicians improve their cancer screening rates and appropriate follow-up. It also helps physicians better understand Cancer Care Ontario's cancer screening guidelines. The report platform is interactive, allowing physicians to quickly find specific cancer screening information for each patient.

[Access your SAR](#)

[Forgot your ONE® ID login?](#)

[Forgot your ONE® ID password?](#)

[Edit your ONE® ID profile or manage delegates](#)

About the Report

A Screening Activity Report (SAR) is available for all patient enrolment model primary care physicians with enrolled and screen-eligible patients.

Patient enrolment family practice models include, but are not limited to:

- Comprehensive Care Model
- Family Health Organization
- Family Health Group
- Family Health Network

Information Provided in the Report

The SAR includes the following reports:

- **Dashboard** – a one-page cancer screening summary and a comparison of a physician's screening rates relative to other physicians in the same Local Health Integration Network and the province.
- **Enrolled and Eligible Patients** – an integrated view that tells physicians the breast, cervical and colorectal cancer screening status of all of their enrolled patients between the ages of 21 and 74 years.
- **Enrolled Patients by Program** – provides the cancer screening-related history for all eligible and enrolled patients, per program:
 - Breast: enrolled patients (ages 50 to 74)
 - Cervical: enrolled patients (ages 21 to 69)
 - Colorectal: enrolled patients (ages 50 to 74)

The information in each report is updated on the 10th calendar day every month to provide more timely screening data.

All of the reports can be exported to either a PDF or Excel file, with the exception of the dashboard which can only be exported as a PDF. When accessing the data to perform comprehensive tasks, physicians should export and save the report to their computer. The old report is always replaced by the most recent version at the time of refresh.

Clinical Pearls for Average Risk Screening

Use FIT, not colonoscopy

Centralized FIT kit distribution will minimize errors

FIT+ colonoscopy needed within 8 weeks

Screen with guaiac fecal occult blood test (gFOBT) until FIT is available

Post Quiz

Question 1

After an abnormal FIT result, what is the recommended follow-up intervention and timing?

- a) Follow-up colonoscopy within 12 weeks
- b) Follow-up colonoscopy within eight weeks
- c) Follow up flexible sigmoidoscopy within eight weeks
- d) Repeat FIT or gFOBT within four weeks
- e) b or c



Question 2

With the shift from the gFOBT to the FIT, the recommended screening interval for people at average risk of developing CRC will be:

- a) Screen every two years between ages 50 - 74
- b) Screen every year beginning at age 50
- c) Screen every year beginning at age 40
- d) Screen every year beginning at age 40; and every two years after age 50
- e) Screen every year between ages 50 - 74



Question 3

Which of the following is/are appropriate indications for FIT?

- a) Confirmation of rectal blood loss
- b) Anemia
- c) CRC screening
- d) Abdominal pain
- e) a and c



Question 4

Your patient Jenny is a 60 year old woman who completed CRC screening with flexible sigmoidoscopy two months ago. At a recent book club meeting, Jenny's friend mentions to her that she has recently completed a FIT. Jenny calls your office to find out if she is eligible to complete a FIT. How should you respond to Jenny?



Flexible Sigmoidoscopy (FS)

FS vs. No Screening

- Strong evidence to support the use of FS to screen those at average risk for CRC
 - 28% reduction in CRC-mortality
 - 22% reduction in CRC-incidence

