CancerCare Manitoba
ActionCancerManitoba
BreastCheck CervixCheck ColonCheck

ColonCheck for Healthcare Providers

Questions?

If you require assistance accessing fecal immunochemical tests (FIT) for your patients let us know! Email us at screening@cancercare.mb.ca.

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Purpose

This document is intended for physicians, registered nurses, advanced practice nurses, licensed practical nurses, clinical assistants and/or physician assistants in Manitoba seeking to:

- **Initiate** learning about colorectal cancer screening in Manitoba,
- **Mentor** colleagues in the area of colorectal cancer screening, and/or
- **Review** current practice in Manitoba.

This resource was created to supplement the CancerCare Manitoba Screening Guidelines to help support healthcare provider-patient conversations around colorectal cancer screening. Additionally, some of the language in this resource is written in plain language and intended for the healthcare providers to use in conversations with patients.

Acknowledgements

Thank you to all of the people who contributed to the development of this resource: ColonCheck Medical Lead, Dr. Ross Stimpson, ColonCheck Program Manager, Laura Coulter, CancerCare Manitoba Screening Program Health Educator, Lesley Baldry, CancerCare Manitoba Screening Program Education and Prevention Lead, Kira Pavagadhi, and CancerCare Manitoba Screening Program's Primary Care Advisory Committee.

Contact Person

If you have questions or concerns about this resource, contact us.

Education & Prevention Lead
CancerCare Manitoba Prevention & Screening
Unit 5 – 25 Sherbrook Street, Winnipeg, Manitoba R3C 2B1
1-855-952-4325
Screening@cancercare.mb.ca

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Importance of Organized Colorectal Cancer Screening

Burden of Disease

Colorectal cancer is one of the most commonly diagnosed cancers in Manitoba. Each year, there are approximately 820 new cases and 340 deaths from colorectal cancer in Manitoba. In 2019, 848 people were diagnosed with colorectal cancer in Manitoba (CCMB, 2019). Approximately 30% of colorectal cancers were in the rectum, and 70% were found in the colon (CCS, 2018, p.17).

Colorectal cancer can be prevented by finding and removing pre-cancerous adenomas. Cancer diagnosis at an early stage is associated with improved survival, simpler treatment modalities, reduced health system costs, and improved quality of life for patients. Cancer stage at the time of diagnosis is strongly associated with survival rates. In 2020, colorectal cancers in Manitoba were found at the following stages:

	STAGE AT DIAGNOSIS (2016)	
STAGE	COLON CANCER (EXCLUDING RECTUM)	RECTAL CANCER (INCLUDES RECTOSIGMOID)
STAGE I	22.9%	17.2%
STAGE II	28.9%	11.5%
STAGE III	24.3%	51.2%
STAGE IV	20.3%	18.9%
UNKNOWN	3.6%	1.4%

(CancerCare Manitoba (2019). Manitoba Cancer System Performance Report. https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/System-Performance-Report.pdf)

The estimated five-year survival rates by stage at time of diagnosis are listed below.

Colon Cancer	Stage I has a 92% five-year survival. Stage IV has a 11% five-year survival.
Rectal Cancer	Stage I has an 87% five-year survival rate. Stage IV has a 12% five-year survival rate.

Canadian Cancer Society (2018). Canadian Cancer Statistics: A 2018 special report on cancer incidence by stage. https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2018-statistics/canadian-cancer-statistics-2018-en.pdf (page 17).

Quick Facts

- Over 90% of colorectal cancer cases occur in individuals over the age of 50.
- There are often no early warning symptoms or signs of colorectal cancer.
- In 9 out of 10 cases, colorectal cancer can be cured if diagnosed at an early stage.
- Colorectal cancer can be detected early and prevented through regular screening.

Colorectal Cancer Screening in Manitoba

What is colorectal cancer screening?

Colorectal cancer screening aims to detect colorectal cancer prior to the development of signs and symptoms. Diagnosis at an earlier stage simplifies treatment and improves survival. Detection and endoscopic removal of pre-cancerous adenomas can reduce the incidence of colorectal cancer in the population.

CancerCare Manitoba's ColonCheck Program

ColonCheck is Manitoba's organized colorectal cancer screening program. With the goal of reducing the burden of colorectal cancer in the province, the program identifies individuals who are eligible for screening, distributes the fecal immunochemical test (FIT), manages test results, and initiates patient assessment and colonoscopic follow-up for abnormal results.

