

Occult Blood, Immunochemical Testing for Colorectal Cancer
Test Codes: Diagnostic #11290; Screening #11293



American College of Gastroenterology: Guidelines for Colorectal Cancer Screening 2008

"FIT replaces older Guaiac-based fecal occult blood testing. FIT is the preferred cancer detection test."

"The preferred cancer detection test is annual FIT. This test has superior performance characteristics when compared with older Guaiac-based Hemoccult II cards; additionally, there was a 10 and 12% gain in adherence with the FIT in the first two randomized controlled trials comparing the FIT with Guaiac-based testing."

American Cancer Society: Guidelines for the Early Detection of Cancer

Tests that mainly find cancer:

- Fecal Occult Blood Test (FOBT) every year*,**
- Fecal Immunochemical Test (FIT) every year*,**
- Stool DNA test (sDNA), interval uncertain*

*Colonoscopy should be done if test results are positive.

**For FOBT or FIT used as a screening test, the take-home multiple sample method should be used. A FOBT or FIT done during a digital rectal exam in the doctor's office is not adequate for screening.

Annals of Internal Medicine: Accuracy of Screening for Fecal Occult Blood on a Single Stool Sample Obtained by Digital Rectal Examination. 2005;142:81-85

Conclusions: Single digital FOBT is a poor screening method for colorectal neoplasia and cannot be recommended as the only test. When digital FOBT is performed as part of the primary care physical examination, negative results do not decrease the odds of advanced neoplasia.

CIGNA HealthCare

"Sonora Quest Laboratories, the preferred laboratory for CIGNA HealthCare members, now offers a new fecal immunochemical test (FIT) called InSure® that is specific for human hemoglobin. InSure is specially designed to be simpler and more user friendly than other screening tests."

"Most importantly, it has no dietary and medicinal restrictions and does not require fecal handling. It also has a slightly greater sensitivity than guaiac-based tests with similar specificity and is easy for patients to perform in the privacy of their home."



National Institutes of Health (NIH): Earlier stages of colorectal cancer detected with immunochemical faecal occult blood tests: NETH J Med. 2009 May;67(5):182-6

Conclusions: Compared with symptomatic patients, patients detected by FOBT and *especially immunochemical FOBT*, presented significantly more often at earlier stages suggesting increased survival. Additionally treatment could more often be confined to colonoscopy.

ACOG*: American Congress of Obstetricians and Gynecologists

ACOG recommends that all women age 50 and older be screened for colorectal cancer by one of the following methods:

- Annual patient-collected fecal occult blood test (FOBT) or fecal immunochemical test (FIT)
- Flexible sigmoidoscopy once every five years
- Annual patient-collected FOBT or FIT **plus** a flexible sigmoidoscopy once every five years
- Double-contrast barium enema once every five years
- Colonoscopy once every 10 years. Colonoscopy is the preferred method.

*ACOG Committee Opinion #384, "Colonoscopy and Colorectal Cancer Screening and Prevention," is published in the November 2007 issue of Obstetrics & Gynecology.

Other Recommendations

In March 2008, the American Cancer Society, the U.S. Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology jointly recommended screening for colorectal cancer beginning at 50 years of age by 1) high-sensitivity FOBT or fecal immunochemical testing annually, 2) flexible sigmoidoscopy every 5 years, 3) double-contrast barium enema every 5 years, 4) CT colonography (virtual colonoscopy) every 5 years, 5) colonoscopy every 10 years, or 6) fecal DNA at an unspecified interval.

The American College of Physicians, American Academy of Family Physicians, American College of Preventive Medicine, and Centers for Disease Control and Prevention have issued similar recommendations or endorsed the USPSTF recommendation.

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