
Early Detection Programs

of the Saskatchewan Cancer Agency

Regional Nurses Workshop
November 2017
Saskatoon



Learning Objectives:

- The services offered by the Saskatchewan Cancer Agency.
- Cancer screening criteria.
- Types of cancer screening.
- Challenges of cancer screening.

Saskatchewan Cancer Agency

- We are a provincial healthcare organization that provides cancer control in the province.
- We have a long history of providing cancer control since 1930.
- The Cancer Agency is governed by provincial legislation.

Saskatchewan Cancer Agency

- Our vision:

A healthy population free from cancer.

- Our mission:

To provide leadership in health promotion, early detection, treatment and research for cancer.

Saskatchewan Cancer Agency

- Our values:
 - Courage
 - Integrity
 - Vision Driven
 - Innovation
 - Collaboration

Saskatchewan Cancer Agency

■ Our services:

- Treatment
- Community Oncology Program
- Research
- Early Detection
- Prevention
- Patient and Family Advisory Council
- Fundraising

Wilson and Jungner Screening Principles

- In 1968, the World Health Organization commissioned a report on screening from James Maxwell Glover Wilson and Gunner Jungner.
- This report is the foundation for the Saskatchewan Cancer Agency's screening programs.

Five Principles of Screening

- The condition should be an important health problem.
- There should be a recognizable latent or early symptomatic stage.
- There should be a test or examination for the condition.
- Facilities for diagnosis and treatment should be available.
- There should be an accepted treatment for the condition.

Why Screen for Cancer?

- To find and treat abnormal cells to prevent cancer
- To reduce incidence and mortality from disease

Early Detection

Early Detection Saves Lives



<p>Prevention Program for Cervical Cancer</p>	<p>Screening Program for Colorectal Cancer</p>	<p>Screening Program for Breast Cancer</p>
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www.saskcancer.ca

- Early detection is an important part of a healthy lifestyle

Screening Program for Breast Cancer



History of the Program

- Organized breast screening programs started across Canada in the late 1980s.
- In Saskatchewan we started as a pilot project in 1990.
- The program went province-wide in 1995.

Screening test used is the digital mammogram



Screening Criteria

- For all Saskatchewan women who:
 - are 50 years of age or older;
 - do NOT have symptoms such as lumps, bloody nipple discharge or skin changes;
 - do NOT have breast implants;
 - are NOT on active follow-up for breast cancer;
 - have been cancer-free for five years.

Canadian Task Force on Preventive Health Care

- Recommends screening women at average risk aged 50-74, with mammography every 2-3 years.
- *Not* recommended for routine screening for breast cancer for the following:
 - aged 40 – 49
 - MRI
 - clinical breast exam
 - breast self exam.

Where can you be screened?

- We have:
 - Two permanent sites – Regina and Saskatoon
 - Six satellite sites – Yorkton, Moose Jaw, Swift Current, North Battleford, Prince Albert and Lloydminster
 - Mobile – rural and remote areas of the province

Screening Program for Breast Cancer Mobile Bus



Breast Cancer Statistics

- Most common cancer for women.
- 2nd leading cause of death.
- 720 new SK cases; 160 deaths in 2016
- 75% diagnosed cases are early stage.
- 90% of cancers occur in women 50 years or older

Program Components

- Woman are invited by:
 - Invitation letter when they turn 50;
 - Re-invited every two years.
- Mammograms results:
 - Normal results provided to women and their primary care practitioner.
 - Abnormal results:
 - Women are contacted by client navigator if the primary care practitioner has signed an all-medical directive
 - Primary care practitioner follows through if no signed all-medical directive.

Program Components- Results

- If a client has a normal mammogram, both her and her primary care provider will receive a result letter
- If the client has an abnormal report, the client will be contacted by either her primary health care provider or one of our client navigators

Client Navigation

- The Screening Program for Breast Cancer in Saskatchewan is a fully navigated program.
- Our client navigators are registered nurses.

Goals of Client Navigation

- Improve access to diagnostics and decrease wait time from abnormal screen to diagnostic testing
- Reduce anxiety levels of women with an abnormal screen
- Standardize care across the province

Client Support

- Support women with an abnormal screen and their families by:
 - Booking the follow-up diagnostic tests and informing them of the time/location.
 - Answering concerns about an abnormal screening mammogram.
 - Providing emotional support and educational information to help reduce anxiety/stress.
 - Helping them understand the process and addressing any problems encountered.