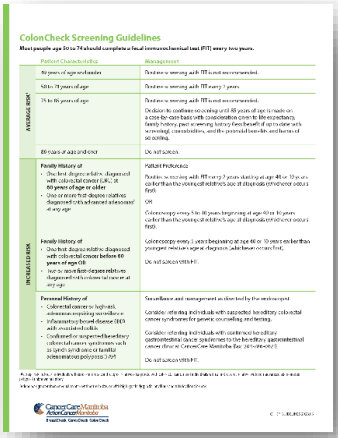
ColonCheck:

- Utilizes the provincial colorectal cancer screening registry to identify and invite eligible Manitobans to participate in colorectal cancer screening.
- Excludes individuals who will not benefit from screening.
- Delivers consistent care by promoting equitable opportunities for Manitobans to participate in colorectal cancer screening.
- Facilitates follow-up testing, and support for abnormal results and colorectal cancer diagnoses.
- Supports the work of Manitoba's healthcare providers.
- Provides consistent communication to patients, healthcare providers, specialists, and stakeholders.
- Applies best available evidence to enhance practices.
- Maintains quality assurance measures for monitoring, testing, reporting, follow-up testing and enhances service delivery.
- Educates the public and healthcare providers about the potential benefits and harms of screening, screening guidelines, test access, possible results, and follow-up testing.

Role of Healthcare Providers

Healthcare providers are essential partners alongside organized screening programs. In a ColonCheck survey (n=851), 75% of patients surveyed stated the reason they did not do an FOBT was because their doctor did not recommend the test to them. Healthcare providers support colorectal cancer screening in many ways:

- Adhere to the evidence-based CancerCare Manitoba ColonCheck Screening Guidelines.
- Facilitate open, non-judgmental patient conversations about colorectal cancer risk factors and screening.
- Discuss the potential benefits and harms of colorectal cancer screening with patients.
- Refer eligible patients for colorectal cancer screening by requesting a colorectal cancer screening test.
- Assess risk early and often to determine a patient's colorectal screening needs using the ColonCheck Screening Guidelines (pdf).


ColonCheck Screening Guidelines

Most people age 50 to 74 should complete a fecal immunochemical test (FIT) every two years.

	Patient Characteristics	Management
AVERAGE RISK	50 years of age and under	Routine screening with FIT is not recommended.
	50 to 74 years of age	Routine screening with FIT every 2 years
	75 to 84 years of age	Routine screening with FIT is not recommended. Decision to continue screening until 85 years of age is made on a case-by-case basis with consideration given to life expectancy, family history, past screening history, benefit if up to date with screening, comorbidities, and the potential benefits and harms of screening.
	85 years of age and over	Do not screen
INCREASED RISK	Family History of • One first-degree relative diagnosed with colorectal cancer (CRC) at 60 years of age or older • One or more first-degree relatives diagnosed with advanced adenomas* at any age	Patient Preference Routine screening with FIT every 2 years starting at age 40 or 10 years earlier than the youngest relative's age at diagnosis (whichever occurs first). OR Colonoscopy every 5 to 10 years beginning at age 40 or 10 years earlier than the youngest relative's age at diagnosis (whichever occurs first).
	Family History of • One first-degree relative diagnosed with colorectal cancer before 60 years of age OR • Two or more first-degree relatives diagnosed with colorectal cancer at any age	Colonoscopy every 5 years beginning at age 40 or 10 years earlier than youngest relative's age at diagnosis (whichever occurs first). Do not screen with FIT.
	Personal History of • Colorectal cancer or high-risk adenomas requiring surveillance • Inflammatory bowel disease (IBD) with associated colitis • Confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome and familial adenomatous polyposis (FAP)	Surveillance and management as directed by the endoscopist Consider referring individuals with suspected hereditary colorectal cancer syndromes for genetic counselling and testing. Consider referring individuals with confirmed hereditary gastrointestinal cancer syndromes to the hereditary gastrointestinal cancer clinic at CancerCare Manitoba (tel: 204-787-4707). Do not screen with FIT.

CancerCare Manitoba ActionCancerMB

Role of the Patient

Patients play an important role in their own healthcare. For cancer screening to work best, patients should:

- Discuss the potential benefits and harms of colon cancer screening with you.
- Participate in routine colorectal cancer screening.
- Self-monitor for signs and symptoms of colon cancer.

Colorectal Cancer Risk

In determining an individual's colorectal cancer risk, the following factors are considered:

- Age.
- First-degree family history of advanced adenomas and colorectal cancer.
- Personal history of colorectal cancer, high-risk adenomas, inflammatory bowel disease (IBD) with associated colitis, and confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP).
- Childhood or young adulthood history of radiation to abdomen, pelvis, spine, or total body.

A FIT may not be the appropriate test for persons at increased risk of colorectal cancer. Refer to the ColonCheck Screening Guidelines for testing recommendations and intervals.

For more information about how to reduce a patient's risk of colorectal cancer by addressing modifiable risk factors, see the prevention section towards the end of this document.

Screening under age 50

Average-risk patients under age 50 are not eligible to be screened at ColonCheck and should discuss their colorectal cancer risk level, screening alternatives, and concerns with their healthcare provider.

