

## Transition to the Fecal Immunochemical Test (FIT) and Colon Cancer Screening

- Ontario has transitioned from the fecal occult blood test (FOBT) to FIT for colon cancer screening.
- Regular cancer screening (getting checked) is important because it can find colon cancer early when it may be smaller and easier to treat. Colon cancer screening with FIT may also prevent some colon cancers by finding polyps that could turn into cancer.
- FIT is a simple, safe and painless at-home cancer screening test that checks your stool (poop) for tiny amounts of blood which could be caused by colon cancer and/or pre-cancerous polyps (growths in the colon or rectum that can turn into cancer over time).
- ColonCancerCheck no longer recommends that people at average risk of colon cancer screen with FOBT. Although there is high-quality scientific evidence to support screening with FOBT, FIT offers several advantages over FOBT:
  - FIT is a more sensitive screening test, which means it is better at detecting colon cancer and some pre-cancerous polyps than FOBT
  - FIT is more user-friendly because the collection device is easy to use and reduces the amount of contact people have with their stool when collecting it
  - Only one stool sample is needed with FIT and
  - When completing FIT, there are no medication or dietary restrictions (including vitamin C).
- People in Ontario can talk to their family doctor or nurse practitioner about getting checked for colon cancer with FIT.
  - If someone does not have a family doctor or nurse practitioner, they can call Telehealth Ontario at 1-866-828-9213.
  - If someone lives on a First Nation reserve, they can contact their health centre or nursing station.
  - Eligibility for a FIT kit can also be discussed with a mobile screening coach staff member, where coaches are available ([cancercareontario.ca/en/find-cancer-services/mobile-screening](http://cancercareontario.ca/en/find-cancer-services/mobile-screening)).
- LifeLabs will mail eligible people a FIT kit following a request from their family doctor or nurse practitioner. Screening participants should mail their completed FIT to LifeLabs or drop it off at a LifeLabs Patient Service Centre as soon as possible.
- Cancer screening participants will continue to receive result letters from Cancer Care Ontario.

### About colon cancer

- Colon cancer is cancer of the large bowel (colon), which is the lower part of the digestive system. Rectal cancer is cancer of the last six inches of the colon. Together, they are called “colorectal cancer” (commonly called “colon cancer” or “bowel cancer”).
- Colorectal cancer is the second most common cause of cancer death in men and the third most common cause of cancer death in women in Ontario.
- The risk of getting colon cancer goes up after age 50.
- Getting checked with FIT helps find colon cancer early when there are no uncomfortable symptoms (such as persistent diarrhea and stomach pain) and when it is easier to treat. Without getting checked, someone could have colon cancer and not know it.
- When colon cancer is caught early, nine out of 10 people with the disease can be cured. If colon cancer is caught later, it can be treated, but beating it is less likely – only about one out of every 10 people with colon cancer that is caught at a later stage will be cured.
- Men and women ages 50 to 74 should get checked for colon cancer even if no one in their family has had the disease.
- It is easy to get checked for colon cancer with an at-home test called FIT.

## Causes of colon cancer

- There are many reasons someone may develop colon cancer – some reasons are better understood than others. However, we know that polyps can sometimes turn into cancer over time.
- Most often, there are no physical symptoms during the early stages of the disease. As colon cancer develops over time, the following problems may occur:
  - Unexplained anemia (drop in red blood cell count) that is caused by a lack of iron
  - Blood (either bright red or very dark) in the stool
  - Unexplained weight loss
  - New and persistent diarrhea, constipation or feeling that the bowel does not empty completely and
  - New and persistent stomach discomfort.
- Some habits or personal characteristics, called risk factors, can increase someone's chance of getting colon cancer. Some risk factors cannot be changed, such as age and family history. However, there are risk factors that can be changed. Here are steps that can be taken to lower the risk of getting colon cancer:
  - Limit alcohol – men should have no more than two drinks a day and women should have no more than one drink a day
  - Limit red meat and try not to eat processed meat (e.g. bologna, salami)
  - Have a healthy body weight
  - Be physically active as part of everyday life
  - Eat a diet high in fibre (including vegetables and fruit)
  - Quit smoking and stop using tobacco products (e.g. cigarettes, chewing tobacco) and
  - Get screened with FIT

## Colon cancer screening recommendations

- ColonCancerCheck recommends that people who have no symptoms and are at average risk of colon cancer get screened with FIT every two years.
  - "Average risk" is defined as people ages 50 to 74 with no first-degree relative (parent, brother, sister or child) who has been diagnosed with colon cancer.
- People with abnormal FIT results should have a colonoscopy within eight weeks of their abnormal results.
- If someone ages 50 to 74 with no symptoms or family history of colon cancer chooses to get screened with flexible sigmoidoscopy instead of FIT, they should be screened again in 10 years.
- ColonCancerCheck recommends that people who have no symptoms and are at increased risk of colon cancer get screened with a colonoscopy. Someone at increased risk should start screening at age 50, or 10 years earlier than the age their relative was diagnosed with colon cancer, whichever comes first.
  - "Increased risk" is defined as people with a family history of colon cancer that includes at least one first-degree relative (parent, brother, sister, or child) who has been diagnosed with this disease.
- The ColonCancerCheck program does not recommend regular screening for people younger than age 50 with no first-degree relatives (parent, brother, sister or child) who have been diagnosed with colon cancer. Even though the number of colon and rectal cancers being diagnosed in younger adults is increasing in Canada, it is still very low in adults younger than age 50.

## Fecal occult blood test (FOBT) decommissioning

- If you did a fecal occult blood test (FOBT), you should wait 2 years after your FOBT before doing a fecal immunochemical test (FIT).
- Labs will keep testing FOBT kits until December 24, 2019. This means you can still get your test result if you did an FOBT before FIT was available.
- You must complete and return your FOBT kit before December 24, 2019. If you cannot return your FOBT before December 24, 2019, you should talk to your family doctor or nurse practitioner about doing a FIT instead.
- If you have an FOBT kit, but would rather do a FIT, talk to your family doctor or nurse practitioner about switching tests.