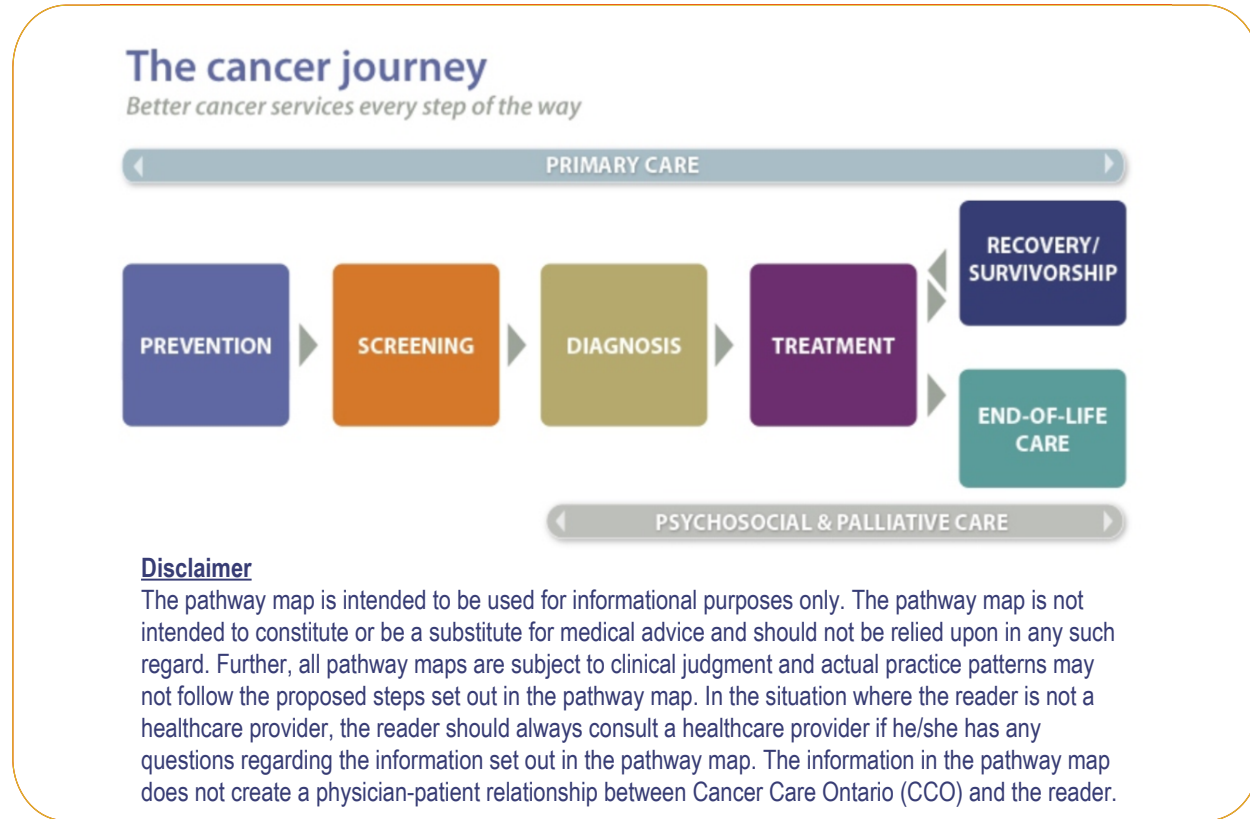


Colorectal Cancer Screening Pathway Map

Version 2018.03



Pathway Map Considerations

- For more information on the Diagnostic Assessment Program (DAP) refer to the [Organizational Standards for DAPs](#)
- 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, [Health Care Connect](#), 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-Centered Care Guideline](#).
- Hyperlinks are used throughout the pathway map to provide information about relevant CCO tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, nurse practitioners, and emergency physicians.

Note: Guidelines indicated in red are currently undergoing development or review

Pathway Map Legend

Colour Guide

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

Shape Guide

- Intervention
- Decision or assessment point
- Patient (disease) characteristics
- Consultation with specialist
- Exit pathway
- Off-page reference
- Patient/ Provider interaction
- Referral
- Wait time indicator time point

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 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 Cancer Care Ontario (CCO) and the reader.

