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

October 2026

North East Cancer Screening Update

Keeping You Informed

ColonCancerCheck (CCC) - 45 to 74 years

Reminder! Changes as of July 1st

The ColonCancerCheck (CCC) Program underwent significant updates this summer, including new eligibility criteria, lab service provider, FIT device, and process improvements. Here are the highlights, along with some post-launch improvement opportunities.

➔ Eligibility:

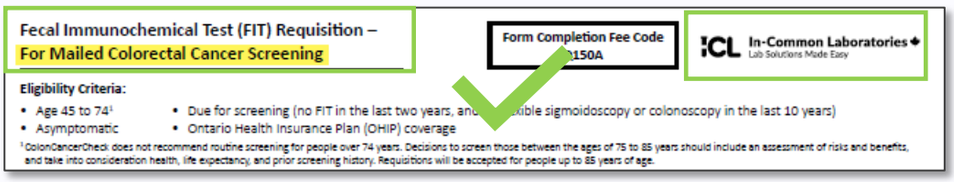
Average risk – screen with FIT	Increased risk – screen with colonoscopy
Recommended for people ages **45*** to 74 who have: • No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer, **or** • Only 1 first-degree relative diagnosed with colorectal cancer **≥ 60** years old. *Evidence suggests that the number of people diagnosed with colon cancer aged 45-49 is approaching the same numbers as in people aged 50-59. Given this, Ontario Health has lowered the start age for colorectal cancer screening from 50 to 45.	Recommended for people starting at age **40**, or 10 years earlier than the age their youngest first-degree relative was diagnosed with colorectal cancer (whichever comes first), if they have: • One or more first-degree relatives diagnosed with colorectal cancer **< 60** years old, **or** • Two or more first-degree relatives diagnosed with colorectal cancer at any age.
The CCC Program has introduced routine screening cessation recommendations for both average-risk and increased-risk screening: **routine screening is not recommended for people at age 75 and older**.† People between the ages of 75 and 85 can choose to get screened through a process of individualized decision making. Consider whether the benefits outweigh the risks through an informed discussion. Screening with any modality is not recommended for people 86 years of age and older. †Primary care clinicians can order FIT starting at age 44 and up until the age of 85. At 86 or older, requisitions will be rejected by the lab.	

➔ Ordering FIT:

- As of July 1st, **all FIT requisitions** (including retests/replacements for LifeLabs kits ordered prior to July 1st) should **be faxed to In-Common Laboratories (ICL) at 1-833-520-1544,** using the ICL-branded FIT requisition (see tip box below for selecting the correct requisition form).
- In all cases, LifeLabs requisitions will be rejected and clinicians will need to re-submit to ICL using the correct ICL-branded requisition.
- Requisitions are available from OntarioMD-certified EMR libraries or at: www.ontariohealth.ca/coloncancercheckhub.

TIP: have the LifeLabs FIT requisition with the incorrect fax number **removed** from your EMR and replaced with the ICL-branded requisition and new fax number (NOT ICL "Kits-on-Hand" requisition).

Ensure you have the correct FIT Requestion Form saved in your EMR*





*In the North East only primary care clinicians with the Weeneebayko Area Health Authority use the ICL FIT Kits-on-Hand requisition



*LifeLabs requisitions are no longer used for ordering CCC FIT kits

➔ **Receiving FIT Results:**

EMR: Work is underway to make FIT results available directly in OntarioMD-certified EMRs. While FIT results are still temporarily being faxed, ICL is now **phoning** the offices of clinicians who have patients with abnormal FIT results.

Fax: Ontario Health (Cancer Care Ontario) is working with ICL to have FIT results faxed individually (i.e., one patient result per fax transmission) instead of multiple patient/clinician results in one fax.

OLIS: All FIT results are available in OLIS. As an interim measure, consider using the fax result as a prompt to have the OLIS report downloaded into your EMR. This will ensure the result is searchable and preventative care tools are updated.

