Ontario Health
Cancer Care Ontario

COVID-19 CANCER SCREENING TIP SHEET FOR PRIMARY CARE PROVIDERS

15 – Guidance for primary care providers resuming breast, cervical and colorectal cancer screening – 2020-06-30

To:	Regional Vice Presidents and Regional Directors
From:	Cancer Screening, Ontario Health (Cancer Care Ontario)
Re:	Guidance for primary care providers resuming breast, cervical and colorectal cancer screening during the COVID-19 pandemic

Preamble

In May 2020, *A Measured Approach to Planning for Surgeries and Procedures during the COVID-19 Pandemic* and *COVID-19 Operational Requirements: Health Sector Restart* were released by Ontario Health and the Ontario government, respectively. These documents identify requirements to allow for the gradual reintroduction of deferred non-essential medical services during the COVID-19 pandemic. In June 2020, *Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care* was released by Ontario Health which outlines principles to support planning and decision-making related to gradually increasing care delivery during the pandemic. This tip sheet is intended to supplement the provincial guidance with specific considerations for resuming cancer screening. It is not intended to replace or supersede any other provincial guidance, government directives or public health measures.

Issue Summary

As the COVID-19 pandemic evolves, it is important to consider the impact of deferred care and develop a plan to resume services while maintaining COVID-19 preparedness. Regional Cancer Programs (RCPs) and primary care providers have requested guidance regarding how to resume cancer screening during the COVID-19 pandemic.

Background

This tip sheet was developed to support primary care providers as they resume screening for breast, cervical and colorectal cancer [as part of the Ontario Breast Screening Program (OBSP), Ontario Cervical Screening Program (OCSP), and ColonCancerCheck (CCC)] during the COVID-19 pandemic.

Approach

A key principle in the approach is the need to balance the benefits of resumption of organized cancer screening for patients with the demands on the healthcare system during the COVID-19 pandemic. Healthcare system capacity is not expected to return to pre-COVID-19 pandemic levels for quite some time and may even undergo periodic interruption due to additional waves of the pandemic. The guidance presented in this tip sheet was developed after considering evidence (1-10) and cancer screening guidelines (11-17). In the early stages of resuming services, cancer screening should be prioritized based on risk of developing cancer.

Ontario Health (Cancer Care Ontario)'s Provincial Clinical and Scientific Leads for the colorectal, cervical and breast screening programs, along with the Provincial Primary Care Lead and a subset of Regional Primary Care Leads were consulted on the development of this guidance.

