

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?

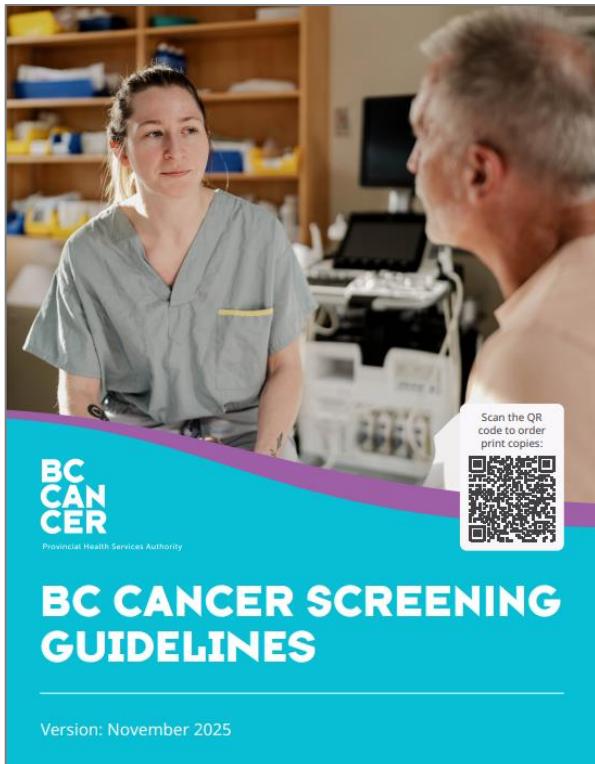
Please contact promotions@bccancer.bc.ca if you have any questions or specific resource needs and we will try our best to support you.

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



BRITISH COLUMBIA

Health Gateway

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.

Item ID: Order_RC

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.



How do I make a screening mammography appointment?

Book directly at the following screening centres:

Aldergrove	604-831-4750	Langano	250-742-9524
Burnaby	604-436-0591	North Vancouver	604-903-3860
Comox Valley	250-331-5940	Penitentiary	250-770-7573
Coquitlam	604-927-2130	Prince George	250-645-6654
Delta	604-542-6182	Richmond	604-244-5505
Kamloops	250-838-2616	Regina	306-522-3300
Kelowna	250-863-7560	Vernon	250-549-5451
Langley	604-514-6044	White Rock	604-535-4521

Vancouver	505-750 West Broadway	604-879-8700	604-321-6770
	5752 Victoria Drive	604-775-0522	604-877-8588
Victoria	305 - 1990 Fort Street	250-952-4232	Victoria General Hospital

Other Locations	Cancer Services Call Centre	1-800-663-9203
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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, 8:30 am - 4:00 pm.

Contact Us

BC Cancer Breast Screening
801-666 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 not be given to any other organization or individual without the consent of the 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 - 666 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.ca).

This brochure is also available in other languages including Punjabi and Chinese. Visit www.screeningbc.ca to access translated versions.

Version: July 2021

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 Mother, daughter, sister w/ breast cancer	Recommended every year.
40-49 no family history	Available every two years. Talk to your health care provider about when to start screening.
50-74 no family history	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 30-74 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.



BC CANCER BREAST SCREENING
Provincial Health Services Authority

Breast Screening
Answering your questions
about screening mammography

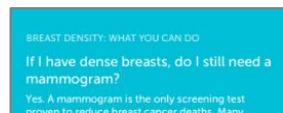
www.screeningbc.ca/breast

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.

www.screeningbc.ca/breast

Item ID: Br002

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 (i.e. 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
801-666 West Broadway
Vancouver, BC V5Z 1G1

Phone: 1-800-663-9203
Email: screening@bccancer.ca
Web: www.screeningbc.ca

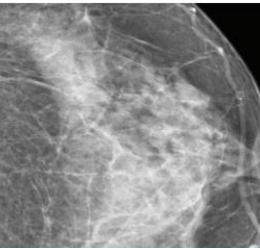
Your personal information is collected and protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable, the Freedom of Information and Protection of Privacy Act. This information may be used and disclosed only as provided by those Acts, and will not be given to any other organization or individual without the consent of the 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 - 666 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.ca).

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Version: August 2021

BC CANCER BREAST SCREENING
Provincial Health Services Authority

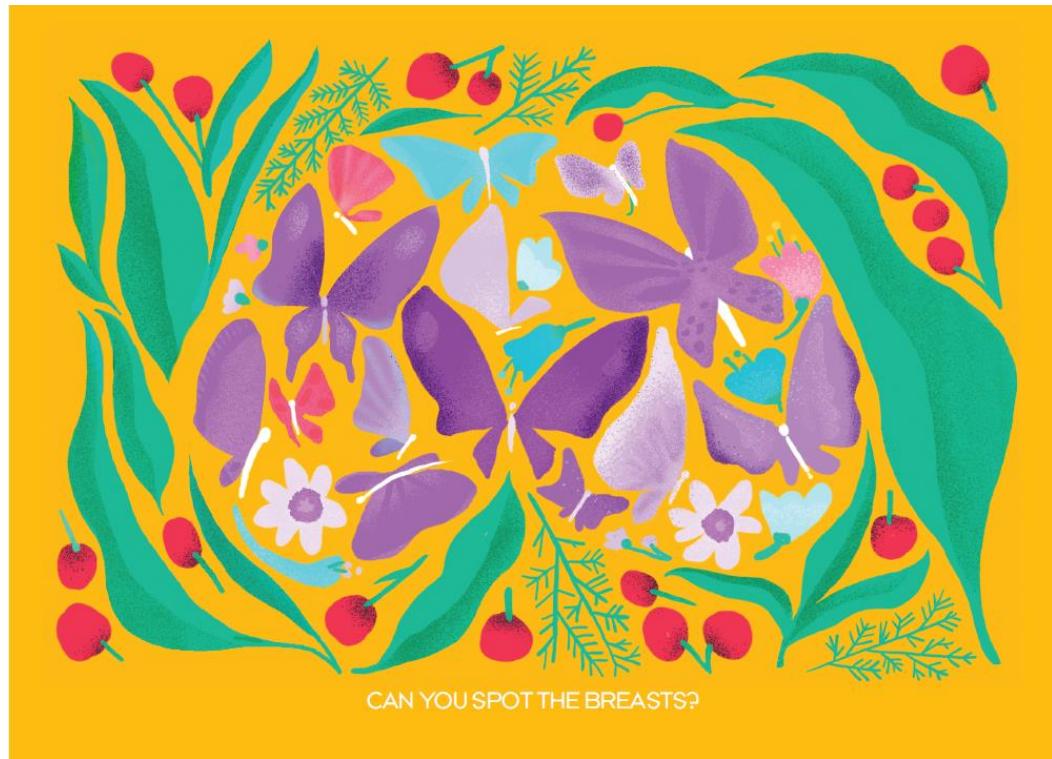


What is Breast Density?

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

www.screeningbc.ca/breast

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.

Screening Mammography Fact Sheet

What's it for: Contains the same information as the breast 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 CANCER BREAST SCREENING
Provincial Health Services Authority

Breast Screening

Answering your questions about screening mammography

BC Cancer Breast Screening provides free screening mammograms.

What is a screening mammogram?

Mammograms are x-rays of the breasts completed in privacy by a specially-trained female technologist. A screening mammogram consists of four images (two of each breast) that look for hidden cancer if you are healthy (no symptoms) and have never had breast cancer. If you are experiencing symptoms, including a lump or nipple discharge, you should see your health care provider immediately to determine if other testing is required.

What happens during a mammogram?

1. A female medical radiation technologist will place your breast on a special x-ray machine.
2. A plastic plate will be used to hold your breast in place for a few seconds.
3. You will feel some pressure on your breast during the x-ray. Compression is necessary to spread the breast tissue and eliminate motion, which may blur the picture. This may be uncomfortable and usually lasts no more than 10 seconds.
4. Four pictures are taken, two of each breast.
5. The technologist will check the quality of the pictures to make sure the radiologist can read them. Then, if needed, the technologist may take additional pictures.

Why are mammograms important?

<input checked="" type="checkbox"/> Mammograms save lives. They help find cancer when it is small, allowing more treatment options and a better chance of recovery.	<input checked="" type="checkbox"/> Mammograms can usually find lumps two or three years before you or your health care provider can feel them. Research has shown a 25 per cent reduction in deaths from breast cancer among those who regularly screen.
<input checked="" type="checkbox"/> Breast cancer risk increases with age. 80 per cent of breast cancer cases are diagnosed in women 50 years of age or older.	<input checked="" type="checkbox"/> It is estimated that 1 in 8 BC women will get breast cancer in their lifetime.

What are the limitations and other considerations of mammography?

- o Not all breasts look the same on a mammogram. Your age or breast density can make cancers more or less difficult to see. In general, screening mammograms are less effective if you are younger because you tend to have denser breast tissue.
- o Some cancers can't be detected on a mammogram due to the location of the cancer or the density of your breast tissue. About 25 percent of cancers among those ages 40-49 are not detectable by a screening mammogram, compared to about 10 per cent of those older than 50.
- o On average, nine per cent of those screened through BC Cancer Breast Screening will require additional testing to look more closely at a specific area of the breast. This does not mean that a cancer was found – 95 per cent of those recalled for additional testing do not have cancer.
- o Mammograms use low doses of radiation. The benefits of regular mammograms outweigh the risks posed by the small amount of radiation you are exposed to.

Learn more about the benefits and limitations of mammograms: www.screeningbc.ca/breast

www.screeningbc.ca/breast Version: September 2022

Breast Density Score Fact Sheet

What's it for: Contains the same information as the breast density 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 CANCER BREAST SCREENING
Provincial Health Services Authority

What is Breast Density?

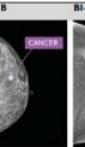
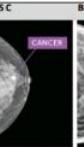
Answering your questions about your results and why breast density is important

What is breast density?

Breasts are made up of two main types of tissue – fibroglandular tissue and fatty tissue. Fibroglandular tissue appears dense on a mammogram, while fatty tissue does not. Most women have a mixture of both dense and non-dense (fatty) tissue in their breasts. The amount of dense tissue compared to the amount of non-dense tissue in your breast is commonly referred to as your **Breast Density**. Having any amount of dense breast tissue is normal and very common.

How do I know how much dense breast tissue I have?

The amount of dense tissue in your breasts is measured by a radiologist using the Breast Imaging Reporting and Data System (BI-RADS). Your BI-RADS assessment can be found on your mammogram results letter. The amount of dense breast tissue increases with each letter:

Category	BI-RADS A	BI-RADS B	BI-RADS C	BI-RADS D
Description				
10% of women have BI-RADS A	40% of women have BI-RADS B	40% of women have BI-RADS C	10% of women have BI-RADS D	
Cancer gets more difficult to see on a mammogram as breast density increases.				

Your breast density can only be seen on a mammogram and is not related to the size or feel of your breasts. It varies from person to person and can decrease or change over time, particularly as women get older.

Why should I know my breast density?

