

Preliminary observations of FIT testing for Colorectal cancer (CRC) prevention in two public

hospitals in New York City



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Introduction

- Expanding colorectal cancer (CRC) screening on a population level is essential in decreasing CRC mortality.
- The fecal immunochemical test (FIT) has an important role in improving screening rates. Currently, CRC guidelines recommend annual fecal immunochemical tests (FIT) with follow-up colonoscopy for all positive tests.
- There are several obstacles to an effective FIT initiative. We looked into what barriers were important in our population.
- We reviewed our initial experience with FIT testing for CRC screening at our institutions between July 2019 and December 2021.

Methods and Materials

- Primary care clinic patients were given or sent FIT kits with information on how to perform and submit the samples either during face-to-face visits or by mail.
- No standard education was provided about CRC, its screening, or the role of colonoscopy in prevention.
- A de-identified database was constructed containing demographic variables, process measures, colonoscopy quality measures and outcome measures in FIT+ patients.

Results

- One hundred seventy-six patients had positive FIT with a positivity rate of 7.2%.
- Mean age was 60+/-12 years and 52% were female.
- FIT was performed by screening criteria alone in 55% while 45% had diagnostic indications by chart review.
- Follow up colonoscopies were ordered in 73% and performed in 52% of those ordered, representing only 38% of all positive FIT patients.

Graph 1. Colonoscopy Ordered vs Performed in +FIT Patients

100%

73%

73%

73%

Positive FIT Colonoscopy

Colonoscopy

- Mean/median intervals before colonoscopy were 4 months.
- Of non-performed colonoscopies, the patient refused in 54% while system issues were responsible in 21%.

Graph 2. Reason for Non-Performed Colonoscopies



- Eight patients had cancers (11.9%) of which 6 had signs or symptoms and 4 were advanced. There were no interval cancers detected and no complications occurred.
- Quality metrics, including cecal intubation rates, withdrawal times, and adenoma detection rates (ADR) all met or exceeded benchmarks. The ADR was 58%, almost twice the benchmark, and the detection rate for advanced adenomas was 21%.



Discussion

- Among primary care clinic patients with positive FITs, we found that a minority completed their follow up colonoscopies.
- Among those who did complete colonoscopy, there were high detection rates for adenomas, advanced adenomas and CRC.
- $\circ\,$ This trend was seen in both screening and diagnostic groups.
- This was not an organized program but rather an initiative to identify the obstacles to a successful program.
- These data suggest that enhanced pre-FIT education may increase adherence to colonoscopy follow up.

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