



Wyoming Department of Health

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如果您或您正在幫助對懷俄明州衛生部提出疑問，您有權利用您的語言免費獲得幫助和信息。與口譯員交談，致電[1-866-571-0944](tel:1-866-571-0944)或訪問您附近的公共衛生護理室尋求幫助。



6101 Yellowstone Rd. Suite 510 · Cheyenne WY 82002 · 800.264.1296
wdh.cancerservices@wyo.gov · www.health.wyo.gov/cancer

Wyoming FIT Kit Program Manual

On the Collection Tube
Insert the Collection Tube through slit.
Tape cover from Specimen Pouch
to touch at slit. Seal securely.
DO NOT REMOVE ABSORBENT PAPER FROM
Specimen Pouch.
614
Fit the
position
paper as
the toilet
adhesive
adhesive
sides of
the toilet
seat.
Attention!
A Unscrew the purple
from the sample
tube. DO NOT
THE LIQUID

WYOMING
CANCER PROGRAM

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Appendix M - Client Information and Enrollment Form

In order to receive a FIT kit you must:

- Be a Wyoming resident; Age 50-75
- Have not had colonoscopy in the last 10 years or had a stool test (FIT Kit/FOBT) in the last year
- Have no history of bleeding ulcers or hemorrhoids
- Have no current symptoms, including bleeding or blood in the stool
- Be a person of average risk
- Have no personal history of colorectal cancer or adenomatous polyps
- Have no personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
- Have no family history of colorectal cancer or polyps or a hereditary colorectal cancer syndrome such as familial adenomatous polyposis or Lynch syndrome (hereditary non-polyposis colon cancer)

Facts about FIT kits:

- The kit works by detecting small amounts of blood in the stool
- If done every year, they can help find polyps and cancer before they become a problem
- They are done at home and mailed into the lab
- If the FIT kit results are abnormal, you will likely need a colonoscopy

How do I use the FIT kit?

- Put the kit in the bathroom so it will be there when you need to use it
- Follow the directions included with your kit
- After you collect the sample, write the date the sample was collected on the collection vial baggy, place the sample and the bottom portion of this page in the pre-paid envelop and put it in the mail

The information provided below will be used by the Wyoming Public Health Lab to process your kit and to contact you with your results. All screening information is kept confidential by the lab and program staff. For questions or to learn more about colorectal cancer or colorectal cancer screening services in Wyoming, please call 1-800-264-1296.

First Name:	Last Name:	Gender:
Date of Birth:	Race/Ethnicity:	Primary Language:
Year of Prior Screening, if known:	Insurance Type (circle): Private/Medicaid/Medicare/None	
Mailing Address:		
City:	Zip Code:	Telephone:

*By accepting this FIT kit, you are acknowledging you will and are able to complete and return the sample in the pre-addressed postage-paid envelope enclosed within 30 days. There is no cost to you for completing the FIT kit. You will be provided reminders via mail or at the number listed above if the test is not completed within 3 months. Test results will be provided via letter or telephone call.

Signature:	Date:
To be completed by clinic/agency/organization representative prior to release of kit:	
FIT kit #: _____ Kit provided by (clinic/agency/organization): _____	
White copy: sent with client to include with sample to lab	Yellow copy: clinic/agency/organization
Pink copy: Wyoming Cancer Program staff	

Appendix L - Partner Organization Form

Partner Organization Form

Clinic/Agency/Organization Name: _____

Clinic/Agency Address: _____

City: _____ County: _____ Zip: _____

Main Contact: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

Estimated number of FIT colorectal cancer stool testing kits to be provided over 12 month period: _____

Plan/Procedure to follow-up on positive or abnormal tests:

FIT Kit Program Acceptance of Terms:

I have read and understand the Wyoming FIT Kit Program Manual and agree to requirements outlined in the manual. I understand that test kits are purchased, provided and processed by the Wyoming Department of Health Cancer Program supported by the American Cancer Society. I agree to not receive reimbursement for any tests given to clients through the program that my clinic did not purchase. Test results and related protected health information will be kept confidential. I agree to share results from follow-up screenings with the program via phone, fax, or email. Statistics on the successes, challenges, barriers and best practices identified through this program may be published, including number of positive results identified and follow-up actions provided. I understand the capabilities, capacity, sensitivity and specificity of the FIT kits provided by the program.

