WHAT’S NEW?
Effective Wednesday, October 2, 2013, fecal immunochemical testing (FIT) will be performed at our laboratories in Oregon and Washington to detect occult blood as the preferred annual colorectal cancer detection method with improved sensitivity and specificity.

WHAT’S CHANGED?
The outpatient test kit uses a collection tube in place of the guaiac fecal occult test collection card. The new test kit is easy to use and highly effective in early detection of colorectal cancer.

Refer to the specimen requirement information on page three of this publication to request new collection supplies. Both tests will be available for a limited time to ease the transition.

BENEFITS
- No drugs or dietary restrictions
- No consecutive testing necessary
- Specific for human hemoglobin
- Reduces false positive and false negative test results
- Ease of use improves patient compliance and increases early stage detection

ADVANTAGES TO FIT
FIT has several technological advantages when compared with the guaiac fecal occult blood test. The Hemosure® FIT uses a sandwich dye conjugate immunoassay with a combination of monoclonal and polyclonal antibodies to selectively detect human hemoglobin (hHb). Guaiac-based tests are less specific since, in addition to detecting hemoglobin peroxidase activity, they may also detect peroxidase activity from dietary animal blood, peroxidases or ascorbic acid resulting in false positive test results.

IMPROVED SENSITIVITY AND SPECIFICITY
The Hemosure sensitivity to detect human hemoglobin is 50 µg hHb/g feces. Hemosure is specific for human hemoglobin. Hemoglobin from pig, fish, beef, chicken, rabbit or goat does not react with the Hemosure fecal occult blood test. Aqueous extracts of typical foods which may cause false positive results with traditional guaiac testing do not show interference with Hemosure including broccoli, cantaloupe, cauliflower, horseradish, parsnip, raw turnip and red radish. In addition, various toilet bowl deodorizers, fresheners and/or cleaners do not interfere with the Hemosure fecal occult blood test.

In the near future, the fecal occult requisition will also have a new, updated, look to simplify ordering.

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TEST LIMITATIONS
Limitations of the Hemosure Immunochemical Fecal Occult Blood Test are:

- A negative result can be obtained even when a GI disorder is present. Some bowel lesions, including some polyps and colorectal cancer, may not bleed at all, may bleed intermittently or the blood may not be uniformly distributed in a fecal sample.

- Some medications may cause gastrointestinal irritation resulting in occult bleeding which could result in a positive test result.

- Similar to other fecal occult blood tests, Hemosure is not considered a conclusive diagnostic test for gastrointestinal bleeding or pathology.

- Test results should be regarded as a preliminary screening or as an aid to diagnosis.

- Not a replacement for diagnostic procedures such as GI fibroscope, endoscopy, colonoscopy or other studies.

- Abnormal human hemoglobins were not tested for potential cross-reactivity.

BACKGROUND
Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the U.S. and the third most common cancer in both men and women. Approximately 138,000 people in the U.S. were diagnosed with CRC in 2009 and approximately 52,000 died from it that year.

ABOUT COLONOSCOPY
A colonoscopy is recommended every 10 years beginning at age 50 as the preferred CRC screening strategy by The American College of Gastroenterology Guidelines for CRC (2008). However, colonoscopy may not be available in every clinical setting and not every patient eligible for the test is willing to undergo the procedure.

COLONOSCOPY ALTERNATIVES
If colonoscopy is not feasible, alternatives may include:

Every Five Years:

- Flexible sigmoidoscopy

- Computed tomography colonography

Annually:

- Fecal immunochemical testing for occult blood

QUESTIONS?
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REFERENCES


ORDERING INFORMATION

67102: Fecal Occult Blood by Immunochemical Methodology: Immunochemical Performed: Daily Released: Same day as tested CPT Code: 82274

SPECIMEN REQUIREMENTS

Collect: To Obtain Collection Supplies:
In Oregon, call Client Services
📞 541-341-8010 Springfield
📞 800-826-3616 Toll Free

In Northwest Washington, contact a Patient Service Center. Find locations online at www.peacehealthlabs.org/locations

Collection Procedure: Unscrew cap on collection tube. Using the cap with attached probe, randomly pierce the stool sample with the probe 3-6 times in different areas. Do not clump, scoop or fill the bottle. Reinsert the sample probe into the collection tube and screw cap down tightly. Shake to mix sample and buffer solution in the tube.

NOTE: Do not collect specimen if the following patient conditions are present: menstrual bleeding, bleeding hemorrhoids, constipation bleeding or urinary bleeding.

Handling: Ambient Stability: Ambient: 14 days Refrigerated: 6 months Frozen: 12 months Transport: Ambient Rejection Criteria: Specimen submitted as unpreserved stool Retention: One week