

CANCER SCREENING GUIDELINES

# Breast, Cervical & Colorectal

Ontario Breast Screening Program (OBSP)	Average Risk	High Risk
Screening Recommendation	Mammogram every two years for most women	Mammogram and screening breast MRI every year (or, if MRI contraindicated, screening breast ultrasound)
Screening Population	Women ages 50 to 74	Women ages 30 to 69 identified as high risk (see eligibility criteria)
Eligibility	<ul style="list-style-type: none"> <li>Healthcare provider referral or self-referral</li> <li>No acute breast symptoms</li> <li>No personal history of breast cancer</li> <li>No current breast implants</li> <li>No screening mammogram within the last 11 months</li> </ul>	<ul style="list-style-type: none"> <li>Physician referral</li> <li>Valid Ontario Health Insurance Plan number</li> <li>No acute breast symptoms</li> <li>Fall into one of the following risk categories:</li> </ul> <p><b>CATEGORY A: ELIGIBLE FOR DIRECT ENTRY INTO THE OBSP HIGH RISK SCREENING PROGRAM BASED ON PERSONAL AND FAMILY HISTORY</b></p> <p>Must meet one of the following risk criteria:</p> <ul style="list-style-type: none"> <li>Known carrier of a gene mutation (e.g. BRCA1, BCRA2)</li> <li>First degree relative of a carrier of a gene mutation (e.g. BRCA1, BRCA2), has previously <b>had</b> genetic counselling, and has <b>declined</b> genetic testing</li> <li>Previously assessed by a genetic clinic (using the IBIS or BOADICEA tools) as having a <math>\geq 25</math> percent personal lifetime risk of breast cancer based on family history or</li> <li>Received chest radiation (not chest x-ray) before age 30 and at least 8 years previously</li> </ul> <p><b>CATEGORY B: GENETIC ASSESSMENT REQUIRED FOR DETERMINING OBSP HIGH RISK SCREENING PROGRAM ELIGIBILITY</b></p> <p>Must meet one of the following risk criteria:</p> <ul style="list-style-type: none"> <li>First-degree relative of a carrier of a gene mutation (e.g. BRCA1, BRCA2) and has not had genetic counselling or genetic testing or</li> <li>Personal or family history of breast or ovarian cancer suggestive of a hereditary breast cancer syndrome</li> </ul>
	For OBSP sites, visit <a href="http://cancercare.on.ca/obsplocations">cancercare.on.ca/obsplocations</a>	For the OBSP Requisition for High Risk Screening form and a list of OBSP high risk screening referral contacts, visit <a href="http://cancercare.on.ca/obsphighrisk">cancercare.on.ca/obsphighrisk</a>

Ontario Cervical Screening Program (OCSP)	Average Risk
Screening Recommendation	Cervical cytology (Pap test) every three years
Screening Population	<ul style="list-style-type: none"> <li>Screening begins in women age 21 who are or have ever been sexually active</li> <li>Screening stops for women age 70 with three or more normal cytology tests in the previous 10 years</li> </ul>

ColonCancerCheck (CCC)	Average Risk	Increased Risk
Screening Recommendation*	<ul style="list-style-type: none"> <li>Fecal occult blood test (FOBT) every two years**</li> <li>People ages 50 to 74 without a family history of colorectal cancer and who choose screening with flexible sigmoidoscopy should be screened every 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Colonoscopy</li> <li>Begin at age 50, or 10 years earlier than the age that a first-degree relative was diagnosed with colorectal cancer, whichever occurs first</li> </ul>
Screening Population	<ul style="list-style-type: none"> <li>People ages 50 to 74 with no first-degree relatives diagnosed with colorectal cancer</li> <li>No personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease (i.e., Crohn's disease or ulcerative colitis)</li> </ul>	People with a family history of colorectal cancer that includes one or more first-degree relatives diagnosed with colorectal cancer, but who do not meet the criteria for colorectal cancer hereditary syndrome

\* Due to insufficient evidence, CCC recommends against screening for colorectal cancer using metabolomic (blood or urine) tests, DNA (blood or stool) tests, computed tomography colonography, capsule colonoscopy and double contrast barium enema.

\*\* An abnormal FOBT should be followed up with colonoscopy within eight weeks.

For more clinical information on screening guidelines and follow-up of abnormal results, visit [cancercare.on.ca/pcresources](http://cancercare.on.ca/pcresources)

## Questions?

Contact us at: [screenforlife@cancercare.on.ca](mailto:screenforlife@cancercare.on.ca) | 1.866.662.9233

Revised Oct. 2016

Need this information in an accessible format? 1-855-460-2647, TTY (416) 217-1815 [publicaffairs@cancercare.on.ca](mailto:publicaffairs@cancercare.on.ca).