

Immunochemical FOBT Introduced at MGHS Laboratory



MGHS Laboratory is changing from guaiac fecal occult blood test (gFOB) testing to an immunologic test (iFOB). Other integrated delivery networks from around the country have done so for similar reasons; improved sensitivity and specificity and dramatically improved patient compliance.

Recently the American College of Gastroenterology has called for the abandonment of guaiac in favor of FIT Testing on an annual basis, along with colonoscopy every 10 years.

Laboratory Test Updates

Colorectal Cancer Background

Colorectal carcinoma (CRC) is the second leading cause of cancer related deaths in the U.S. with 55,000 deaths each year and 155,000 new cases. Occult blood in the stool is often the first, and in some cases the only, warning sign that a person has CRC. For decades, the gFOB helped physicians detect hidden blood in patient's stool. GFOB, however, is a test known to have lower sensitivity and specificity that also has dietary and medicinal restrictions. As a cancer screening test, there may be poor patient compliance, with only 20-25% ever being returned by patients. Many physicians opt for the in-office gFOB with stool obtained by digital rectal exam (DRE). A 2005 study in the Department of Veterans Affairs found that the clinical effectiveness of in-office DRE gFOB for detecting CRC is only 5%. American Cancer Society (ACS) guidelines in 2006 calls the DRE "worthless" for detecting CRC.

Advantages of iFOBT

The iFOB test provides several advantages over the guaiac method including ease of collection, reduction in the number of samples needed, no dietary restrictions, and greater specificity and sensitivity for human hemoglobin. We expect improved patient compliance due to these factors. In Japan, where iFOBT is the "standard of care" 65 % of cases are detected in the early stages, when it is very amenable to treatment. ACS states that in the U.S. we are only detecting 39% of cases in the early stages. In a study at an integrated delivery network, iFOBT proved to have a significant increase in patient compliance, as much as 30-50% over gFOB. We believe that, because of its increased sensitivity and specificity, iFOBT can lead to more of the right patients going to colonoscopy.

Sample Collection

1. Fill in all required information on the collection bottle. Open green cap by twisting and lifting.
2. Scrape the surface of the fecal sample with the sampling probe. Cover the grooved portion of the sampling probe completely with stool sample.
3. Close collection bottle by inserting the sampling probe and snap green cap on tightly. Do not reopen. Return the collection bottle to your doctor or laboratory in envelope provided.

Ordering Information

Order Code **IFOB** (Diagnostic) CPT is 82274; Order Code **SIFOB** (Screening) GO328
For more information on ordering and for collection supplies, please contact MGHS Laboratory Client Services at 1-888-818-3879.

