



A large, stylized graphic of a fan of leaves or petals, rendered in shades of light gray, is positioned in the background behind the central text.

CancerCare Manitoba

Screening Programs

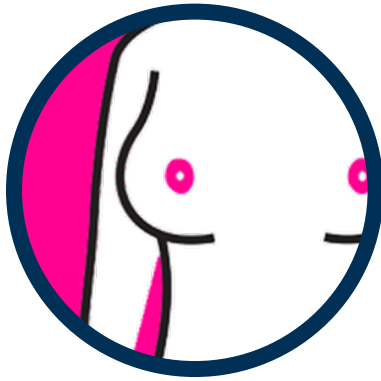
BreastCheck | **CervixCheck** | **ColonCheck**

A large, stylized graphic of a fan of leaves or petals, rendered in shades of light gray, is positioned in the background behind the text.

CancerCare Manitoba

Screening Programs

BreastCheck | **CervixCheck** | **ColonCheck**



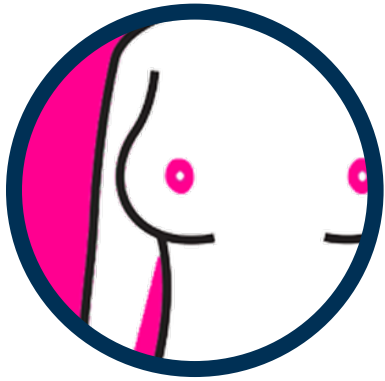
Most women age 50-74 should have a screening mammogram every 2 years. Trans, non-binary and gender diverse people may also need regular screening.



Most women age 21-69 who have ever had sexual contact should have a Pap test every 3 years. Trans, non-binary and gender diverse people with a cervix should also be screened regularly.



Most people age 50-74 should do a colon cancer screening test every 2 years.



Most women age 50-74 should have a screening mammogram every 2 years. Trans, non-binary and gender diverse people may also need regular screening.



Most women age 21-69 who have ever had sexual contact should have a Pap test every 3 years. Trans, non-binary and gender diverse people with a cervix should also be screened regularly.



Most people age 50-74 should do a colon cancer screening test every 2 years.

Cancer Screening

cliniciannotes

45% of Canadians are expected to be diagnosed with cancer at some point during their lifetime (Canadian Cancer Society, 2023).

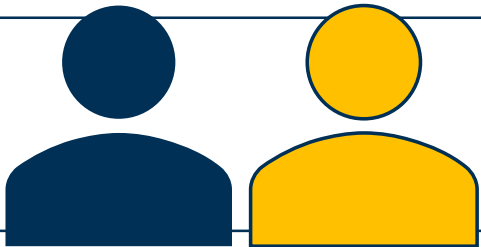
About 1 in 4 Canadians is expected to die from cancer (Canadian Cancer Society, 2017).

Cancer screening:

- is for people who have **no symptoms** of the cancer for which they are being tested,
- can prevent some cancers by **finding** and **treating early changes** before they develop into cancer, and
- can **find cancer early** when treatment may work better.

Cancer Screening

- for people who have no symptoms
- can prevent some cancers from starting
- can find cancer earlier when treatment may work better



45% of Canadians are expected to be diagnosed with cancer in their lifetime in Canada. (Canadian Cancer Society, 2023)

Things you should be aware of:

Cancer screening works best when it is done on a regular basis.

- Each program has a recommended target age and frequency for screening based on your risk factors.
- Screening programs exist because there is solid evidence to demonstrate that:
 - by participating in cancer screening at recommended intervals fewer people die,
 - earlier detection may result in simpler treatment and less need for radiation and chemotherapy, and in some cases,
 - fewer people are diagnosed with the cancer in the first place. BreastCheck aims to find early cancer. CervixCheck and ColonCheck tests can find the precursor to the cancer, and prevent the cancer from ever starting.

Not every cancer has a screening program or test as the criteria for the development of a screening program have not been met.

No screening test is perfect.

- Cancer screening can miss abnormalities. This is why it is important to:
 - screen at the recommended frequency for your risk level, and to
 - continue to monitor for any changes to your health.
 - make an appointment with your healthcare provider if you notice symptoms, even if your most recent cancer screening test was normal.
- Participating in cancer screening does not guarantee you will not die from cancer.

Most cancer screening test results are normal.

If you do have an abnormal result:

- it does not necessarily mean you have cancer. Further testing is needed.
- it is very important to attend all follow-up appointments.

Things you should be aware of...

- Cancer screening works best when it is done on a regular basis.
- Not every cancer type has a screening program.
- No screening test is perfect.
- Most cancer screening test results are normal.
- If you do have an abnormal result, it does not necessarily mean you have cancer, but rather, further testing is needed.



Values and Preferences

To get a sense of your patient's values and preferences, ask:

1. **How important is finding cancer early when it may be more easily treated?**
2. **How concerned are you about having a false alarm?**
3. **How concerned are you about having other tests if you have an abnormal cancer screening result?**

Follow-up questions to ask:

What information or support do you need to consider participating in cancer screening?

Would it help to review the follow-up tests? (Review follow-up in subsequent slides.)

If you're not willing to participate in the follow-up testing, we should talk further before you engage in cancer screening.

COLORECTAL CANCER SCREENING

Over 90% of colorectal cancer cases occur over the age of 50. There are often no warning symptoms of early colorectal cancer. In 9 out of 10 cases, colorectal cancer can be cured if diagnosed at an early stage.

FITest sensitivity (78%), specificity (96%)

BREAST CANCER SCREENING

8 of 10 breast cancers occur in age 50 or older. Regular mammograms can find breast cancer 2-3 years before it can be felt manually. Regular screening mammograms can find breast cancer early and reduce risk of dying.

Mammogram test sensitivity (89%), specificity (95%)

CERVICAL CANCER SCREENING

Infection with high-risk HPV can cause cervical cancer. Pap tests look for abnormal cells caused by HPV that can be removed so the cancer does not start. Regular Pap tests with follow-up can prevent up to 80% of cervical cancer.

Pap test sensitivity (73%), specificity (90%)
hrHPV test sensitivity (95%), specificity (97%)

For you, how important is finding cancer early, when it may be more easily treated?

0	1	2	3	4	5
not important	slightly important	somewhat important	moderately important	very important	extremely important

How concerned are you about having a false alarm?

0	1	2	3	4	5
not concerned	slightly concerned	somewhat concerned	moderately concerned	very concerned	extremely concerned

How concerned are you about having other tests, if you have an abnormal cancer screening result?

0	1	2	3	4	5
not concerned	slightly concerned	somewhat concerned	moderately concerned	very concerned	extremely concerned

Cancer Risk

Evidence has shown that most eligible people benefit from regular screening. However, it is important to understand a patient's lifetime risk of developing the disease to determine the appropriate screening test and screening interval.

Factors that can impact how often a patient is screened for cancer and impact the type of test used to screen for cancer include:

- Personal history of cancer
- Personal history of different health conditions
- Significant family history of cancer and pre-cancer
- Genetic considerations
- Personal history of radiation in childhood and youth
- Previous cancer screening test results

Remind the patient to inform you of all family or personal history of any cancer.



Cancer Risk

Be sure to let your healthcare provider know if you have any family or personal history of any cancer.

Factors that impact how often a person should be screened for cancer and the type of test used to screen for cancer include:

- Personal history of cancer
- Personal history of different health conditions
- Significant family history of cancer and pre-cancer
- Genetic considerations
- Personal history of radiation in childhood and youth
- Previous cancer screening test results

A large, stylized graphic of a breast, composed of several curved, overlapping segments in shades of pink and purple, positioned behind the central text.

CancerCare Manitoba

BreastCheck

A large, stylized graphic of a breast, composed of several curved, overlapping segments in shades of pink and purple, positioned behind the central text.

CancerCare Manitoba

BreastCheck

Breast Cancer Facts

8 of 10 breast cancers occur in women age 50 or older.

Regular mammograms can find breast cancer 2-3 years before it can be felt by participant or their provider.

Only 10% of women diagnosed with breast cancer have a family history of breast cancer.

Regular screening mammograms are the best way to find breast cancer early.

To review the factors that increase a person's risk of breast cancer, see the [BreastCheck Screening Guidelines](#).

Modifiable risk factors can reduce a person's risk of breast cancer; visit prevent.cancer.ca to view ComPARE study results.

Breast Cancer Facts

8 of 10 breast cancers occur in women age 50 or older.

Regular mammograms can find breast cancer 2-3 years before a lump can be felt.

Only 10% of women diagnosed with breast cancer have a family history of breast cancer.

Regular screening mammograms are the best way to find breast cancer early.



Breast Cancer Screening Test

Screening mammogram (breast x-ray)

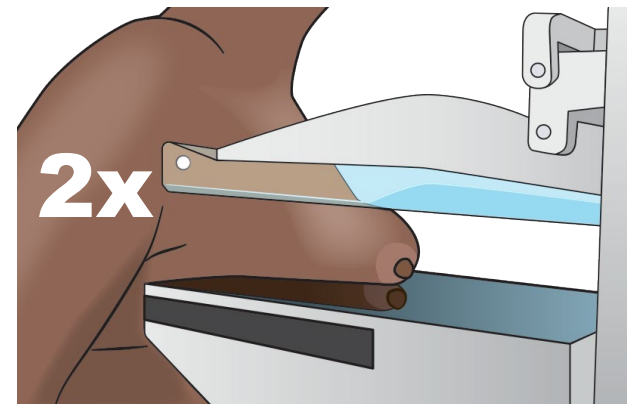
You will be asked a series of health questions to determine your risk level and how frequently you should be screened.

You will be asked to undress from the waist up.

