



North East Cancer Screening Update

Keeping You Informed

ColonCancerCheck – CCC: Important Changes starting July 1st, 2026



- Lower screening start age (FIT at 45 years)
- New eligibility criteria for average and increased risk programs
- New lab and device vendors for FIT
- Process enhancements

Important:
All CCC changes
go live starting
July 1st

Lower screening start age

- **Average-risk:** participants will start screening with FIT at age 45 (previously age 50).
- **Increased-risk:** participants will start screening with colonoscopy at age 40, or 10 years before the age that the participant’s youngest first-degree relative (FDR) was diagnosed – whichever is earlier.

New eligibility criteria

Average risk – screen with FIT	Increased risk – screen with colonoscopy
<p>Recommended for people ages 45* to 74 who have:</p> <ul style="list-style-type: none"> • No first-degree relatives (parents, siblings or children) diagnosed with colorectal cancer, or • Only 1 first-degree relative diagnosed with colorectal cancer at ≥ 60 years old. <p><small>*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.</small></p>	<p>Recommended for people starting at age 40, or 10 years earlier than the age their youngest FDR was diagnosed with colorectal cancer (whichever comes first), if they have:</p> <ul style="list-style-type: none"> • A FDR (parent, sibling or child) diagnosed with colorectal cancer < 60 years old, or • Two or more FDRs diagnosed with colorectal cancer at any age.
<p>The CCC Program has introduced routine screening cessation recommendations for both average-risk and increased-risk screening: stop routine screening at age 74[†].</p> <p><small>[†]PCPs can order FIT up until the age of 84 after discussion with the patient. At 85, requisitions will be rejected by the lab.</small></p>	

New Lab and Device Vendors for FIT

- ColonCancerCheck is switching from LifeLabs to In-Common Laboratories (ICL) for the distribution and testing of all program-related FITs.



- Micronostyx is supplying the new FIT device. Before go-live, you will be sent a sample of the new FIT device for demonstration purposes.

- Changes will include a new FIT requisition for use with ICL starting July 1st.
- Results will automatically be faxed unless you register with ICL to receive FIT results via EMR by completing the form at www.iclabs.ca/FIT/reports.

Process Enhancements

- A new FIT kit will be sent directly to participants following a rejected FIT device or invalid result – no new requisition required if it has been < 12 months since the original requisition was submitted.
- New reminder letter correspondence campaign for patients, including a patient reminder letter if they have not completed their test within two months.
- Improved result report messaging for providers.



ColonCancerCheck – CCC continued (45 to 74 years)



RESOURCES to help you prepare for these changes (e.g., new requisition, FAQ, etc.) are available on the Ontario Health website: ontariohealth.ca/coloncancercheckhub

WEBINARS for primary care providers regarding the ColonCancerCheck program changes will be offered:

1 North East Regional Cancer Program*:

Webinar: June 23, 12:00 – 1:00 p.m. Register at <https://bit.ly/42IYxK8>

*Certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ Group Learning credit

2 Ontario Health (Cancer Care Ontario):

Webinar: June 10, 7:30 - 8:30 a.m. - <https://bit.ly/4uukgM4>

Need additional support? Email us at northeastcancerscreening@hsnsudbury.ca



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



• In the past year of HPV testing as the primary screening test for cervical cancer in Ontario, several common issues have been identified. Please use the following table and the HPV Testing FAQs located on the **HPV Testing Resource Hub** (www.ontariohealth.ca/HPVhub) as a guide to address these issues.

Issue	Action
<p>① Screening at the appropriate OCSP interval to avoid specimen rejections – an increase in tests performed more often than the OCSP's recommended screening intervals has been observed.</p>	<ul style="list-style-type: none"> Follow the recommended OCSP screening intervals. Confirm that the patient meets program eligibility criteria. Reassure patients that an HPV negative result provides long-term protection against cervical pre-cancer.
<p>② Choosing the appropriate "specimen site" field on the OCSP requisition.</p> <p>Site: <input type="checkbox"/> Cervical/endocervical <input type="checkbox"/> Vaginal</p>	<ul style="list-style-type: none"> Choose one specimen site only. The "vaginal" specimen site should only be chosen when collecting a specimen from someone who meets the criteria for one-time vaginal vault testing (i.e., post total hysterectomy). For all other test indications, choose the "cervical/endocervical" site, including for people whose cervix could not be adequately visualized.
<p>③ Managing people with annual screening intervals (e.g., history of abnormal cytology (ASCUS/LSIL) requiring annual repeat testing or who were screening annually after discharge from colposcopy before HPV testing implementation) during the transition to HPV testing.</p>	<ul style="list-style-type: none"> Choose the "HPV-positive (other high-risk types) with normal or low-grade (NILM/ASCUS/LSIL) cytology: 2-year follow-up (moderate risk)" test indication on the screening requisition. Refer to colposcopy if their first HPV test result is positive, regardless of HPV type or reflex cytology result.
<p>④ Managing people with abnormal symptoms.</p>	<ul style="list-style-type: none"> People with any visible abnormality or symptoms suggestive of cervical cancer (e.g., abnormal vaginal bleeding or post coital bleeding) need further clinical assessment and/or referral to a specialist, regardless of their cervical screening test results. Any testing done as part of the clinical work-up should be ordered outside of the OCSP using a non-OCSP requisition.
<p>⑤ Incorrect or incomplete screening participant mailing address on requisition.</p>	<ul style="list-style-type: none"> Participants may not get OCSP correspondence letters. Have a process in place to check whether someone's mailing address listed on the OCSP requisition is complete and up to date, especially PO boxes or apartment/unit numbers (most frequent source of error), where applicable.

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