CancerCare Manitoba
SCREENING PROGRAMS

Cancer Screening Guidelines: Stay Informed

Breast | Cervical | Colorectal | Lung

Presenter Disclosure

Faculty/Speaker:

Laura Coulter

Relationships with financial sponsors:

- **Grants/Research Support:** none
- **Speakers Bureau/Honoraria:** none
- **Consulting Fees:** none
- **Other:** none

Faculty/Speaker:

Lesley Baldry

Relationships with financial sponsors:

- **Grants/Research Support:** none
- **Speakers Bureau/Honoraria:** none
- **Consulting Fees:** none
- **Other:** none

Mitigating Potential Bias

Speaker: Laura Coulter

Not applicable

Speaker: Lesley Baldry

Not applicable

Learning Objectives

1. Identify the **average risk** screening guidelines for breast, cervical, colorectal, and lung cancer
2. Identify why all Manitobans are not suitable for screening and who requires **increased** or different type(s) of **surveillance**
3. Describe the difference between **screening and diagnostic** mammography
4. Facilitate informed decision-making with patients around the **benefits and harms** of cancer screening.

DR. R. LOTOCKI
MEDICAL LEAD, CERVIXCHECK

What is Screening?

The systematic application of a test to identify individuals in the **population at sufficient risk** of a specific disorder to benefit from further investigation or direct preventive action among persons who have not sought medical attention on account of symptoms of that disorder.

Wald NJ (2001)


RISK
Signs and symptoms

AVERAGE RISK

Women aged 50-74 with

- No personal history of breast cancer
- No 1st or 2nd degree relatives with a history of breast or ovarian cancer
- No signs or symptoms of breast cancer
- No breast implants

Recommendation

Screening mammogram every 2 years

INCREASED RISK

- Close family history of breast or ovarian cancer
- Personal diagnoses of conditions including ADH, ALH, LCIS
- Ashkenazi descent
- Radiologist's clinical recommendation

RECOMMENDATION

1 – 2 year recall intervals based on client's over all risk of developing breast cancer.

Recall intervals

		RISK BASED ON FAMILY HISTORY		
		Average risk	Low increased risk	High increased risk
OTHER FACTORS	None	every 2 years	every 1-2 years*	every year
	Ashkenazi descent	every 1-2 years*	every year	every year
	Atypical ductal hyperplasia (ADH)	every year	every year	every year
	Atypical lobular hyperplasia (ALH)			
	Lobular carcinoma in situ (LCIS)			

	FEMALE RELATIVES	MALE RELATIVES
1st DEGREE	mother, sister, daughter	father, brother, son
2nd DEGREE	grandmother, granddaughter, aunt, niece, or half-sister	grandfather, grandson, uncle, nephew, or half-brother

BreastCheck	Diagnostic Site
Mammograms	Mammograms, ultrasound, stereotactic biopsy
Asymptomatic	Symptomatic
Aged 50-74	Any age
Self referral	Referral required
---------	Breast implants
---------	Previous diagnosis of BC