Two images are taken on each breast. Breast compression is used to:

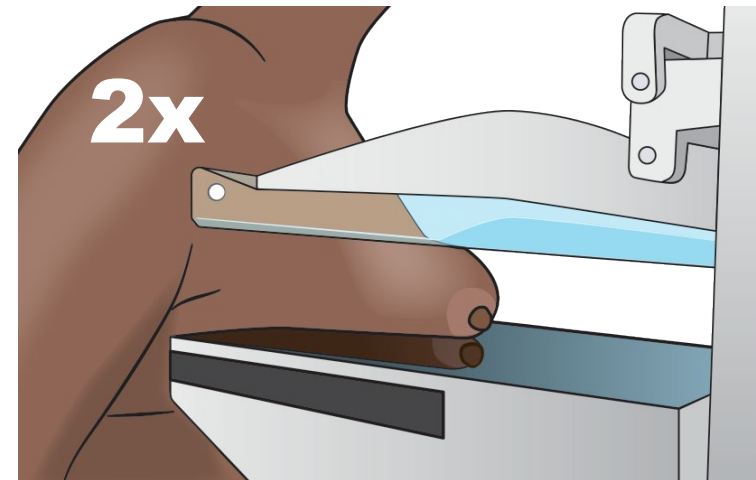
- get a clear image of the breast tissue
- reduce the amount of radiation needed

Breast compression is tolerable for most clients and is not harmful to the breast tissue.



The test to screen for breast cancer is the **screening mammogram (breast x-ray)**

1. You will be asked a series of health questions to determine your risk level and how frequently you should be screened.
2. You will be asked to undress from the waist up.
3. Two images are taken of each breast. Breast compression is used to:
 - get a clear image of the breast tissue
 - reduce the amount of radiation needed



How do I get checked for breast cancer?

cliniannotes

Call BreastCheck to book an appointment at any of the six BreastCheck Clinics:

1-855-952-4325

Interpreter services available upon request.

Clinics are located in:

Brandon

Boundary Trails

Thompson

Winnipeg

2 mobile clinics that tour the province on a 1-2 year cycle



How do I get checked for breast cancer?

Call BreastCheck to book an appointment:

1-855-952-4325

Interpreter services available upon request.

BreastCheck has six clinics:

Brandon

Boundary Trails

Thompson

Winnipeg

2 mobile clinics



Screening mammogram results

cliniciannotes

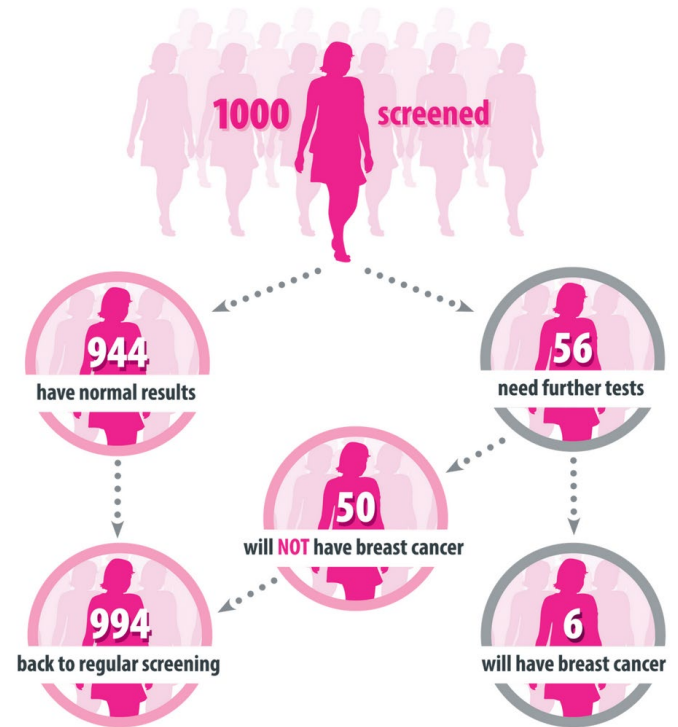
normal

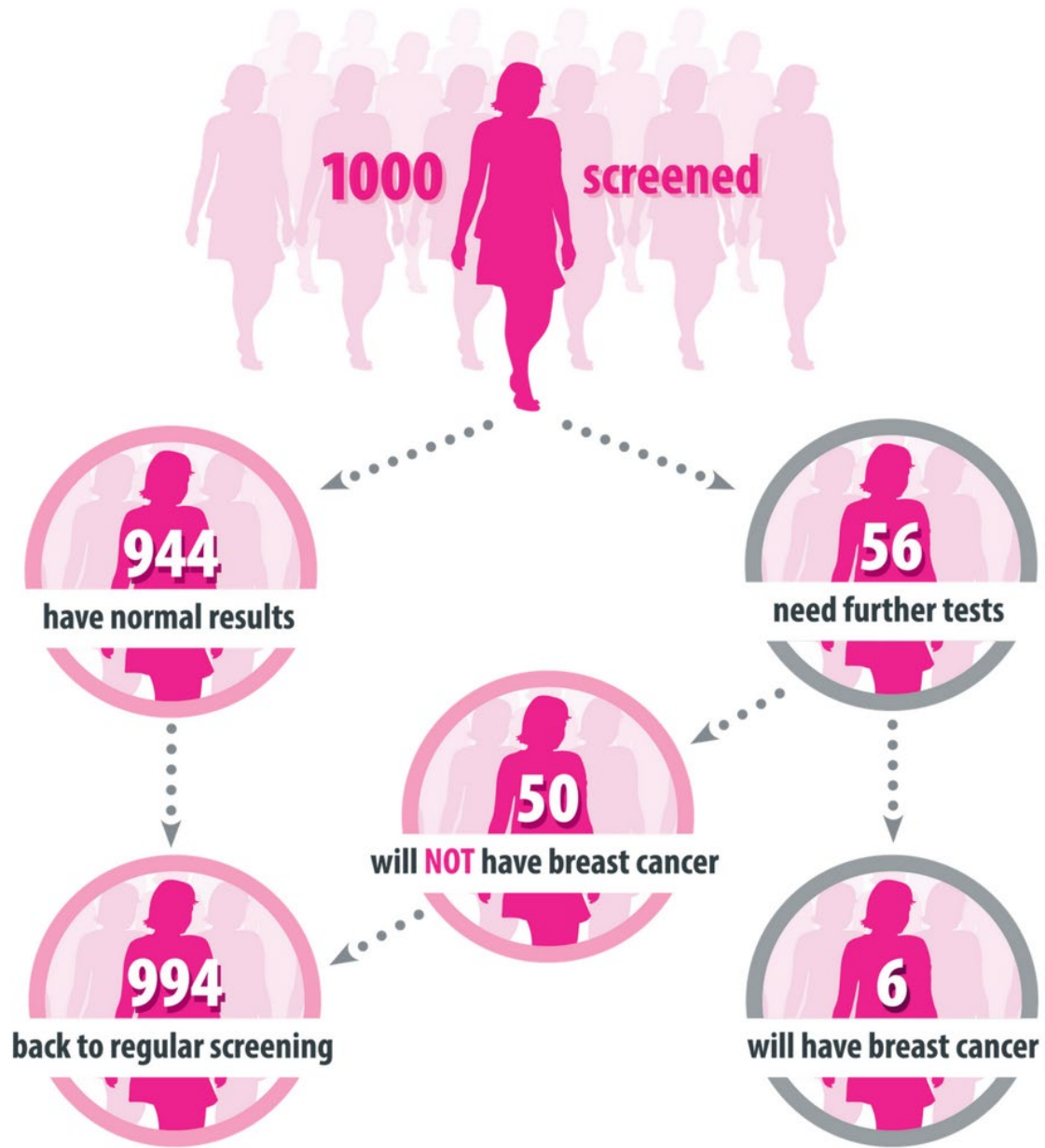
BreastCheck will mail both of us your result letter. You will be recalled in 1-2 years for another mammogram.

abnormal

BreastCheck will call you with your result and follow-up test information. They will also send me notification of your result.

Possible follow-up may include a diagnostic mammogram, stereotactic biopsy, or an ultrasound with or without a biopsy.





Possible follow-up after an abnormal screening mammogram

cliniciannotes

Diagnostic mammogram: diagnostic mammogram experience is very similar to a screening mammogram. A diagnostic mammogram takes a closer look at the breast tissue by taking images at different angles, or applying extra pressure to thin out a small specific area of breast tissue so it can be seen more clearly.

Ultrasound: uses sound waves to create an image. A small amount of gel will be placed on your breast. A small probe (wand) will glide over the skin on your breast. The image can show if the lump is solid or filled with fluid.

Ultrasound with core biopsy: uses a needle to remove tissue for testing when a lump is felt or seen on an ultrasound.

Stereotactic biopsy: uses a needle to remove tissue when an area is seen only on a mammogram.

For more information about follow-up tests visit cancercare.mb.ca/breastcheck

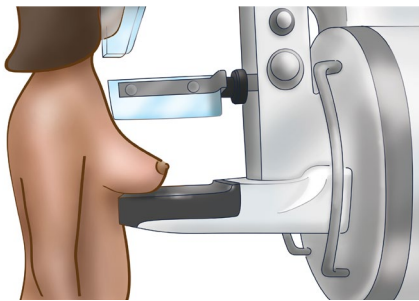
Additional support and information can be found at the CancerCare Manitoba Breast & Gynecological Centre of Hope:

P: 204-787-2970

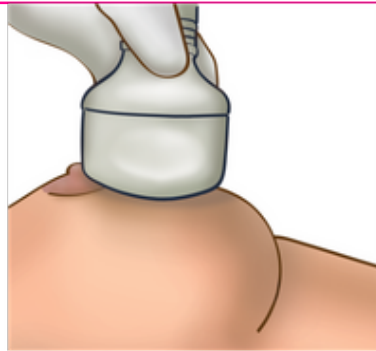
TF: 1-866-561-1026

No referral is required.