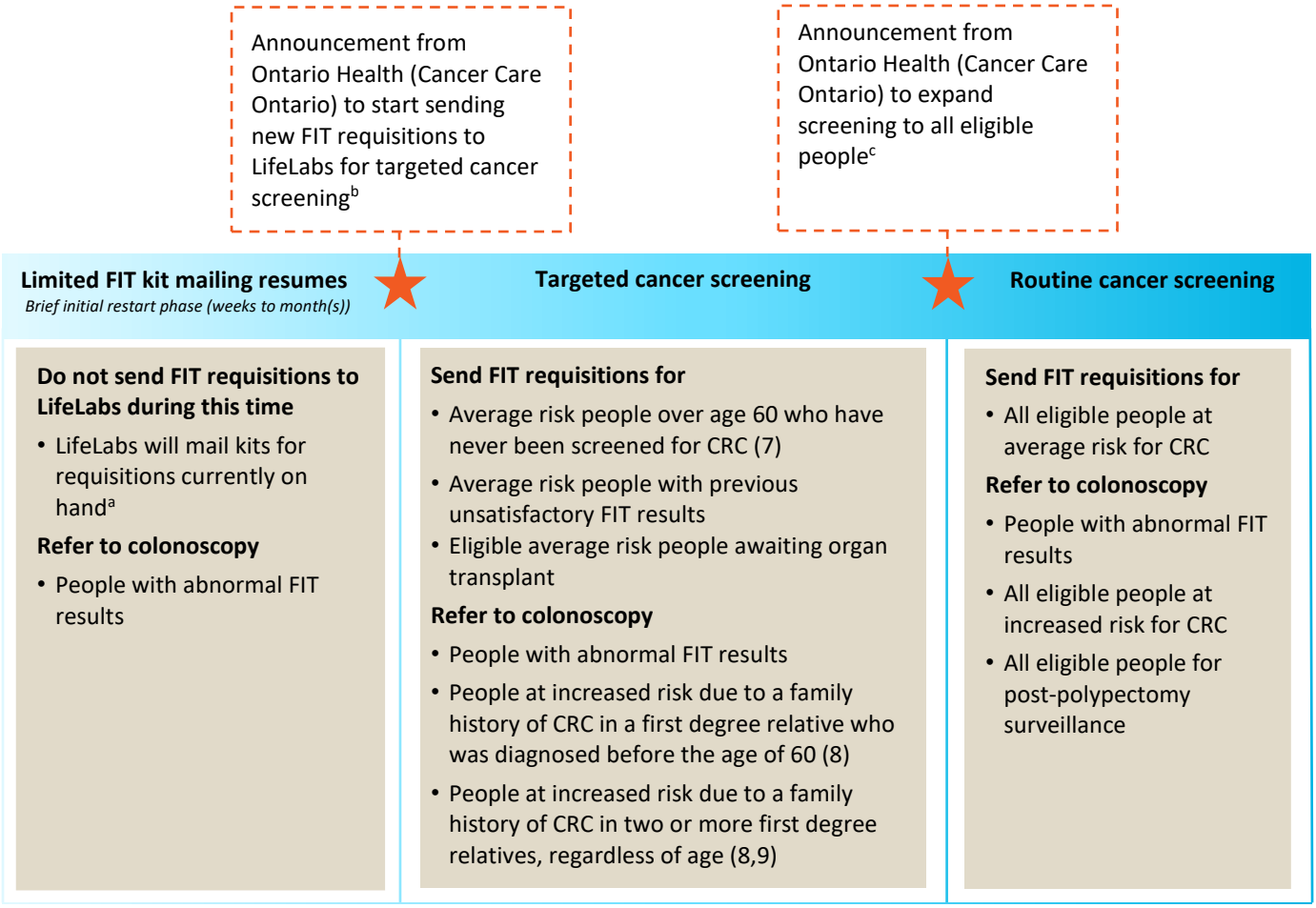
Gradual resumption of cancer screening services

- Resumption of colorectal, cervical and breast cancer screening should begin in a gradual and prioritized manner (see Figure 1 and 2).
- As outlined in Figure 1, Ontario Health (Cancer Care Ontario) will communicate with primary care providers when to resume sending requisitions for fecal immunochemical test (FIT) kits at each phase of resumption of colorectal cancer screening.
- As outlined in Figure 2, primary care providers should gradually resume cervical and breast cancer screening, initially considering targeted cancer screening for those at the highest risk of cancer. Based on local factors and in consultation with regional partners, primary care providers and OBSP sites can gradually expand to routine screening (i.e., Ontario Health (Cancer Care Ontario) will not send a communication as with colorectal cancer screening).

Correspondence Letters to Screening Participants

- Due to the COVID-19 pandemic, Ontario Health (Cancer Care Ontario) stopped mailing cancer screening invitation, recall and unsatisfactory result letters to participants on March 23, 2020.
- Plans are being developed to resume these correspondence letters; Ontario Health (Cancer Care Ontario) will send a communication with further information as timelines are confirmed.
- No changes have been made to normal and abnormal result processes including correspondence.