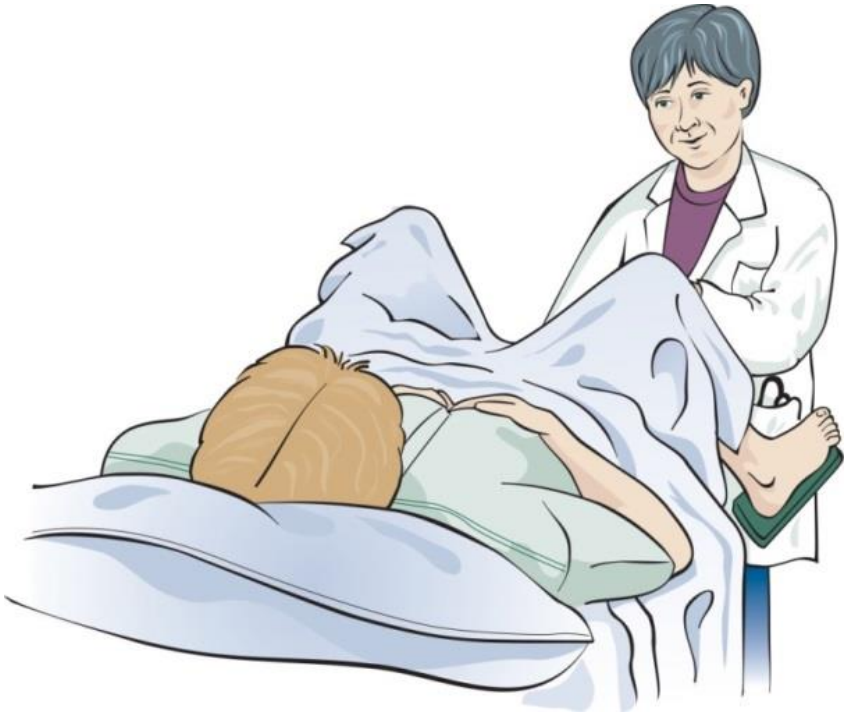
AVERAGE RISK

Women age 21-69 who:

- Are asymptomatic, and
- Have **ever** been sexually active.

RECOMMENDATION

Pap test every 3 years



INCREASED RISK

- Recent abnormal Pap test result
- Previous high grade cervical **pathology** result (≥HSIL/CIN2/moderate dysplasia)
- Immunosuppressed or HIV positive
- Exposure to diethylstilboestrol (DES) in utero
- Previous personal diagnosis of cervical cancer

Recommendation

Shorter screening interval and/or colposcopy management

- For details refer to the CervixCheck Screening Guidelines, and the Pap Test Learning Module for Health Care Providers, Ch 3

AVERAGE RISK

Persons aged 50-74 with:

- No personal history of pre-cancerous polyps or CRC
- No close family history (1st and/or 2nd degree) of CRC
- No diseases of the colon such as Crohn's, or ulcerative colitis
- No symptoms of colorectal cancer (CRC)

Recommendation

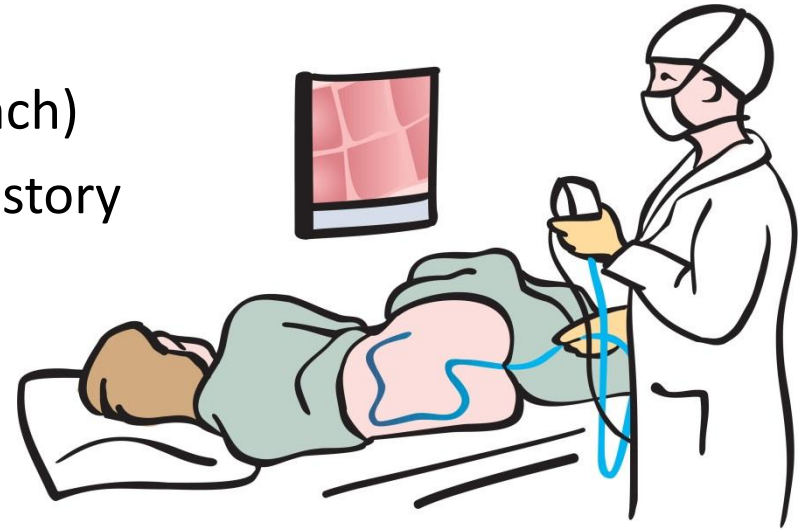
Fecal Occult Blood Test (FOBT) every 2 years

FOBT test results

INCREASED RISK

Persons at any age with

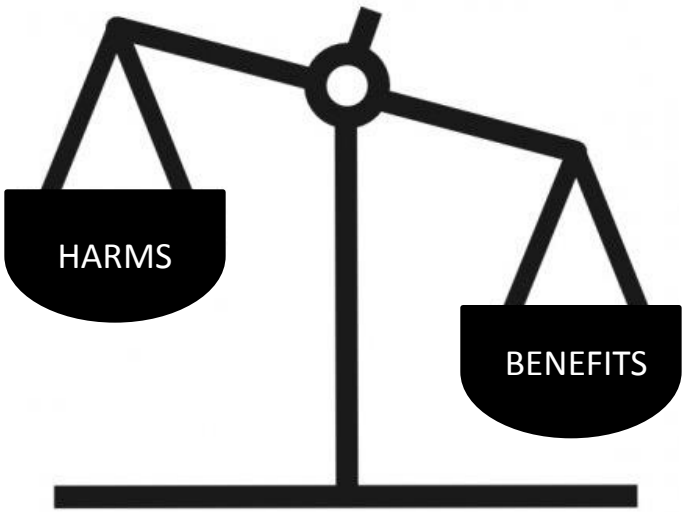
- Personal history of CRC, adenomas, or confirmed colon cancer syndromes (Lynch)
- 1st or 2nd degree family member with history of CRC or high risk adenomas (HRA)
- Showing signs/symptoms of CRC