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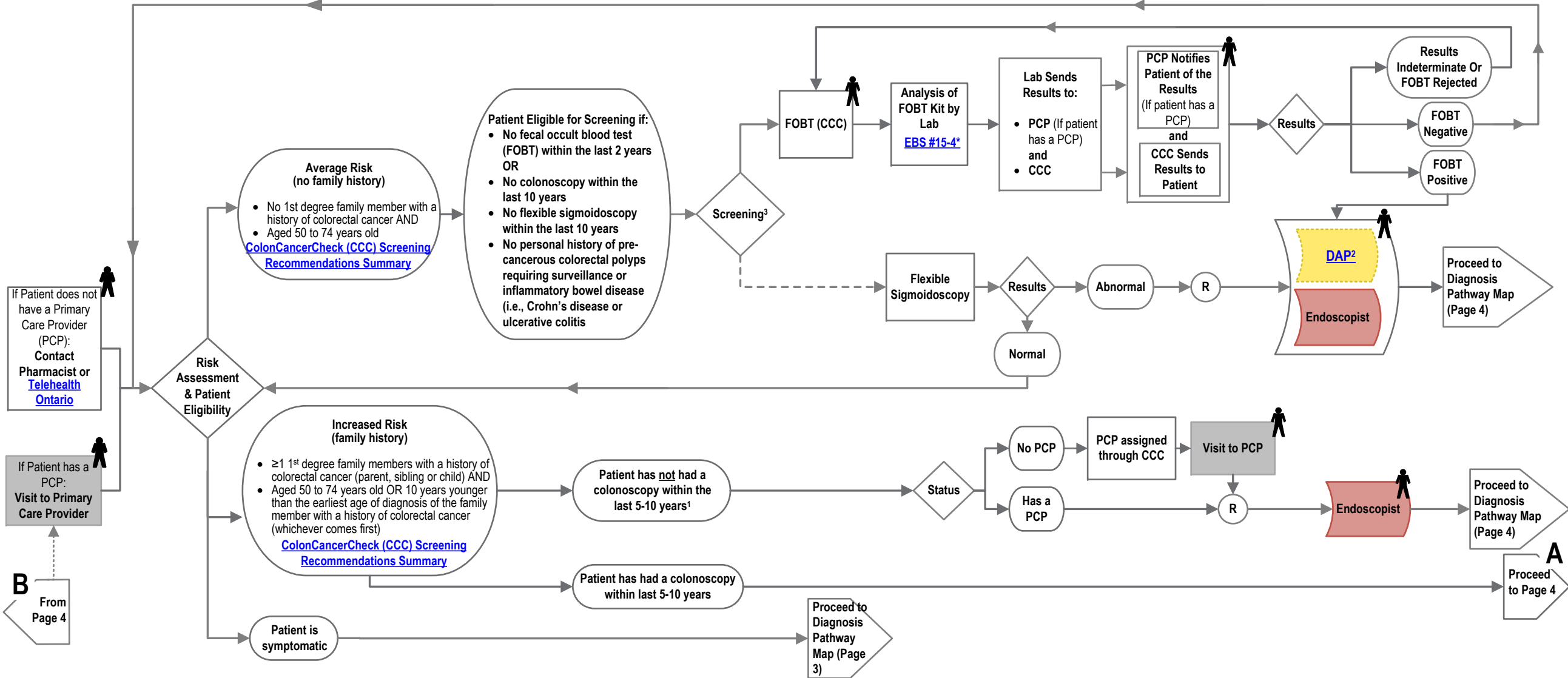
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ColonCancerCheck (CCC) Ontario's province-wide, population-based colorectal cancer screening program.

NOTE: The colorectal cancer screening program is intended for individuals who do not demonstrate any symptoms or previously diagnosed pathology. This pathway map should not be used for individuals with abnormal colonoscopic findings, inflammatory bowel disease, or polyps.



* **Note.** EBS #15-4 is older than 3 years and is 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.