Screening age 75-85

Routine average-risk screening with FIT is **not** recommended. Physicians can order FIT for their patients in this age group, but the decision to continue screening in this age group should be made on a case-by-case basis with consideration given to life expectancy, family history, past screening history (less benefit if up to date with screening), comorbidities, and the potential benefits and harms of screening.

Screening age 86 and over

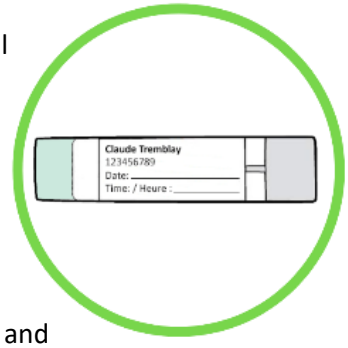
It is not appropriate to screen individuals 86 years of age and over. FIT requests received by ColonCheck for patients 86 years of age and over will be rejected.

Patient with signs or symptoms suggestive of colorectal cancer

Patients with signs or symptoms which may suggest colorectal cancer should be investigated appropriately on an urgent basis and not be screened with FIT. FIT is not intended to be used for diagnostic purposes for the investigation of rectal bleeding or unexplained iron-deficiency anemia. When necessary, patients can be referred urgently for consultation with a specialist in gastrointestinal disease (usually a general surgeon or gastroenterologist) or be referred directly to colonoscopy when indicated. Use the Endoscopy Intake Referral forms (pdf) below for direct colonoscopy referral to a regional endoscopy intake site.

Interlake | Northern | Prairie Mountain | Southern | Winnipeg

Fecal Immunochemical Test (FIT)



The fecal immunochemical test (FIT) is the provincial colorectal cancer screening test. It is used to screen individuals aged 50-74 years, who are at average risk, and some others at low increased risk for colorectal cancer. The test detects **undigested** human blood by an immunologic reaction with the globin moiety of the hemoglobin molecule. As a result, it is less sensitive in detecting upper GI blood loss and more specific for detecting bleeding originating in the colon, rectum and anus. Screening with FIT is supported by Canadian and international professional society guidelines.

Fecal immunochemical test sensitivity (true positive rate) for cancer	Fecal immunochemical test specificity (true negative rate) for cancer
78%	**96%**

Advantages of using the FIT rather than the previous guaiac FOBT (gFOBT) to screen for colorectal cancer include:

- Increased patient compliance as there is only one sample required and no dietary and medication restrictions are needed.
- Improved sensitivity for colorectal cancer and advanced adenomas (precursors to colorectal cancer).
- Testing for undigested human hemoglobin such that the test is more specific for colorectal rather than upper gastrointestinal (GI) bleeding.
- Quantitative analysis which allows for determination of abnormal results using a pre-determined threshold or cut-off for positivity.

A FIT may not be the appropriate test for some persons at increased risk of colorectal cancer. To read more about recommendations for colorectal cancer screening in Manitoba, refer to CancerCare Manitoba's Cancer Screening Guidelines at www.cancercare.mb.ca/screening/hcp.

Tell patients

Colon Cancer

- There are often no early warning signs or symptoms of colorectal cancer.
- Only about 5-8% of people diagnosed with colorectal cancer have a family history of colorectal cancer, so regular screening is important for all people.

Colon Cancer Screening

- Screening finds cancer at an earlier stage where treatment is more successful and there is a better chance of a cure.
- In 90% of cases, colorectal cancer can be cured if diagnosed at an early stage.
- No screening test is perfect. The FIT may say there is blood when there is no cancer or polyps which may result in an unnecessary follow-up colonoscopy. Or, it may miss blood which may result in a missed cancer diagnosis.

The FIT

- Polyps or cancer in the colon can cause intermittent bleeding that is not visible to you after a bowel movement. The test looks for *hidden* blood in the stool.
- ColonCheck will mail you a kit once you are eligible to participate. For this reason, it is important you keep your Manitoba Health Card information current.
- Be sure to read the instructions carefully to avoid missing a step and be asked to repeat the test.
- To complete the test, you collect one sample of your poop at home.

Results

- After mailing in the sample and Return Form, we will both be notified of your result within 2 weeks.
- Most (93%) FIT results are normal.
- 6-7% of FIT results are abnormal. An abnormal FIT result does not mean you have or will get colon cancer.
- If you have an abnormal result, ColonCheck will arrange a pre-colonoscopy appointment and refer you for a colonoscopy.

Health Promotion & Education

Health Promotion

With the support of the CancerCare Manitoba Foundation, CancerCare Manitoba implements targeted awareness public campaigns to increase participation in colorectal cancer screening. A variety of media are used: digital, social media, posters, billboards, radio ads, and more. If you have a specific need in your community for health promotion or a health promotion resource, contact the Health Education Professionals at the CancerCare Manitoba Screening Programs:

Call 1-855-95-CHECK and to speak with a Health Educator.

