

Memorandum / Note de service

To / Destinataire : Directors, Physicians and Staff Date : September 3, 2020 Subject / Objet : Reinstatement FIT Screening Colorectal Cancer Screening	From / Expéditeur : Anja Nied-Kutterer Colorectal Cancer Screening Program Tel / Tél : 902 620 3616 Fax / Téléc : 902 368 6936 Email / Courriel : aniedkutterer@ihis.org
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Early colon cancer screening test for average-risk patients resumes

The Colorectal Cancer Screening Program now resumes reminder and invitation activities for Fecal Immunochemical Testing (FIT). The promotion of FIT testing by the Colorectal Cancer Screening Program was suspended in March 2020 due to the COVID-19 pandemic.

FIT is a routine screening test recommended for asymptomatic men and women between the ages of 50 and 74 and is designed for people who are considered at average risk of colon cancer. It detects blood in the stool, which can be an early sign of colon cancer. Patients with abnormal test results are referred for a follow-up colonoscopy by their family doctor or nurse practitioner.

The Colorectal Cancer Screening Program has a coordinated plan to notify patients about the resumption of testing, first addressing those patients for whom testing was delayed.

Advice for patients:

- Patients can request a FIT kit by doing one the following
 - call 1-888-561-2233, or
 - email colcerscreening@ihis.org or
 - register online <https://www.princeedwardisland.ca/en/service/register-for-colorectal-cancer-screening-program-get-a-fit>
- For drop off, due to COVID19 some buildings have restricted access. Patients are advised to call drop off locations to get details on how to drop off the FIT kit, such as ringing a bell, call on arrival, or drop off the samples at the door only. Hospital Labs also accept FIT samples at the Specimen Collection Counter.

As we reinstate screening there may be modest delays in providing FIT results due to increased volume during the initial re-introduction of FIT. But, this should return to normal in a few weeks.

FIT is designed for people who are considered at average risk of colon cancer.

Anyone at high risk of colon cancer due to a strong family history or personal history of adenomas continued to be referred directly for colonoscopy by their family doctor or nurse practitioner.

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