Pathway Map Note(s):

¹ Timing of next colonoscopy should be based on prior colonoscopy findings and family history. An individual with a normal colonoscopy and a family history should be screened every 5 years if their first-degree relative was diagnosed with colorectal cancer before age 60; or every 10 years if their first-degree relative was diagnosed with colorectal cancer at age 60 or older.

² Development of standardized entry and transfer of care criteria are currently underway.

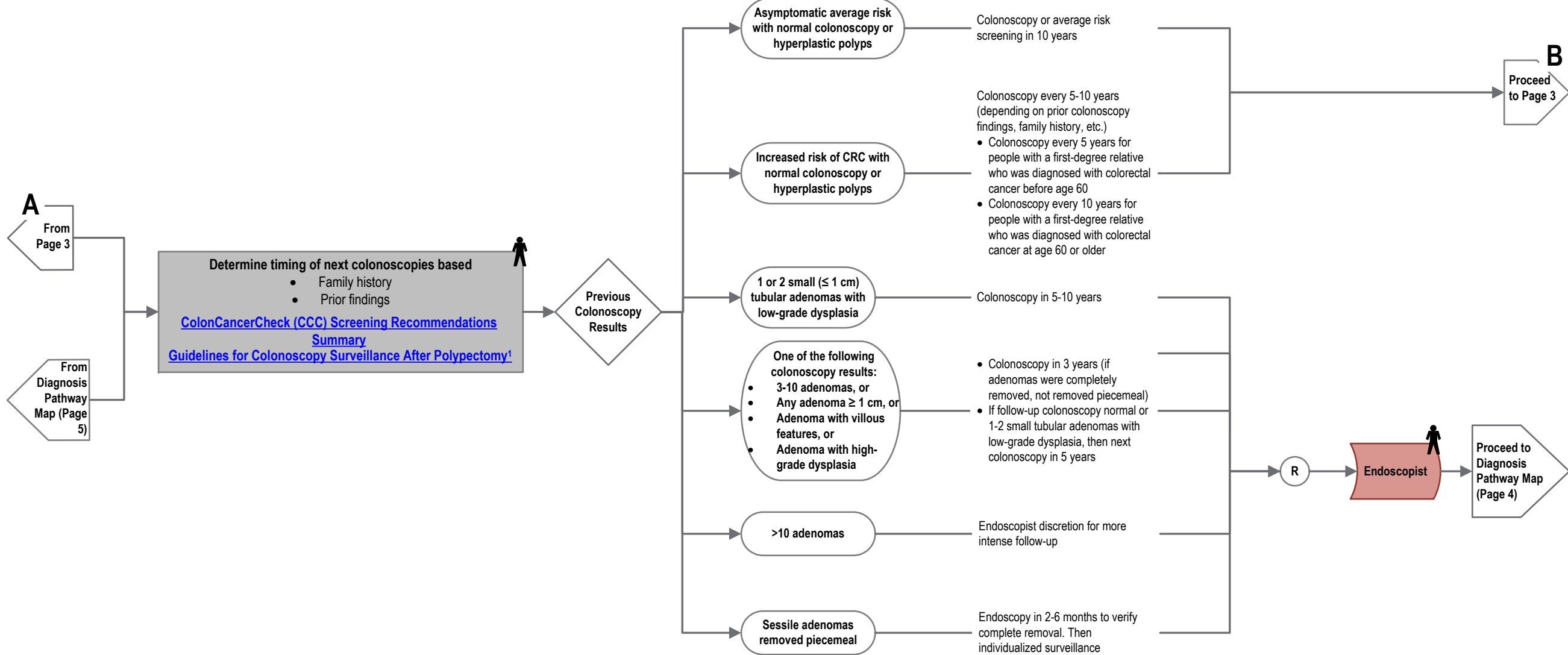
³ Due to insufficient evidence, CCC recommends against screening for colorectal cancer using metabolic (blood or urine) tests, DNA (blood or stool) tests, computed tomography colonography, capsule colonoscopy and double contrast barium enema.

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Pathway Map Note(s):

¹To complement the colonoscopy standards, CCC adopted the Guidelines for Colonoscopy Surveillance after Polypectomy. Gastroenterology 2006; 130:1872-1885