

FOBTs completed in inpatient and ED settings significantly associated with endoscopic intervention.

No statistical significance noted between FOBTs and GI consults

## INTRODUCTION

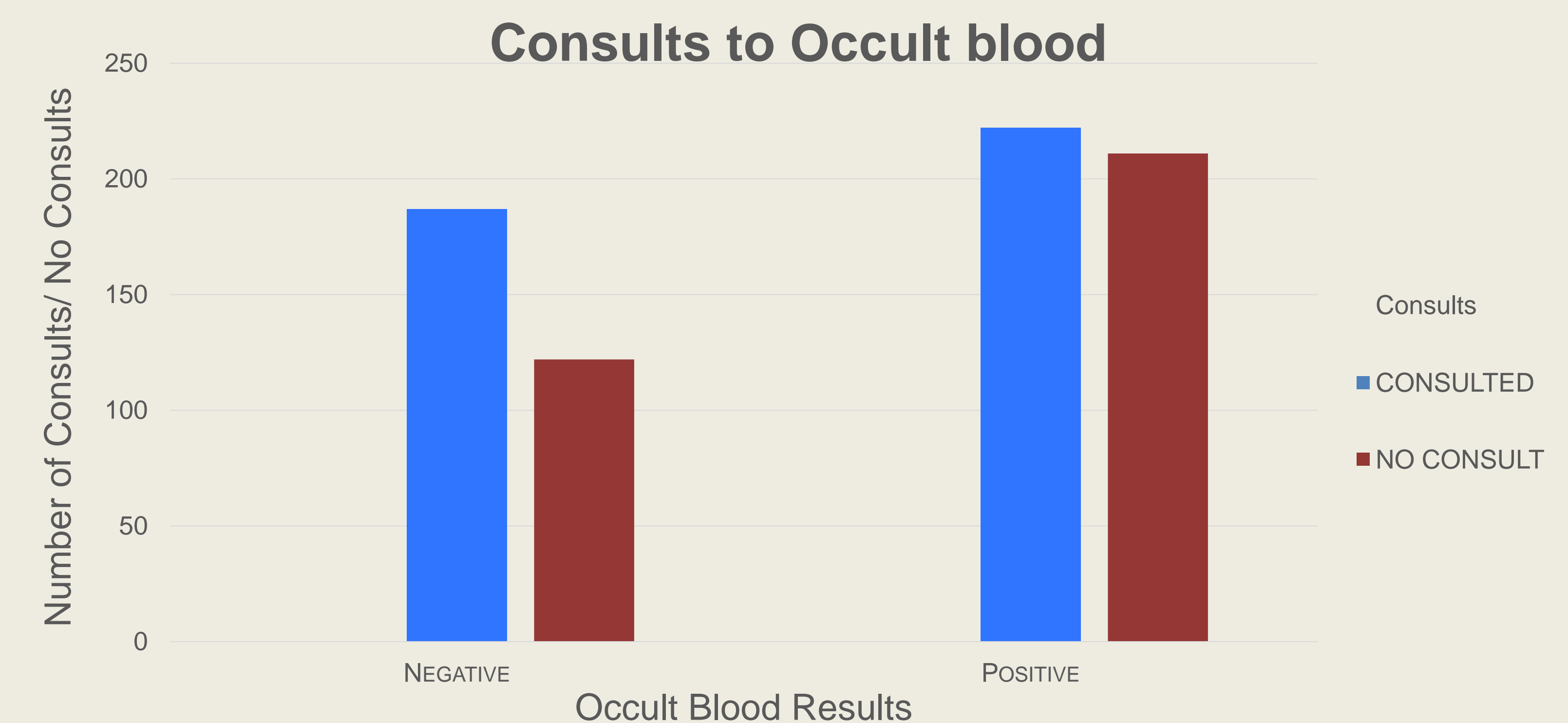
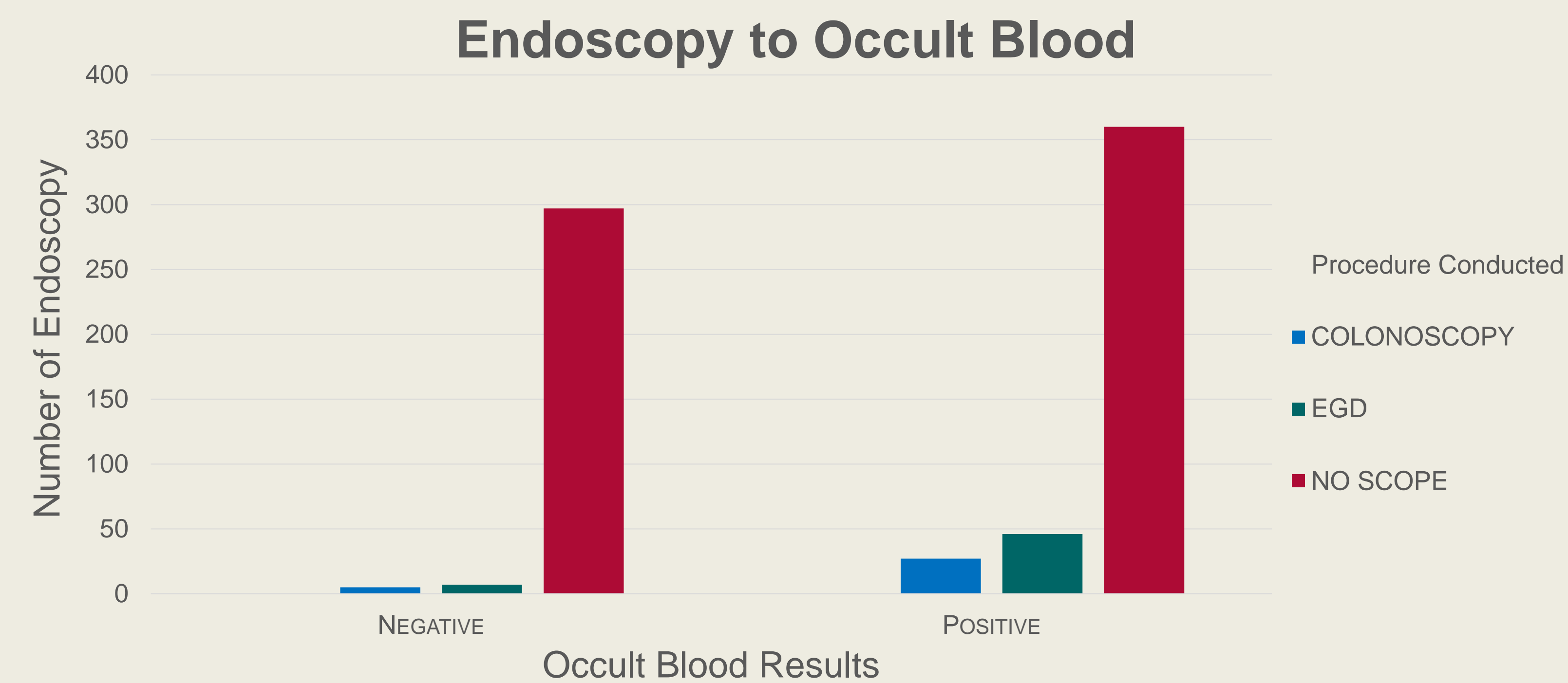
- Fecal occult blood tests (FOBTs) have been used as a tool for detecting occult blood in stool for colon cancer screening.
- Increasingly, FOBT has been utilized by clinicians to detect gastrointestinal (GI) bleeding in the hospital setting without evidence supporting its use in this manner.
- A false positive FOBT can lead to excessive patient harm in the form of unnecessary testing, patient anxiety, prolonged hospital stay, and financial hardship.
- In this study, we looked at the use of FOBTs, relevant specialist consults, and further endoscopic interventions in the inpatient setting.

