SCREENING PROGRAM FOR COLORECTAL CANCER

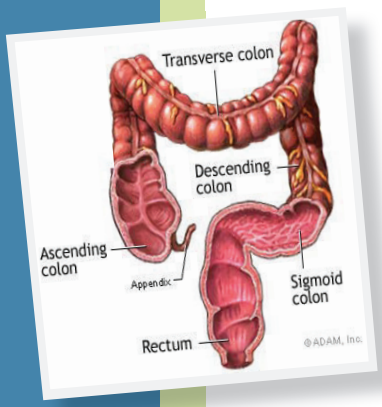
A PROGRAM OF THE SASKATCHEWAN CANCER AGENCY

Colorectal Cancer Facts

Colorectal Cancer in Canada

- It is the second most commonly diagnosed cancer in men and third in women.
- It is the second leading cause of death from cancer for men and third for women.
- In 2019, it is estimated that 26,300 Canadians will be diagnosed with colorectal cancer and 9,500 will die from it.
- It accounts for 12.9 per cent of estimated new cancers for men and 10.9 per cent of estimated new cancers for women.

Source: Canadian Cancer Society/National Cancer Institute of Canada, 2019: www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication



Colorectal Cancer in Saskatchewan

- It is the second most commonly diagnosed cancer in men and third in women.
- It is the second leading cause of death from cancer for men and third for women.
- It is estimated that in 2019 there will be 890 cases of colorectal cancer diagnosed in Saskatchewan and 310 people will die from it.
- The number of new colorectal cases is rising due to an aging population.
- Colorectal cancer accounts for about 14 per cent of all new cancer cases.

Source: www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication

Risk Factors

- Being 50 years of age or older.
- A diet that is high in red meat consumption and low in fibre, fruits and vegetables.
- Little or no exercise.
- Smoking and/or alcohol use.

High Risk Factors

- Previous history of colorectal polyps or colorectal cancer.
- Having an inflammatory bowel disease such as ulcerative colitis or Crohn's disease.
- A family history of colorectal cancer.
- A personal history of ovarian, endometrial or breast cancer.

Screening

- At least 90 per cent of colorectal cancer can be prevented or successfully treated if caught early.
- Adults 50 to 74 years old should be screened for colorectal cancer.
- Individuals should be screened every two years and positive tests should be followed by a colonoscopy. Colorectal cancer is usually a slow growing cancer and can develop over 10 years, so screening at regular intervals is effective.

