CancerCare Manitoba Screening Access and Follow-Up BreastCheck | CervixCheck | ColonCheck Presenter: Lesley Baldry Date: May 31, 2024





Presenter Disclosure

- Faculty / Speaker's name: Lesley Baldry
- Relationships with commercial interests:
 - Grants/Research Support: none
 - Speakers Bureau/Honoraria: none
 - Consulting Fees: none
 - Other: none





Mitigating Potential Bias

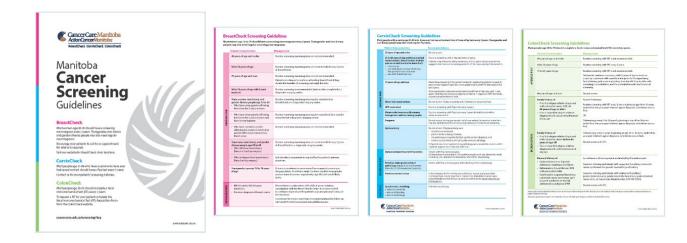
• Not Applicable





Learning Objectives

- 1. Facilitate access to cancer screening for eligible patients
- 2. Appropriately manage follow-up for patients participating in cancer screening

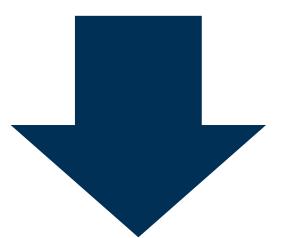






Cancer Screening

Reduce incidence and mortality through prevention and early detection



Intended for people with **no signs or symptoms** of cancer

Can prevent some cancers by finding early changes

Find early cancer when treatment may have better outcomes







Cancer Screening Programs

BreastCheck

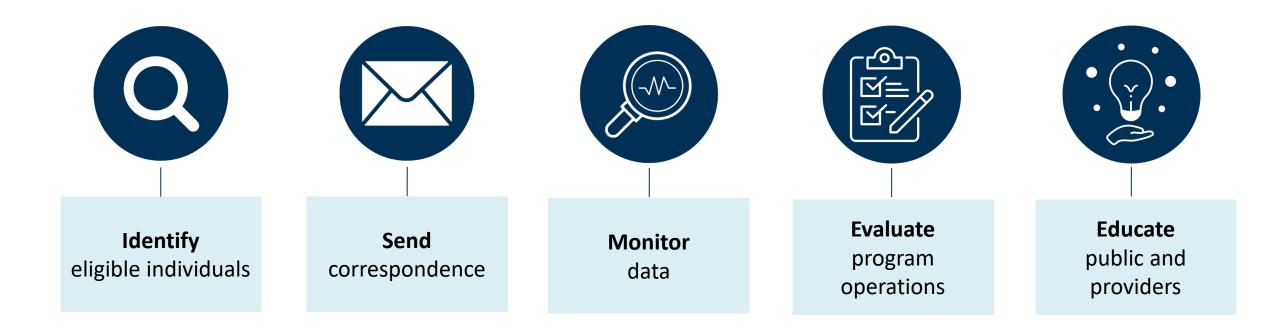
CervixCheck

ColonCheck



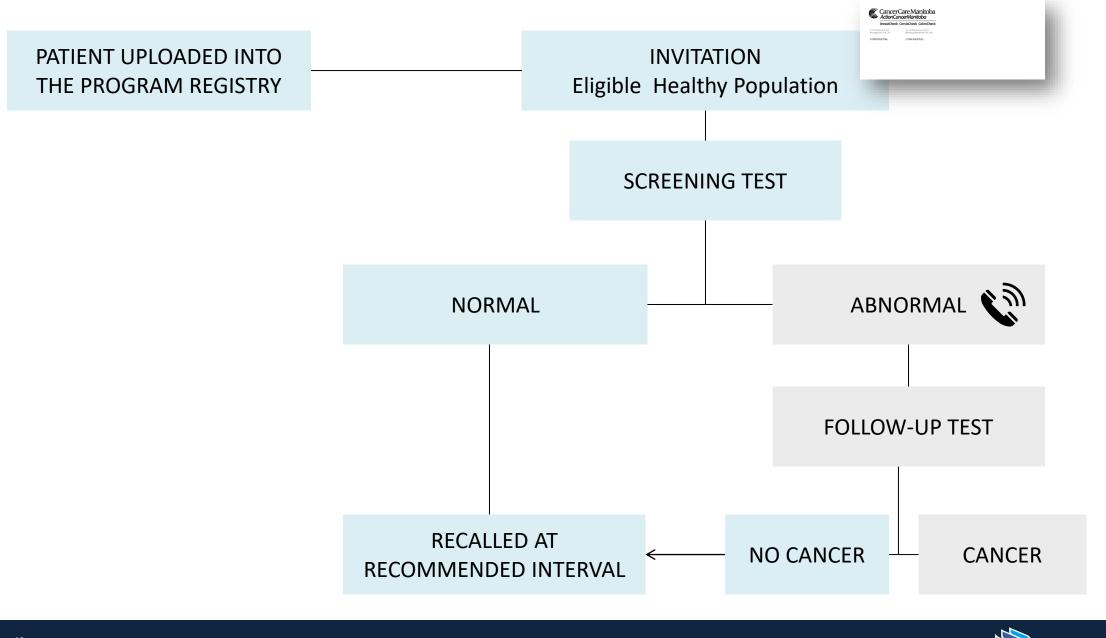


Program Operations









CancerCareManitoba









Access: On-Demand Call Centre

On-Demand Call Centre implemented at the CancerCare Manitoba Prevention and Screening department in 2023 to manage the large volume of phone calls the programs receive in a day (~400 per day).



Paulette, BreastCheck Clerk



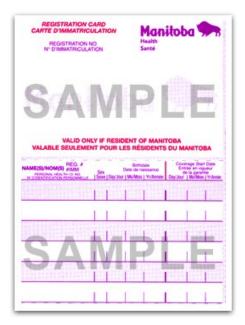


Remind patients to keep their MB Health Card information current.









Sex Designation

| (F) Female | (M) Male (| X) Non-binary |
|-------------|--------------------|---|
| | Initiate screening | Sex designations uploaded into registry |
| CervixCheck | 21-24 | F |
| BreastCheck | 50 | F |
| ColonCheck | 50 | M and F |

Identify those in your practice with an X sex designation and encourage them to be screened once eligible.

Currently, those who have an "X" as their sex designation upon screening initiation age will not be sent an initial letter of invitation from any of the screening programs. If a patient has an "X" sex designation and they initiate participation in cancer screening, they will be added to the program's registry for which they were screened.





