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 Cancer Care Ontario (CCO) and the reader.
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.

Pathway Map Preamble

Pathway Map Legend

- **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.

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Colorectal Cancer Screening Pathway Map

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.

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 or previously diagnosed pathology. This pathway map should not be used for individuals with abnormal colonoscopic findings, inflammatory bowel disease, or polypos.

- **Eligible for Screening:**
  - No FIT within last 2 years
  - No colonoscopy within the last 10 years
  - No flexible sigmoidoscopy within the last 10 years
  - No personal history of pre-cancerous colorectal polyps requiring surveillance or inflammatory bowel disease (i.e., Crohn’s disease involving the colon or ulcerative colitis)

- **Not eligible for screening**

- **Average Risk**
  - No 1st degree relative (parent, brother, sister or child) who has been diagnosed with colorectal cancer AND
  - Age 50 to 74 years old

- **Increased Risk**
  - ≥ 1 1st degree family members with a history of colorectal cancer (parent, brother, sister or child) AND
  - Age ≥ 50 years old OR 10 years younger than the earliest age of diagnosis of the family member with a history of colorectal cancer (whichever comes first)

Pathway Map Notes:
1. Participants can also request a kit from a primary care provider on a mobile coach, where available.
2. Until June 24, 2019, FOBT will be considered a valid colorectal cancer screening test in Ontario.
3. 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.
4. 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.
5. The entry criteria for Diagnostic Assessment Programs (DAPs) vary by LHIN/hospital.
6. Regional or hospital based FIT colonoscopy intake - List of facilities funded by Cancer Care Ontario to support abnormal FIT results.
7. The CCC program does not recommend regular screening for people ages 76 to 84.
8. Those who do not have a PCP (unattached participants) will be attached to a PCP by ColonCancerCheck.
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 polypl: 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.


9 Please refer to the CCC Screening Recommendations Summary for more information on screening people at increased risk.

**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.