



BC CANCER SCREENING RESOURCE GUIDE

Version: December 2025

**BC
CAN
CER**

Provincial Health Services Authority

About this Resource Guide

This resource guide provides information about the following promotional and program support materials that are intended for primary care practices, specialists providing screening follow-up, screening centre sites, and community organizations among others.

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How to order resources

Go to screeningbc.ca/order-materials to place an order online or to get a copy of the fax version of the order form.

Looking for a specific resource?

Please contact promotions@bccancer.bc.ca if you have any questions or specific resource needs and we will try our best to support you.

General Screening Program Resources

Screening Guidelines

What's it for: Up-to-date guidelines for all four provincial screening programs in one convenient document.

How should this be used: By health professionals



Item ID: SP001

Screening Fact Sheet for 2SLGBTQIA+

What's it for: Provides cancer screening guidance for members of the 2SLGBTQIA+ community.

How should this be used: By health professionals when providing screening recommendations and care to members of the 2SLGBTQIA+ community.

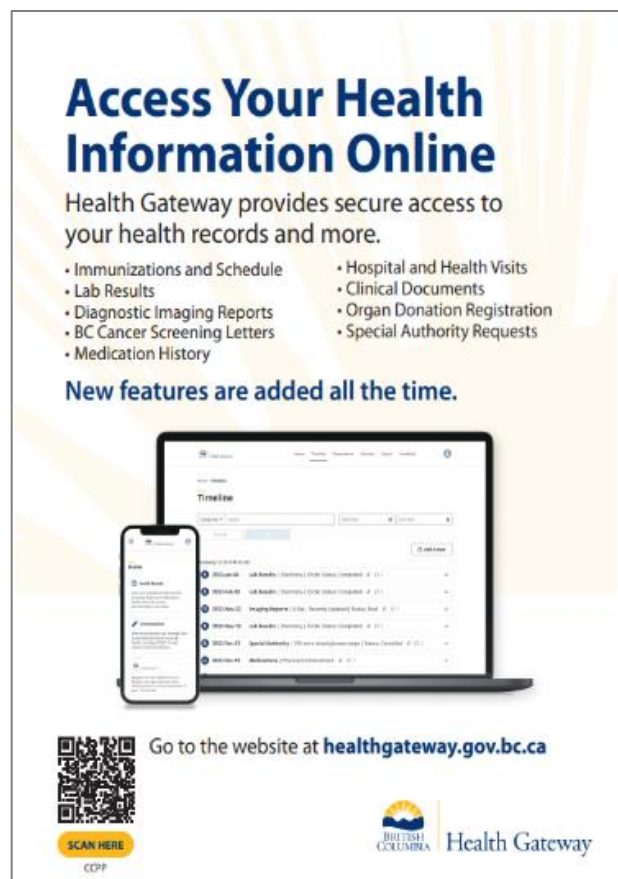


Item ID: GS001

Health Gateway Poster

What's it for: Informs patients that they can access their cancer screening letters on Health Gateway

How should this be used: Display at check-in desk and/or in patient waiting areas.



Item ID: CCP

Health Gateway Postcard

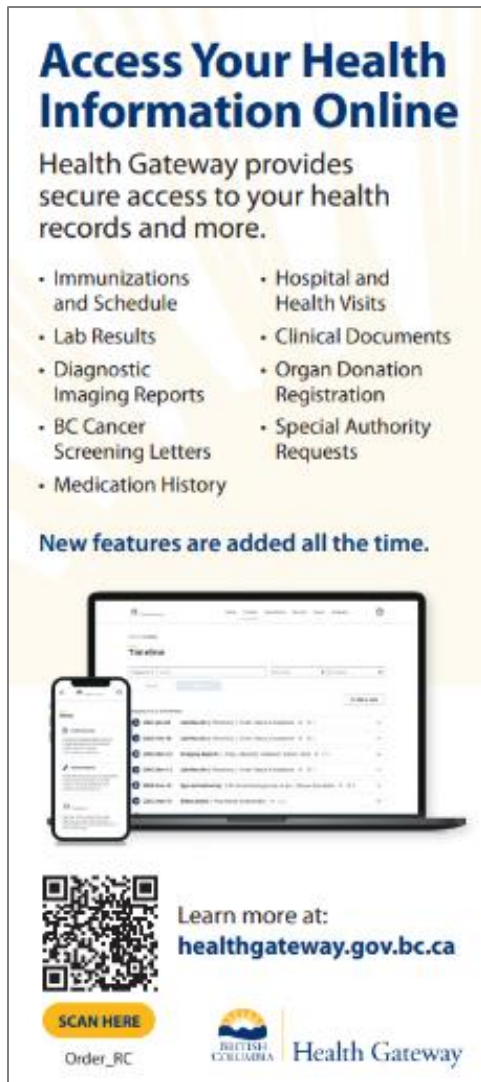
What's it for: A postcard that can be given to patients to inform them that they can access their cancer screening letters on Health Gateway.

How should this be used: Make available at check-in desk and/or in patient waiting areas.



Item ID: Order_PC

Health Gateway Rack Card





Access Your Health Information Online

Health Gateway provides secure access to your health records and more.


- Immunizations and Schedule
- Lab Results
- Diagnostic Imaging Reports
- BC Cancer Screening Letters
- Medication History
- Hospital and Health Visits
- Clinical Documents
- Organ Donation Registration
- Special Authority Requests

New features are added all the time.



 Learn more at:
healthgateway.gov.bc.ca

SCAN HERE
Order_RC

 Health Gateway

Item ID: Order_RC

What's it for: A rack card that can be given to patients to inform them that they can access their cancer screening letters on Health Gateway.

How should this be used: Make available at check-in desk and/or in patient waiting areas.

Breast Screening Resources

Brochure: “Answering Your Questions About Screening Mammography”

What's it for: Provides breast screening information to patients.

How should this be used: Make available at check-in desk and/or in patient waiting areas.



Who should consider getting a screening mammogram?

Screening mammograms are available for BC women 40 years and older. You may call directly to book your appointment.

Age	Screen how often?
40-74 <i>mother, daughter, sister w/ breast cancer</i>	Recommended every year.
40-49 <i>no family history</i>	Available every two years. Talk to your health care provider about when to start screening.
50-74 <i>no family history</i>	Recommended every two years.
75+	Available every two to three years. Talk to your health care provider about when to stop screening.

Screening mammograms are recommended every year if you are between 50-74 with at least one of the following:

- You are a BRCA1 or BRCA2 carrier;
- You are an un-tested first degree relative of a BRCA1 or BRCA2 carrier;
- Have a very strong family history of breast cancer; or,
- Have had prior chest wall radiation.

Speak to your health care provider for information and referral.

You should screen regularly if you are a transgender person with chest (breast) tissue or undergoing gender-affirming hormone therapy.
Visit screeningbc.ca/breast for more information.

How do I make a screening mammography appointment?

Book directly at the following screening centres:

Abbotsford	604-851-4750	Nanaimo	250-716-5904
Burnaby <td>604-436-0691 <td>North Vancouver <td>604-903-3860 </td></td></td>	604-436-0691 <td>North Vancouver <td>604-903-3860 </td></td>	North Vancouver <td>604-903-3860 </td>	604-903-3860
Comox Valley <td>250-331-0949 <td>Penticton <td>250-770-7571 </td></td></td>	250-331-0949 <td>Penticton <td>250-770-7571 </td></td>	Penticton <td>250-770-7571 </td>	250-770-7571
Codrington <td>604-927-2130 <td>Prince George <td>250-645-6654 </td></td></td>	604-927-2130 <td>Prince George <td>250-645-6654 </td></td>	Prince George <td>250-645-6654 </td>	250-645-6654
Delta <td>604-877-6187 <td>Richmond <td>604-244-5505 </td></td></td>	604-877-6187 <td>Richmond <td>604-244-5505 </td></td>	Richmond <td>604-244-5505 </td>	604-244-5505
Kamloops <td>250-828-4926 <td>Surrey <td>604-582-4590 </td></td></td>	250-828-4926 <td>Surrey <td>604-582-4590 </td></td>	Surrey <td>604-582-4590 </td>	604-582-4590
Kelowna <td>250-863-7560 <td>Vernon <td>250-549-5451 </td></td></td>	250-863-7560 <td>Vernon <td>250-549-5451 </td></td>	Vernon <td>250-549-5451 </td>	250-549-5451
Langley <td>604-514-6044 <td>White Rock <td>604-535-4512 </td></td></td>	604-514-6044 <td>White Rock <td>604-535-4512 </td></td>	White Rock <td>604-535-4512 </td>	604-535-4512

Other Locations: Client Services Call Centre 1-800-663-9203

For a list of additional centre locations and the mobile mammography service, please visit www.screeningbc.ca/breast. Please have your BC Services Card/CareCard and health care provider's name available when you call to book your appointment. Call Centre hours: Monday to Friday, 8:00 am - 5:30 pm and Saturday, 9:30 am - 4:30 pm.

Contact Us
BC Cancer Breast Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1
Phone: 1-800-663-9203
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/breast

Your personal information is collected and protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable, the Freedom of Information and Protection of Privacy Act. This information may be used and disclosed only as provided by those Acts, and will be used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law.

Any questions regarding the collection of the information by BC Cancer can be directed to the Operations Director, Cancer Screening (address: 801 - 686 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.bc.ca). This brochure is also available in other languages including Punjabi and Chinese. Visit www.screeningbc.ca for access translated versions.

Version: July 2021

BC CANCER BREAST SCREENING
Provincial Health Services Authority

Breast Screening
Answering your questions about screening mammography

www.screeningbc.ca/breast

Item ID: Br001

Brochure: “Answering Your Questions About Breast Density”

What's it for: Provides information to patients on breast density.

How should this be used: Provide to patients when discussing the topic of breast density.

BREAST DENSITY: WHAT YOU CAN DO

If I have dense breasts, do I still need a mammogram?

Yes. A mammogram is the only screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue.

Besides getting regular mammograms, what else should I do?

Be familiar with your breasts

Everyone, regardless of age or breast density, should be familiar with the look and feel of their breasts. If you notice any changes in your breasts, you should speak with your health care provider, even if you recently had a normal mammogram.

Understand your overall risk for breast cancer

Even though dense breast tissue is a risk factor for breast cancer, having dense breast tissue on its own does not mean that you are at "high" risk for developing the disease in your lifetime. Breast density usually decreases with age.

Take steps to reduce your risk

While there is no sure way to prevent breast cancer, you can take certain steps to reduce your breast cancer risk:

- Maintain a healthy body weight and an active lifestyle;
- Limit alcohol intake;
- Breastfeed if possible; and,
- Weigh the risks and benefits of hormone therapy for menopause symptoms.

More information on reducing your risk of breast cancer can be found at www.fiveplus.ca.

What else determines my risk for breast cancer?

Besides breast density, there are other risk factors to consider:

- Age – your risk increases as you age;
- Personal history of breast cancer (ie. if you have had breast cancer);
- History of breast cancer in a first-degree family member (mother, daughter, or sister);
- Certain inherited gene mutations, including BRCA1 and BRCA2.

Talk to your health care provider about your risk for breast cancer. Having this knowledge will help you determine next steps.

Contact Us
BC Cancer Breast Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1
Phone: 1-800-663-9203
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/breast

Your personal information is collected and protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and, when applicable, the Freedom of Information and Protection of Privacy Act. This information may be used and disclosed only as provided by those Acts, and will be used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law.

Any questions regarding the collection of the information by BC Cancer can be directed to the Operations Director, Cancer Screening (address: 801 - 686 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.bc.ca).

Version: August 2021

BC CANCER BREAST SCREENING
Provincial Health Services Authority

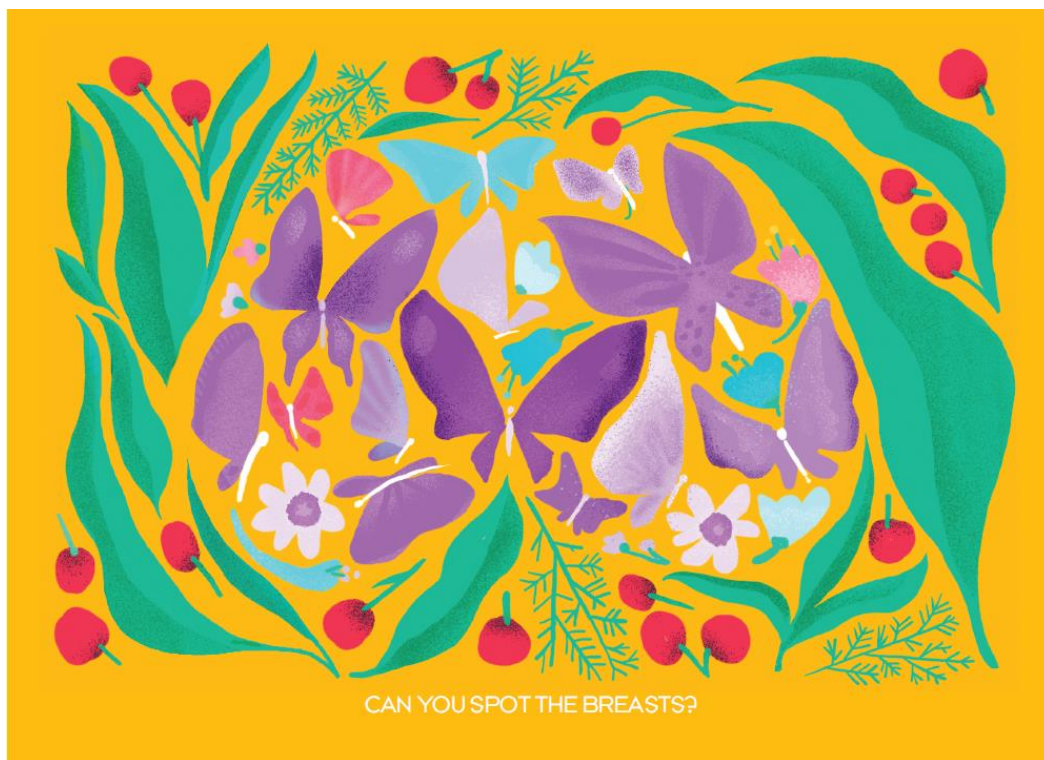
What is Breast Density?