BreastCheck Access

Eligible individuals should call 1-855-952-4325 to make an appointment at a BreastCheck Clinic:

- Brandon
- Boundary Trails
- Thompson
- Winnipeg
- 2 Mobile Clinics

Encourage patients to call BreastCheck. <u>No</u> referral is required.

| lder. | tCheck provides breast cancer screening mam Mobile clinic appointments may be considere b. Check one of the options below and fax to B | d for asymptomatic wi | omen at increas | | |
|-----------------|---|---------------------------|--------------------|------------------------------------|--------------|
| | Theck here if you would like BreastCheck to ca | Il your patient to scher | dule a BreastCh | eck Clinic appoi | ntment. |
| | Check here if you are scheduling a client to att appointment details as follows: | end a BreastCheck mo | bile clinic or wi | th a group trip. | Indicate |
| | LOCATION | DATE | | TIME | |
| IEALT | THCARE PROVIDER | | | | |
| 99046 | OR MAK (DOCTOR, N.P.) CLINE NA | M | | | |
| CLINEC | ADDRESS TOWING | rr Tr | | P057AL CODE | |
| PHONE | 800 | | | | |
| LIEN | π | | | | |
| 7 #51 N | LAME LAST | ALM2 | | SSPN NUMBER | |
| DATE O | 9 JULTS PIEN | (9.646/15) | | MHSC (6-DIG/TS) | |
| | | | | | |
| ADDRE | 15 TOW | NOTY | | POSTAL CODE | |
| COUNT | BY OF BIRTH HOMER | CELLA | | | |
| | Previous mammogram? Yes No If yes, when? | | | | |
| 106 | If yes, where? BreastCheck Other (spi | sofy): | | | |
| FRSONAL HISTORY | Are there considerations that may affect the ma | mmogram appointment | (e.g. mobility is: | sues)? | |
| 20 | Yes No If yes, describe | | | | |
| 52 | | veast 🛛 Ovarian 🗆 Fa | | | |
| | Screening mammograms for clients with breast is <u>Click here</u> to view the diagnostic referral form or | | | | ral-form.pdf |
| _ | If requesting an appointment for a client 40-48 y | rears of age, complete th | e following hist | 201 | |
| | Blood Relation (e.g. mother, sister) | Age at Diagnosis | | incer Type(s) (cir | cie) |
| HISTORY | | | Breast | Ovarian | Both |
| Ξ | | | Breast | Ovarian | Both |
| _ | | | Breast | Ovarian | Both |
| ۶C | ancerCareManitoba reastCheck | | | i-CHECK Fax: 2 Screeninz@canc | |

