

## Impact of FIT Positive Colonoscopies on the Colonoscopy and Pathology Services

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## Alberta Colorectal Cancer Screening Program

- FIT implemented in November 2013
- Replaced gFOBT on lab requisitions
- No invitation letters/ mailing of kits
- Relies on PCP to order FIT



## FIT

- Polymedco OC-Sensor
- Single sample
- "At least every two years"
- Cut-off 75 ng/ml
- Target population: 50 – 74 y/o

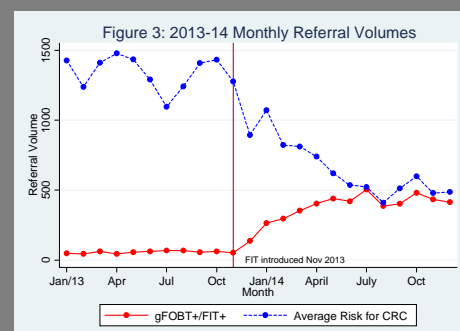
## FORZANI & MACPHAIL COLON CANCER SCREENING CENTRE

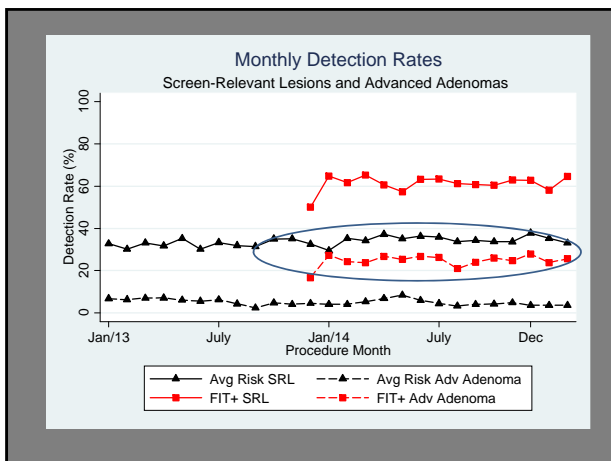
- Non-hospital endoscopy unit
- Operated by Alberta Health Services
- Six endoscopy rooms, 24 recovery beds
- ~45 endoscopists (GI, CR surgeons)
- Only screening-related colonoscopies
  - Primary screening: average or increased risk
  - Post-polypectomy/CRC surveillance
  - Diagnostic: FIT or CTC positive (asymptomatic)
- 30 minute slots
- midazolam/fentanyl
- Funded for 17,400 colonoscopies annually

## FIT Positivity

Age Group	Total Tests	% Positive
< 40	3,207	11%
40 – 49	7,284	7%
50 – 74	83,556	9%
>74	11,085	16%

## CCSC Referral Volumes





### Endoscopy Resource Implications

	Average Risk	FIT+
<b>Procedure Duration</b>		
≤ 20 minutes	77%	57%
21 – 30 minutes	17%	28%
31 – 60 minutes	5%	14%
> 60 minutes	<1%	1%
<b>Withdrawal Time (All)</b>		
< 9 minutes	46%	27%
9 – 13 minutes	28%	28%
> 13 minutes	18%	45%
<b>Any Polypectomy</b>	48%	75%
EndoClip	5%	17%
<b>Repeat Colonoscopy</b>		
≤ 2 years	4%	15%
3 years	9%	27%
<b>Surgical Referral</b>	≤1%	4%

- ### Pathology Resource Implications
- Calgary saw 25% increase in “GI biopsies”
  - Equivalent to about 3 FTE pathologists

- ### Conclusions
- Introduction of FIT resulted in significant impact on endoscopy, pathology and surgical resources (anticipated, planned for)
  - Inappropriate FIT use further strained symptomatic GI service (unanticipated, not planned for)