



Colon Screening Program

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

Please work down the following list for decision-making. Does your patient have:

DECISION-MAKING CHECKLIST	FIT RECOMMENDATION	REFER TO PROGRAM
1 SYMPTOMS OF: <ul style="list-style-type: none"> Anemia Abdominal pain Rectal bleeding Change in bowel habits 	❌ FIT is not recommended. Refer to a specialist for consideration of endoscopic evaluation after initial investigations.	Do not refer to Colon Screening Program.
2 PERSONAL HISTORY OF COLON CANCER	❌ FIT is not recommended. Refer for ongoing follow-up with a specialist.	
3 INFLAMMATORY BOWEL DISEASE <ul style="list-style-type: none"> Crohn's Ulcerative colitis 	❌ FIT is not recommended. Refer for ongoing follow-up with a specialist.	
4 PERSONAL HISTORY OF ADENOMAS <ul style="list-style-type: none"> Low risk adenoma(s) at last colonoscopy <hr/> <ul style="list-style-type: none"> High risk adenoma(s) at last colonoscopy <ul style="list-style-type: none"> Villous features ≥ 10 mm High grade dysplasia Sessile serrated adenoma/polyp with dysplasia Traditional serrated adenoma 3 or more adenomas of any size 	❌ FIT is not recommended. Refer for colonoscopy. Surveillance interval for low risk adenomas is 5 years.	If patient is 50-74, refer for screening colonoscopy in the Colon Screening Program using the Colonoscopy Referral Form.
	❌ FIT is not recommended. Refer for colonoscopy. Surveillance interval for high risk adenomas is 3 years.	
5 FAMILY HISTORY OF COLON CANCER <ul style="list-style-type: none"> 1 first degree relative (parent, sibling, child) who was over the age of 60 when diagnosed <hr/> <ul style="list-style-type: none"> 1 first degree relative who was 60 or younger when diagnosed, or More than 1 first degree relative w/CRC 	✅ FIT is recommended. Screen with FIT every 2 years between the ages of 50-74.	Use standard lab requisition: Select 'Fecal Occult Blood, age 50-74, asymptomatic q2y (copy to Colon Screening Program)'
	❌ FIT is not recommended. Refer for colonoscopy at age 40, or 10 years prior to index case, whichever is first. If under the age of 50, refer patient directly to a specialist for consideration of colonoscopy.	If patient is 50-74, refer for screening colonoscopy in the Colon Screening Program using the Colonoscopy Referral Form.
6 DID THE PATIENT HAVE A NORMAL: <ul style="list-style-type: none"> FIT within 2 years Colonoscopy within 10 years Flexible sigmoidoscopy or CT colonography within 5 years 	❌ FIT is not recommended. Patient is up to date with colon cancer screening.	Do not refer to Colon Screening Program.
7 PATIENT HAS NEVER SCREENED FOR COLON CANCER OR SCREENING INTERVAL HAS ELAPSED <ul style="list-style-type: none"> Patient between the ages of 50-74 <hr/> <ul style="list-style-type: none"> Patient between ages of 40-49 and 75-84 <hr/> <ul style="list-style-type: none"> Patient younger than 40 or older than 84 	✅ FIT is recommended. Screen with FIT every 2 years.	Use standard lab requisition: Select 'Fecal Occult Blood, age 50-74, asymptomatic q2y (copy to Colon Screening Program)'
	Individually assess risk of colon cancer and risk of colonoscopy. Harm can outweigh benefit; use clinical judgement. If proceeding with screening, use standard lab requisition and select 'FOBT, Other Indication'. Patient will not be registered in program. Refer directly to a specialist for follow-up when indicated.	Do not refer to Colon Screening Program.
	❌ Screening not recommended for these age groups.	