Cancercare.mb.ca/screening/hcp







| AGING CONSULTATION REQUEST | CACER ACTION REQUESTED IMAGING Diagnostic Marmogram Construction Preset Ultranson Construction Preset Ultranson Construction Preferred Imaging Location See back of page for testing offered by site PRIOR IMAGING - Attach all Report(s) Date of last Marmogram Construction Date of last Marmogram Construction Prior Prior Index Index Index Index Index Prior Restruction Date of last Marmogram Construction Prior reports/films are required by the Radiologist URGENT Clinical Indicators Index Unsplicitude required by the Radiologist Uniters Index/location Locady distinger, rash, United restructions | Health Record # Surame Given Name Date of Birth Gender MPRN PNN Address: ADDITIONAL PATIENT INFORMATION Address: Date of Birth Conder Address: Date of Date: Date of Date: Physician Information Printed Mobility (pendp): Physician Information Printed Physician Name: Date: Date |
|---|--|--|
| MANITOBA PROVINCIAL BREAST IMAGING CONSULTATION REQUEST | no response to steroids) Breast lump - discrete, pulpable, firm OTHER Clinical Indicators Describe symptoms, duration, family history, etc.: Fine Needle Aspiration Attempted? Ves No Additional Information: | Address: Signature: Billing 8: Construction: Billing 8: DDITIONAL PHYSICIAN TO BE COPIED Physician Name: Pac Physician Name: Pac Physician See in Winnipeg: The diagnostic Investigations performed moy require a surgical consultation. Your patient will be scheduled to see a surgicen of the Breast Health Centre unless this box is checked. Do not reflexative function to the start will be scheduled to see a surgicen of the Breast Health Centre unless this box is checked. |
| | intrant Date/Time: | bointment Location: |
| Radio | /Comments: logy Direct Referral Test Required: usted Site: | High Suspicion? Yes No Films Sent? Yes No Date Sent: Appointment Date: Delay: Patient Site |
| M # W | 99982 9273 | 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

Patients age 50-74 with **breast implants** need a referral to a diagnostic site for a screening mammogram









ColonCheck Mail Kit

Automatically start at age 50

Patient Self-Request

Online at

cancercare.mb.ca/coloncheck

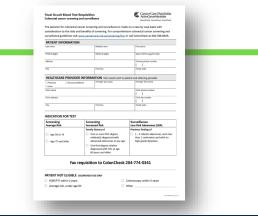
By phone at

1-855-952-4325



Provider Initiated Request

FIT Requisition form (in EMR)







Fecal Immunochemical Test (FIT) Requisition

FIT is provided only for colorectal cancer screening and surveillance in eligible asymptomatic patients. to be used as a diagnostic aid in patients with signs or symptoms of GI disease requiring further inve comprehensive colorectal cancer screening and surveillance guidelines visit www.cancercare.mb.ca/sc

| PATIENT INFORMATION | | | 1.1 |
|---------------------|----------------|----------------------|-----|
| Last name | Middle name | First name | |
| PHIN (9 digit) | MHSC (6 digit) | Date of birth | 匚 |
| Address | | Primary phone number | |
| City/town | Province | Postal code | E |

Provider last name

Province

Check here if you want the FIT mailed to the healthcare provider address indicated above for pat

Increased Risk Screening

60 years and older.

Family history of one or more first

degree relative(s) diagnosed with

relative diagnosed with CRC at age

advanced adenomas at any age.

Family history of one first degree

Surveillance of low risk :

Childhood or young adu

Transplant candidate/recip

Other

| CancerCar ActionCancer | PATIENT INFORMATION | | |
|--|-------------------------------|--------------------|----------------------|
| BreastCheck Cervi ptomatic patients. It i uiring further investi | Last name | Middle name | First name |
| ncercare.mb.ca/scree | PHIN (9 digit) | MHSC (6 digit) | Date of birth |
| ite of birth | Address | | Primary phone number |
| tal code | City/town | Province | Postal code |
| ovider first name | | | |
| nic phone number | HEALTHCARE PROVIDER INFORMAT | ION | |
| nic fax number stal code | Physician INurse practitioner | Provider last name | Provider first name |
| | ☐ Other | | |
| ted above for patien | Clinic name | | Clinic phone number |
| eillance of low risk ade | Clinic address | | Clinic fax number |
| ubular adenomas, ea metre and no high-gri hood or young adult (vors who received rac ment (see link to guid | City/town | Province | Postal code |

Fax requisition to ColonCheck at 204-774-0

C-HCP-FORM-REQUEST

COLONCHECK TO COMPLETE - Patient not eligible

FOBT/FIT within 2 years.

CRC screening in this age group

the benefits outweigh the risks.

should be limited to those in which

Colonoscopy within 5 years.

HEALTHCARE PROVIDER INFORMATION

INDICATION FOR TEST - CHECK ONE BOX Requests for individuals 86 years and older will be declined.

Nurse practitioner

Physician

Clinic address

City/town

OPTIONAL

Average Risk Screening

Age 50 to 74.

Age 75 to 85.

🗌 Other Clinic name

Does not meet age criteria (average risk screening).

Other

January 2, 2024

OPTIONAL

Check here if you want the FIT mailed to the healthcare provider address indicated above for patient pickup.