There are two important reasons why you should know your breast density:

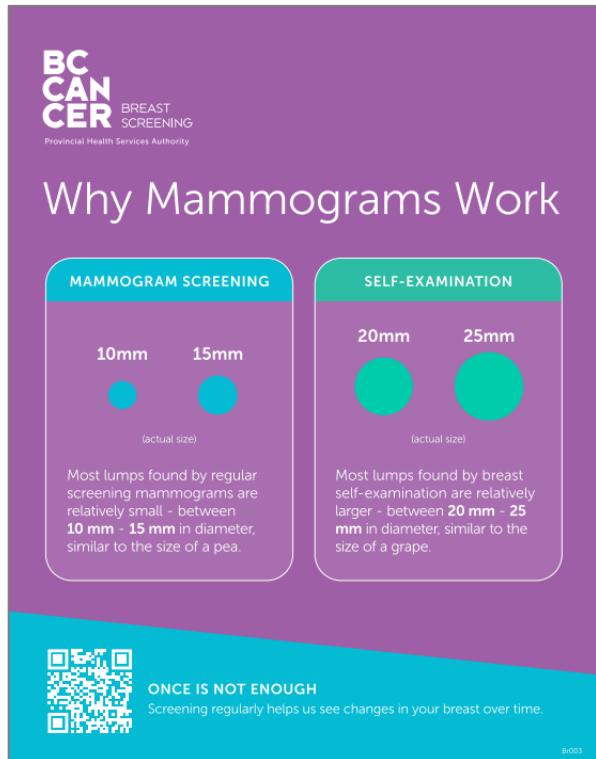
- 1) Research shows that the risk of breast cancer increases as the amount of dense tissue in a breast increases. However, breast density only has a small impact on your overall risk. You should not be alarmed if you have dense breast tissue, but you should speak with your health care provider about your overall breast cancer risk.
- 2) Dense breast tissue can make it harder to find cancer on a mammogram. Normal dense breast tissue looks white. Breast masses or tumours also look white, so dense tissue can hide some tumours. This is why it is important to speak with your health care provider if you notice any changes in your breasts, even if you have recently had a normal mammogram.

www.screeningbc.ca/breast

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.

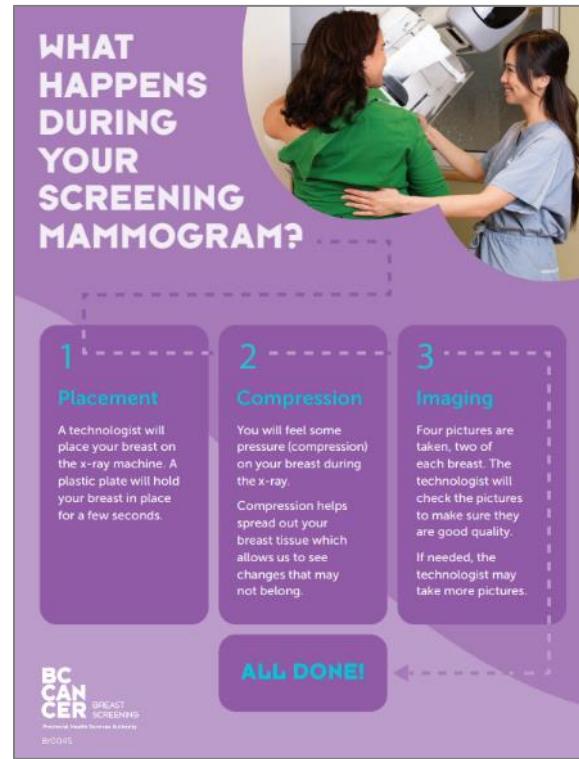


Item ID: Br003

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.

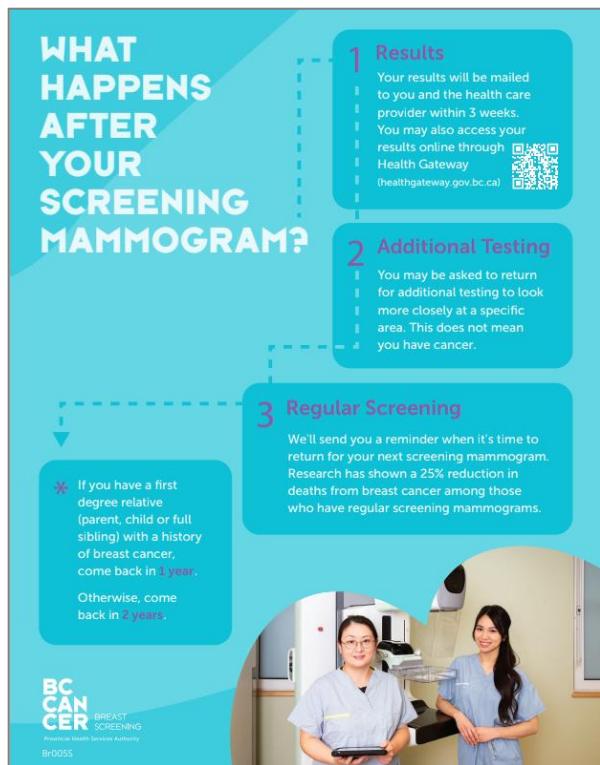


Item ID: Br004 (19 in x 25 in) or Br004S (8.5 in x 11 in)

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.

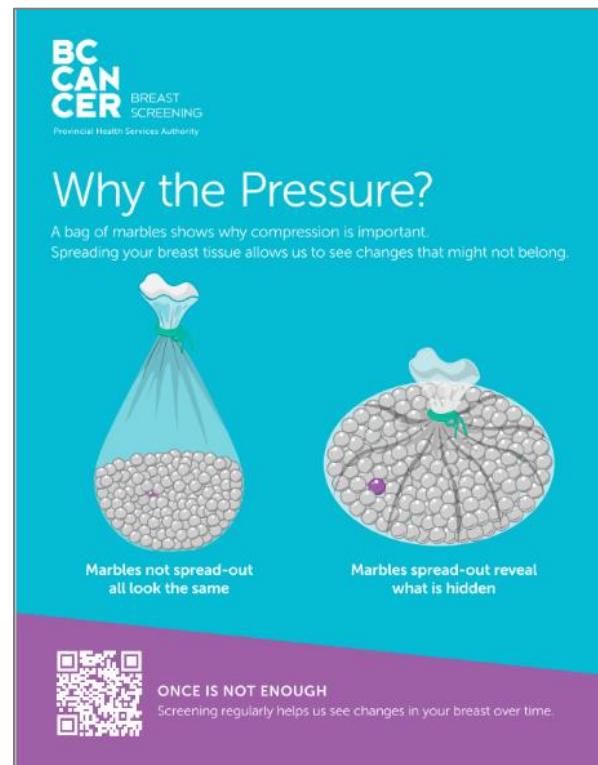


Item ID: Br005 (19 in x 25 in) or Br005S (8.5 in x 11 in)

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.

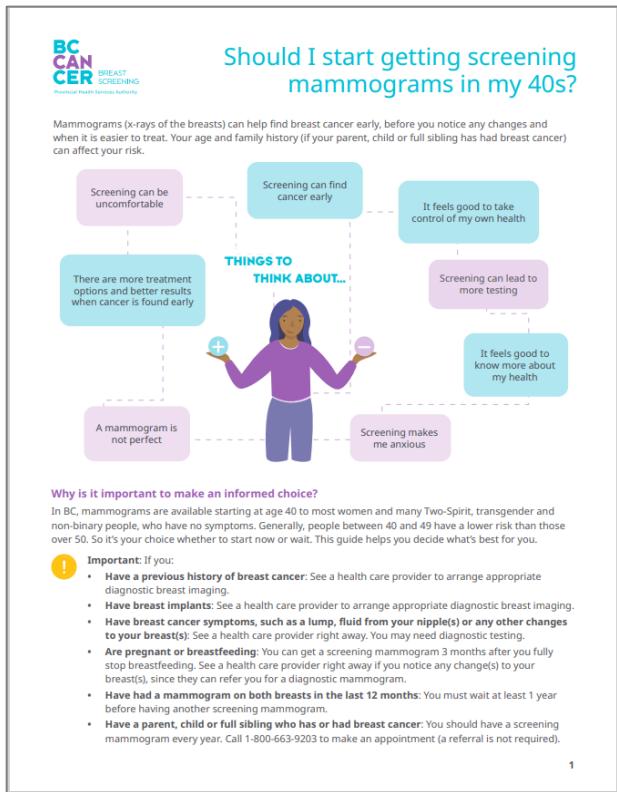


Item ID: Br014

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.



BC CANCER
BREAST SCREENING
Provincial Health Services Authority

Should I start getting screening mammograms in my 40s?

Mammograms (x-rays of the breasts) can help find breast cancer early, before you notice any changes and when it is easier to treat. Your age and family history (if your parent, child or full sibling has had breast cancer) can affect your risk.

THINGS TO THINK ABOUT...

- Screening can be uncomfortable
- Screening can find cancer early
- It feels good to take control of my own health
- Screening can lead to more testing
- It feels good to know more about my health
- There are more treatment options and better results when cancer is found early
- A mammogram is not perfect
- Screening makes me anxious

Why is it important to make an informed choice?

In BC, mammograms are available starting at age 40 to most women and many Two-Spirit, transgender and non-binary people, who have no symptoms. Generally, people between 40 and 49 have a lower risk than those over 50. So it's your choice whether to start now or wait. This guide helps you decide what's best for you.

Important: If you:

- Have a previous history of breast cancer: See a health care provider to arrange appropriate diagnostic breast imaging.
- Have breast implants: See a health care provider to arrange appropriate diagnostic breast imaging.
- Have breast cancer symptoms, such as a lump, fluid from your nipple(s) or any other changes to your breast(s): See a health care provider right away. You may need diagnostic testing.
- Are pregnant or breastfeeding: You can get a screening mammogram 3 months after you fully stop breastfeeding. See a health care provider right away if you notice any change(s) to your breast(s), since they can refer you for a diagnostic mammogram.
- Have had a mammogram on both breasts in the last 12 months: You must wait at least 1 year before having another screening mammogram.
- Have a parent, child or full sibling who has or had breast cancer: You should have a screening mammogram every year. Call 1-800-663-9203 to make an appointment (a referral is not required).

1

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.



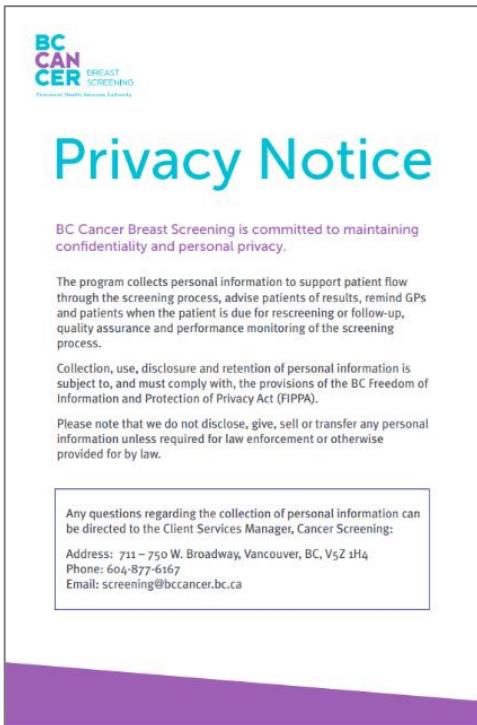
Item ID: Br015

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.

