

IMPROVING COLORECTAL CANCER OUTCOMES IN QUEBEC

Three Priority Actions for the Next Government

August 2026

EXECUTIVE SUMMARY

Colorectal cancer is the fourth most commonly diagnosed cancer in Quebec and the second leading cause of cancer death. In 2026, an estimated 7,300 Quebecers will be diagnosed with colorectal cancer, representing a significant increase from the previous year and the highest annual estimate of the past five years. Approximately 2,350 people are expected to die from the disease.

The Quebec Ministry of Health first announced the implementation of an organized colorectal cancer screening program in 2010. Sixteen years later, the program has still not been fully implemented, and the province's colorectal cancer screening pathway remains opportunistic and dependant on primary care. Quebec ranks among the lowest in Canada for access to a family physician, with nearly one-quarter of residents without a regular family doctor. For individuals without a family doctor, or with limited access to primary care, particularly those in rural and underserved communities, screening remains more difficult to access and therefore less likely to occur. In 2024, only 35.83% of eligible Quebecers participated in colorectal cancer screening, compared with the Canadian target of 60%.

Organized screening prevents cancer by detecting and removing precancerous polyps and by identifying cancers at an earlier stage, when they are more treatable. It also reduces dependence on access to primary care by proactively inviting eligible individuals, providing reminders and follow-up, coordinating care, and monitoring program performance.

The need for action is increasingly urgent. Colorectal cancer is affecting growing numbers of adults under age 50. According to a recent modelling study, lowering the starting age for FIT screening from 50 to 45 in Quebec would prevent approximately 2,870 colorectal cancer cases and 1,200 deaths while generating an estimated \$60 million in healthcare savings for the province between 2025 and 2071.

As Quebec approaches the 2026 provincial election, Colorectal Cancer Canada is asking all political parties to commit to three actions:

1. Fully implement the Quebec Colorectal Cancer Screening Program (PQDCCR) across the province.
2. Lower the eligibility age for average-risk FIT screening from 50 to 45.
3. Ensure transparent reporting, measurable follow-up timelines, high-quality screening, and equitable access throughout the care pathway.

Together, these measures would prevent cancers, increase early detection, improve health equity, and reduce pressure on Quebec's healthcare system.

WHY URGENT ACTION IS NEEDED

Colorectal cancer (CRC) is the fourth most commonly diagnosed cancer in Quebec and the second leading cause of cancer-related death¹. In 2026, an estimated 7,300 Quebecers will be diagnosed with CRC, the highest annual estimate of the past five years, and approximately 2,350 people will die from the disease².

Early screening significantly improves clinical outcomes. When detected early, CRC is highly treatable: the five-year survival rate exceeds 90% at Stage I, but falls to just 11-13% at Stage IV (Table 1).

TABLE 1. FIVE-YEAR NET SURVIVAL RATES FOR COLON AND RECTAL CANCER

STAGE	FIVE-YEAR NET SURVIVAL RATE FOR COLON CANCER	FIVE-YEAR NET SURVIVAL RATE FOR RECTAL CANCER
I	92 %	91 %
II	88 %	79 %
III	68 %	74 %
IV	11 %	13 %
Stage unknown	32 %	53 %

Data from the Canadian Cancer Society, 2023.

Although survival rates have improved over time, largely because of organized screening programs and advances in treatment⁴, a concerning epidemiological trend has emerged: an increasing incidence of CRC at younger ages⁵. Canadians born after 1980 are 2 to 2.5 times more likely to be diagnosed with CRC before age 50 than previous generations⁶. The incidence continues to rise each year among adults in their late 30s and early 40s, as well as among people aged 45 to 49, with CRC now accounting for 9% of all cancers diagnosed among Canadians aged 30 to 49⁴.

The economic impact of CRC in Canada is substantial. Direct healthcare costs associated with the disease were estimated at \$3.5 billion in 2024 and are expected to approach \$6 billion annually by 2034⁷. Treatment costs rise dramatically as the disease progresses. One study found that healthcare expenditures during the first four years after diagnosis were 8.7 times higher for patients with Stage IV cancer than for those diagnosed at Stage I⁸.

THE GROWING IMPACT OF COLORECTAL CANCER AMONG YOUNG QUEBECERS

- **More than one young Quebecer diagnosed every day** : 477 Quebecers under the age of 50 were diagnosed with CRC in 2024⁹
- **CRC is not just an "old person's disease"** : of the 477 individuals diagnosed, 156 were between 15 and 39 years old, 103 were between 40 and 44 years old, and 218 were between 45 and 49 years old⁹
- **The human cost** : in 2024, 52 Quebecers under the age of 50 died from CRC⁹

The REFRAME Project (Rapid Evaluation FRAmework for the Modification of Cancer ScrEening Guidelines) at the University of Calgary has developed tools that provide provinces with the evidence needed to make informed decisions about changes to their cancer screening programs. These tools include automated processes to rapidly synthesize available evidence on emerging cancer screening issues, estimate the costs associated with proposed changes, and identify the measures and resources required for implementation within provincial healthcare systems¹⁰.

