



SCREENING IN CANADA

The Canadian Partnership Against Cancer (CPAC) collects information annually on national, provincial and territorial colorectal cancer screening guidelines, strategies and activities. The Screening and Early Detection Portfolio at CPAC works with partners across the country (including Colorectal Cancer Canada) to increase the number of individuals getting screened appropriately and promote high quality cancer screening services.

The Partnership convenes the National Colorectal Cancer Screening Network which has been in place since 2007. The Network brings together key stakeholders from across the country to promote active engagement and serves as a national platform for knowledge exchange. This helps engage the colorectal cancer screening community, improve the patient experience across the cancer journey, leverage expertise, and make evidence-based recommendations to the cancer control system. The Network’s primary aim is to improve participation and enhance quality in colorectal cancer screening in Canada.

Currently, there are organized colorectal cancer screening programs in all provinces and Yukon. There is no colorectal cancer screening program available in the Northwest Territories. Plans are underway to develop a program in Nunavut. Where organized screening programs are not available, screening services may be provided opportunistically by a primary care provider.

Colorectal Cancer Screening Programs and Guidelines - Highlights

Provinces and territories screen asymptomatic individuals at average risk between the ages of 50 and 75 every 1-2 years with a fecal occult blood test (either guaiac or FIT). Most provinces and territories have a two-year interval, with the exception of Northwest Territories and Alberta, which have a one to two-year interval.

COLORECTAL CANCER SCREENING PROGRAMS STATUS IN CANADA

	Program Start Date	Program Status (as of Jan 1, 2017)	Program Name	Agency responsible for Program Administration
Nunavut (NU)	Currently no organized screening program but plans are underway			
Northwest Territories (NT)	A screening program (<i>Let’s Talk About Cancer</i>) has been implemented using the FIT throughout community health centres			

Yukon (YK)	December 2016	Full program, territory wide	ColonCheck Yukon	Government of Yukon Health and Social Services
British Columbia (BC)	2009 pilot, November 2013 province wide	Full program, province wide	Colon Screening Program	BC Cancer Agency
Alberta (AB)	March 2007	Full program, province wide	Alberta Colorectal Cancer Screening Program (ACRCSP)	Alberta Health Services
Saskatchewan (SK)	January 20, 2009	Full program, province wide	Screening Program for Colorectal Cancer	Saskatchewan Cancer Agency
Manitoba (MB)	April 2007	Full program, province wide	ColonCheck	CancerCare Manitoba
Ontario (ON)	March 2008	Full program, province-wide	ColonCancerCheck	Cancer Care Ontario
Quebec (QC)	Began deployment in 2011	In implementation (opportunistic screening available through physician)	Programme québécois de dépistage du cancer colorectal (PQDCCR)	Ministry of Health and Social Services
New Brunswick (NB)	November 2014	Partial program, inviting 60% of target population and expanding	New Brunswick Colon Cancer Screening Program	New Brunswick Cancer Network (NB Department of Health)

Nova Scotia (NS)	April 1, 2009	Full program, province wide	Colon Cancer Prevention Program	Cancer Care Nova Scotia, Nova Scotia Health Authority Program of Care for Cancer
Prince Edward Island (PE)	April 2011	Full program, province wide	PEI Colorectal Cancer Screening Program	Health PEI
Newfoundland and Labrador (NL)	March 19, 2010	Full program, province wide	Newfoundland and Labrador Colon Cancer Screening Program	Eastern Health, Cancer Care Program

Canadian Task Force on Preventive Health Care (CTFPHC) Guidelines (2016)

AVERAGE RISK INDIVIDUALS

The Canadian Task Force on Preventive Health Care (CTFPHC) was established by the Public Health Agency of Canada and it published national clinical practice guideline recommendations for colorectal cancer screening in 2016. They recommend individuals at average risk, aged 50-74, screen for colorectal cancer with an FOBT [either fecal test guaiac (FTg) or FIT] every 2 years or flexible sigmoidoscopy every 10 years.

Additionally, the Canadian Task Force on Preventive Health Care does not recommend the following:

- ❖ Screening individuals aged 75 and over for colorectal cancer
- ❖ Using colonoscopy as a screening test for colorectal cancer

For more information please visit: <http://canadiantaskforce.ca/>

Appearing below is a summary of the Provincial and Territorial Colorectal Cancer Screening Guidelines for the Average Risk Person in Canada:

PROVINCIAL & TERRITORIAL COLORECTAL CANCER SCREENING GUIDELINES

Province Or Territory	Start Age	Interval	Stop Age	Primary Screening Test (FTg, FIT or both; flexible sigmoidoscopy)
NU	50	Every 2 years	74	Currently under review
NT	50	Every 1-2 years	74	FIT
YK	50	Every 2 years	74	FIT
BC	50	Every 2 years	74	FIT
AB	50	Every 1-2 years	75	FIT
SK	50	Every 2 years	75	FIT
MB	50	Every 2 years	75	FTg
ON	50	Every 2 years	74	FTg
QC	50	Every 2 years	74	FIT
NB	50	Every 2 years	74	FIT
NS	50	Every 2 years	74	FIT

