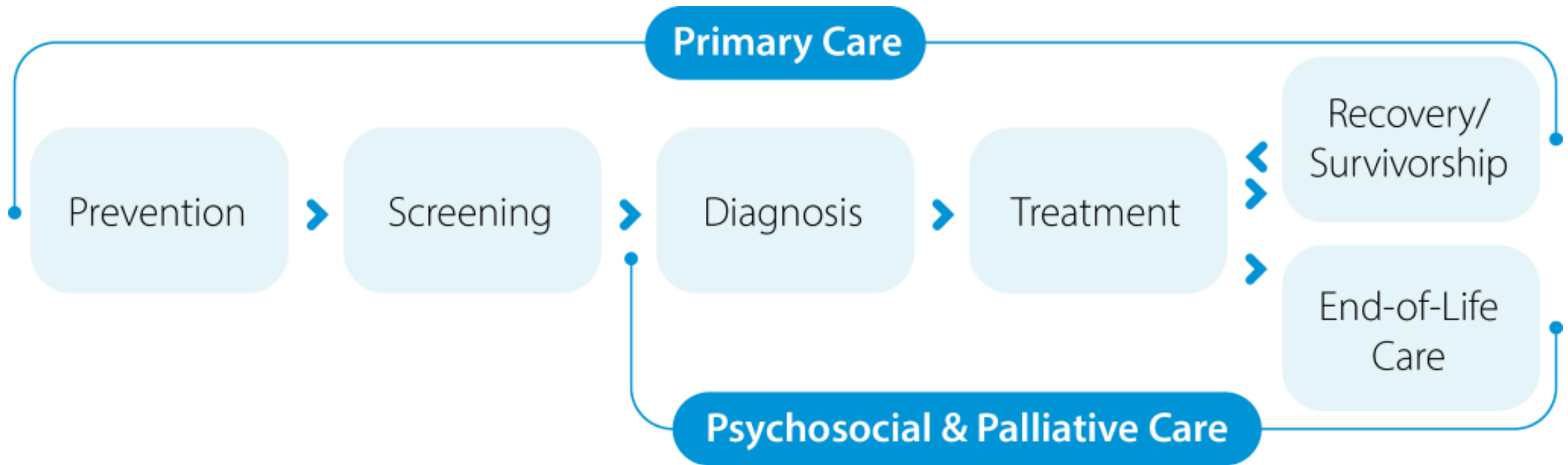


Colorectal Cancer Screening Pathway Map

Version 2023.06



Disclaimer: The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



Ontario Health
Cancer Care Ontario

Target Population












People who meet the criteria for ColonCancerCheck, Ontario's colorectal screening program.

Pathway Map Considerations








- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centred Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and other referring physicians.

Pathway Map Legend



Colour Guide

	Primary Care
	Palliative Care
	Pathology
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Psychosocial Oncology (PSO)
	Endoscopy
	Organized Diagnostic Assessment

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway
	Off page reference
	Referral

Line Guide

	Required
	Possible

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

Ontario Health (Cancer Care Ontario) and the pathway map's content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

* **Note.** [EBS #19-2](#) is older than 3 years and are currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

