

INTRODUCTION

- Testing for occult blood in feces has a long history in clinical medicine. Current guidelines emphasize its use as a tool for colorectal cancer (CRC) screening.
- Through chart review, we learned that some FIT kits had been distributed to patients with objective signs or symptoms of gastrointestinal disease.
- We compared procedural outcomes in FIT+ patients when ordered for CRC screening versus those who had subjective or objective evidence of gastrointestinal disease at Jacobi Medical Center and North Central Bronx Hospital.

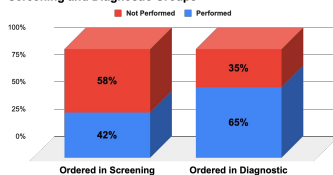
METHODS AND MATERIALS

- FIT kits were mailed or distributed in the primary care medical clinic to patients between 7/31/2019 and 12/31/2021.
- Chart review was performed in 176 FIT+ patients, including demographic variables, process measures (follow up colonoscopy offered/accepted/performed), quality metrics (cecal intubation rate, withdrawal time, adenoma detection rate), and other procedural outcomes (advanced adenoma and cancer detection rates)
- The overall group was subdivided into screening and diagnostic groups, based upon the presence or absence of anemia, weight loss or gastrointestinal symptoms at the time of FIT testing, based on chart review.

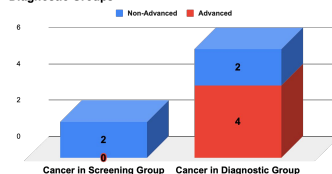
RESULTS

- FIT was performed by screening criteria alone in 55% while 45% had diagnostic indications by chart review.
- There were no significant differences in age, sex, or race in the two subgroups. Colonoscopy was ordered in 70% vs 76% in the diagnostic versus screening group, respectively.
- A significantly higher percentage of diagnostic than screening cases underwent colonoscopy (65% vs 42%, $p < 0.05$).

Graph 1. Colonoscopies Performed vs Not Performed in Screening and Diagnostic Groups



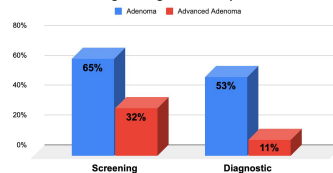
Graph 2. Number of Cancers Found in Screening vs Diagnostic Groups



- Of 8 cancers found, 6 were in the diagnostic group ($p > 0.05$), as were all 4 advanced cancers by clinical staging.

- Time intervals from positive FIT result and colonoscopy were the same in both subgroups (median 4 months).
- Adenoma and advanced adenoma detection rates were not significantly different in the screening and diagnostic groups, respectively (65% vs 53% and 32 vs 11%, $p > 0.05$ for both).

Graph 3. Adenoma and Advanced Adenoma Detection Rates in Screening vs Diagnostic Groups



DISCUSSION

- A positive FIT indicates an elevated likelihood of harboring a colonic neoplasm, including advanced adenomas, irrespective of signs and symptoms.
- It is uncertain if signs and symptoms were recognized as significant by the provider or patient and led to higher adherence to colonoscopy.
- In the presence or absence of clinical signs and/or symptoms, a positive FIT result can accelerate the diagnosis of an advanced adenoma or cancer.

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