The Quebec REFRAME modeling study incorporated historical CRC incidence data from Statistics Canada and adjusted projections using age-period-cohort analyses of trends observed in the province. The results demonstrate increasing incidence among younger birth cohorts (Figure 1).

Furthermore, according to the REFRAME study, lowering the eligibility age for average-risk FIT screening from 50 to 45 years would prevent approximately 2,870 CRC cases and 1,200 deaths between 2025 and 2071, while generating an estimated \$60 million in healthcare savings in Quebec⁵.

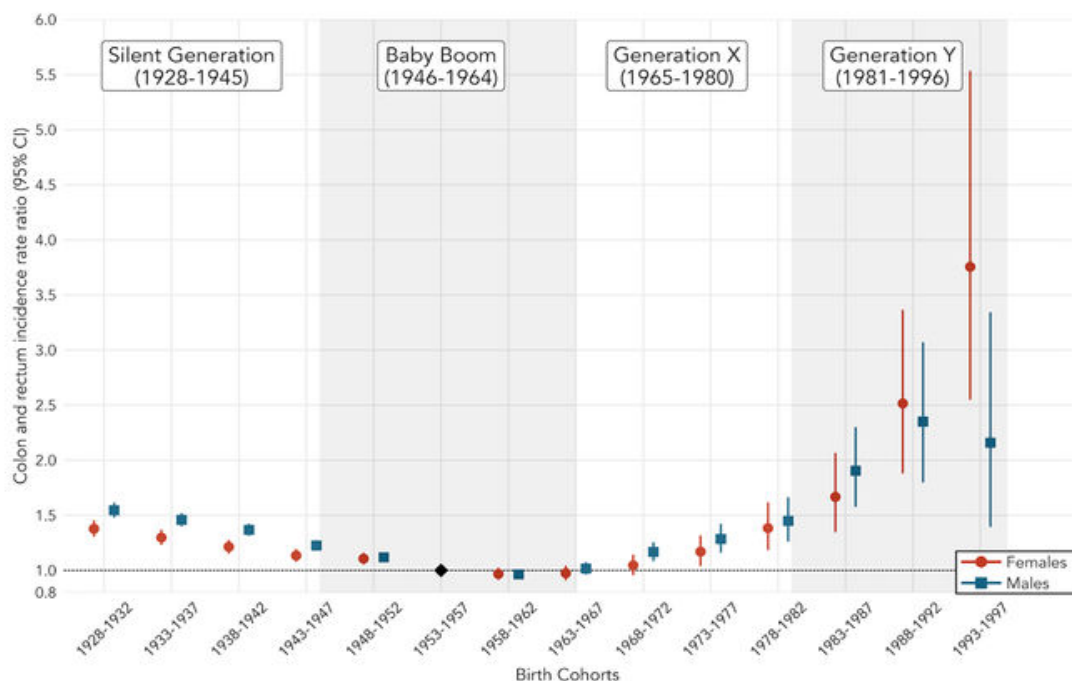


Figure 1. Colorectal cancer incidence rate ratios by birth cohort and sex in Quebec.¹¹

Data from Statistics Canada. Table 13-10-0111-01: Number and rates of new primary cancer cases, by cancer type, age group, and sex.

RECOMMENDED ACTIONS

1. IMPLEMENT THE QUEBEC COLORECTAL CANCER SCREENING PROGRAM (PQDCCR)

Quebec remains the only jurisdiction in Canada that has not fully implemented a population-based organized CRC screening program. The Ministry of Health first announced the deployment of an organized CRC screening program in 2010¹². Sixteen years later, the program is still not fully in place, and the province's CRC screening pathway remains opportunistic and dependant on primary care. The province ranks among the lowest in Canada for access to a family physician, with nearly one-quarter of residents without regular access to one^{14,15}. For individuals without a family doctor, or with limited access to primary care, particularly those in rural and underserved communities, screening remains more difficult to access and therefore less likely to occur. All other provinces and territories have implemented population-based screening programs that include centralized invitation systems, reminders, follow-up procedures, and performance monitoring¹³.

This distinction is important. In an opportunistic system, screening depends on healthcare providers and patients taking the initiative. Screening typically occurs only when a healthcare professional identifies an individual as eligible and offers the test.

In an organized program, the system proactively identifies and invites eligible individuals, sends reminders, coordinates follow-up after abnormal results, and monitors quality and outcomes at every stage of the care pathway¹³.

