

**Cigarette Restitution Fund (CRF)
Cancer, Prevention, Education, Screening and Treatment (CPEST) Program
Clinical Guidance for High Sensitivity Fecal Immunochemical Test (FIT)**

PURPOSE: To facilitate colorectal cancer screening for asymptomatic average risk clients enrolled in the local CRF CPEST Colorectal Cancer Screening Program.

CLINICAL GUIDANCE FOR LOCAL HEALTH DEPARTMENT CRF CPEST PROGRAMS:

1. Local program clinical staff will comply with the most current **Maryland Department of Health Minimal Clinical Elements for Colorectal Cancer Detection and Diagnosis** when determining eligibility and for the provision of clinical services.
2. Eligible individuals will sign and date a CRF CPEST Program consent prior to enrollment into the CRF CPEST Program to receive CRF-funded screening services, which includes a high sensitivity FIT.
3. According to the American Gastroenterological Association, the high sensitivity FIT is available without a physician's order. Refer to the information under the heading, "Fecal immunochemical test (FIT)," at the link below:

<https://gastro.org/practice-guidance/gi-patient-center/topic/colorectal-cancer-screening-options/>

4. CRF CPEST Program staff may offer both a colonoscopy and high sensitivity FIT colorectal cancer screening to asymptomatic average risk program eligible individuals.
 - **For recall of asymptomatic average risk clients who were previously screened with a colonoscopy:** offer a repeat colonoscopy.
 - **If the client refuses a screening by colonoscopy:**
 - The nurse case manager will provide the risks and benefits of each type of screening test (Colonoscopy vs FIT) and explain that, if the FIT is positive, a colonoscopy will be necessary. The Colonoscopy is considered the gold standard of colorectal screening since it can both identify and remove pre-cancerous polyps. *(The link above provides educational resources concerning the colonoscopy and FIT that can be shared with program clients.)*
 - If the client continues to refuse a colonoscopy, the nurse case manager may offer a high sensitivity FIT.
 - **If it's determined that the client has comorbidities that may contraindicate a colonoscopy:**
 - The nurse case manager should schedule the client for a pre-screening office visit for evaluation prior to scheduling a colonoscopy.
 - If a colonoscopy is deemed '**not medically indicated**' by a medical provider, the nurse case manager may offer a high sensitivity FIT.
 - **For newly enrolled asymptomatic average risk clients:** provide education regarding the benefits of colorectal cancer screening. The nurse case manager will provide the risks and benefits of each type of screening test (Colonoscopy vs FIT) and explain that if the FIT is positive, a colonoscopy will be necessary. Offer a colonoscopy first, as it is considered the gold standard of colorectal screening since it can both identify and remove pre-cancerous polyps. If a client declines, offer a high sensitivity FIT.

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**The link above provides educational resources for the colonoscopy and FIT that can be shared with program clients.*

5. Program staff will enter FIT data into the CRF CPEST Client Database (CDB) in accordance with the CDB Screening Form Guidance.
6. If a client has a **negative FIT test**, notify the client and their provider of their results and set a one-year recall for a FIT. At their one-year FIT recall, offer a colonoscopy first. If a client declines, offer a FIT.
7. If a client has a **positive FIT test and refuses a colonoscopy**:
 - The nurse case manager will assess and address client barriers to completing a colonoscopy and provide education regarding their positive FIT result and the potential adverse health risks of refusing the colonoscopy.
 - If the client agrees to a follow-up colonoscopy, follow the most current **Maryland Department of Health Minimal Clinical Elements for Colorectal Cancer Detection and Diagnosis**.
 - If the client continues to refuse a colonoscopy but agrees to remain in the program, the program may enter a recall for an annual FIT.
 - Encourage and assist the client in following-up on their positive FIT with a medical provider.
 - At one and six months from the program's last contact with the client, provide a check-in, assess their status, and offer the client a colonoscopy. If they refuse, express the program's concern for the client's wellbeing and encourage them to follow-up with a medical provider.
 - At their one-year recall, offer the client a colonoscopy.
 - If the client refuses a colonoscopy but agrees to a FIT and has a second positive result, the client should be again offered a colonoscopy.
 - If the client refuses follow-up colonoscopy, they should be discharged from the program and sent a certified letter indicating the potential adverse health risk of refusing follow-up.
8. If the local program will be stocking FIT kits, program staff will rotate FIT kit inventory and discard expired kits, quarterly. An inventory log must be maintained.
9. If the local program will not be processing FIT kit results, the program will ensure contracts are executed with the lab processing the FIT results.