Recommendation

Screening by FOBT is not recommended

Surveillance by colonoscopy, recall intervals based on patient's overall risk of developing CRC



POTENTIAL BENEFITS & POTENTIAL HARMS

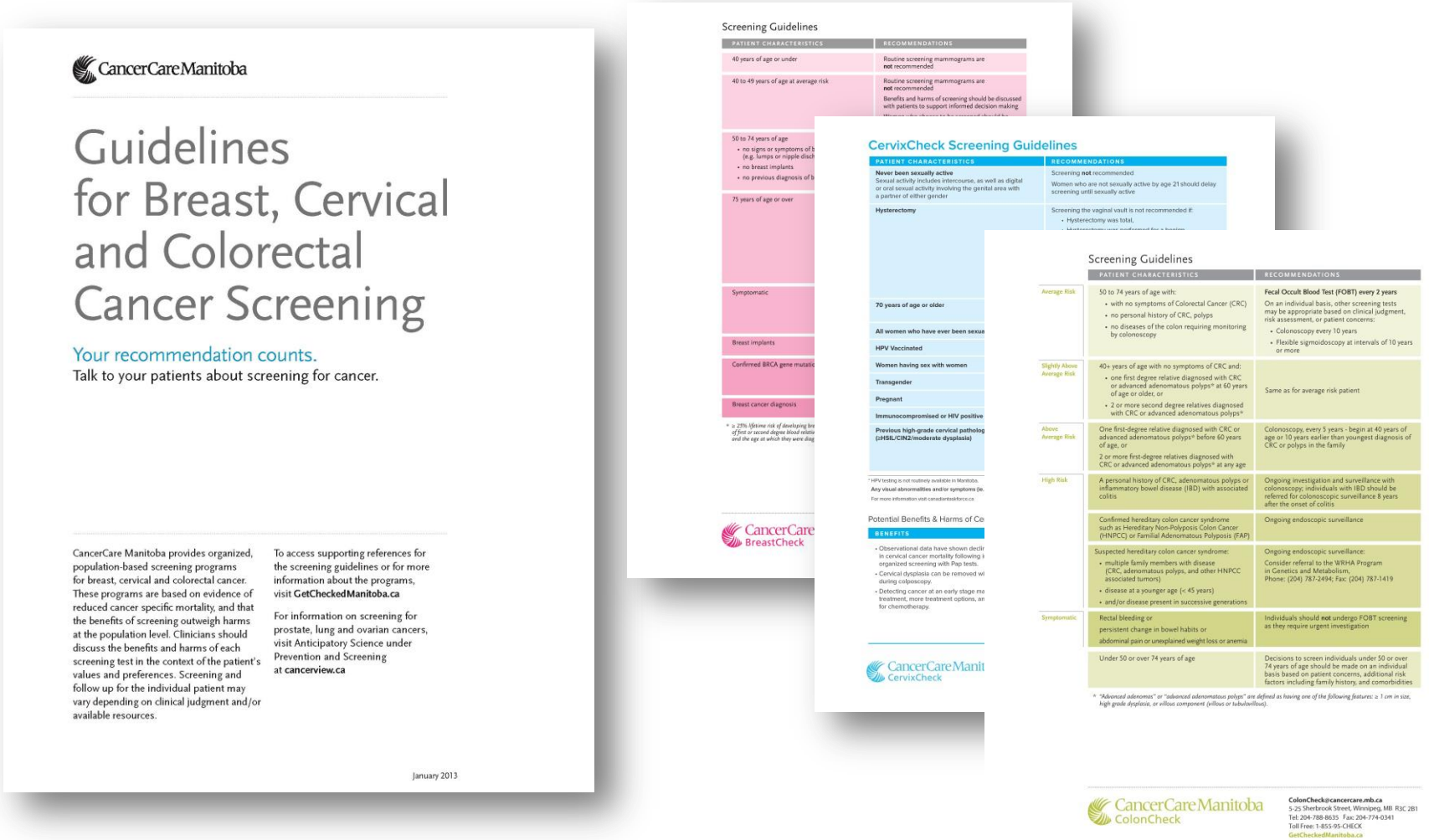
BENEFITS

	Screening mammogram	Pap test	FOBT
Reduction in mortality	✓	✓	✓
Early stage detection may result in simpler treatments and less need for chemotherapy	✓	✓	✓
Peace of mind	✓	✓	✓
Cancer prevention		✓	✓

HARMS

	Screening mammogram	Pap test	FOBT
False positives	✓	✓	✓
False negatives	✓	✓	✓
Anxiety	✓	✓	✓
Discomfort/pain from screening test	✓	✓	
Complications from follow up		✓	✓
Radiation exposure	✓		

Screening Guidelines



CancerCare Manitoba

Guidelines for Breast, Cervical and Colorectal Cancer Screening

Your recommendation counts.
Talk to your patients about screening for cancer.

CancerCare Manitoba provides organized, population-based screening programs for breast, cervical and colorectal cancer. These programs are based on evidence of reduced cancer specific mortality, and that the benefits of screening outweigh harms at the population level. Clinicians should discuss the benefits and harms of each screening test in the context of the patient's values and preferences. Screening and follow up for the individual patient may vary depending on clinical judgment and/or available resources.

To access supporting references for the screening guidelines or for more information about the programs, visit **GetCheckedManitoba.ca**

For information on screening for prostate, lung and ovarian cancers, visit Anticipatory Science under Prevention and Screening at **cancerview.ca**

January 2013

Screening Guidelines

PATIENT CHARACTERISTICS	RECOMMENDATIONS