Overview of changes effective June 20, 2023

- Test change from 6 to 1-sample (FIT)
- ColonCheck is the only supplier of FIT tests in the province
- ColonCheck will communicate FIT result to patients
- All colonoscopy referrals are done by ColonCheck

| Colorectal cancer Effective June 20, 2023 Manitoba transitioned from the gualactical occult blood test (gF0T) to the Acal Immunochemical test (FIT). As of September 29, 2023, gF0T will into longer be available in Manitoba (Shared Health and Dynacare label. | | | | IonCheck Screening Gui t people age 50 to 74 should complete a Patient Characteristics 49 years of age and under | delines feal immunochemical test (FIT) every two years. Management Boutine screening with FIT is not recommended. |
|---|--|--|----------------|---|--|
| | cancer complete a screening: Only one fec Non-invasive Increased pa No dietar Tests spe More spe Improved | stent participation. ¹ | AVERAGE BISK | 50 to 74 years of age 75 to 85 years of age | Routine screening with IT way 2 years. Routine screening with IT way 2 years. Routine screening with IT is not recommended. Disation because there is not recommended in the screening with the screening with the screening with the screening and the screening according to determine according to determine according the screening according the potential benefits and harms of screening according the screening according the screening according to determine according to the potential benefits and harms of screening according the screening according to the screening to the screening according to the screening to the screening according to the screening according to the screening according to the screening according to the screening to the screen |
| FIT access, distribution and analysis | Witten and vide cancercare mbio FIT kits are avails Request can be i cancercare mbio All FIT analysis h Benefits of centr Single po Consister High qual Manitoba | | l | 86 years of age and over Family History of - One first-degree relative diagnosed with colorectal cancer (CRC) at 60 years of age or older One or more first-degree relatives diagnosed with advanced adenoma at any age | Do not scorem. Plater Proference Ruther scoreming with FT every 2 years starting at sign 40 or 10 years earlier than the youngest relative's age at diagnoss linktherer occur indu. V Generative starting at sign 40 or 10 years features than the youngest relative's age at diagnoss inductive occur features. |
| FIT result reporting | Ability to Provincia ColonCheck will A normal An abnor The healthcare p completed FITw Laboratory. | Answers to Participant Webinar Qu June 20, 2023 Is your patient fit for FIT? | INCREASED RISK | Family History of One first-degree relative diagnosed with colorectal cancer before 60 years of age OR Two or more first-degree relatives diagnosed with colorectal cancer at any age | Colonoscopy every 5 years beginning at age 40 or 10 years earlier the youngest relative's age at diagnosis (whichever occurs first). Do not screen with fTT. |
| Follow-up of abnormal FIT results | ColorCrackwitt who has an abo appointmento The program will heathcare provi Privation for The providence of the pr | An overview of fecal immunochemica colorectal cancer screening in Manito | | Personal History of - Colorectal cancer or high-irisk adenomas requiring surveillance - Inflammatory bowd filosae (IBC) with associated colris - Confirmed or suspected hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP) | Surveillance and management as directed by the endoscopiat. Consider referring individuals with supected herefullary coherectal cancer syndrometics for genetic counseling and testing. Consider referring individuals with confirmed herefulary gastrointestinal cancer syndroms to the herefulary gastrointestinal cancer dinci at CancerCale Mandbal fas. 204-786-6071. Do not scorem with FT. |
| | | | pająs | rik koldeli olekteksi sittene er nore somi degre riksti de konstitution ma gruter fan er spaal forme vertienter in size, er vikilingle g witten and som som som som som som som som <u>ActionCananer/Manitoba</u> Insustried, Grute/Desk, Galescheek | de good with oliversid came added datable that into degre relative with reas abased alconaux or add opplaque withou exhibited back book. C 442-04000945300 |
| | | cancercare.mb.ca. | screening/1 | cp/education | |

cancercare.mb.ca/screening/hcp





CervixCheck Access

Make an appointment with regular healthcare provider or one of the clinics listed on the CervixCheck website at

www.cancercare.mb.ca/cervixcheck

No referral is required.

| To book a Pap test appointment: 1. contact your regular health care provider, or 2. enter your postal code in the search box below and click the search icon to find a Pap test clinic near you. Due to COVID, Pap test clinic access may vary. Call ahead to the site to ensure the clinic will meet your Pap test Information for | or Other Cancers |
|---|--------------------|
| 1. contact your regular health care provider, or 2. enter your postal code in the search box below and click the search icon to find a Pap test clinic near you. Information for | |
| Information for | |
| needs. | Community Partners |
| For help, call CervixCheck at 1-855-95-CHECK. | |
| Pap Test Clinics | |
| Call ahead to confirm Pap test clinic information. | |
| postal code, city, town Search | |
| | |
| | |
| | |
| | |

To register your Pap test clinic visit cancercare.mb.ca/screening/hcp





Increase Access to Cancer Screening & CervixCheck Competency Training

For nurses, nurse practitioners, physicians, physician and clinical assistants in Manitoba seeking to:

