

Update on Cancer Screening Practice in Alberta

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Faculty/Presenter Disclosure

Faculty: Dr. Huiming Yang

Relationships with financial sponsors: **No**

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Speakers Bureau/Honoraria: **No**

Consulting Fees: **No**

Patents: **No**

Other: **No**

Learning objectives

Participants will be able:

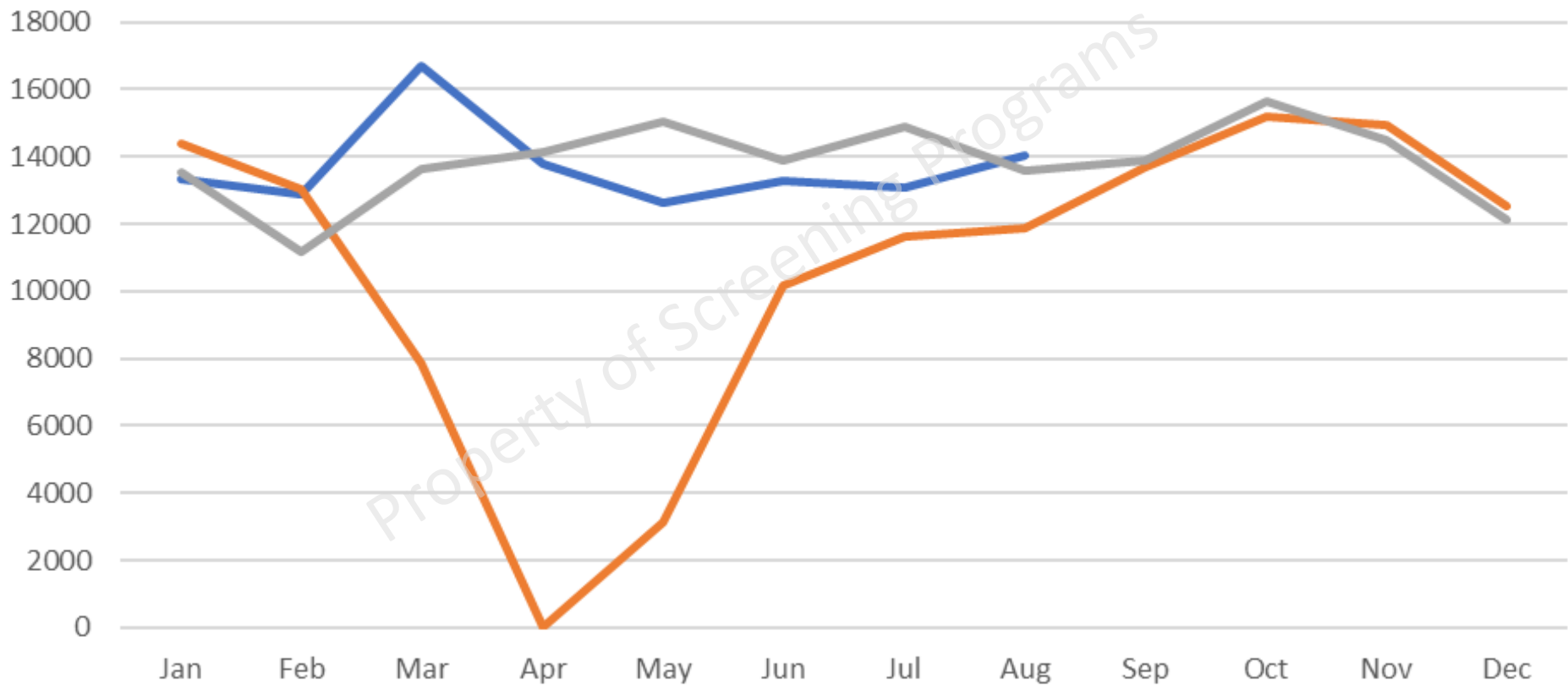
- To understand the impact of the COVID-19 pandemic on breast, cervical and colorectal cancer screening in the province;
- To identify key issues of the revised Alberta breast cancer screening clinical practice guidelines;
- To learn about new initiatives for cervical and colorectal cancer screening; and
- To learn about the Alberta Lung Cancer Screening Program phase I implementation.

Alberta Breast Cancer Screening Program



Screening Programs, Provincial Population & Public Health

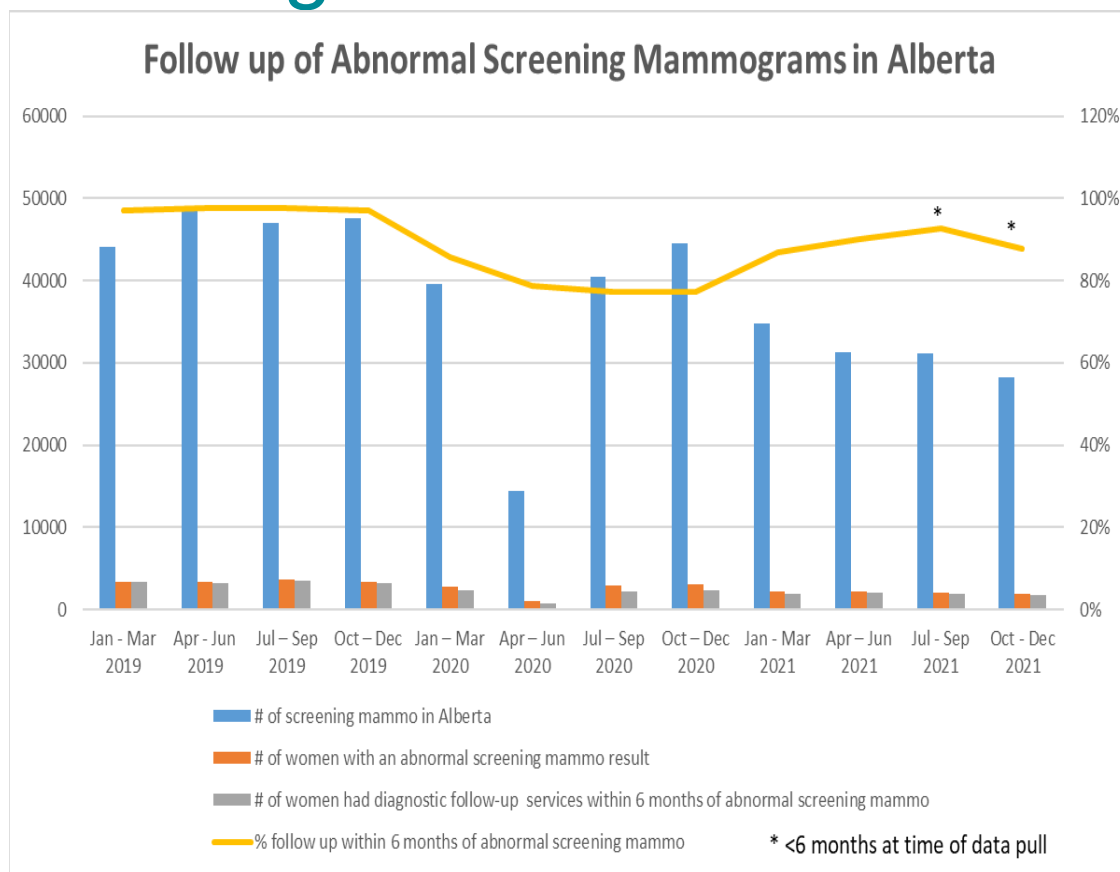
Number of Screen Mammos (Ages 50-74) by Month using Claims Data