Medical Director Signature: _____ Date: _____

Clinic/Agency Contact Signature: _____ Date: _____

If you have questions please refer to the manual, call 307.777.8609 or email wdh.cancerservices@wyo.gov.

Overview and Purpose

The purpose of this manual is to provide resources and information to increase colorectal cancer screening in Wyoming. This manual provides an overview of colorectal cancer screening options, including fecal immunochemical testing (FIT) kit utilization through the development of programs in clinics and health systems. It focuses on increasing participation in the FIT Kit Program administered by the Wyoming Department of Health Cancer Program (WCP) supported by the American Cancer Society (ACS).

Colorectal Cancer Screening Test Options

Patients should be made aware of screening options and the pros and cons of each test.

Test	Pros of Test	Cons of Test
CT colonography (virtual colonoscopy)	<ul style="list-style-type: none"> Fairly quick and safe Can usually see the entire colon Completed every 5 years No sedation needed 	<ul style="list-style-type: none"> Can miss small polyps Full bowel prep needed False-positive test result is possible Cannot remove polyps during testing Colonoscopy will be needed if abnormal Still fairly new—possible insurance issues
Guaiaic-based fecal occult blood test (gFOBT)	<ul style="list-style-type: none"> No direct risk to the colon No bowel prep Sampling done at home Inexpensive to administer 	<ul style="list-style-type: none"> Can miss many polyps and some cancers False-positive test result is possible Pre-test diet changes are needed Needs to be completed every year Colonoscopy will be needed if abnormal
Fecal immunochemical test (FIT)	<ul style="list-style-type: none"> No direct risk to the colon No bowel prep needed No pre-test diet changes Sampling done at home Fairly inexpensive 	<ul style="list-style-type: none"> Can miss many polyps and some cancers False-positive test result is possible Needs to be done every year Colonoscopy will be needed if abnormal
Colonoscopy	<ul style="list-style-type: none"> Can usually look at the entire colon Can biopsy and remove polyps Done every 10 years Can help find some other diseases 	<ul style="list-style-type: none"> Can miss small polyps Full bowel prep needed Cost more on a one-time basis than other forms of testing Sedation is usually needed Will need someone to drive the patient home Patient may miss a day of work Small risk of bleeding, bowel tears or infection
Stool DNA test	<ul style="list-style-type: none"> No direct risk to the colon No bowel prep needed No pre-test diet changes Sampling done at home 	<ul style="list-style-type: none"> Can miss many polyps and some cancers False-positive test result is possible Should be completed every 3 years Colonoscopy will be needed if abnormal Still fairly new—possible insurance issues

Stool Test Options

There are multiple stool test options including the immunochemical fecal occult blood test (iFOBT), also called FIT. The FIT tests for hidden blood in the stool in a different way than a guaiac-based FOBT. This test reacts to part of the human hemoglobin protein, which is found in red blood cells. In this manual, the test will be referred to as a FIT kit.

Studies have shown that when provided annually to average-risk patients with appropriate follow-up, stool tests with high sensitivity can provide similar reductions in mortality compared to colonoscopies and some reduction in incidence. (<http://annals.org/aim/fullarticle/743580/evaluating-test-strategies-colorectal-cancer-screening-decision-analysis-u-s>)

Advantages of stool testing vs colonoscopy:

- Is less expensive
- Can be offered by any member of the health team
- Requires no bowel preparation
- Can be completed in privacy at home
- Does not require time off work or assistance getting home after the procedure
- Is non-invasive and has no risk of causing pain, bleeding, bowel perforation, or other adverse outcomes

Note: Patients should understand that a colonoscopy is required if stool testing is abnormal.

According to the United States Preventive Services Task Force (USPSTF), ACS, and American College of Radiology (ACR), low-sensitivity guaiac test should not be used as their sensitivity of colorectal cancer detection is less than 50% with a single test kit.