How Patients Get Their FIT Across Canada



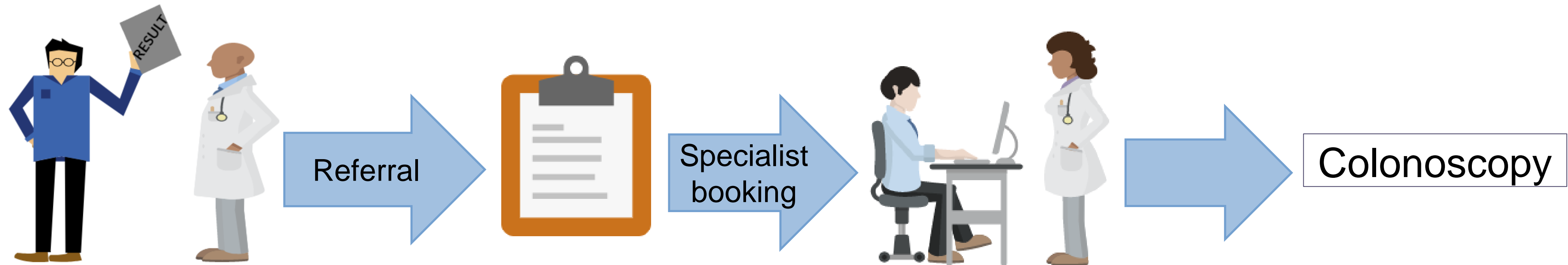
- Five programs mail FIT kits directly to patients
 - Initiative is led by organized colorectal cancer screening programs
 - No PCP referral required
- Four programs use PCP referral:
 - Pick-up location can be a PCP office or a secondary location (e.g., lab, community health centre)
 - Some of these programs offer the option of patient self-referral, in which case patients must pick-up their kit



Unique features of programs across Canada include: sending pre-notification letters to participants; sending risk assessment questionnaires prior to kit mailing; and some programs offer self-referral via online forms, telephone, fax or email

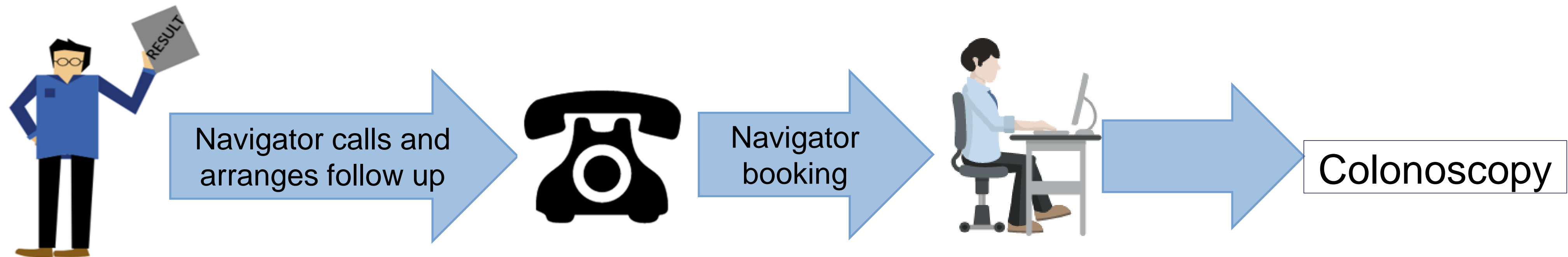
How Patients Follow Up after an Abnormal FIT Across Canada

Four programs require a primary care provider to refer patients for follow-up colonoscopy



How Patients Follow Up After an Abnormal FIT Across Canada

Five programs offer centralized navigation services to assist with follow-up colonoscopy



Supporting Patients

- Patients will continue to receive CCC program correspondence
 - Invitations/recalls
 - Reminders
 - Results
- Physician-linked correspondence helps increase screening rates
- cancercareontario.ca/en/physician-linked-correspondence



Evidence Supporting CCC Correspondence

- **Physician-Linked Correspondence (PLC) – Pilot (2009, 2012)**
 - PLC helps increase screening rates vs no mailed invite, and vs non-PLC invites
- **Focus testing & consultation with health behaviorists (2013)**
 - Informed revisions to CCC correspondence messaging and approach
- **Male-specific correspondence – RCT (2014)**
 - Male-specific invitation: 21% greater odds of screening with gFOBT among men, compared to standard letter
 - Among men & women, receiving any letter significantly increased screening uptake