2019 Jan – Aug = 109,705 exams
 2020 Jan – Aug = 72,079 exams (37,836 fewer than 2019)
 2021 Jan – Aug = 109,915 exams (210 fewer than 2019)

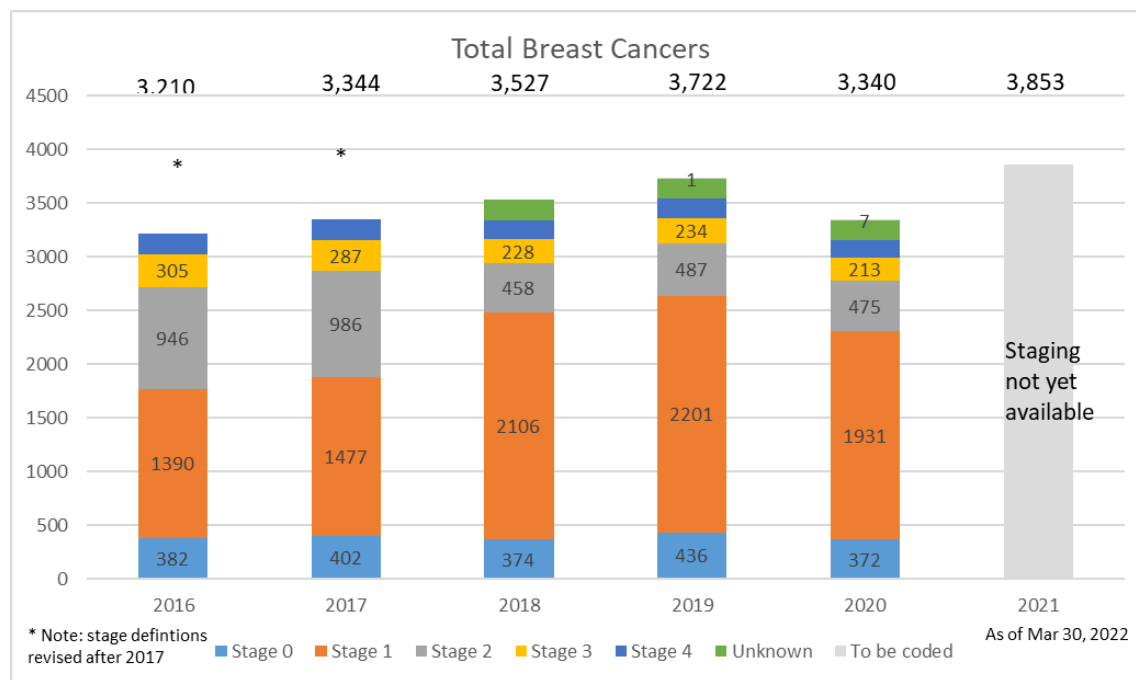
Follow up of Abnormal Screening Mammograms

- In 2019, 97% of abnormal results were followed up within 6 months.
- In 2020, follow up within 6 months dropped to 77% after the pandemic began, indicating that abnormal results were not followed up as quickly.
- In 2021 the percentage of follow-up within 6 months began to rise back toward pre-pandemic levels.



Breast Cancer Diagnosis

- From 2016 to 2019, breast cancer diagnoses increased on average by about 5% per year.
- In 2020 there were fewer breast cancers detected than would have been expected.
- It is expected that there will be fewer breast cancers detected in 2021 than would have been expected. Please note there is delay in data availability for 2021/22 Q3-Q4.



- No stage shift was identified in 2020. Monitoring for stage shift in 2021 and in subsequent years will be important.

Update on Alberta Breast Cancer Screening Clinical Practice Guidelines



- Current TOP Breast Cancer Screening CPG was released in 2013
- Current CTFPHC Guideline was released in 2018
- No recommendations on topics such as tomosynthesis, breast density, etc.
- In AB, tomosynthesis has been widely used since 2017

Alberta Breast Cancer Screening CPG Committee

- Family Physicians
- Radiologists
- Mammography Technologist
- Medical Oncologists
- Surgeons
- Public Representative
- Nurse Practitioner
- Public Health and Preventive Medicine Physicians
- Epidemiologist
- Breast Cancer Screening Program experts

* External Reviewers

Issues reviewed in the revised Alberta Breast Cancer Screening CPG

- Screening initiation age
- Higher-than-average risk
- Breast density
- Tomosynthesis use in screening
- LGBTQ2S+
- Family history/chest radiation

Issues reviewed in the **revised** Alberta Breast Cancer Screening CPG

Clarification on:

- Use of clinical breast exam
- Breast health awareness
- High risk genetic testing criteria

