

Summary of COVID-19 Tip Sheet #15: Guidance for primary care providers resuming breast, cervical and colorectal cancer screening

Ontario Health (Cancer Care Ontario) recommends that colorectal, cervical and breast cancer screening services are resumed in a gradual manner (see Figure 1 and 2). As of August 25, 2020, primary care providers can resume sending FIT requisitions to LifeLabs for targeted cancer screening. Ontario Health (Cancer Care Ontario) will communicate when routine colorectal cancer screening can resume. Primary care providers should gradually resume cervical and breast cancer screening, initially considering targeted cancer screening for those at the highest risk of cancer and based on local factors gradually expand to routine screening.

Figure 1: Gradual resumption of colorectal cancer screening through the ColonCancerCheck (CCC) program

Announcement from Ontario Health (Cancer Care Ontario) on August 25, 2020 to start sending new FIT requisitions to LifeLabs for targeted cancer screening^b Announcement from Ontario Health (Cancer Care Ontario) (date TBC) to expand screening to all eligible people^c

Limited FIT kit mailing resumes

Brief initial restart phase (weeks to month(s))



Targeted cancer screening

Starting August 25, 2020



Routine cancer screening

Do not send FIT requisitions to LifeLabs during this time

 LifeLabs will mail kits for requisitions currently on hand^a

Refer to colonoscopy

People with abnormal FIT results

Send FIT requisitions for

- Average risk people over age 60 who have never been screened for CRC (7)
- Average risk people with previous unsatisfactory FIT results
- Eligible average risk people awaiting organ transplant

Refer to colonoscopy

- People with abnormal FIT results
- People at increased risk due to a family history of CRC in a first degree relative who was diagnosed before the age of 60 (8)
- People at increased risk due to a family history of CRC in two or more first degree relatives, regardless of age (8,9)

Send FIT requisitions for

 All eligible people at average risk for CRC

Refer to colonoscopy

- People with abnormal FIT results
- All eligible people at increased risk for CRC
- All eligible people for post-polypectomy surveillance
- a. In response to the COVID 19 pandemic, LifeLabs temporarily stopped mailing out FIT kits on March 23, 2020. As result, there is a significant number of FIT requisitions that need to be processed. LifeLabs will resume mailing out kits on a daily basis to clear requisitions currently on hand.
- b. On August 25, 2020, LifeLabs started accepting new FIT requisitions for groups at higher risk of CRC (i.e., targeted cancer screening).
- c. A decision to expand to all eligible people will be made provincially taking into consideration several factors such as, capacity within the colonoscopy system, trends in COVID 19 and achieving the benefits of routine cancer screening.

Acronyms: Colorectal cancer (CRC) and fecal immunochemical test (FIT).

Figure 2: Gradual resumption of cervical and breast cancer screening through the Ontario Cervical Screening Program (OCSP) and the Ontario Breast Screening Program (OBSP)

Targeted cancer screening

OCSP

- People having routine screening (i.e., every three years) whose most recent screening result was low grade (LSIL or ASCUS) should be rescreened with cytology in 12 months
 - Individuals with two consecutive cytologic abnormalities should be referred to colposcopy
- The groups noted below are at elevated risk and should be screened annually:
 - Discharged from colposcopy with persistent lowgrade cytology
 - Discharged from colposcopy with an HPV positive test and normal or low-grade cytology
 - Immunocompromised (organ transplant, immunosuppressive medications, HIV/AIDS)
- There is no need to delay screening for people at average risk who are due for screening if otherwise providing an inperson consult and if screening is feasible

OBSP (average risk)

Where capacity is limited, OBSP sites have been asked to prioritize:

- Initial screens
- Annual or one year rescreens
- · Overdue screens, based on length of delay

High Risk OBSP

Where capacity is limited, High Risk OBSP sites have been asked to prioritize *initial* and overdue screens for:

- Participants who are known to have a gene mutation that increases their risk of breast cancer (e.g., BRCA1 or BRCA2 mutations)
- Participants who have had radiation therapy to the chest before age 30

Routine cancer screening for all eligible people

Primary care providers and OBSP sites can consider gradually expanding to routine cancer screening based on local factors, such as:

- Availability of resources (e.g., PPE, staffing and physical space)
- Availability of screening and assessment services
- Local trends in COVID-19 infections

- a. Currently, HPV testing is not part of the OCSP or an insured test in Ontario. However, HPV testing is available in some places in Ontario though patient-pay or in some hospitals.
- b. Annual (ongoing) screening recall recommendation due to family history of breast and/or ovarian cancer or a history of high risk pathology.
- c. One year (temporary) screening recall recommendation due to high breast density ≥75% or as recommended by the reporting radiologist.

Acronyms: Acquired immunodeficiency syndrome (AIDS), atypical squamous cells of undetermined significance (ASCUS), low-grade squamous intraepithelial lesion (LSIL), human immunodeficiency viruses (HIV), human papillomavirus (HPV) and personal protective equipment (PPE).