40 years of age or under	Routine screening mammograms are **not** recommended
40 to 49 years of age at average risk	Routine screening mammograms are **not** recommended Benefits and harms of screening should be discussed with patients to support informed decision making
50 to 74 years of age • no signs or symptoms of b (e.g. lumps or nipple disch • no breast implants • no previous diagnosis of b	
75 years of age or over	
Symptomatic	
Breast implants	
Confirmed BRCA gene mutatic	
Breast cancer diagnosis	

* ≥ 25% lifetime risk of developing bre of first or second degree blood relativ and the age at which they were diag

CancerCare BreastCheck

CervixCheck Screening Guidelines

PATIENT CHARACTERISTICS	RECOMMENDATIONS
Never been sexually active Sexual activity includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either gender	Screening **not** recommended Women who are not sexually active by age 21 should delay screening until sexually active
Hysterectomy	Screening the vaginal vault is not recommended if: • Hysterectomy was total,
70 years of age or older	
All women who have ever been sexua	
HPV Vaccinated	
Women having sex with women	
Transgender	
Pregnant	
Immunocompromised or HIV positive	
Previous high-grade cervical patholog (≥HSIL/CIN2/moderate dysplasia)	

* HPV testing is not routinely available in Manitoba.
Any visual abnormalities and/or symptoms (ie.
For more information visit canadiantaskforce.ca

Potential Benefits & Harms of Ce

BENEFITS
• Observational data have shown declir in cervical cancer mortality following i organized screening with Pap tests. • Cervical dysplasia can be removed wi during colposcopy. • Detecting cancer at an early stage ma treatment, more treatment options, an for chemotherapy.