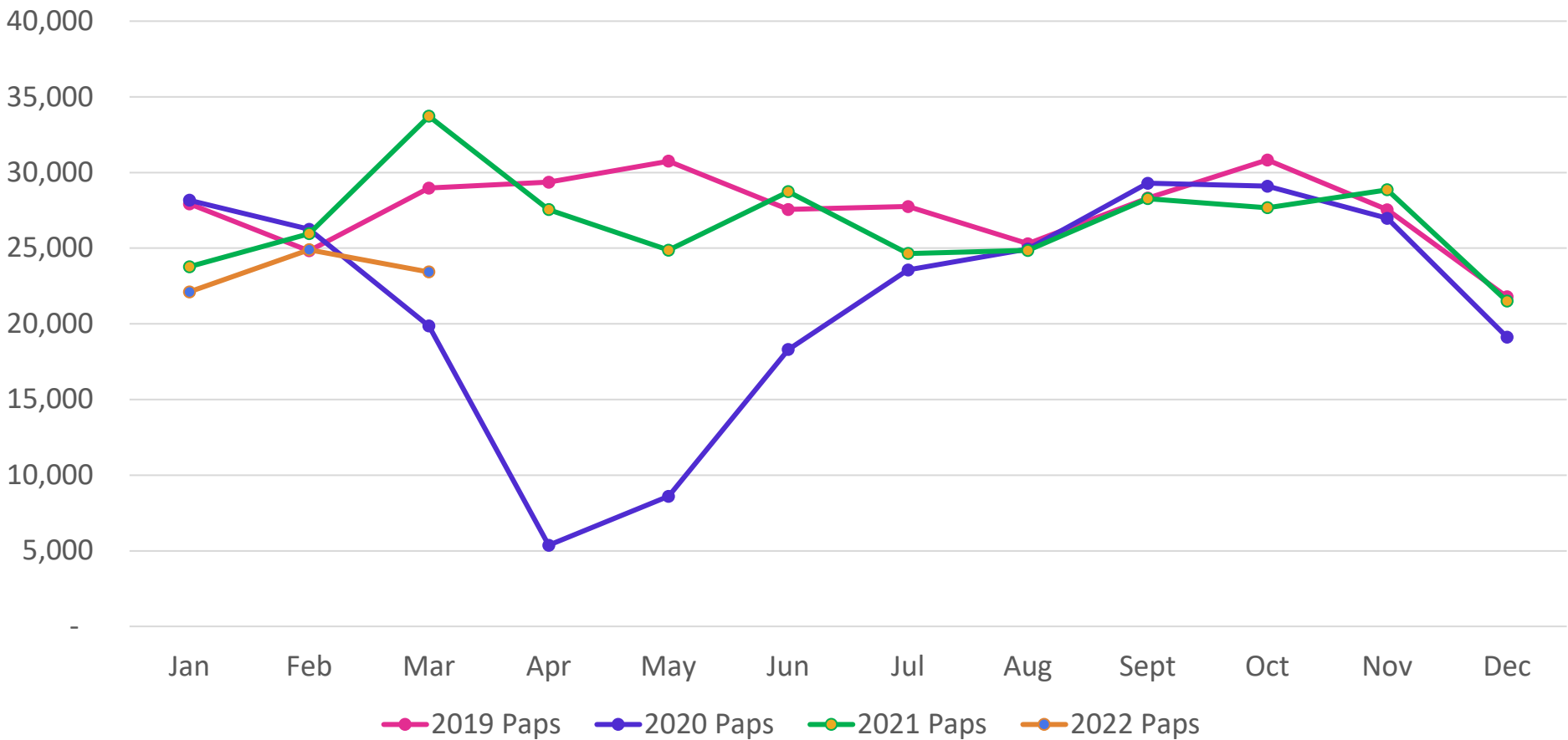
In the news...

- Blood test for breast cancer
- Thermography
- Advocacy for race based and/or lower age range