Answering your questions about your results and why breast density is important

www.screeningbc.ca/breast

Item ID: Br002

Postcard: "Breast Screening" (5 in x 7 in)



Item ID: Br017

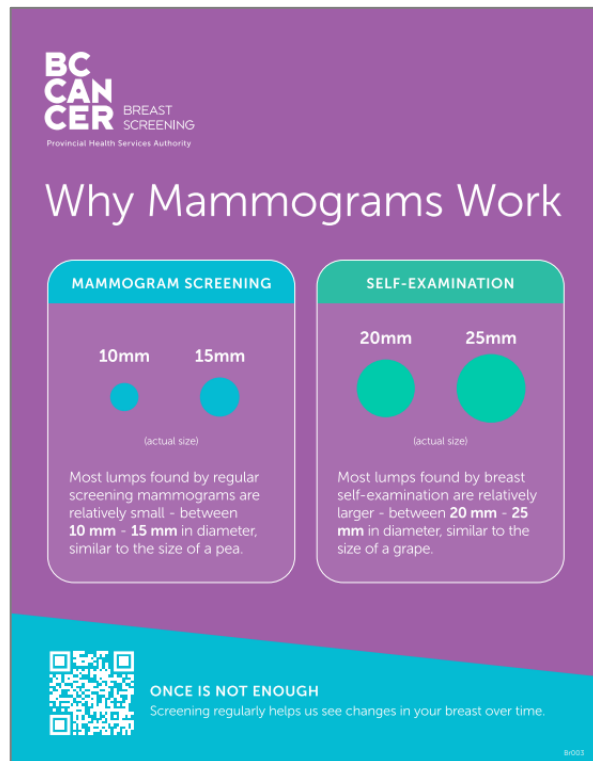
What's it for: A postcard that can be given to patients to encourage them to consider breast screening.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.

Poster: "Why Mammograms Work" (8.5 in x 11 in)

What's it for: Informs patients about the effectiveness of a screening mammogram compared to a breast self-exam.

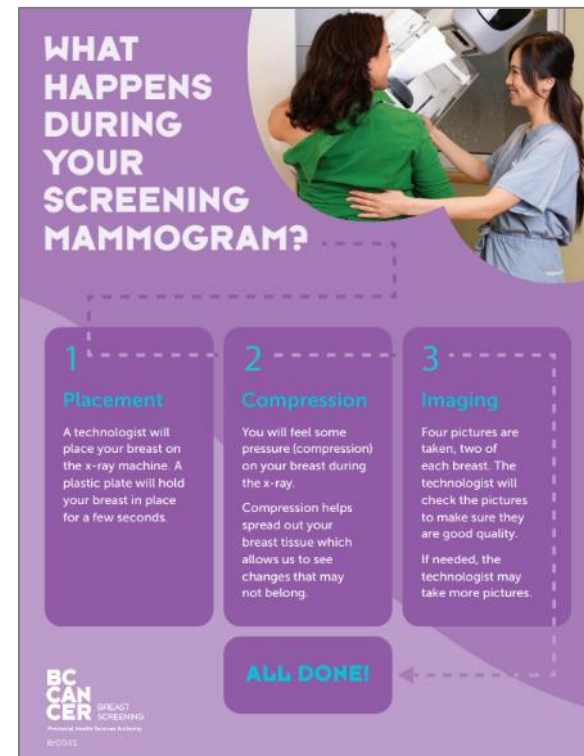
How should this be used: Display in patient waiting areas.



Poster: "What Happens During Your Screening Mammogram" (8.5 in x 11 in) and (19 in x 25 in)

What's it for: Informs patients about what happens during a screening mammogram.

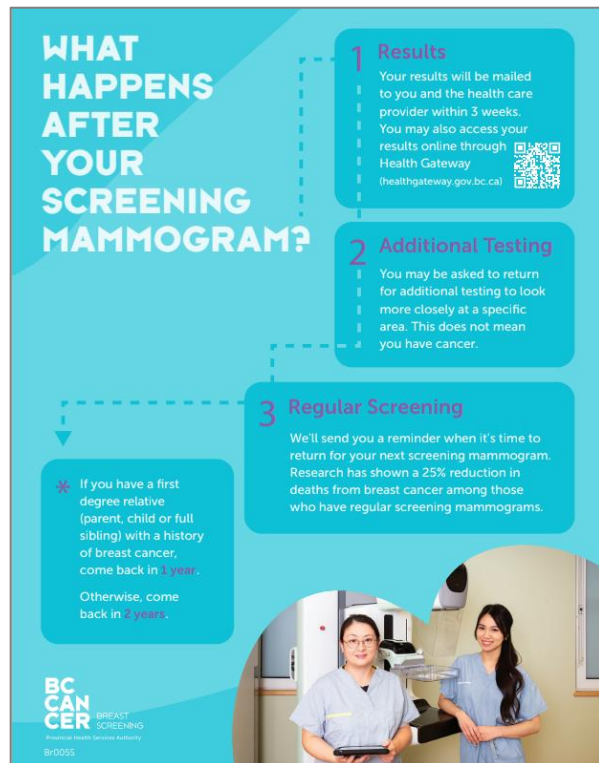
How should this be used: Display in patient waiting areas of screening mammography centers.



Poster: "What Happens After Your Screening Mammogram" (8.5 in x 11 in) and (19 in x 25 in)

What's it for: Informs patients about what to expect after their screening mammogram.

How should this be used: Display in patient waiting areas of screening mammography centers.

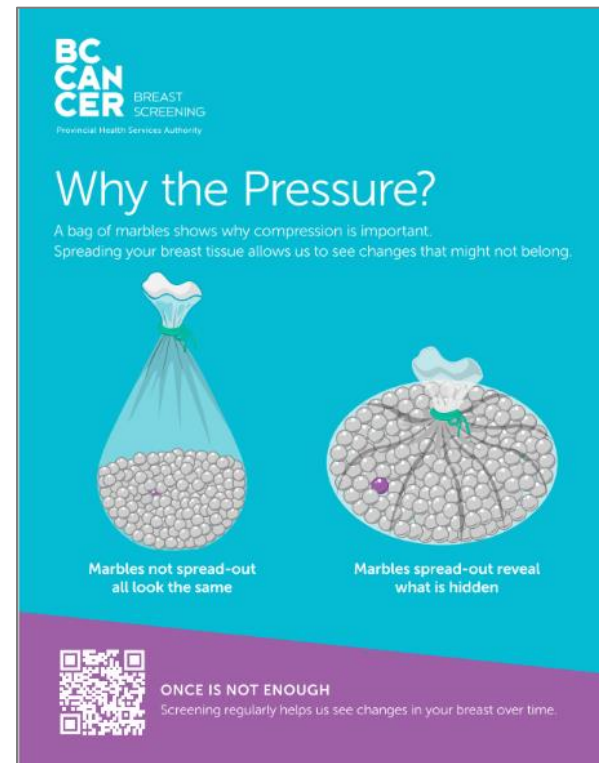


Item ID: Br005 (19 in x 25 in) or Br005S (8.5 in x 11 in)

Poster: "Why the Pressure?" (8.5 in x 11 in)

What's it for: Informs patients about why compression is important and how it helps to better visualize breast tissue.

How should this be used: Display in patient waiting areas or exam rooms.

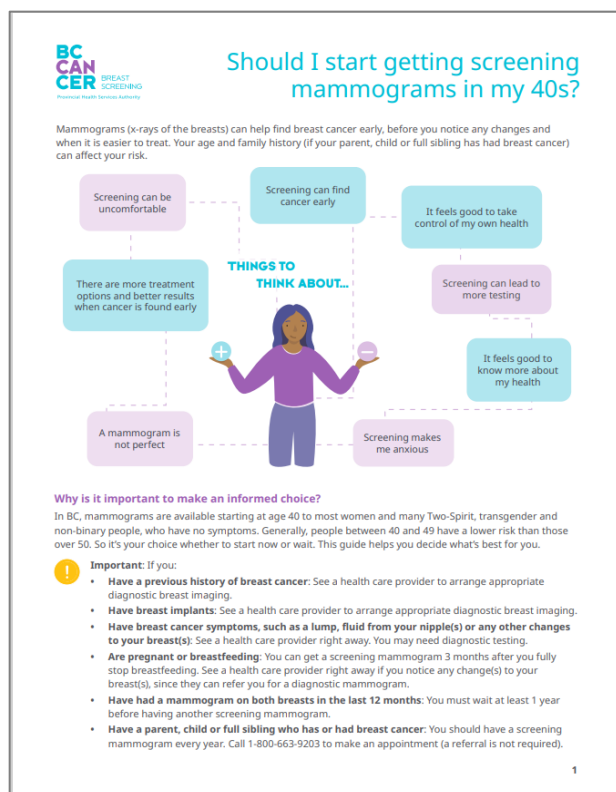


Item ID: Br014

Decision Aid: "Breast Screening in Your 40s"

What's it for: Informs patients on the benefits and limitations of starting screening mammograms in their 40s.

How should this be used: Give to patients in their 40s who are contemplating about when to begin screening.



Item ID: Br016

Poster: "How to Improve Your Breast Screening Experience" (8.5 in x 11 in)

What's it for: Empowers patients with tips on how to take control of and improve their breast screening experience.

How should this be used: Display in patient waiting areas of screening mammography centres.

Note: All screening centres are required to display this poster.



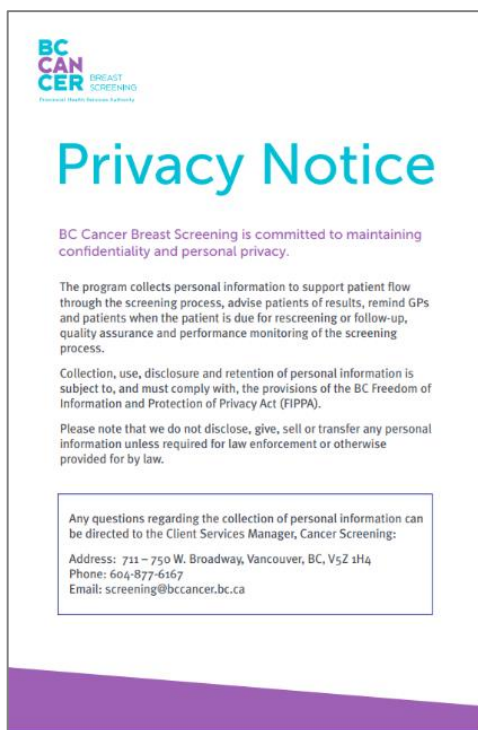
Item ID: Br015

Poster: "Privacy Notice" (11 in x 17 in)

What's it for: Informs patients about BC Cancer Breast Screening Program's confidentiality and privacy policy.

How should this be used: Display at check-in reception area and in patient waiting areas.

Note: All screening centres are required to display this poster.

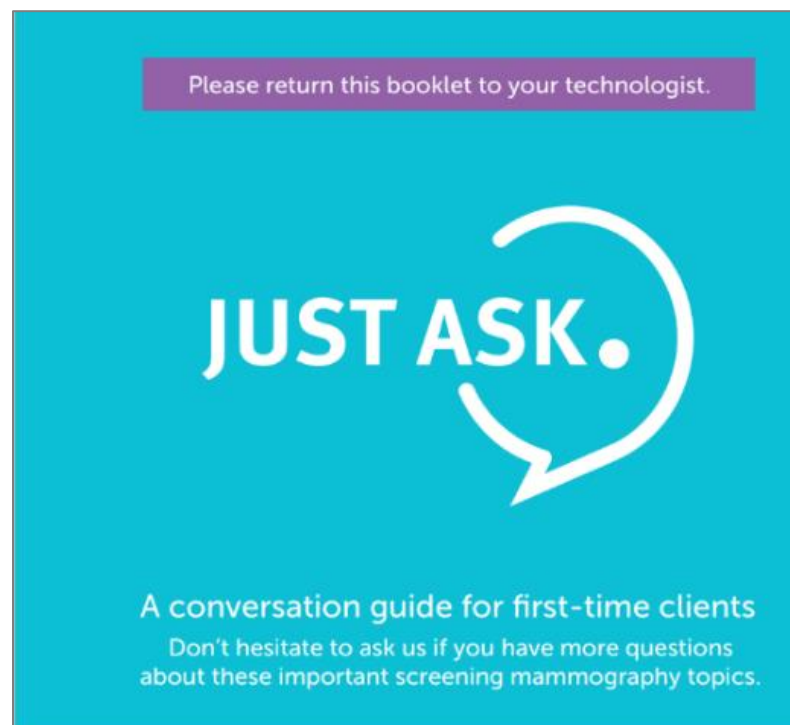


Item ID: Br006

"Just Ask" Conversation Guide for First-Time Clients

What's it for: Provides first-time screening participants with answers to some of the most frequently asked questions about screening mammography.

How should this be used: Place in patient waiting areas of screening mammography centres.



Item ID: Br010

Discussion Guide: "Breast Density"

What's it for: Support conversations with patients about breast density topics, including a patient's BI-RADS assessment, breast density risk, and supplemental screening.