- initiate or refresh learning and competency about cancer screening, or
- mentor colleagues to become competent in cancer screening

Full day of theory + half day for clinical at Health Sciences Centre campus. Learn more and register at:

cancercare.mb.ca/screening/hcp/education







Results & Follow-Up





ColonCheck & CervixCheck **Results to Healthcare Provider**

Lab report sent directly to the healthcare provider for:

- FIT test results
- Pap test results
- HPV test results

| Dynacare [.] | T-800 698 2714 F-204 967 1221 100-830 King Edward St. Winnipeg, MS R34 094 Medical Director: Dr. J. Neidoo | | P.O. Box 8450 | ovincial Laboratory ue, Winnipeg, MB R3C 3Y1 an Caeseele | | Healt | th, Seniors and Active Liv | ing |
|--|---|---|--|---|----------------------------------|---|---|---------|
| GYNECOLOGICAL CYTOLOGY REPORT | | | | d By: eHealth Hub tioner: | Patient | AV PosHis Phase | Two | - |
| To: D DZKOWSKI Tache Gyne & Obs 305-400 Tache Ave Winnpeg, R2H3C3 phr (204) 233-4224 Collectied: 05 Oct 2021 Received: 04 Oct 2021 | Patent Leio Arnicae Male 122 Ania Shadi Winiyaga, Mi. KIED'3 Ph; 99090999 Birth Dan: 25 Jul 1964 MHSC NO: 555555 PHIN: 111111111 | | Cancer ColonO #5-25 S Winnip | Care Manitoba, Care Manitoba, herbrook Street og, MB R3C 281 Paul G. Van Csessele | | PHIN: MHSC: Birth Date: Gender: | 103000000 103001 1956/09/28 Male | |
| CYTOLOGY INTERPRETATION: Alypical squamous cells of undetermined significance | ce are seen | | Accession #: Source: Type: | FIT20231026-04 FIT Kit - Stool | | Date Collected: Date Received: Date Reported: | 2023/10/20 2023/10/26 2023/12/11 | |
| HPV TEST RESULT: HPVOV POSITIVE | | | Outbreak #: Specimen Note | : The patient identified the copie | d practitioner as their healthca | re provider. | | |
| HPV16 NOT DETE HPV18 DETECTED HPVOT INVALID | | | Test Name | | Result | | Date Approv | ed |
| One or more high risk HPV DNA targets detected; to do not require retesting. | he overall HPV test result is positive. Invalid results from this sample | | Fecal Immunoch Note | nemical Test (FIT) : ColonCheck will advise the patient of t | Normal heir test result. | | 2023/11/03 | |
| RECOMMENDATION: Refer for Colposcopy | | | | Patient is at increased risk for colorect | al cancer determined from self | reported family histo | ny. | |
| | ndicating that this patient is at higher risk for cervical cancer. It does er or will get cervical cancer. Colposcopy is required to determine if | | | Colorectal cancer screening guidelines | s recommend colonoscopy eve | ry 5 years. | | |
| CYTOLOGY SPECIMEN ADEQUACY: Satisfactory specimen with presence of transformati | | Patient will be due for colorectal cancer screening in 2 years. ColorCheck will automatically send them a failate FT in 2 years if they are eligible content screening at that time, however it is encouraged that you speak with them regarding colonoscopy. | | | | | | |
| should be used at regular intervals, and positive results a | sers both fissio positive and false negative results may occur. The test should be confirmed before definitive therapy, Any visible contrall ligated regardless of cytologic findings. References for more details: | | | For more information on colorectal car screening/hcp or call ColonCheck at 1 | | idelines visit www.ca | ancercare.mb.ca/ | |
| of HPV 16, 18, and 12 other high-risk types (pooled reac This test is Health Canada approved for samples collect Cell Collection Medla, HPV testing is not indicated for pair complete summary of age-specific indications. (https://ww from Cobas HPV, together with the physician's assessme be used to guide patient management. The results of Co | Route Colves qualitative real-inter PCR easy. The presence or alwares to 13.3.3.3.5.4.4.5.1.5.2.5.6.4.5.6.6.6. and 60 was assessed at in Preservicit Solution, Surverlah Preservative Fulci, and Colume SCR later < 23 years of app. Polase refer to Synarcer's total interminion for new dynamic characterizatiographic exercision markets associ. The results and the second | | | | | | | |
| colposcopy. | | | General Inquiries: Fax: Email: Website: | 204-945-6123 204-785-4770 casham@gov.mb.ca www.gov.mb.ca/health/publichealth/cpl | Final | | | .06/515 |
| | l of I | | LINS Report #. 114 LINS Sample #. 51 | | Page 1 of 1 | | Print Date: 2023/12/ | 11 |
| | | | | | | | | |



2024 Cancer Day for Primary Care



BreastCheck Result to Healthcare Provider

BreastCheck sends a:

- result letter and
- BreastCheck Screening Report

to the healthcare provider within two weeks.

