North East
Regional Cancer Program
Ontario Health (Cancer Care Ontario)

October 2025

North East Cancer Screening Update

Keeping You Informed

Canada Post Service Disruption: Impacts to Cancer Screening

FIT Kits:

- FIT kits may still be ordered; however kits will not be mailed out to patients until after the service disruption ends
- Tell patients not to return FIT kits by mail, but drop completed kits off at a LifeLabs centre

Patient Result Letters:

- PCPs will continue to receive screening test results from their laboratory and are responsible for communicating relevant results with their patients
- For patients with an abnormal breast screening result, they will be contacted by their OBSP site to arrange additional tests

Ontario Lung Screening Program (OLSP) Updates

There are 10 OLSP sites in Ontario; the North East currently has 1 site in Sudbury

Eligibility and Program Exit

- To be referred, a person must:
  - » Be aged **55 to 80***
  - » Have smoked cigarettes daily (current or former) for 20 years or more (not necessarily consecutively)
  - » Have Ontario Health Insurance Plan (OHIP) coverage

As of March 2025, the age criteria has been expanded to include people up until age 80 for referral.

Note: To continue screening a **previous participant who is now over age 80**, a yearly referral is required and a participant should:

- Have discussed continuing screening with their primary care provider
- Be well enough to undergo and recover from lung cancer treatment
- Have a lifespan to benefit from treatment (i.e., over 5 years)

Referral Form

- The new OLSP referral form can be found at hsnsudbury.ca/primarycare

Patient Risk Scores

- For referred patients who do not meet eligibility requirements (i.e., <2% risk of getting lung cancer in the next 6 years), the patient risk will now be reported to the referring provider in the letter from the OLSP

Importance of Screening for Lung Cancer[1]

Impact of lung cancer in Ontario:

In 2024, lung cancer was expected to be the **leading cause of cancer death** for people in Ontario.

In 2024, lung cancer was projected to account for approximately **22% of all cancer deaths** (6,852 deaths).

The number of new lung cancer cases in females is expected to outnumber males in 2024. The projected age-standardized incidence rate is 56.6 in females and 56.1 (per 100,000) in males.

Regular screening is important because it can find lung cancer early when treatment has a better chance of working.

[1]*Source: Ontario Health (Cancer Care Ontario). Ontario Cancer Statistics 2024. Toronto, ON: Ontario Health; 2025*

In Northeastern Ontario[2]:

Higher incidence - worse outcomes

- Age-standardized incidence of lung cancer per 100, 000 person years (both sexes, all ages, 2020): **82.0** (vs. Ontario **58.5**)
- Age-standardized 5-year relative survival ratio for all stages combined for lung cancer (both sexes, all ages, 2011-2015, most recent data available): **17.4%** (vs. Ontario **22.8%**)
- Current smoking: percentage of individuals who are daily or occasional smokers (both sexes, adults aged 20+, 2018-2020): **21.6%** (vs. Ontario **15.3%**)

[2]*Ontario Health (Cancer Care Ontario). Cancer Profiles [Internet]. 2023 [cited 2025 Jul]. Available from: cancercareontario.ca/ontariocancerprofiles*

Ontario Cervical Screening Program (OCSP)

The North Bay Regional Health Centre (HPV lab service provider for the North East) reports that from the launch of HPV screening in March 2025, to the end of August, they have seen:

- 14,789 tests performed
- 8% positivity rate for screening
- 204 rejected specimens

The North East participation rate in cervical screening as of June 2025: 58.2%

Tips for successful HPV testing:

- Don't leave the broom head in the vial - cause of 59% of sample rejections
- Always check off the test indication on the referral form
- Ensure the patient's address is their **mailing** address

Cervical Screening Risk-Based Categories

Screening Risk Category	Screening Results	Clinical Next Step
Average Risk	• HPV-Negative	Screen in 5 years
Immunocompromised	• HPV-Negative	Screen in 3 years
Moderate Risk	• HPV-positive (other high-risk types) with normal or low-grade cytology	Re-screen in 2 years
Elevated Risk	• HPV-positive (types 16, 18/45) with normal, low-grade or high-grade cytology	Refer to colposcopy

Find Ontario Health **follow-up guidance** for PCPs with patients who opted to pay for self-collected HPV testing at bit.ly/4pElgeV

Ontario Breast Screening Program (OBSP)

New Guidance: Screening Pregnant and Lactating People in the OBSP

In support of the expansion to people aged 40-49, the OBSP released guidance for counselling pregnant and lactating OBSP participants. See the table below or visit bit.ly/3lC1TCq

Figure 1 - Ontario Breast Screening Program Recommendations for Pregnant and Lactating Participants[3]

Pregnant Participants	
Average risk OBSP	• Participants should be offered screening with mammography
High Risk OBSP	• Participants should be offered screening with mammography and ultrasound • MRI is not recommended as the fetus could be exposed to the contrast dye
Lactating Participants	
Average risk OBSP	• Participants should be offered screening with mammography
High Risk OBSP	• Participants should be offered screening with mammography and MRI • Participants should be informed of the potential risks of contrast dye: a very small amount can pass into breast milk but does not pose a risk to the infant

[3]Source: Ontario Health (Cancer Care Ontario). Ontario Breast Screening Program Recommendations for Pregnant and Lactating Participants. Toronto, ON: Ontario Health; 2025.

Avoid screening for 3 months after giving birth - changes in breast tissue can make imaging less effective.

Reminder: Benefits of starting screening at age 40 vs. 50

Figure 2 - Median lifetime benefits of screening strategies for a cohort of 1,000 40-year-old female persons compared with no screening[4]

	Mortality Reduction (%)	Deaths Averted (/1000)
Biennial 50-74	**24.3** (18.3-27.5)	**6.9** (4.8-8.6)
Biennial 40-74	**28.4** (22.3-31.7)	**8.4** (5.6-10.1)
Comparison of screening starting at age 40 vs. 50	**4% more reduction in mortality**	**1-2 more deaths prevented over a lifetime**

[4]Source: Trentham-Dietz A, Chapman CH, Jayasekera J, et al. Collaborative Modeling to Compare Different Breast Cancer Screening Strategies: A Decision Analysis for the US Preventive Services Task Force. JAMA. Published online April 30, 2024. doi:10.1001/jama.2023.24766

References available upon request. Scrap the paper and become a subscriber!
Email us at northeastcancerscreening@hsnsudbury.ca