Participation

Screening Program for Breast Cancer	2013/14	2014/15	2015/16	2016/17
Number of screening mammograms on the mobile unit	8,390	8,137	9,022	8,266
Number of screening mammograms at the Regina centre	11,488	10,999	10,305	11,304
Number of screening mammograms at the Saskatoon centre	8,445	8,803	8,613	8,961
Satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,744	10,205	10,314	9,990
Total number of mammograms	39,067	38,144	38,254	38,521
	April 2012-March 2014	April 2013-March 2015	April 2014-March 2016	April 2015-March 2017
Participation rate	41.5%	41.0%	40.3%	40.3%

Questions?

Screening Program for Cervical Cancer



History of the Screening Program

- Implemented in August 2003
- A screening program of the Saskatchewan Cancer Agency dedicated to the prevention of cervical cancer
- Target Population
 - Saskatchewan women
 - 21 to 69 years of age



Screening Criteria

- Women should start cervical cancer screening (Pap test) at age 21 or approximately three years after first intimate sexual activity, whichever occurs later.
- Excludes:
 - Total hysterectomy
 - Cervical cancer

Screening Interval

- Pap test should begin at age 21 or approximately 3 years after first intimate sexual activity – whichever occurs later
- Screen every 2 years until 3 consecutive normal results
 - Then extend the screening interval to every 3 years
- Some women require annual Pap test screening because of increased risk or past cervical disease.

Discontinue Screening

- Women older than 69 who have had three negative Pap tests at the recommended screening interval in the last 10 years.
- Women who have had a total hysterectomy (cervix removed) for benign disease.
- Women older than 69 who have never been screened should screen with three annual Pap tests. If all negative, discontinue screening.

Cervical Cancer Statistics

- 50 new SK cases; 20 deaths.
- 37% of women diagnosed with squamous cell carcinoma & 30% with non-squamous cell carcinoma had their last Pap test > 5 years before diagnosis.
- Almost all cases of cervical cancer caused by HPV.

Statistics

- 55.2% participation rate.
 - National target is 80%.
- 95,644 pap tests completed in 2016.
- Unable to track wait time data.

Participation

Screening Program for Cervical Cancer	2013/14	2014/15	2015/16	2016/17
Number of Pap tests completed in health regions	103,368	100,257	97,628	95,244
	April 2011-March 2014	April 2012-March 2015	April 2013-March 2016	April 2014-March 2017
Participation rate (non-hysterectomy corrected)	57.8%	55.6%	55.2%	55.2%

Role of Screening Program for Cervical Cancer

- Provide education about cervical screening and cervical cancer to both women and health care providers
- Inform women when they are due for a Pap test
 - Invitation letters
 - Recall and reminder letters
- Notify all women by mail of their Pap test result

Role of Screening Program for Cervical Cancer

- Communicate with care providers to ensure appropriate follow-up of abnormal and unsatisfactory Pap test results
- Provide reports to health care providers of patients that are overdue or have outstanding follow-up

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Program Components

- Colposcopy services are provided by gynecologic oncologists as well as general gynaecologists.
- HPV Vaccinations
 - Girls in Grade 6 or 13 years of age receive series of 3 doses. Started in September 2008.
 - Boys in Grade 6 or 13 years of age will receive series of 3 doses in September 2017.

Where does the Screening Program for Cervical Cancer data come from?

- Saskatchewan Ministry of Health
 - Demographic data
 - Name, date of birth, current address
- Information Services Corporation of Saskatchewan (ISC)
 - Vital Statistics
- Cancer Registry
 - Cervical Cancers
- Cytology & Histology Laboratories and Colposcopy
 - Regina Qu'Appelle and Saskatoon Health Regions

Screening Program for Cervical Cancer Coordinates Data For About 350,000 Women

- Screening Program for Cervical Cancer coordinates key pieces of data to help women seek treatment and follow-up for the prevention of cervical cancer through their healthcare provider.
 - **Cytology** – Pap test results (electronic import)
 - **Colposcopy** – special microscopic examination (manual data entry)
 - **Histology** – Biopsy results (electronic import & manual data entry)
 - **Cervical Cancer** – cancer reports (electronic import)