Quebec has already established several elements required for an organized screening program, providing a solid foundation for province-wide implementation. Average-risk adults aged 50 to 74 are currently eligible for a fecal immunochemical test (FIT) every two years. At the same time, efforts are underway to standardize colonoscopy reporting, expand nurse-led and Clic Santé screening access, and develop an interoperable information system to support program management and coordination so that all eligible individuals receive invitations to participate in screening¹³.

However, several essential components of a fully organized screening program remain incomplete, including:

- Systematic invitations sent to all eligible individuals;
- Centralized reminder, recall, and follow-up systems;
- A provincial screening registry;
- Comprehensive monitoring of participation rates, quality indicators, outcomes, and regional disparities.

The consequences are reflected in participation rates. In 2024, only 35.83% of eligible Quebecers participated in CRC screening, compared with the Canadian target of 60%⁹.

Although Clic Santé has expanded access to CRC screening for individuals without an assigned family physician, people must still schedule an appointment with a healthcare professional to be assessed before they can receive a screening test. This requirement means that individuals must take the initiative themselves to access screening. In practice, this means the process depends on an individual's ability to:

- a) recognize their own risk;
- b) decide to take action;
- c) navigate the healthcare system to obtain an assessment.

Missing any one of these steps can prevent a person from initiating the screening process.

Without the structural support of an organized screening program, the current approach continues to face participation barriers, particularly among individuals who already experience difficulties navigating or accessing healthcare services. These are often the people least likely to have the time, health literacy, or system access needed to independently seek and complete screening.

The deployment of the PQDCCR is no longer a matter of program design. Quebec already has many of the essential components in place. The challenge now is to integrate them into a complete and coherent province-wide system, as was promised more than 15 years ago.

To Implement the PQDCCR, Colorectal Cancer Canada Calls on All Political Parties to:

- Ensure province-wide implementation of the PQDCCR according to a clear, funded, and publicly available timeline, including invitations, reminders, recall notices, centralized follow-up, and a provincial screening registry.
- Publish annual milestones and program performance results, including participation rates, follow-up completion, wait times, quality indicators, outcomes, and regional disparities.

2. LOWER THE SCREENING AGE FROM 50 TO 45

Most organized CRC screening programs in Canada recommend that routine screening with a FIT begin at age 50 for asymptomatic individuals at average risk. However, the growing incidence of CRC among adults under age 50 has prompted Canadian and international health authorities to reassess the appropriate age at which screening should begin.

As a result, Prince Edward Island and Ontario lowered the screening age to 45 in 2026 for average-risk individuals, while other provinces and territories are currently reviewing the evidence. At the international level, the U.S. Preventive Services Task Force (USPSTF) has recommended screening average-risk adults beginning at age 45 since 2021¹⁶.

Australia lowered the eligibility age for its national CRC screening program from 50 to 45 years in July 2024¹⁷. Updated South Korean CRC screening guidelines now also recommend, under certain conditions, FIT screening or colonoscopy for average-risk adults beginning at age 45¹⁸.

The incidence of early-onset CRC in Quebec is comparable to that observed in the United States when the recommended starting age for screening was lowered to 45 years (Figure 2).

Although lowering the screening age to 45 can be viewed as a separate guideline-related measure, the implementation of the PQDCCR should reflect current evidence from the outset and include screening beginning at age 45.