The sensitivity of the test should be least 50% for colorectal cancer detection on a single test kit. This includes tests such as:

- High-Sensitivity Guaiac Tests - commonly referred to as FOBT
 - ◆ May require multiple samples from consecutive days and have dietary and medication restrictions
 - ◆ Average Medicare reimbursement: \$4.48
- Fecal Immunochemical Tests (FIT)
 - ◆ No dietary or medication restriction
 - ◆ Most require only one or two samples from consecutive bowel movements
 - ◆ Average Medicare reimbursement: \$21.86
 - ◆ Can be processed in office as point-of-care tests or by machines to measure hemoglobin

Note: Test collection should occur at home, NOT in the office from a Digital Rectal Exam.

Additional information about stool testing can be found here:

The Clinician’s Reference Stool-Based Tests for Colorectal Cancer Screening http://ncrt.org/wp-content/uploads/IssueBrief_FOBT_CliniciansRef-Draft-15.pdf



Appendix K - FluFIT Log Sheet

Flu Vaccination Authorization Record and FluFIT Log

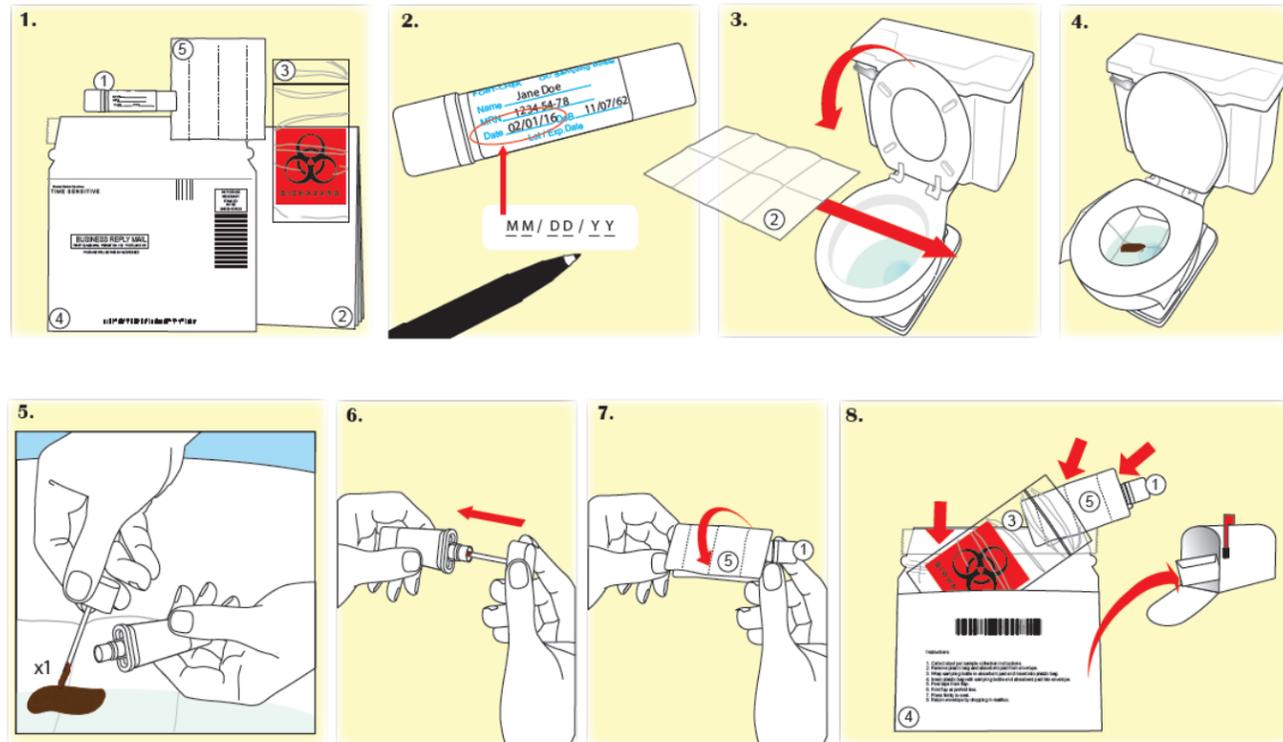
Manufacturer:
Lot Number:
Expiration Date:
Facility Site:

This form must be signed by the vaccine recipient or by the parent, guardian, or other authorized person on the date the vaccine is administered.