How should this be used: For health professionals to reference. Not to be given out to patients.

BC CANCER BREAST SCREENING

Discussion Guide: Breast Density

Helping Patients Understand Breast Density and Their BI-RADS Assessment

The BC Cancer Breast Screening Program includes a breast density assessment with screening mammography results. This is sent to both providers and screening program participants. This guide has been developed to support your conversation with patients about breast density.

1 Breast Density

Review the patient's BI-RADS assessment with them. Explain that:

- Breasts are composed of two main types of tissue – fibroglandular tissue and fatty tissue. Normal fibroglandular tissue appears dense on a mammogram, while fatty tissue appears non-dense.
- Breast composition (the amount of fibroglandular tissue and fatty tissue) varies from person to person and can change over time and from one mammogram to the next.
- Most women's breasts become less dense as they get older.
- Radiologists categorize breast composition using the Breast Imaging Reporting and Data System (BI-RADS) to assess the volume of normal dense breast tissue that is visible on mammography. The density of breast tissue can only be seen on a mammogram and its categorization is commonly referred to as **breast density**.
- There are four BI-RADS categories (I through D) in the breast composition assessment scale, with BI-RADS A having the least amount of dense tissue and BI-RADS D having the most amount of dense tissue.
- A BI-RADS assessment can help indicate the relative possibility that a cancer could be obscured by the tissue, decreasing the sensitivity of a mammogram. This increases the potential for a cancer to present clinically before the next mammogram is due (also known as an interval cancer). Increased dense tissue has also been identified as a risk factor for breast cancer.
- The C and D categories are commonly referred to as **dense breasts**. However, it is important to understand that breast density is a spectrum from A through D. This means, for example, that an individual with a B category will have some density, and that the risk magnitude varies between the C and D categories.

FIGURE 1: SPECTRUM OF BREAST DENSITY CATEGORIES

BI-RADS A	BI-RADS B	BI-RADS C	BI-RADS D
Almost entirely fatty	Scattered areas of fibroglandular density	Heterogeneously dense, which may obscure small masses	Extremely dense, which lowers the sensitivity of mammography
13% of BC population	44% of BC population	34% of BC population	7% of BC population
95.1% mammographic sensitivity	92.5% mammographic sensitivity	89.2% mammographic sensitivity	70.5% mammographic sensitivity

Role of Mammography

- Women should continue to get regular screening mammograms regardless of their breast density.
- Mammograms are the only screening modality proven to be effective in decreasing a woman's risk of dying from breast cancer. The ability of mammography to detect cancer remains high for all breast density categories.
- It is important to remind your patients that no screening test is perfect and dense breast tissue can make it harder to find cancer on a mammogram.
- It is important to investigate all breast changes, even if a recent mammogram was normal.

Item ID: Br011

Wallet-Sized Card: "What Happens Next" (250 cards per box)

What's it for: Explains to patients when and how they will receive their screening mammogram results and the potential next steps.

How should this be used: Give to patients after their screening mammography appointment.

BC CANCER BREAST SCREENING

Additional Testing

You may be asked to return for additional tests in the coming weeks if we need to look more closely at a specific area of your breast. This does not mean a cancer was found.

Additional tests may include one or more of the following:

- Diagnostic mammogram
- Ultrasound
- Biopsy

19 in 20
of those who require further testing do not have cancer.

Experiencing symptoms?
Some cancers cannot be detected on a mammogram due to the location of the cancer or the density of the breast tissue. If you notice a lump or any changes in your breast, please see a health care provider right away, even if your results are normal.

Learn more about screening mammography at: screeningbc.ca/breast

Item ID: Br012

Breast Screening Tear-Off Referral Pad (50 sheets per pad)

**BC
CANCER**
BREAST
SCREENING
FROM OUR TEAM TO YOURS

Breast Screening is for asymptomatic, eligible participants. Please refer to the reverse side for your screening frequency. Talk to a primary care provider if you have questions about breast screening.

Breast Screening Participants: How to Book Your Mammogram

Book directly with a Screening Centre below or call Client Services at: 1-800-663-9203 for other locations, including communities visited by the mobile mammography service.

Abbotsford	604-851-4750	North Vancouver	604-903-3860
Burnaby	604-436-0691	Penticton	250-770-7573
Coquitlam	604-927-2130	Prince George	250-645-6654
Courtenay	250-331-5949	Richmond	604-244-5505
Kamloops	250-828-4916	Surrey	604-582-4592
Kelowna	250-861-7560	Vernon	250-549-5451
Langley	604-514-6044	White Rock	604-535-4512
Nanaimo	250-716-5904		
Vancouver		Victoria	
505-750 West Broadway	604-879-8700	305 - 1990 Fort Street	250-952-4232
5752 Victoria Drive	604-321-6770	Victoria General Hospital	250-727-4338
BC Women's Health Centre	604-775-0022	Other Locations:	
Mount St Joseph Hospital	604-877-8388	Visit: screeningbc.ca/clinic-locator	

Client Services hours: Monday to Friday 8:00AM - 5:30PM and Saturday 8:30AM - 4:30PM.

Please have your BC Services Card/CareCard and the name of your primary care provider, if you have one, when calling to book your appointment. If you have accessibility needs, please advise so we can book the correct amount of time and ensure that your needs are met.

For Your Appointment - Know Before You Go

Please bring your BC Services Card and photo ID. Wear a two-piece outfit. Don't wear deodorant, powder or perfume. Arrive early. For more information, please visit: screeningbc.ca/breast/how-it-works.

Primary Care Provider: How to Refer High Risk Patients and/or Patients < 40 yo

If the patient:

- is between the ages of 30-39; and/or,
- has never participated in the Breast Screening Program; and,
- is considered High Risk.

Then please complete this initial referral for the patient to present at their appointment. Refer to reverse side to select the appropriate breast screening plan for the patient.

Patient Name: _____

Date of Birth: _____ PHN/BC Services Card/CareCard #: _____

☐ Pathogenic gene variant name, if known: _____
Refer to www.bccancer.bc.ca/hereditary for gene variants recognized by the Hereditary Cancer Program.

☐ Very strong family history

☐ Thoracic radiation between ages 10-30

Primary Care Provider Name: _____ MSP #: _____

Signature: _____

Version: April 2025
Br013

What's it for: Informs patients of their breast screening plan and how to book a screening mammogram. In addition, to be completed by a primary care provider when referring high-risk patients or patients younger than 40 for screening.

How should this be used: By primary care providers to give to patients who are eligible for breast screening.

Item ID: Br013

Colon Screening Resources

Brochure: "Answering Your Questions About Colon Screening"

What's it for: Provides colon screening information to patients.

How should this be used: Make available at check-in desk and/or in patient waiting areas.

Colon cancer is one of the most commonly diagnosed cancers, affecting 1 in 6 people in B.C.

If you are between 50-74 years of age, you should be screened regularly for colon cancer.

Colon cancer screening saves lives:

- Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages or growth.
- Screening can find cancers early before they have a chance to spread. Early detection means more treatment options and better outcomes.

Getting screened

There are 2 screening tests for colon cancer:

1. Fecal immunochemical test (FIT)
2. Colonoscopy

Depending on which screening option is right for you, a health care provider can provide you with a lab requisition form for a FIT kit or refer you to colonoscopy.

When is screening not recommended?

If you have any of the following, please continue to get care through a health care provider as you have individual needs that cannot be met with routine screening:

- Abnormal history of colon cancer
- Inflammatory colitis
- Crohn's disease
- A genetic predisposition (gene mutation)

What are some things I should consider about colon screening?

- Screening lowers the chance of dying from colon cancer, but no test is perfect. A FIT may be abnormal when there is nothing wrong, or appear normal when there is cancer or a polyp(s) in the colon. Some polyps and cancers may not bleed at the time you take your FIT.
- An abnormal result might lead to more tests, but it doesn't always mean cancer. Most people called back for more tests will not have cancer.
- Colon cancer in its early stages usually does not cause any symptoms. Symptoms usually occur in later stages, when the cancer may be harder to treat. This is why regular colon screening is important.
- There can be risks with colonoscopy, such as bleeding, damage to the bowel, and in rare cases, death.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1

Phone: 1-877-702-6566
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/colon

Any personal information collected and processed from this provided care and disclosure, in accordance with the Personal Information Protection Act and when applicable, the Freedom of Information and Access to Information Act. This information may be used and disclosed only as provided by these forms, and will be used for public health and research purposes and for healthcare providers involved in providing care or when requested by law.

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The brochure is also available in other languages at www.screeningbc.ca

Version: December 2018
04006

Colon Screening
Answering your questions about colon cancer screening

screeningbc.ca/colon

Item ID: Co001

Brochure: "Answering Your Questions About an Abnormal FIT"

What's it for: Provides guidance to patients who have received an abnormal Fecal Immunochemical Test (FIT) result.

How should this be used: Provide to patients who have received an abnormal FIT.

What causes an abnormal FIT result?

The FIT is a screening test that can only detect blood in the stool. FIT is not a diagnostic test. This means that while a FIT can find one sign that may indicate cancer (blood in your stool), it cannot be used to diagnose cancer or identify why there was blood in your stool.

An abnormal FIT result simply means that blood was found in the stool sample you submitted. A FIT can only tell us that you may be bleeding from somewhere in your lower digestive tract, it cannot tell us from which part or why.

There may be a number of different reasons why blood was found in your stool, including ulcers, hemorrhoids, benign polyps or polyps, and proctitis, diverticular disease, or inflammation.

It is important that you be assessed with a colonoscopy. A colonoscopy can help find where the bleeding is coming from.

Learning that you have an abnormal FIT result may lead to a variety of feelings and raise a number of questions.

First and foremost, it's important to know that an abnormal FIT result does not mean you have or will develop cancer.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1

Phone: 1-877-702-6566
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/colon

Your personal information is collected and processed from this provided care and disclosure, in accordance with the Personal Information Protection Act and when applicable, the Freedom of Information and Access to Information Act. This information may be used and disclosed only as provided by these forms, and will be used for public health and research purposes and for healthcare providers involved in providing care or when requested by law.

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The brochure is also available in other languages at www.screeningbc.ca

Version: December 2018
04006

Abnormal Fecal Immunochemical Test (FIT)
Answering your questions about an abnormal FIT

www.screeningbc.ca/colon

Item ID: Co002

Brochure: "Answering Your Questions About Colonoscopy"

What's it for: Provides colonoscopy information to patients.

How should this be used: Provide to patients who have been referred to colonoscopy.

Are there any risks with colonoscopy?
As with any medical procedure, colonoscopy has a small risk of complications. Approximately 5/1000 people will have a serious complication. Complications can include a reaction to the bowel preparation or medication used for sedation, heart or lung problems, an infection, bleeding from the colon and/or perforation of the colon (hole in the colon). If a complication occurs, treatment including antibiotics, blood transfusions, hospitalization, repeat colonoscopy or surgery may be required. The risk of dying from colonoscopy is less than 1/10,000. There is also a risk of missing a significant abnormality. This occurs in less than 5/100 cases. Certain cancers may never cause any symptoms or affect life expectancy or quality of life. However, research shows that most colon cancers are harmless and that colon cancer should be detected and treated as early as possible.

Who should get a colonoscopy?
Colonoscopy is recommended for individuals up to age 74 (inclusive), including those with:
An abnormal fecal immunochemical test (FIT) result, or
A personal history of adenomas, adenomas in a type of precancerous polyp, or
One first degree relative (parent, sibling or child) with colon cancer diagnosed under the age of 60, or
Two or more first degree relatives with colon cancer diagnosed at any age.

***For those with a family history of colon cancer, colonoscopy screening can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative - whichever is earliest.**

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Colonoscopy
Answering your questions about colonoscopy

www.screeningbc.ca/colon

Item ID: Co003

Brochure: "Preparing for Your Colonoscopy"

What's it for: Informs patients on how to prepare for their upcoming colonoscopy procedure.

How should this be used: Provide to patients who have been referred for colonoscopy.

Important notes about bowel preparation:

- Drinking only water can cause an issue with the blood salt levels which can lead to heart problems or seizures.
- Please check yourself for possible side effects including nausea, vomiting, abdominal bloating and lightheadedness.
- Get medical attention if you experience ongoing vomiting, severe stomach pain, bloody bowel movements, chest pain and/or fainting.
- Please be prepared! Your colonoscopy may be cancelled or need to be repeated if all the instructions provided to you are not followed.

What is a colonoscopy?
Colonoscopy is a procedure that allows a colonoscopist to see the inside lining of the rectum and colon using a special instrument called a colonoscope. A colonoscope is a flexible tube with a miniature camera attached to one end so that the colonoscopist can take pictures and video of your colon. During a colonoscopy, tissue samples may be collected and polyps removed.

Be prepared
Your colonoscopy may be cancelled or need to be repeated if all the instructions provided to you are not followed. In particular, the success of the colonoscopy procedure depends on how clean your colon is. In order to clean your colon, you must take bowel preparation medication. There are different types of bowel preparation medications available. A health care team in your community will take into account your family health history in determining the best one for you. You will not need a prescription for this medication, but it is a good idea to phone and make sure your pharmacy has it in stock at least a week before your procedure. You will also have to make some changes to your diet starting seven days before your colonoscopy procedure.

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Vancouver, BC V5Z 1G1
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Preparing for Your Colonoscopy
Answering your questions about colonoscopy preparation

www.screeningbc.ca/colon

Item ID: Co004

Postcard: "Colon Screening" (5 in x 7 in)



Item ID: Co013

What's it for: A postcard that can be given to patients to encourage them to consider colon screening.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.