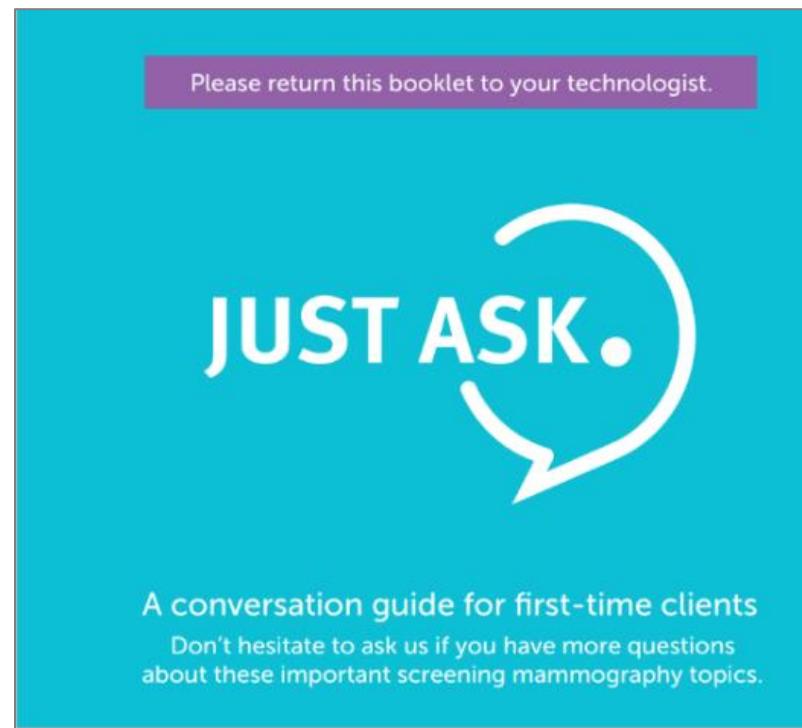


Item ID: Br006

"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 CAN CER 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 ability of breast tissue to only be seen on a mammogram and its categorization is commonly referred to as *breast density*.
- There are four BI-RADS categories (Figure 1) 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 probability 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. DESCRIPTION OF BREAST DENSITY CATEGORIES

BI-RADS A	BI-RADS B	BI-RADS C	BI-RADS D
Almost entirely fatty 15% of BC population 95.1% mammographic sensitivity	Scattered areas of fibroglandular density 44% of BC population 92.5% mammographic sensitivity	Heterogeneously dense, which may obscure small masses 34% of BC population 88.3% mammographic sensitivity	Extremely dense, which lowers the sensitivity of mammography 7% of BC population 70.0% 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 CAN CER 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

For more information, call 1-800-663-9203

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/heredity 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

Item ID: 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.

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 of 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 see a health care provider as you have individual needs that cannot be met with routine screening:

- Personal 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 test may be abnormal when there is nothing wrong, or appear normal when there is cancer or a polyp 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:

IC Cancer Colon Screening
801-666 West Broadway
Vancouver, BC V6Z 1G3

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

Our services are delivered in a safe and private environment and are covered by your provincial health care plan. In accordance with the Health Information Protection Act, when you visit the IC, your personal information is protected. If you have any concerns about your privacy, please speak with a member of our staff. We will do our best to protect your health information and to keep it from being disclosed to others in a way that respects your privacy.

For more information on colon cancer screening, please call 1-877-702-6566 or visit the Colon Cancer Screening Services website www.screeningbc.ca/colon.

This resource is also available in other languages at www.screeningbc.ca/colon.

Health Quality Ontario 2014
G0001

BC CANCER COLON SCREENING
www.screeningbc.ca/colon

Colon Screening
Answering your questions
about colon cancer screening

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.

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.



Who should get a colonoscopy?

Colonoscopy is recommended for individuals up to age 75 (inclusive), including those with:

- An abnormal fecal immunochemical test (FIT) result, or
- A personal history of adenomas. Adenomas are a type of precancerous polyps.
- One first degree relative (parent, sibling or child) with colon cancer diagnosed before the age of 50, 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.

Are there any risks with colonoscopy?

As with any medical procedure, colonoscopy has a small risk of complications. Approximately 50,000 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 during the procedure.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway
Vancouver, BC V6Z 1G1

Phone: 1-877-702-6556
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/colon

Colonoscopy
Answering your questions about colonoscopy

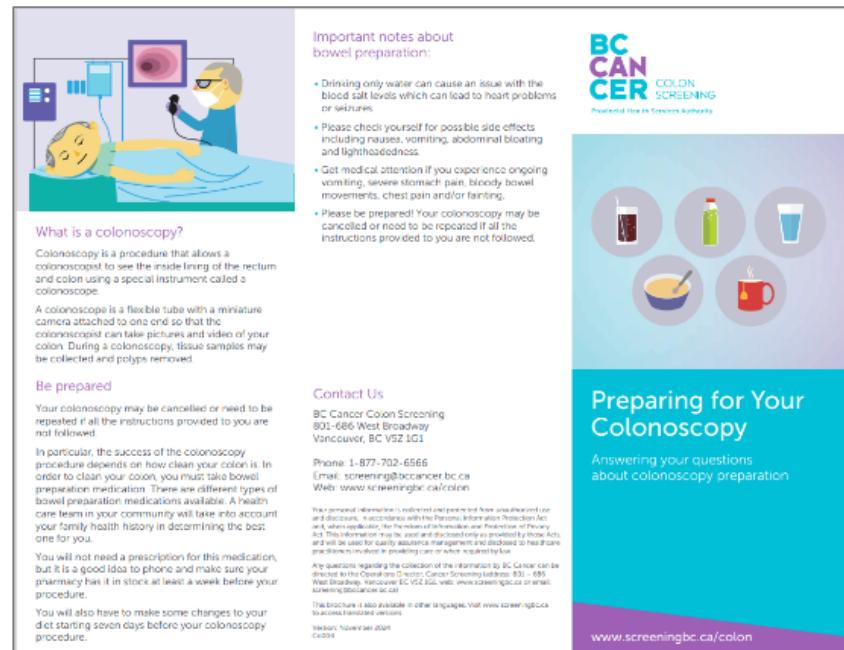
www.screeningbc.ca/colon

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 for possible side effects including nausea, vomiting, abdominal bloating and light-headedness.
- 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 rescheduled if all the instructions provided to you are not followed.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway
Vancouver, BC V6Z 1G1

Phone: 1-877-702-6556
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/colon

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 CANCER
Colon Screening

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.

What is screening?

If you are one 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
- Age-related polyp 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)
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Screen every two years with FIT (most people).

Higher than average risk	Colonoscopy
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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:

- 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 earliest.

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 not for you 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 CANCER
Colon Screening

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. 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 should you know?

- An abnormal FIT does not mean you have cancer.
- You should 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, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

<p>BC CAN CER COLON SCREENING</p> <p>Province Health Services Authority</p> <p>Colonoscopy</p> <p>Answering your questions about colonoscopy</p> <p>What is a colonoscopy?</p> <p>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.</p> <p>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 can be collected and polyps can be removed.</p> <p>The procedure is performed by a colonoscopist (physician trained to perform a colonoscopy) and usually takes 20 to 45 minutes to complete.</p> <p>You will be closely monitored before, during and after the procedure.</p> <p>Before the colonoscopy</p> <ul style="list-style-type: none"> • 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. <p>What happens during a colonoscopy?</p> <ul style="list-style-type: none"> • 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 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. <p>What happens after a colonoscopy?</p> <ul style="list-style-type: none"> • 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 are able to resume your regular diet and medications after your colonoscopy, unless otherwise directed by your physician. • 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. 		<p>www.screeningbc.ca/colon</p> <p>Version: October 2012</p>
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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, Simplified Chinese, Punjabi, Tagalog, Korean, Persian, Spanish, Vietnamese, German, and Ukrainian.

 Provincial Health Services 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 video 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"/> Jello	<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
*no milk or creams			
Pre-Colonoscopy Checklist			
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> <input type="checkbox"/> 7 days before </div>			
<div style="margin-top: 10px;"> <input type="checkbox"/> Buy bowel preparation medication from your local pharmacy or drug store. <input type="checkbox"/> Stop taking iron supplements. </div>			
NOTES: _____			
<div style="border: 1px solid #ccc; padding: 5px; display: inline-block;"> <input type="checkbox"/> 5 days before </div>			
<div style="margin-top: 10px;"> <input type="checkbox"/> Avoid seeds, nuts, corn, whole grain bread and granola. </div>			
NOTES: _____			

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:	<input checked="" type="checkbox"/> FIT is not recommended + diarrhea + rectal bleeding + change in bowel habits	Refer to a specialist for completion of histological evaluation after first investigation.
2. Personal history of colorectal cancer	<input checked="" type="checkbox"/> FIT is not recommended Refer for ongoing follow-up with a specialist.	Do not refer to Colon Screening Program.
3. Inflammatory bowel disease	<input checked="" type="checkbox"/> FIT is not recommended + Crohn's + Ulcerative colitis	Refer for ongoing follow-up with a specialist.
4. Personal history of precancerous lesions	<input checked="" type="checkbox"/> FIT is not recommended + refer to the Colonoscopy Follow-up Algorithm for the recommended pathway. The algorithm can be found at the following link: www.albertahealthservices.ca/colon-cancer/colonoscopy-follow-up-algorithm.aspx	If patient is younger than 24, according to the algorithm, refer for colonoscopy using the Colonoscopy Follow-up Algorithm for FIT and Colonoscopy Linkage.
5. Family history of colorectal cancer	<input checked="" type="checkbox"/> FIT is recommended + first-degree relative (parent, sibling, child) diagnosed with colorectal cancer under 50.	Use Colonoscopy Follow-up Algorithm for FIT every 2 years between ages 50-74.
	<input checked="" type="checkbox"/> FIT is not recommended + first-degree relative with colorectal cancer under age 50, or + Two or more first-degree relatives with colorectal cancer diagnosed at any age.	Colonoscopy is recommended every 5 years. Colonoscopy can start at age 50 or 20 years younger than the age of the youngest affected first-degree relative – whichever is earlier.
6. Child patient have a normal:	<input checked="" type="checkbox"/> FIT is not recommended + FIT within 2 years; + Colonoscopy within 20 years; or + CT colonography within 5 years?	Refer to do colonoscopy screening.
7. Patient has never screened for colorectal cancer, does not have a family history, or screening interval has elapsed	<input checked="" type="checkbox"/> FIT is recommended Screen every 2 years.	Use Colonoscopy Follow-up Algorithm for FIT every 2 years between ages 50-74.
	<input checked="" type="checkbox"/> FIT is recommended + Patients between ages 40-49 and 75-84 + Patients younger than 40 or older than 85	Individualized assess risk of colorectal cancer and risk of colonoscopy. Refer to subspecialty bowel or colorectal surgeon. If proceeding with colonoscopy, use standard colonoscopy. If proceeding with FIT, use standard FIT. Patients will not be re-enrolled in program. Refer directly to a specialist for follow-up when indicated.
	<input checked="" type="checkbox"/> Screening not recommended for these age groups	Do not refer to Colon Screening Program.

Adapted with permission from Alberta Health Services. Guideline for Colorectal Cancer Screening.

Updated: March 2016

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?

- 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?