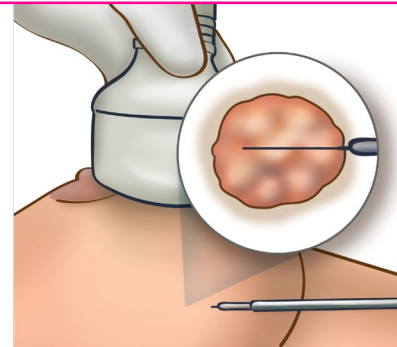
Possible follow-up tests after an abnormal screening mammogram



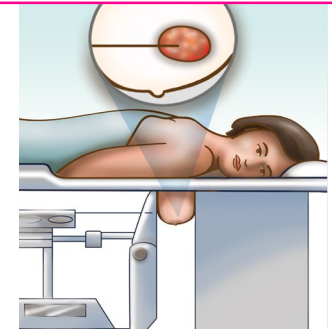
diagnostic mammogram



ultrasound



ultrasound with
core biopsy



stereotactic biopsy

What should I know about breast density?



Breast density can only be assessed on a mammogram by a radiologist.

Breast density is a term used to describe the ratio of fatty to fibroglandular tissue in the breast.

Breast density category is not an abnormal finding. It is shared in your BreastCheck result letter.

Breast density can affect cancer risk.

- Dense tissue masks (hides) cancerous tissue on mammograms, making it difficult for a radiologist to distinguish between dense tissue and a cancer.
- Increased breast density increases breast cancer risk.

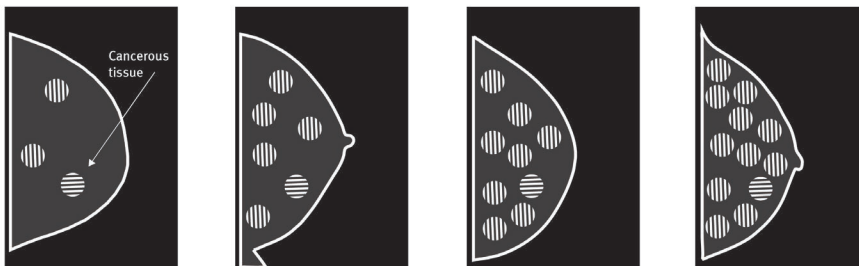
Cancerous tissue can look like dense breast tissue on a mammogram:  Dense breast tissue  Cancerous tissue

Almost entirely fatty

Scattered areas of fibroglandular density

Heterogeneously dense

Extremely dense





IMAGES USED WITH PERMISSION OF BC CANCER, 2018.

Focus on what you can do to reduce your risk of breast cancer: eating healthy, moving more, living smoke free.

For information about breast density to inform patient conversations, visit cancercare.mb.ca/screening/hcp

What should I know about breast density?

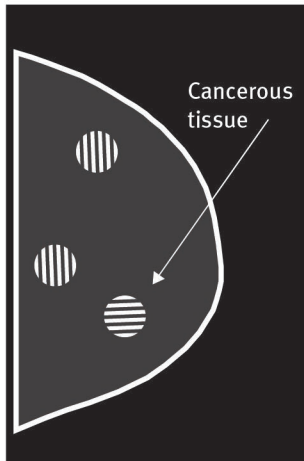
Cancerous tissue can look like dense breast tissue on a mammogram:  Dense breast tissue  Cancerous tissue

Almost entirely fatty

Scattered areas of fibroglandular density

Heterogeneously dense

Extremely dense



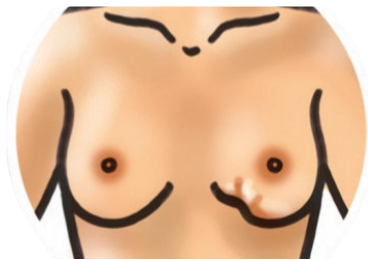
Breast density can only be assessed on a mammogram by a radiologist.

Breast density is a term used to describe the ratio of fatty to fibroglandular tissue in the breast.

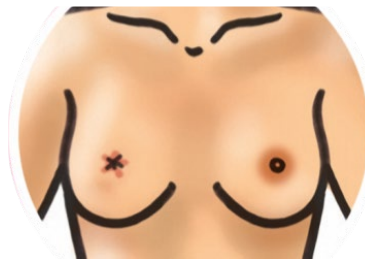
Know your normal

cliniannotes

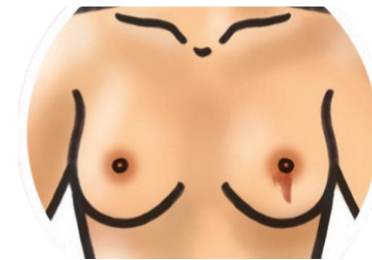
“It is important to know what’s normal for your breasts so you can notice changes. See me if you find a lump or notice any changes that do not go away, worsen, or affect your daily life.”



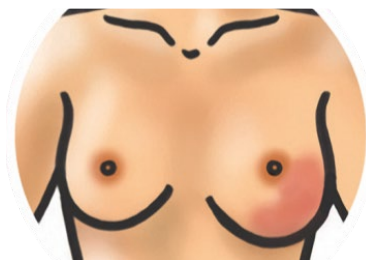
puckering of skin



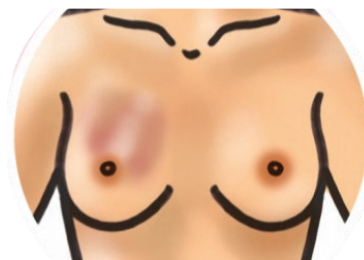
change in the nipple



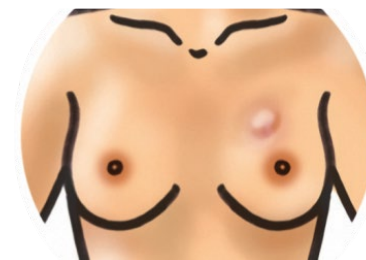
new or bloody discharge



change in size,
shape or colour

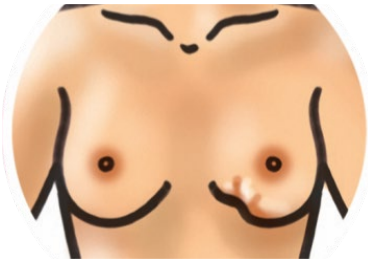


thickened hard skin

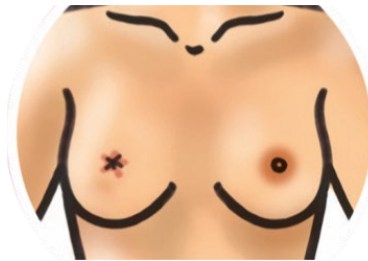


a new breast lump

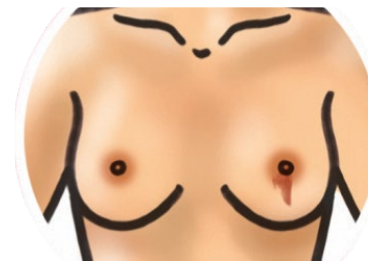
Know your normal and talk to your healthcare provider if you notice:



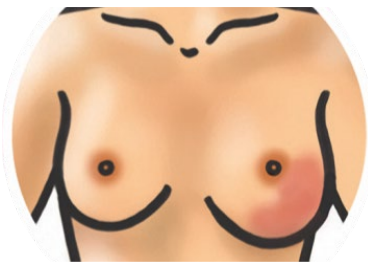
puckering of skin



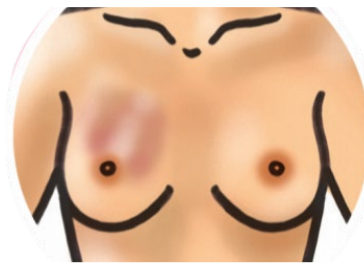
change in the nipple



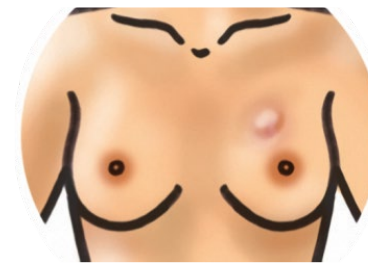
new or bloody discharge



change in size, shape or colour



thickened hard skin



a new breast lump

Call BreastCheck to make an appointment.
No referral is required.

BreastCheck

www.cancercare.mb.ca/breastcheck



1-855-952-4325

Interpreter services available upon request.

Patients should ask for an interpreter in their language of preference when they call CancerCare Manitoba.

There is an insert in this resource that has this phrase translated into over 20 languages:

Free interpreter services are available. To get translated information about cancer screening call CancerCare Manitoba at 1-855-952-4325. Cancer screening can save your life.



Patients can call BreastCheck to make an appointment.
No referral is required.



BreastCheck

www.cancercare.mb.ca/breastcheck

1-855-952-4325

Interpreter services available upon request.

A large, stylized graphic of a feather or fan-like shape, composed of multiple curved, overlapping segments in shades of light blue and white, centered behind the text.

CancerCare Manitoba

CervixCheck

A large, stylized graphic of a feather or fan-like shape, composed of multiple curved, overlapping segments in shades of light blue and grey, positioned behind the central text.

CancerCare Manitoba

CervixCheck

Cervical cancer facts

Cervical cancer is caused by high-risk human papillomavirus.

HPV is very common and easily spread. Over 80% of people who have ever had sexual contact will have an HPV infection in their lifetime. Nearly half of women acquire an HPV infection from their first sex partner.

It is **impossible to know** from where the HPV infection originated.

Condoms cannot be relied upon to prevent HPV infection as there is skin-to-skin contact outside the condom.

90% of infections will disappear on their own.

Having HPV does not mean that you or your partner have had other partners recently. A person can have HPV for years before it develops into an infection.

cliniciannotes

To review the factors that increase a person's risk of cervical cancer, see the [CervixCheck Screening Guidelines](#).