Report includes:

- Mammogram result
- Follow-up testing needed
- Breast cancer screening interval
- Breast density category

| Company alastan | S+ 7 2021 | | | Dhualata | | | | | |
|--|---|---------------|---|---|---|-------|--------|--------|--------|
| Screen date: BSPN: Name: Address: | Sept 7, 2021 1234567 PHIN: 123456789 SMITH, Joan Apt 203 | MHSC: DOB: | 123456 Jan 22, 1960 | Physicia Name: Address: Address: | n JONES, John Unit 123 123 Pembin: | | | | |
| Address: City: | 150 Niakwa Road Winnipeg | Prov: | MB | City: PC: | Winnipeg R3T H8Y | | Prov: | MB | |
| PC: | R2M4Y7 | PH: | 204-222-2222 | PH: | 204-123-456 | 57 | Fax | 204-45 | 6-1234 |
| | | | RESULTS AND | RECOMIN | IENDATIONS | | | | |
| | | / | Number of p Location of la Date of last p | ist prior: | | | | | |
| 7 | | | Compared | d to previo | us: | | | | |
| ľ | | | FINDINGS | | | Right | | Left | |
| 1 | | | Negative ma | mmo findi | ngs | | | | |
| *Mole ≠ | ≤Scar •Lump 0 Dimpling / Nipple invers | ilon | Positive man | nmo findin | ıgs | | | | |
| | | | | | Mass | | | | |
| Technologist | t notes: | | Calcifications Architectural distortion | | | | | | |
| | | | 74 | | ric density | | | | |
| | | | | | Other | | | | |
| Technologist | t: <tech from="" initials="" penrad="" user=""></tech> | | Highly suspic | | | | | | |
| | | | RECOMMENI | | mmogram | Right | | Left | +/- |
| Family histo | ry: | | 514 | - | ultrasound | | | | |
| HRT: | | | | US c | ore biopsy | | | | |
| HRT duratio | n: | | | | ore biopsy | | | | |
| Pathology: | | | Clinical lyrr | - | onsultation ssessment | | | | |
| | | | RECALL RECO | | | | | | |
| | | | | BreastC | heck recall | | 1 year | □ 2 y | /ear |
| | | | BI- | RADS Brea | st Density: (| Da C | Ъ | O c | O d |
| | | | Additional not | tes: | | | | | |
| | | | | | | | | | |





BreastCheck & ColonCheck Results to Patient

Normal result

Letter is sent from the program to the patient within two weeks.

Abnormal result

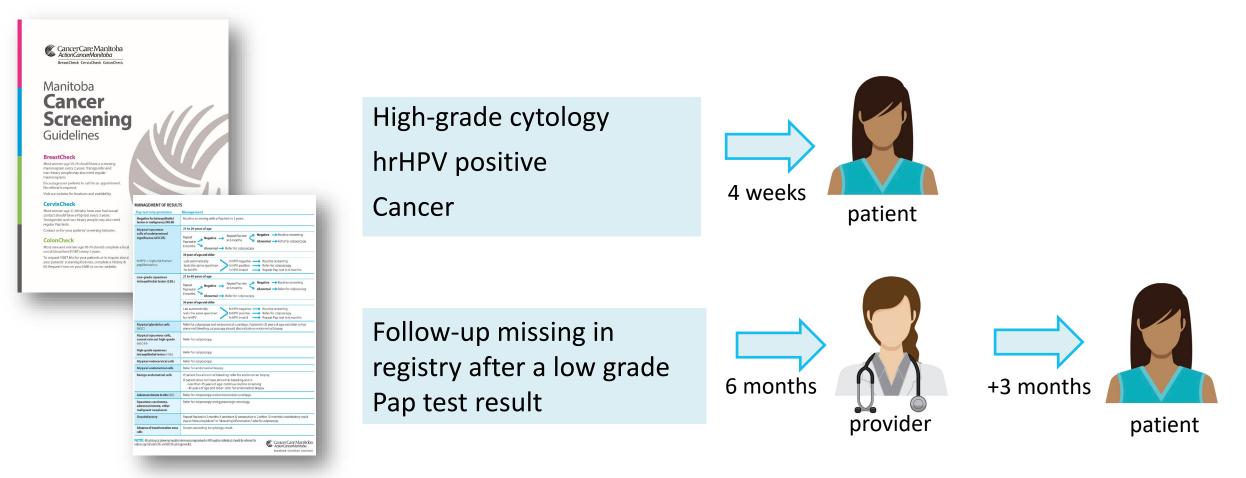
- Programs calls patient with their result and required follow-up testing information within two weeks.
- Letter follows with the same information.

As of May 23, 2024 CancerCare Manitoba FIT test results performed by Cadham Provincial Laboratory will be available in eChart in the labs, biochemistry list.