Email the Health Educator Team at Screening@cancercare.mb.ca

We have a variety of resources to support health promotion. If you cannot find what you are looking for on our website, let us know.

Education

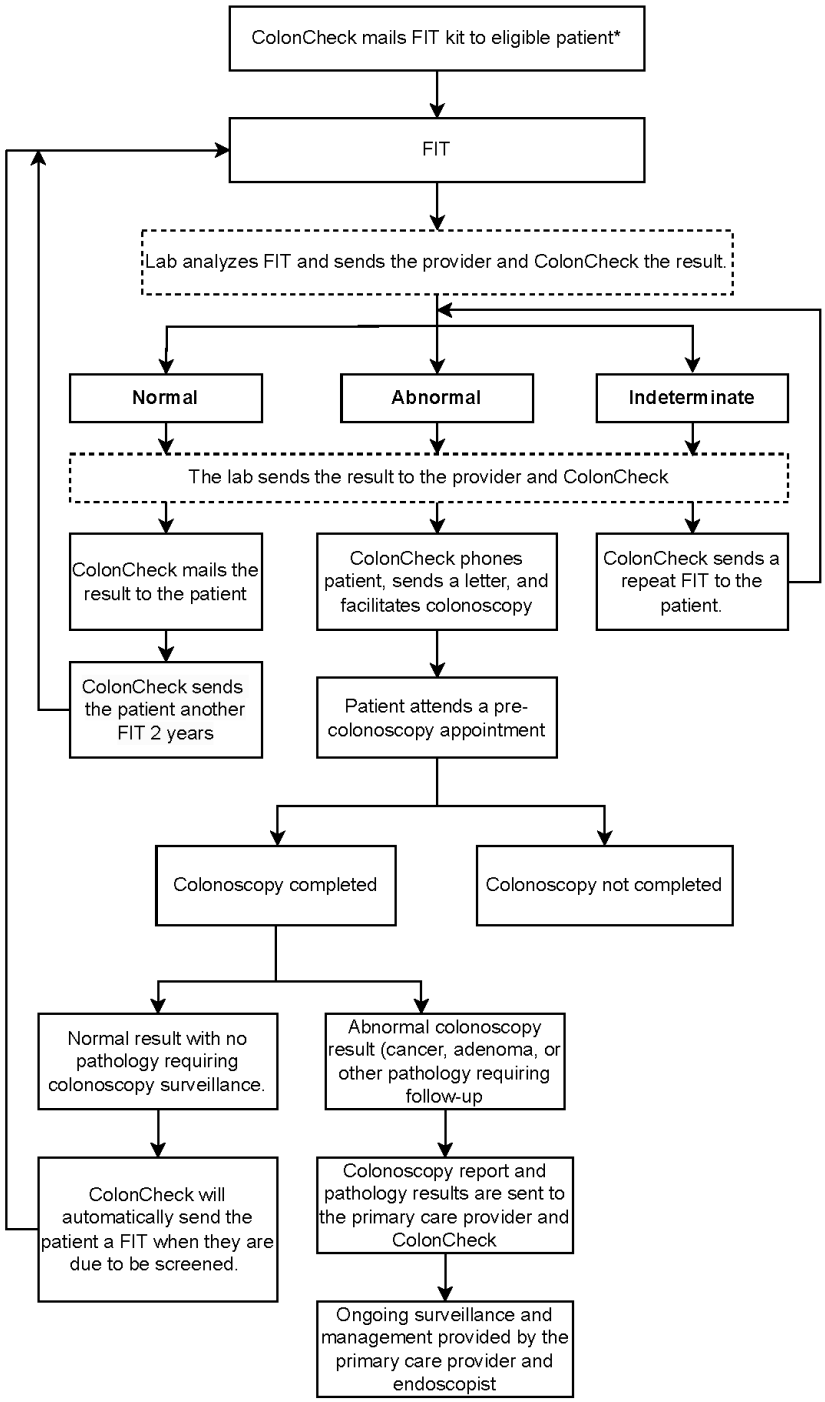
CancerCare Manitoba Health Educators are trained professionals in a variety of disciplines including public health, education, and marketing. They provide education to the general public, underserved community groups, and training for community educators, and healthcare providers, about:

- The eligibility criteria for participating in breast, colorectal, or cervical cancer screening.
- How to access the various cancer screening tests.
- The potential benefits and harms of participating in cancer screening.
- Education, health promotion, and recruitment strategies for cancer screening.

Contact us if you have a specific education request for community members or providers.