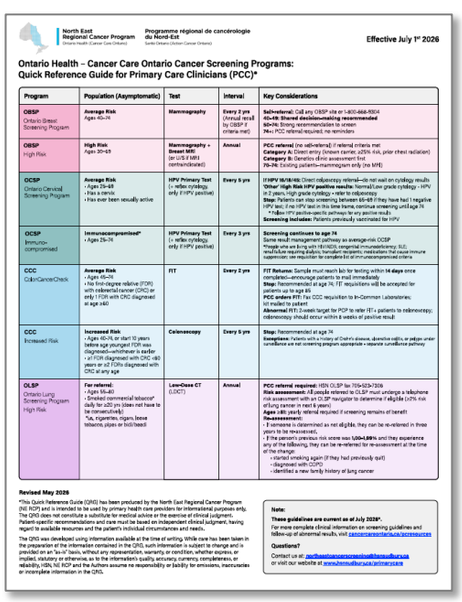
➔ **Fax verification:** ICL is required to verify clinicians' fax numbers to ensure that FIT results are sent only to the intended recipient.

Fax verification is only required in the following cases:

- You have not ordered a FIT in the past two years;
- Your fax number changes (if you change practice locations, but keep the same fax number, you do not need to re-verify);
- You have ordered a FIT in the past two years, but:
  - Your fax number from LifeLabs was missing
  - The information that ICL pre-populated from LifeLabs differs from the number received on the FIT requestion you submitted (personal identifiers and fax number).
- Note: the majority of clinicians do not need to verify their fax number(s).

If ICL sent you a fax verification form, please sign and fax it back as soon as possible. ICL will be faxing daily reminders to clinicians who have results pending and have not verified their fax number. In addition, until fax verification occurs, ICL will call clinicians with abnormal results.

New Cancer Screening Resource



North East Regional Cancer Program | Programme régional de cancérologie du Nord-Est

Effective July 1st 2026

Ontario Health – Cancer Care Ontario Cancer Screening Programs: Quick Reference Guide for Primary Care Clinicians (PCC)*

Program	Population (Asymptomatic)	Test	Interval	Key Considerations
OBSP Ontario Breast Screening Program	**Average Risk** • Ages 40–74	Mammography	Every 2 yrs (Annually if at risk by OBSP if criteria met)	**Self-referral:** Call any OBSP site or 1-800-668-8004 **Ages 40–49:** Shared decision making is recommended **50–74:** Strong recommendation to screen **No:** PCC referral required; no reminders
OBSP High Risk	**High Risk** Ages 30–69	Mammography + Breast MRI (or US if MRI contraindicated)	Annual	**PCC referral** (no self-referral) if referral criteria met **Category A:** Direct entry (breast cancer, ≥25% risk, prior chest radiation) **Category B:** Genetics clinic assessment first **70–74:** Existing patients—mammogram only (no MRI)
OCSP Ontario Cervical Screening Program	**Average Risk** • Ages 25–69 • Has a cervix • Has ever been sexually active	HPV Primary Test (+ reflex cytology, only if HPV positive)	Every 5 yrs	If HPV 16/18/45: Direct colposcopy referral—do not wait on cytology results **Other High Risk HPV positive results:** Normal/Low grade cytology + HPV in 2 years, High grade cytology = refer to colposcopy **Stop:** Patients can stop screening between 65–69 if they have had 1 negative HPV test, if no HPV test in this time frame, continue screening until Age 74 * Follow HPV positive-specific pathways for any positive results **Screening includes:** Patients previously vaccinated for HPV
OCSP Immuno-compromised	**Immunocompromised*** • Ages 25–74	HPV Primary Test (+ reflex cytology, only if HPV positive)	Every 3 yrs	**Screening continues to age 74** Same result management pathways as average-risk OCSP *People who are living with HIV/AIDS; congenital immunodeficiency; SLE; renal failure requiring dialysis; transplant recipients; medications that cause immune suppression; see requisition for complete list of non-unscreened criteria
CCC ColonCancerCheck	**Average Risk** • Ages 45–74 • No first-degree relative (FDR) with colorectal cancer (CRC) or only 1 FDR with CRC diagnosed at age ≥60	FIT	Every 2 yrs	**FIT Returns:** Sample must reach lab for testing within **14 days** once completed—encourage patients to mail immediately **Stop:** Recommended at age 74; FIT requisitions will be accepted for patients up to age 85 **PCC orders FIT:** Fax CCC requisition to In-Common Laboratories; kit mailed to patient **Abnormal FIT:** 2-week target for PCP to refer FIT+ patients to colonoscopy; colonoscopy should occur within 8 weeks of positive result
CCC Increased Risk	**Increased Risk** • Ages 40–74, or start 10 years before age youngest FDR was diagnosed—whichever is earlier • ≥1 FDR diagnosed with CRC <60 years or ≥2 FDRs diagnosed with CRC at any age	Colonoscopy	Every 5 yrs	**Stop:** Recommended at age 74 **Exceptions:** Patients with a history of Crohn's disease, ulcerative colitis, or polyps under surveillance are not screening program appropriate • separate surveillance pathway
OLSP Ontario Lung Screening Program High Risk	**For referral:** • Ages 55–80 • Smoked commercial tobacco* daily for ≥20 pack-years (pack-years do not have to be consecutive) *eg, cigarettes, cigars, loose tobacco, pipes or boil/bead	Low-Dose CT (LDCT)	Annual	**PCC referral required:** HSN OLSP fax 705-523-7309 **Risk assessment:** All people referred to OLSP must undergo a telephone risk assessment with an OLSP navigator to determine if eligible (≥3% risk of lung cancer in next 6 years) **Stop:** Age 77 (annual referral required if screening remains of benefit) **Reassessment:** • If someone is determined as not eligible, they can be re-referred in three years to be reassessed, • If the person's previous risk score was **≥3.04-2.99%** and they experience any of the following, they can be re-referred for reassessment at the time of the change: - started smoking again (if they had previously quit) - diagnosed with COPD - identified a new family history of lung cancer