I have read or had explained to me the "Influenza Vaccine Information Statement." I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine and request that it be given to me or to the person for whom I am authorized to make this request. If I am between the ages of 50 and 75 and being offered a FIT kit for colorectal cancer screening today, it has been explained to me.

Clinic Staff Initials	Flu Shot Site	Signature	Patient Name / Phone	FIT Eligible Age 50-75, no FIT this year, and no colonoscopy in 10 yrs	FIT Given To Patient
		1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
___ Total Flu Shots Given			Total FIT: ___ Eligible ___ Given		

Appendix I - Visual Instructions for FIT Kit



Funding provided by the Centers for Disease Control and Prevention (Award Number U49 DP004998) and the Jacobsche Fund for Excellence
Adapted by the Health Outcomes Policy & Economics (HOPE) Research Program with permission from: KAISER PERMANENTE CENTER FOR HEALTH RESEARCH

Appendix J - FluFIT Program

FluFIT is a research-tested program that helps healthcare teams increase colorectal cancer screening rates by offering FIT kits to eligible patients during annual flu shot campaigns.

Complete information about starting a FluFIT program, training staff, and customizable program materials can be found here: <http://flufit.org/>.

Sample for FluFIT event

Double your prevention this year with FLU SHOTS and FIT KITS!

What:

Flu shots for all ages
FIT kits to prevent colorectal cancer for adults ages 50-75

Why:

Flu is PREVENTABLE! Colorectal cancer is PREVENTABLE!
We will offer simple prevention for flu and colorectal cancer this year.

When:

[date(s) and time(s) of event]

Where:

[location(s) of event]

Partnering with the Wyoming FIT Kit Program

The Wyoming FIT Kit Program increases the availability of colorectal cancer screening to Wyoming clients through stool tests. It is especially beneficial to clients who are uninsured or underinsured, live in frontier communities, and may not have access to screening services. The program is administered by the Wyoming Department of Health WCP through support from the ACS.

Who can Partner to Distribute FIT Kits?

Providers, clinics, and organizations, including those that work with uninsured, underinsured, and hard to reach populations, specifically those with limited access to colorectal cancer screening services, can partner with the program.

In order to be a program partner and receive FIT kits to distribute to clients at no cost, you will need to complete a Partnering Organization Form. The information collected on the form includes:

- Clinic/Agency/Organization name
- Clinic/Agency/Organization address
- Clinic/Agency/Organization primary contact, title, phone, fax, email
- Annual projection of FIT kits distributed
- Follow-up process/plan for abnormal test
- Agreement to share follow-up results with the program
- Agreement to not receive reimbursement from insurance or the client for FIT kit or laboratory processing
- Medical Director and primary clinic contact signature agreeing to terms

Who can Receive a FIT Kit?

Clients receiving FIT kits through the program must:

- Be a Wyoming resident
- Be age 50-75
- Have not had colonoscopy in the last 10 years
- Have not had a stool test (FIT/FOBT) in the last year
- Have no history of bleeding ulcers or hemorrhoids
- Have no current symptoms, including bleeding or blood in the stool
- Be a person of average risk for colorectal cancer
 - ◆ No personal history of colorectal cancer or adenomatous polyps
 - ◆ No personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
 - ◆ No strong family history of colorectal cancer or polyps
 - ◆ No known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)

Clients should also be:

- Uninsured, underinsured, or have low likelihood to receive colorectal cancer screening through any other method
- Geographically isolated with limited access to screening options

Note: High-risk individuals or those with current symptoms may be eligible for the WCP Colorectal Cancer Screening Program. <https://health.wyo.gov/publichealth/prevention/cancer/app/>

Client Education

Facts about colorectal cancer and screening:

- Colorectal cancer is the second leading cause of cancer death in the United States and Wyoming
- More than 50,000 Americans die of colorectal cancer each year
- Colorectal cancer is often preventable with screening and early detection
- Early detection and cancer treatment for colorectal cancer saves lives
- There are more than one million colorectal cancer survivors in the United States
- Colorectal cancer screening is recommended between the ages of 50 and 75