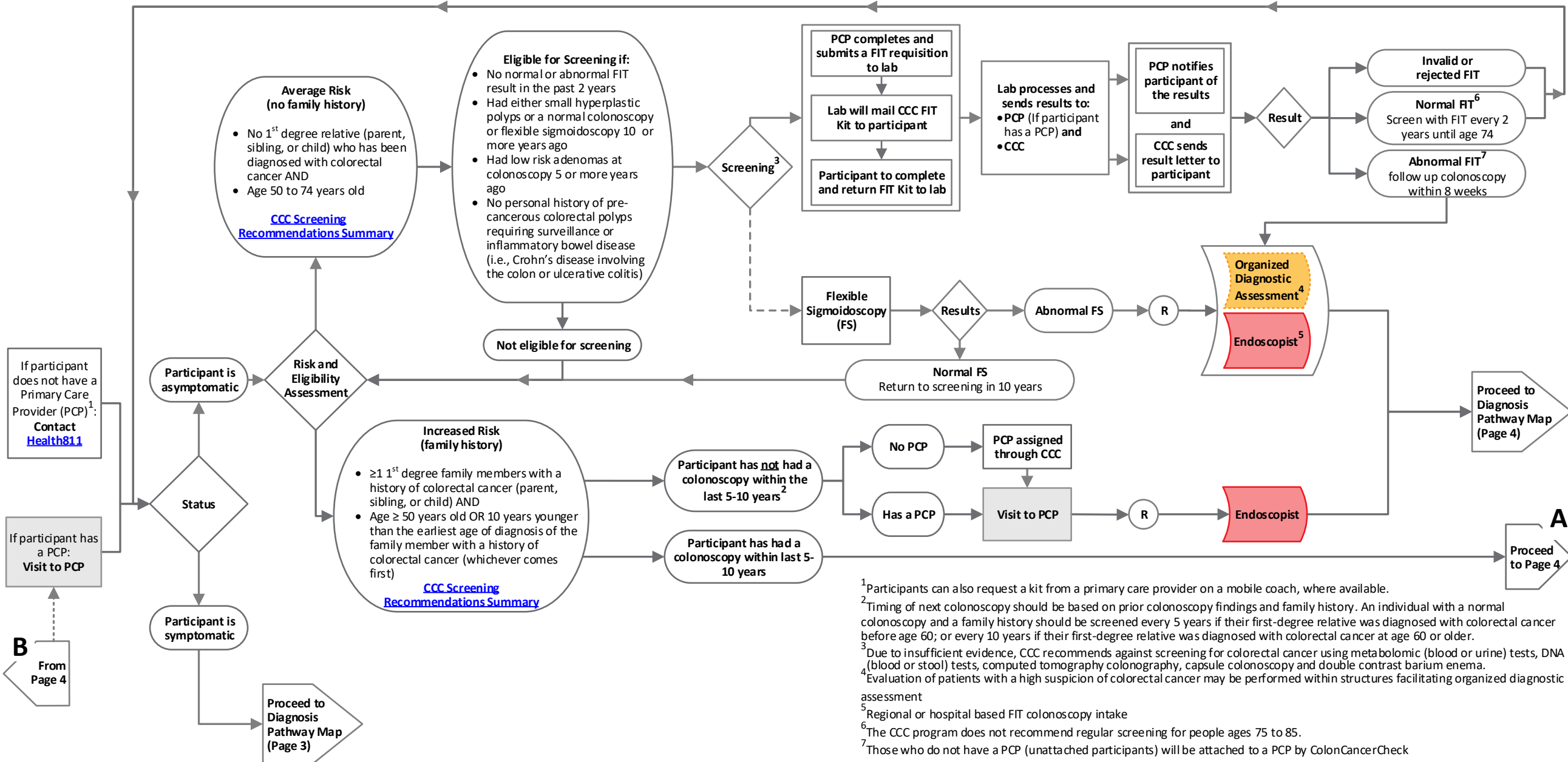
Colorectal Cancer Screening Pathway Map

Risk Assessment and Screening for Asymptomatic Participants

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

ColonCancerCheck (CCC) Ontario's province-wide, population-based colorectal cancer screening program.