Revised May 2026

*This Quick Reference Guide (QRG) has been produced by the North East Regional Cancer Program (NE RCP) and is intended to be used by primary health care providers for informational purposes only. The QRG does not constitute a substitute for medical advice or the exercise of clinical judgment. Patient-specific recommendations and care must be based on independent clinical judgment, having regard to available resources and the patient's individual circumstances and needs.

The QRG was developed using information available at the time of writing. While care has been taken in the preparation of the information contained in the QRG, such information is subject to change and is provided "as is" basis, without any representation, warranty or condition, whether express, implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability. HSN, NE RCP and the Authors assume no responsibility or liability for omissions, inaccuracies or incomplete information in the QRG.

Note:
These guidelines are current as of July 2026*.
For more complete clinical information on screening guidelines and follow-up of abnormal results, visit cancercareontario.ca/screencues

Questions?
Contact us at: northeastcancerscreening@hsnsudbury.ca
or visit our website at www.hsnsudbury.ca/primarycare

- The North East Regional Cancer Program has developed a new reference tool for primary care clinicians to help stay up-to-date with the many recent cancer screening program updates. All four provincial cancer screening programs are included.
- The resource also has a section on Key Considerations which focuses on important follow-up or eligibility information.
- The *Ontario Health – Cancer Care Ontario Cancer Screening Programs: Quick Reference Guide for Primary Care Clinicians* tool **is included as a hard-copy or PDF** in this issue of the newsletter for your reference.
- Your feedback on the new tool is welcome! Let us know how we can improve it at our email address below.

Coming soon!

Our next newsletter will highlight the launch of **mobile cancer screening** services in the North East region.

Don't miss out on cancer screening updates -
join our electronic distribution list by emailing us at **northeastcancerscreening@hsnsudbury.ca**

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

Programme régional de cancérologie du Nord-Est
Santé Ontario (Action Cancer Ontario)

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OBSP High Risk	**High Risk** Ages 30–69	**Mammography + Breast MRI** (or U/S if MRI contraindicated)	**Annual**	**PCC referral** (no self-referral) if referral criteria met **Category A:** Direct entry (known carrier, ≥25% risk, prior chest radiation) **Category B:** Genetics clinic assessment first **70–74:** Existing patients–mammogram only (no MRI)
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