



Cancer Screening Special Bulletin

March 2021

Breast cancer screening and COVID-19 quick tips

As eligible patients are in the process of being vaccinated against COVID-19, we would like to highlight an important observation that has been brought forward by the Canadian Society of Breast Imaging.

Relative to other vaccines, there appears to be a higher rate of unilateral axillary adenopathy associated with at least the Moderna and Pfizer-BioNTech COVID-19 vaccines.

As such, it may be worth considering advising patients due for screening to have their mammogram just prior to receiving the vaccine or to delay it by 4 to 6 weeks after the second dose, when it is safe to do so. Women who are overdue for screening, cannot delay mammograms or are symptomatic should proceed to have their mammogram irrespective of the timing of their COVID-19 vaccine.

Should your patient have a mammogram done within 4 weeks of receiving either the first or second vaccine dose, and has a finding of ipsilateral unilateral adenopathy,

follow-up imaging 4 to 12 weeks following the second vaccine dose is necessary, once appropriate work up has been completed.

For more information, please see the Canadian Society of Breast Imaging statement under Position Statements at www.csbi.ca/education.

Also new for 2021 only, the Ontario Breast Screening Program (OBSP) has chosen to accept self-referrals from patients who are currently 75 (rather than the usual 50-74 age range), and were either unable to access screening in 2020 or missed their final screen through the program while it was suspended.

This same exception exists for the High Risk OBSP. As always, screening for breast cancer for patients greater than the age of 75 can be done on an individual basis based on patient preference and values, but does continue to require a PCP referral.

Ontario Health: Initiate cervical screening at 25

As the Ontario Cervical Screening Program (OCSP) resumed in August 2020, after pausing due to the COVID-19 pandemic, we reached out to encourage primary care providers (PCPs) in our region to consider delaying the start of cervical cancer screening until the age of 25, as per recommendations by the OCSP.

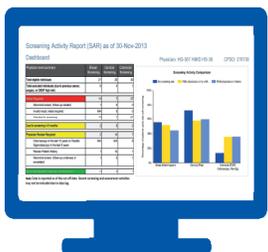
Ontario Health (Cancer Care Ontario) (OH-CCO) has now updated the language on its website to reflect this change in recommendation (<https://www.cancercareontario.ca/en/node/68141>).

OCSP will follow suit as it updates its materials with the implementation of human papillomavirus (HPV)-based testing in the future.

This messaging is in line with other Canadian provinces (British Columbia, Alberta, Nova Scotia, PEI) and also matches recommendations published by the Canadian Task Force on Preventative Health Care in 2013.

Given that cervical cancer is extremely uncommon in patients under the age of 25, the risks of screening patients aged 21-24 outweigh the benefits, and is likely to lead to unnecessary testing and follow-up.

As you review your screening activity report (SAR) or other EMR-based preventative care tracker, consider delaying the recall of your 24 year-old patients that may have been previously screened at the age of 21, with normal results, until their 25th birthday.



Support with registering patient enrolment model physicians and their delegates for the OH-CCO Screening Activity Report is available from the Northeast Cancer Centre - including guidance on how to search for patients who are due and overdue for screening, and patients with outstanding screen-positive follow-up. Contact northeastcancerscreening@hnsudbury.ca for more information or assistance.

Please refer to the [COVID-19 Cancer Screening Tip Sheet for Primary Care Providers](#) from OH-CCO on the reverse side for further information about cervical, colorectal and breast cancer screening during COVID-19.

COVID-19 CANCER SCREENING TIP SHEET FOR PRIMARY CARE PROVIDERS

15 (updated) – Breast, colorectal and cervical screening during COVID-19 – 2021-02-04

Breast, colorectal and cervical screening during COVID-19

The decision to gradually resume routine cancer screening should be based on local factors such as:

- Your capacity to provide preventive care, availability of resources (e.g., personal protective equipment, staffing, physical space) and access to diagnostic services (e.g., colonoscopy, colposcopy)
- Local trends in COVID-19 transmission and the colour-coded category of your region, as defined by the Government of Ontario's COVID-19 response framework¹

Program	Routine screening Standard cancer screening guidelines	Targeted cancer screening ² If you are unable to provide routine screening, prioritize these groups	Important considerations during COVID-19
OCSPP (cervical)	<p>Average risk</p> <ul style="list-style-type: none"> • Cervical cytology (Pap test) every three years beginning at age 25³ for people who are or have ever been sexually active • Stop at age 70 for people with three or more normal cytology tests in the previous 10 years <p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology should receive annual screening 	<p>Above average risk: Annual screening required</p> <ul style="list-style-type: none"> • People who are immunocompromised (e.g., HIV-positive or on long-term immunosuppressants) should receive annual screening • People discharged from colposcopy with persistent low-grade cytology, or an HPV positive test and normal or low-grade cytology 	<ul style="list-style-type: none"> • Start cervical screening at age 25* • People with a first time LSIL or ASCUS can be rescreened with cytology in approximately 12 months as opposed to the current recommendation of 6 months <p>*The age of initiation will formally change to 25 with the implementation of HPV testing in alignment with updates to OHIP fee codes and the SAR</p>
CCC (colorectal)	<p>Average risk</p> <ul style="list-style-type: none"> • FIT every two years for people ages 50 to 74 with no first-degree relatives diagnosed with CRC <p>Increased risk</p> <ul style="list-style-type: none"> • Colonoscopy beginning at age 50, or 10 years earlier than the age that a first-degree relative was diagnosed with CRC, whichever occurs first 	<p>Average risk and increased risk</p> <ul style="list-style-type: none"> • People 60 and older 	<ul style="list-style-type: none"> • People with a history of small hyperplastic polyp(s) in the recto-sigmoid or low risk adenoma can be screened with FIT
OBSP (breast)	<p>Average risk</p> <ul style="list-style-type: none"> • Mammogram every two years for most⁴ eligible people ages 50 to 74 <p>High Risk OBSP</p> <ul style="list-style-type: none"> • Mammogram and screening breast MRI every year for people ages 30 to 69 who are confirmed to be high risk 	<p>Where capacity challenges exist, OBSP sites have been asked to prioritize:</p> <ul style="list-style-type: none"> • High Risk OBSP screens • Average risk initial screens • Average risk one year rescreens 	<ul style="list-style-type: none"> • Screening breast MRI may be delayed for High Risk OBSP participants; OBSP sites have been advised that these participants should at least be screened with an annual mammogram • Due to COVID-19, participants who turn 75 in 2020 or 2021 and are due for screening do not require a mammogram referral from a PCP to be screened in the OBSP⁵

Footnotes:

1. <https://covid-19.ontario.ca/>
2. We encourage providers to also consider prioritizing patients who are under/never screened
3. Formal OCSPP guidelines recommend starting screening at age 21. However, PCPs should start screening at age 25, in alignment with best new evidence
4. Participants may be called back for screening in one year based on personal or family history, documented pathology of high-risk lesions, breast density ≥75 percent or radiologist recommendation
5. Normally, participants over age 74 require a mammogram referral from a PCP to continue screening

Acronyms: Acquired immunodeficiency syndrome (AIDS), atypical squamous cells of undetermined significance (ASCUS), low grade squamous intraepithelial lesion (LSIL), colorectal cancer (CRC), fecal immunochemical test (FIT), human immunodeficiency viruses (HIV), human papillomavirus (HPV), Ontario Breast Screening Program (OBSP), Ontario Cervical Screening Program (OCSPP) ColonCancerCheck (CCC), coronavirus (COVID-19), OHIP (Ontario Health Insurance Plan), screening activity report (SAR), and magnetic resonance imaging (MRI)