- 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 unexpected 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:
 - IFT 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)

IFT is recommended every 2 years for average risk colon cancer screening by the Canadian Task Force on Preventative Health Care to decrease colon cancer mortality and incidence. In BC, it is expected to yield over 90% sensitivity and 90% specificity for detecting colon cancer. There are also no dietary or medication restrictions for FIT, which assists patients with test completion.

Higher Than Average Risk - Colonoscopy

Colonoscopy is recommended for individuals up to age 74 included at higher than average risk for developing colon cancer, defined as having one of the following:

- One first-degree relative (parent, sibling, child) diagnosed with colon cancer under the age of 60.
- Two or more first-degree relatives with colon cancer diagnosed at any age.
- A personal history of precancerous lesions, including adenomas, sessile serrated lesions, traditional serrated adenomas, or hyperplastic polyps > 10 mm.
- After 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.

Updated: August 2016

Item ID: Co006

Colonoscopist 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

Colonoscopist Reference



BC Cancer Agency
CARE + RESEARCH
An Agency of the Provincial Health Services Authority

Colonoscopy Dictation Guidelines

Standardized reporting system. Facilitates audit, improvement, clear documentation facilitates communication amongst health care providers and participants.

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

A complete colonoscopy report includes:

- Patient demographics
- Reasons for colonoscopy including medical history
 - e.g. anti-diarrhoeal agents, lactose intolerance
- Indication for colonoscopy
 - e.g. positive FIT screening, surveillance, family history
- Medication pre- and post colonoscopy
- Bowel preparation quality
- Bowel initiation with photo documentation
- Indication of completeness of evaluation of the colonic 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 removal
- On plan/actual events
 - Use of medical agents for colonic reduction
 - Control of bleeding
 - Immediate post procedure interventions
- Recommendations for follow-up
 - Related to the patient/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 have a positive FIT result but a negative colonoscopy will receive FIT screening 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 any age) will have a repeat colonoscopy in five years.
- Adverse identified at any prior screening colonoscopy, repeat colonoscopy in five years.
- For patients who have previously had a low risk adenoma removed and a normal colonoscopy at the 5 year surveillance interval, the colonoscopy interval should be repeat the interval for the next colonoscopy out to 10 years at their discretion.

Further investigations if a positive FIT following a negative colonoscopy may be indicated if a participant with upper gastrointestinal symptoms or concerns will be in 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 low risk adenoma if high risk adenoma is found the following:
 - High grade dysplasia
 - Villous features
 - Size > 1 cm
 - Multiple serrated polyps/adenomas > 5 mm in size
 - Residual serrated polyps/adenomas of any size with dysplasia
 - Tumour(s) located adenoma of any size

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

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

Example	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)	
			<5	5-9								10-19
A	P (polypectomy)	Denotes location where the specimen was removed from. More detailed information about where the specimen was removed from can indicate an adenoma is "low" or "high" risk.	Customized size of the entire polyp, this will be used to help determine whether the specimen is an adenoma (≤ 5 mm) or a flat (≥ 5 mm).		Polyp morphology. Likely to be described as "excised", "tissue", "removed", "tissue", "polyp", "tissue", "flat".	The primary mode of removal that was used for removing the polyp. This is the removal mode used for removing the polyp. Examples of injection fluids used include saline, electrolyte, blue, Voluven, Dextrane, DMSO, and others.	Free to retrieving the polyp with a snare, a needle was used to inject fluid into the polyp that was used for removing the polyp.	Piecemeal removal of the polyp. This is the removal mode used for removing the polyp. Examples of injection fluids used include saline, electrolyte, blue, Voluven, Dextrane, DMSO, and others.	Free to retrieving the polyp with a snare, a needle was used to inject fluid into the polyp that was used for removing the polyp.	Free to retrieving the polyp with a snare, a needle was used to inject fluid into the polyp that was used for removing the polyp.	Free to retrieving the polyp with a snare, a needle was used to inject fluid into the polyp that was used for removing the polyp.	3
B	Rx (biopsies)	Denotes the location where the biopsies were taken.	Denotes the size of the lesion being biopsied. 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), L (length), or A (area of inflammation).	Primary mode for obtaining biopsies. Examples include "snare", "forceps", "forceps (large)", "forceps (large forceps)".	For biopsies, this would often be "Y" (yes).	For biopsies, this would often be "Y" (yes).	For biopsies, this would often be "Y" (yes).	For biopsies, this would often be "Y" (yes).	For biopsies, this would often be "Y" (yes).	The number of pieces must be a whole number, "three" or "lots".

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
Colon Cancer Screening Program

**COLONOSCOPY
REPORTING FORM**

PRESS FIRMLY TO ENSURE LEGIBILITY FOR MULTIPLE COPIES.
FAX TWO COPY TO COLON SCREENING PROGRAM: 1 (604) 267 9340
GREY SECTIONS TO BE COMPLETED AS REQUIRED

PATIENT NAME LAST: PATIENT NAME FIRST: PATIENT MIDDLE: PATIENT ADDRESS:

PATIENT DATE OF BIRTH: 2000-01-01 PATIENT BIRTH DATE: 2000-01-01

PATIENT BIRTH DATE: 2000-01-01 PATIENT BIRTH DATE: 2000-01-01

PATIENT ADDRESS: 1234 Main Street, Vancouver, BC V6A 2Z2

PATIENT PHONE NUMBER: (604) 555-1234

PATIENT FAX NUMBER: (604) 555-1234

COLONOSCOPE USED: COLONOSCOPE LAST USED: PRIMARY PROVIDER NAME: PRIMARY PROVIDER LAST NAME:

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

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

2. CECAL INTUBATION (or Recolonoscopy reached): Yes → Photo documentation? No Yes No Uncertain Flexible Sigmoidoscopy

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

5. COMMENTS TO PATHOLOGIST: _____

6. UNPLANNED EVENTS: None

Perforation Admit to hospital Reversal agents Bleeding Death Cardiovascular Respiratory Other (specify): _____

7. ADDITIONAL SPECIMENS: Additional specimens recorded on Page 2

8. REPEAT COLONOSCOPY: Repeat Colonoscopy Required

COMPLETE COLONOSCOPY REPORTING FORM FOR NEXT SCOPING

NO. NAME: _____ SIGNATURE: _____ RN NAME: _____ SIGNATURE: _____

SEND COPIES OF PATHOLOGY REPORT TO:

1. BC Cancer Colon Screening 2. _____ 3. _____ 4. _____
Fax: 1 (604) 267 9340 Primary Provider (Name & M/SO) Other (Name & M/SO) Other (Name & M/SO)

Specimen tracking required by facility? Number of samples sent to collection area: INITIALS: DATE: _____

No Yes → Number of samples transported to lab: INITIALS: DATE: _____
Number of samples received by lab: INITIALS: DATE: _____

20200

PRINTED COPY | FAX THIS COPY TO 1 (604) 267 9340

INFORMATION ON THIS FORM IS CONFIDENTIAL. IF YOU RECEIVE THIS SCREENING FORM FOR QUALITY REPORT, PLEASE REPORT IT.

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
Colon Cancer Screening Program

**COLONOSCOPY
REPORTING FORM
PAGE 2**

PATIENT NAME LAST: PATIENT NAME FIRST: PATIENT ADDRESS:

PATIENT DATE OF BIRTH: 2000-01-01 PATIENT BIRTH DATE: 2000-01-01

PATIENT BIRTH DATE: 2000-01-01 PATIENT BIRTH DATE: 2000-01-01

PATIENT ADDRESS: 1234 Main Street, Vancouver, BC V6A 2Z2

PATIENT PHONE NUMBER: (604) 555-1234

PATIENT FAX NUMBER: (604) 555-1234

COLONOSCOPE USED: COLONOSCOPE LAST USED: PRIMARY PROVIDER NAME: PRIMARY PROVIDER LAST NAME:

Specimen Type Location Biopsies Abnormal Findings Primary Removal Mode Colorectal Malignancy Primary Removal Mode Colorectal Malignancy Removal Mode Specimen Handled Time Status

Example P T ✓ A/F 6-10 10-15 15-20 P HS Y Y Y Y Y Y 14:00 All

1/A

2/B

3/C

4/D

5/E

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

Y = yes N = no U = unknown Specimen Type Location Biopsies Abnormal Findings Primary Removal Mode Colorectal Malignancy Primary Removal Mode Colorectal Malignancy Removal Mode Specimen Handled Time Status

Y = yes N = no U = unknown Specimen Type Location Biopsies Abnormal Findings Primary Removal Mode Colorectal Malignancy Primary Removal Mode Colorectal Malignancy Removal Mode Specimen Handled Time Status

NO. NAME: _____ SIGNATURE: _____ RN NAME: _____ SIGNATURE: _____

PRINTED COPY | FAX THIS COPY TO 1 (604) 267 9340

INFORMATION ON THIS FORM IS CONFIDENTIAL. IF YOU RECEIVE THIS SCREENING FORM FOR QUALITY REPORT, PLEASE REPORT IT.

Item ID: Co012

Colonoscopy Referral Form (50 sheets per pad)

BC CANCER SCREENING

Colon Screening Program: Colonoscopy Referral Form

STEP 1 Complete Provider and Patient Information

PATIENT NUMBER	OTHER HEALTH NUMBER (S.G. REFUGEE, RELAYNET)	REFERRING PROVIDER (NAME, ADDRESS, MFC PRACTITIONER #)
PATIENT LAST NAME	PATIENT FIRST NAME	MFC
DATE OF BIRTH (DD-MM-YYYY)	SEX <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X <input type="checkbox"/> U	
PATIENT ADDRESS	CITY/TOWN	PRIMARY CARE PROVIDER, IF DIFFERENT FROM REFERRING (NAME, ADDRESS, MFC PRACTITIONER #)
PATIENT HOME NUMBER	PATIENT CELL NUMBER	MFC
LANGUAGE PREFERRED	REFERRED DATE (DD-MM-YYYY)	PHONE NUMBER

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 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).

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

Abnormal FIT Result date: 00-MM-YYYY

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

Register patient into Colon Screening Program. Patient booked/had colonoscopy (No pre-colonoscopy assessment required).
Planned Procedure Date: 00-MM-YYYY Endoscopy Unit: _____

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: 1-604-297-9340

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 receive this communication in error, please notify the Colon Screening Program immediately by telephone at 1-872-202-4566.

20130

Item ID: Co007

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.

A brochure titled 'Answering Your Questions about HPV Results and Colposcopy'. It features a purple header with a magnifying glass icon. The main content is organized into several sections: 'What is human papillomavirus (HPV)?', 'Is a colposcopy painful?', 'What happens after the colposcopy?', 'What are the risks of colposcopy?', 'How did I get HPV?', 'How can I prevent HPV?', and 'Contact Us'. The 'Contact Us' section includes an address, phone number, email, and website. A QR code is also present. The BC Cancer Cervix Screening logo is at the bottom right.

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

What is human papillomavirus (HPV)?

HPV is a common virus that spreads through sexual contact. This includes intimate touching, oral, vaginal and anal sex.

There are more than 200 different types of HPV, many of which are harmless. But, a long-term infection with high-risk types, like HPV 16 and 18, can lead to cervical cancer. HPV types 16 and 18 cause about 70 out of 100 cases of cervical cancer.

How did I get HPV?