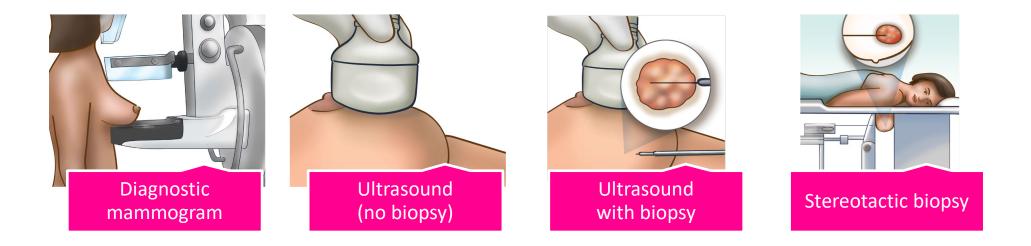
CervixCheck Result to Patient







Possible Follow-Up Tests after Abnormal Mammogram







ColonCheck Follow-Up Test for Abnormal FIT Result



ColonCheck manages all colonoscopy referrals after abnormal FIT results

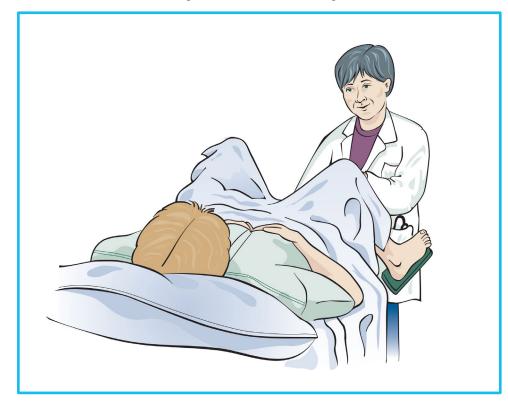


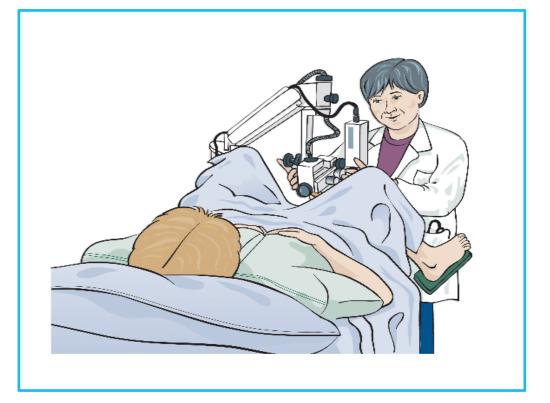


CervixCheck Follow-Up

Repeat Pap

Colposcopy









Colposcopy Referral

Locate current colposcopy clinic list from

Cancercare.mb.ca/screening/hcp

CervixCheck

CervixCheck Documents

Cervical Cancer Screening Learning Module for Healthcare Providers

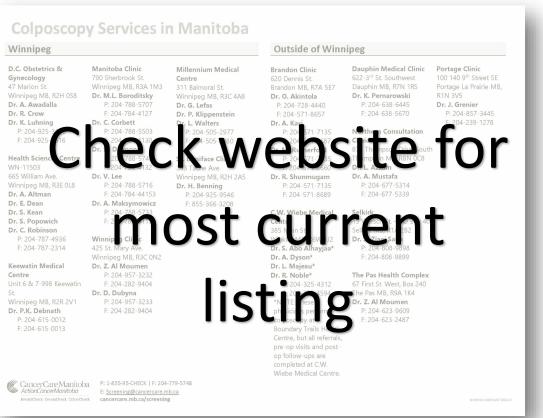
Colposcopy Services in Manitoba

Cancer Screening and CervixCheck Competency Training

Pap Test Procedure (pdf)

HPV FAQ (pdf)

FAQ (pdf)



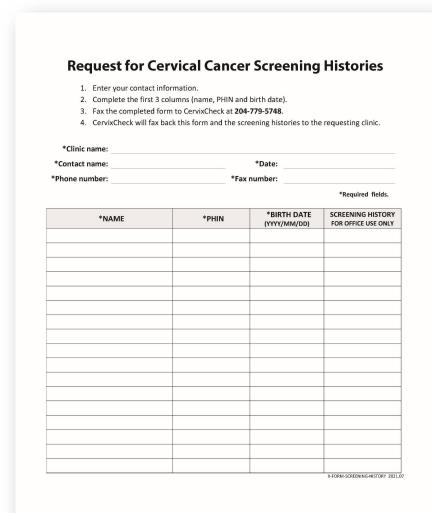




Colposcopy Referral

Include in your referral:

- **1. Patient information** (name, address, date of birth, PHIN, phone number)
- **2. Referring provider information** (name, clinic name, address, phone, fax)
- 3. Reason for referral
- 4. Lab report for the most recent cervical cancer screening result
- 5. CervixCheck screening history