Alberta Cervical Cancer Screening Program

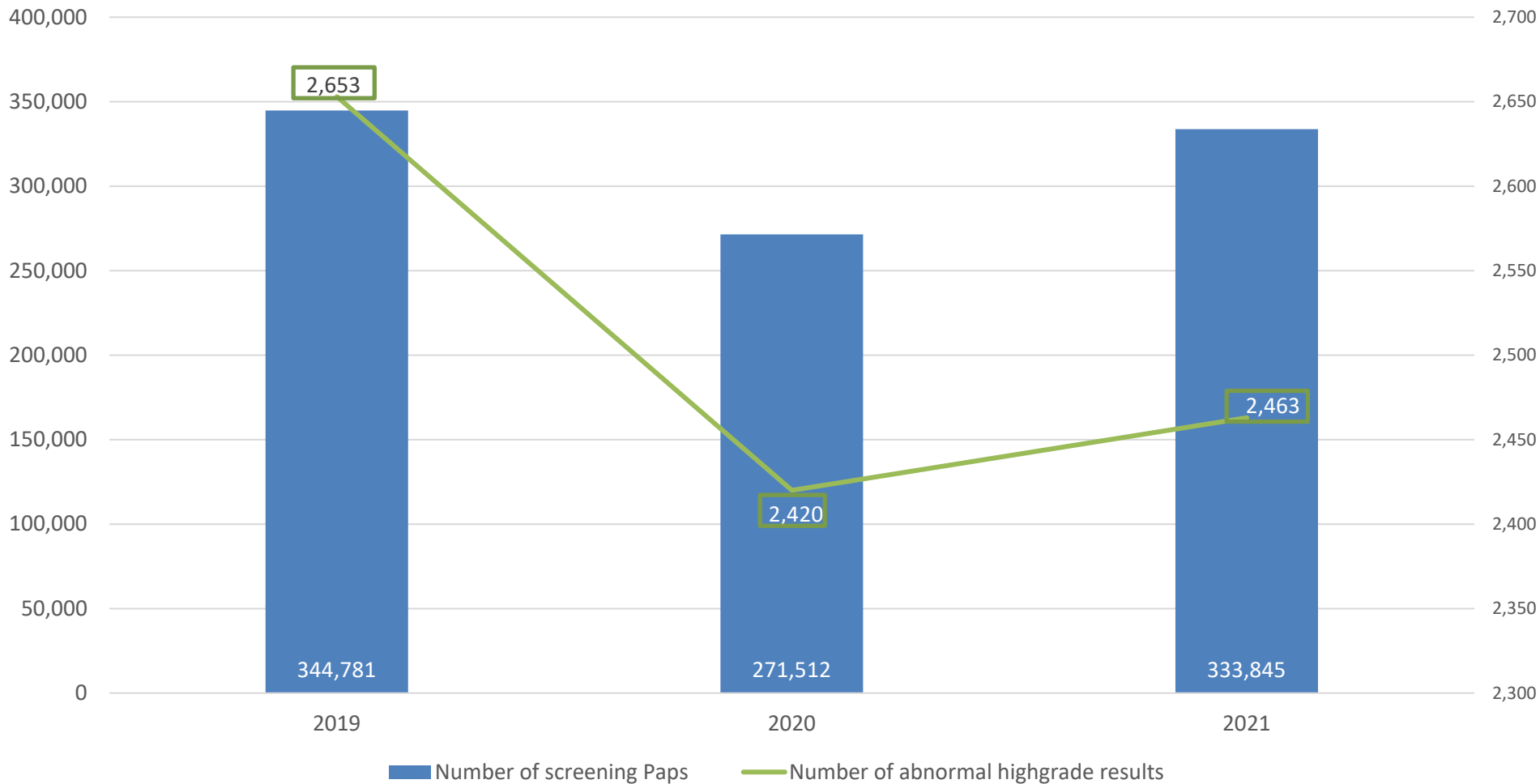


Total # of Pap tests by month 2019-2022

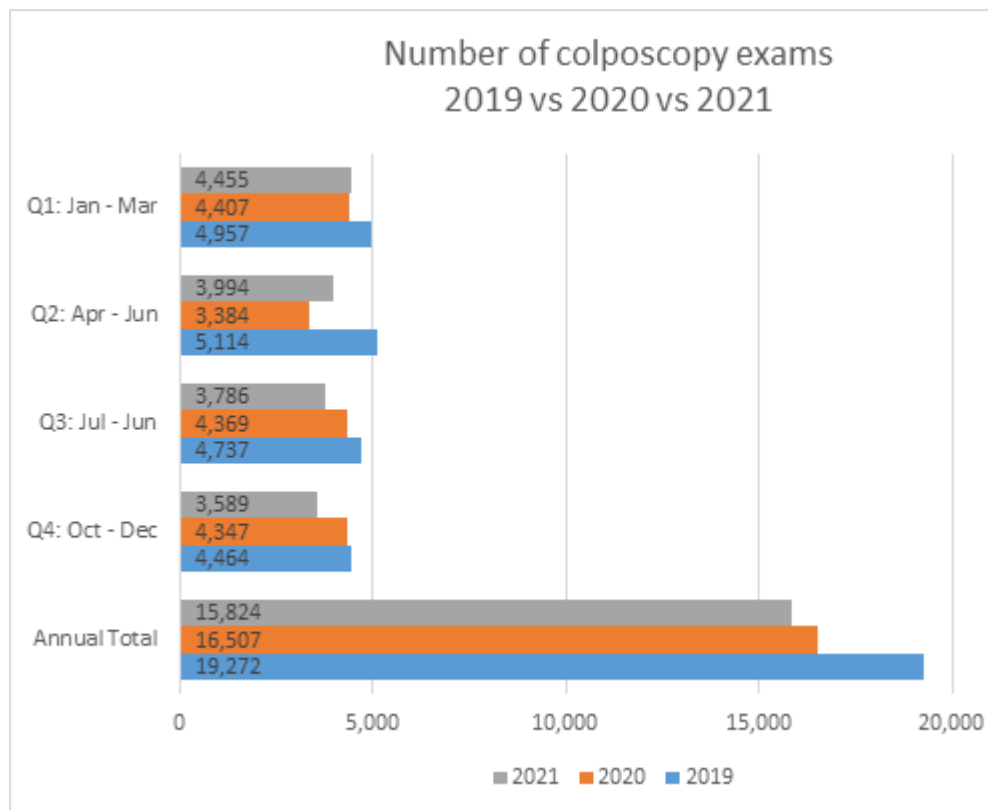


Screening Programs, Provincial Population & Public Health

Total Screening Paps and Abnormal Pap Results (high-grades)
2019 vs 2020 vs 2021



Impact on Colposcopy Services



Higher demand for colposcopy services are expected in 2022 because of the increase in cervical cancer screening. In addition, many patients and clinics deferred colposcopies, either due to prioritization of patients or results or patients' preference.

Screening Programs, Provincial Population & Public Health

Action Plan for the

ELIMINATION OF CERVICAL CANCER IN CANADA

2020–2030



2019-2029 CANADIAN STRATEGY FOR CANCER CONTROL

PRIORITY 1
Decrease the risk of people getting cancer

CANADIAN PARTNERSHIP AGAINST CANCER / PARTENARIAT CANADIEN CONTRE LE CANCER



PRIORITY 1 Improve HPV immunization rates

TARGET

By 2025

- 90% of 17-year-olds are fully vaccinated with the HPV vaccine

ACTIONS

1. Increase awareness and acceptability of the HPV vaccine
2. Increase vaccination uptake in school-based HPV immunization programs
3. Improve measurement and reporting of vaccination coverage rates by school-based HPV immunization programs to identify inequities and inform program improvements



PRIORITY 2 Implement HPV primary screening

TARGET

By 2030

- 90% of eligible individuals have been screened with an HPV test
- 90% of eligible individuals are up to date with cervical screening
- No less than 80% of eligible individuals in any identifiable group are up to date with cervical screening

ACTIONS

1. Implement HPV primary screening within organized screening programs across Canada
2. Ensure equity in cervical screening participation
3. Implement HPV self-sampling in cervical screening programs
4. Collect and report on aggregate data on cervical screening and use data for program improvement



