

# FOBT – Immuno

A Fecal Immunochemical Test (FIT)



**Recommended by the American College of Gastroenterology (ACG) as the preferred annual screening method, FOBT – Immuno helps find colorectal cancer early and drives the right patients to colonoscopy<sup>1</sup>.**

Test Code: 51423

CPT Code\*: 82274

Specimen Requirements: Stool Sample –  
Specific supplies required

Specimens are good up to 7 days after collection

## Increase Compliance

- ✓ FDA approved for one stool sample and use with digital rectal exam (DRE).
- ✓ Mailing and take home kits available.

## Simple to Use

- ✓ No dietary, medicinal or vitamin C restrictions.
- ✓ Completely closed sampling device, clean and simple collection.

## Better Detection

- ✓ Excellent Specificity – Detects only human hemoglobin. Aids in diagnosis of lower colon and rectal concerns.
- ✓ Excellent Sensitivity compared to guaiac based tests. Detection levels as low as 100 ng/ml for human hemoglobin<sup>3</sup>.

- **The ACG supports the division of screening tests into cancer prevention and cancer detection tests, but recommends a preferred cancer prevention test – colonoscopy every 10 years (Grade 1 B) and a preferred cancer detection test – annual fecal immunochemical test (FIT) to detect occult bleeding (Grade 1 B)<sup>2</sup>.**
- **Patients over 50 should be regularly screened according to the American Cancer Society.**
- **Patients with family history of CRC or chronic inflammatory bowel disease may benefit from earlier or more frequent screenings.**



### Reference/Notes:

<sup>1&2</sup> The American Journal of Gastroenterology's American College of Gastroenterology Guidelines for Colorectal Cancer Screenings. 2008; 2-3.

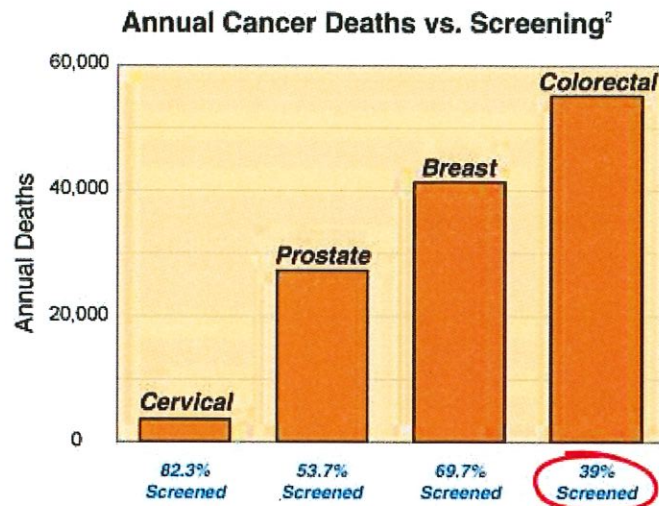
<sup>3</sup> Gastroenterology. 2008; 135: 82-90. Random comparison of guaiac and Immunochemical Fecal Occult Blood Tests for colorectal cancer in a screening population.

\* The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

## Recommended Testing for Colorectal Cancer

**Prevention Test:** Colonoscopy should be conducted every 10 years beginning at age 50. Colonoscopy can find precancerous or cancerous growths throughout the colon, including the upper part of the colon.

**Detection Test:** Fecal Immunochemical Test (FIT) should be done annually beginning at age 50. This is a test to check for blood in the stool. FIT replaces the older guaiac-based tests.



Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the U.S., largely due to the low rates of early screening in patients.

- Every three and a half minutes, someone is diagnosed with CRC\*
- Every nine minutes, someone dies of CRC\*
- CRC affects both men and women\*\*
  - 155,000 new cases per year
  - 55,000 deaths per year

As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.\*\*\*



### Reference/Notes:

\* H.R. 1189: Colorectal Cancer Prevention, Early Detection, and Treatment Act of 2009.

\*\* J. Bond. Screening for colorectal cancer: confuting the refuters. *Gastrointestinal Endoscopy*, Volume 45, Issue 1, Pages 105-109.

\*\*\*[http://www.cdc.gov/cancer/colorectal/statistics/screening\\_rates.htm](http://www.cdc.gov/cancer/colorectal/statistics/screening_rates.htm).