CancerCare Manit CervixCheck

Screening Guidelines

PATIENT CHARACTERISTICS	RECOMMENDATIONS
Average Risk 50 to 74 years of age with: • with no symptoms of Colorectal Cancer (CRC) • no personal history of CRC, polyps • no diseases of the colon requiring monitoring by colonoscopy	**Fecal Occult Blood Test (FOBT) every 2 years** On an individual basis, other screening tests may be appropriate based on clinical judgment, risk assessment, or patient concerns: • Colonoscopy every 10 years • Flexible sigmoidoscopy at intervals of 10 years or more
Slightly Above Average Risk 40+ years of age with no symptoms of CRC and: • one first degree relative diagnosed with CRC or advanced adenomatous polyps* at 60 years of age or older, or • 2 or more second degree relatives diagnosed with CRC or advanced adenomatous polyps*	Same as for average risk patient
Above Average Risk One first-degree relative diagnosed with CRC or advanced adenomatous polyps* before 60 years of age, or 2 or more first-degree relatives diagnosed with CRC or advanced adenomatous polyps* at any age	Colonoscopy, every 5 years - begin at 40 years of age or 10 years earlier than youngest diagnosis of CRC or polyps in the family
High Risk A personal history of CRC, adenomatous polyps or inflammatory bowel disease (IBD) with associated colitis	Ongoing investigation and surveillance with colonoscopy; individuals with IBD should be referred for colonoscopic surveillance 8 years after the onset of colitis
Confirmed hereditary colon cancer syndrome such as Hereditary Non-Polyposis Colon Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP)	Ongoing endoscopic surveillance
Suspected hereditary colon cancer syndrome: • multiple family members with disease (CRC, adenomatous polyps, and other HNPCC associated tumors) • disease at a younger age (< 45 years) • and/or disease present in successive generations	Ongoing endoscopic surveillance: Consider referral to the WRHA Program in Genetics and Metabolism, Phone: (204) 787-2494; Fax: (204) 787-1419
Symptomatic Rectal bleeding or persistent change in bowel habits or abdominal pain or unexplained weight loss or anemia	Individuals should **not** undergo FOBT screening as they require urgent investigation
Under 50 or over 74 years of age	Decisions to screen individuals under 50 or over 74 years of age should be made on an individual basis based on patient concerns, additional risk factors including family history, and comorbidities

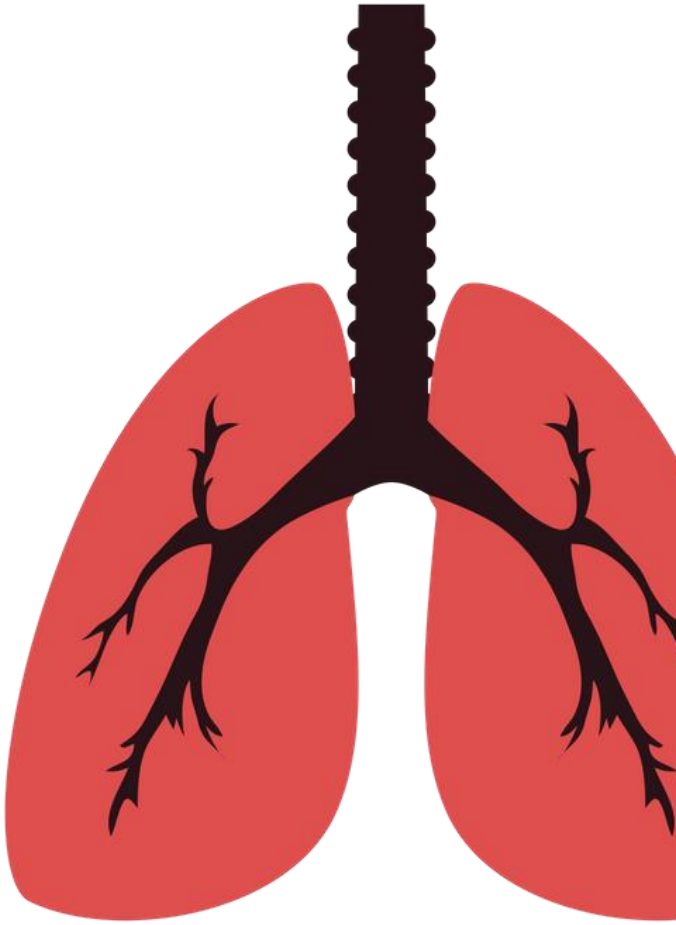
* "Advanced adenomas" or "advanced adenomatous polyps" are defined as having one of the following features: ≥ 1 cm in size, high grade dysplasia, or villous component (villous or tubulovillous).

