

# When to use the Fecal Immunochemical Test (FIT)

Is your *asymptomatic* patient...

## Average risk: Age 50-74

No personal or family history of polyps or colorectal cancer (CRC)

ACRCSP advises your patient is screened with FIT every 1-2 years

If FIT *positive* refer for colonoscopy

Please wait 10 years after a normal colonoscopy (i.e., no polyps), or follow surveillance recommendation by endoscopist, to screen with FIT

If your patient has been screened prior to this recommended interval and is now FIT *positive* please refer the patient to the endoscopist who performed the previous colonoscopy for consultation

If the quality of the colonoscopy was uncertain, screen with FIT 5 years after colonoscopy

Screening is not recommended for patients aged 75 and older

## Increased risk

Family History: CRC and/or high risk adenomas

*High risk colonic adenoma is defined as having one or more of the following: size greater or equal to 1 cm; villous elements; high grade dysplasia; more than three adenomas found at one colonoscopy*

1st degree relative >60 years at diagnosis

ACRCSP advises your patient is screened with FIT every 1-2 years starting at age 40

If FIT *positive* refer for colonoscopy

1st degree relative ≤60 years at diagnosis or two or more affected relatives

ACRCSP advises your patient is referred for a colonoscopy at age 40, or 10 years prior to the index case, whichever is earliest



**Please  
do not  
use FIT**

**As a diagnostic test** for CRC in symptomatic patients (e.g., reported bloody stools or recent change in bowel habit)

**As a diagnostic test** to investigate patients' reporting gastrointestinal symptoms at any age (e.g., abdominal pain)

**To determine or exclude** a cause for anemia and/or rectal bleeding

**As a CRC screening test** when the patient has inflammatory bowel disease, acute gastroenteritis or C. difficile colitis, actively bleeding hemorrhoids or anal fissure or similar acute gastrointestinal condition

Using FIT for non-CRC screening purposes can lead to delays in proper diagnostic workup.

**Recommend** the patient is referred for gastroenterology consultation