Colon Screening Fact Sheet

What's it for: Contains the same information as the Colon Screening brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER COLON SCREENING
Provincial Health Services Authority

Colon Screening

Answering your questions about colon cancer screening

Colon cancer is one of the most commonly diagnosed forms of cancer, affecting one in six people in British Columbia.

If you are between 50-74 years of age, you should be screened regularly for colon cancer.

Colon cancer screening saves lives:

- Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth.
- Screening can find cancers early before they have a chance to spread. Early detection means more treatment options and better outcomes.

There are two screening tests for colon cancer – the fecal immunochemical test (FIT) and colonoscopy. Talk to your health care provider about which test is right for you.

Depending on which screening option is right for you, a health care provider can provide you with a lab requisition form for a FIT kit or refer you to colonoscopy.

When is screening not recommended?

If you have any of the following, please continue to get care through a health care provider as you have individual needs that cannot be met with routine screening:

- Personal history of colon cancer
- Ulcerative colitis
- Crohn's disease
- A genetic predisposition (gene mutation)

Who should screen for colon cancer?

In general, colon screening is recommended for anyone between the ages of 50 and 74. How you should screen depends on if you are at average risk or higher than average risk for developing colon cancer:

Average risk	Fecal immunochemical test (FIT)
Screen every two years with FIT (most people).	

Higher than average risk	Colonoscopy
Colonoscopy is recommended every three or five years if you are younger than 74 with a personal history of adenomas .	
Colonoscopy is recommended every five years if you have a significant family history of colon cancer , including: <ul style="list-style-type: none">One first-degree relative (parent, sibling or child) with colon cancer diagnosed under age 60; or,Two or more first-degree relatives with colon cancer diagnosed at any age.	
For those with a family history of colon cancer, colonoscopy screening can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first-degree relative – whichever is earlier.	
If you have a personal history of precancerous lesions or a significant family history of colon cancer, a health care provider may refer you directly for colonoscopy. You may also be referred for colonoscopy following an abnormal FIT. In both cases, the health care team in your community will discuss the procedure with you.	

Experiencing symptoms?

Screening is only recommended if you are not experiencing symptoms of colon cancer. Symptoms can include blood in your stool, abdominal pain, change in bowel habits, or unexplained weight loss. If you are experiencing any of these symptoms, talk to a health care provider about a referral for diagnostic testing to determine the cause of these symptoms.

www.screeningbc.ca/colon
Version: December 2014

FIT Results Fact Sheet

What's it for: Contains the same information as the Abnormal FIT brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER COLON SCREENING
Provincial Health Services Authority

Abnormal Fecal Immunochemical Test (FIT)

Answering your questions about an abnormal FIT

An abnormal fecal immunochemical test (FIT) result means that blood was found in your stool sample. Abnormal results are common and do not mean you have or will develop cancer.

Learning that you have an abnormal FIT result may lead to a variety of feelings and raise a number of questions. First and foremost, it's important to know that an abnormal FIT result does not mean you have or will develop cancer.

About 10 to 15 per cent of people screened with FIT will have an abnormal result and will require additional testing. This does not mean that a cancer was found – the vast majority of people with an abnormal FIT result will not have cancer.

Some people with an abnormal FIT result may have polyps. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth. Most polyps will never turn into cancer, and for those that do, it will take many years for this to happen.

What happens after an abnormal FIT?

After you receive your abnormal FIT result in the mail, you will be contacted by the health care team in your community regarding further follow-up. The health care team will assess your condition and book a colonoscopy procedure if appropriate, or let you know if other monitoring or treatment is advised.

While waiting for your follow-up, please ensure your health care provider is aware if you develop any of the following symptoms at any time:

- Blood in your stool
- Change in bowel habits
- Abdominal pain
- Unexplained weight loss

If you receive an abnormal FIT result, do not repeat the test in hopes of receiving a different result. Even if you receive a normal FIT result on a later test, the recommendation to proceed to colonoscopy would not change. The cause of the blood detected in your original sample still requires further investigation.

What you should know

- An abnormal FIT does not mean you have cancer.
- It's important to attend all follow-up appointments for tests or treatment.
- If polyps are found, most are removed during your colonoscopy.
- Colonoscopy is an important step for getting ahead of cancer in your colon.

What is colonoscopy?

Colonoscopy is a procedure where a physician uses a miniature camera attached to a flexible tube to view the inside lining of your colon. During the test, tissue samples can be collected and polyps removed.

If you have a personal history of adenomas or a significant family history of colon cancer, your health care provider may refer you directly for colonoscopy. You may also be referred for colonoscopy following an abnormal FIT result. In both cases, the health care team in your community will discuss the procedure with you.

www.screeningbc.ca/colon
Version: March 2013

Colonoscopy Fact Sheet

What's it for: Contains the same information as the Colonoscopy brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplifies Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER COLON SCREENING
Bowel Cancer Screening Authority

Colonoscopy
Answering your questions about colonoscopy

What is a colonoscopy?
Colonoscopy is a procedure that allows a colonoscopist to see the inside lining of the rectum and colon using a special instrument called a colonoscope.
A colonoscope is a flexible tube with a miniature camera attached to one end so that the colonoscopist can take pictures and videos of your colon. During a colonoscopy, tissue samples can be collected and polyps can be removed.
The procedure is performed by a colonoscopist (physician trained to perform a colonoscopy) and usually takes 20 to 45 minutes to complete.
You will be closely monitored before, during and after the procedure.

Before the colonoscopy

- Expect to be at the hospital for two to three hours.
- You will be asked to change into a gown.
- A nurse will complete your admission history and measure your vital signs.
- You will be asked to provide a list of your medications.
- A nurse will start an intravenous (IV) to administer sedation and pain medication.

What happens during a colonoscopy?

- A colonoscopist inserts the colonoscope into the rectum and advances it along the length of the colon.
- Air is sent through the colonoscope to expand the colon for better viewing. It is normal throughout the procedure to feel slight pressure or experience cramps.
- Images of the lining of the rectum and colon are sent to a video monitor where the colonoscopist will look for anything unusual, like a polyp. A polyp is a small growth of tissue on the wall of the intestine.
- Polyps can grow very slowly, and some can become cancerous. It may be necessary to take a sample (biopsy) or remove the polyp (polypectomy). This is painless.
- The biopsy or polyp is then sent to a lab for analysis.

What happens after a colonoscopy?

- Have an adult accompany you home. You cannot drive until the following day.
- You may be sleepy after you arrive home from the procedure. It is recommended that you do not operate equipment, sign legal papers or drink alcohol until the following day.
- You will be able to resume your regular diet and medications after your colonoscopy, unless otherwise directed by the health care team in your community.
- The air inside your colon may cause you to feel bloated and/or have cramping after the procedure. It is important to relax and pass the air as soon as possible. If this discomfort increases or is unrelieved, go to the emergency department and advise them that you had a colonoscopy.

www.screeningbc.ca/colon Version: October 2022

Preparing for Your Colonoscopy Fact Sheet

What's it for: Contains the same information as the Colonoscopy Prep brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplifies Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER COLON SCREENING
Bowel Cancer Screening Authority

Preparing for Your Colonoscopy
Answering your questions about colonoscopy preparation

What is a Colonoscopy?
Colonoscopy is a procedure that allows a colonoscopist to see the inside lining of the rectum and colon using a special instrument called a colonoscope.
A colonoscope is a flexible tube with a miniature camera attached to one end so that the colonoscopist can take pictures and videos of your colon. During a colonoscopy, tissue samples can be collected and polyps can be removed.

Be Prepared
Your colonoscopy may be cancelled or need to be repeated if all the instructions provided to you are not followed.
In particular, the success of the colonoscopy procedure depends on how clean your colon is. In order to clean your colon, you must take bowel preparation medication. There are different types of bowel preparation medications available. A health care team in your community will take into account your family health history in determining the best one for you. You will not need a prescription for this medication, but it is a good idea to phone and make sure your pharmacy has it in stock at least a week before your procedure.
You will also have to make some changes to your diet starting seven days before your colonoscopy procedure.

Clear Fluid Diet
It is very important that you not only take in a lot of fluids, but a variety of fluids. You need to replace electrolytes that are not found in water. Avoid fluids that contain red or purple food colouring.

<input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Pop	<input checked="" type="checkbox"/> Iced	<input checked="" type="checkbox"/> Coffee*
<input checked="" type="checkbox"/> Clear soup	<input checked="" type="checkbox"/> Sports drink	<input checked="" type="checkbox"/> Tea*	<input checked="" type="checkbox"/> Popsicle
<input checked="" type="checkbox"/> Juice (no pulp)			*no milk or creamers

Pre-Colonoscopy Checklist

7 days before

☐ Buy bowel preparation medication from your local pharmacy or drug store.
☐ Stop taking iron supplements.

NOTES: _____

5 days before

☐ Avoid seeds, nuts, corn, whole grain bread and granola.

NOTES: _____

www.screeningbc.ca/colon Version: October 2022

FIT Decision Table Fact Sheet

What's it for: A tool that serves as a decision aid to determine a patient's eligibility for either a FIT or a colonoscopy.

How should this be used: For health professionals to reference. Not to be given out to patients.

 Colon Screening Program		
Does my Patient Need Colon Screening?		
Please work down the following list for decision-making. Does your patient have:		
Decision-Making Checklist	Recommendation	Refer to Program
1 Symptoms of: • Anemia • Rectal bleeding • Change in bowel habits	✗ FIT is not recommended. Refer to a specialist for consideration of endoscopic evaluation after first investigation.	
2 Personal history of colorectal cancer	✗ FIT is not recommended. Refer for ongoing follow-up with a specialist.	Do not refer to Colon Screening Program.
3 Inflammatory bowel disease • Crohn's • Ulcerative colitis	✗ FIT is not recommended. Refer for ongoing follow-up with a specialist.	
4 Personal history of precancerous lesions	✗ FIT or colonoscopy is recommended. Refer to the Colonoscopy Follow-up algorithm for the recommended pathway. The algorithm can be found at the following link: Colonoscopy Follow-up algorithm for colorectal precancerous lesions	If patient is younger than 75, depending on the recommendation after refer for colonoscopy using the Colonoscopy Follow-up algorithm or refer for FIT using the Colonoscopy Follow-up algorithm .
5 Family History of colorectal cancer • 1 first degree relative diagnosed with colorectal cancer under age 60. • 2 or more first degree relatives with colorectal cancer diagnosed at any age.	✔ FIT is recommended. Screen with FIT every 2 years between ages 50-74.	Use Colonoscopy Follow-up algorithm when FIT age 50-74 asymptomatic after 1st Colon Screening Program.
6 Did the patient have a normal: • FIT within 2 years; • Colonoscopy within 10 years; or • CT colonography within 5 years?	✗ FIT is not recommended. Patient is up to date with colon screening.	Do not refer to Colon Screening Program.
7 Patient has never screened for colorectal cancer, does not have a family history, or screening interval has elapsed • Patient between the ages of 50-74 • Patient between ages 40-49 and 75-84 • Patient younger than 40 or older than 85	✔ FIT is recommended. Screen with FIT every 2 years. Individually assess risk of colorectal cancer and risk of colonoscopy. There are subgroups benefit from colonoscopy. If proceeding with screening, use standard risk-equivalence and refer FIT/CTC. Once indicated, Patient will not be registered in program. Refer directly to a specialist for follow-up when indicated. Screening not recommended for these age groups.	Use Colonoscopy Follow-up algorithm when FIT age 50-74 asymptomatic after 1st Colon Screening Program. Do not refer to Colon Screening Program.

Adapted with permission from Alberta Health Services: Guidelines for Colorectal Cancer Screening


Updated: March 2024

Item ID: Co005

Colon Screening Program Fact Sheet

What's it for: Informs health professionals about the Colon Screening Program, including screening eligibility.

How should this be used: For health professionals to reference. Not to be given out to patients.

 Colon Screening Program Fact Sheet	
Program Overview	
The BC Cancer Colon Screening Program is an organized population-based program aimed at reducing colon cancer incidence and mortality in BC.	
Screening Eligibility	
Who should receive colon screening? <ul style="list-style-type: none"> In general, anyone between the ages of 50 to 74 with no symptoms should get screened for colon cancer. 	
Who should not receive colon screening? <ul style="list-style-type: none"> Screening is only recommended for people who are not experiencing symptoms that may indicate colon cancer. (Symptoms can include blood in the stool, abdominal pain, change in bowel habits and unexplained weight loss. If a patient is experiencing symptoms, refer for diagnostic testing to determine the cause of the symptoms). Individuals should not receive colon screening if they are up-to-date with screening, including: <ul style="list-style-type: none"> FIT in the preceding two years or colonoscopy or flexible sigmoidoscopy in the preceding 10 years for average risk individuals. Colonoscopy in the preceding five years for patients at higher than average risk. Individuals with a personal history of colon cancer, ulcerative colitis or Crohn's disease have individual needs that cannot be met with a population approach to screening. These patients should continue to obtain care through their specialist or primary care provider. In general, people who have been regularly screened with FIT or have undergone colonoscopies do not appear to benefit from screening beyond age 75. 	
The Screening Tests	
Average Risk - Fecal Immunochemical Test (FIT) <p>FIT is recommended every 2 years for average risk colon screening by the Canadian Task Force on Preventative Health Care to decrease colon cancer mortality and incidence. In BC, FIT is expected to yield over 80% sensitivity and 90% specificity for detecting colon cancer. There are also no dietary or medication restrictions for FIT, which assists uptake and test completion. Screening interval: FIT every 2 years for average-risk individuals age 50 to 74.</p>	
Higher Than Average Risk - Colonoscopy <p>Colonoscopy is recommended for individuals up to age 74 (inclusive) at higher than average risk for developing colon cancer, defined as having one of the following:</p> <ul style="list-style-type: none"> One first degree relative (parent, full sibling, child) diagnosed with colon cancer under the age of 60^a. Two or more first degree relatives with colon cancer diagnosed at any age^a. A personal history of precancerous lesions, including adenomas, sessile serrated (hyperplastic) adenomas, or hyperplastic polyps > 10 mm. <p>^aFor those with a family history of colon cancer, the first screening colonoscopy should be done at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative – whichever is earlier.</p>	

Updated: August 2024

Item ID: Co006


Colonoscopy Reference Sheet

What's it for: A resource to support colonoscopists with reporting and providing appropriate follow-up to patients.