PE	50	Every 2 years	74	FIT
NL	50	Every 2 years	74	FIT

Canadian Task Force on Preventive Health Care (CTFPHC) Guidelines (2016)

INCREASED RISK INDIVIDUALS

Individuals at increased risk have certain risk factors which put them at a greater lifetime risk of developing colorectal cancer and/or developing more aggressive colorectal cancers at an earlier age. Individuals at increased risk may be screened differently than individuals at average risk.

Many provinces have specific factors which they consider when placing an individual at increased risk for colorectal cancer. The most common risk factor documented by screening programs (in ten provinces and two territories) which places individuals at increased risk is having a **1st degree relative** who was diagnosed with colorectal cancer (parent, child or sibling). There are age stipulations in some provinces/territories where the 1st degree relative needs to be on average <60, ≤60 or >60 years to be considered high risk.

Other more common risk factors for high risk include: having more than two 1st degree relatives diagnosed with colorectal cancer (where 1st degree relative is at any age) (as seen in eight provinces and two territories – please see below), having a personal history of colorectal cancer (seven provinces and two territories) and adenomatous polyps (seven provinces and one territory).

Four provinces include the following risk factors in their definition of high risk: having more than two 1st degree relatives with adenomatous polyps, two 2nd degree relatives diagnosed with colorectal cancer and adenomatous polyps. Please see tables appearing below.

Colorectal cancer screening programs manage individuals at increased risk by implementing specific screening protocols and follow-up measures. The Canadian Association of Gastroenterologists (CAG) has issued guidelines for screening individuals at increased risk. For more information about the CAG guidelines please visit https://www.cag-acg.org/uploads/guidelines/Colorectal_cancer_screening_2004.pdf

Most provinces and territories screen individuals starting at age 40 (or 10 years earlier than the youngest affected relative) with a colonoscopy every five years for those who have a 1st degree relative with colorectal cancer (at age <60 years). In some cases, provinces screen individuals at increased risk similarly to those at average risk; however, they begin screening at age 40. Other provinces follow the

recommendations outlined in the CAG guidelines for screening individuals at increased risk.

Appearing below is a summary of the **Increased Risk Screening Program** According to Province and Territory and the second table shows a **Summary of the Screening Recommendations** for the Increased Risk Population. Both were kindly provided by CPAC and issued April 2017.

INCREASED RISK DEFINITION ACCORDING TO PROVINCE/TERRITORY

	One 1 st degree relative diagnosed with		Two or more 1 st degree relatives diagnosed with		Two 2 nd degree relatives diagnosed with		Personal history of	
	Colorectal cancer	Adenomatous polyps	Colorectal cancer	Adenomatous polyps	Colorectal cancer	Adenomatous polyps	Colorectal cancer	Adenomatous polyps
NU	Currently no organized screening program but plans are underway							
NT	✓ (age <60)	----	✓ (any age)	----	----	----	✓	----
YK	✓ (age ≤60)	✓ (age ≤60)	✓ (any age)	✓ (any age)	----	----	✓	✓
BC	✓ (age <60)	----	✓ (any age)	----	----	----	----	✓
AB	✓ (age ≤60)	✓ (age ≤60)	✓ (any age)	✓ (any age)	✓ (any age)	✓ (any age)	✓	✓
SK	✓ (age ≤60)	No	✓ (any age)	No	No	No	✓	No
MB	✓ (age <60)	✓ (age <60)	✓ (any age)	✓ (any age)	✓ (any age)	✓ (any age)	✓ (any age)	✓ (any age)
ON	✓	No	✓	No	No	No	No	No

QC ^f	✓ (any age)	✓ (any age)	✓	✓	✓	✓	✓	✓
NB	✓	✓	----	----	✓	✓	✓	✓
NS	✓ (age <60 & >60)	✓ (age <60 & >60)	----	----	✓ (age <60 & >60)	✓ (age <60 & >60)	----	----
PE	✓	✓	✓	✓	✓	✓	✓	✓
NL	✓ (age <60)	----	✓	----	✓	----	✓	✓
	Screening Recommendation for Increased Risk Population					Follow-up Recommendations After Normal Colonoscopy		
NU	Currently no organized screening program but plans are underway							
NT	Colonoscopy at age 40 or 10 years earlier than youngest affected relative (whichever comes first)					Repeat colonoscopy every 5 -10 years		
YK	One first-degree relative diagnosed with CRC or adenomatous polyps ≤60 years OR two or more first-degree relatives diagnosed with CRC or adenomatous polyps at any age. Refer for colonoscopy at age 40 years, or 10 years prior to index case (whichever comes first). FIT is not recommended					Repeat colonoscopy every 5 years or as directed by specialist		
BC	Colonoscopy for individuals in the program within the target age of 50-74 (guidelines for those outside of the target age are outlined by the Guideline and Protocol Advisory Committee in BC)					Repeat colonoscopy every 5 years		

