



North East Cancer Screening Update

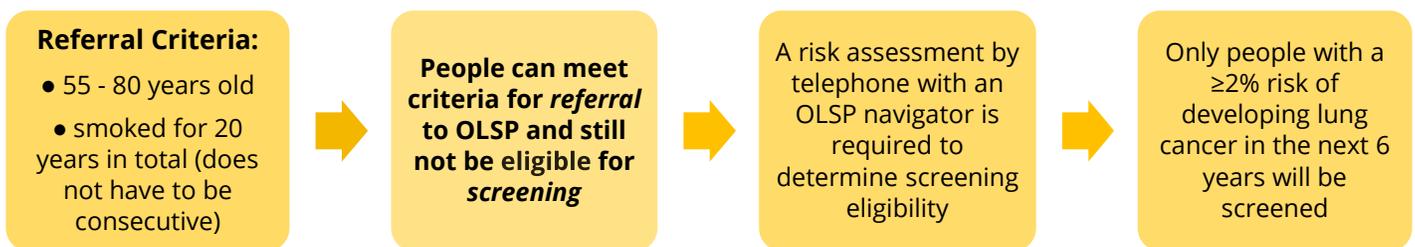
Keeping You Informed

Ontario Lung Screening Program – OLSP (55 to 80 years)



- Expanding OLSP Eligibility Criteria
 - Starting April 2026, the OLSP is expanding eligibility criteria to include other forms of smoked commercial tobacco (i.e., cigarettes, cigars, loose tobacco, pipes or bidi/beedi). The program risk assessment will be updated to reflect this change.
- Smoking Cessation Policy Update
 - Also in April, the OLSP will integrate Stop on the Net (SOTN) as an additional smoking cessation support. This enhancement is to ensure current smokers who interact with the program have access to nicotine replacement therapy.
 - SOTN is a fully virtual and free, six month online smoking cessation program with no referral necessary.

Referral vs Eligibility Reminders for OLSP:



Ontario Breast Screening Program - OBSP (40 to 74 years)



- Correspondence letters for OBSP participants ages 40 to 49 have been expanded and now include screening reminder letters, in addition to normal result letters.

Reminder! People ages 40 – 49 do NOT receive invitation letters to start screening! Discuss screening with these patients so they can make an informed decision about when to start.

Ontario Cervical Screening Program – OCSP (25 to 69 years)



- Some of your patients may be receiving reminder letters for cervical screening, despite being ≥ 70 years old.
 - Upon inquiries to the OCSP, we can share this clarification:
- ➔ If a patient’s most recent cytology test occurred before they reached the age of cessation (69 years), they will continue to receive a recall letter. This is not an error but rather a limitation of the system.
- ➔ **As long as patients have met the previous cytology-based cessation criteria (i.e., stop screening at age 70 if a patient has had 3 negative cytology results in routine screening in the previous 10 years) they do not need to be screened with an HPV test – even if they have received a recall letter from Ontario Health.**

For more information about screening cessation, please refer to the [HPV Testing FAQs](#) available on the HPV Testing Implementation Hub (ontariohealth.ca/HPVhub)



Reach out to us at northeastcancerscreening@hnsudbury.ca if you have any questions.



Ontario Cervical Screening Program (OCS) continued...



- There has been an increase in inquiries about patient management when there are abnormal cytology results prior to HPV testing implementation.
- The OCS provides this guidance in managing patients with *previous abnormal cytology results* during the ongoing transition to HPV testing:

During the transition to human papillomavirus (HPV) testing, how should people who were screening annually after discharge from colposcopy or due to a history of abnormal cytology results be managed?

- People who were screening annually after discharge from colposcopy or due to a history of abnormal cytology results should be screened with an HPV test **one year** after their last cytology test.
 - On the Ontario Cervical Screening Program (OCS) requisition, select test indication: "HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)".
- If their first HPV test result is positive (regardless of HPV type or reflex cytology result), the recommended next step is referral to colposcopy during this transition from cytology to HPV-based testing, as shown in Table 1. It is recommended that providers offering colposcopy accept these colposcopy referrals during the transition to HPV testing.

Table 1: Transitional guidance for people who were screening annually after discharge from colposcopy or due to a history of abnormal cytology results

| Cytology-based screening history | When to screen | Recommended test indication on HPV OCS requisition | HPV test result | Recommended next step |
|--|-----------------------------------|--|--|---|
| <ul style="list-style-type: none"> • Immunocompetent and immunocompromised^a people screening annually due to a history of abnormal results (i.e., a first-time ASCUS/LSIL cytology result or an ASCUS/LSIL cytology result followed by a normal cytology result) • Immunocompetent and immunocompromised^a people screening annually after being discharged from colposcopy with persistent low-grade cytology or an HPV-positive test result | 1 year after last cytology result | HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk) | HPV-negative | Return to average risk screening in 5 years or immunocompromised screening in 3 years |
| | | | HPV-positive (types 16, 18/45), regardless of cytology | Refer to colposcopy |
| | | | HPV-positive (other high-risk types) with high-grade cytology | Refer to colposcopy |
| | | | HPV-positive (other high-risk types) with normal (NILM) or low-grade (ASCUS/LSIL) cytology | Refer to colposcopy |

ASCUS = atypical squamous cells of undetermined significance; LSIL = low-grade squamous intraepithelial lesion; NILM = negative for intraepithelial lesion or malignancy;

^aThe OCS screening recommendations for people who are immunocompromised apply to people who meet the program eligibility criteria and the OCS's definition of being immunocompromised. Refer to the OCS Requisition for a full definition.

Watch for our special colorectal cancer screening bulletin this spring for announcements and information about changes coming to the ColonCancerCheck Program in July 2026

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