How should this be used: For colonoscopists to reference. Not to be given out to patients.

Colon Screening Program

Colonoscopy Reference



BC Cancer Agency
CARE + RESEARCH
An Agency of the Province of British Columbia

Colonoscopy Dictation Guidelines

Standardized reporting systems facilitate audit for improvement. Good documentation facilitates communication amongst health care providers and participants.

Quality indicators for colonoscopy reporting have been identified by expert consensus.

A comprehensive colonoscopy report includes:

- Participant demographics
 - Pre-assessment including comorbid illnesses
 - e.g. anticoagulant agents, diabetes
- Indications for colonoscopy
 - e.g. positive FIT, screening, surveillance, family history
- Medication type and dose used for conscious sedation
- Stool preparation quality
- Good intubation with photo documentation
- Indication of completeness of visualization of the colon mucosa
- Assessment of the degree of difficulty of the procedure
- Withdrawal time
- Documentation of findings
 - Polyp location, morphology, size, method of removal, and completeness of removal and retrieval
- Unplanned events
 - Use of removal agents for conscious sedation
 - Control of bleeding
 - Immediate post-procedure interventions
- Recommendations for follow-up
 - Related to the polyp prior to discharge
 - Review of pathology specimens may alter recommendations and should be clearly documented at that time

Follow Up Recommendations as per Program Re-Screening and Surveillance Guidelines

The recommendations for re-screening and surveillance following colonoscopy are summarized below.

Following a negative (no adenoma) colonoscopy:

- Average risk participants who had a positive FIT result but a negative colonoscopy will re-screen FIT at meeting in the next year following colonoscopy.
- Participants with one first degree relative with CRC diagnosed under the age of 50 years or a first degree relative with CRC diagnosed at any age will have a repeat colonoscopy in five years.
- Adenoma identified at last prior screening colonoscopy, repeat colonoscopy in five years.
- For patients who have previously had a low risk adenoma resected and a normal colonoscopy at the 5 year surveillance interval, the colonoscopy may need to extend the interval for the next colonoscopy out to 10 years at their discretion.

Further investigations of a positive FIT following a negative colonoscopy may be indicated in a participant with upper gastrointestinal symptoms or concerns and will be at the discretion of the participant's physician.

Following a colonoscopy with removal of an adenoma:

- Repeat colonoscopy in five years for a low risk adenoma.
- Repeat colonoscopy in three years for a high risk adenoma or a 3 low risk adenomas. A high risk adenoma includes the following:
 - High grade dysplasia
 - Villous features
 - Size > 10mm
 - Severely serrated polyp/adenoma > 10mm in size
 - Severely serrated polyp/adenoma of any size with dysplasia
 - Traditional serrated adenoma of any size

Following a colonoscopy where cancer is identified:

Referral for staging and treatment should be arranged through the usual practice in the community. The colonoscopy should address:

- Arrange staging and treatment and advise the family physician this has been done so.
- Write the patient back to the family physician for the family physician to arrange staging and treatment.

Item ID: Co008


Colonoscopy Specimen Table Example

What's it for: To demonstrate how a colonoscopy specimen table should be completed.

How should this be used: For colonoscopists to reference. Not to be given out to patients.

COLON SCREENING PROGRAM

Colonoscopy Specimen Table Example



BC CAN CER COLON SCREENING
Preventable Health Concerns Are Rare

Below is an example of how the specimen table should be completed:

Specimen Type	Location	Size (mm)	Morphology	Primary Removal Mode	Submucosal Injection (Y/N)	Piecemeal (Y/N)	Complete Removal (Y/N/U)	Complete Retrieval (Y/N/U)	Specimen Sent (Y/N/U)	
Example	P	T	<5	5-9	10-19	≥20				
A	P (polypectomy)	Denotes location where the specimen was removed from. More detailed information about where the specimen was located can be outlined in the dictated colonoscopy report.	Estimated size of the entire polyp; this will be used to help determine if an adenoma is "low" or "high" risk.	Polyp morphology likely to be P (pedunculated), S (sessile) or F (flat).	The primary method of that was used for removing the polyp.	Prior to removing the polyp with a snare, a needle was used to inject fluid into the wall of the colon underneath the polyp. Examples of injection fluids used include saline, methylcellulose, water, Vaseline, Enoxon, Oritol, and others.	Piecemeal denotes polyps that are removed in multiple pieces; piecemeal is not used to describe whole polyps that break apart in the "cup".	This is the Colonoscopy's impression of whether or not the entire polyp was excised.	Incomplete retrieval is documented when an entire polyp or the portion of the polyp that was removed was not retrieved and there is no sample or an incomplete sample to send to the pathology lab.	The number of pieces must be a whole number, "none" or "flat" is not an acceptable way to document this aspect.
B	De (dropnet)	Denotes the location where the biopsies were taken.	Estimate the size of the lesion being reported. For example, size of a mass or length of an area of colitis.	The description of the morphology of the lesion, likely to be M (mass) or C (flat) [for example, area of inflammation].	Primary mode for obtaining biopsies, likely to be Dr (dropnet) or S (snare).		For biopsies, this would most often be "Y".	This is the Colonoscopy's impression of whether or not the entire lesion was excised.	Incomplete retrieval is documented when one or more biopsies of the sample were not retrieved and there is no sample or an incomplete sample to send to the pathology lab. Most likely will be "Y".	The number of pieces must be a whole number, "none" or "flat" is not an acceptable way to document this aspect.

Item ID: Co009

Colonoscopy Reporting Form - Page 1 (100 per pack)

What's it for: Standardized form used by colonoscopists to report on colonoscopies.

How should this be used: By colonoscopists.

BC CANCER COLONOSCOPY REPORTING FORM

DO NOT PRINT LABEL ABOVE LINE
AFFIX CLIENT LABEL HERE

PRESS FIRMLY TO ENSURE LEGIBILITY FOR MULTIPLE COPIES
TAKE TOP COPY TO COLON SCREENING PROGRAM - 1 (ONE) SET 2ND
GREY SECTIONS TO BE COMPLETED AS REQUIRED

Exam Date (DD-MMM-YYYY) Exam Time (HH:MM) Patient Name Last Patient Name First Sex (M/F/U)
 Facility Name Addressed Date (DD-MMM-YYYY) Date of Birth (DD-MMM-YYYY)
 Colonoscopist Name Colonoscopist Last First Primary Provider Name Primary Provider Last First

Reason Colonoscopy did not occur (select one): ☐ No Show for Colonoscopy ☐ Medically unfit day of procedure

1. BOWEL PREPARATION ☐ Excellent ☐ Good ☐ Fair (adequate to visualize all polyps > 5mm) ☐ Poor (adequate to visualize all polyps > 5mm)

2. CECAL INTUATION (or ileocecal/ anastomosis reached) ☐ Yes → Photo documentation? ☐ No ☐ Yes ☐ No ☐ Uncertain ☐ Flexible Sigmoidoscopy

3. UNPLANNED EVENTS ☐ None ☐ Perforation ☐ Admit to hospital ☐ Bleeding ☐ Reversal agents ☐ Cardiovascular ☐ Death ☐ Respiratory ☐ Other (specify):

4. SPECIMENS TAKEN: ☐ Yes ☐ No → WITHDRAWAL TIME: (Minutes)

5. COMMENTS TO PATHOLOGIST:

Specimen Type	Location	Size	Morphology	Removal Mode	Time	Notes
P	T	✓	P	HS	Y	14:00 AB
1/A						
2/B						
3/C						
4/D						
5/E						

6. ☐ Additional specimens recorded on Page 2

7. ☐ Repeat Colonoscopy Required

COMPLETE COLONOSCOPY REPORTING FORM FOR NEXT SCOPE

NO NAME: SIGNATURE: RN NAME: SIGNATURE:

SEND COPIES OF PATHOLOGY REPORT TO:

1. BC Cancer Colon Screening 2. Primary Provider (Name & MDC) 3. Other (Name & MDC)

Facile: 5 (500) 267 9340

Specimen tracking required by facility? ☐ No ☐ Yes → Number of samples sent to collection area: INITIALS DATE:
 Number of samples transported to lab: INITIALS DATE:
 Number of samples received by lab: INITIALS DATE:

PATHOLOGY COPY (TAKE THIS COPY TO 1 (ONE) SET 2ND)

INFORMATION ON THIS FORM IS CONFIDENTIAL. IF YOU RECEIVE THIS INFORMATION PLEASE FAX TO QUALITY DEPT. 1 (800) 675-7125

2023/30

Item ID: Co011

Colonoscopy Reporting Form - Page 2 (25 per pack)

What's it for: Standardized form used by colonoscopists to report on colonoscopies.

How should this be used: By colonoscopists.

BC CANCER COLONOSCOPY REPORTING FORM PAGE 2

DO NOT PRINT LABEL ABOVE LINE
AFFIX CLIENT LABEL HERE

PRESS FIRMLY TO ENSURE LEGIBILITY FOR MULTIPLE COPIES
TAKE TOP COPY TO COLON SCREENING PROGRAM - 1 (ONE) SET 2ND
GREY SECTIONS TO BE COMPLETED AS REQUIRED

Exam Date (DD-MMM-YYYY) Patient Name Last Patient Name First Sex (M/F/U)
 Facility Name Addressed Date (DD-MMM-YYYY) Date of Birth (DD-MMM-YYYY)
 Colonoscopist Name Colonoscopist Last First

Specimen Type	Location	Size	Morphology	Removal Mode	Time	Notes
6/F						
7/G						
8/H						
9/I						
10/J						
11/K						
12/L						
13/M						
14/N						
15/O						
16/P						
17/Q						
18/R						

Specimen Type: Y = polyp, B = mass, P = polypoid, L = lesion, S = sessile, T = tubular adenoma

Location: A = ascending colon, C = cecum, D = descending colon, S = sigmoid, L = left colon, T = terminal ileum

Morphology: 0 = normal, 1 = hyperplastic, 2 = adenoma, 3 = adenocarcinoma, 4 = dysplasia, 5 = serrated

Removal Mode: R = snare, S = hot snare, E = endoscopic mucosal resection, M = mucosal resection, O = other

NO NAME: SIGNATURE: RN NAME: SIGNATURE:

PATHOLOGY COPY (TAKE THIS COPY TO 1 (ONE) SET 2ND)

INFORMATION ON THIS FORM IS CONFIDENTIAL. IF YOU RECEIVE THIS INFORMATION PLEASE FAX TO QUALITY DEPT. 1 (800) 675-7125

2023/30

Item ID: Co012

Colonoscopy Referral Form (50 sheets per pad)

BC CANCER Colon Screening Program: Colonoscopy Referral Form

STEP 1: Complete Provider and Patient Information

PATIENT NUMBER	OTHER HEALTH NUMBER (U.S. REFUGEE, HEALTHY)	ORDERING PROVIDER (NAME, ADDRESS, MAIL PRACTITIONER #)
PATIENT LAST NAME	PATIENT FIRST NAME	
DATE OF BIRTH (DD-MM-YYYY)	SEX <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> U	PHYSICIAN CASE PROVIDER, IF DIFFERENT FROM ORDERING (NAME, ADDRESS, MAIL PRACTITIONER #)
PATIENT ADDRESS	CITY/TOWN	PROVINCE
PATIENT HOME NUMBER	PATIENT CELL NUMBER	POSTAL CODE
LANGUAGE PREFERRED	REFERRAL DATE (DD-MM-YYYY)	PROVIDER SIGNATURE

STEP 2: Confirm Eligibility and Select at Least One Indication for Colonoscopy

Patients are **excluded** from the Colon Screening Program (screening colonoscopy and fecal immunochemical test [FIT]) if they:

- Currently have symptoms (e.g., rectal bleeding, persistent change in bowel habits, abdominal pain, or unexplained weight loss). These individuals should be referred to a specialist, no FIT required.
- Have a personal history of colorectal cancer, ulcerative colitis or Crohn's disease. These individuals should continue to obtain care through their specialist or health care provider.
- Are on a definite surveillance plan through a specialist.
- Documented genetic mutation predisposing to colon cancer (e.g., Lynch Syndrome).

Screening Colonoscopy (Do not order FIT for these patients)

Recommended for individuals up to age 74 (inclusive), at higher than average risk.

- For those with a family history of colon cancer the first screening colonoscopy should be done at age 40 or 10 years younger than the age of diagnosis of the youngest affected FDR - whichever is earliest.

☐ One first degree relative with colorectal cancer diagnosed under the age of 60; or,
☐ Two or more first degree relatives with colorectal cancer diagnosed at any age; or,
☐ A personal history of adenoma(s), sessile serrated lesion(s) or traditional serrated adenoma(s)

☐ DUE NOW
☐ DUE: _____ (MM-YYYY)

Colonoscopy for Abnormal FIT (for individuals ages 50-74 only)

☐ Abnormal FIT Result date: _____ (DD-MM-YYYY)

For COLONOSCOPISTS ONLY (Complete Colonoscopy Reporting Form [CRF] at time of colonoscopy)

☐ Register patient into Colon Screening Program. Patient booked/had colonoscopy (no pre-colonoscopy assessment required).