To review modifiable risk factors reducing risk of cervical cancer, visit prevent.cancer.ca to view ComPARE study infographic.



Cervical cancer facts

Cervical cancer is caused by **high-risk human papillomavirus (hrHPV)**

HPV is very common. Over 80% of people who have ever had sexual contact will have an HPV infection in their lifetime.

It is impossible to know where the HPV infection came from.

It takes one point of sexual contact to put a person at risk of cervical cancer.

A person can have HPV **for years** before it develops into an infection.

Cervical cancer risk factors

Those at **average risk** of cervical cancer include people who:

- have a cervix, and
- have ever had sexual contact.

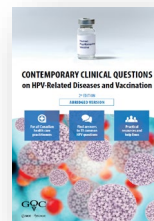
Sexual contact means that you have had wanted or unwanted contact of your genitals with:

- shared sex toys, or
- another person's genital, oral, or anal skin.

Even **one** lifetime sexual partner puts a person at risk for cervical cancer.

Factors that increase a person's risk of cervical cancer:

- persistent high-risk human papillomavirus (hrHPV) infection
- no cervical cancer screening in the past 5 years

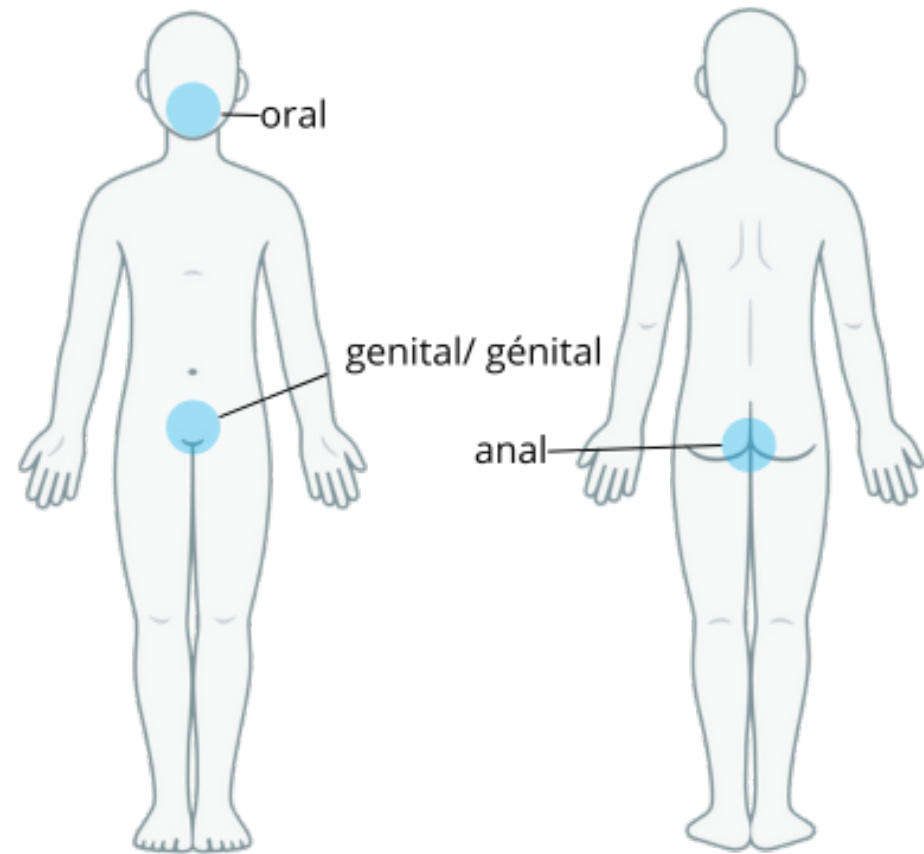


For more information about HPV and how to discuss with patients, see the Contemporary Clinical Questions on HPV-Related Diseases and Vaccination (2015) Gynecology Oncologists of Canada. Available at cancercare.mb.ca/screening/hcp

You may be at risk of cervical cancer if you have a cervix and you have ever had sexual contact.

Sexual contact means that you have had wanted or unwanted contact of your genitals with:

- shared sex toys, or
- another person's genital, oral, or anal skin.



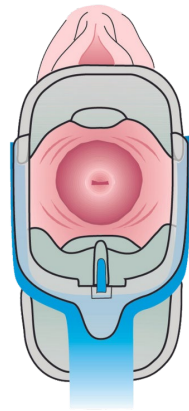
Pap test to screen for cervical cancer

cliniciannotes

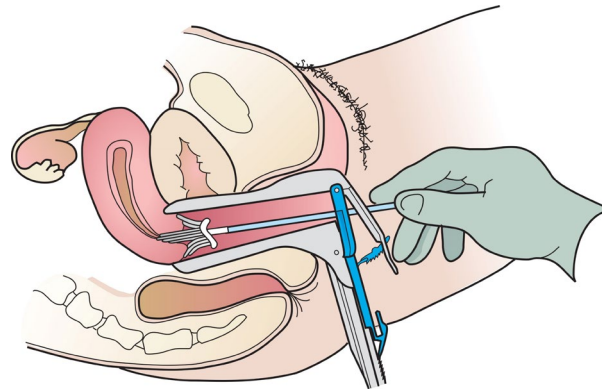
Healthcare providers who can be trained to do a Pap test with or without HPV testing include: doctors, nurses, nurse practitioners, physician assistants, clinical assistants, and midwives.



Undress from the waist down and lay on an exam table with your feet in footrests.



The healthcare provider uses a speculum to open your vagina.



The healthcare provider collects cells from your cervix.

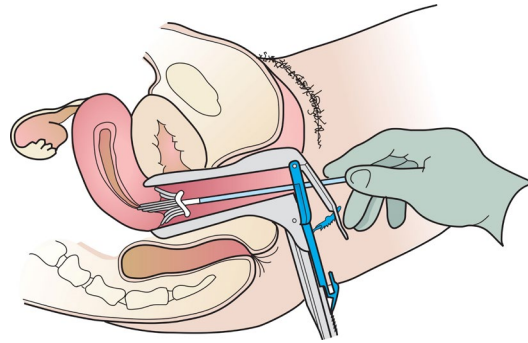
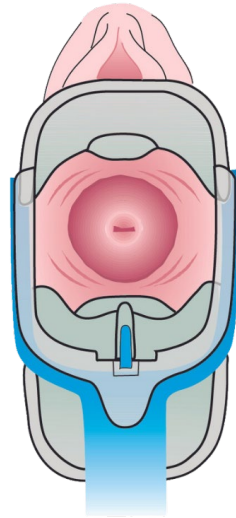


They send the cells to a lab for analysis.

A Pap test may be uncomfortable, but if it hurts, let the healthcare provider know.

You can stop the test at any time.

Pap test



A Pap test may be uncomfortable, but if it hurts, let the healthcare provider know. You can stop the test at any time.

How do I get checked for cervical cancer?

Most females and people who have a cervix age 21-69, who have ever had sexual contact, should be screened for cervical cancer every 3 years.

To schedule a Pap test:

- ask your regular healthcare provider
- visit www.cancercare.mb.ca/cervixcheck to find a Pap test clinic
- call CervixCheck (1-855-952-4325) Interpreter services available upon request.

Only those at increased risk for cervical cancer should be screened annually. The benefits of screening those at average risk every year has very little added benefit and can expose patients to unnecessary risks including:

- discomfort or bleeding from the test
- anxiety that may result for abnormal test results
- over-diagnosis of abnormal cell changes that would go away on their own

How do I get checked for cervical cancer?

Make an appointment with your regular healthcare provider or contact CervixCheck to find a Pap test clinic.

www.cancercare.mb.ca/cervixcheck

1-855-952-4325

Interpreter services available upon request.



Possible results after a Pap test

normal

No abnormal cells were found. CervixCheck will send you a letter in 3 years to remind you to make a Pap test appointment.

unsatisfactory

Sometimes the lab is unable to read the cells and you will be asked to have a repeat Pap test.

abnormal *see chart*

An abnormal cervical cancer screening result does not mean you have or will get cancer. Follow-up testing is required.

Abnormal result communication and follow-up testing information will come from the clinician who collected the sample, and in some cases, from CervixCheck by letter. If a colposcopy referral is needed, the person who collected the sample makes the referral.

Patients aged 30 and over with an ASCUS result and patients aged 50 and over with an LSIL request will also have their sample tested for high-risk human papillomavirus (hrHPV).

CervixCheck will send the patient a result letter if the result is:

- high-grade or more severe for a Pap test (HSIL, ASC-H, AGC, atypical endocervical cells, carcinoma)
- high-risk HPV positive

Patients can request their CervixCheck results using the “Send me my results” online form

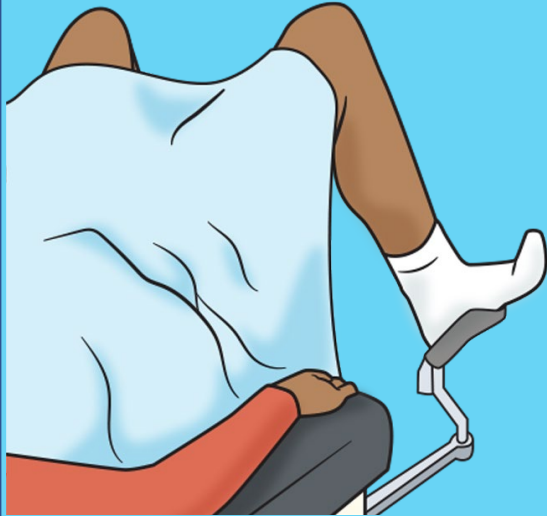
www.cancercare.mb.ca/cervixcheck

RESULT	WHAT IT MEANS	NEXT STEPS
ASCUS (Atypical squamous cells of undetermined significance)	Abnormal cells were seen and the severity of the changes cannot clearly be identified.	A repeat Pap test is required 6 months from your last Pap test. Book a Pap test. Two consecutive negative Pap test results are needed in order to return to routine screening. If your repeat Pap test result is abnormal, make sure your healthcare provider makes a colposcopy appointment for you.
LSIL (Low grade squamous intraepithelial lesion)	Mild abnormal cells were seen.	
High-risk human papillomavirus positive	A high-risk type of HPV was detected.	Colposcopy follow-up is required. Ensure that your healthcare provider has referred you to colposcopy.
HSIL (High grade squamous intraepithelial lesion)	Moderate to severe abnormal cells were seen and need to be examined further.	
ASC-H (Atypical squamous cells cannot rule out HSIL)		
AGC (Atypical glandular cells)		
Atypical endocervical cells		
Carcinoma	You may have cancer.	
High-risk human papillomavirus invalid	The lab was unable to provide a result.	A repeat Pap test is required 6 months from your last Pap test. Book a Pap test.

