Fecal immunochemical test (FIT) has progressively replaced the guaiac test for colorectal screening in average risk population in France since May 2015. With a high sensitivity and a good specificity, it is supposed to increase colonic cancer detection. However, its performance has not been described in routine colonoscopy.

Among the 2567 colonoscopies performed between 01/01/2016 and 31/05/2016, 181 were performed for a positive FIT (FIT +). The following variables were prospectively collected: age and gender of the patient, quality of preparation (Boston scale), number, size and histology of polyps. Neoplasia was defined as categories 4 and 5 of the Vienna classification (high grade dysplasia, carcinoma in-situ, intra-mucosal carcinoma, submucosal carcinoma or beyond).

Comparison is given with the whole population of 2083 patients aged of 50 or more. Statistical analysis was performed in uni- and multivariate analysis using logistic regression.

181 patients with FIT + were included (6.5 % of the patients). 95 were males and 86 were female with a median age of 61 (range: 50 – 75). Preparation was considered as sub-optimal in 5.5 % of cases (Boston scale score 6 or at least one sub-score 2).

241 lesions were detected in 115 patients. These lesions corresponded to 215 adenomas and adenocarcinomas, 18 serrated adenomas, 3 hyperplastic polyps (hyperplastic polyps located in the rectum and the sigmoid colon were not considered as lesions at risk and therefore were excluded from the analysis), 5 other histology, leading to a mean number of polyps (MNP) of 1.33. Polyp detection rate (PDR) and adenoma detection rate (ADR) were 63.5 % and 60.8 % respectively. By comparison, PDR and ADR in the whole population were 40.4 % and 38.4 % respectively.