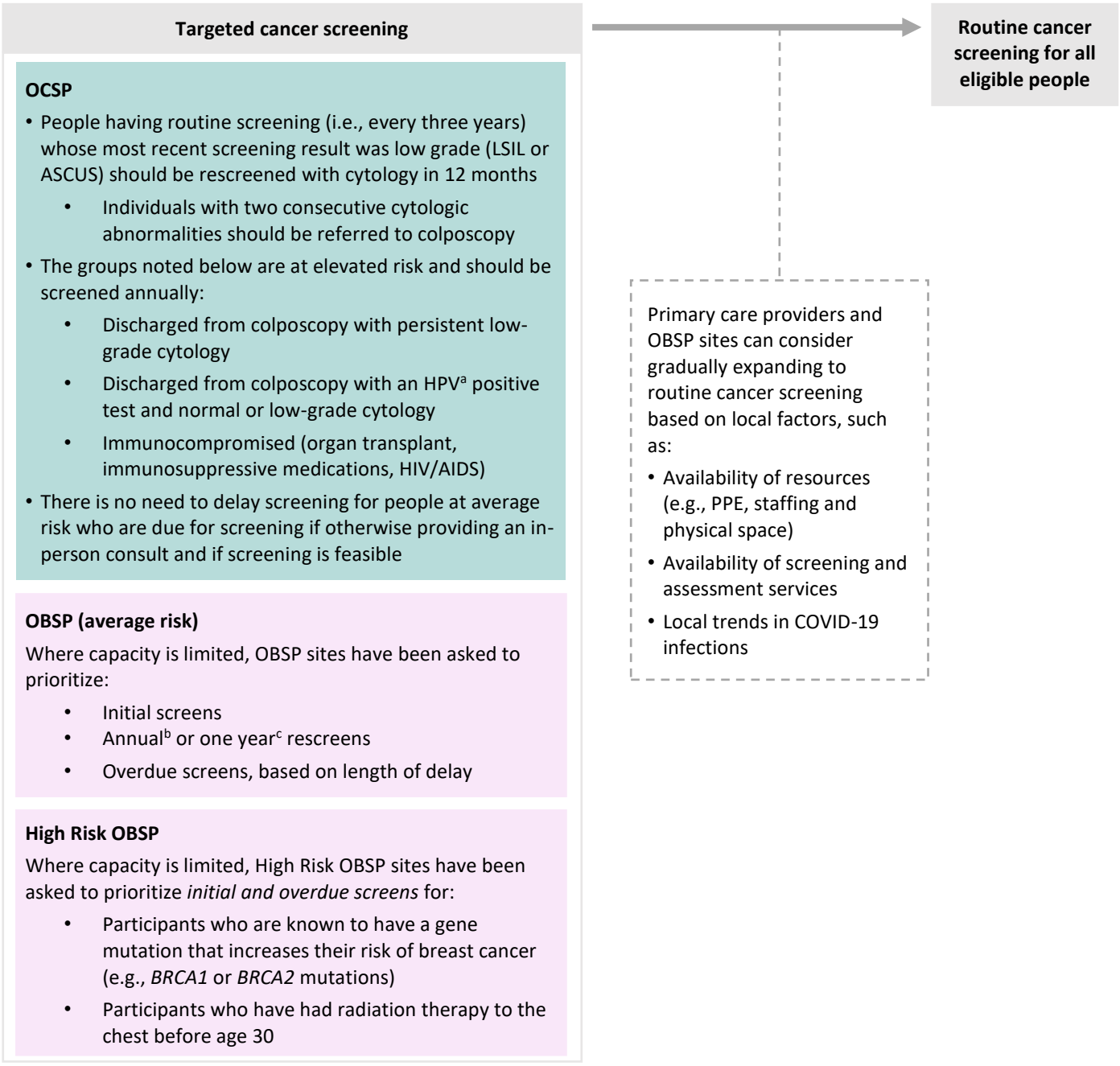
Figure 1: Gradual resumption of colorectal cancer screening through the ColonCancerCheck (CCC) program



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. LifeLabs will expand mailing of FIT kits for targeted screening to support a gradual resumption of services across the healthcare system and adherence to physical distancing guidelines which will limit the amount of kits mailed daily.
c. A decision to expand screening 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)



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).

Opportunities to improve the delivery of care

General

- Consider not screening people who have severe comorbidities or a life expectancy of less than 5 years.