Community	Make an online request using our Education Request Form found at https://www.cancercare.mb.ca/screening/info
Healthcare Providers	Contact the Health Education Team at: 1-855-952-4325 (ask to speak with a Health Educator) or Screening@cancercare.mb.ca

ColonCheck Pathway



*See the ColonCheck Screening Guidelines (pdf)

Potential Benefits and Harms of Colorectal Cancer Screening with FIT

Discuss colorectal cancer screening with your patients to:

- support them in making an informed decision about cancer screening options that are consistent with their preferences and personal risk factors.
- enhance their understanding of the testing options and associated potential benefits and potential harms.

Potential Benefits

Reduced cancer mortality	- When colorectal cancer is detected in the earliest stage, it can be cured 9 out of 10 times. - Most colorectal cancers discovered through regular screening are found at an earlier stage when there may be more treatment options and better chance of a cure.
Decreased cancer incidence	- Follow-up of abnormal FIT results using colonoscopy can prevent colorectal cancer by detecting and removing pre-cancerous adenomas.
Enhanced treatment options	- Earlier detection may result in simpler treatment and less need for radiation and chemotherapy.

Potential Harms

False positives	- A false positive result is a result that comes back as positive when really the result is negative for cancer or adenomas. False positive screening tests can result in invasive follow-up tests such as colonoscopy.
False negatives	- A false negative result comes back as negative when really it is positive for cancer or adenomas. False negative screening tests can result in missed cancers, and potential delays in diagnosis and treatment. Screening with FIT does not find all cancers.

Potential harms continued on next page…

Potential Harms (continued)

Overdiagnosis	- Participating in colorectal cancer screening does not guarantee that you will not die from colorectal cancer. Not all colorectal cancers found through colorectal cancer screening can be cured. Some people will die of colorectal cancer even though it was found through screening; some will die of another disease before they die of colorectal cancer. For these people, their quality and length of life may not be improved by finding the colorectal cancer. There is no way to know which individuals will truly be helped by screening.
False reassurance	- While cancer screening is effective in reducing mortality, interval cancers (cancer diagnoses that occur between screening tests) do occur. If you notice any symptoms, even if your most recent screening test result was normal, contact me.
Colonoscopy Complications	- Serious complications are not common. Intravenous sedation and analgesia are usually administered during the procedure. There is a small risk of cardiovascular or respiratory complications. Colonic perforation, serious bleeding (after polyp removal) or splenic injury occur rarely and may require surgery. Rarely, serious side effects from the bowel preparation itself can occur.
Distress	- Colorectal cancer screening can cause some people to feel distress and anxiety. If this is a concern for you, let's discuss further.

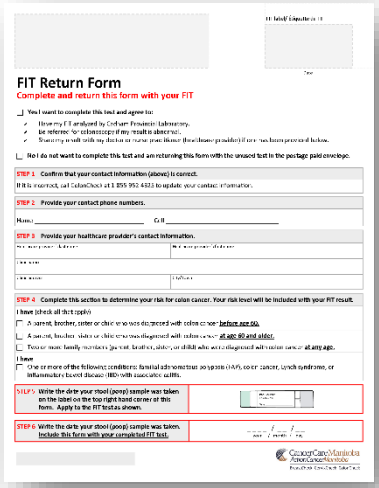
FIT Access

Program Recruitment

ColonCheck sends a letter of invitation to participate in colorectal cancer screening as people become eligible starting at age 50. When the patient completes their initial FIT, the FIT Return Form is completed and sent in with the specimen.

The Return Form asks the patient to disclose if they have any of the following:

- First-degree family history of colorectal cancer and advanced adenomas.
- Personal history of inflammatory bowel disease with associated colitis, colorectal cancer, familial adenomatous polyposis (FAP) or Lynch syndrome.


FIT Return Form

Complete and return this form with your FIT

In the absence of an abnormal FIT result and based on the information provided, ColonCheck will recall the patient to participate in colorectal cancer screening according to the ColonCheck Screening Guidelines.

If a patient does not complete the initial kit sent in the mail, ColonCheck will not re-invite them. Should patients decide to participate in the future, they can request their own kit or ask you to request a kit on their behalf.

Patient Request

Individuals can request a kit in one of the following ways:

- Online at cancercare.mb.ca/coloncheck.
- Calling ColonCheck at 1-855-95-CHECK.
- Asking their healthcare provider to make a FIT request on their behalf.

Note: a referral from a healthcare provider is not required for an eligible person to obtain a FIT.

Healthcare Provider Request

Healthcare providers can request a FIT with their patient's consent by completing the FIT Requisition form (pdf) in their EMR. Patients who are eligible to receive a FIT will be sent one from ColonCheck. ColonCheck will generally decline requests for FIT outside of ColonCheck Screening Guidelines and eligibility criteria. If you have requested a FIT for a patient who is not eligible to receive a FIT, you be notified via fax. If you feel that your request has been wrongly declined, please email coloncheck@cancercare.mb.ca. ColonCheck will respond in a timely fashion and provide a FIT if deemed appropriate.