If you've had any kind of sexual contact in your life, even with one partner, there's a good chance that you've come into contact with HPV. It can appear soon after exposure or years later, making it hard to know when HPV was passed to you.

How can I prevent HPV?

- HPV vaccine: getting the vaccine can help prevent the most serious types of HPV infections. Visit screeningbc.ca/cervix.
- Use condoms: although condoms don't completely prevent you from getting HPV, they help lower your risk. They also protect against other sexually transmitted infections.
- Don't smoke: smoking may hurt the body's ability to fight off HPV and other infections.

Is a 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.

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 2 days. If a tampon was used to prevent spotting, it should be removed 5 hours after insertion. If spotting continues, you can use another tampon or pad as needed.

What are the risks of colposcopy?

The risk of complications from colposcopy are small. In rare cases, a biopsy can cause an infection or bleeding. There's a small chance it can miss abnormalities.

Contact Us

BC Cancer Cervix Screening
601-405 West Broadway
Vancouver, BC V5Z 3G2

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

SCAN ME

BC CANCER CERVIX SCREENING

screeningbc.ca/cervix

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.

A brochure titled 'Answering Your Questions About LEEP'. It features a purple header with a magnifying glass icon. The main content is organized into several sections: 'LEEP and HPV', 'Can a LEEP get rid of HPV?', 'Can a partner contract HPV after treatment?', 'I have had treatment for HPV-related cervical or genital disease, but do I still need the HPV vaccine?', and 'Contact Us'. The 'Contact Us' section includes an address, phone number, email, and website. A QR code is also present. The BC Cancer Cervix Screening logo is at the top left.

LEEP and HPV

Can a LEEP get rid of HPV?

LEEP may remove cells in your cervix containing human papillomavirus (HPV). In addition, HPV infections may be cleared by the body's immune system. You will be tested for HPV after your LEEP.

Individuals with a normal HPV test after LEEP have a very low risk of having further high-grade cell changes (cervical intraepithelial neoplasia grade 2 or 3) in the near future. Individuals with an abnormal HPV test are at a higher risk of recurring high-grade cell changes and closer follow-up is needed.

Can a partner contract HPV after treatment?

While most couples share the same HPV types, it is possible to get infected again through sexual contact.

I have had treatment for HPV-related cervical or genital disease, but do I still need the HPV vaccine?

Yes, even if you've already had HPV-related diseases, the HPV vaccine is still recommended. It will protect you from types of HPV you haven't been exposed to and decrease your chance of future HPV related diseases. Past HPV infections don't necessarily protect you from future infection, even if it is the same type.

Contact Us

BC Cancer Cervix Screening
601-406 West Broadway
Vancouver, BC V5Z 1G2

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

Your personal information is collected and protected from unauthorized use and disclosure. In accordance with the Personal Information Protection Act of British Columbia, this brochure is a public record under the Freedom of Privacy Act. This information may be used and disclosed only as authorized by these acts, and it will be used for quality assurance, management and administrative purposes, or for other purposes connected to providing care or when required by law.

Any questions regarding the collection of information by BC Cancer can be directed to the Privacy Officer, BC Cancer, 601-406 West Broadway, Vancouver, BC V5Z 1G2, privacy@bccancer.ca.

Version: February 2018

Loop Electrosurgical Excision Procedure (LEEP)

Answering your questions about LEEP

www.screeningbc.ca/cervix

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.



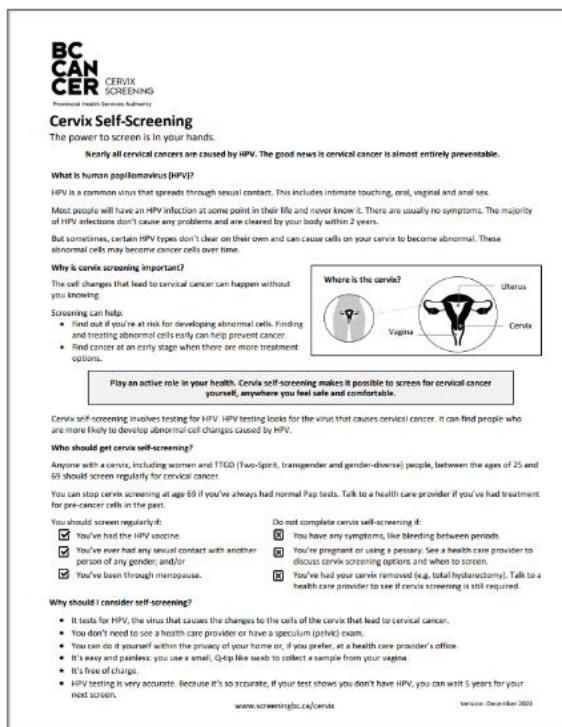
Item ID: Cx016

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.



BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Cervix Self-Screening

The power to screen is in your hands.

Nearly all cervical cancers are caused by HPV. The good news is cervical cancer is almost entirely preventable.

What is human papillomavirus (HPV)?

HPV is a common virus that spreads through sexual contact. This includes intimate touching, oral, vaginal and anal sex. Most people will have an HPV infection at some point in their life and never know it. There are usually no symptoms. The majority of HPV infections don't cause any problems and are cleared by your body within 2 years.

But sometimes, certain HPV types don't clear on their own and can cause cells on your cervix to become abnormal. These abnormal cells may become cancer cells over time.

Why is cervix screening important?

The cell changes that lead to cervical cancer can happen without you knowing.

Screening can help:

- Find out if you're at risk for developing abnormal cells. Finding and treating abnormal cells early can help prevent cancer.
- Find cancer at an early stage when there are more treatment options.

Play an active role in your health. Cervix self-screening makes it possible to screen for cervical cancer yourself, anywhere you feel safe and comfortable.

Cervix self-screening involves testing for HPV. HPV testing looks for the virus that causes cervical cancer. It can find people who are more likely to develop abnormal cell changes caused by HPV.

Who should get cervix self-screening?

Anyone with a cervix, including women and Two-Spirit, transgender and gender-diverse people, between the ages of 25 and 69 should screen regularly for cervical cancer.

You can stop cervix screening at age 69 if you've always had normal Pap tests. Talk to a health care provider if you've had treatment for pre-cancer cells in the past.

You should screen regularly if:

- You've had the HPV vaccine
- You've ever had any sexual contact with another person of any gender; and/or
- You've been through menopause.

Do not complete cervix self-screening if:

- You have any symptoms like bleeding between periods
- You're pregnant or using a pessary. See a health care provider to discuss cervix screening options and when to screen.
- You've had your cervix removed (e.g., total hysterectomy). Talk to a health care provider to see if cervix screening is still required.

Why should I consider self-screening?

- It tests for HPV, the virus that causes the changes to the cells of the cervix that lead to cervical cancer.
- You don't need to see a health care provider or have a speculum (pink) exam.
- You can do it yourself within the privacy of your home, or, if you prefer, at a health care provider's office.
- It's easy and painless: you use a small, Q-tip like swab to collect a sample from your vagina.
- It's free of charge.
- HPV testing is very accurate. Because it's so accurate, if your test shows you don't have HPV, you can wait 5 years for your next screen.

www.screeningbc.ca/cervix

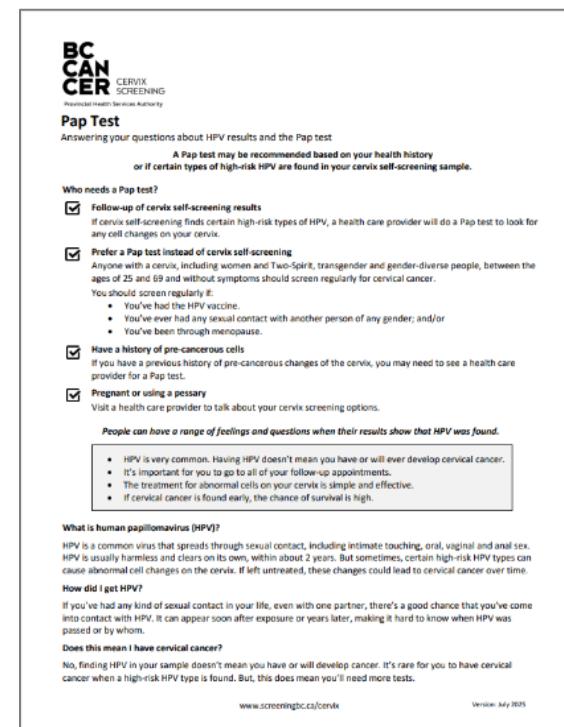
Version: December 2020

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.



BC CANCER CERVIX SCREENING
Provincial Health Services Authority

Pap Test

Answering your questions about HPV results and the Pap test

A Pap test may be recommended based on your health history or if certain types of high-risk HPV are found in your cervix self-screening sample.

Who needs a Pap test?

Follow-up of cervix self-screening results
If cervix self-screening finds certain high-risk types of HPV, a health care provider will do a Pap test to look for any cell changes on your cervix.

Prefer a Pap test instead of cervix self-screening
Anyone with a cervix, including women and Two-Spirit, transgender and gender-diverse people, between the ages of 25 and 69 and without symptoms should screen regularly for cervical cancer.
You should screen regularly if:

- You've had the HPV vaccine.
- You've ever had any sexual contact with another person of any gender; and/or
- You've been through menopause.

Have a history of pre-cancerous cells
If you have a previous history of pre-cancerous changes of the cervix, you may need to see a health care provider for a Pap test.

Pregnant or using a pessary
Visit a health care provider to talk about your cervix screening options.

People can have a range of feelings and questions when their results show that HPV was found.

- HPV is very common. Having HPV doesn't mean you have or will ever develop cervical cancer.
- It's important for you to go to all of your follow-up appointments.
- The treatment for abnormal cells on your cervix is simple and effective.
- If cervical cancer is found early, the chance of survival is high.

What is human papillomavirus (HPV)?

HPV is a common virus that spreads through sexual contact, including intimate touching, oral, vaginal and anal sex. HPV is usually harmless and clears on its own, within about 2 years. But sometimes, certain high-risk HPV types can cause abnormal cell changes on the cervix. If left untreated, these changes could lead to cervical cancer over time.

How did I get HPV?

If you've had any kind of sexual contact in your life, even with one partner, there's a good chance that you've come into contact with HPV. It can appear soon after exposure or years later, making it hard to know when HPV was passed on by whom.

Does this mean I have cervical cancer?

No, finding HPV in your sample doesn't mean you have or will develop cancer. It's rare for you to have cervical cancer when a high-risk HPV type is found. But, this does mean you'll need more tests.

www.screeningbc.ca/cervix

Version: July 2020

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.



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 closer 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?

- Try to schedule it when you're not on your period.
- The procedure doesn't require a hospital stay, sedation, freezing or pain medication.
- 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 areas easier to see.
4. If the specialist sees any abnormal cells, they may take a small sample of tissue (biopsy). The 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: 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 2 days. If a tampon was used to prevent spotting, make sure it's removed 3 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 2020

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.



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.

