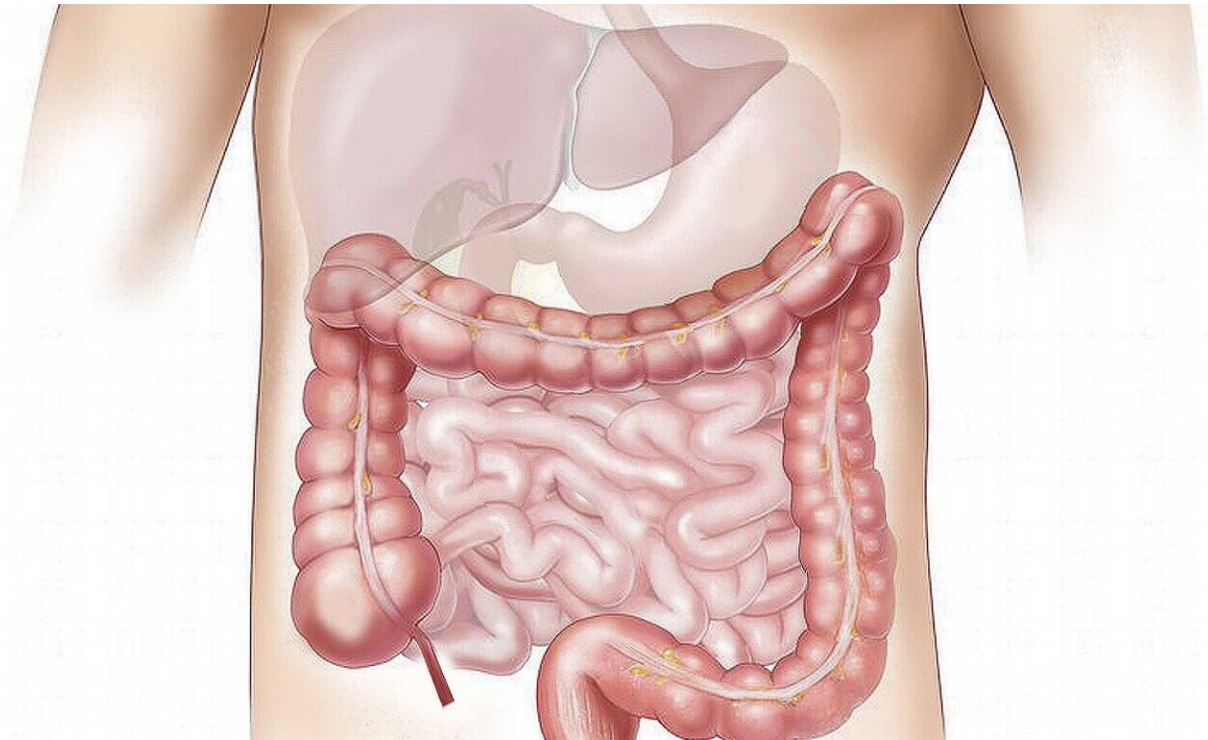


# No FIT: Colon cancer screening FIT doesn't belong in emergency and inpatient settings

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A clinical research study from Indiana University School of Medicine and the Regenstrief Institute examines the use, in emergency and inpatient settings, of FIT (fecal immunochemical testing), which looks for blood in stool, a possible sign of colorectal cancer. The researchers conclude that FIT should only be used for its validated indication of

colorectal cancer screening and should not be used for evaluation of gastrointestinal bleeding, abdominal pain or iron deficiency anemia and other symptoms or problems that bring individuals to the hospital.

"FIT is a cancer screening tool, not a test for symptoms, for example, symptoms such as rectal bleeding, [abdominal pain](#), or a change in bowel habit," said study co-author Thomas F. Imperiale, M.D., of the Regenstrief Institute and IU School of Medicine. "Obtaining a FIT from an ED [emergency department] patient or an inpatient would be like ordering a mammogram or PAP smear for a woman in the hospital for pneumonia, heart failure or cellulitis. It is simply not appropriate in this setting. You don't do a FIT in the hospital or inpatient setting where clinicians need to focus on active clinical problems and their outcomes rather than on screening."

Patient history, physical examination and diagnostic tests are critical to care in the hospital but FIT has no role in making a diagnosis of these patients, according to Dr. Imperiale. Additionally, he notes, the potential exists for the false positive risk in patients presenting with symptoms and higher false negative risk (i.e. that something of clinical importance will be missed).

A review of electronic medical records (EMRs) by the study authors showed that 203,667 patients were either evaluated in the [emergency department](#) or admitted to the hospital from November 2017 to October 2019, during which time only 550 FITs were identified. While these results indicate that only a very small number received FIT tests in emergency or inpatient settings, administration of the test was inappropriate in 99 percent of the cases.

Further work is needed, Dr. Imperiale observes, to determine how often and in what type of hospitals—rural, community, [inner city](#) or others—FIT is used in emergency and inpatient settings. He notes using

FIT in the emergency or inpatient settings not only fails to improve healthcare, it can lead to unnecessary downstream costs.

The study is published online ahead of print in the *American Journal of Medicine*.

**More information:** Umer Bhatti et al, Not FIT for Use: Fecal Immunochemical Testing in the Inpatient and Emergency Settings, *The American Journal of Medicine* (2021). [DOI: 10.1016/j.amjmed.2021.08.004](https://doi.org/10.1016/j.amjmed.2021.08.004)

Provided by Regenstrief Institute

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