CCC

- Primary care providers should continue to follow recommendations from CCC, including:
    - People at average risk for colorectal cancer should be screened with FIT instead of colonoscopy, including:
        - People age 50 or over with no first-degree relatives diagnosed with colorectal cancer;
        - People with a family history of colorectal polyps;
        - People with a history of small hyperplastic polyp(s) in the recto-sigmoid colon or low risk adenomas[a] only at a prior colonoscopy.
    - Only screen people who are due for colorectal cancer screening:
        - People who have had a colonoscopy or flexible sigmoidoscopy in the previous 10 years or a fecal test in the last two years are not due for colorectal cancer screening and have limited benefit from early re-screening.
        - People with a first-degree relative who was diagnosed with colon cancer before age 60 are due for screening with colonoscopy every 5 years, starting 10 years earlier than the age their relative was diagnosed with colorectal cancer.
        - People with a first-degree relative who was diagnosed with colorectal cancer at age 60 or older are due for screening with colonoscopy every 10 years, starting at age 50.
    - Endoscopists have also been provided with a tip sheet that includes reminders to follow CCC's recommendations. As such, referrals that are not aligned with CCC's recommendations may be declined by the endoscopist.
    - More information on these recommendations can be found in *ColonCancerCheck's screening recommendations* and *ColonCancerCheck Recommendations for Post-Polypectomy Surveillance* (11, 12).

OCSP

- Primary care providers are encouraged to initiate cervical screening at **age 25**. There is strong evidence, including recommendations from the Canadian Task Force on Preventive Health Care to support a higher age of initiation for cervical screening (14).
- Consider not screening people with a negative human papillomavirus (HPV) test in the past 5 years[b] (15).
- Management of people with a first time LSIL (low-grade squamous intraepithelial lesion) or ASCUS (atypical squamous cells of undetermined significance):

[a] Low risk adenomas: 1 to 2 tubular adenoma(s)

[b] Currently, HPV testing is not part of the Ontario Cervical Screening Program (OCSP) nor is it an insured test in Ontario. However, HPV testing is available in some places in Ontario though patient-pay or in some hospitals.

- People with a first time LSIL or ASCUS should be rescreened with cytology within approximately **12 months**[c]. These people have a low five-year risk of cervical cancer and do not require colposcopy.
- However, people with a first time LSIL or ASCUS who have had an HPV test and are HPV 16/18 positive should be referred to colposcopy.
- These recommendations have also been provided to colposcopists. As such, colposcopy referrals for people with first time ASCUS or LSIL results may be declined.

OBSP

- OBSP sites will screen participants using current screening guidelines. Where capacity challenges exist, sites may prioritize screening for certain groups (Figure 2).
- Consider the appropriateness of all breast screening referrals that do not meet OBSP eligibility criteria.

How to support your patients

General

- To ensure a coordinated resumption of services, healthcare providers and regional partners (e.g., primary care providers, colposcopists, endoscopists and OBSP screening sites) are strongly encouraged to communicate and work together on referrals for patients. Some referrals that may have been previously accepted may now be declined if they do not meet Ontario Health (Cancer Care Ontario) cancer screening guidelines.
- For patients who are interested in cancer screening but do not meet screening eligibility criteria, primary care providers should continue discussing the benefits and risks of cancer screening with them, with additional consideration for capacity limitations during the COVID-19 pandemic**.**
- Facilities may have specific safety procedures during the pandemic. Patients may want to confirm these procedures with the facility before their screening or follow-up appointment.

CCC

- LifeLabs will resume mailing FIT kits, but will be sending out a limited number of FIT kits per day for an indeterminate amount of time. Advise your patients to expect delays receiving their FIT kit.
- Encourage your patients to return their completed FIT kits as soon as possible to take into account any potential delays during the pandemic with kits that are returned by mail.
    - Tests received by LifeLabs 15 to 30 days after specimen collection with results below the positivity threshold will be reported as “invalid”.
- A list of hospitals funded by Ontario Health (Cancer Care Ontario) to provide colonoscopy for people who have had an abnormal FIT result is available here: cancercareontario.ca/FITcolonoscopy.
- Advise your patients at increased risk of colorectal cancer that they may experience delays in being booked for a screening colonoscopy. Screening for asymptomatic people at increased risk can be delayed without an anticipated change in outcome for many months or, in some cases, years (10).