Source: Canadian Task Force on Preventive Health Care: www.ctfphc.org

SASKATCHEWAN CANCER AGENCY

Jan 2020

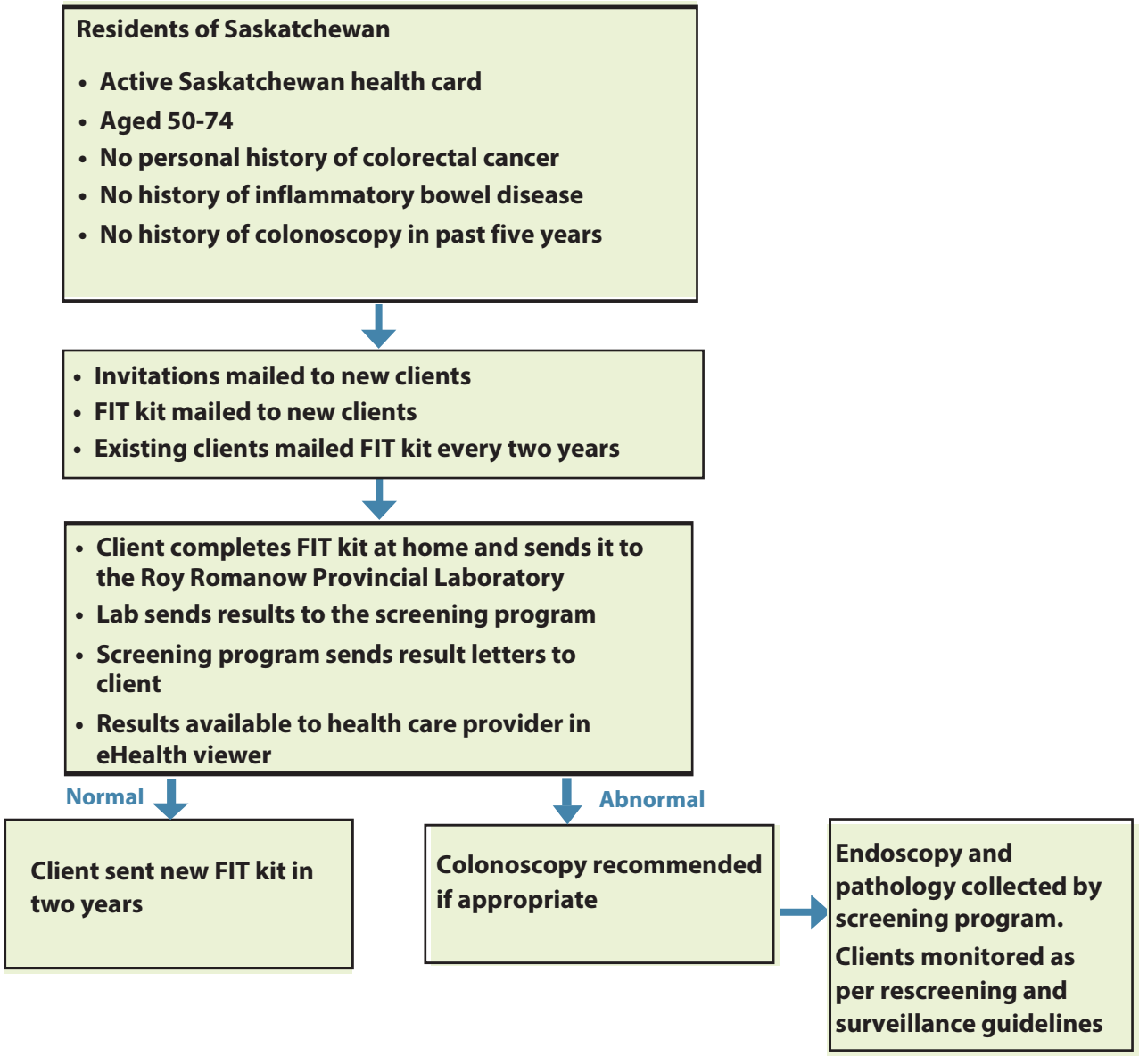
Screening Program for Colorectal Cancer

Fecal Immunochemical Test

The screening program uses the fecal immunochemical test (FIT) based on the following:

- No dietary or medication restrictions
- More specific for lower gastrointestinal bleeding
- Specific for human hemoglobin

Client Pathway



SCREENING PROGRAM FOR COLORECTAL CANCER

Screening with Fecal Immunochemical Test (FIT)

Target Population: Age 50 – 74 years

Average Risk = Client is asymptomatic with:
- **NO** personal history of colorectal cancer
- **NO** documented 1st degree family history of colorectal cancer or advanced adenoma diagnosed < age 60
- **NO** Inflammatory bowel disease (Crohn's or Ulcerative Colitis)

Due for screening – FIT kit sent from screening program

Fecal immunochemical test (FIT)

Normal Result

Repeat FIT in 2 years

Abnormal Result

Colonoscopy

Increased risk = Client:
- Has personal history of colorectal cancer
- Has 1st degree family history of colorectal cancer
- Has inflammatory bowel disease
- Is on post adenomatous polypectomy surveillance
- Has Lynch Syndrome or Familial Polyposis

Client is symptomatic:
- Rectal bleeding
- Anemia
- Change in bowel habits

FIT is NOT recommended – refer directly to colonoscopy

See screening guidelines for recommendations
www.saskcancer.ca/spcrc-guidelines

Types of Navigation Offered in Former Health Regions

• Saskatoon • Regina Navigation to colonoscopy only for Screening Program abnormal-FIT results.	• Prince Albert Parkland • Kelsey Trail • Sunrise • Sun Country Navigation to colonoscopy for both Screening Program and physician-ordered abnormal-FIT results.	• Athabasca • Keewatin Yatthe • Mamawetan Churchill River • Prairie North • Heartland • Cypress • Fill Hills NO navigation offered. PCP is responsible to refer all abnormal-FIT results to colonoscopy.

Normal colonoscopy

FIT in 5 years

Abnormal colonoscopy

Treatment or surveillance as per screening guidelines
www.saskcancer.ca/spcrc-guidelines

SCREENING PROGRAM FOR COLORECTAL CANCER

Re-screening and Surveillance Guidelines

- Following a negative fecal immunochemical test (FIT) an individual who continues to be asymptomatic, average risk, and age eligible (between 50 and 74 years of age):
  - Re-screen through the Screening Program for Colorectal Cancer in two (2) years with a FIT.
- Participants who will be over the age of 74 years of age at the next screening interval are not recommended for programmatic screening due to greater screening-related risks.
  - Screening is at the discretion of the family physician or specialist.
- Colonoscopy is the recommended follow up for positive FIT. The colonoscopy report should make a recommendation for re-screening. The intervals are as suggested on the table below.

Polyp Number	Size	Histology	Number of Years	Surveillance Method
No polyps			5	Return to FIT Screening Program
Small	<10 mm	Hyperplastic distal colon	5	
1-2	<10 mm	Tubular adenomas	5	Surveillance colonoscopy
3-10		Tubular adenomas	3	
>10		Adenomas	1	
≥1	≥10 mm	Tubular adenomas	3	
≥1		Advanced adenoma, villous	3	
1		Adenomas, high grade dysplasia	3	
Sessile serrated	<10 mm	No dysplasia	5	
Sessile serrated	≥10 mm	No dysplasia	3	
Sessile serrated		Dysplasia	3	
Traditional serrated adenoma			3	
Serrated polyposis syndrome			1	

The Screening Program for Colorectal Cancer receives the date of the colonoscopy from the Medical Services Branch for clients ages 50 to 74. The next FIT mailing date is then automatically moved forward by five years each time a client has a colonoscopy.
Saskatchewan guidelines based on www.cag-acg.org.

