Does my Patient Need a Fecal Immunochemical Test (FIT)?

Does your patient have...

- Symptoms of:
  - Anemia
  - Rectal Bleeding
  - Abdominal Pain
  - Changed Bowel Habits

- Inflammatory Bowel Disease:
  - Crohn’s
  - Ulcerative Colitis

- Previous polyp in colon or rectum?

- Family history of colorectal cancer in:
  - Brother or Sister
  - Child
  - Parent

FIT is not recommended. Refer for consideration of endoscopic evaluation after initial investigations.

FIT is not recommended. Refer to endoscopist or program to determine appropriate interval for next colonoscopy.

More than one first degree relative is affected.

A first degree relative was 60 or younger when diagnosed.

A first degree relative affected, who was older than 60 when diagnosed.

FIT is not recommended. Screen with FIT every 1-2 years starting at age 40, or 10 years prior to index case, whichever is first.

FIT is not recommended. No previous screening.

No previous screening

Patient has never been screened for colorectal cancer, or screening interval has elapsed.

- How old is the patient?
  - Younger than 40
  - Older than 84
  - Between 40-49
  - Between 75-84
  - Between 50-74

FIT will be rejected at the lab (starting first quarter of 2015). Screening is not recommended for these age groups.

FIT is generally not recommended. Individually assess risk and quality of life. Harm can outweigh benefit; use clinical judgment.

FIT is not recommended. Patient is up to date with colorectal cancer screening.

Screen with FIT every 1-2 years. If FIT is positive or if family history changes, refer to colonoscopy.

For additional information and details visit: screeningforlife.ca or topalbertadoctors.org