Pap Test Result – Normal

- Cervical cells appear normal
- Continue with one year, two year or three year screening interval

Pap Test Result – Unsatisfactory

- Difficult to see the cervical cells clearly
- May be due to:
 - Blood mixed with the cells
 - Inflammation
 - Not enough cells were collected
 - Slide may have broken in transit
- Repeat Pap test in three months

Pap Test Result – Abnormal Low

- Abnormal low grade
 - Minor changes to the cervical cells (CIN I)
 - Repeat Pap test in six months and one year
 - Repeated abnormal results – refer for colposcopy
 - Both normal – return to routine screening

Pap Test Result – Abnormal High

- Abnormal high grade
 - Pre-cancerous (CIN 2 or CIN 3)
 - Requires further investigation/treatment
 - Refer for colposcopy

Treatment for Abnormal Cells

- LEEP (Loop Electrosurgical Excision Procedure) – surgery using local anesthetic, that uses an electric wire loop to remove abnormal tissue.
- Cone biopsy – day surgery procedure where a cone-shaped piece of abnormal tissue is removed from the cervix
- Laser therapy – uses a narrow beam of light to remove abnormal cells in the cervix.
- Cryotherapy – treatment that uses extreme cold (freezing) to destroy abnormal tissue on the cervix.

Contact Information

Saskatchewan Cancer Agency Screening Program for Cervical Cancer

Telephone: 1-800-667-0017

Fax: 639-625-2197

Email: denise.corbin@saskcancer.ca

Website: www.saskcancer.ca/ppcc



Thank you!

**Cervical Screening
Saves Lives**

Screening Program for Colorectal Cancer



Saskatchewan Screening Program for Colorectal Cancer

- Population based program.
- For asymptomatic patients.
- Primarily NOT for cancer detection but if cancer detected then at an earlier stage.
- Primarily to detect and remove pre-cancerous lesions.
- Success requires high participation rates and excellence in quality of colonoscopies

History of the Screening Program

- Program was launched in 2009.
- Target population consists of approximately 300,000 men and women between the ages of 50 – 74 yrs.
- Estimated 150,000 invitations are sent out annually

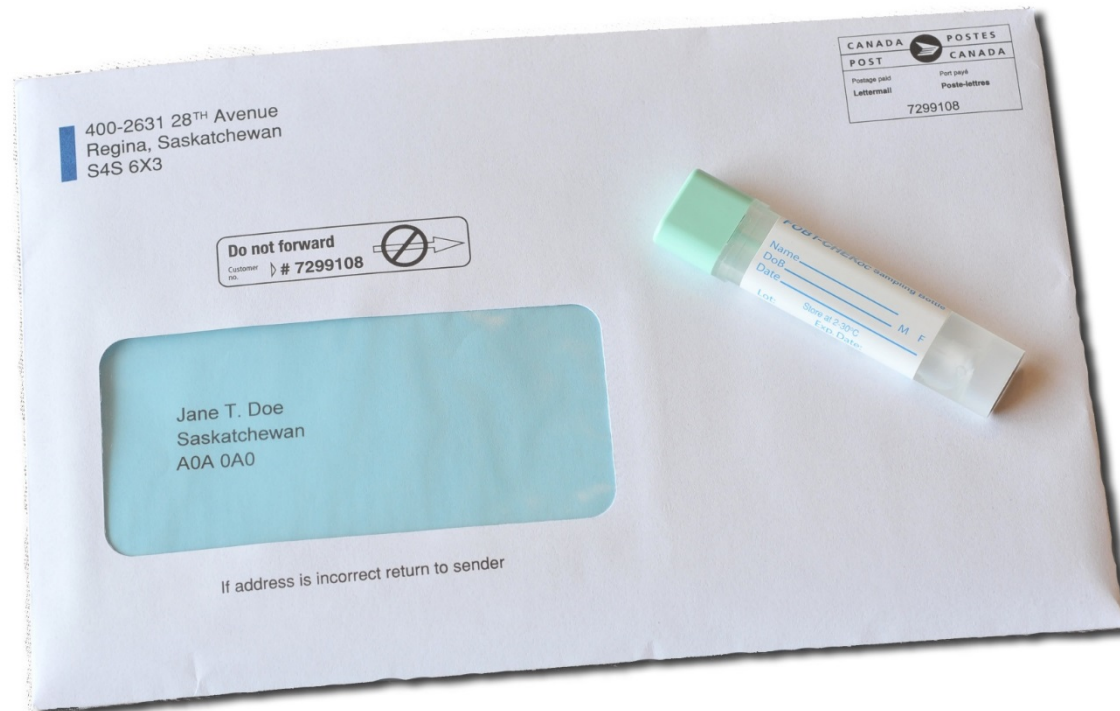
Screening Criteria

- For all Saskatchewan residents who:
 - are between ages of 50 – 74 years;
 - have not been diagnosed with cancer in the past five years.