A copy of these guidelines can be downloaded at www.saskcancer.ca/spcrc-guidelines.

For more information, visit www.saskcancer.ca/spcrc or call 1-855-292-2202.

11-2019

Colorectal Cancer Screening Guidelines

Screening Program for Colorectal Cancer Screens Average Risk Men and Women 50-74 Years of Age

Screening Program for Colorectal Cancer software will automatically send a fecal immunochemical test (FIT) by mail at the appropriate interval based on last FIT and/or last colonoscopy follow-up recommendation. Clients can call 1-855-292-2202 for a FIT.

Primary Care Practitioner Screening

Note: If the individual is symptomatic, refer directly to colonoscopy. Encourage non-symptomatic patients to complete the FIT mailed to their home by the Screening Program for Colorectal Cancer. Clients can call 1-855-292-2202 for a FIT.

Summary of Recommendations for Screening for Colorectal Cancer in Individuals with a Family History According to Decreasing Level of Elevated Risk of Colorectal Cancer. Saskatchewan Recommendation based on Canadian Association of Gastroenterology Clinical Practice Guideline.

Highest risk → Lowest Risk

	2 or More First-Degree Relatives with Colorectal Cancer	1 First-Degree Relative with Colorectal Cancer	1 or More First-Degree Relatives with Documented Advanced Adenoma	1 or More Second-Degree Relatives with Colorectal Cancer	1 or More First-Degree Relatives with Any Non-Advanced Adenoma
Preferred screening test	Colonoscopy	Colonoscopy	No recommendation for a preferred test. Colonoscopy or FIT are both options.	According to average-risk guidelines	According to average-risk guidelines
Age	40 years or 10 years younger than age of diagnosis of earliest diagnosed first-degree-relative, whichever is earlier*	40-50 years or 10 years younger than age of diagnosis of first-degree-relative, whichever is earlier*	40-50 years or 10 years younger than age of diagnosis of earliest diagnosed first-degree relative, whichever is earlier*	50 years	
Interval	Colonoscopy: 5 years	Colonoscopy: 5 years	Colonoscopy: 5 years or FIT: 2 years	According to average-risk guidelines	

*The age of the affected relative should be considered when making clinical decisions regarding screening.

Colonoscopy Screening of Patients at High Risk Due to Polyposis or Inflammatory Bowel Disease

Family history of hereditary non-polyposis colorectal cancer	Family history of familial adenomatous polyposis	Personal history of inflammatory bowel disease
Genetic counselling and testing Colonoscopy every 1-2 years, beginning at age 20 or 10 years younger than the earliest case in the family, whichever is first	Genetic counselling and testing Flexible sigmoidoscopy annually beginning at age 10-12	Regular surveillance colonoscopy every 1 or 2 years beginning 8-10 years after onset of pancolitis, Crohn's, colitis, or 12-15 years after onset of left side colitis

11-2019

SCREENING PROGRAM FOR COLORECTAL CANCER

A PROGRAM OF THE SASKATCHEWAN CANCER AGENCY

SPCRC Navigation Program

The Screening Program for Colorectal Cancer (SPCRC) has an integrated navigation program in parts of the province. The nurse navigator, who is a registered nurse, plays an important role in providing seamless and quality patient-centered care.

Navigation Goals

- To improve and facilitate access to endoscopy procedures
- To ensure patients are prepared and safe for colonoscopy
- To help eliminate barriers
- To reduce anxiety of patients with abnormal results

Nurse Navigator

In collaboration with and under the authorization of the primary care provider (PCP), the nurse navigator:

- Confirms that patients have met eligibility criteria for screening colonoscopy
- Schedules patient in a safe and timely manner
- Contacts patient to discuss the abnormal FIT results and recommended diagnostic follow up
- Provides pre-, peri- and post-procedural teaching
- Ensures open communication with the PCP, and notifies them of colonoscopy referral
- Obtains updated patient medical, endoscopy, and surgical history for the endoscopist
- Identifies and resolves any healthcare or patient barriers
- Provides psychosocial support to the patient to reduce stress and anxiety

Please see table below to determine responsibility for booking clients with abnormal FIT results to colonoscopy.

Navigation Offered in Former Health Regions		
• Saskatoon • Regina Navigation to colonoscopy <u>only</u> for Screening Program abnormal FIT results.	• Prince Albert Parkland • Kelsey Trail • Sunrise • Sun Country Navigation to colonoscopy for <u>both</u> Screening Program and physician-ordered abnormal FIT results.	• Athabasca • Keewatin Yatthe • Mamawetan Churchill River • Prairie North • Heartland • Cypress • Five Hills <u>No</u> navigation offered. PCP is responsible to refer all abnormal FIT results to colonoscopy.

Listed by former health regions

For more information about the Client Navigation Program, please call 1-855-292-2202.

Jan 2020