It is important to be proactive regarding screening. Nine years ago after a baseline mammogram, two tumours with two separate origins were found in my left breast. My chance of surviving five years let alone nine would have been impossible without early detection. Screening saved my life. Getting the right screening test at the right time is one of the most important things a person can do for their health."

Debora P. B., Patient and Family Advisor

Cancer Care Ontario has three organized screening programs. The Ontario Breast Screening Program was established in 1990, the Ontario Cervical Screening Program launched in 2000 and ColonCancerCheck launched in 2008.

Eligibility Criteria for Ontario’s Cancer Screening Programs

**Ontario Breast Screening Program (OBSP)**
- Women who are ages 50–74 and have:
  - No acute breast symptoms
  - No personal history of breast cancer
  - No current breast implants
  - Not had a mammogram within the last 11 months

Women age 74 and older may continue to be screened in the program with a referral from their primary care provider, but they will not be automatically recalled. They are encouraged to make a personal decision about breast cancer screening in consultation with their healthcare provider.

**High Risk Ontario Breast Screening Program (High Risk OBSP)**
- Women who are ages 30–69 and:
  - Have a physician’s referral
  - Have no acute breast symptoms
  - Fall into one of the following risk categories:
    - Known to be carriers of the BRCA1 or BRCA2 gene mutation
    - First-degree relative of a mutation carrier, has had genetic counselling and has declined genetic testing
    - Previously assessed by a genetic clinic as having ≥25% lifetime risk of breast cancer based on personal and family history, or
    - Received radiation therapy to the chest before age 30 and at least 8 years ago

**Ontario Cervical Screening Program (OCSP)**
- Women who are age 21 and are or have ever been sexually active. This includes intercourse, as well as digital or oral sexual activity involving the genital area with a partner of either sex. Women who are not sexually active by age 21 should delay cervical cancer screening until sexually active.
- Screening may be discontinued at age 70 if there is an adequate (i.e., 3 or more normal Pap tests) normal cytology screening history in the previous 10 years.

**ColonCancerCheck (CCC average risk)**
- People who are ages 50–74 and have:
  - No first-degree relative who has been diagnosed with colorectal cancer, and
  - No personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease (i.e., Crohn’s disease or ulcerative colitis)

**ColonCancerCheck (CCC increased risk)**
- People with a family history of colorectal cancer that includes 1 or more first-degree relatives who have been diagnosed with colorectal cancer, but do not meet the criteria for hereditary colorectal cancer syndromes.
A SNAPSHOT OF SCREENING

Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to explore the feasibility of HPV testing as the primary screening test for cervical cancer in Ontario. HPV testing provides greater protection against cervical cancer than the Pap test because it is able to detect persistent, high-grade abnormalities earlier.

Ontario Breast Screening Program (OBSP)

**KEY FINDING**
The proportion of women screened in the OBSP has increased year-over-year since 2011.

**FUTURE DIRECTIONS**
Cancer Care Ontario has identified bringing non-OBSP sites into the OBSP as a priority; ensuring that all eligible women receive the benefits of an organized breast cancer screening program.

Ontario Breast Screening Program (OBSP) and non-OBSP breast cancer screening (mammogram) participation: age-adjusted percentage of Ontario women, ages 50–74, who completed at least 1 mammogram within a 30-month period, 2007–2014

ColonCancerCheck (CCC)

**KEY FINDING**
The proportion of Ontarians who were overdue for colorectal cancer screening has declined (improved) annually since 2008.

**FUTURE DIRECTIONS**
CCC is transitioning from guaiac fecal occult blood test (gFOBT) to the fecal immunochemical test (FIT) as the recommended primary screening test for people at average risk of developing colorectal cancer. FIT is expected to increase colorectal cancer screening participation because it is an easier test to use than gFOBT and has greater sensitivity for detecting colorectal cancer and advanced adenomas.

Ontario Cervical Screening Program (OCSP)

**KEY FINDING**
Participation in cervical cancer screening has declined since 2011, which may be related to changes in screening guidelines which extended the recommended screening interval from annually to once every three years.

**FUTURE DIRECTIONS**
Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to explore the feasibility of HPV testing as the primary screening test for cervical cancer in Ontario. HPV testing provides greater protection against cervical cancer than the Pap test because it is able to detect persistent, high-grade abnormalities earlier.

Trends, insights and future directions in cancer screening

As Ontario’s advisor on cancer prevention and care, Cancer Care Ontario designs, plans, implements and evaluates three province-wide screening programs. The following is a summary of the key findings and future directions for each of our programs.