REASON FOR FIT REQUEST DECLINE	TO OBTAIN INFORMATION NEEDED
A FIT had been recently sent	- ColonCheck will send a reminder letter to your patient if the Fit is not returned within 2 months
Patient does not meet age criteria	- Familiarize yourself with the ColonCheck Screening Guidelines found at cancercare.mb.ca/screening/hcp
Patient is not due for colorectal cancer screening: **Completed a FOBT/FIT in last two years.** ColonCheck will automatically send a FIT to eligible patients when they are due to return to routine colon cancer screening 2 years post a normal FOBT/FIT result. **Had a colonoscopy within the last 10 years.** ☐ Colorectal cancer screening guidelines recommends most patients return to FIT screening in 10 years following a normal, complete, high-quality colonoscopy. Unsatisfactory colonoscopy procedures should be repeated. If your patient would benefit from an earlier screening interval 5 years post colonoscopy, please resubmit your request at that time.	- Submit a request for colorectal cancer screening history from ColonCheck using the form: Request for a Colorectal Cancer Screening History form (pdf)
Patient has increased risk factors that make them ineligible for screening with the FIT (e.g. previous colorectal cancer diagnosis).	- Inquire with patients to determine if they have any colorectal cancer risk factors.

REASON FOR FIT REQUEST DECLINE	TO OBTAIN INFORMATION NEEDED
Patient has had a colonoscopy within the past 5 years. ColonCheck will automatically send a FIT to eligible patients when they are due to return to routine colon cancer screening post colonoscopy: - Patients at average risk will be recalled for FIT screening at the recommended interval of 10 years following a normal high-quality colonoscopy. - Patients at increased risk due to family history (see the ColonCheck Screening Guidelines) or previous finding of low risk adenomas will be recalled for FIT screening at the recommended interval of 5 years following a normal high-quality colonoscopy. - Healthcare providers may request a FIT for their asymptomatic average risk patients 5 years post-colonoscopy if they determine that the patient would benefit from participating in an earlier screening (less than 10 years) interval based on their knowledge of the adequacy or completeness of a previous colonoscopy, change in patient risk, or endoscopist recommendation.	- Ask your patient to recall when/where they had a colonoscopy. - Previous colonoscopy dates may be in eChart. - Call the hospital/endoscopist to obtain the endoscopist's report.
FIT is **not** indicated: - For all diagnostic purposes unrelated to colorectal cancer screening. - For investigation of possible gastrointestinal blood loss unrelated to colorectal cancer screening	- Practitioners may initiate a colonoscopy referral using the specific Endoscopy Intake Referral Form – Adult (Interlake-Eastern, Northern, Prairie Mountain, Southern, Winnipeg) (pdf) for your regional health

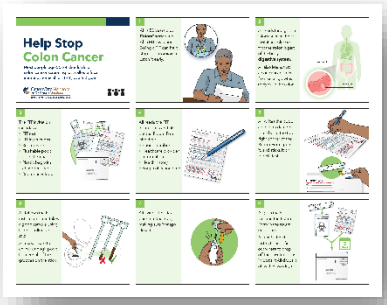
- For investigation or screening of patients with signs or symptoms of colorectal cancer or other gastrointestinal disease, including those with rectal bleeding. These individuals should be referred immediately for gastrointestinal consultation or endoscopic investigation. - For investigation of patients with anemia (including iron-deficient anemia). Refer to the CancerCare Manitoba anemia and iron-deficient anemia algorithms (pdf). - For repeat testing for a previous abnormal FIT/FOBT. All abnormal FIT/FOBT require confirmatory colonoscopy. - For surveillance of high-risk adenomas/previous colorectal cancer or as a screening test for individuals at a significantly increased risk of colorectal cancer where colonoscopy surveillance is indicated. - As a replacement for colonoscopy in individuals requiring a repeat diagnostic colonoscopy due to an incomplete examination or poor bowel preparation. In these circumstances, the colonoscopy should be repeated whenever possible, or the colon should be visualized using an alternate modality such as CT colonography.	authority, or by contacting the endoscopist directly for an urgent consultation.

Making the Test More Accessible

Language Barriers

- ColonCheck provides free interpreter services to support Manitobans who are not English or French speaking. This service is promoted in an insert found in all ColonCheck correspondences that reads:
    - *Free interpreter services are available. To get translated information about cancer screening call CancerCare Manitoba at 1-855-952-4325. Cancer screening can save your life.*

- ColonCheck has an **illustrated version** of the main program brochure in English and French. This resource explains the colorectal cancer screening process using illustrations and minimal text: English | French to come



Manitoba Health Card

ColonCheck sends eligible people a FIT in the mail as well as result and recall letters based on the information on their Manitoba Health Card. It's important to remind patients to maintain their Manitoba Health Card information. If a patient moves they should update their Manitoba Health Card information with Manitoba Health at https://forms.gov.mb.ca/notice-of-change/index.html or by phone at 204-786-7101, toll free 1-800-392-1207, or through the deaf access line TTY/TDD at 204-774-8618.