Facts about FIT kits:

- FIT kits work by detecting tiny amounts of blood that can come from colon polyps or early stage colorectal cancer
- If completed every year, FIT kits can help detect polyps and cancers before they become life threatening
- Studies have shown that FIT kits, if completed correctly with appropriate follow-up, can be similarly effective to receiving a colonoscopy for most people
- FIT kits are done at home and mailed into the lab
- If the FIT kit results are abnormal, a colonoscopy will likely be necessary

After giving a FIT kit to a client, remind the client to:

- Put the kit in the bathroom so it will be there when they are ready to use it
- Try to complete the kit in the next week if possible
- Write the collection dates on each completed kit
- Mail the kit in as soon as possible after collecting the stool sample
- Include the white copy of the enrollment form with the sample
- Call their doctor if they have a problem or have questions about the FIT kit

Kit Distribution, Completion, and Processing

Provide the client with the Information and Enrollment Form to read and verify they meet screening guidelines and understand how to complete the FIT kit. Have them complete the bottom portion with a ballpoint pen, pressing sufficiently hard to transfer the information to the last carbon copy.

Provide the following information to the client:

- It is the client's responsibility to return the FIT kit with the sample within 30 days
- There is no charge to them for the FIT kit or the test results
- Test results and client information will be kept confidential
- The test will be processed by the Wyoming Public Health Lab (WPHL) and results will be provided either by letter or by phone
- If a testing client requests an alternate method to receive their test results, please note that on the carbon page
- If the test is abnormal, a colonoscopy will likely be necessary as follow-up

Before providing the FIT kit:

- Review the instructions with the client. Use the kit you are providing to them to demonstrate the process and components, and remind them to "poke not scoop" for best results
- Remind the client to write the specimen date on the collection vial sample baggy and show them where that label is located
- Write the FIT kit number on the carbon form with a ballpoint pen
- Include clinic/agency/organization information in the grey box
- Separate top (educational) portion of white carbon copy and give to the client
- Place the lower portion of the white copy INTO the kit mailer with the other items

Appendix F - Three Month Follow-Up Call Script

Hello, is {Client Name} available?

We are following up to encourage you to get screened for colorectal cancer by completing the FIT kit we gave you. We recommend all adults aged 50-75 receive a colorectal cancer screening. One type of screening we recommend tests for small amounts of blood in your stool. This call is to remind you to mail back your FIT kit, as soon as you can.

If you need another FIT kit, please let us know. Do you have any questions?

Appendix G - Annual Client Reminder Call Script

Hello, is {Client Name} available?

Hello this is an important reminder from {Site} regarding your colorectal cancer screening. {Site} recommends regular colorectal cancer screenings for all adults ages 50-75. Colorectal cancer is the third most common form of cancer in men and women in the United States, and the risk increases with age. With proper screening, colorectal cancer can be detected early when treatment is the most effective. While there are several methods for screening for colorectal cancer, we know you have completed a FIT kit stool test a year ago. We would like to remind you that this test should be completed each year in order to reduce the risk of cancer.

If you would like to complete a FIT kit we can {mail/schedule a time for you to pick up} the kit with instructions for collections.

Appendix H - Annual Reminder Letter

Date

{Name of person sending to, Title}

{Address}

{City, State, Zip}

Dear {Person}:

Thank you for sending in the fecal immunochemical test (FIT) kit last year. Our records indicate that you may be eligible for your annual FIT kit. If you have not already received a test or had a colonoscopy since your last FIT kit was completed, please contact {SITE} to request a kit at {Contact Information}.

It is recommended that you do a FIT kit every year. If you had a colonoscopy since your last FIT kit with normal results, there is no need for a FIT kit this year. Please follow your primary healthcare provider's recommendations regarding the right colorectal cancer screenings for you.