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 plain 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 2020

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)

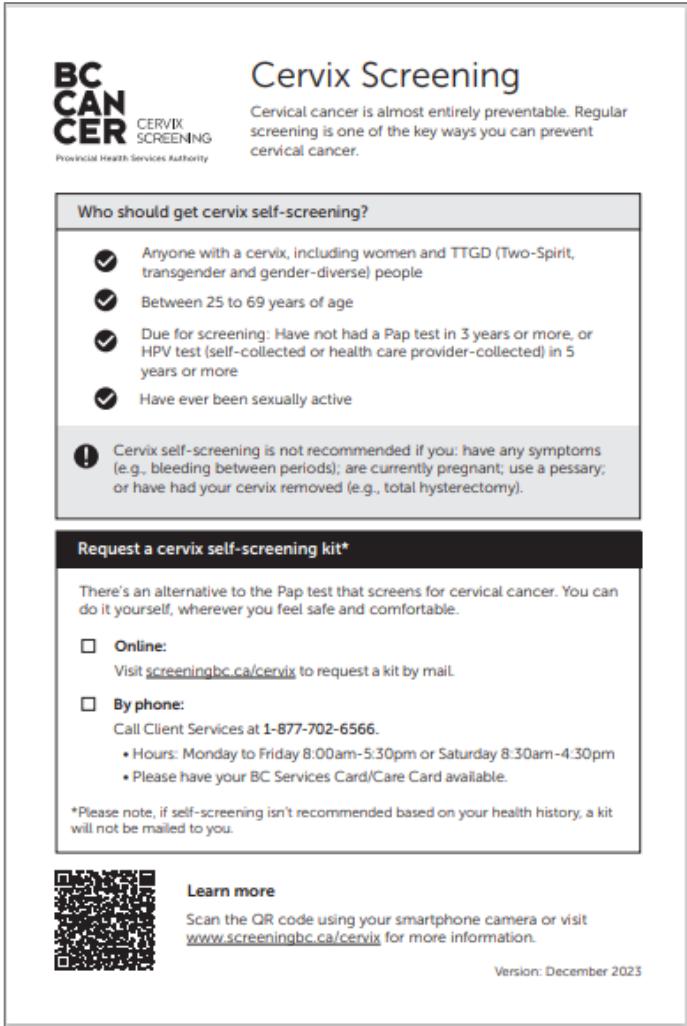


Item ID: Cx015

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)



The image shows a rectangular tear-off pad for cervical screening. The top portion is a white header with the BC Cancer logo and text. The main body is a light gray card with black text and sections. The sections include 'Who should get cervix self-screening?' with a list of criteria, 'Request a cervix self-screening kit*' with instructions for online and phone requests, and a QR code at the bottom left. The bottom right corner contains the text 'Version: December 2023'.

BC CANCER
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?

- 任何人都有宫颈，包括女性和TTGD（两性-精神、跨性别和性别-多元）人。
- 25岁至69岁。
- 由于筛查：过去3年内没有进行过Pap测试，或过去5年内没有进行过HPV测试（自我收集或卫生保健提供者收集）。
- 曾经有过性生活。

!宫颈自我筛查不推荐：如果您有任何症状（例如，月经期间出血）；如果您怀孕；您使用子宫托；或者您已经切除宫颈（例如，全子宫切除术）。

Request a cervix self-screening kit*

有一种替代Pap测试的方法，可以筛查宫颈癌。您可以在任何感到安全和舒适的地方自己完成。

- Online:**
访问screeningbc.ca/cervix请求一个通过邮件的试剂盒。
- By phone:**
拨打客户服务热线1-877-702-6566。
 - 时间：周一至周五8:00am-5:30pm或周六8:30am-4:30pm
 - 请确保您的BC服务卡/护理卡可用。

*请说明，如果根据您的健康史，自我筛查不推荐，将不会通过邮件发送试剂盒。

 [Learn more](#)
使用智能手机相机扫描QR码或访问www.screeningbc.ca/cervix以获得更多信息。

Version: December 2023

Item ID: Cx006

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.

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.

This is a single sheet pad of the BC Cancer Colposcopy Form. The form is titled 'COLPOSCOPY FORM' and includes fields for patient information (name, address, phone), treatment history (previous treatment, referring provider), and clinical history (pregnancy, pap smear, HRT, etc.). It details the colposcopic examination (speculum, visual inspection, biopsy, etc.), impression (negative for dysplasia, HPV, etc.), and recommendations (return to clinic, treatment, other). It also includes sections for final evaluation (negative for dysplasia, HPV, etc.) and final evaluation (negative for dysplasia, HPV, etc.). The form is designed to be faxed to the Cervarix Screening Program.

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.

This is a triplicate pad of the BC Cancer Colposcopy Form. The layout is identical to the single sheet pad, featuring sections for patient information, treatment history, clinical history, colposcopic examination, impression, recommendations, and final evaluation. The triplicate nature is indicated by three sets of identical fields for each section, allowing for three separate reports to be completed on a single page. The form is also designed to be faxed to the Cervarix Screening Program.

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

This is a single sheet pad of treatment forms. Each form includes fields for patient information, indication, documentation, location, procedure, and other details. It also includes sections for unplanned events, recommendations, and a signature area. The form is dated April 1, 2021, and has a quality control stamp '40220'.

Form Fields:

- Patient Information:** Name, Date of Birth, Sex (M/F).
- Indication:** Options include treatment of CIN 2/3, AUS, CIN 3, and Malignant.
- Documentation:** Options include verbal or written consent, Allergies documented, and Pregnancy Test.
- Location:** Options include Colposcopy Clinic, Operating Room, and Patient related (anatomy or laboratory).
- Procedure:** Options include CEEP, Loop Size, Number of Fragments, Voltage, Blend, Cut, Laser, Cryotherapy, and Cryosurgery.
- Other Procedures:** Options include EEC, Endometrial Rx, and Vaginal Rx.
- Pathology Results:** Options include Negative for Dysplasia, HPV/Condyloma, CIN 1, CIN 2, CIN 3, HSIL/LSIL, and Malignant SCC.
- Unplanned Events:** Options include Pain, Bleeding, and Foul.
- Recommendations:** Options include Return to Colposcopy Clinic, Other Recommendation, and Return to Gynecologist.
- Comments:** Space for additional notes.

Bottom Text:

INFORMATION ON THIS FORM IS CONFIDENTIAL
IF YOU RECEIVE THIS BY MAIL PLEASE FAX IT
QUALITY DEPT: 1-800-678-2114

40220

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

This is a triplicate treatment form. Each page contains the same fields as the single sheet pad, including patient information, indication, documentation, location, procedure, and other details. It also includes sections for unplanned events, recommendations, and a signature area. The form is dated April 1, 2021, and has a quality control stamp '40220'.

Form Fields:

- Patient Information:** Name, Date of Birth, Sex (M/F).
- Indication:** Options include treatment of CIN 2/3, AUS, CIN 3, and Malignant.
- Documentation:** Options include verbal or written consent, Allergies documented, and Pregnancy Test.
- Location:** Options include Colposcopy Clinic, Operating Room, and Patient related (anatomy or laboratory).
- Procedure:** Options include CEEP, Loop Size, Number of Fragments, Voltage, Blend, Cut, Laser, Cryotherapy, and Cryosurgery.
- Other Procedures:** Options include EEC, Endometrial Rx, and Vaginal Rx.
- Pathology Results:** Options include Negative for Dysplasia, HPV/Condyloma, CIN 1, CIN 2, CIN 3, HSIL/LSIL, and Malignant SCC.
- Unplanned Events:** Options include Pain, Bleeding, and Foul.
- Recommendations:** Options include Return to Colposcopy Clinic, Other Recommendation, and Return to Gynecologist.
- Comments:** Space for additional notes.

Bottom Text:

INFORMATION ON THIS FORM IS CONFIDENTIAL
IF YOU RECEIVE THIS BY MAIL PLEASE FAX IT
QUALITY DEPT: 1-800-678-2114

40220

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 1-877-727-5864 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.

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.

Things to consider:

- This screening test is perfect. Your lung scan may suggest you have lung cancer when no cancer is present. This is called a false positive. A false positive result requires 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 cases of cancer that are very slow growing and are not expected to cause any problems during your lifetime. This is called a pseudodiagnosis and can lead to treatment that may not benefit you. However, at the time of diagnosis, there is no way that your healthcare professionals can tell whether the cancer will cause any problems without doing additional tests.
- Your lung scan will expose you to a very small amount of radiation; however, the chances of getting cancer through repeated exposure 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 10 months.

Contact Us

BC Cancer Lung Screening
801-686 West Broadway
Vancouver, BC V5Z 3G2

Phone: 1-877-727-5864
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/lung

Lung Screening

For people who smoke or have a smoking history

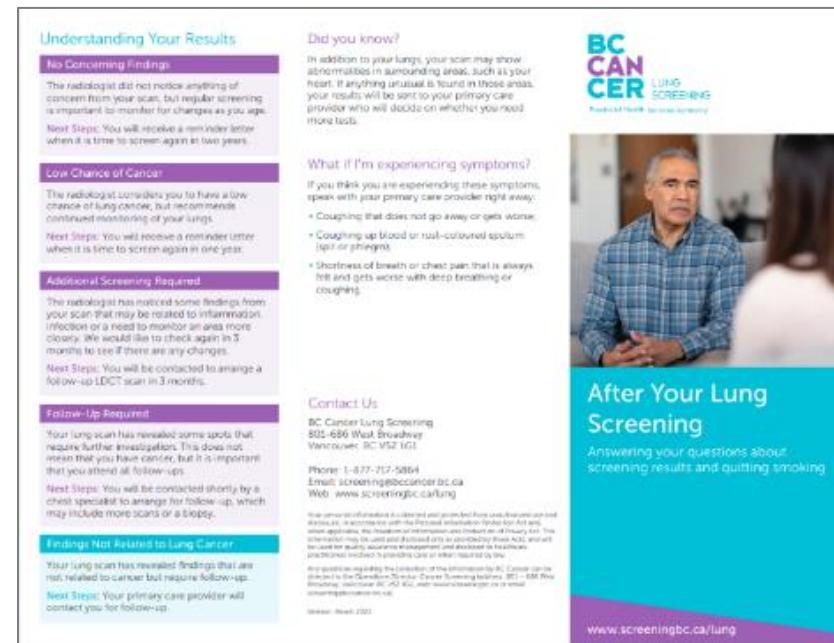
www.screeningbc.ca/lung

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 Step:** You will receive a follow-up 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 Step: You will receive a follow-up 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 Step: 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 Step: You will be contacted shortly by a chest 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 Step: Your primary care provider will contact you for follow-up.