Possible cervical cancer screening test results

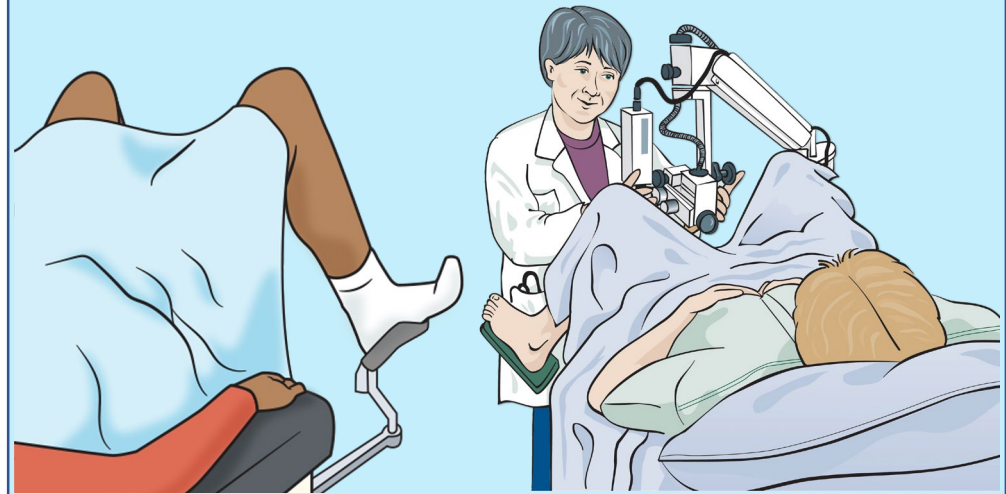
Normal Pap test result
Negative high-risk HPV result

You go back to routine
Pap test every 3 years



Abnormal or unsatisfactory Pap test result
Positive high-risk HPV result

Repeat Pap test **or** Colposcopy
in 6 months appointment



Colposcopy

A colposcopy is a test that looks at the cervix and vagina using a low-powered magnifier (colposcope) that stays on the outside of your body. A colposcopy is performed by a specially trained gynecologist known as a colposcopist.

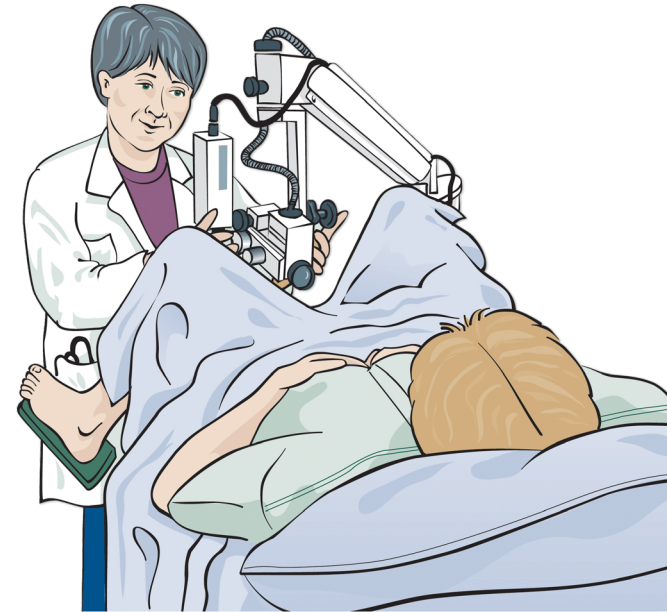
The process is similar to a Pap test – you undress from the waist down, and place your feet in foot rests. A speculum is inserted into your vagina so the colposcopist can examine your cervix for abnormalities.

If needed, the colposcopist may gently remove a small tissue sample (biopsy) using an instrument similar to a pair of tweezers. The tissue sample taken is smaller than a $\frac{1}{4}$ of an eraser at the end of a pencil.

A biopsy takes less than a minute. Some patients feel nothing. Others describe a pinching feeling or cramps.

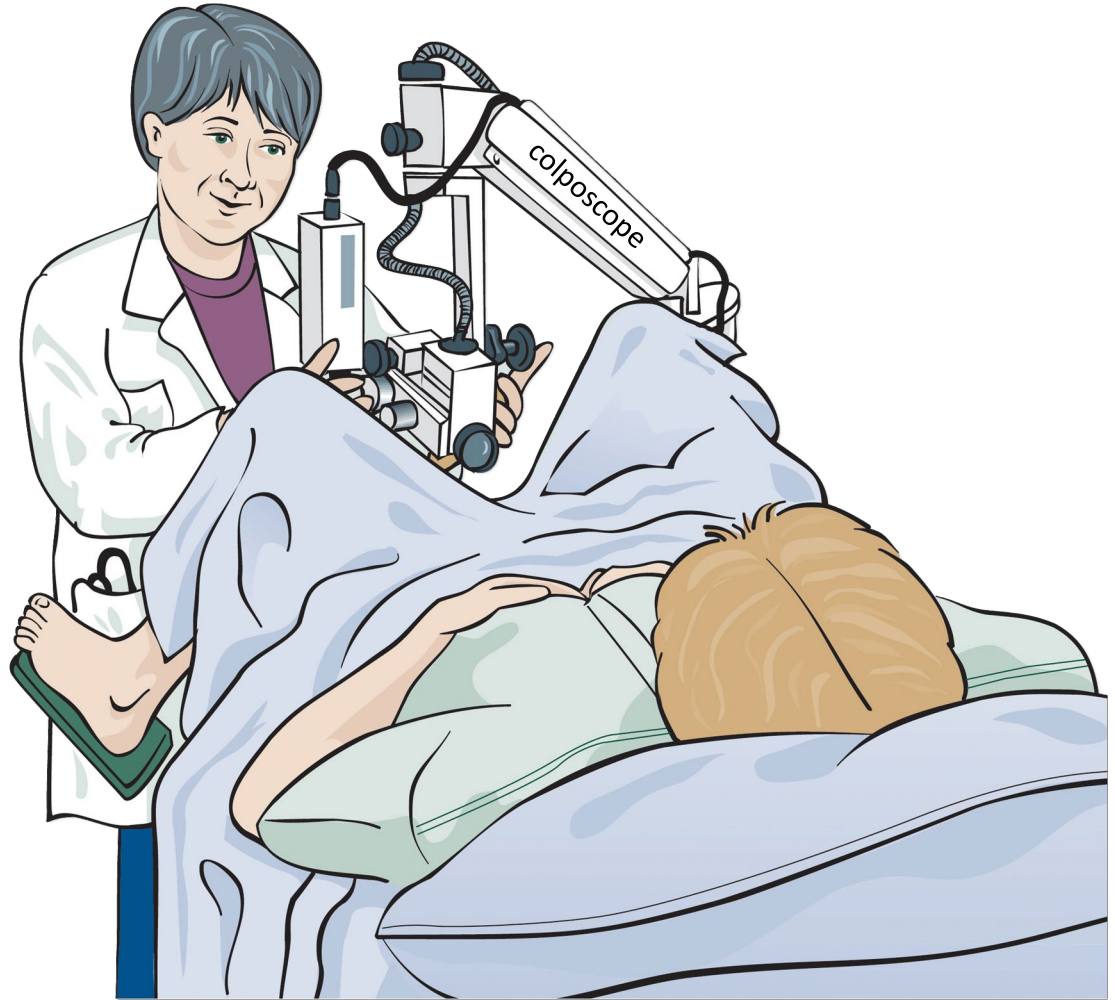
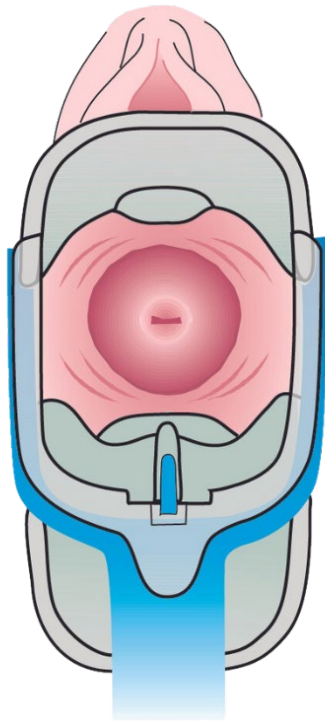
Treatment is typically done at another appointment.

cliniciannotes



Additional support and information can be found at the **CancerCare Manitoba Breast & Gynecological Centre of Hope:**
204-787-2970
1-866-561-1026
No referral is required.

Colposcopy



CancerCare Manitoba Breast & Gyne Cancer Centre of Hope

204-787-2970, Toll-free 1-866-561-1026

hope@cancercare.mb.ca

cancercare.mb.ca/screening

Get vaccinated against high-risk HPV

cliniciannotes

Over 80% of people who have ever had sexual contact will have at least one HPV infection during their lives. HPV can cause genital warts and cancers of the cervix, vulva, vagina, mouth, throat, anus, and penis.