Sincerely,

Appendix D - Negative Letter

Date

KIT ID#

{Name of person sending to, Title}
{Address}
{City, State, Zip}

Dear {Person}:

Thank you for sending in the Fecal Immunochemical Test (FIT) kit. We are pleased to inform you that the result of your FIT kit is **NEGATIVE**. This means no blood was found in the stool sample you provided; therefore, the need for you to have a colonoscopy at this time is low. We encourage you to share these results with your primary healthcare provider.

It is recommended that you do a FIT kit every year. Please follow your primary healthcare provider's recommendations regarding the right colorectal cancer screenings for you. If you need additional information, contact {provider/clinic information here}.

Sincerely,

Appendix E - Reminder Letter

Date

{Name of person sending to, Title}
{Address}
{City, State, Zip}

Dear {Person}:

Our records indicate you have not completed the FIT kit for cancer screening. You have been given a FREE FIT kit to test your stool. This test can find small amounts of hidden blood in your stool or bowel movement that can be a sign of cancer.

Here are two things your doctor at {Site} would like you to know:

1. Your risk of getting colorectal cancer goes up as you get older.
2. Screening tests can find colon problems early so they can be treated before they get serious.

Research has shown that this simple test can have big benefits. If everyone age 50 and older did this test every year, there would be many fewer deaths from colorectal cancer.

Please use the FIT kit and complete the test as soon as possible. The FIT kit includes pictures and easy-to-follow directions. Complete the test in the privacy of your home. After a bowel movement, use the stick in the kit to poke a small amount of stool into the collection tube. Write the date on the tube, put the tube in the bag, and mail it back to the Wyoming Public Health Laboratory using the pre-paid return envelope.

If any blood is found in your stool, we will recommend some other tests. If no blood is found, you should repeat the test in one year.

Please contact us at {phone number} if you have any questions or concerns.

Sincerely,

Kit Distribution, Completion, and Processing cont.

The yellow copy should be kept and filed by the clinic/agency/organization.

The pink copy should be mailed or faxed to the WCP Outreach and Education Coordinator within seven days of distribution at:

Wyoming Cancer Program
Attn: Outreach and Education Coordinator
6101 Yellowstone Rd., Ste 510
Cheyenne, WY 82002
Fax: 307-777-3765

Client Reminders

The WCP will gather and disseminate information about clients that have not returned their FIT kits. Partners distributing the FIT kits will be notified monthly of unreturned FIT kit numbers and should provide follow-up to those clients. The client should be contacted, by phone or letter (templates in appendix E and F) reminding them to send in their sample. Information about unreturned FIT kits will be provided to partners for three months following distribution. After three months of not completing the test, the client will be listed as inactive and the test will be recorded as not complete. If the client does complete the test after three months, the test results will be updated.

FIT Kit Results

The WPHL will process and provide results to the WCP within 48 hours of receipt. Results will be shared with the clinic/agency/organization by the WCP.

Normal (Negative) Result:

The letter that is provided in Appendix D will be sent to the client by the WCP within 48 hours of receipt of the results indicating negative test results, appreciation for participating in the screening, and a reminder to get tested the following year. The clinic/agency/organization should develop a system to contact the client in one year to complete another test.

Abnormal (Positive) Result:

Positive results will be forwarded to the clinic/agency/organization by WCP. The clinic/agency/organization will contact the client by phone within five days of receipt of the results from the WCP. The call should include test results, as well as provide additional information about possible false-positive results, and recommendations for further screening options following the plan outlined by the clinic/agency/organization. Information about the WCP Colorectal Cancer Screening Program can be shared with the client during this time. A letter, provided in Appendix A, may be sent to the client if the clinic/agency/organization can not reach the client by phone.



Clients should be navigated, as necessary, by the clinic/agency/organization in order to ensure follow-up screening is completed. The clinic/agency/organization should contact the client within three months (and six months, if necessary) to determine if they have completed a colonoscopy and what the results were. This information should be reported back to the WCP, including the results of follow-up colonoscopy, repeat FIT testing, or patient refusal within 30 days of completion of the test via phone or fax. If clients are enrolled in the Wyoming Colorectal Cancer Screening Program for a follow-up colonoscopy, results will be automatically shared with the program via the provider performing the colonoscopy and the clinic/agency/organization does not need to report these results.