PRIORITY 3 Improve follow-up of abnormal screening results

TARGET

By 2030

- 90% of all individuals with an abnormal screening result (positive HPV test) should have a clear plan of appropriate follow-up designed and communicated to them within three months of the test that generated the positive result
- 90% of all individuals identified as being at elevated risk for significant cervical abnormalities have colposcopy in a timely manner
- No less than 90% of individuals in any identifiable group receive follow-up

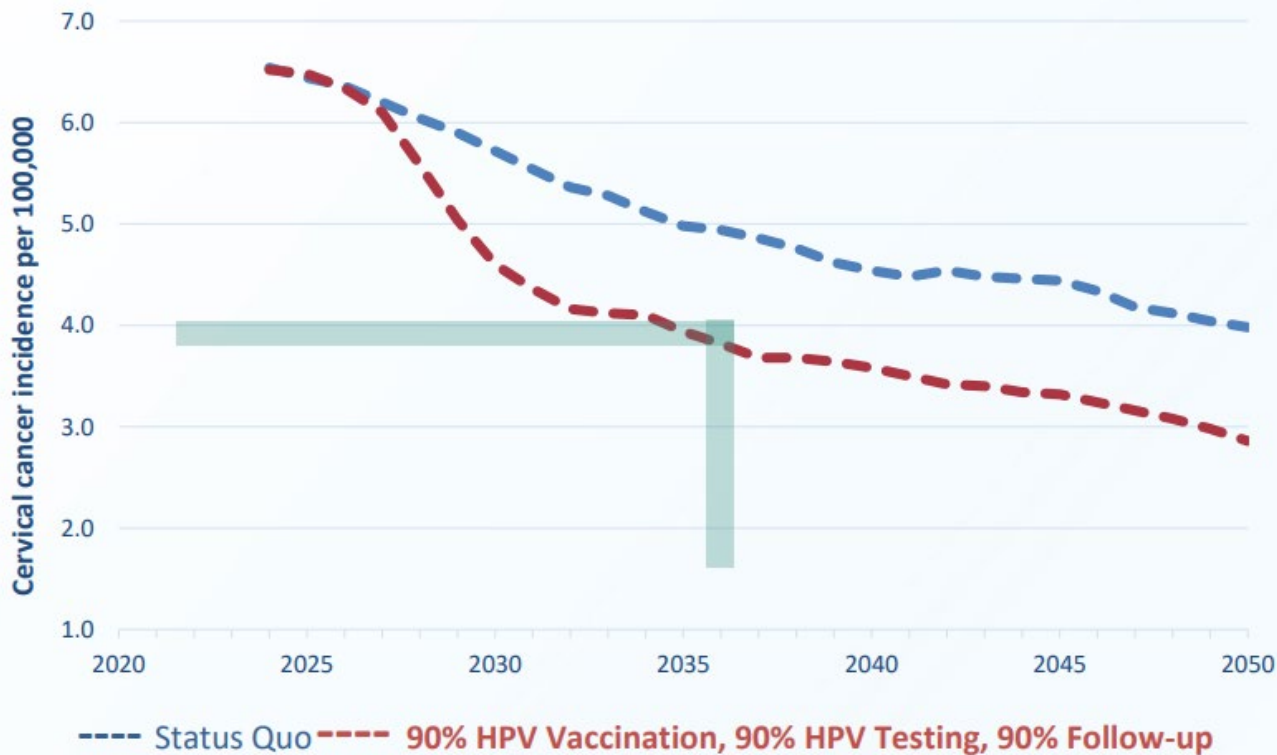
ACTIONS

1. Standardize timely and appropriate follow-up of abnormal screening results (positive HPV tests)
2. Provide equitable access to, and uptake of, follow-up services for abnormal screening results
3. Collect and report aggregate data on patient follow-up and use it to inform program improvement

Additional ECC Priority

- First Nations, Inuit & Métis
 - Culturally appropriate care closer to home
 - Peoples-specific, self-determined cancer care
 - First Nations/Inuit/Métis-governed research & data systems

