



Fecal Immunohistochemistry Testing as Focus - FIT AF at the Portland VA



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BACKGROUND

- Colorectal cancer (CRC) remains the third leading cause of death amongst all cancers in the United States.
- The USPSTF and U.S.MSTF recommend screening with fecal immunohistochemical testing (FIT) annually or colonoscopy every 10 years as comparable means of screening.
- Adherence to these recommendations is both inadequate and highly variable in the US.
- Our aim was to determine the rate of adherence to annual FIT completion after a prior negative FIT in an organized health care system.

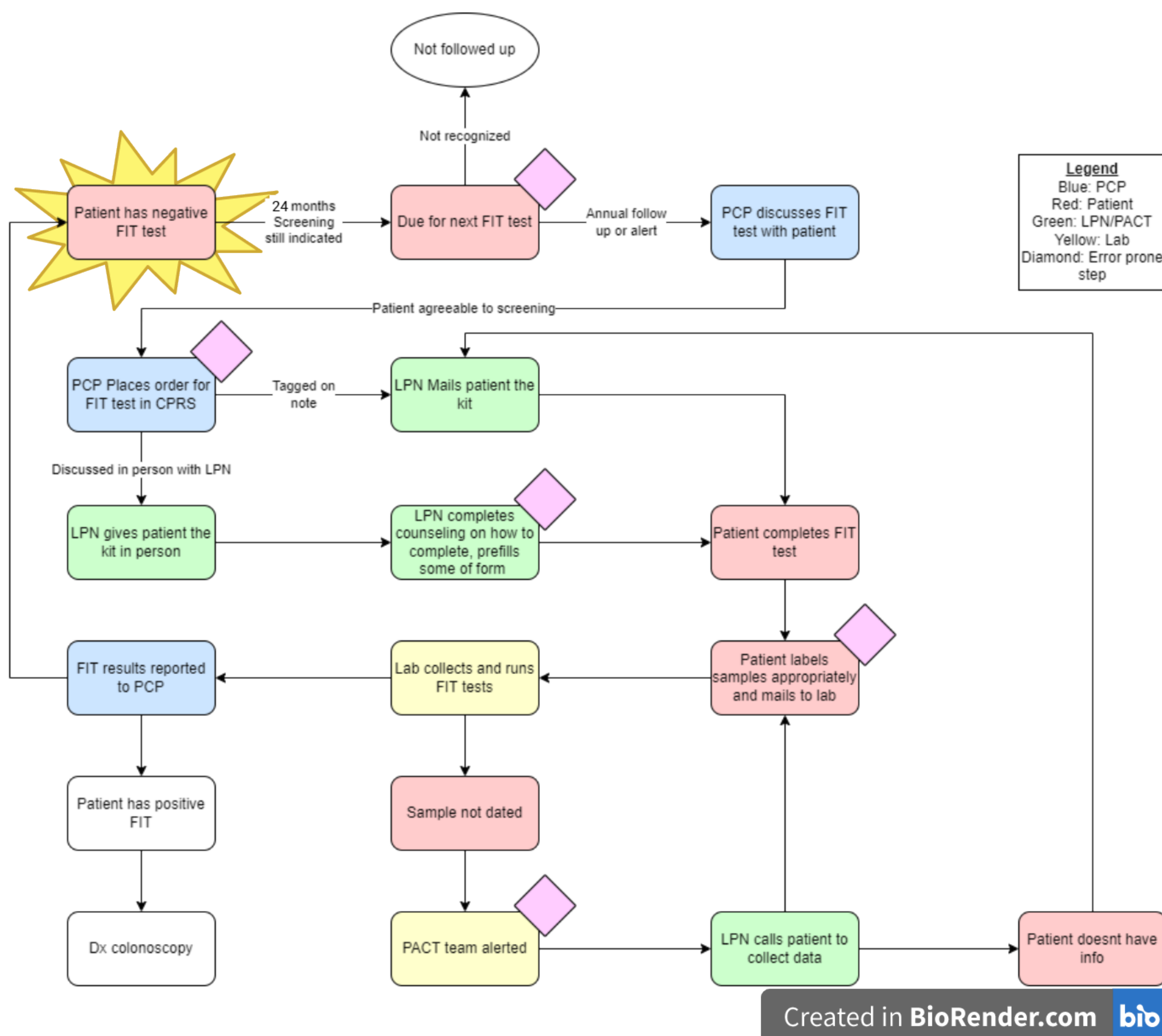
METHODS

- Retrospective cohort study
- Inclusion criteria to be eligible for screening:
 - Aged 50-75
 - PCP Assigned in the PVAMC
 - Completed at least 1 FIT from 06/01/17 to 06/01/22
- Considered adequate screening if a repeat FIT was done within 24 months of previous
- The following were not considered eligible for repeat screening:
 - Positive FIT result
 - Age >75
 - Most recent result within 24 months of search end date
- Additionally, multidisciplinary interviews with the following informed a process map:
 - Nursing and ancillary staff
 - Resident PCPs