Colorectal Screening Test Used

- Fecal Immunochemical Test (FIT kit)
 - One day stool sample kit
 - No dietary restrictions
 - Specific to human blood
 - Easier to use than the previous 3 day sample collection test

The FIT Kit sent to clients



Colorectal Cancer Trends

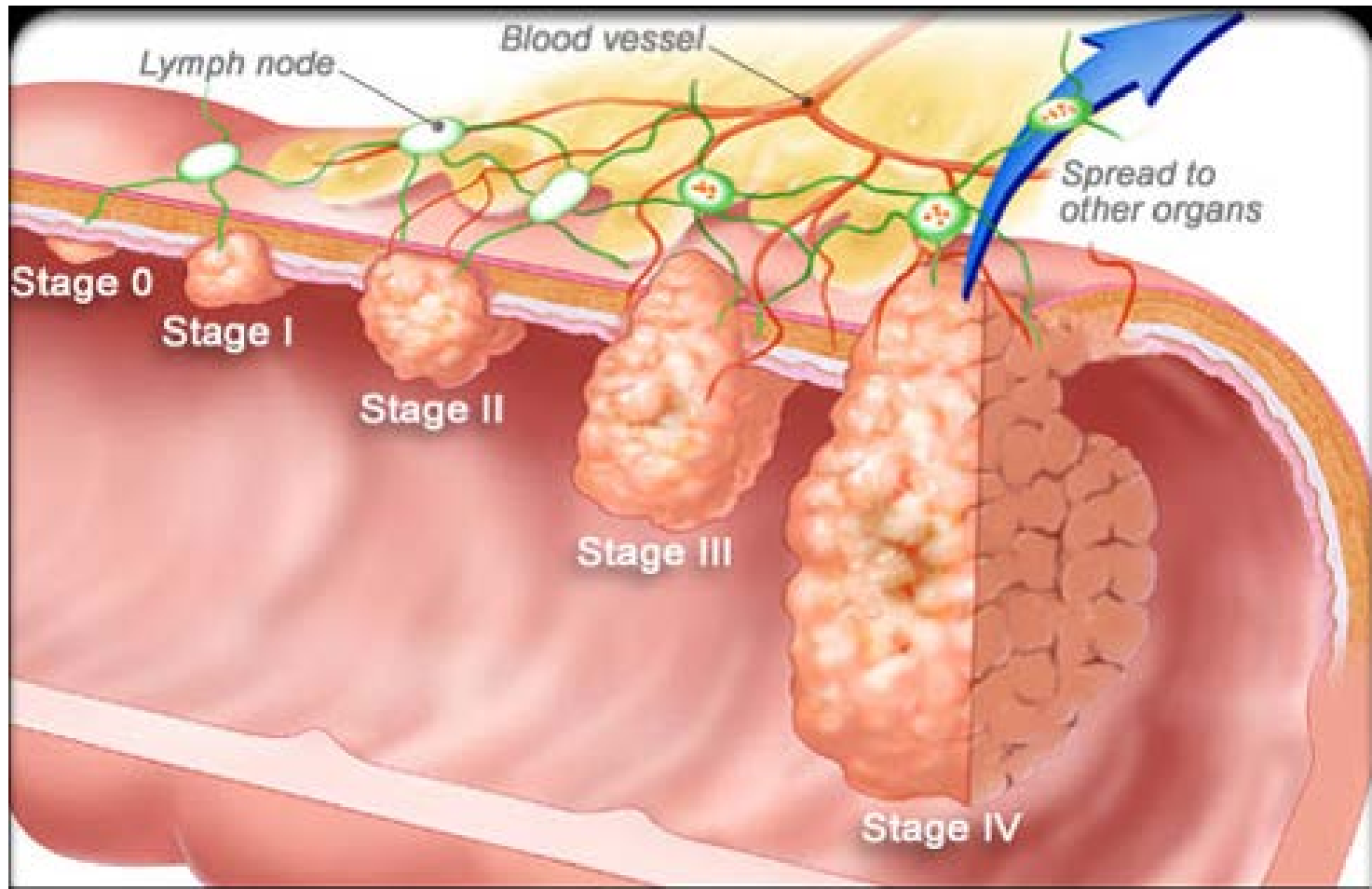


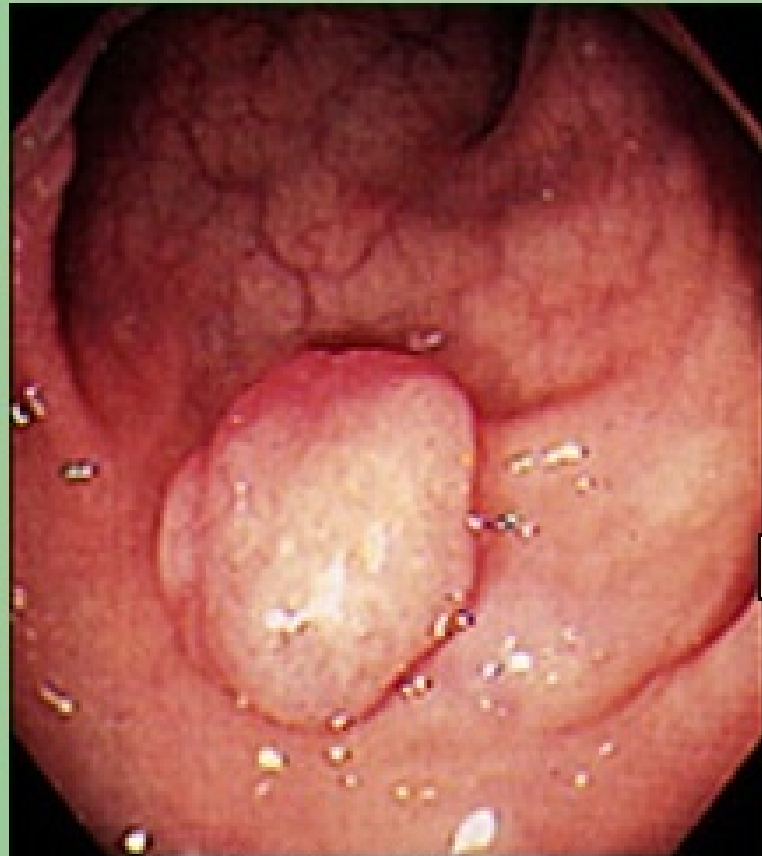
