



# Assessment of Occult Blood Testing in Acute Hospital Settings: A Multicenter GI Fellow Driven Study

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## Introduction

Fecal occult blood testing (FOBT) is an outpatient screening tool for colorectal cancer. It is widely misused in the hospital setting, without accounting for false positives or negatives resulting in unnecessary endoscopic procedures, increased costs and increased length of stay.

The aim of our study is to understand the knowledge and current utilization of FOBT among internal medicine residents from multiple programs across the USA.

## Methods and Materials

This is a multicenter survey conducted by a GI-fellow in about 25 Internal Medicine Residency programs in Washington-DC, Pennsylvania, New York, New Jersey, Florida, Indiana, Illinois, Georgia, and California.

A 15-questionnaire survey on FOBT was emailed on May 18th, 2022, with follow-up reminders until June 3rd, 2022.

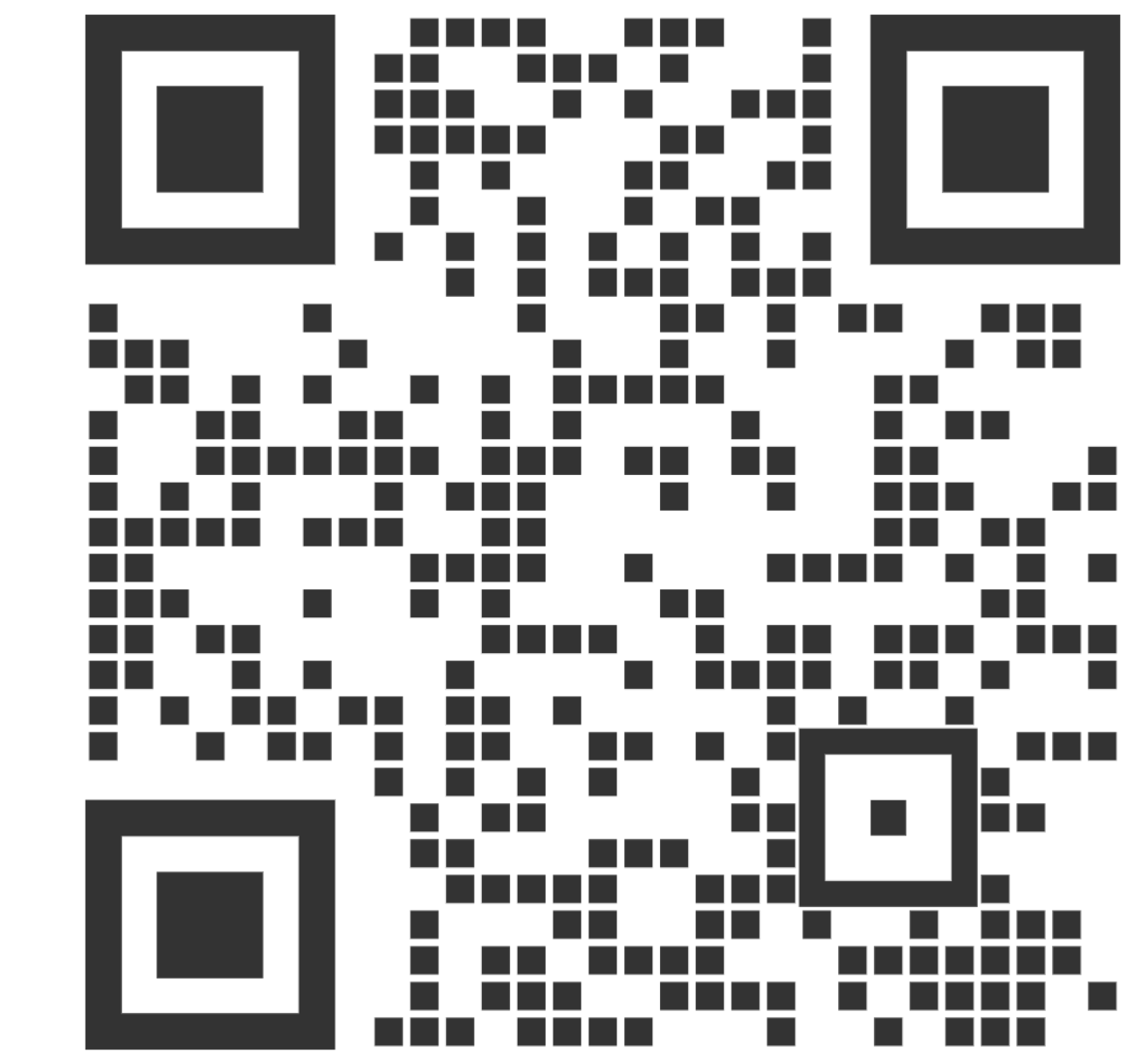
We considered the end of the academic year as an ideal time to evaluate the understanding and clinical practice of internal medicine trainees.

## Results

- A total of **227 residents responded** to our survey {n=96 (42.2%) PGY-I, n=67 (29.5%) PGY-II & n=64 (28.2%) PGY-III}.
- Overall, 66.7% i.e., 2/3rd of residents sometimes or always ordered FOBT and **67.4% have ordered** this test more often in **inpatient** than in outpatient settings.
- Approximately 60% of the residents had knowledge of **dietary restrictions** but **only 32%** of the residents were questioning the patients before ordering it.

## Results cont...

- The triggers for ordering FOBT were mostly **anemia (92.5%)** followed by change in stool color (61%), weight loss (60%) and bleeding per rectum (47.5%).
- **62%** of respondents **felt influenced** by their supervisors and 57.2% felt that FOBT results will change their management.
- Overall, as postgraduate year training increased, trainees were less likely to order FOBT for suspected GI bleeding (Table)
- **68.2%** of residents were somewhat/not confident and **only 0.04% were completely confident** in interpreting the FOBT results



Scan to check survey questionnaire and responses

## Table

Postgraduate Year	For a suspected GI Bleed, which of the following would you consider first		Logistic regression analysis, comparing PGY-I with PGY-II & III		
	GI Consult	FOBT	Odds Ratio	Confidence Interval	P-Value
PGY – I	34 (35.4%)	62 (64.6%)	Ref	Ref	Ref
PGY – II	28 (41.8%)	39 (58.2%)	0.76	0.40 - 1.44	0.820
PGY – III	37 (43.6%)	27 (56.4%)	0.40	0.21 - 0.77	0.006

Statistical analysis comparing the level of training with preference to FOBT vs. GI Consult for a suspected GI Bleed

## Discussion

Our survey results showed that residents were influenced by their supervisors and ordered FOBT largely in the inpatient setting.

Although there was noted improvement in understanding of the futility of FOBT in suspected acute GI bleeding, more than half of final year trainees would still order FOBT first.

There is a need for better education of internal medicine trainees in the utilization of FOBT.

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