



FIT

North Mississippi Health Services recently implemented fecal immunohistochemical testing (FIT) as a colorectal cancer screening tool.

FIT has been recognized by multiple GI societies as the preferred test for non-invasive colorectal cancer detection as it has improved sensitivity relative to guiac-based testing (FOBT) and is, at this point, more cost-effective than fecal DNA testing.

While it is a viable option for colorectal screening, please be aware of the following issues:

- * Colonoscopy is still the preferred test for colorectal cancer screening. Colonoscopy allows for endoscopic polypectomy, enabling the endoscopist to remove a precancerous adenoma prior to it developing into colon cancer. While FIT is better than older tests at detecting colorectal cancer, it is not effective for prevention. If the patient is willing to undergo colonoscopy, this should be given preference.

- * The efficacy of FIT is established as it pertains to programmatic sensitivity. In other words, patients must understand that FIT's test performance improves as it is repeated annually; a single negative test at an index time is insufficient to exclude cancer or advanced neoplasia. As such, should a patient elect to be enrolled in a detection program, this particular test needs to be repeated on a yearly basis.

- * If a patient has established that they do not want a colonoscopy under any circumstance, or if the patient is too ill to undergo colonoscopy, FIT is an inappropriate test. The patient should be counseled that a positive FIT will require colonoscopy for confirmation of findings.

- * FIT represents a screening test in the purest sense. If a patient has rectal bleeding, unexplained change in bowel habits, iron-deficiency anemia or similar symptoms, colonoscopy would be the preferred diagnostic modality, as the pretest probability of colonic pathology would be higher than the diagnostic capability of FIT. FOBT may still be found useful in the evaluation of anemia or GI bleeding as a point of care test in the primary care setting. However, FOBT should not serve as a screening test for colorectal cancer.

* FIT is primarily designed to replace guiac-based testing for screening purposes; hence, as FIT is available in our system, neither submission of stool cards or office-based digital rectal exam collection for colorectal screening should be performed. FIT should be used for asymptomatic patients who are looking to avoid invasive testing, but would be willing to have a colonoscopy to follow-up a positive test.

Connected Care Partners Primary Care Quality Metrics

- * Assessment of patients with diabetes for nephropathy once yearly
- * Assessment of patients with diabetes for diabetic retinopathy once every two years, as long as no signs of retinopathy
- * Obtain an A1c for diabetic patients on a yearly basis
- * Obtain a mammogram every two years on eligible patients 50-74 years of age
- * Obtain appropriate colorectal cancer screening on eligible patients 50-75 years of age: Colonoscopy every 10 years OR Fecal Immunochemical Testing (FIT) yearly

Contact Us

Connected Care Partners

808 Varsity Drive
Tupelo, MS 38801
Phone: (662) 377-7811
www.ccpartnerscin.com

Contacts

Lee Greer, M.D., lgreer@nmhs.net
C.K. White, M.D., ckwhite@nmhs.net
Bo Calhoun, M.D. bcalhoun@nmhs.net
Stacie Penkova, Pharm.D., spenkova@nmhs.net

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