Canada can Eliminate Cervical Cancer by 2040



Alberta's Approach



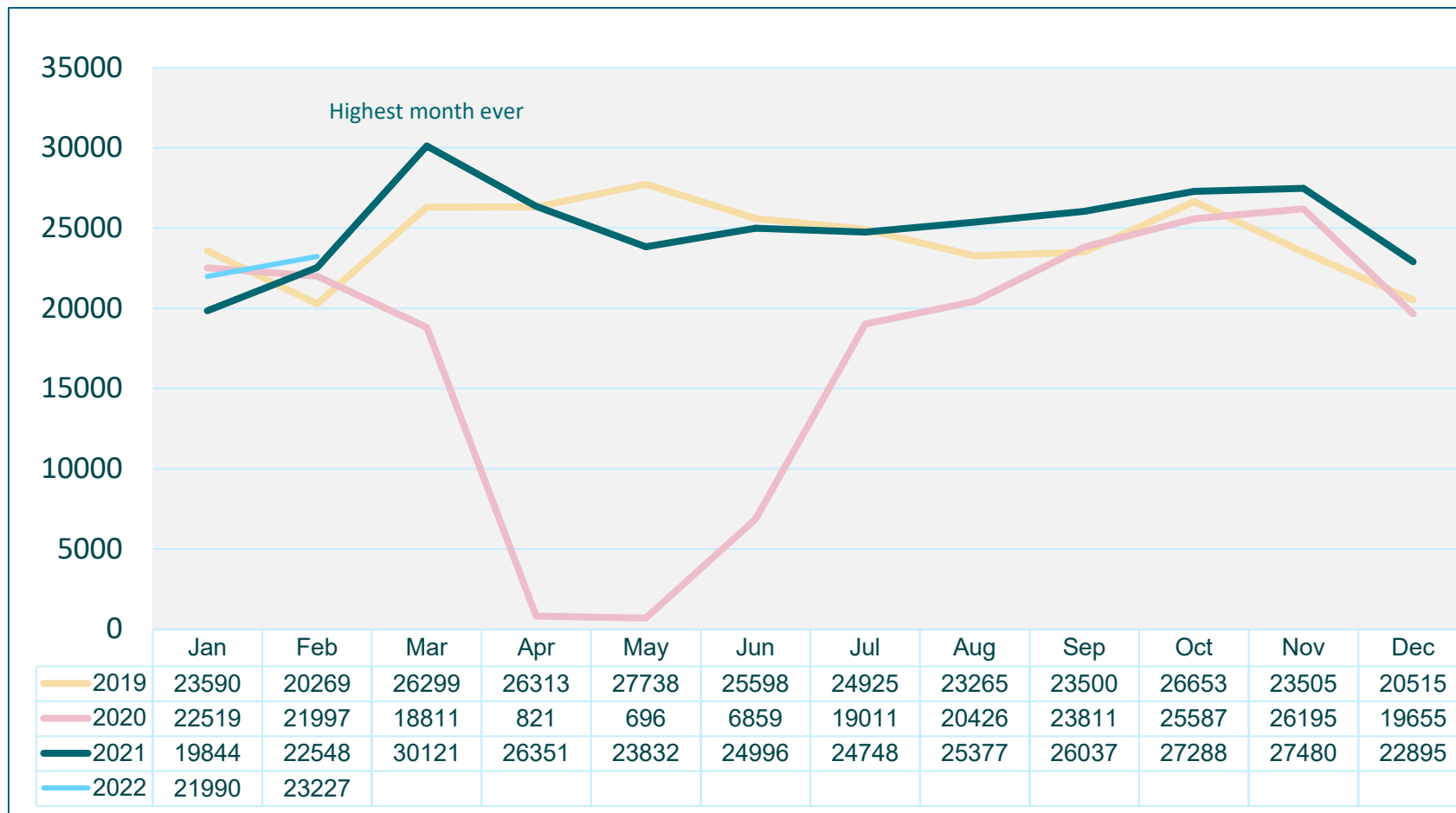
- **Primary HPV Test Working Group**
 - Primary care physicians, colposcopists, pathologists, epidemiologists, economists
 - Chaired by PCP and pathologist
- **Goal – Recommendations to inform Alberta's business case by early 2023**

Alberta Colorectal Cancer Screening Program



FIT Monthly Volumes

Number of individuals who had at least one FIT in the target month. Age 50-74, includes both sexes.



Colorectal Cancer Cases in Alberta

Year to Date Comparison for Age 50-79

Year	2018	2019	2020	2021
Colorectal Cancer Cases*	1740	1791	1418	1679**

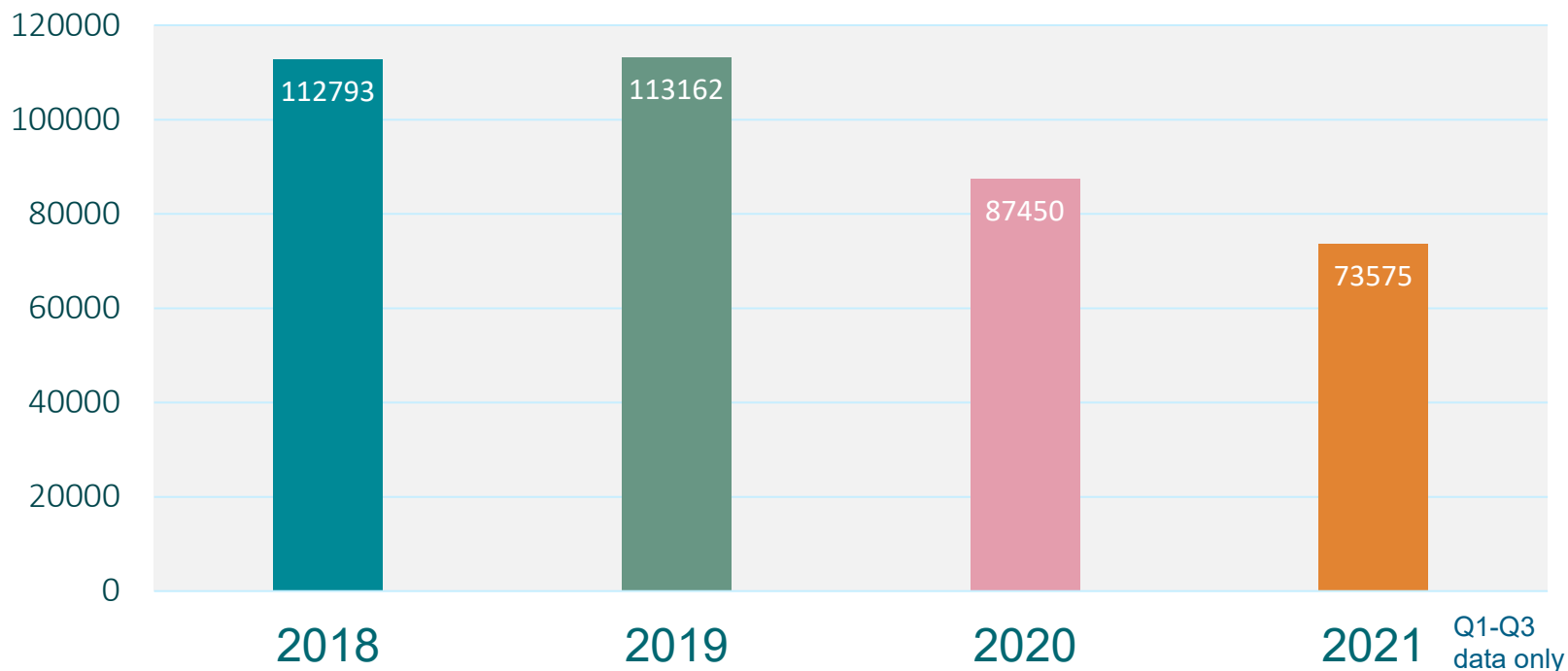
*includes in situ and invasive colorectal cancer

**2021 colorectal cancer numbers may change slightly due to delays in data.

Data source: ACR Incidence Monitoring Tableau Dashboard, March 29 2022

Colonoscopy numbers in Alberta (all ages)