Contact Us

BC Cancer Lung Screening
801-686 West Broadway
Vancouver, BC V5Z 3G2

Phone: 1-877-727-5864
Email: screening@bccancer.bc.ca
Web: www.screeningbc.ca/lung

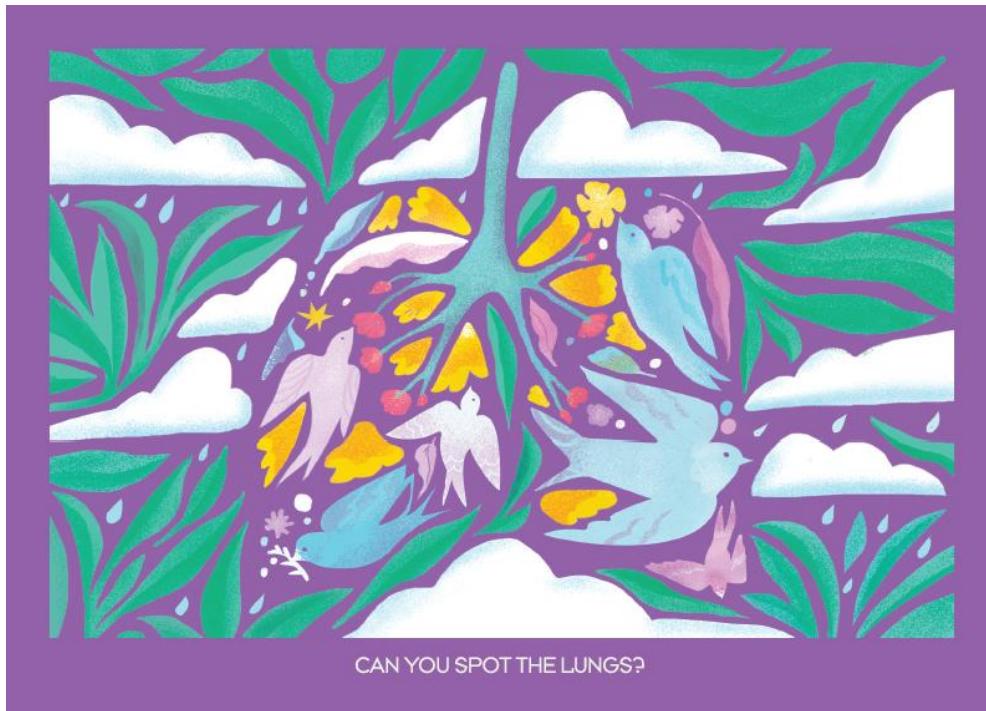
After Your Lung Screening

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.

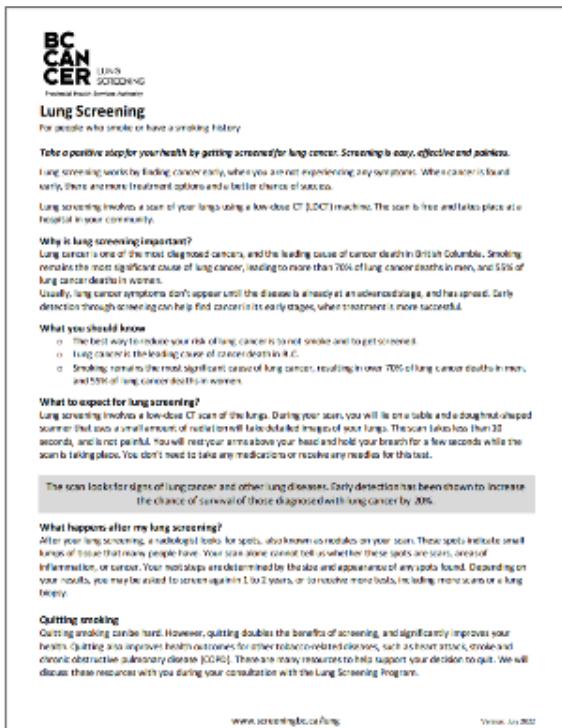
How should this be used: Make available at check-in desk, in patient waiting areas and/or inside exam rooms.

Lung Screening Fact Sheet

What's it for: Contains the same information as the Lung 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 LUNG SCREENING Provincial Health Services Authority

Lung Screening

For people who smoke or have a smoking history

Take a positive step for your health by getting screened for lung cancer. Screening is easy, effective and painless.

Lung screening works by finding cancer early, when you are not experiencing any symptoms. When cancer is found early, there are more treatment options and a better chance of success.

Lung screening involves a scan of your lungs using a low dose CT (LDCT) machine. The scan is free and takes place at a hospital in your community.

Why is lung screening important?

Lung cancer is one of the most diagnosed cancers, and the leading cause of cancer death in British Columbia. Smoking remains the most significant cause of lung cancer, leading to more than 70% of lung cancer deaths in men, and 55% of lung cancer deaths in women.

Early lung cancer symptoms don't appear until the disease is already at an advanced stage, and has spread. Early detection through screening can help find cancer in its early stages, when treatment is more successful.

What you should know

- The best way to reduce your risk of lung cancer is to not smoke and to get screened.
- Lung cancer is the leading cause of cancer death in BC.
- Smoking remains the most significant cause of lung cancer, resulting in over 70% of lung cancer deaths in men, and 55% of lung cancer deaths in women.

What to expect for lung screening?

Lung screening involves a low dose CT scan of the lungs. During your scan, you will lie on a table and a doughnut-shaped scanner that uses a small amount of radiation to take detailed images of your lungs. The scan takes less than 30 seconds, and is not painful. You will remain your arm above your head and hold your breath for a few seconds while the scan is taking place. You don't need to take any medications or receive any needles for this test.

The scan looks for signs of lung cancer and other lung diseases. Early detection has been shown to increase the chance of survival of those diagnosed with lung cancer by 20%.

What happens after my lung screening?

After your lung screening, a radiologist looks for spots, also known as nodules on your scan. These spots indicate small lumps of tissue that many people have. Your scan alone cannot tell whether these spots are cancer, areas of inflammation, or cancer. Your test results are determined by the size and appearance of any spots found. Depending on your results, you may be asked to screen again in 1 to 2 years, or to receive more tests, including more scans or a lung biopsy.

Quitting smoking

Quitting smoking can be hard. However, quitting doubles the benefits of screening, and significantly improves your health. Quitting also improves health outcomes for many tobacco-related diseases, such as heart attack, stroke, and chronic obstructive pulmonary disease (COPD). There are many resources to help support your decision to quit. We will discuss these resources with you during your consultation with the Lung Screening Program.

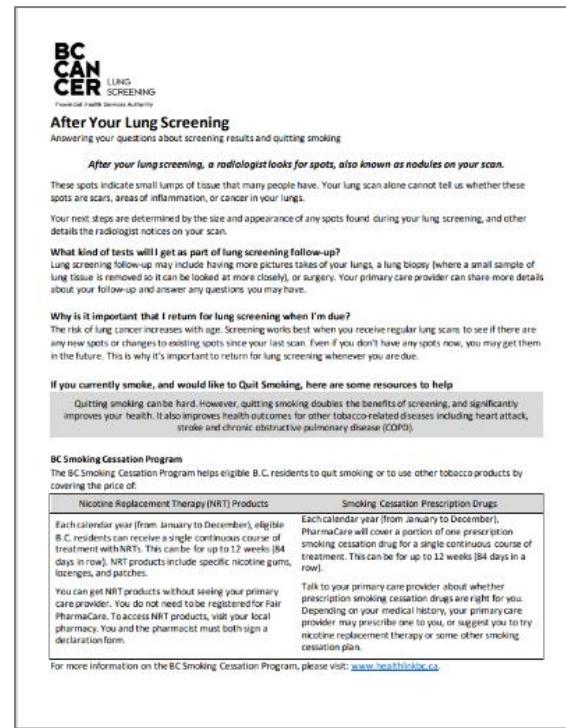
www.screeningbc.ca/long Version 4, 2012

Lung Screening Results Fact Sheet

What's it for: Contains the same information as the Lung Screening Results 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 LUNG SCREENING Provincial Health Services Authority

After Your Lung Screening

Answering your questions about screening results and quitting smoking

After your lung screening, a radiologist looks for spots, also known as nodules on your scan.

These spots indicate small lumps of tissue that many people have. Your lung scan alone cannot tell us whether these spots are scars, areas of inflammation, or cancer in your lungs.

Your next steps are determined by the size and appearance of any spots found during your lung screening, and other details the radiologist notices on your scan.

What kind of tests will I get as part of lung screening follow-up?

Lung screening follow-up may include having more pictures taken of your lungs, a lung biopsy (where a small sample of lung tissue is removed so it can be looked at more closely), or surgery. Your primary care provider can share more details about your follow-up and answer any questions you may have.

Why is it important that I return for lung screening when I'm due?

The risk of lung cancer increases with age. Screening works best when you receive regular lung scans to see if there are any new spots or changes to existing spots since your last scan. Even if you don't have any spots now, you may get them in the future. This is why it's important to return for lung screening whenever you are due.

If you currently smoke, and would like to Quit Smoking, here are some resources to help

Quitting smoking can be hard. However, quitting smoking doubles the benefits of screening, and significantly improves your health. It also improves health outcomes for other tobacco-related diseases including heart attack, stroke and chronic obstructive pulmonary disease (COPD).

BC Smoking Cessation Program

The BC Smoking Cessation Program helps eligible B.C. residents to quit smoking or to use other tobacco products by covering the price of:

Nicotine Replacement Therapy (NRT) Products	Smoking Cessation Prescription Drugs
Each calendar year (from January to December), eligible B.C. residents who receive a single continuous course of treatment with NRTs. This can be for up to 12 weeks (84 days in row). NRT products include specific nicotine gum, lozenges, and patches.	Each calendar year (from January to December), PharmaCare will cover a portion of one prescription smoking cessation drug for a single continuous course of treatment. This can be for up to 12 weeks (84 days in a row).

You can get NRT products without seeing your primary care provider. You do not need to be registered for Fair PharmaCare. To access NRT products, visit your local pharmacy. You and the pharmacist must both sign a declaration form.

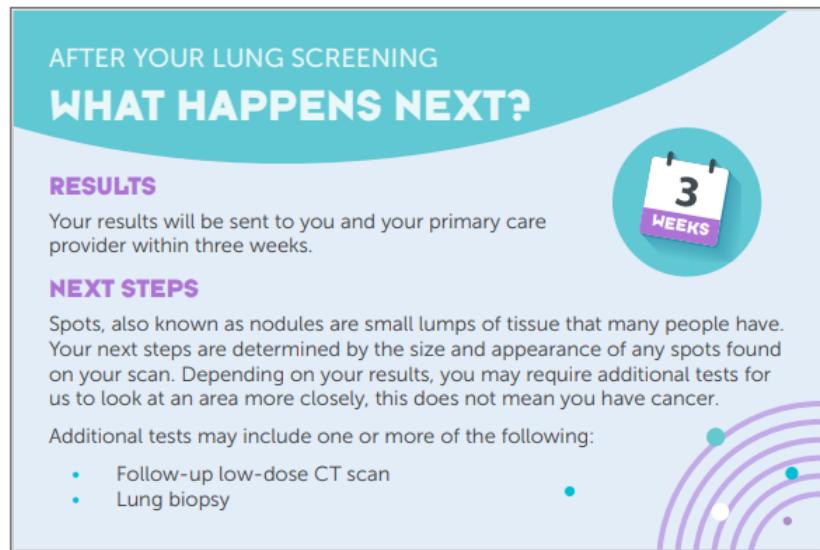
Talk to your primary care provider about whether prescription smoking cessation drugs are right for you. Depending on your medical history, your primary care provider may prescribe one to you, or suggest you try nicotine replacement therapy or some other smoking cessation plan.

For more information on the BC Smoking Cessation Program, please visit: www.healthlinkbc.ca

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.