Alternative Mailing Location

On the Fecal Immunochemical Test Requisition Form, there is an OPTIONAL box you can select that indicates your request for ColonCheck to send the FIT to your clinic instead of mailing directly to the patient.

OPTIONAL
☑ Check here if you want the FIT mailed to the healthcare provider address indicated above for patient pickup.

Result delivery will remain unchanged if you select the option to have the FIT sent to you directly:

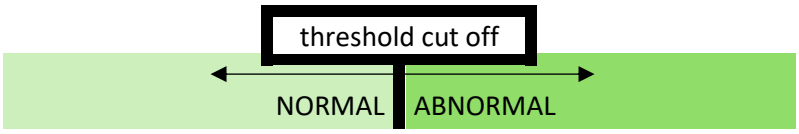
- The **healthcare provider** will be sent the result by the lab.
- The **patient** will be mailed the result as per the address on their Manitoba Health Card.

Results and Follow-Up

After a FIT has been analyzed, there are three possible results:

Normal

A normal result means that the quantitative amount of blood measured in the stool sample was below the predetermined threshold/cut off for an abnormal result.



ColonCheck sends a letter to inform a patient who did a FIT that their result is normal and they will be recalled in two years if they are still eligible to participate at that time. Patient risk information collected on the Return Form will be included in the letter.

Indeterminate Results

The term “indeterminant” indicates that the FIT sample:

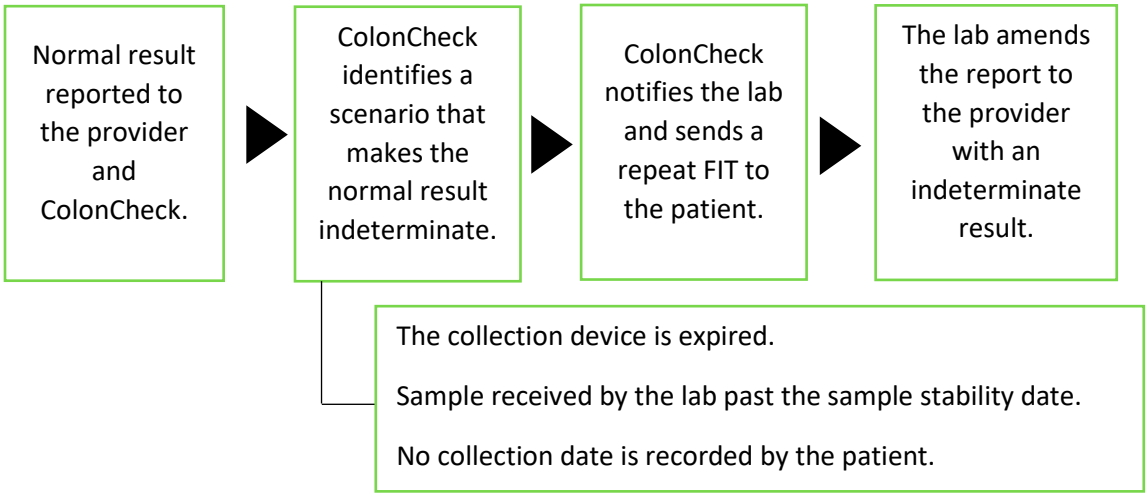
a) Could not be tested, or
b) Could not yield a normal or abnormal result.

Possible reasons for indeterminate results include:

- Tube is damaged or leaking upon arrival at the lab.
- Sample not provided.
- No date of collection was provided by the patient.
- No Return Form supplied with the FIT sample.
- Too much time has passed between the collection date and arrival at the lab.

Providers are notified of an indeterminate result by the lab when applicable, and ColonCheck will send the patient another FIT. After three attempts, patients are sent a letter encouraging them to speak with their healthcare provider about the best next step.

There are some situations where an amended report will later be sent to the healthcare provider after a normal result is first reported to the provider and ColonCheck.



Abnormal

An abnormal result means that the quantitative amount of blood was detected in the stool sample was at or above the pre-determined threshold/cut off for an abnormal result. The lab will send you the result complete with any patient risk information collected on the return form. ColonCheck will contact the patient by phone within 3 days of receiving the result to:

- Share the abnormal result.
- Schedule a pre-colonoscopy health assessment.

ColonCheck will also:

- Refer patients for appropriate follow-up testing, including colonoscopy.
- Send a letter to the patient with the FIT result, summary of risk factors collected on the FIT Return Form and next steps.
- Send the healthcare provider notification that the referral for colonoscopy has been made.