CancerCare Manitoba ColonCheck

ColonCheck@cancercare.mb.ca
5-25 Sherbrook Street, Winnipeg, MB R3C 2B1
Tel: 204-788-8635 Fax: 204-774-0341
Toll Free: 1-855-95-CHECK
GetCheckedManitoba.ca

Lung Cancer Profile

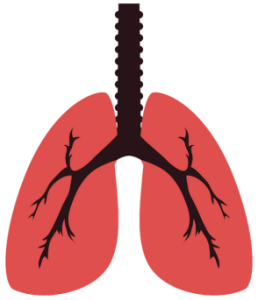
	CANADA	MANITOBA
INCIDENCE	26,600	920
MORTALITY	20,900	680



Greatest lung ca risk factors:

1. Smoking
2. Radon

Lung Cancer Screening



Adults:

- **age 55-74**
- **who currently smoke or quit less than 15 years ago, and**
- **have a minimum 30 pack-year smoking history.**

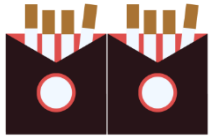
TEST: low-does computed tomography (LDCT) up to three consecutive times.

WEAK RECOMMENDATION

SOURCE: CANADIAN TASKFORCE ON PREVENTIVE HEALTH CARE

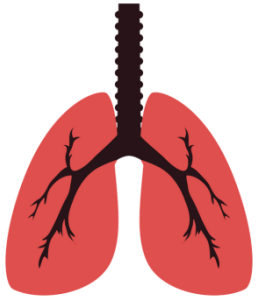
30 pack-year history examples:

Smoked (1) pack a day for at least 30 years

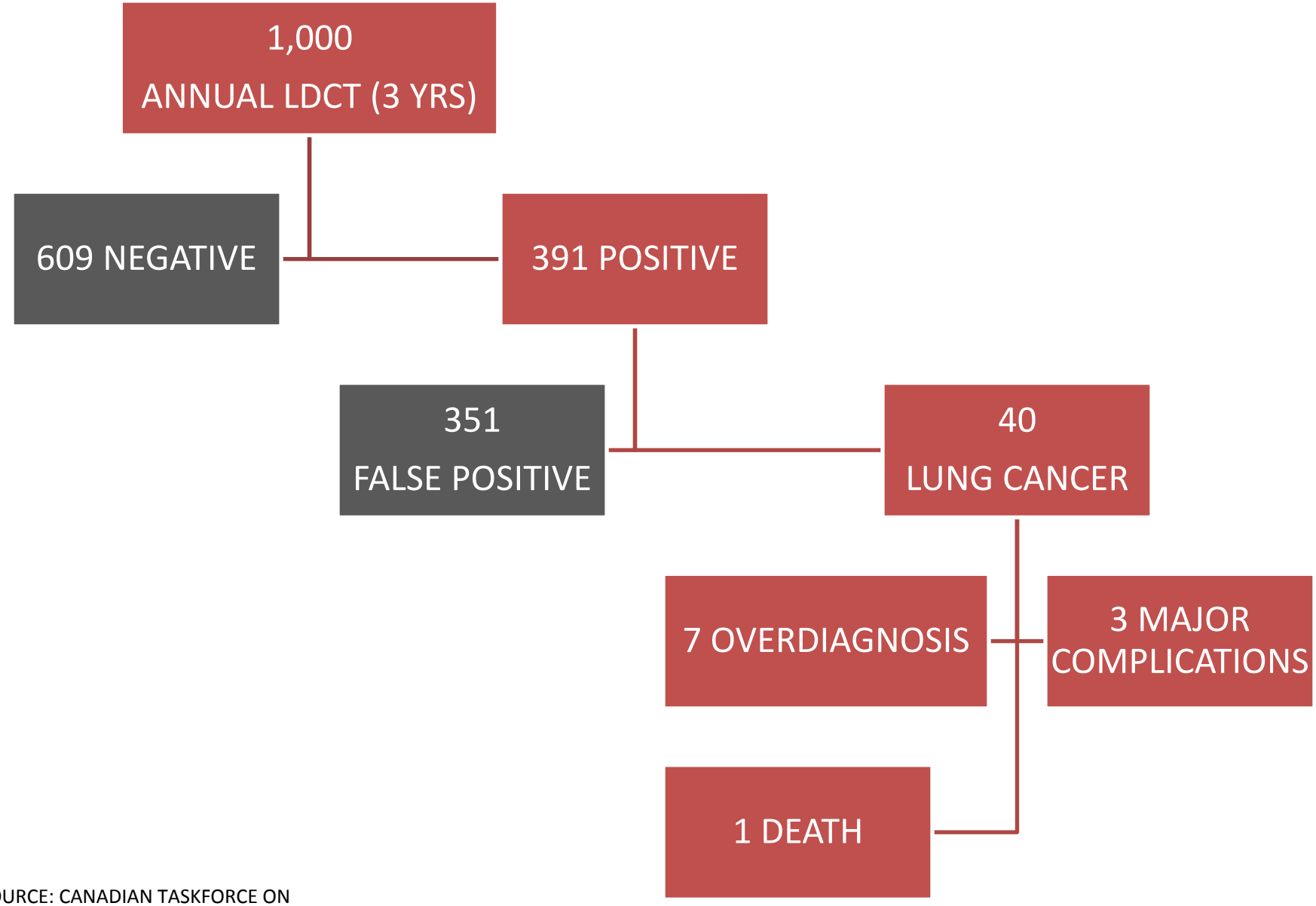


Smoked (2) packs a day for at least 15 years

Benefits & Harms



- Benefit:
  - LDCT is more likely to detect lung ca at earlier stage
- Harms:
  - False positives
  - Over-diagnosis
  - Major complications from follow-up tests
  - Death from follow-up tests

