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<i>To / Destinataire :</i> Colorectal/Cervical Cancer Screening Program Fax / Téléc. : 902 368 6936 E-mail / Courriel : colcerscreening@ihis.org Date: Pages 1 Re / Objet : ORDER GUIDELINE PACKAGE	From / Expéditeur : Tel / Tél Fax / Téléc
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Please send the guideline package and clinician tools for

- Cervical Cancer Screening PEI**
- Colorectal Cancer Screening PEI**

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SUMMARY OF CHANGES – December 2019

Summary of Recommendations - Screening People for Colorectal Cancer

An individual's risk of developing colorectal cancer (CRC) is based on their age and their personal or family history of CRC or adenomatous polyps. A personal history of inflammatory bowel disease (IBD) and several genetic conditions can increase the risk of CRC.

- For **asymptomatic** individuals of average risk between **50 and 74 years** of age, **every 2 years** CRC screening using the **2-sample Fecal Immunochemical Test (FIT)** is recommended.
- For **symptomatic** individuals of any age, immediate **referral for a colonoscopy** is recommended. The use of fecal testing is not recommended.
- Individuals with increased risk due to family history of **CRC in a first-degree relative, colonoscopy screening at age 40** (or 10 years earlier than the individual's youngest affected relative) every 5 years is recommended.
- When there is a family history of **adenoma in a first-degree relative colonoscopy at age 40**, or 10 years earlier than the individual's youngest affected relative, is recommended.
- For individuals with a family history in one or more **second-degree relatives, screening** is the same as those of **average risk**.
- For individuals at increased risk due to **genetic conditions, annual or biennial colonoscopy or annual sigmoidoscopy** screening is recommended. The specific condition determines the screening tool and interval.
- If colonoscopy detects an abnormality, refer to the surveillance guidelines.

Summary of Recommendations - Screening People for Cervical Cancer

- It is recommended that **asymptomatic women aged 25-65 years** be routinely screened for cervical cancer with a conventional Pap test **every three years**.
- Cervical cancer screening should be delayed **until a woman is sexually active** (i.e. sexual intercourse/penetration, oral sex, digital sex, skin to skin contact with genitals/genital area with a partner of any sex).
- For **women 66 years of age or older** who have undergone adequate screening (i.e. **at least three consecutive negative pap tests in the past 10 years**), it is recommended that routine **screening is discontinued**.
 - o (a) For women 66 years of age and older, who have not undergone adequate screening, it is recommended to continue screening until three consecutive negative test results have been obtained in the past 10 years.

The Cancer Screening Clinical Practice Guidelines documents can be found on the Health PEI Policies and Procedures Manual website (MedWorxx). Further information is also available at <https://src.healthpei.ca/cancer>

The PEI Colorectal Cancer Screening Program/Cervical Cancer Screening Service

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