Follow-Up for an Abnormal FIT Result

The recommended follow-up diagnostic procedure for an abnormal FIT result is a colonoscopy. Patients proceed through a multi-step process to maximize the potential benefit of the colonoscopy.

Pre-Colonoscopy Health Assessment

A ColonCheck Nurse Practitioner meets with the patient over phone, virtually or in-person to:

- Conduct a medical history that is relevant to the procedure.
- Complete a physical exam if needed.
- Assess the patient's ability to tolerate the bowel prep and colonoscopy.
- Review the bowel prep instructions.
- Review appointment instructions.

Bowel Prep

Before the colonoscopy, the patient is required to complete an adequate bowel prep to ensure there is adequate visualization for the endoscopist performing the colonoscopy.

Colonoscopy

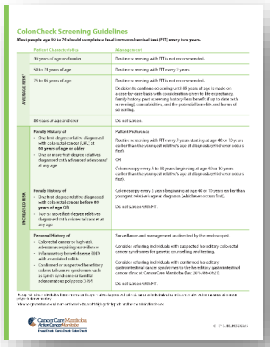
Note: Patients will require a person to drive them home after their colonoscopy.

Tell patients

- A colonoscopy allows the doctor to examine the inside of your colon (large bowel) and rectum. A long flexible tube (colonoscope) with a small camera is passed into your rectum and colon. On a video monitor, the doctor looks for any abnormal areas on the lining of your colon.
- You will be provided information about the test, bowel prep, the appointment time, and directions to access the follow-up test(s) for which you are recommended.
- Sometimes a small tissue sample will be taken. This is called a biopsy. If polyps are found, they can be removed using tools passed through the colonoscope. The samples will be sent to a lab where they will be checked for any signs of cancer.
- There is a small chance that a polyp or a cancer may be missed depending on how well the colon can be seen by the doctor.
- Ensure that you attend all follow-up appointments after the colonoscopy.
- Notify me if you experience any signs and symptoms of colon cancer even if your most recent test colonoscopy result was normal.

ColonCheck Forms & Resources

Below is a listing of commonly used resources and forms related to colorectal cancer screening. All resources can be found at www.cancercare.mb.ca/screening/hcp under ColonCheck.


ColonCheck Screening Guidelines

ColonCheck Screening Guidelines

Forms

Found at: www.cancercare.mb.ca/screening/hcp

- Fecal Immunochemical Test Requisition (pdf)
- Fecal Immunochemical Test (FIT) Requisition Completion Instructions (pdf)
- Request for a Colorectal Cancer Screening History (pdf)

Resources

Found at: www.cancercare.mb.ca/screening/resources

- What you need to know about preventing colon cancer booklet English | French (pdf)
- Prevent colon cancer (illustrated of above booklet) English | French to come (pdf)
- FIT Instructions English/French (pdf)
- FIT video instructions English | French | Cree | Ojibwe
- Colonoscopy English | French (pdf)
- Colonoscopy Bowel Preparation Tips English | French

Colorectal Cancer Symptoms

Tell patients

- Contact me if you experience any of the following signs or symptoms:
    - a persistent change in bowel habits,
    - blood you can see in your stool,
    - persistent abdominal discomfort and bloating, or
    - fatigue or unexplained weight loss.

- If you have any of the above it does not necessarily mean that you have cancer, but we should discuss and come up with a plan to figure out the cause of your symptoms.

Colorectal Cancer Prevention

Tell patients

To reduce your risk of being diagnosed with colorectal cancer:

1- Get checked

Routine cancer screening and follow-up testing can prevent colon cancer by finding and removing polyps before they turn into cancer. It can also find cancer earlier when treatment may work better. Cancer screening looks for cancer in healthy people who do not have any signs and symptoms of the disease.

2- Live a healthy lifestyle wherever possible

Live smoke free

- Do not start smoking, quit smoking, and avoid second-hand smoke.
- Keep tobacco sacred. Do not smoke commercial tobacco. *

Move more

- Be physically active for at least two and a half hours per week.
- Avoid sitting for more than six hours a day.

Avoid alcohol

- It is best not to drink alcohol. The less alcohol you drink, the more you reduce your risk.

Eat well

- Eat plenty of fruits and vegetables, whole grains, beans and lentils.
- Limit fast foods, highly processed foods, sugar-sweetened drinks and red meat.

Maintain a healthy weight

- Maintain a weight within the healthy range.

*Commercial tobacco smoke contains more than 7,000 chemicals, at least 250 of which are known to be harmful and over 70 can cause abnormal cell growth which can then become cancer. Traditional tobacco is unprocessed, natural tobacco gathered and used by some Indigenous peoples as a part of their cultures. Traditional tobacco is considered a sacred plant with immense healing and spiritual benefits in some Indigenous cultures, where it is used for rituals, ceremonies, and prayers. When commercial tobacco is used instead of traditional tobacco, it can be harmful.

Key Evidence

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