CancerCareManitoba

ActionCancerManitoba

BreastCheck CervixCheck ColonCher



2024 Cancer Day for Primary Care



1-855-95-CHECK | Fax: 204-779-5748

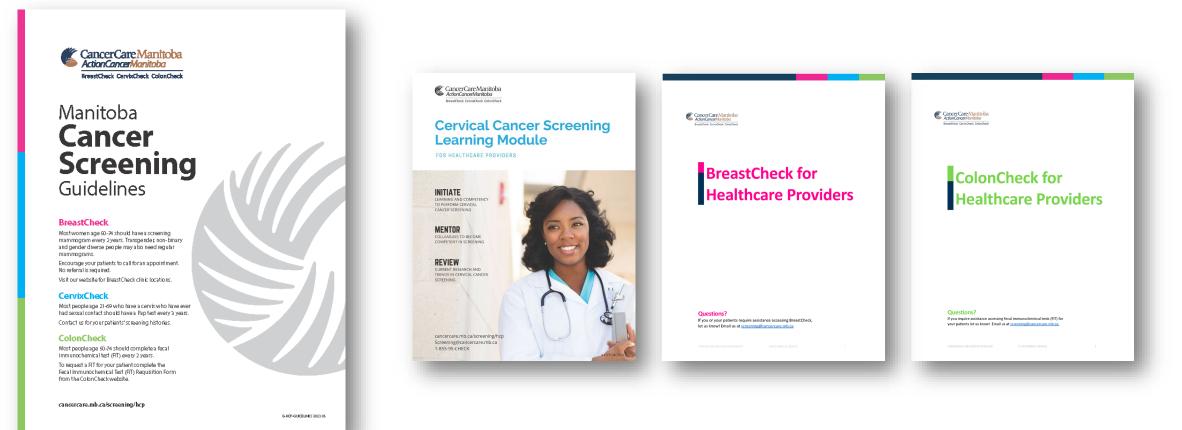
screening@cancercare.mb.ca cancercare.mb.ca/screenin







Cancer Screening for Healthcare Providers cancercare.mb.ca/screening/hcp







CancerCare Manitoba

Go

Search

PATIENTS & FAMILY ~ TREATMENT & CARE ~ SCREENING ~ RESEARCH ~ HEALTH PROFESSIONALS ~ WAYS TO HELP ~ ABOUT US ~

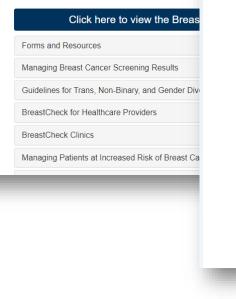
cancercare.mb.ca/screening/hcp

BreastCheck Information for Healthcare Providers



Most women age 50-74 should have a scree without chest surgery and trans women who h for a minimum of 5 years should a

See the BreastCheck Screening







Most people who have a cervix, a screened See the CervixCheck

Click here to view

Resources and Forms

Managing Cervical Cancer Screening

Guidelines for Trans, Non-Binary, and

Cervical Cancer Screening Learning

Pap Test Clinics

Patients who Require Increased Surve

Colposcopists

ColonCheck Information for Healthcare Providers



Most people age 50-74 should do a FIT every 2 years. See the ColonCheck Screening Guidelines (pdf) for more detail.

CancerCare Manitoba, ColonCheck program, is the sole distributor of all fecal immunochemical tests (FIT) in the province.

- ColonCheck automatically sends a FIT invitation to all eligible Manitobans upon reaching 50 years of age, and automatically recalls participants when they are due to return to routine colorectal cancer screening
- Healthcare providers can request a FIT for their underscreened or unscreened patients using the ColonCheck fecal immunochemical test (FIT) requisition form (pdf)
- · Patients can request a FIT online or by contacting ColonCheck

Click here to view the ColonCheck Screening Guidelines (pdf)

| Resources and Forms | > |
|--|---|
| Managing Colorectal Cancer Screening Results | > |
| ColonCheck for Healthcare Providers | > |





cancercare.mb.ca/screening/resources







Cancer Screening Decision Tool



Available at table for pick-up today or download from cancercare.mb.ca/screening/resources





Take home message(s)

| | Result to the healthcare provider sent by: | Follow-up for abnormal result |
|-------------|--|---|
| BreastCheck | BreastCheck | BreastCheck will make referrals for the initial follow- up testing after an abnormal mammogram. |
| ColonCheck | Laboratory | ColonCheck will make appointment with the ColonCheck Nurse Practitioner and make the colonoscopy referral. |
| CervixCheck | Laboratory | The healthcare provider is responsible for follow-up (i.e. making a colposcopy referral or doing repeat Pap test). A complete list of colposcopy clinics can be found at cancercare.mb.ca/screening/hcp. |

cancercare.mb.ca/screening/hcp





Thank you: <u>screening@cancercare.mb.ca</u> cancercare.mb.ca/screening/hcp

Sign-up for enews at cancercare.mb.ca/screening/enews



