



Patient information | Source check: 15 October 2026

FIT testing

What it does, and what it can miss

FIT checks a small poo sample for haemoglobin, a protein in human blood. It cannot tell where blood came from or diagnose cancer. A positive result needs further assessment.

Where is FIT used?

Routine screening: NZBSP offers FIT every two years to eligible people without symptoms. A positive result usually leads to colonoscopy.

NZ ages as at 15 October 2026: 56 to 74 in eight districts, including all three Auckland districts; 58 to 74 elsewhere. Some people from earlier pilots remain eligible at younger ages. Check Health NZ for current eligibility.

People with bowel symptoms: FIT helps prioritise investigation. The national pathway began rolling out in July 2026. Symptoms, examination and blood tests also guide the next step.

Screening before NZ programme eligibility

Australia's public programme and US recommendations start at 45. New Zealand funding eligibility is different. Discuss early screening, test choices and follow-up with me or your GP. Symptoms need assessment at any age.

Why a negative result can miss polyps

Not all precancerous polyps bleed. Cancers may bleed intermittently. FIT may therefore be negative even when a polyp or cancer is present. It cannot confirm that the bowel is clear.

One US screening study (2024), cut-off above 20 micrograms Hb/g of stool: among 100 people already with an advanced precancerous lesion, about **23 had a positive FIT and 77 had a negative FIT.**

This was one FIT round. The figures are not your risk after a negative result or the performance of NZ symptom testing. Accuracy varies by assay and cut-off.

If you receive a kit from the NZBSP

Follow the supplied collection and return instructions. Include the barcode and consent form. Continue prescribed medicines unless the clinician arranging the test advises otherwise.

To arrange a consultation: gastroconsult.co.nz/contact-4

Consultations: Medical Specialists Group 09 623 1170 | Greenlane Medical Specialists 09 930 6108

Endoscopy Auckland 09 623 2020 (gastroscopy and colonoscopy)

General information. Follow your own care instructions.





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Why colonoscopy is different

Colonoscopy is the gold standard for examining the colon lining and finding polyps. Many polyps can be removed during the examination. Biopsies can help diagnose bowel inflammation and other conditions FIT cannot identify.

Colonoscopy is generally very safe. Perforation (a hole in the bowel wall) is very rare. I will discuss your individual risks, including any planned polyp removal. Good preparation and careful inspection help find polyps, although some can still be missed.

A negative FIT does not replace a recommended colonoscopy. This includes an examination for persistent symptoms, polyp follow-up, previous bowel cancer or another clinical concern.

Positive, negative or no valid result

Positive: further assessment is needed, often colonoscopy. A scan or specialist review may be more appropriate. Do not assume piles or blood thinners explain it.

Negative: cancer is less likely, but polyps and other conditions can be missed. Continuing or worsening symptoms need review.

No valid result or no result received: contact the service that arranged the test. Do not assume it was negative.

Private or self-funded kits

Commercial kits may test for blood or DNA changes; their results are not interchangeable. Check who reviews the result and what follow-up costs extra. Share a positive result with me or your GP promptly. It does not by itself guarantee a publicly funded colonoscopy. A negative private test should not delay assessment of symptoms or replace a recommended colonoscopy.

When to seek help

Contact me or your GP if symptoms persist, recur or worsen. Seek earlier advice for bleeding, unexplained weight loss or worsening symptoms.

Seek urgent help for heavy bleeding, black tarry stools, severe abdominal pain or faintness. **Call 111 if you collapse, have heavy bleeding with faintness, or are too unwell to travel safely.**

Sources: Health NZ; HealthEd; Bowel Cancer NZ; Australian Government; USPSTF; Imperiale et al., NEJM 2024, doi:10.1056/NEJMoA2310336. Local and screening context checked 15 October 2026.

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