AB	<ol style="list-style-type: none"> 1) One first-degree relative >60 years or two or more second-degree relatives at any age diagnosed with CRC, and/or high-risk adenomas: Screen with FIT every 1-2 years starting at age 40. If FIT is positive, refer promptly for colonoscopy 2) One or more first-degree relative ≤ 60 years OR two or more first-degree relatives at any age diagnosed with CRC, and/or high-risk adenomas: Refer for colonoscopy at age 40, or 10 years prior to the youngest index case (whichever comes first) 	<ol style="list-style-type: none"> 1) Wait 10 years after a normal (i.e., no polyps) colonoscopy result to screen with FIT. 2) Assist individuals with adherence to follow-up as recommended by local CRC screening program or endoscopist.
SK	<ol style="list-style-type: none"> 1) Colonoscopy beginning at age 40 or 10 years younger than the earliest case in the family (for persons with a first-degree relative with CRC <60) 2) Same as average risk but beginning at age 40 (for persons with a first-degree relative with CRC ≥60) 	<p>Recommendations at the discretion of the endoscopist and individual monitored by primary care provider</p> <p>Follow CAG guidelines**</p>
MB	<p>ColonCheck recommends colonoscopy beginning at age 50 or 10 years earlier than the youngest relative's diagnosis. Referral is not coordinated by ColonCheck, it is the responsibility of the primary care provider to coordinate</p>	<p>Recommendations at the discretion of the endoscopist</p>
ON	<p>Colonoscopy at age 50 or 10 years earlier than youngest affected relative (whichever comes first)</p> <ol style="list-style-type: none"> 1) For persons with a first-degree relative diagnosed < 60 years old 2) For persons with a first-degree relative diagnosed at ≥ 60 years old 	<ol style="list-style-type: none"> 1) Repeat colonoscopy every 5 years 2) Repeat colonoscopy every 10 years

QC	<p>1) Colonoscopy every 5 years at age 40 or 10 years earlier than youngest affected relative (whichever comes first) (for persons with moderate increased risk, first-degree relative with CRC or polyps at age < 60 years)</p> <p>2) Same as average risk but starting at age 40 (for persons with slight increased risk, first-degree relative(s) with CRC or polyps at age >60 years old)</p> <p>3) Follow-up (FIT or colonoscopy) according to algorithms (for persons with a personal history of polyps)</p> <p>4) Colonoscopy according to algorithms (for persons with a personal history of CRC)</p>	As per risk factors and according to algorithms for QC
NB	<p>The Program recommends follow-up with primary care provider or endoscopist (if they have one) to determine and coordinate screening follow-up.</p> <p>Detailed algorithm is available from New Brunswick Cancer Network</p>	<p>Recommendations follow CAG guidelines**</p> <p>Detailed algorithm available from New Brunswick Cancer Network</p>
NS	<p>1) Colonoscopy at age 40 or 10 years earlier than youngest affected relative (whichever comes first) (for persons with a first-degree relative with CRC or adenoma diagnosed <60 OR two or more second-degree relatives with CRC or adenoma <60)</p> <p>2) FIT (or FOBT) or colonoscopy, beginning at age 40. FIT available through Program every 2 years beginning at age 50. FOBT available by a primary care provider (for persons with a first-degree relative with CRC or adenomatous polyp >60 OR two or more second-degree relatives with CRC or adenoma diagnoses in their 60s or 70s)</p>	<p>1) Repeat colonoscopy every 5 years</p> <p>2) Repeat FIT every 2 years; repeat colonoscopy every 10 years or after abnormal FIT</p>

PE	Follow CAG guidelines** Recommendation is at discretion of the primary care provider (referral is not coordinated by the Program)	Recommendations at the discretion of the endoscopist Follow CAG guidelines**
NL	Follow CAG guidelines**	Follow CAG guidelines**

Sources:

<http://www.cancerview.ca/preventionandscreening/colorectalcancerscreeningpage/>

Canadian Partnership Against Cancer. Colorectal Cancer Screening in Canada: Environmental Scan [Internet]. Toronto (ON): Canadian Partnership Against Cancer; 2017 [2017 October 29]. Available from:

<http://www.cancerview.ca/preventionandscreening/colorectalcancerscreeningpage/>

<https://canadiantaskforce.ca/guidelines/published-guidelines/colorectal-cancer/>