Planned Procedure Date: _____ Endoscopy Unit: _____
 (DD-MM-YYYY)

Select at least one indication:

☐ Abnormal FIT ☐ Personal Hx of Adenomas ☐ FHx (1st Degree relative < 60 y.o.) ☐ FHx (2+ 1st Degree relatives)

STEP 3: Fax Form to BC Cancer Colon Screening: 1-804-297-9340

Patients will be contacted by their Health Authority to arrange an assessment for colonoscopy when required.

Facsimile communications are intended only for the use of the addressee and may contain information that is privileged and confidential. Any dissemination, distribution or copying of this communication by unauthorized individuals is strictly prohibited. If you received this communication in error, please notify the Colon Screening Program immediately by telephone at 1-877-202-4556.

20830

What's it for: To refer a patient for colonoscopy.

How should this be used: By primary care providers when referring eligible patients for colonoscopy.

Cervix Screening Resources

Brochure: "Cervix Self-Screening"

What's it for: Provides cervix self-screening information to patients.

How should this be used: Make available at check-in desk and/or in patient waiting areas.

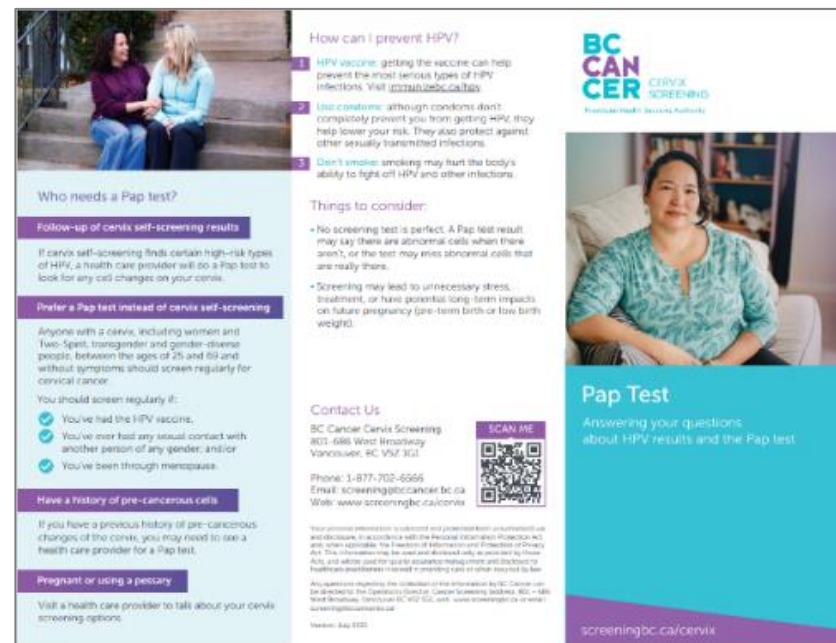


Item ID: Cx001

Brochure: "Answering Your Questions about HPV Results and the Pap Test"

What's it for: Provides information about the Pap test to patients.

How should this be used: Provide to patients who may have questions about HPV results and pap testing.



Item ID: Cx002

Brochure: "Answering Your Questions about HPV Results and Colposcopy"

What's it for: Provides HPV results and colposcopy information to patients.

How should this be used: Provide to patients who may have questions about HPV results and/or colposcopy.

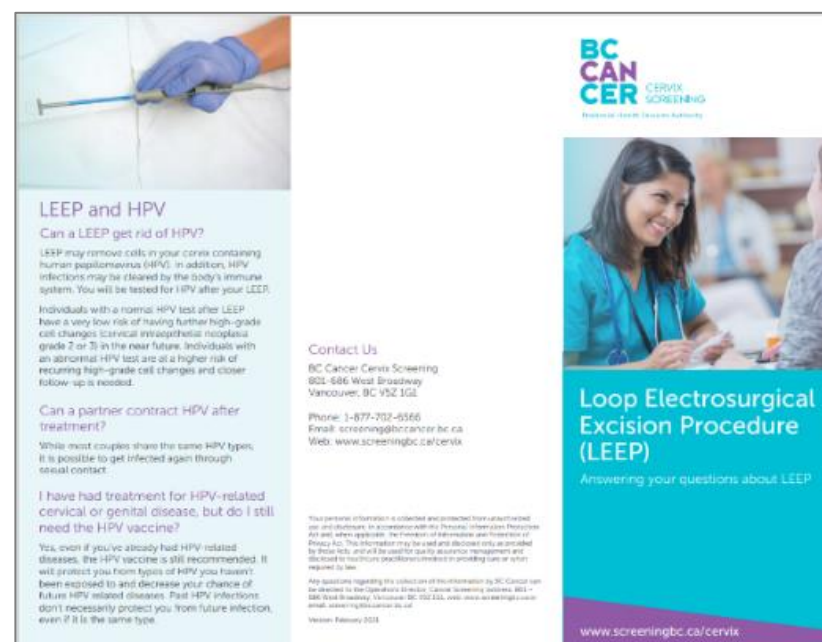


Item ID: Cx003

Brochure: "Answering Your Questions About LEEP"

What's it for: Provides information on Loop Electrosurgical Excision Procedure (LEEP) to patients.

How should this be used: Provide to patients who have been referred for LEEP.



Item ID: Cx004

Postcard: "Cervix Screening" (5 in x 7 in)

What's it for: A postcard that can be given to patients to encourage them to consider cervix screening.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.

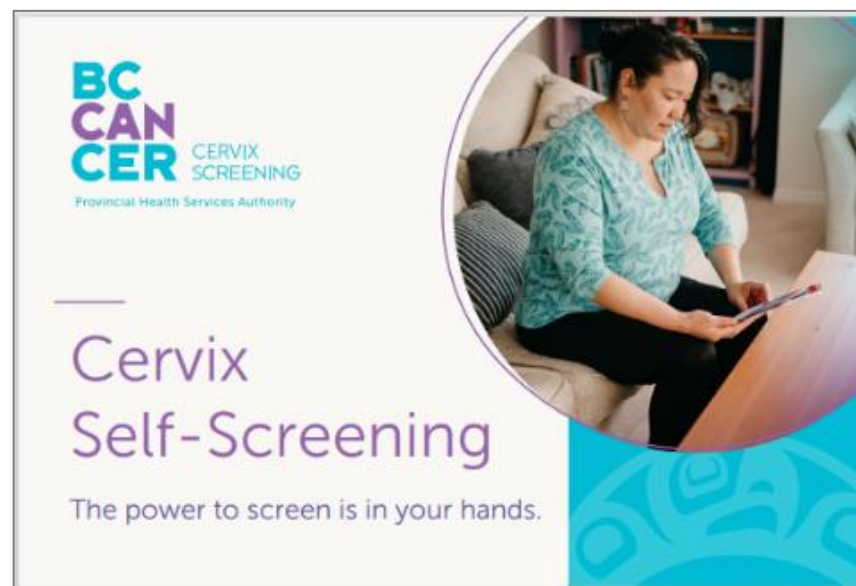


Item ID: Cx017

Postcard: "Cervix Self-Screening" (4 in x 6 in)

What's it for: A postcard that can be given to patients to inform them about the availability of cervix self-screening.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.



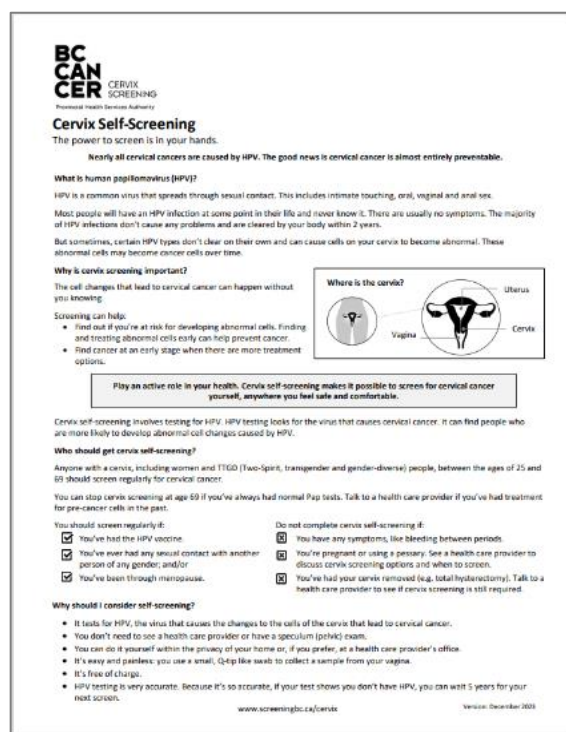
Item ID: Cx016

Cervix Self-Screening Fact Sheet

What's it for: Contains the same information as the Cervix-Self Screening brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

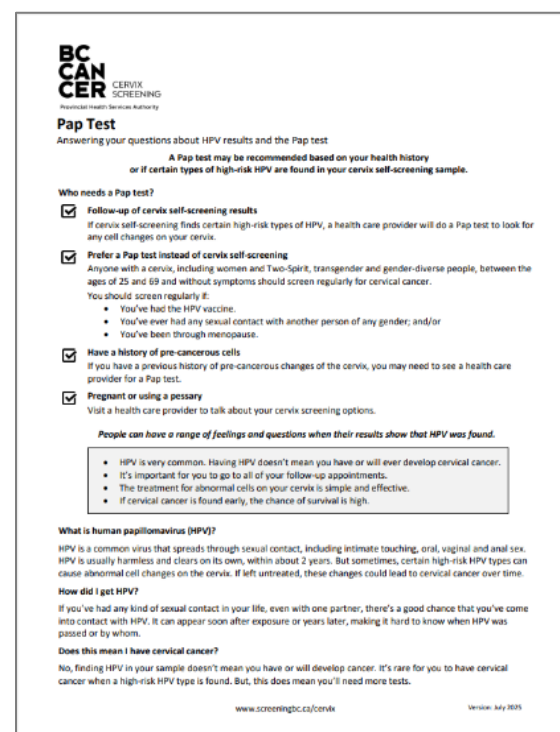


HPV Results & Pap Test Fact Sheet

What's it for: Contains the same information as the HPV Results and Pap Test brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.



HPV Results & Colposcopy Fact Sheet

What's it for: Contains the same information as the HPV Results and Colposcopy brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER CERVIX SCREENING
Provincial Health Services Authority

Colposcopy

Answering your questions about HPV results and Colposcopy

If you recently had an abnormal Pap test result or if high-risk HPV types 16 and/or 18 were found, a health care provider may recommend a colposcopy.

What is colposcopy?

A colposcopy is a procedure that looks at any abnormal areas on your cervix and vagina. A specialist (colposcopist) will use a magnifying tool called a colposcope, which looks like a pair of binoculars on a stand. A colposcope allows the specialist to get a close-up look at your cervix.

A colposcopy gets to the root cause of any abnormal cervical cells—making early treatment possible.

Who needs a colposcopy?

A colposcopy is usually recommended if:

- Your Pap test or cervical self-screening sample found a high-risk type of human papillomavirus (HPV)—HPV 16 and/or 18. Or you have an HPV infection that hasn't gone away.
- Your Pap test found cells on your cervix that don't look normal, likely caused by high-risk HPV.
- You experience symptoms, like bleeding between periods or pain during sex.
- You have a history of abnormal screening results.

How should I prepare for my colposcopy?

<input checked="" type="checkbox"/> Try to schedule it when you're not on your period.	<input checked="" type="checkbox"/> Bring a support person with you.
<input checked="" type="checkbox"/> The procedure doesn't require a hospital stay, sedation, freezing or pain medication.	<input checked="" type="checkbox"/> Bring a list of questions to help you remember everything you want to ask.
<input checked="" type="checkbox"/> Talk to a primary care provider before your appointment.	

What happens during my colposcopy?

1. A specialist uses a speculum to gently spread your vaginal walls.
2. Your cervix is viewed through a colposcope. The colposcope doesn't enter your body.
3. Vinegar or iodine solution may be applied to your cervix. This makes any abnormal cells easier to see.
4. If the specialist sees any abnormal cells, they may take a small sample of tissue (biopsy). Exam is done in 5-10 minutes.

It's common to feel anxious about the procedure. Knowing what to expect can help you feel more comfortable. Remember, you can ask the specialist to explain what they're doing at any time.

See a video about the colposcopy procedure: [screeningbc.ca/cervix](https://www.screeningbc.ca/cervix)

What happens after the colposcopy?

You can go about your normal activities afterward. If a biopsy was taken, you might experience mild spotting for 1 to 3 days. If a tampon was used to prevent spotting, make sure it's removed 5 hours after insertion. If spotting continues, you can use another tampon or pad as needed.

Is colposcopy painful?

If a biopsy is taken, you may feel a pinch or have some cramping, but it should go away quickly. If you're nervous about the pain or feel pain during the procedure, let the specialist know. They will do their best to make you more comfortable or stop the procedure if you say so.

www.screeningbc.ca/cervix Version: December 2021

LEEP Fact Sheet

What's it for: Contains the same information as the LEEP brochure but reformatted into a printer-friendly version.

How should this be used: Print and give to patients during appointments.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

BC CAN CER CERVIX SCREENING
Provincial Health Services Authority

Loop Electrosurgical Excision Procedure (LEEP)

Answering your questions about LEEP

If you receive an abnormal colposcopy result, your health care provider may recommend that you have a loop electrosurgical excision procedure, commonly referred to as LEEP.

A LEEP involves removing abnormal tissue from your cervix using a thin wire loop.

It is usually done within eight weeks of diagnosis. Over 90% of individuals will require only one LEEP to remove any abnormal tissue.

What are the risks of having a LEEP?