## METHODS AND MATERIALS

- Single center retrospective study
- Search criteria included patient demographics, length of stay, admission diagnosis, specialty consulted, FOBT ordering provider, FOBT results, intervention performed, and total blood volume ordered.
- Patient data was gathered using Epic Workbench.
- Data were analyzed using SPSS (Statistical Package for the Social Sciences).
- Frequencies of age, sex, race, and length of stay were calculated.
- Descriptive statistics were obtained to compare FOBT results with number of procedures and specialist consults. Pearson chi-square was used in the analysis of statistical significance.

## RESULTS

- Over a one-year time period, a total of 742 patients received a FOBT while inpatient: 411 females and 333 males; predominantly white (97.3%) with a median age of 71.
- Of the total 433 positive FOBTs were, 27 had colonoscopy and 46 had gastroscopy.
- GI was consulted on 222 positive FOBT results and 187 negative FOBT results.
- FOBT had a significant impact on whether an invasive intervention, such as colonoscopy or gastroscopy, was performed ( $p < 0.001$ ).
- FOBT results were not statistically associated with consults placed ( $p < 0.5$ ).



## DISCUSSION

- Despite questionable benefits, the use of FOBTs has extended to inpatient and emergency department settings.
- Reasons for use included anemia, GI bleeds, abdominal pain, melena, and emesis.
- Data analysis from our study revealed that results of a FOBT do appear to play a large role in deciding further intervention.

## CONCLUSIONS

- FOBT use has been extended to inpatient and emergency department settings.
- This raises concern about patient benefit and healthcare burden.
- We plan to further this work by implementing provider education on the uses of FOBT and reporting on the color of stool samples
- We also plan to do a more extensive chart review to determine if interventions were beneficial to patient health outcomes

## REFERENCES

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