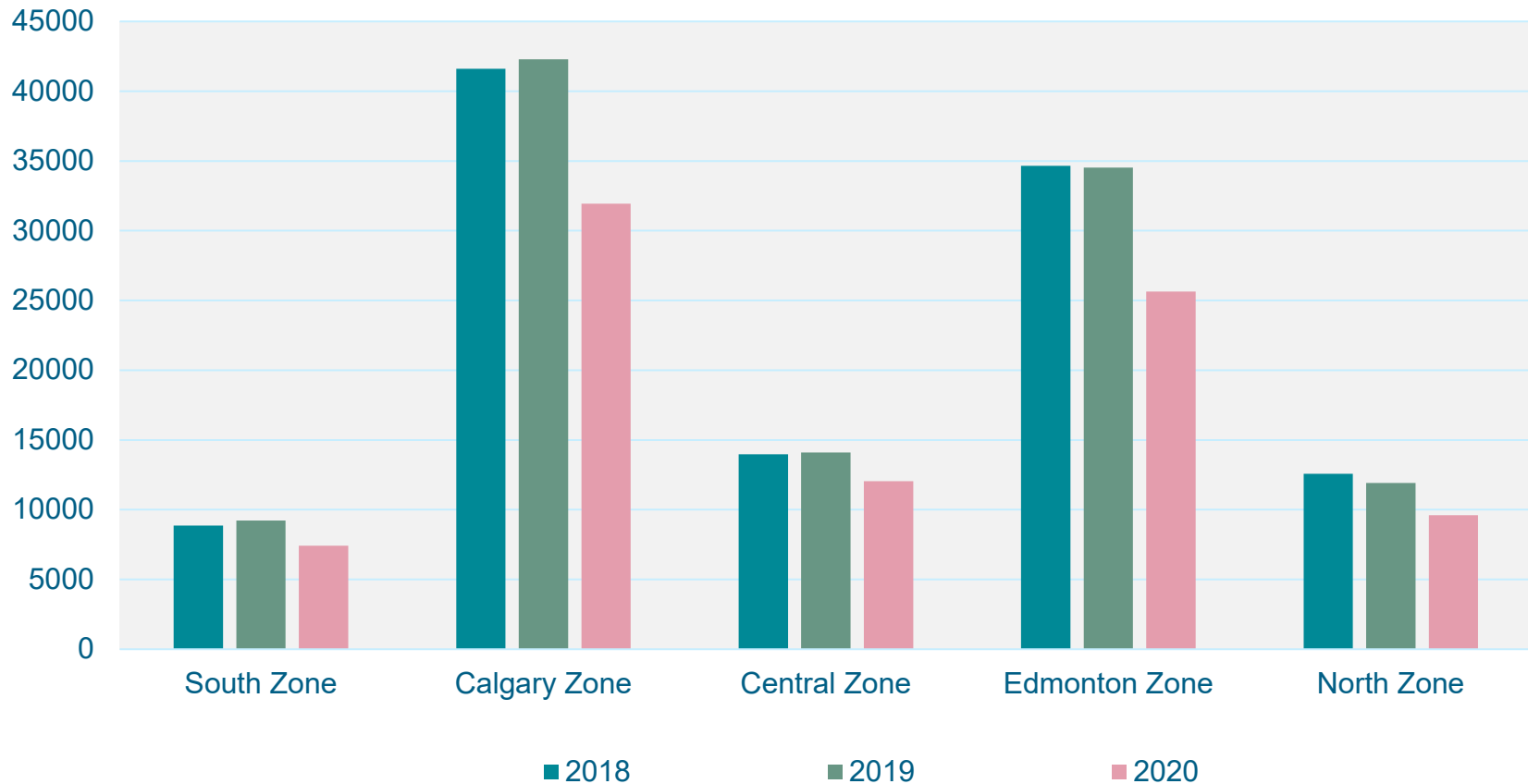
* Data extracted from Claims. These numbers include all colonoscopy and cannot distinguish between screening or diagnostic indication.



There was a **25%** reduction in colonoscopy volumes in 2020 relative to 2019. 2021 data is not yet complete.

**colonoscopy numbers include for the purpose of screening or diagnostic

Colonoscopy Numbers, by Zones



* Data extracted from Claims. These numbers include all colonoscopy and cannot distinguish between screening or diagnostic indication.

FIT mail out initiative

- In response to COVID-19 and to minimize touchpoints with the health care system Screening Programs launched a new FIT online ordering system, through a grant from the Canadian Partnership Against Cancer.
- Since launching in January 2022, **400 orders** have been processed.
- This was designed to integrate into existing Screening Programs operations in order to ensure ongoing sustainability.

The screenshot shows the website for the FIT mail out initiative. At the top, there is a navigation bar with the Alberta Health Services logo and the text 'SCREENING FOR LIFE.CA'. Below this is a secondary navigation bar with links for 'Breast', 'Cervical', 'Colorectal', 'For Health Providers', 'About Us', and 'Other Cancers'. On the right side of the navigation bar, there are two buttons: 'Where to Get Screened' and 'Order Free FIT Kit'. The main content area features a large heading 'Order Free FIT Kit' and a sub-heading 'Fecal Immunochemical Test (FIT) is the recommended screening test for people aged 50 to 74 at average risk for colorectal cancer. This free, simple, at-home test checks your stool (poop) for traces of blood that you can't see. Screening for colorectal cancer can save your life. Please take the time to order your free FIT today.' Below this text is a 'Start your Order' button. To the right of the text is a large image showing a person's hand holding a small container over a toilet. At the bottom of the page, there is a '5 Simple Steps' section with a progress indicator showing five steps: 1. Order FIT kit, 2. Get FIT kit in mail, 3. Collect sample, 4. Take to lab, and 5. Get result in mail.