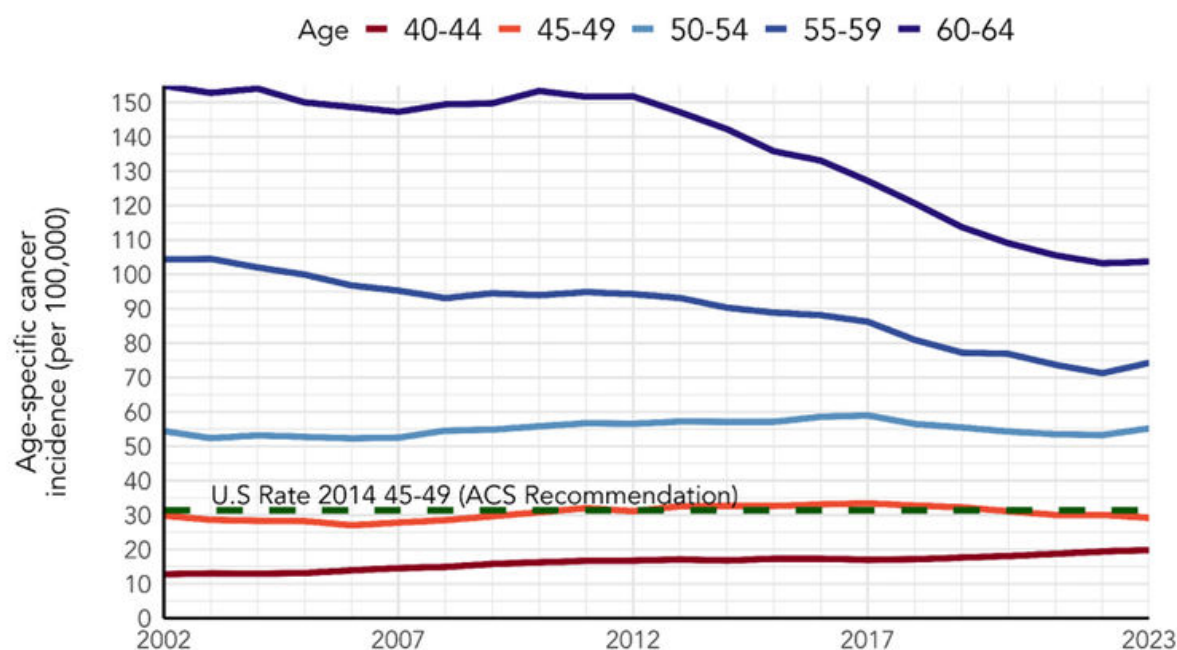


Figure 2. Colorectal Cancer Incidence by Age Group, Quebec, 2002-2023, compared with the U.S. rate among adults aged 45-49 in 2014, which served as the basis for the American Cancer Society's recommendation to lower the screening age¹¹

Data sources:

Statistics Canada. Table 13-10-0111-01: Number and rates of new primary cancer cases, by cancer type, age group, and sex.

Wolf, A.M.D., Fontham, E.T.H., Church, T.R., Flowers, C.R., Guerra, C.E., LaMonte, S.J., Etzioni, R., McKenna, M.T., Oeffinger, K.C., Shih, Y.-C.T., Walter, L.C., Andrews, K.S., Brawley, O.W., Brooks, D., Fedewa, S.A., Manassaram-Baptiste, D., Siegel, R.L., Wender, R.C., and Smith, R.A. (2018). Colorectal Cancer Screening for Average-Risk Adults: 2018 Guideline Update from the American Cancer Society. *CA: A Cancer Journal for Clinicians*, 68, 250-281. <https://doi.org/10.3322/caac.21457>

Colorectal Cancer Canada calls on all political parties to commit to:

- Lowering the eligibility age for FIT screening from 50 to 45 as part of the implementation of the PQDCCR.
- Increasing colonoscopy and diagnostic capacity in order to meet the resulting increase in demand.

3. IMPLEMENT A HIGH-PERFORMING PROGRAM

An effective screening program involves more than simply administering a FIT. Its success depends on the entire continuum of care: communicating results, providing timely access to diagnostic colonoscopy following a positive test result, ensuring appropriate follow-up, delivering high-quality interventions, and monitoring outcomes.

Delays after a positive result can have significant consequences, including an increased likelihood that cancer will be diagnosed at a more advanced stage. Furthermore, without consistent performance measurement, it is difficult to identify regional disparities, quality issues, or populations that are not benefiting equitably from screening.

A province-wide organized program provides an opportunity to reduce persistent inequalities in screening access. Culturally and linguistically appropriate communications, patient navigation services, and targeted outreach initiatives can also help increase participation among rural and remote communities, newcomers, Indigenous Peoples, low-income individuals, and other populations that have historically been underserved.

Reporting is essential for accountability. At minimum, Quebec should publicly report the following indicators:

- Current screening participation rates;
- Positive FIT result rates;
- Wait times between a positive test result and diagnostic colonoscopy;
- Completion rates for recommended follow-up care;
- Colonoscopy quality indicators;
- Stage of disease at diagnosis;
- Complications and clinical outcomes;
- Regional variations and disparities among different populations.

These indicators should be clearly defined so that screening participation rates and screening up-to-dateness are not presented as interchangeable measures.

Colorectal Cancer Canada calls on all political parties to commit to:
• Publishing annual reports on key program indicators, including participation rates, diagnostic wait times, completion of recommended follow-up, stage at diagnosis, quality indicators, and regional variations; • Implementing targeted awareness initiatives, culturally and linguistically appropriate engagement strategies, and patient navigation services for rural, underserved, and historically under-screened populations; • Ensuring that the absence of a regular primary care provider does not become a barrier to screening for eligible Quebecers.

CONCLUSION

CRC is one of the few cancers that can be prevented through organized screening. Quebec remains the only province that has not fully implemented a population-based organized CRC screening program.

The actions proposed in this brief are practical, evidence-based, and achievable. Completing the implementation of the Quebec Colorectal Cancer Screening Program (PQDCCR), lowering the screening age to 45, and ensuring a transparent, high-quality, and equitable program would help prevent cancers, improve survival, reduce avoidable healthcare costs, and enable more Quebecers to benefit from early detection.

As Quebec approaches the 2026 election, Colorectal Cancer Canada calls on all political parties to commit to completing the implementation of the PQDCCR, beginning screening at age 45, and publicly reporting program outcomes.

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