- About **93%** of CRC cases diagnosed in adults who are 50 years of age or older

Colorectal Cancer Statistics (2016)

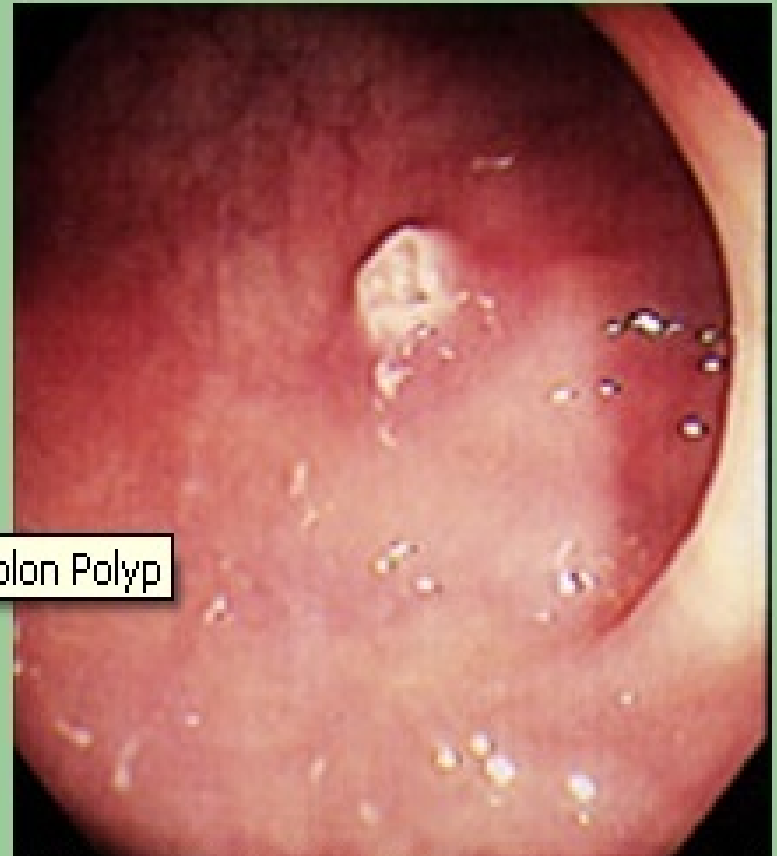
- 2nd most common cancer for males; 3rd most common for females.
- 2nd leading death for males; 3rd leading death for females.
- 840 new cases in SK; 280 deaths.
- 90 percent of colorectal cancer can be prevented or successfully treated if caught early