 - Attending PCPs
- Not considered research by the PVAMC

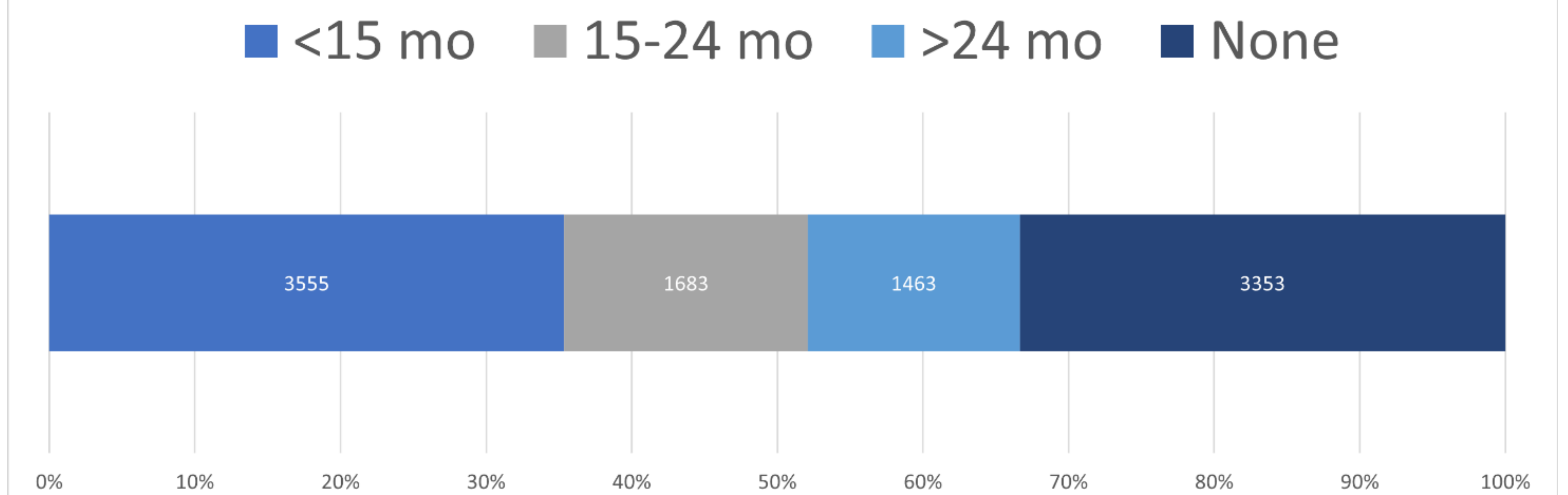
FIT for colon cancer screening is most effective when performed regularly over a period of time. In our study of a organized health system, **only 52% of patients underwent adequate screening** every 24 months over a 5 year period. Centralization and automation of FIT distribution should improve adherence to recommended screening intervals.

RESULTS

Process Map showing how FITs are completed at the Portland VA in Primary Care



Time to Repeat FIT Among Patients Who Were Eligible for Rescreening



- Among the 10,055 patient eligible for repeat FIT within the study period, 52% completed a repeat FIT within 2 years of the initial FIT.
- 33% of eligible patients never completed a repeat FIT.

DISCUSSION

- Adherence to recommended CRC screening guidelines among VA patients is poor, with only about half completing adequate screening every 24 months.
- This is troubling as the benefit of FIT depends on frequent testing over shorter intervals as compared to colonoscopy.
- A centralized, automated system of FIT distribution, which is currently underway, is likely to improve adherence to guidelines.



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