There is a small possibility of heavy bleeding or an infection after a LEEP. Please contact your health care provider immediately if you notice any of the following: increased pelvic pain, heavy or prolonged bleeding, fever, or smelly vaginal discharge.

Based on recent studies, your ability to get pregnant is not affected by a LEEP. It may slightly increase the likelihood of pregnancy complications such as miscarriage and delivering your baby prior to full term. Please speak with your health care provider to address any concerns.

In rare cases, a LEEP may cause the entrance of your cervix to narrow, also known as cervical stenosis.

Is it safe to have a LEEP if I am pregnant?

Please advise your health care provider if you're pregnant. In many cases, the LEEP can be performed after your baby is born.

What happens during a LEEP?

1. A specialist will take a look at your cervix using a special microscope called a colposcope.
2. A small amount of vinegar or iodine will be placed on your cervix to make any abnormalities more visible.
3. Local freezing is then used to numb the cervix. Some people feel a pinch or cramp when the freezing is done. The freezing medication will make your heart beat a little faster, but it's not dangerous, and it will pass within a few minutes.
4. A thin wire loop is then used to remove abnormal tissue. The procedure usually lasts less than five minutes.
5. To reduce any bleeding, a brown paste may be placed on your cervix. The paste comes out later looking brown or black, which is normal.

See a video about LEEP: www.screeningbc.ca/cervix

What happens after my LEEP?

Most individuals have no symptoms after a LEEP. If you have cramps, you can use pain medication such as pain acetaminophen (Tylenol) or ibuprofen (Advil) for pain relief. You may experience cramps, light vaginal bleeding or watery vaginal discharge for a few weeks. Avoid using tampons, swimming, taking baths, or having sexual intercourse for three weeks.

Also, avoid any heavy lifting or strenuous exercise for one week. Your health care provider will review your results with you within three weeks of the procedure. Please contact your health care provider if you haven't heard from them. Usually, a follow-up appointment will be recommended six months after your LEEP.

www.screeningbc.ca/cervix Version: September 2022

Poster: "Cervix Self-Screening" Hands Holding Swab (11 in x 17 in)

What's it for: Informs patients about the availability of cervix self-screening.

How should this be used: Display at check-in reception area and/or in patient waiting areas.



Item ID: Cx013

Poster: "Cervix Self-Screening" Patient at Home (11 in x 17 in)

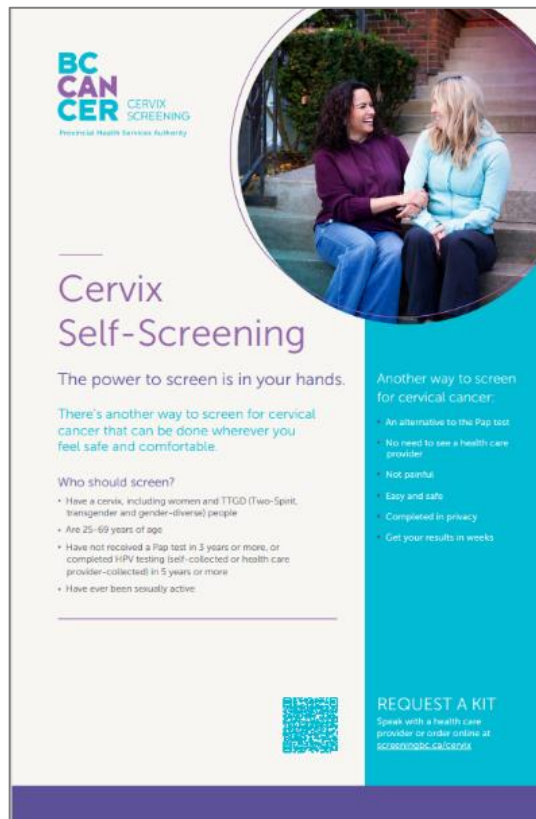
What's it for: Informs patients about availability of cervix self-screening.

How should this be used: Display at check-in reception area and/or in patient waiting areas.



Item ID: Cx014

Poster: "Cervix Self-Screening" People on Stairs (11 in x 17 in)



Item ID: Cx015

What's it for: Informs patients about the availability of cervix self-screening.

How should this be used: Display at check-in desk and/or in patient waiting areas.

Tear-Off Pad: "Cervix Self-Screening" (50 sheets per pad)

**BC
CAN
CER**
CERVIX
SCREENING
Provincial Health Services Authority

Cervix Screening

Cervical cancer is almost entirely preventable. Regular screening is one of the key ways you can prevent cervical cancer.

Who should get cervix self-screening?

- ✓ Anyone with a cervix, including women and TTGD (Two-Spirit, transgender and gender-diverse) people
- ✓ Between 25 to 69 years of age
- ✓ Due for screening: Have not had a Pap test in 3 years or more, or HPV test (self-collected or health care provider-collected) in 5 years or more
- ✓ Have ever been sexually active

! Cervix self-screening is not recommended if you: have any symptoms (e.g., bleeding between periods); are currently pregnant; use a pessary; or have had your cervix removed (e.g., total hysterectomy).

Request a cervix self-screening kit*


There's an alternative to the Pap test that screens for cervical cancer. You can do it yourself, wherever you feel safe and comfortable.

☐ **Online:**
Visit [screeningbc.ca/cervix](https://www.screeningbc.ca/cervix) to request a kit by mail.

☐ **By phone:**
Call Client Services at 1-877-702-6566.

- Hours: Monday to Friday 8:00am-5:30pm or Saturday 8:30am-4:30pm
- Please have your BC Services Card/Care Card available.

*Please note, if self-screening isn't recommended based on your health history, a kit will not be mailed to you.



Learn more

Scan the QR code using your smartphone camera or visit www.screeningbc.ca/cervix for more information.

Version: December 2023

What's it for: Informs patients on cervix screening eligibility and how to request a cervix self-screening kit.

How should this be used: By health professionals to give to patients who are eligible for cervix self-screening.

Item ID: Cx006

Colposcopy Form – Single Sheet Pad (25 per pack)

What's it for: A standardized form used by colposcopists to report on colposcopies.

How should this be used: By colposcopists.

The image shows a single sheet pad of a colposcopy form. The form is titled "COLPOSCOPY FORM" and includes a header with "BC CANCER" and "AFFIX CLIENT LABEL HERE". It contains various sections for patient information, history, examination, and results. The form is designed for a single sheet pad, with a perforated edge on the right side. The form is filled out with handwritten information, including patient name, date, and results.

Item ID: Cx007

Colposcopy Form – Triplicate (100 per pack)

What's it for: A standardized form (triplicate version) used by colposcopists to report on colposcopies.

How should this be used: By colposcopists.

The image shows a triplicate version of a colposcopy form. The form is titled "COLPOSCOPY FORM" and includes a header with "BC CANCER" and "AFFIX CLIENT LABEL HERE". It contains various sections for patient information, history, examination, and results. The form is designed for a triplicate version, with three identical copies of the form stacked on top of each other. The form is filled out with handwritten information, including patient name, date, and results.

Item ID: Cx008

Treatment Form – Single Sheet Pad (25 per pack)

What's it for: A standardized form used by colposcopists to report on LEEPs.

How should this be used: By colposcopists

The form is titled "TREATMENT FORM" and includes a header with "BC CANCER" and "Cervix Screening". It contains sections for patient information, indication, patient documentation, location of procedure, procedure type, other procedures, pathology results, and recommendations. The form is designed for a single sheet pad and includes a footer with the date "April 2021" and a QR code.

Item ID: Cx009

Treatment Form – Triplicate (25 per pack)

What's it for: A standardized form (triplicate version) used by colposcopists to report on LEEPs.

How should this be used: By colposcopists

The form is titled "TREATMENT FORM" and includes a header with "BC CANCER" and "Cervix Screening". It contains sections for patient information, indication, patient documentation, location of procedure, procedure type, other procedures, pathology results, and recommendations. The form is designed for a triplicate version and includes a footer with the date "April 2021" and a QR code.

Item ID: Cx010

Lung Screening Resources

Brochure: "Answering Your Questions About Lung Screening"

What's it for: Provides lung screening information to patients.

How should this be used: Make available at check-in desk and/or in patient waiting areas.

Who should get lung screening?
Lung screening is best for those who are at high risk for lung cancer and who are not experiencing any symptoms. This usually includes people who are:

- 55 to 74 years of age;
- Currently smoking or have smoked in the past; and
- Have a smoking history of 20 years or more.

If you meet these requirements, please call the Lung Screening Program at 1-877-717-5864 to complete a consultation and risk assessment over the phone. If you currently smoke, we will also discuss resources to help you quit smoking over the phone.

Things to consider:

- A lung screening test is perfect. Your lung scan may suggest you have lung cancer when no cancer is present (false-positive). A false-positive result involves additional follow-ups, sometimes surgery, before deciding you do not have cancer. You may experience increased stress and anxiety during this time.
- Your lung scan may also find signs of cancer that are very slow growing and are not expected to cause any problems during your lifetime. This is called overdiagnosis and can lead to treatment that may not benefit you. However, at the time of diagnosis, there is no way for health-care professionals to tell whether the cancer will cause any problems without doing additional tests.
- Your lung scan will expose you to a tiny amount of radiation, however, the chances of you getting cancer through repeated x-rays is very low. A LDCT scan uses 5 times less radiation than a regular CT scan and is similar to what you would receive from the natural background radiation from the sky and ground over six months.

Contact Us
BC Cancer Lung Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1
Phone: 1-877-717-5864
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/lung

Why is lung screening not recommended to everyone?
People who do not meet the above screening requirements are generally not considered high-risk for lung cancer. If you don't have a significant smoking history, lung screening may not be right for you.

Screening is also not suitable for anyone experiencing lung cancer symptoms, including:

- Coughing that does not go away or gets worse;
- Coughing up blood or rust-coloured sputum (spit or phlegm);
- Shortness of breath or chest pain that is always felt and gets worse with deep breathing or coughing.

If you are experiencing any of these symptoms, please talk to your primary care provider right away.

BC CANCER LUNG SCREENING
Prevent it. Find it early. Save lives.

Lung Screening
For people who smoke or have a smoking history

www.screeningbc.ca/lung

Item ID: Ln001

Brochure: "Answering Your Questions About Your Lung Screening Results"

What's it for: Provides information on lung screening results to patients.

How should this be used: Provide to patients when discussing their lung screening results with them.

Understanding Your Results

No Concerning Findings
The radiologist did not notice anything of concern from your scan, but regular screening is important to monitor for changes as you age.
Next Steps: You will receive a reminder letter when it is time to screen again in two years.

Low Chance of Cancer
The radiologist considers you to have a low chance of lung cancer, but recommends continued monitoring of your lungs.
Next Steps: You will receive a reminder letter when it is time to screen again in one year.

Additional Screening Required
The radiologist has noticed some findings from your scan that may be related to inflammation, infection or a need to monitor an area more closely. We would like to check again in 3 months to see if there are any changes.
Next Steps: You will be contacted to arrange a follow-up LDCT scan in 3 months.

Follow-Up Required
Your lung scan has revealed some spots that require further investigation. This does not mean that you have cancer, but it is important that you attend all follow-ups.
Next Steps: You will be contacted shortly by a clinic specialist to arrange for follow-up, which may include more scans or a biopsy.

Findings Not Related to Lung Cancer
Your lung scan has revealed findings that are not related to cancer but require follow-up.
Next Steps: Your primary care provider will contact you for follow-up.

Did you know?
In addition to your lungs, your scan may show abnormalities in surrounding areas, such as your heart. If anything unusual is found in those areas, your results will be sent to your primary care provider who will decide on whether you need more tests.

What if I'm experiencing symptoms?
If you think you are experiencing these symptoms, speak with your primary care provider right away:

- Coughing that does not go away or gets worse;
- Coughing up blood or rust-coloured sputum (spit or phlegm);
- Shortness of breath or chest pain that is always felt and gets worse with deep breathing or coughing.

Contact Us
BC Cancer Lung Screening
801-686 West Broadway
Vancouver, BC V5Z 1G1
Phone: 1-877-717-5864
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/lung

After Your Lung Screening
Answering your questions about screening results and quitting smoking

www.screeningbc.ca/lung

Item ID: Ln002

Postcard: "Lung Screening" (5 in x 7 in)



Item ID: Ln011

What's it for: A postcard that can be given to patients to encourage them to consider lung screening.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.

What's it for: Contains the same information as the Lung Screening brochure but reformatted into a printer-friendly version.

Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.



What's it for: Contains the same information as the Lung Screening Results brochure but reformatted into a printer-friendly version.

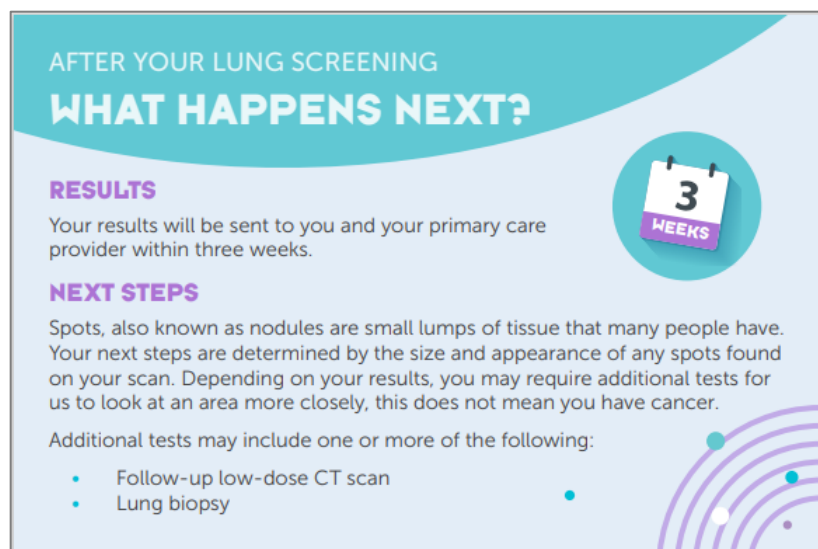
Languages available: English, French, Traditional Chinese, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.