Vaccines teach your body how to fight an infection before you get infected. This protection is called immunity.

The earlier a person gets the HPV vaccine, the better it works.

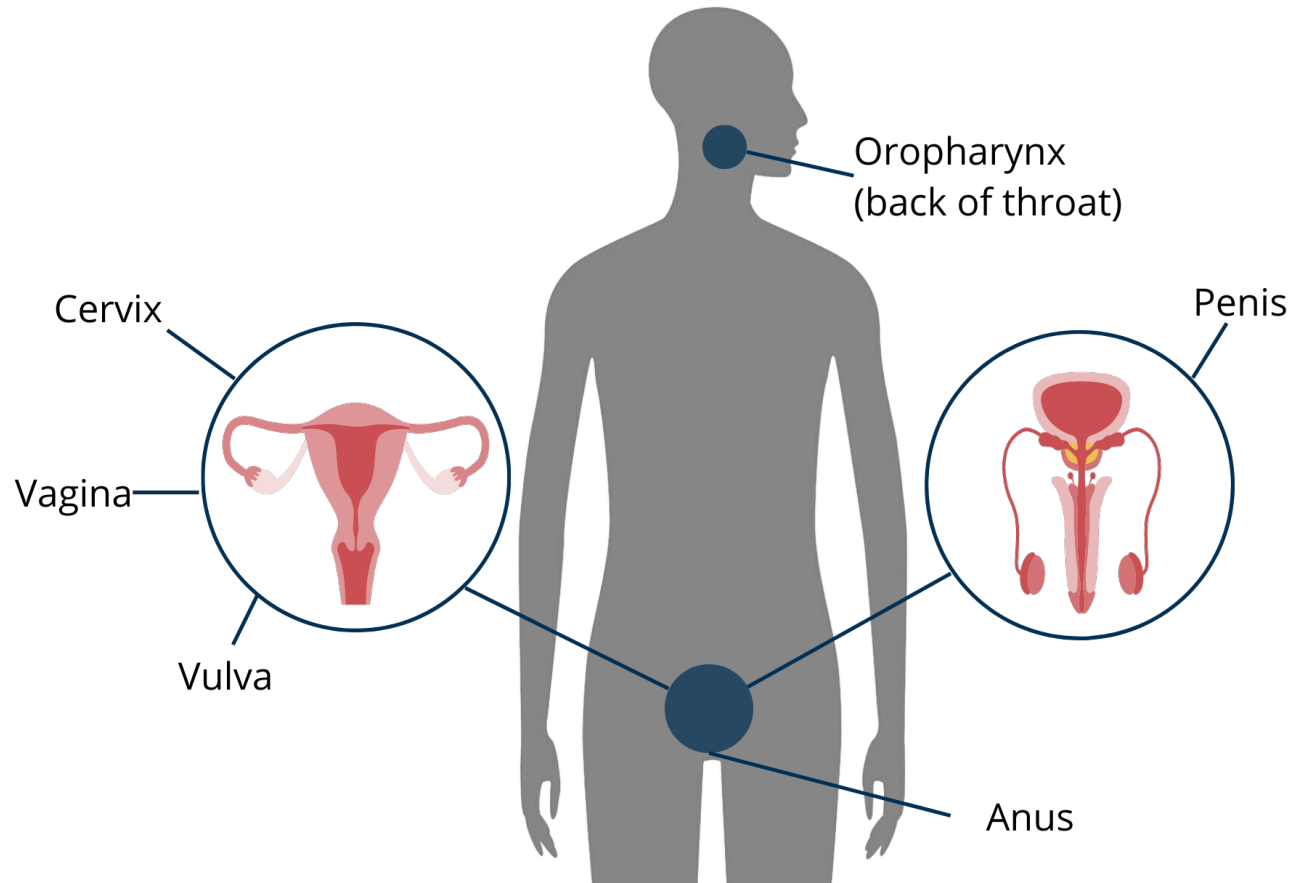
The HPV vaccine protects against high-risk HPV types 16, 18, 31, 33, 45, 52, 58 which can cause: genital warts, and cancers of the cervix, anus, penis, vulva, vagina, and oropharynx.

If you have been sexually active, had abnormal Pap test results, or even an HPV-related cancer, you can still benefit from the HPV vaccine. The chance is low that a person will have all types of HPV covered by the HPV vaccine.

People with a cervix still need regular cervical cancer screening after receiving the HPV vaccine because the vaccine does not protect against all types of HPV that can cause cervical cancer.

HPV vaccine is offered free in MB to females born on or after Jan 1, 1997, males born on or after Jan 1, 2002, and some other individuals deemed to be at increased risk of an HPV infection. Visit the [Manitoba Health HPV Vaccine website](#) for information about eligibility, access and consent forms. A copy of the eligibility list can be found at the end of this resource.

HPV vaccination helps prevent cancers of the:



Patients can book an appointment with their regular healthcare provider or contact CervixCheck to find a Pap test clinic on our website.

CervixCheck
www.cancercare.mb.ca/cervixcheck



1-855-952-4325
Interpreter services available upon request.

Patients should ask for an interpreter in their language of preference when they call CancerCare Manitoba.

There is an insert in this resource that has this phrase translated into over 20 languages:
Free interpreter services are available. To get translated information about cancer screening call CancerCare Manitoba at 1-855-952-4325. Cancer screening can save your life.



Book an appointment with your regular healthcare provider,
or find a Pap test clinic near you.



CervixCheck

www.cancercare.mb.ca/cervixcheck

1-855-952-4325

Interpreter services available upon request.



CancerCare Manitoba

ColonCheck



CancerCare Manitoba

ColonCheck

Colon cancer facts

cliniannotes

Over 90% of colorectal cancer cases occur in people over 50.

There are often no warning symptoms or signs of early colorectal cancer.

In 9 out of 10 cases, colorectal cancer can be cured if diagnosed at an early stage.

Colorectal cancer can be detected early and prevented through regular screening.



Colon cancer facts

Over 90% of colorectal cancers occur in people over 50.

There are often no warning symptoms or signs.

In 9 out of 10 cases, colorectal cancer can be cured if diagnosed at an early stage.

Colorectal cancer can be found early and prevented through regular screening.



Colon cancer risk factors

Those at increased risk of colon cancer include people with:

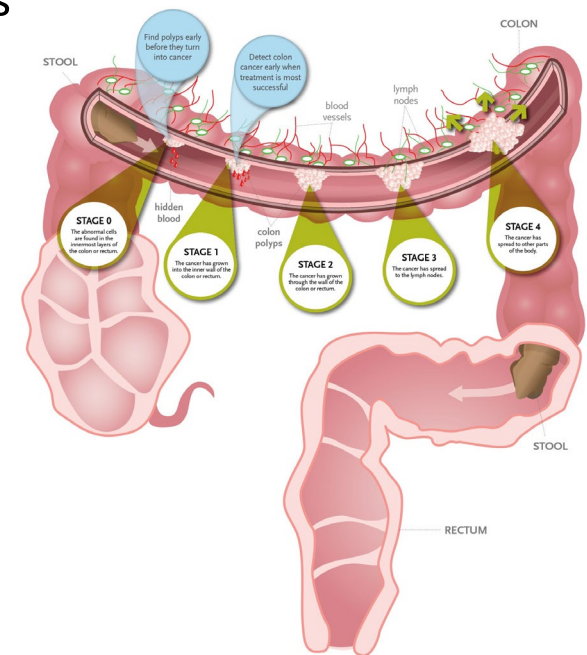
A personal history of:

- colorectal cancer
- high-risk adenomas
- inflammatory bowel disease with associated colitis
- hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP)
- childhood or young adulthood radiation to the abdomen, pelvis or spine

A first-degree family history of:

- colorectal cancer
- high-risk adenomas

To view modifiable risk factors impacting risk of colorectal cancer, visit www.prevent.cancer.ca to view ComPARE study.



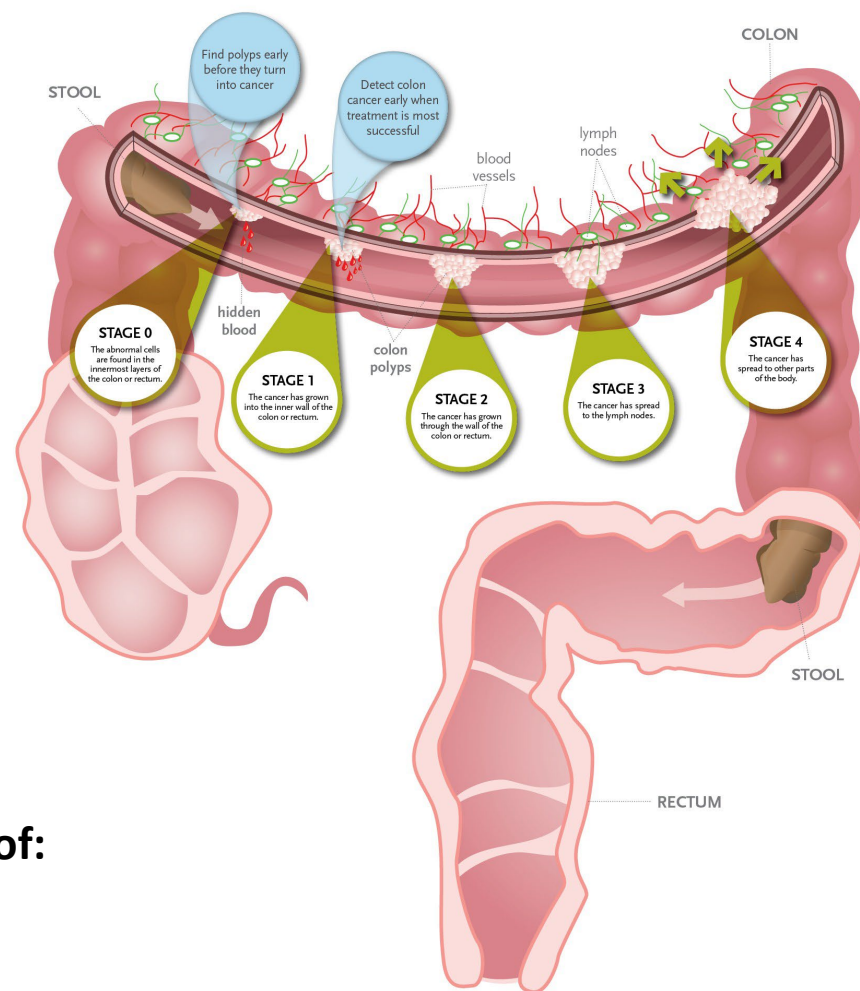
Colon cancer risk factors

Your personal history of:

- colorectal cancer
- high-risk adenomas (type of polyp)
- inflammatory bowel disease with associated colitis
- hereditary colorectal cancer syndromes such as Lynch syndrome or familial adenomatous polyposis (FAP)
- childhood or young adulthood radiation to the abdomen, pelvis or spine

A parent, child, brother or sister with a history of:

- colorectal cancer
- high-risk adenomas



The FIT (Fecal immunochemical test) is used to screen for colon cancer

cliniciannotes



A **FIT test** is used to screen for colon cancer.

