

# What Health Care Providers Need to Know About the Fecal Occult Blood Test

### TIPS FOR USE:

#### Before the Test

With the ColonCancerCheck FOBT kit, the only dietary restriction is that **participants should not take vitamin C supplements eat/drink citrus fruit and juices for three days before the test or during the collection period.**

#### Taking the Test

- The test card has **three flaps**, one for each of the three different days.
- Participants will **clearly write the stool collection dates on the corresponding flap before applying the sample to the test card.**
- There are **two boxes under each flap, one for each of the two location samples.**
- Participants will use an applicator stick to collect two small samples of their stool from two locations of the stool and apply one sample to each box under the flap.
- Once the stool collection is completed, the test card will be placed (but not sealed) in the foil envelope and stored at **room temperature** until the next bowel movement.
- The samples collected from the two additional bowel movements (on two different days) will be applied under flap 2 and flap 3.

### What is a Fecal Occult Blood Test (FOBT)?

An FOBT is a simple test used to screen for colorectal cancer. It is completed at home and requires collection from three stool specimens on three different days. The test can detect invisible (occult) amounts of blood in the stool.

### Why was the guaiac FOBT chosen?

The guaiac FOBT was chosen because it is the only colorectal cancer screening method that has been proven in randomized controlled trials to reduce mortality from colorectal cancer (Level A evidence)\*. The Canadian Task Force on Preventive Health Care, an independent expert panel funded through a partnership between the federal and provincial governments, and the Ontario Expert Panel on Colorectal Cancer, both made the recommendation to use the guaiac FOBT.

### What scientific evidence is there to support the use of the FOBT?

Three landmark randomized controlled trials have shown a 16% reduction in colorectal cancer deaths with FOBT screening, combined with colonoscopy for those with a positive FOBT. The scientific evidence is strongest to support the FOBT (Level A)\* for regular (repeated) colorectal cancer screening. There are no randomized controlled trials that have evaluated colonoscopy.

### How is the FOBT kit dispensed?

Participants receive their FOBT kit from their primary care provider (physician or nurse practitioner). If a participant is unattached (does not have a primary care provider), they can receive a kit from a pharmacist or through Telehealth Ontario. Participants complete the test at home by collecting stool samples. Once completed, the kit is sealed in a pre-paid postage envelope and then mailed to or dropped off at a participating lab for analysis.

### How are the results determined?

- Primary care providers will be sent the results for each of the three windows of a participant's test by the laboratory. One positive window constitutes a positive result and the participant should be referred for colonoscopy. A positive FOBT result does not necessarily mean the participant has cancer, however 10% of participants with a positive result in one window will have cancer.
- If no windows are positive, but one or more windows are inconclusive, this constitutes an inconclusive result and a retest should be recommended.
- If all three windows are negative, this constitutes a negative result.

## TIPS FOR USE:

### After the Test

Participants place the test card in the foil envelope, seal it, and then insert the foil envelope and the requisition form in the pre-paid postage envelope, and either mail it to or drop it off at a participating laboratory. The card should be mailed within 10 days of collecting the first stool sample.

### **Need more information?**

For health care providers:

**Visit** [ColonCancerCheck.ca](http://ColonCancerCheck.ca)

**Call** 1-866-662-9233

For the public:

**Visit** [ColonCancerCheck.ca](http://ColonCancerCheck.ca)

**Call** 1-866-410-5853

## **How do participants get their results?**

- Positive FOBT results are reported to the participant by their primary care provider. Unattached participants with a positive result are referred to a primary care provider by the program for follow-up care.
- The program will notify both attached and unattached participants if results were inconclusive and a retest is needed (when results indicate the FOBT card could not be read or was incomplete). For attached participants, the primary care provider should follow up with the participant to dispense another kit. Unattached participants will be referred to their local pharmacy or Telehealth Ontario to obtain another kit.
- The program will report negative FOBT results to all participants and remind them to be screened again in two years.

## **Who should be screened with an FOBT kit?**

All men and women 50 years of age and older should undergo screening for colorectal cancer. Guidelines recommend that individuals at average risk (individuals aged 50 or over who have no family history of colorectal cancer and no large bowel symptoms) should undergo screening with an FOBT once every two years.

Individuals who are at increased risk because of a family history of colorectal cancer (one or more first degree relatives with colorectal cancer) should be referred for colonoscopy. For these individuals, colonoscopy screening should begin at the age of 50 years, or 10 years earlier than the relative's diagnosis, whichever comes first.

## **What dietary / medication restrictions are there when using an FOBT kit?**

Only citrus fruits and vitamin C supplements should be eliminated for 3 days prior to and during the stool collection. There are no medication restrictions.

## **What else is contained in the ColonCancerCheck FOBT kit?**

The kit includes easy-to-follow instructions, a privacy statement, an expiration date, a leak-proof envelope to protect the sample, and a pre-paid postage return envelope.

\* The Canadian Task Force on Preventive Health Care defines Level A evidence as good evidence to recommend the clinical preventive action. Level C rating means existing evidence is conflicting and does not allow making a recommendation for or against the use of the clinical preventive action; however other factors may influence decision-making.