Screening Site Tear-Off Pad (50 sheets per pad)

What's it for: Explains to patients when and how they will receive their lung screening results, and the possible next steps based on their results.

How should this be used: Give to patients after their LDCT scan.

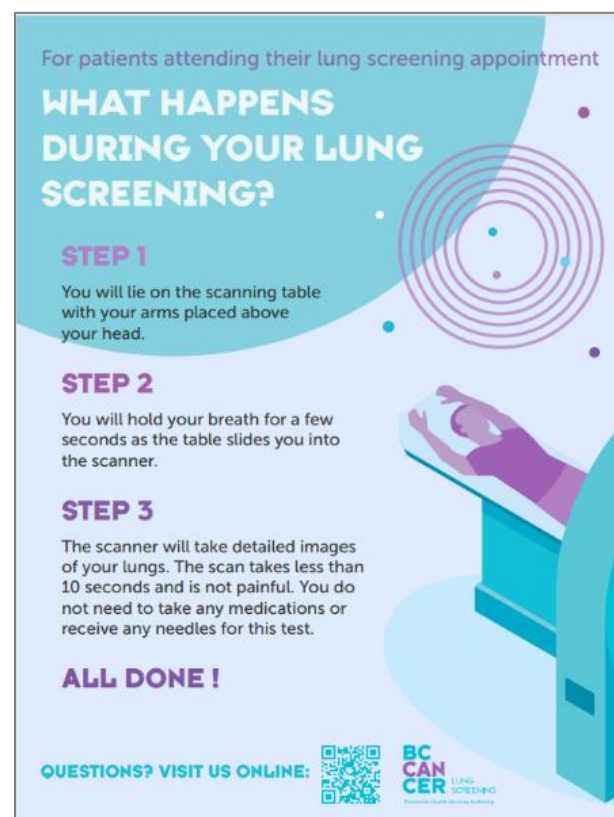


Item ID: Ln003

Poster: "What Happens During Your Lung Screening" (19 in x 25 in)

What's it for: Informs patients about what happens during their lung screening appointment.

How should this be used: Display in patient waiting areas of screening centres.

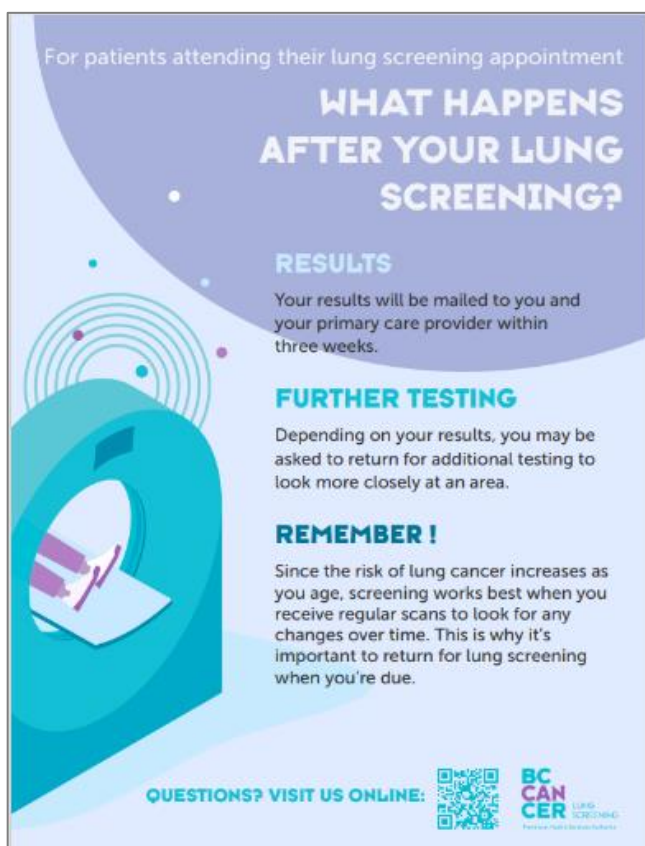


Item ID: Ln004

Poster: "What Happens After Your Lung Screening" (19 in x 25 in)

What's it for: Informs patients about what happens after their lung screening appointment.

How should this be used: Display in patient waiting areas of screening centres.

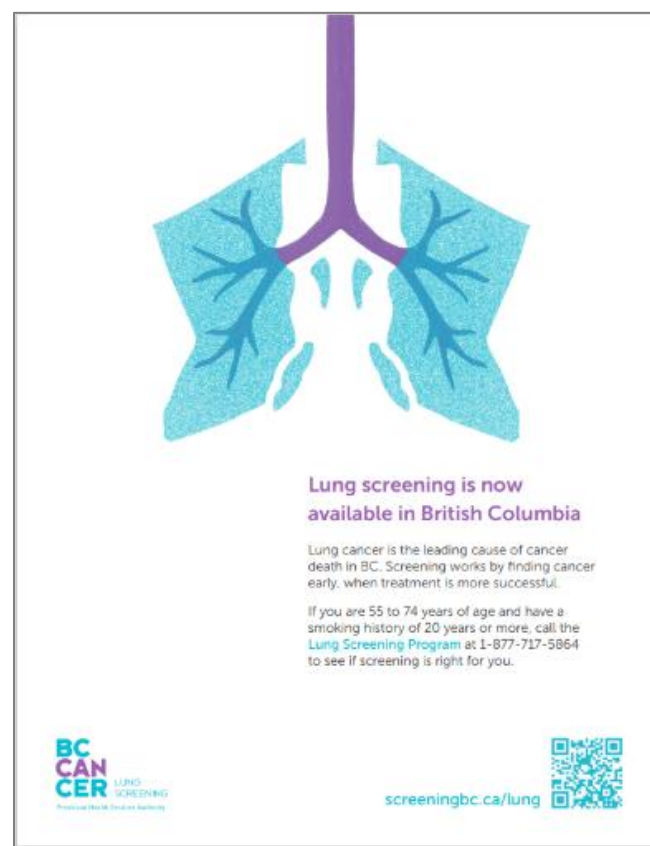


Item ID: Ln005

Poster: "Lung Screening Now Available in BC" (8.5 in x 11 in)

What's it for: Informs patients about the availability of lung screening in BC.

How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.



Item ID: Ln006

Lung Screening Eligibility Assessment Request Form

BC CANCER LUNG SCREENING
Access to Care Services

Lung Screening Program: Eligibility Assessment Request Form

If your patient meets the inclusion criteria (see STEP 2), or coverage there to call 1-877-717-5884 and the Lung Screening Program will conduct the 5- to 10-minute eligibility assessment over the phone. A referral form is not needed. For patients who you consider may experience barriers to self-referral (e.g., language barrier, screening hesitancy), complete and fax this form to 1-800-877-6115.

Check if you are using the most current version of this Eligibility Assessment Request Form at www.bccancer.bc.ca/health-professionals.

STEP 1 Patient Information (for affiliate)

FIRST NAME	LAST NAME
DOB	STREET/PO BOX/BLVD/AVENUE/ST/ETC
DATE OF BIRTH (YYMMDD)	SEX <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> O
ADDRESS	CITY/TOWN PROVINCE POSTAL CODE
TELEPHONE NUMBER	ASSIGNMENT NUMBER
ALTERNATE CONTACT (INCLUDES INTERPRETER OR OTHER SUPPORT)	REQUIRES INTERPRETER SERVICES?
NAME	<input type="checkbox"/> Yes (as preferred language)
Phone Number	
Relationship to Patient	

STEP 2 Confirm Eligibility

ELIGIBLE FOR LUNG SCREENING

To be eligible for a lung screening risk assessment*, a patient must:

- ☐ Be 55 to 74 years of age, AND
- ☐ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc.) currently or in the past.

*This decision is made by the affiliate inclusion criteria which applies to the Lung Screening Program. The patient's lung cancer risk will be assessed using a validated risk calculator. Smoking risk for lung cancer increases with the following factors:

- Higher smoking intensity (e.g., more cigarettes per day and longer smoking duration for active smoking)
- Cigarette
- The family history of lung cancer
- The exposure history of second hand smoke
- The COPD (chronic obstructive pulmonary disease) diagnosis
- The prior CT scan
- The association with high school smoking or use

In general, 95% of people who have smoked heavily for 30 or more years are eligible for screening.

If you are interested, use this form to request to screen the patient for lung cancer. A patient's eligibility and how eligible they are will be determined after their risk score is assessed by the Lung Screening Program.

INELIGIBLE FOR LUNG SCREENING

Do not refer the patient for lung screening if the patient:

- Has ever been diagnosed with lung cancer
- Is under surveillance for lung nodules
- Is currently undergoing diagnostic assessment, treatment or surveillance for major comorbidities such as severe chronic obstructive pulmonary disease (including those using home oxygen or who cannot climb two sets of stairs), congestive heart failure, renal failure on dialysis, other chronic or acute treatment or follow-up
- Is unable to lie flat and hold their arms above their head for a CT scan
- Is experiencing symptoms* possibly indicative of lung cancer, including coughing that does not go away or gets worse, coughing blood or reddish sputum, or unexplained weight loss of more than 10% in the past year.

* People with these symptoms should consult appropriate diagnostic investigation and treatment.

STEP 3 Referring Provider Information (for affiliate)

REFERRING PROVIDER NAME, ADDRESS, PHONE	ADDRESS
PROVIDER TO RECEIVE RESULTS, IF DIFFERENT FROM ABOVE NAME, ADDRESS, PHONE. The program can only send results to ONE provider, either PC/MF or specialist, not both.	ADDRESS
PROVIDER SPECIALTIES	REFERRAL DATE (YYMMDD)

STEP 4 Fax Form to BC Cancer Lung Screening: 1-800-877-6115

Patients will be contacted by a Navigator to confirm lung screening eligibility.

Secondary communications are provided only for the use of the address and may contain information that is privileged and confidential. Any dissemination, distribution or copying of this communication by email, hard copy or other means is strictly prohibited. If you receive this communication in error, please notify the Lung Screening Program immediately by telephone at 1-877-717-5884.

Version: April 2015

Item ID: Ln009

What's it for: To request the Lung Screening Program to contact a patient for an eligibility assessment.

How should this be used: By primary care providers to request an eligibility assessment for a potential patient who may experience barriers to self-referral (e.g. language barrier, screening hesitancy, etc.).

Lung Screening Referral Update Form (CT Department Use)

What's it for: A standardized form used by lung screening sites to request a patient transfer to another lung screening site or if patient is not proceeding.

How should this be used: By lung screening sites.

BC CAN CER REFERRAL UPDATE FORM
PROVIDER ONLY TO UPDATE ELIGIBILITY
 FILE TO LUNG SCREENING PROGRAM - 1 (04/01/2025)

SETUP PATIENT LABEL ENTER DATE

ATTACH CLIENT LABEL HERE

PATIENT LABEL ENTERED: [] COMPLETE DATE (YYYYMMDD): [] PATIENT LABEL: [] PATIENT LABEL FILE: [X] HAP/2024

PATIENT NAME: [] BIRTHDATE (YYYYMMDD): [] SEX: [] DATE OF BIRTH (YYYYMMDD): []

TRANSFER REQUESTED (YES/NO): [] PRIMARY PROVIDER LAST NAME: []

COMPLETE ONLY ONE SECTION BELOW

☐ **SECTION A: TRANSFER REQUEST** Complete only if referral requires transfer to another Medical Imaging (CT scan) facility

Transfer Request To: []
(Name of Medical Imaging Facility or Hospital)

Reason: ☐ Medical Reason ☐ Patient Preference ☐ Patient Address Related
☐ No Appointment Availability ☐ Requested Service(s) Not Available
☐ Other (Please specify): []

☐ **SECTION B: PATIENT NOT PROCEEDING** Complete only if patient is not proceeding for further follow up at your facility.
 Please ensure the patient's primary provider has been notified if the patient is not going to proceed.

☐ Patient declined follow up
☐ Patient was not able to be contacted
☐ Patient moved out of province
☐ Patient is medically unfit for follow up
☐ Patient went to a different facility for follow up. Facility Name (if known): []
☐ Patient is deceased
☐ Other: []

COMPLETED BY: [] DATE: []

INFORMATION ON THIS FORM IS CONFIDENTIAL
 IF YOU REQUEST THIS INFORMATION PLEASE MAIL TO:
 QUALITY IMPROVEMENT 1-866-708-2228

00110

Item ID: Ln010

Lung Screening Tear-Off Referral Pad (50 sheets per pad)

What's it for: Informs patients on general screening eligibility and how to obtain an eligibility assessment.

How should this be used: By primary care providers to give to patients who might be eligible for lung screening.

BC CAN CER LUNG SCREENING
Provincial Health Services Authority

Lung Screening
 Talk to a primary care provider if you have questions about lung screening.

Who is eligible for lung screening?

Lung screening is recommended for those who are at high-risk for lung cancer and who are not experiencing any symptoms. This usually includes people who are:

- ☒ 55 to 74 years of age;
- ☒ Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc), currently or in the past.

If you meet both above requirements, please call the Lung Screening Program at: 1-877-717-5864. You will complete a risk assessment over the phone to determine your screening eligibility.

Patient Name: []

Primary Care Provider Information
 Insert primary care provider stamp/label or complete fields below.

Provider Name: [] MSP#: []

Version: April 2025 Ln007

Item ID: Ln007