You will be sent a FIT in the mail once you turn 50 and can do the test at home.

Be sure to read the instructions. Only one sample is needed.

There are **no** dietary or medication restrictions.



The FIT test checks for hidden blood in the poop that may be caused by polyps in the colon.



polyp

The FIT (Fecal immunochemical test) is used to screen for colon cancer

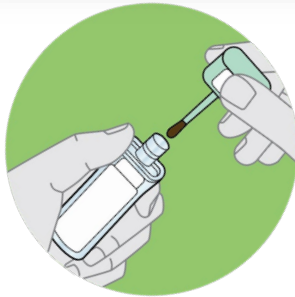


A **FIT test** is used to screen for colon cancer.

← You will be sent a FIT in the mail once you turn 50 and can do the test at home.

Be sure to read the instructions. Only one sample is needed.

There are **no** dietary or medication restrictions.



The FIT test checks for hidden blood in the poop that may be caused by polyps in the colon.



polyp

How to do the FIT at home?

ColonCheck will send English and French instructions in the mailed package.

There is also a instructions video you can view at www.cancercare.mb.ca/coloncheck

Walk patient through instructions.

Highlight:

- **Record date of collection** on the form and the label
- **Apply the kit label** from the Return Form to the FIT.
- **Drop off** the kit within **two days** of doing the kit at:
 - Canada Post Office (NOT mailbox)
 - First Nation Communities: Nursing Station or Health Centre
 - Shared Health Lab

Note to provider: you may want to download the list of Shared Health Labs from the link listed on the instructions:
<https://sharedhealthmb.ca/services/diagnostic/locations/>

FIT Instructions
Before you do this test, check:

- ✓ Name
- ✓ PHIN
- ✓ Date of birth

Directives d'utilisation du TIF
Avant d'effectuer ce test, veuillez vérifier ce qui suit:

- ✓ Nom
- ✓ NIP
- ✓ Date de naissance

1. Complete steps 2, 3 and 4. Effectuer les étapes 2, 3 et 4.

2. Write sample date. Écrivez la date d'échantillon.

3. Peel and stick. Peler et coller.

4. Pee and flush. Urinez et tirez la chasse.

5. Place paper. Placez le papier.

6. Poop. Faites vos selles.

7. Collect. Effectuez le prélèvement.

8. Flush. Tirez la chasse.

9. Package. Préparez l'enveloppe de retour.

10. Return. Expédiez l'enveloppe.

Adapted with permission from Ontario Health Cancer Care Ontario. Adapté avec la permission de Santé Ontario (Action Cancer Ontario).

How to do the FIT at home?



Video version of instructions at
Cancercare.mb.ca/ColonCheck

FIT Instructions

Before you do this test, check:

- ✓ Name
- ✓ PHIN
- ✓ Date of birth



Directives d'utilisation du TIF

Avant d'effectuer ce test, veuillez vérifier ce qui suit :

- ✓ Nom
- ✓ NIP
- ✓ Date de naissance



1. Complete steps 2, 3 and 4. Effectuer les étapes 2, 3 et 4.

2. Write sample date. Écrivez la date d'échantillon.

3. Peel and stick. Pelez et collez.

4. Pee and flush. Urinez et tirez la chasse.

5. Place paper. Placez le papier.

6. Poop. Faites vos selles.

7. Collect. Effectuez le prélèvement.

8. Flush. Tirez la chasse.

9. Package. Préparez l'enveloppe de retour.

10. Return. Expédiez l'enveloppe.

Drop off within 2 days. Déposez en moins de 2 jours.

Post Office, Bureau de Postes Canada - OR - OU -
 To a lab near you: Vers un laboratoire près de chez vous : sharedhealthmb.ca/ds-locations - OR - OU -
 A Nursing Station or Health Centre if living in a remote community. À une infirmerie ou un centre de santé si vous vivez dans une communauté éloignée.

Adapted with permission from Ontario Health (Cancer Care Ontario)

Adapté avec la permission de Santé Ontario (Action Cancer Ontario)

How to get a FIT test

ColonCheck will mail you a FIT when you turn 50.

Other ways to get a kit:

1. Online at www.cancercare.mb.ca/coloncheck:
 - to order a replacement if yours is expired or damaged
 - to view instruction video in English or French
2. Call ColonCheck at 1-855-952-4325
3. Ask your healthcare provider to request a kit on your behalf.

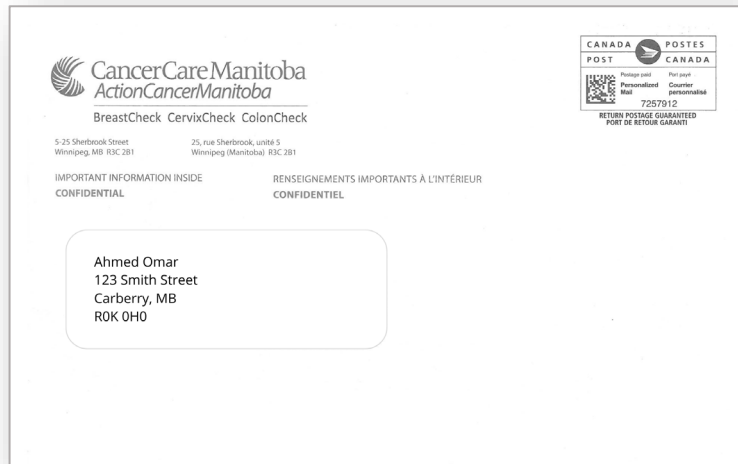
cliniciannotes

To request a kit for your patient use the FIT Requisition Form (in EMR or at cancercare.mb.ca/screening/hcp)

There is an option to have the kit sent to the patient directly or to a clinic where you can give it to the patient in-person.



How to get a FIT test



ColonCheck will mail you a FIT
when you turn 50.



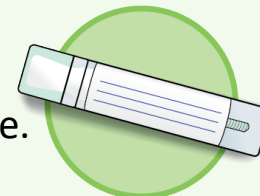
Request a kit online or by phone,
if you are 50-74.

Possible results of a FIT

cliniciannotes

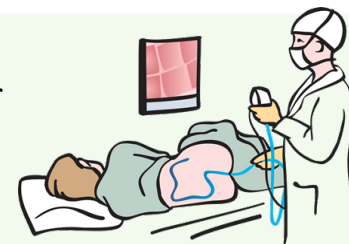
normal

You and your healthcare provider will get the result by mail.
You'll be mailed another FIT in two years if you are still eligible.



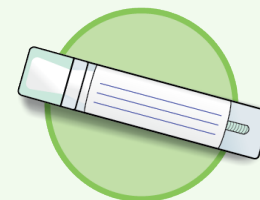
abnormal

ColonCheck will phone you and refer you for a health assessment with a ColonCheck Nurse Practitioner and a colonoscopy appointment.
Your healthcare provider will also receive your result.



unable to provide a result

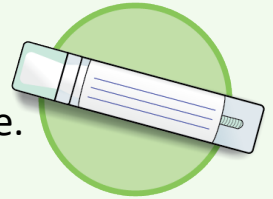
ColonCheck will mail you another test.



Possible FIT test results:

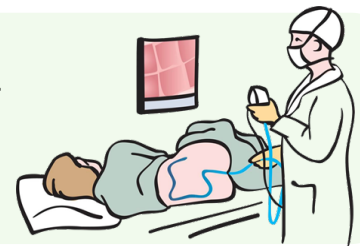
normal

You and your healthcare provider will get the result by mail.
You'll be mailed another FIT in two years if you are still eligible.



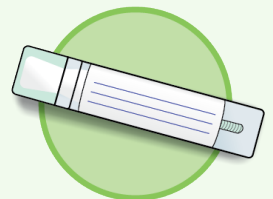
abnormal

ColonCheck will phone you and refer you for a health assessment with a ColonCheck Nurse Practitioner and a colonoscopy appointment.
Your healthcare provider will also receive your result.



unable to provide a result

ColonCheck will mail you another test.



Clinician notes Colonoscopy

Step 1: Pre-Colonoscopy Assessment

A ColonCheck Nurse Practitioner meets with the patient (by phone, virtually or in-person) to:

- conduct a medical history
- complete a physical exam, if needed
- assess the patient's ability to tolerate the bowel prep and colonoscopy
- review the bowel prep instructions and colonoscopy appointment instructions



Step 2: Bowel Prep

The patient should do bowel prep at home the day before the colonoscopy.

The prep cleans out the colon so the endoscopist can examine the inside of colon.

If bowel prep is not done properly, you may have to repeat the prep and colonoscopy.