[c] The five-year risk of cervical intraepithelial neoplasia (CIN)3+ for patients with a first time LSIL or ASCUS who are positive for non 16/18 HPV or who have an unknown HPV status is sufficiently low that repeat cytology within approximately twelve months is an acceptable management option.

OBSP

- Advise your OBSP (average risk) patients that they may face delays in getting their screening mammograms during the COVID-19 pandemic. For participants on a two-year recall schedule, a delay of several months is still within the Canadian Task Force on Preventive Health Care guidelines (16) which recommend screening every two to three years for the average risk population, ages 50-74.
- Advise your OBSP (average risk) patients in the priority screening groups (Figure 2) that they do not need to delay booking their screening mammogram appointments due to the pandemic.
- Advise your High Risk OBSP patients that they may only be screened with a mammogram (e.g., participants who are not known mutation carriers), or may receive a delayed screening breast MRI during the pandemic. Primary care providers can support their patients in the High Risk OBSP by ensuring that they are at least receiving an annual mammogram.
- Breast cancer survivors are not eligible for the OBSP (average risk). However, primary care providers should continue to manage the care of these patients following the *Ontario Breast Cancer Follow-Up Care Clinical Guidance Summary*.

Recommended Next Steps

Please feel free to share this guidance as you feel appropriate.

For More Information

Should you have any questions regarding this guidance, please feel free to contact Cancer Screening at screenforlife@cancercare.on.ca.

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Appendix A

Priority classification framework for services at OBSP sites

The following guidance was provided to OBSP sites to support decision making for the gradual increase of OBSP breast cancer screening and assessment services and is provided for information only.

Mammography services in the OBSP

Priority	Service	Description
I	Breast assessments	OBSP diagnostic mammograms should be triaged based on site capacity, in the following order: a. Abnormal screening results, BI-RADS 4 and 5 b. Abnormal screening results, BI-RADS 0 c. Short-term follow-up, BI-RADS 3[d]
II	High Risk OBSP	High Risk OBSP screening mammograms
III	OBSP (average risk)	Where capacity challenges exist, OBSP screening mammograms should be booked in the following order: a. Initial screens b. Annual[e] or one-year[f] rescreens c. All other screening mammograms, based on length of screening delay, wherever possible

MRI services in the OBSP

Priority	Service	Description
I	Breast assessments	OBSP diagnostic MRIs should be triaged based on site capacity, in the following order: a. Abnormal screening results, BI-RADS 4 and 5. b. Abnormal screening results, BI-RADS 0. c. Short-term follow-up, BI-RADS 3[d].
II	High Risk OBSP	Where MRI capacity challenges exist, High Risk OBSP screening breast MRIs should be booked in the following order: a. Participants who are known mutation carriers or who have a previous history of chest radiation, initial screen. b. Participants who are known mutation carriers or who have a previous history of chest radiation, overdue for rescreen. c. All other participants who are known mutations carriers or with a previous history of chest radiation. d. All other High Risk OBSP MRIs, initial screen. e. All other High Risk OBSP MRIs, rescreen.

[d] The management of BI-RADS 3 follow-up cases, and prioritization within this framework, is at the discretion of the reporting radiologist.
[e] Annual (ongoing) screening recall recommendation due to family history of breast and/or ovarian cancer or a history of high-risk pathology lesions.
[f] One year (temporary) screening recall recommendation due to high breast density ≥75% or as recommended by the reporting radiologist.

Ultrasound services in the OBSP

Priority	Service	Description
I	Breast assessments	OBSP diagnostic ultrasounds should be triaged based on site capacity, in the following order: 1. Abnormal screening results, BI-RADS 4 and 5 2. Abnormal screening results, BI-RADS 0 3. Short term follow-up, BI-RADS 3[g]
II	High Risk OBSP	Screening breast ultrasound for High Risk OBSP participants in whom screening breast MRI is not medically appropriate. *Ontario Health (Cancer Care Ontario) does not recommend supplemental screening with ultrasound for other High Risk OBSP participants.*

[g] The management of BI-RADS 3 follow-up cases, and prioritization within this framework, is at the discretion of the reporting radiologist.