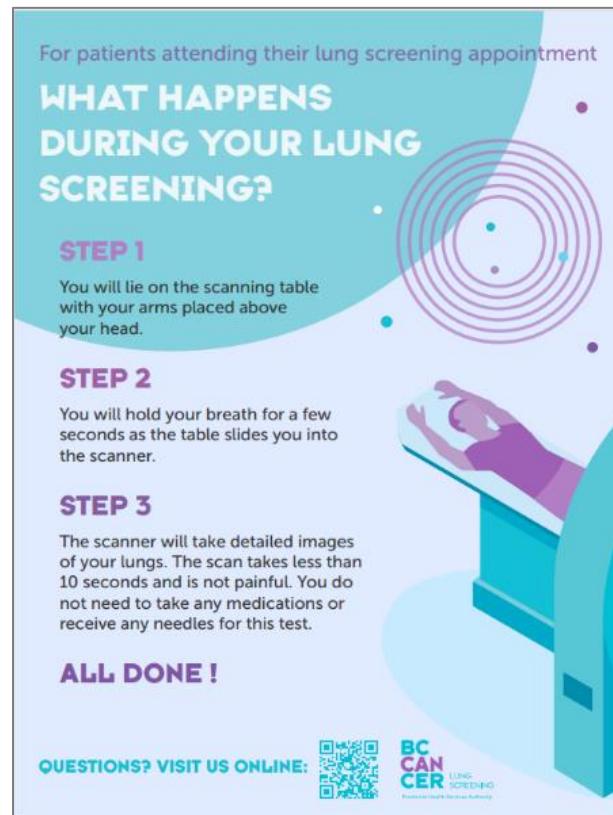


Item ID: Ln003

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.

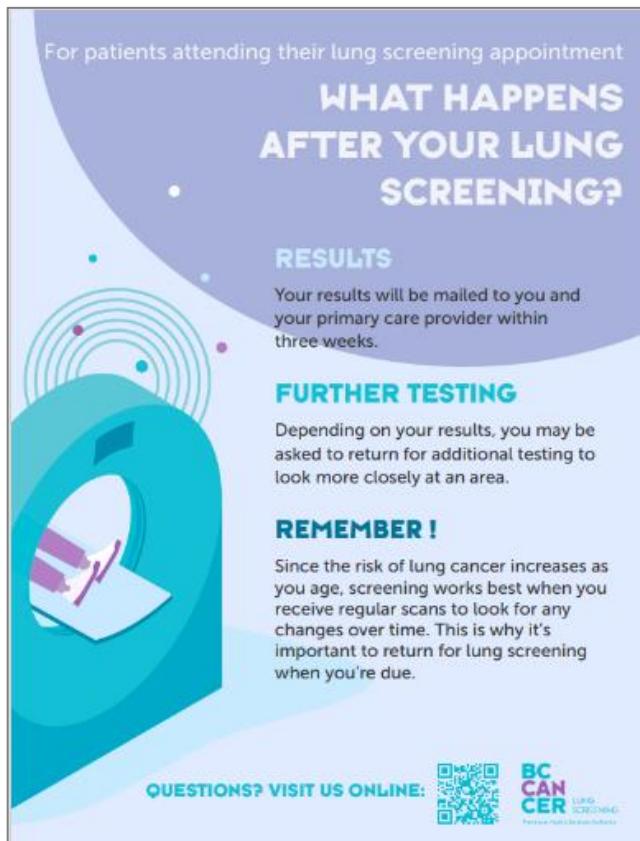


Item ID: Ln004

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.

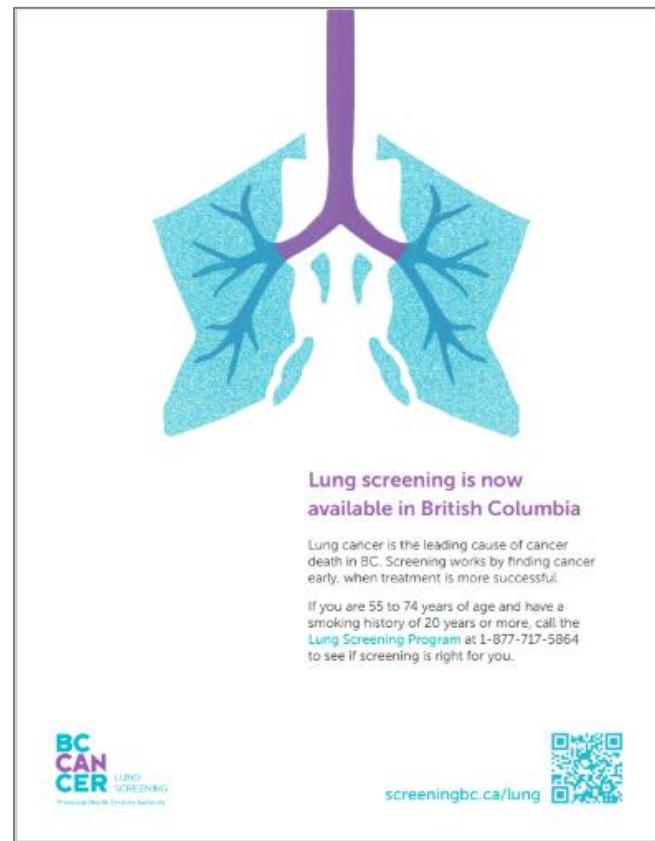


Item ID: Ln005

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 Program: Eligibility Assessment Request Form

If your patient meets the inclusion criteria (see STEP 2), encourage them to call 1-877-717-5864 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 1-804-877-6115.

Check if you are using the most current version of the Eligibility Assessment Request Form at www.bccancer.ca/programs/anthro/qual.

STEP 1 Patient Information (affilate ID)

First Name:	Last Name:
Phone:	OTHER IDENTITY NUMBER (e.g. REFUGEE, MILITARY):
Address:	SEX: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N
Telephone Number:	ZIP/POSTAL CODE: <input type="checkbox"/> FAX/PHONE: <input type="checkbox"/> FEDERAL CODE:
ALTERNATE CONTACT (INCLUDES INTERPRETER OR OTHER SUPPORT): Name: _____ Phone Number: _____ Relationship to patient: _____	REQUIRES INTERPRETER SERVICES? <input type="checkbox"/> Yes (if another language, _____)

STEP 2 Confirm Eligibility

ELIGIBLE FOR LUNG SCREENING

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

- Be 50 to 74 years of age: **YES**
- Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc.) currently or in the past.

*This form only assesses the inclusion criteria for the Lung Screening Program. The patient's lung cancer risk will be assessed using a validated risk calculator, developed for lung cancer screening, not for lung cancer prevention.

- Age: 50-74 years
- Has a history of long-term (e.g., more than 10 pack-years) and regular smoking (cigarettes, cigars, etc.)
- Has a history of lung cancer
- Has a family history of cancer
- Has COPD, emphysema or chronic bronchitis
- Has a BMI > 30
- Has a smoking rate of high school smoking or less

In general, risk of pre-cancerous lesions related to smoking is 20-30 times greater than the risk for screening.

If you are interested, use the online tool developed to review the factors that determine a patient's eligibility and risk differences (available after the user www.bccancer.ca/programs/anthro/qual).

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 assessments, treatment or surveillance for major co-morbidities such as severe chronic heart or lung pulmonary diseases (including those using home oxygen) or who cannot climb two sets of stairs, negotiate a flight of stairs, or lie flat for 10 minutes, without experiencing heart failure, or leg fatigue or shortness of breath, either spontaneously or after exertion or after a follow-up visit.
- Is pregnant or has had their arms elevated above their head for a CT scan, MRI, or ultrasound
- Has any of the following symptoms* possible indicators of lung cancer, including coughing that does not go away or gets worse, coughing blood or mucus, or a weight loss of 10% or more in the past year.
- Has had any of these symptoms should consider symptoms diagnostic for cancer and consider:

STEP 3 Referring Provider Information (affilate ID)

REFERRING PROVIDER NAME, ADDRESS, PHONE:	MSID: <input type="checkbox"/> <small>Document/Email/Email/Email</small>
PREFERRED TO RECEIVE RESULTS, IF DIFFERENT FROM REFERRER (NAME, ADDRESS, MSID): The program can only send results to EMR provider, either GP/MP or specialist, and both:	
Provider Name, Address, Phone:	MSID: <input type="checkbox"/> <small>Document/Email/Email/Email</small>

STEP 4 Fax Form to BC Cancer Lung Screening: 1-804-877-6115

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

Restrictive communications are intended only for the use of the addressee and may contain information that is privileged and confidential. Any dissemination, disclosure or copying of this communication by unauthorized individuals is strictly prohibited. If you receive this communication in error, please notify the Lung Screening Program immediately by telephone at 1-877-717-5864.

Version: April 2010

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.



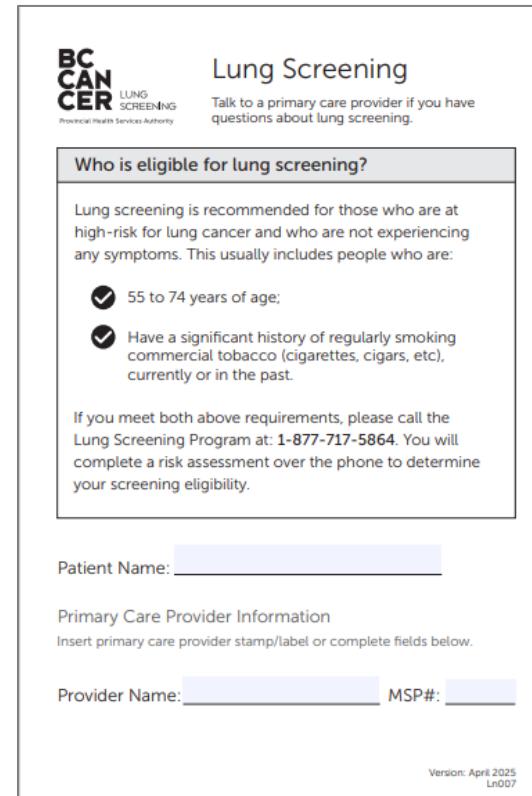
The form is titled 'REFERRAL UPDATE FORM' and is part of the 'BC CANCER' program. It includes fields for patient identification (REFERRAL DATE, REFERRAL UNIT, PATIENT NAME/FILE, PATIENT NUMBER, PATIENT NAME/FILE, PATIENT NUMBER), and demographic information (FACILITY NAME, ADDRESS/MAILING ADDRESS, DATE OF BIRTH). A section for 'SECTION A: TRANSFER REQUEST' asks if the patient is being transferred to another facility. It includes a 'Transfer Request To' field (Name of Medical Imaging Facility or Hospital) and a list of reasons for transfer. A section for 'SECTION B: PATIENT NOT PROCEEDING' asks if the patient is not proceeding for follow-up. It includes a list of reasons (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, Patient is deceased, Other) and a field for 'Facility Name (if known)'. The form is stamped with '0110' at the bottom.

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.



The pad features the 'BC CANCER LUNG SCREENING' logo. It includes a 'Lung Screening' section with the text 'Talk to a primary care provider if you have questions about lung screening.' A 'Who is eligible for lung screening?' section lists requirements: '55 to 74 years of age' and 'Have a significant history of regularly smoking commercial tobacco (cigarettes, cigars, etc), currently or in the past.' It also states: '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.' Below this is a 'Patient Name' field, 'Primary Care Provider Information' (with a note to 'Insert primary care provider stamp/label or complete fields below.'), and 'Provider Name: _____ MSP#: _____'. The bottom right corner is stamped 'Version: April 2025 Ln007'.

Item ID: Ln007