Colon Cancer Staging





Colon Polyp



Site After Polyp Removal

Colon Polyp

Canadian Task Force on Preventive Health Care

- Recommends individuals at average risk, aged 50-74, screen for colorectal cancer with a fecal test every 2 years or flexible sigmoidoscopy every 10 years.
- Does not recommend the following:
 - Screening individuals aged >75;
 - Using colonoscopy as a screening test.

Program Components

- Individuals are invited by:
 - Invitation letter at age of 50;
 - FIT kit sent 2 weeks later;
 - Reminder letter sent in 9 weeks and 18 weeks if there has been no response;
 - Recall and reminder letter every 2 years;
 - Physician requisitioned kits through primary care practitioner.

Program Components - Results

- FIT tests results:
 - Normal results provided to client and their doctor.
 - Abnormal results are followed through by nurse navigator if medical directive signed or through health care practitioner.
- Client navigation being expanded.

Challenges

- Clients with abnormal results waiting for a colonoscopy wait longer than clients navigated through program.
- Not receiving endoscopy reports.

Screening Program Participation

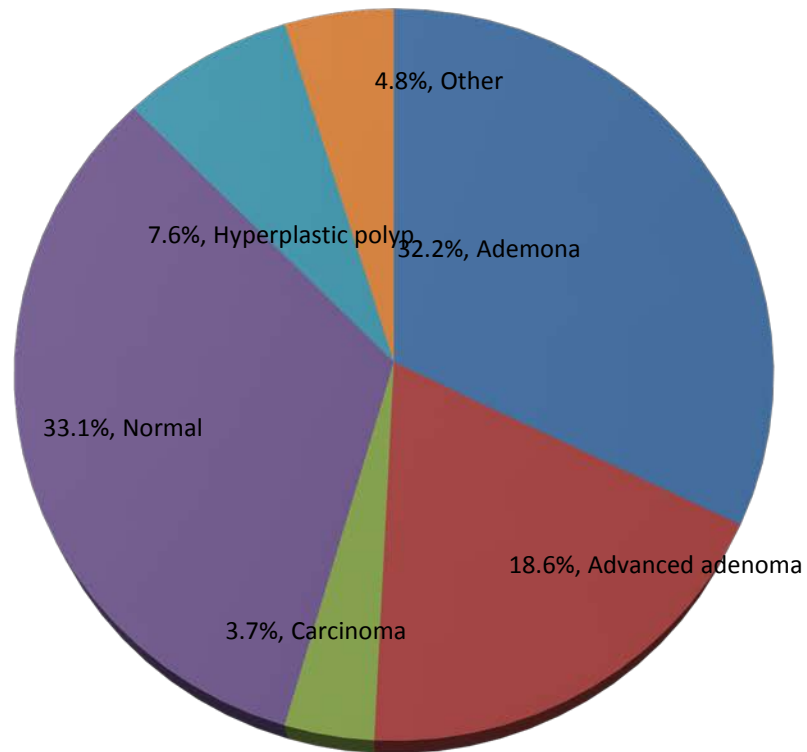
- Between April 2013 and March 2015, 148,766 people have completed at least one FIT test
- Saskatchewan has the highest participation rate across Canada at 51.3 per cent
- Canadian benchmark is 70%

Pathology of FIT Positive Patients

- 92% of clients have normal FIT tests, therefore don't need colonoscopy
- Approximately 8% positivity rate on FIT test.
- These clients may proceed to colonoscopy
- Colonoscopy Outcome Data shown on Pie Chart

Pathology - Saskatchewan

Pathology Outcome Data
1 Apr 2015-31 Mar 2017 n=10122



What do the numbers mean?

