
FIT (Fecal Immunochemical Test) for Colorectal Cancer

Fact Sheet

Fecal Immunochemical Test (FIT): is a colorectal cancer (CRC) screening test option with proven effectiveness for both early detection and prevention of CRC. FIT detects hidden blood in the stool; it is a type of fecal occult blood test (FOBT). FIT uses antibodies to human hemoglobin protein, to identify those patients most likely to have advanced colorectal neoplasms (cancers and large polyps) and to benefit from a colonoscopy.

Recommended screening: FIT is one of the three screening for CRC options (FIT, flexible sigmoidoscopy, colonoscopy) recommended by the U.S. Preventive Services Task Force (USPSTF), Agency for Healthcare Research and Quality (AHRQ), National Cancer Institute (NCI), and the Centers for Disease Control and Prevention (CDC). To date, no studies have shown that any of these three tests is superior to the others in detecting or preventing CRC. In 2012, screening guidance from the American College of Physicians stated that, “shared decision making is important when selecting a screening test because the currently available colorectal cancer screening tests are believed to be similarly efficacious.” The American Cancer Society (ACS) and the National Colorectal Cancer Roundtable released a fact sheet on the use of FOBT with the following statements: “FOBT has been shown to decrease both incidence of and mortality from CRC; modeling studies suggest years of life saved through a high-quality FOBT screening program are the same as with a high-quality colonoscopy screening program; and these elements make FOBT a reasonable choice for patients.”

Low screening rates: Almost all of the 20% increase in screening rates for CRC to about 60% in the U.S. from 2000 to 2010 is traceable to increases in colonoscopy screening, but the overwhelming majority of those getting this test were the insured. Screening rates in the uninsured/underserved have not changed in those 10 years and remain at around 17%. At the same time, use of flexible sigmoidoscopy and fecal occult blood tests has fallen from already low levels to 10% and 3% respectively.

Cost effective screening: In this time of severe budget constraints, using the inexpensive but effective FIT test is a more rational and cost effective way to increase the screening rates in the under and uninsured Californians. The California Department of Public Health, in cooperation with CDC, the California Colorectal Cancer Coalition (C4) and the ACS, is working to address this screening disparity by introducing FIT screening to underinsured and uninsured Californians. It is hoped that by doing this, 80% of Californians over age 50 will get screened by 2014.