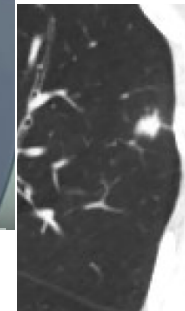
Alberta Lung Cancer Screening Program



Screening Programs, Provincial Population & Public Health

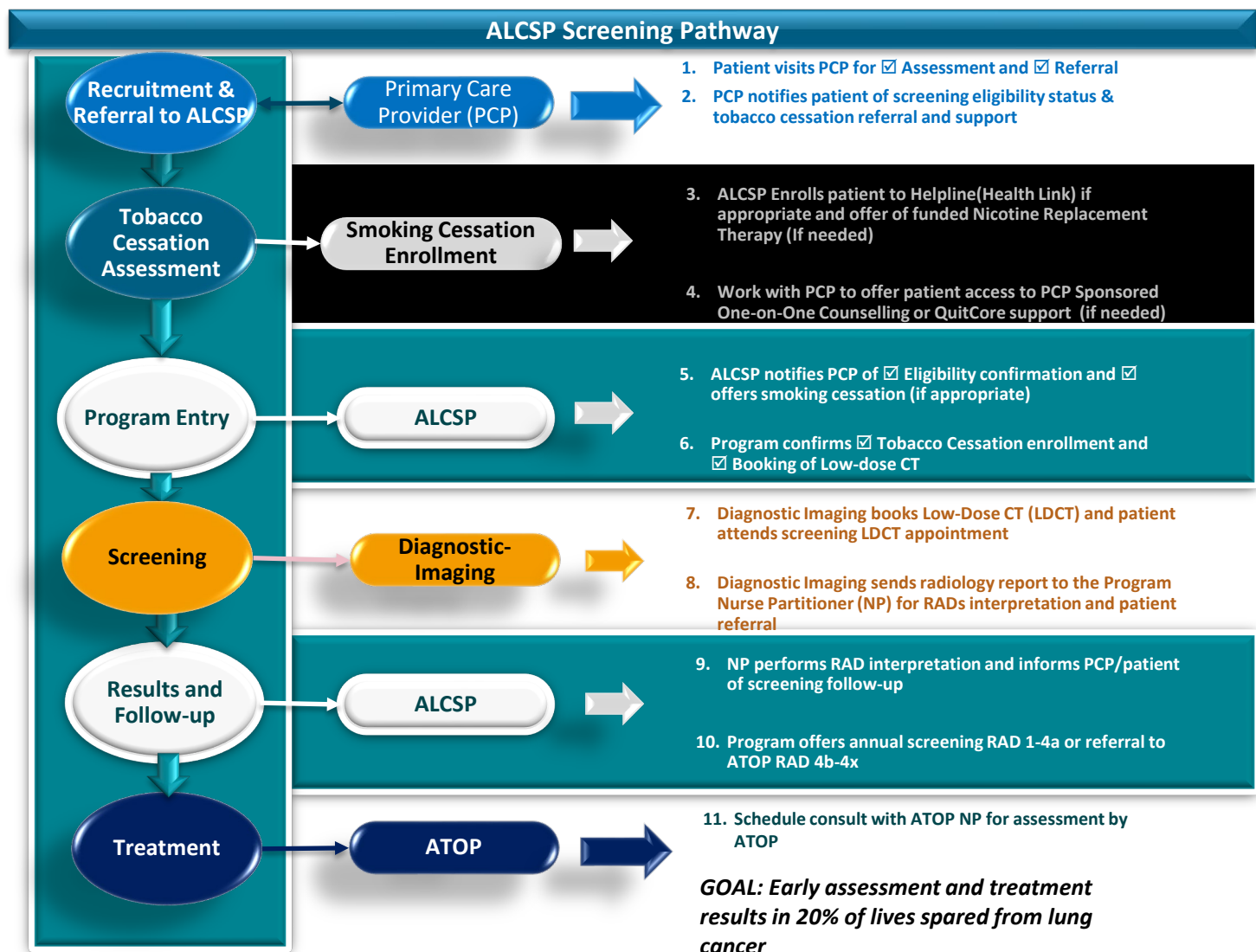
- Evidence has shown that lung cancer screening can significantly reduce lung cancer mortality among people at high risk.
- Alberta Health Services (AHS), with support from the Canadian Partnership Against Cancer, is implementing Alberta Lung Cancer Screening Program Phase I.
- In 2022-23, up to 1500 patients will be screened for lung cancer through a low-dose CT scan at three AHS locations; in the second year of the program (2023-24), 1500 new patients will be screened in addition to 1500 follow up scans from the initial patients.
- Adults aged 50-74 with at least a 1.5% risk of lung cancer over 6 years will be eligible for lung cancer screening.
- The Alberta Lung Cancer Screening Program (ALCSP) will offer enhanced tobacco cessation to all people who currently smoke who are referred.

Low Dose CT (LDCT) scan for lung cancer screening



Risk
0.31

Screening Programs, Provincial Population & Public Health



What does this mean for Primary Care?

- Primary care providers in **three** Primary Care Networks across the province can refer eligible patients to the Alberta Lung Cancer Screening Program (ALCSP).
- Primary care providers will be asked to assess patients for lung cancer screening, including their smoking history. A further risk assessment will be made upon referral.
- Patients accepted into the Alberta Lung Cancer Screening Program will be offered low-dose CT and tobacco cessation (if appropriate). Primary care providers and patients will be notified of the low-dose CT result.
- Patients with abnormal findings will be assessed by the ALCSP Nurse Practitioner and then referred to the Alberta Thoracic Oncology Program for follow up if needed.

- Primary care physicians and PCN staff will be engaged to help develop best practices/processes/quality improvement/communication strategies/education, etc. for the lung cancer screening project.
- An information package including an introduction to the project, lung cancer screening guidelines, process map, patient educational materials will be available.

Ongoing work to support cancer screening

- Actively monitoring cancer screening participation, follow up of abnormal screening results, wait times for screening and follow-up, quality metrics and outcomes of cancer screening.
- Optimizing Screen Test mammography (AHS-operated) appointments by adding clinic days and longer hours, where feasible.
- Working with partner service providers to address service backlogs and prioritize cases for follow-up care.
- Ensuring up-to-date information about informed decision making for cancer screening is available through Screening Programs correspondence and ScreeningforLife.ca website.

A video series about cancer screening in Alberta



Questions