- 400 people complete a FIT kit
 - 368 people have a normal result
 - 32 people have abnormal result
 - 1 person found to have cancer
 - 10 people have Adenoma
 - 6 people have Advanced Adenoma
 - 2 people had polyps
 - 11 people were found to be normal
 - 2 person had other condition



Questions

???

Challenges and/or Barriers to Screening

■ **Knowledge:**

- PCPs
- Clients
- Ongoing education

Challenges and/or Barriers to Screening

■ **Access:**

- Rural and remote areas
- Northern communities
- No phones/fixed address
- Road conditions
- Weather
- Travel costs
- Geographic distances to services

Challenges and/or Barriers to Screening

■ Language:

- Reading materials and resources
- Invite letters
- Phone conversations
- Availability of translators
- Diverse groups of men and women

Challenges and/or Barriers to Screening

■ Awareness and communication:

- Relationship building
- Engaging the community health care providers
- Commitment of the local PCPs to encourage screening
- Re-engagement of the community
- Community roles and responsibilities
- Commitment of local advocates and leaders
- What type of communication tools to use
- How to effectively communicate to clients

Challenges and/or Barriers to Screening

■ Cultural considerations:

- Various health beliefs and practices
- Trust of the “system”
- Priorities, values and lifestyles of different cultures
- Cultural concepts of cancer and its prevention
- Understanding life experiences and attitudes towards healthcare
- Preference for female healthcare provider

Challenges and/or Barriers to Screening

■ Resources:

- Limited budgets, staff and time
- Sustainability of resources
- Sustainability of relationships/partnerships in communities



Our Facilities

- › Allan Blair Cancer Centre, Regina
- › Saskatoon Cancer Centre
- › Cancer Patient Lodges

Our Programs

- › Community Oncology Program of Saskatchewan
- › Early Detection Programs
- › Cancer Prevention
- › School of Radiation Therapy
- › Drug Formulary

More Information

- › Shortage of BCG for Treatment of Bladder Cancer
- › Cameco Touchdown for Dreams
- › Make a Donation
- › Media Room
- › Publications
- › Cancer Statistics

Your donation stays in Saskatchewan

YOU CAN MAKE
A DIFFERENCE
DONATE TODAY!

WAYS OF GIVING



Our Values:

Focus on Data & Outcomes

Evidence, evaluation,
improvement



At the **Saskatchewan Cancer Agency** we provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research.

Patients & Families

- › New Patient Information
- › Frequently Asked Questions
- › Treatment Centres
- › Counseling and Support
- › Quality of Care Coordinator
- › Patient and Family Advisory Council
- › First Nations and Métis Cancer Surveillance Program

Professionals

- › Referral Centres
- › Clinical Practice Guidelines
- › Follow-up Guidelines
- › Clinical Trials
- › Join our Team

Early Detection & Prevention

- › Breast Cancer Screening
- › Cervical Cancer Prevention
- › Colorectal Cancer Screening
- › Cancer Prevention

Research

- › Cancer Research Department
- › Epidemiology Research
- › Cancer Registry

What's New

› Support Services Calendars

The support services calendars for February are now available.

› Public Health Update

Health officials in Saskatchewan are monitoring the Ebola situation, in collaboration with the Public Health Agency of Canada, other Canadian provinces, and the World Health Organization. Preparedness plans are underway in Canada to facilitate prompt identification and prevention of the spread of serious infectious diseases like Ebola virus disease. More information is available from the Ministry of Health at <http://www.health.gov.sk.ca/ebola>.



50 per cent of cancers can be prevented through a healthy lifestyle

What are the advantages of organized screening programs?

- Population-based recruitment
- Invite letters/reminders –we also use reminder phone calls
- Coordinated follow-up of abnormal results
- Systematic quality assurance
- National indicators – reportable to CPAC

Key message

- Early Detection Saves Lives
- Organized screening has processes in place to ensure the circle of care is completed.
- We all know that seldom or never screened populations are at increased risk of unfavorable outcomes if diagnosed with cancers because it is most likely not early stage.