Step 3: Colonoscopy

A colonoscopy allows the doctor to examine the inside of your colon (bowel) and rectum. A long flexible tube (colonoscope) with a small camera is passed into your rectum and colon. On a video monitor, the doctor looks for abnormal areas on the lining of the colon. Sometimes a small tissue sample (biopsy) will be taken.

Patients require a ride home after the colonoscopy.

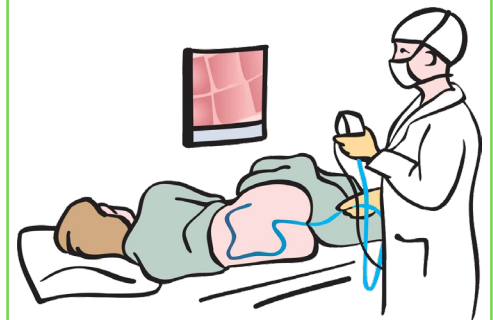
Colonoscopy



Meet with ColonCheck
Nurse Practitioner



Do bowel preparation
at home



Attend colonoscopy
appointment

A FIT can be accessed in one of three ways:

1. ColonCheck will send a FIT once a person becomes eligible.
2. Patient can request a FIT from ColonCheck by phone or online.
3. A provider can request a FIT with the patient's consent using the [FIT Requisition form](#) in EMR.



ColonCheck

www.cancercare.mb.ca/coloncheck

1-855-952-4325

Interpreter services available upon request.

Des services d'interprétation sont offerts sur demande.

If you are eligible, request a FIT today.



ColonCheck

www.cancercare.mb.ca/coloncheck

1-855-952-4325

Interpreter services available upon request.

Des services d'interprétation sont offerts sur demande.

Cancer screening questions?

Contact us:

www.cancercare.mb.ca/screening
screening@cancercare.mb.ca

1-855-952-4325

Interpreter services available upon request.

Des services d'interprétation sont offerts sur demande.

This flipchart was created April 2024

For updates please visit:

www.cancercare.mb.ca/screening/hcp

Resources to view/order: cancercare.mb.ca/screening/resources

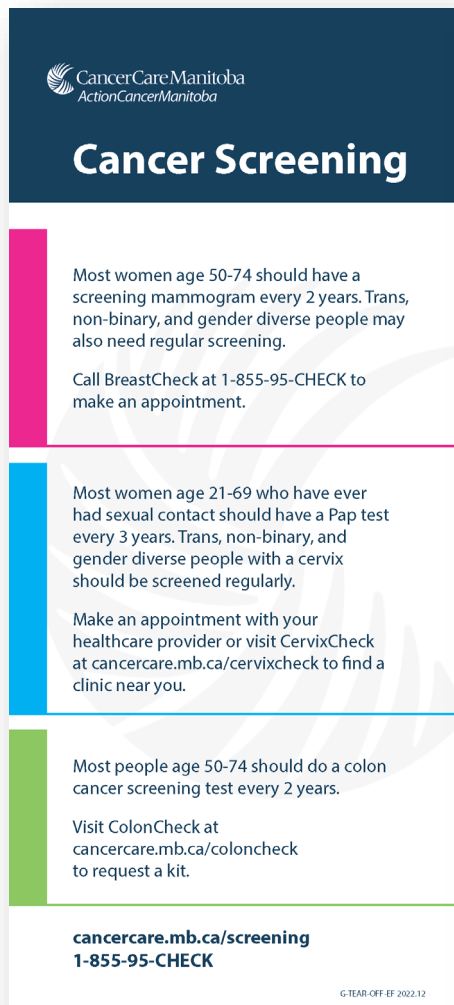
Bilingual resources summarizing the three programs:

Cancer Screening tear off

3 5/8 x 8 1/2"

Cancer Screening poster

11 x 17"



The graphic is a vertical flipchart titled "Cancer Screening" with the CancerCare Manitoba logo at the top. It contains three sections with colored sidebars: pink for mammograms, blue for Pap tests, and green for colon cancer screening. Each section provides age groups, screening frequency, and instructions on how to book an appointment.

CancerCare Manitoba
ActionCancerManitoba

Cancer Screening

Most women age 50-74 should have a screening mammogram every 2 years. Trans, non-binary, and gender diverse people may also need regular screening.

Call BreastCheck at 1-855-95-CHECK to make an appointment.

Most women age 21-69 who have ever had sexual contact should have a Pap test every 3 years. Trans, non-binary, and gender diverse people with a cervix should be screened regularly.

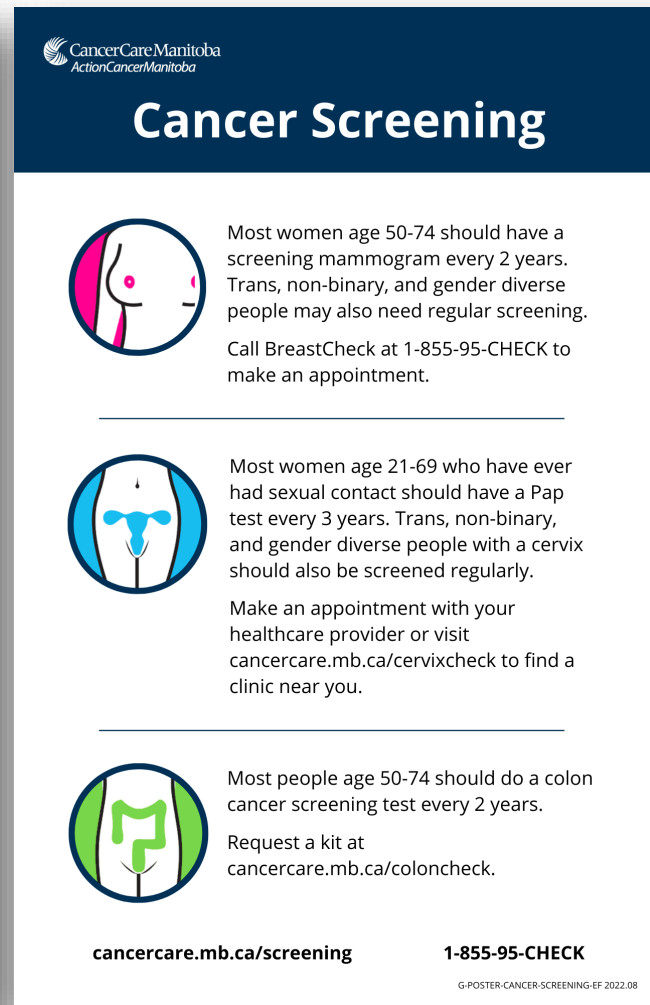
Make an appointment with your healthcare provider or visit CervixCheck at cancercare.mb.ca/cervixcheck to find a clinic near you.

Most people age 50-74 should do a colon cancer screening test every 2 years.

Visit ColonCheck at cancercare.mb.ca/coloncheck to request a kit.

cancercare.mb.ca/screening
1-855-95-CHECK


G-TEAR-OFF-EF 2022.12




The graphic is a vertical poster titled "Cancer Screening" with the CancerCare Manitoba logo at the top. It features three circular icons representing a breast, a cervix, and a colon, each with corresponding text about screening recommendations and booking instructions.

CancerCare Manitoba
ActionCancerManitoba


Cancer Screening

 Most women age 50-74 should have a screening mammogram every 2 years. Trans, non-binary, and gender diverse people may also need regular screening.

Call BreastCheck at 1-855-95-CHECK to make an appointment.

 Most women age 21-69 who have ever had sexual contact should have a Pap test every 3 years. Trans, non-binary, and gender diverse people with a cervix should also be screened regularly.

Make an appointment with your healthcare provider or visit cancercare.mb.ca/cervixcheck to find a clinic near you.

 Most people age 50-74 should do a colon cancer screening test every 2 years.

Request a kit at cancercare.mb.ca/coloncheck.

cancercare.mb.ca/screening **1-855-95-CHECK**

G-POSTER-CANCER-SCREENING-EF 2022.08



**CancerCare Manitoba
Screening and Prevention**

cancercare.mb.ca/screening



1-855-952-4325

**Interpreter services available upon request.
Des services d'interprétation sont offerts sur demande.**

Get vaccinated against high-risk HPV

HPV vaccine is offered free in MB to females born on or after January 1, 1997, males born on or after January 1, 2002, and some other individuals deemed to be at increased risk of an HPV infection, including:

- Immunocompetent HIV-infected males 9-26 years of age and females 9-45 years of age.
- Males 9-26 years of age and females 9-45 years of age who have congenital immune deficiencies (B cell deficient, T cell mixed defects, phagocytic and neutrophil disorders, complement deficiency) or acquired immune deficiencies (pre-solid organ transplant or post-solid organ transplants, hematopoietic stem cell transplant recipients, [as per CancerCare Manitoba Blood and Marrow Transplant \(BMT\) Immunization Schedule](#)).
- Males ≤ 18 years of age who are, or who have ever been, incarcerated.
- Individuals who are currently, or who have previously been, diagnosed with recurrent respiratory papillomatosis.
- Males 9-26 years of age who identify as gay or bisexual.
- Transgender males and transgender females 9-26 years of age.
- Females 9-45 years of age who have a newly diagnosed high-grade cervical histopathology result.
- Males 9-26 years of age and females 9-45 years of age who are victims of sexual assault.
- Patients currently under the care of a haematologist or oncologist from CancerCare Manitoba (CCMB) who have the following conditions and have been provided a CCMB directed Immunization Schedule:
 - Malignant neoplasms (solid tissue and haematological) including leukemia and lymphoma, or clonal blood disorder, and who will receive or have completed immunosuppressive therapy including chemotherapy or radiation therapy, or
 - Hypo- or asplenic (Sickle Cell Disease, etc.)

Visit the [Manitoba Health vaccine eligibility website](#) for information about eligibility, access and consent forms.

This list was last updated April 2024.