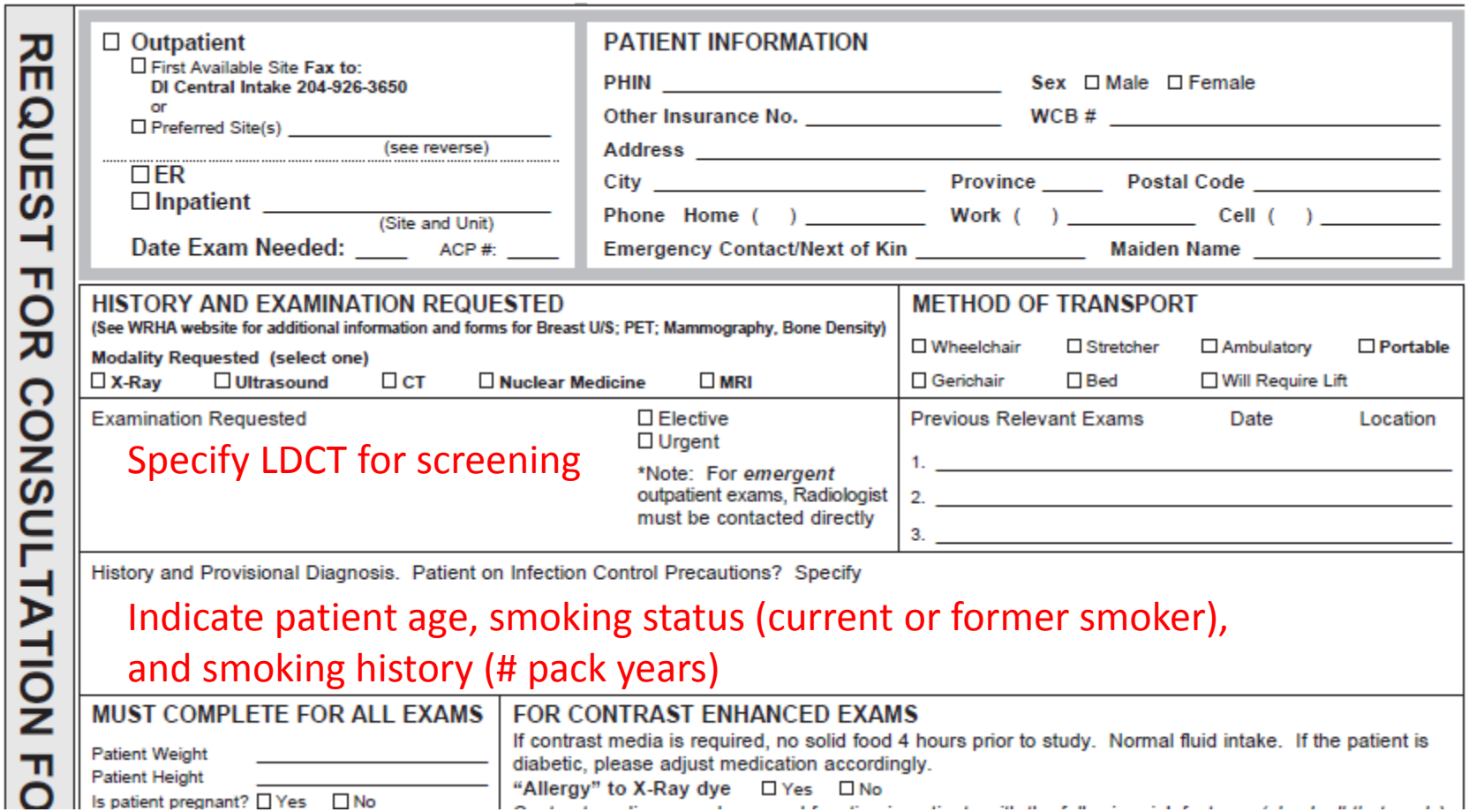


SOURCE: CANADIAN TASKFORCE ON
PREVENTIVE HEALTH CARE

Patient Referrals – Questions to Ask

1. Is my patient eligible for lung cancer screening?
2. Have I counselled my patient on smoking cessation?
3. Have I discussed the risks and benefits of lung cancer screening with my patient?
4. Is my patient agreeable/suitable for follow-up tests and the whole screening protocol?

Referral for Lung Screening CT



REQUEST FOR CONSULTATION FO

☐ Outpatient
☐ First Available Site **Fax to:**
DI Central Intake 204-926-3650
or
☐ Preferred Site(s) _____
(see reverse)

☐ ER
☐ Inpatient _____
(Site and Unit)

Date Exam Needed: _____ ACP #: _____

PATIENT INFORMATION

PHIN _____ Sex ☐ Male ☐ Female

Other Insurance No. _____ WCB # _____

Address _____

City _____ Province _____ Postal Code _____

Phone Home ( ) _____ Work ( ) _____ Cell ( ) _____

Emergency Contact/Next of Kin _____ Maiden Name _____

HISTORY AND EXAMINATION REQUESTED
(See WRHA website for additional information and forms for Breast U/S; PET; Mammography, Bone Density)

Modality Requested (select one)
☐ X-Ray ☐ Ultrasound ☐ CT ☐ Nuclear Medicine ☐ MRI

METHOD OF TRANSPORT
☐ Wheelchair ☐ Stretcher ☐ Ambulatory ☐ Portable
☐ Gerichair ☐ Bed ☐ Will Require Lift

Examination Requested

Specify LDCT for screening

☐ Elective
☐ Urgent

*Note: For *emergent* outpatient exams, Radiologist must be contacted directly

Previous Relevant Exams Date Location
1. _____
2. _____
3. _____

History and Provisional Diagnosis. Patient on Infection Control Precautions? Specify

Indicate patient age, smoking status (current or former smoker), and smoking history (# pack years)

MUST COMPLETE FOR ALL EXAMS

Patient Weight _____
Patient Height _____
Is patient pregnant? ☐ Yes ☐ No

FOR CONTRAST ENHANCED EXAMS
If contrast media is required, no solid food 4 hours prior to study. Normal fluid intake. If the patient is diabetic, please adjust medication accordingly.
"Allergy" to X-Ray dye ☐ Yes ☐ No

http://www.wrha.mb.ca/prog/diagnostic/forms.php
Submit to CI or facility of choice

CancerCare Manitoba
SCREENING PROGRAMS

BreastCheck

CervixCheck

ColonCheck

GetCheckedManitoba.ca
1-855-95-CHECK
INTERPRETER SERVICES AVAILABLE.