

COVID-19 CANCER SCREENING TIP SHEET FOR PRIMARY CARE PROVIDERS

15 – Breast, colorectal and cervical screening during COVID-19 – 2021-01-04

To: Regional Vice Presidents and Regional Directors

From: Cancer Screening, Ontario Health (Cancer Care Ontario)

Re: Breast, colorectal and cervical screening during COVID-19

Preamble

In response to the COVID-19 pandemic, Ontario Health and the Ontario government have released the following documents to support the healthcare system:

- A Measured Approach to Planning for Surgeries and Procedures during the COVID-19 Pandemic
- COVID-19 Operational Requirements: Health Sector Restart
- Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care
- Optimizing Care Through COVID-19 Transmission Scenarios

This tip sheet is intended to supplement the provincial guidance with specific considerations for resuming cancer screening. It is not intended to replace or supersede any other provincial guidance, government directives or public health measures.

Issue Summary

As the COVID-19 pandemic evolves, it is important to develop a plan to resume cancer screening services while maintaining COVID-19 preparedness. Regional Cancer Programs (RCPs) and primary care providers have requested guidance on how to prioritize cancer screening based on ongoing fluctuations in COVID-19 and local variation in COVID-19 trends.

Background

In June 2020, Ontario Health (Cancer Care Ontario) released *COVID-19 Tip Sheet #15: Guidance for primary care providers resuming breast, cervical and colorectal cancer screening* to support primary care providers as they resumed cancer screening. The attached streamlined Tip Sheet was developed to continue to support primary care providers with cancer screening based on ongoing fluctuations in COVID-19 cases and local variation in COVID-19 trends.

Breast, colorectal and cervical screening during COVID-19

The decision to gradually resume routine cancer screening should be based on local factors such as:

- Your capacity to provide preventive care, availability of resources (e.g., personal protective equipment, staffing, physical space) and access to diagnostic services (e.g., colonoscopy, colposcopy)
- Local trends in COVID-19 transmission

Program	Routine screening Standard cancer screening guidelines	Targeted cancer screening ¹ If you are unable to provide routine screening, prioritize these groups	Important considerations during COVID-19
OCS (cervical)	<p>Average risk</p> <ul style="list-style-type: none"> • Cervical cytology (Pap test) every three years beginning at age 25² for people who are or have ever been sexually active • Stop at age 70 for people with three or more normal cytology tests in the previous 10 years <p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology should receive annual screening 	<p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology 	<ul style="list-style-type: none"> • Start cervical screening at age 25* • People with a first time LSIL or ASCUS can be rescreened with cytology in approximately 12 months as opposed to the current recommendation of 6 months <p>*People who are immunocompromised should continue to start cervical screening at age 21 if they are/have ever been sexually active. The age of initiation will formally change to 25 for people who are immune competent with the implementation of HPV testing in alignment with updates to OHIP fee codes and the SAR</p>
CCC (colorectal)	<p>Average risk</p> <ul style="list-style-type: none"> • FIT every two years for people ages 50 to 74 with no first-degree relatives diagnosed with CRC <p>Increased risk</p> <ul style="list-style-type: none"> • Colonoscopy beginning at age 50, or 10 years earlier than the age that a first-degree relative was diagnosed with CRC, whichever occurs first 	<p>Average risk and increased risk</p> <ul style="list-style-type: none"> • People 60 and older 	<ul style="list-style-type: none"> • People with a history of small hyperplastic polyp(s) in the recto-sigmoid or low risk adenoma can be screened with FIT
OBSP (breast)	<p>Average risk</p> <ul style="list-style-type: none"> • Mammogram every two years for most³ eligible people ages 50 to 74 <p>High Risk OBSP</p> <ul style="list-style-type: none"> • Mammogram and screening breast MRI every year for people ages 30 to 69 who are confirmed to be high risk 	<p>Where capacity challenges exist, OBSP sites have been asked to prioritize:</p> <ul style="list-style-type: none"> • High Risk OBSP screens • Average risk initial screens • Average risk one year rescreens 	<ul style="list-style-type: none"> • Screening breast MRI may be delayed for High Risk OBSP participants; OBSP sites have been advised that these participants should at least be screened with an annual mammogram • Due to COVID-19, participants who turn 75 in 2022 and are due for screening do not require a mammogram referral from a PCP to be screened in the OBSP⁴

Footnotes:

1. We encourage providers to also consider prioritizing patients who are under/never screened
2. Formal OCS guidelines recommend starting screening at age 21. However, PCPs should start screening at age 25, in alignment with best new evidence
3. Participants may be called back for screening in one year based on personal or family history, documented pathology of high-risk lesions, breast density ≥75 percent or radiologist recommendation
4. Normally, participants over age 74 require a mammogram referral from a PCP to continue screening

Acronyms: Acquired immunodeficiency syndrome (AIDS), atypical squamous cells of undetermined significance (ASCUS), low grade squamous intraepithelial, colorectal cancer (CRC), fecal immunochemical test (FIT), lesion (LSIL), human immunodeficiency viruses (HIV), human papillomavirus (HPV), Ontario Breast Screening Program (OBSP), Ontario Cervical Screening Program (OCS) ColonCancerCheck (CCC), coronavirus (COVID-19), OHIP (Ontario Health Insurance Plan), screening activity report (SAR), and magnetic resonance imaging (MRI)