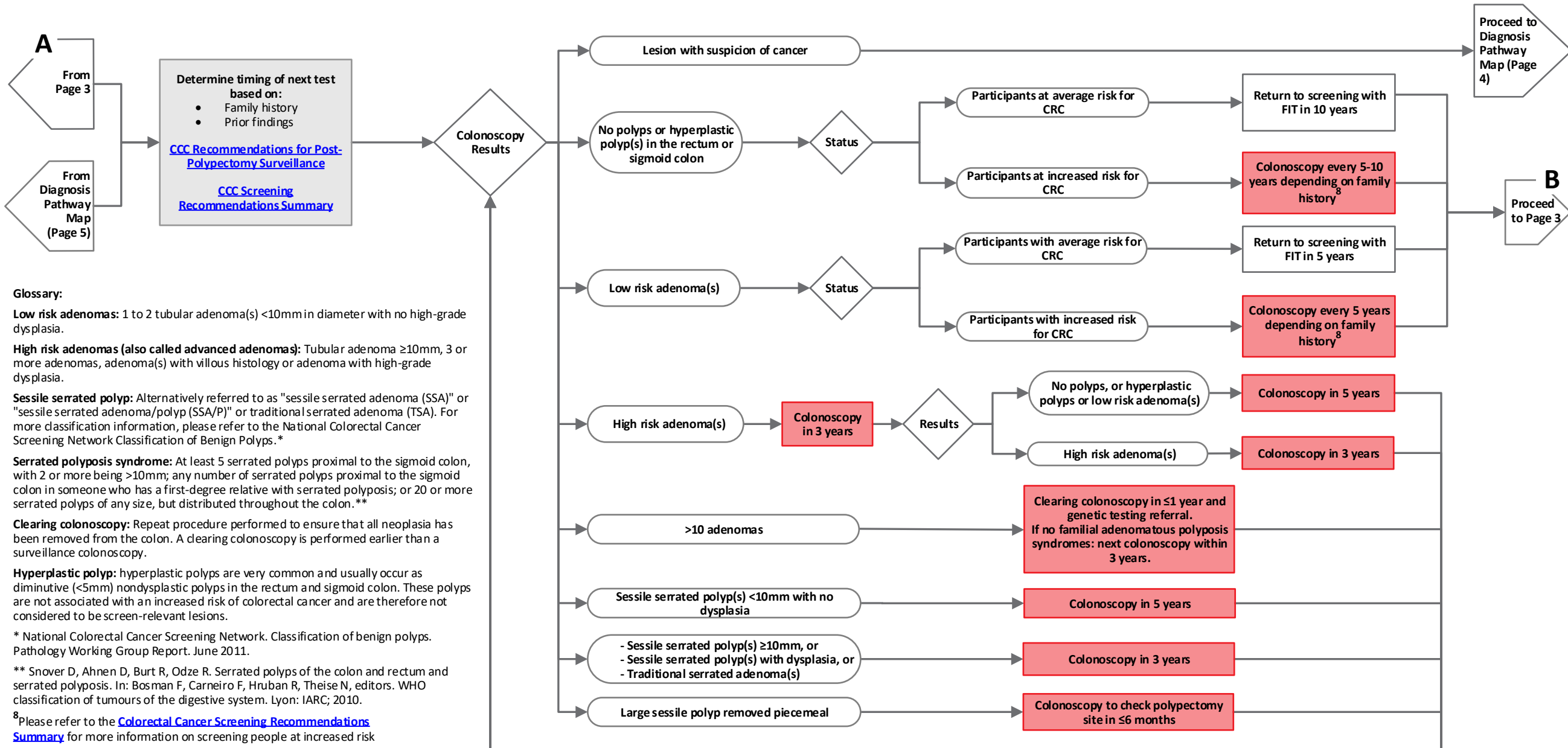
NOTE: The ColonCancerCheck program is intended for individuals who do not demonstrate any symptoms and who have no personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease; this pathway map should not be used for these individuals.



The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a healthcare provider, the reader should always consult a healthcare provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

ColonCancerCheck (CCC) Ontario's province-wide, population-based colorectal cancer screening program.

NOTE: The ColonCancerCheck program is intended for individuals who do not demonstrate any symptoms and who have no personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease; this pathway map should not be used for these individuals.



Glossary:

Low risk adenomas: 1 to 2 tubular adenoma(s) <10mm in diameter with no high-grade dysplasia.

High risk adenomas (also called advanced adenomas): Tubular adenoma ≥10mm, 3 or more adenomas, adenoma(s) with villous histology or adenoma with high-grade dysplasia.

Sessile serrated polyp: Alternatively referred to as "sessile serrated adenoma (SSA)" or "sessile serrated adenoma/polyp (SSA/P)" or traditional serrated adenoma (TSA). For more classification information, please refer to the National Colorectal Cancer Screening Network Classification of Benign Polyps.*

Serrated polyposis syndrome: At least 5 serrated polyps proximal to the sigmoid colon, with 2 or more being >10mm; any number of serrated polyps proximal to the sigmoid colon in someone who has a first-degree relative with serrated polyposis; or 20 or more serrated polyps of any size, but distributed throughout the colon.**

Clearing colonoscopy: Repeat procedure performed to ensure that all neoplasia has been removed from the colon. A clearing colonoscopy is performed earlier than a surveillance colonoscopy.

Hyperplastic polyp: hyperplastic polyps are very common and usually occur as diminutive (<5mm) nondysplastic polyps in the rectum and sigmoid colon. These polyps are not associated with an increased risk of colorectal cancer and are therefore not considered to be screen-relevant lesions.

* National Colorectal Cancer Screening Network. Classification of benign polyps. Pathology Working Group Report. June 2011.

** Snover D, Ahnen D, Burt R, Odze R. Serrated polyps of the colon and rectum and serrated polyposis. In: Bosman F, Carneiro F, Hruban R, Theise N, editors. WHO classification of tumours of the digestive system. Lyon: IARC; 2010.

⁸ Please refer to the [Colorectal Cancer Screening Recommendations Summary](#) for more information on screening people at increased risk