

**Cigarette Restitution Fund (CRF)
Cancer, Prevention, Education, Screening and Treatment (CPEST) Program
Clinical Guidance for
High Sensitivity Fecal Occult Blood Test (FOBT)/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 updated **Maryland Department of Health Colorectal Cancer-Minimal Elements for Screening, Diagnosis, Treatment, Follow up and Education: Version March 2013 (Revised May2018)** 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 FOBT/FIT.
3. According to the American Gastroenterological Association, the high sensitivity FIT/FOBT is available without a physician's order. Refer to the "Getting Tested" tab at the link below:

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

4. CRF CPEST Program staff may offer both a colonoscopy and high sensitivity FOBT/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.
 1. **If client refuses screening by colonoscopy:**
 - The nurse case manager will provide the risks and benefits of each type of screening test (Colonoscopy vs FOBT/FIT) and explain that, if the FOBT/FIT is positive, a colonoscopy will be necessary. 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 for colonoscopy and FOBT/FIT that can be shared with program clients.)*
 - If client continues to refuse a colonoscopy, the nurse case manager may offer a FOBT/FIT.
 2. **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-office visit for evaluation prior to scheduling a colonoscopy.
 - If colonoscopy is deemed '**not medically indicated**' by a **medical provider**, the nurse case manager may offer a FOBT/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

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FOBT/FIT) and explain that, if the FOBT/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 FOBT/FIT.

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

5. Program staff will enter FOBT/FIT data into the CRF CPEST Client Database (CDB) in accordance with the CDB Screening Form Guidance.
6. If a client has a **negative FOBT/FIT test**, notify client and PCP of their results and set a one year recall for a FOBT/FIT. At their one year FIT/FOBT recall, offer a colonoscopy first. If a client declines, offer a FOBT/FIT.
7. If a client has a **positive FOBT/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 FOBT/FIT result and the potential adverse health risks of refusing the colonoscopy.
 1. If the client agrees to a follow-up colonoscopy, follow the **Maryland Department of Health Colorectal Cancer-Minimal Elements for Screening, Diagnosis, Treatment, Follow-up and Education: Version March 2013 (Revised May 2018)**.
 2. If the client continues to refuse colonoscopy but agrees to remain in the program, the program may enter a recall for an annual FOBT/FIT.
 - Encourage and assist the client in following-up on their positive FOBT/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 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.
 1. If the client refuses a colonoscopy but agrees to a FOBT/FIT and has a second positive result, the client should be again offered a colonoscopy.
 2. If 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. Local program staff will rotate FOBT/FIT kit inventory and discard expired kits, quarterly.
9. Local program will ensure contracts are executed with the lab processing the FOBT/FIT.