BC CANCER
Provincial Health Services Authority

BC Cancer Screening Guidelines

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In British Columbia, there are four province-wide screening programs:


Breast Screening


Cervix Screening


Colon Screening


Lung Screening

For more information about cancer screening, visit http://www.bccancer.bc.ca/screening.

Support Your Patient's Participation in Screening

Health professionals play an important role in supporting their patients' participation in cancer screening. When you discuss the purpose of screening, benefits and risks, what to expect, and recommendations with your patients, you can strongly impact their decision and improve the quality of their care and overall experience. The way you explain the results and additional tests can also influence their adherence to follow-up care and routine screening.

One way to start the conversation about screening is by asking your patient: **"I'd like to talk to you today about [type] screening. Before we begin, could you tell me what you already know or have heard about [type] screening?"** Their response will allow you to determine their initial understanding about screening and build the conversation around new or clarifying information, which will support their decision to screen. Listen for any fears, concerns, or traumas the patient may have or have heard others experience that could shape how you engage them in the discussion.

Look for the **Conversation Tip icon** throughout the Guidelines for discussion prompts and reminders.

What is the purpose of cancer screening?

Cancer screening means finding cancer or signs of cancer early, ***before*** symptoms appear, when it is likely more treatable.

What are the benefits of cancer screening?

- **Can help prevent certain types of cancer:** Detecting, treating or removing precancerous lesions in the cervix and colon can prevent them from developing into cancer.
- **Can help detect cancer at its earliest stages:** Finding cancer early means that it is less likely to have spread and treatment can start earlier in the course of the disease. This allows for more treatment options and a better chance of recovery.

What are the risks of cancer screening?

- **False positives:** Results may indicate an abnormality when there is none. This may lead to unnecessary follow-ups, sometimes surgery, and cause increased stress and anxiety during this time.
- **False negatives:** Results may be normal when there are precancerous or cancerous lesions present. This may lead to missed or delayed diagnoses and/or treatments.
- **Over diagnosis:** Results may find cases of cancer that are very slow growing and are not expected to cause any problems during the patient's lifetime. This may lead to treatment that may not benefit or have unintended consequences for the patient.
- **False reassurance:** A negative result does not mean that the patient is at lower risk of cancer.

If your patient has a negative result, encourage them to monitor their health, be aware of any unusual changes, and continue behaviours that will lower their cancer risk, including returning for routine screening when they are due. Remind them to schedule an appointment with you if they experience any symptoms.

- **Pain or discomfort:** The patient may experience uncomfortable pressure during a mammogram, or discomfort and/or bleeding during and/or after a Pap test.
- **Exposure to radiation:** The benefits of regular breast and/or lung screening outweigh the risks posed by the small amount of radiation the patient is exposed to. The chances of getting cancer through repeated radiation exposure is very low.[1]
- **Unintended complications from diagnostic or follow-up test:**
    - **Breast screening:** Possible risks from a breast biopsy include an allergic reaction to the anesthetic/freezing (highly unlikely if the patient has received freezing with no reaction previously, such as at the dentist), infection at the biopsy site, bleeding from the biopsy site, not getting a sample of the abnormal tissue, dizziness, and fainting. Biopsies may leave a scar that fades over time. The patient may be called back for additional imaging or procedures.
    - **Cervix screening:** Follow-up for cervical abnormalities, including colposcopy, may cause pinching or cramping sensations during the procedure, or lead to long-term consequences for future pregnancy (pre-term birth or low birth weight).
    - **Colon screening:** Complications from a colonoscopy may include a reaction to the bowel preparation or medication used for sedation, heart or lung problems, an infection, bleeding from the colon and/or perforation of the colon (hole in the colon).
    - **Lung screening:** The patient may feel some soreness or discomfort after a lung biopsy and may need to rest for 1 to 2 days. Rare but possible risks of a lung biopsy include bleeding, infection or a pneumothorax (collapsed lung).

What can your patient do to lower their cancer risk?

- Practice sun safety
- Quit commercial tobacco
- Be physically active
- Eat a balanced diet
- Maintain a healthy weight
- Reduce exposure to air pollution and radon
- Limit alcohol consumption
- Get vaccinated
- Go for routine cancer screening

For more information about cancer prevention, visit http://www.bccancer.bc.ca/prevent/.

[1] Rampinelli C, De Marco P, Origgi D, et al. Exposure to low dose computed tomography for lung cancer screening and risk of cancer: secondary analysis of trial data and risk-benefit analysis. BMJ. 2017;356:j347.

Breast Screening Guidelines:

Should my patient get a screening mammogram?

Most women age 40 to 74 can have a screening mammogram every 2 years. For those at higher risk for breast cancer, screening should be considered as early as age 30.

For people who have or have not had Chest Construction Surgery, or who have breast (chest) tissue from taking gender-affirming hormones, refer to the Screening Strategy Based on Anatomy Present section for more information. Screening is also available for Two-Spirit, transgender or gender-diverse (TTGD) individuals.

	Patient Characteristics	Recommendation	Referral
Average Risk	Age 39 and under	Routine screening mammogram is **not** recommended (refer to High Risk section below).	
	Age 40 to 49	Screening mammography is available every 2 years. Speak with the patient about the benefits and limitations of mammography.	No referral required. Patient can call a breast screening centre directly or 1-800-663-9203 to book their appointment. Inform the patient that they will need to identify a health care provider (physician, nurse practitioner, naturopath or walk-in clinic) who can follow-up with them if needed.
	Age 50 to 74	Routine screening mammogram every 2 years.	
	Age 75 and over	Screening mammography is available every 2 years if the patient is in good general health. Speak with the patient about the benefits and limitations of mammography.	
Higher than Average Risk	Age 40 to 74		
	1st degree relative[2] with breast cancer	Routine screening mammogram every year.	No referral required. Patient can call a breast screening centre directly or 1-800-663-9203 to book their appointment. Inform the patient that they will need to identify a health care provider (physician, nurse practitioner, naturopath or walk-in clinic) who can follow-up with them if needed.

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[2] Parent, child, sibling

	Patient Characteristics	Recommendation	Referral
Higher than Average Risk (cont'd)	Atypical ductal hyperplasia (ADH)	Routine screening mammogram every year.	Refer patient for diagnostic imaging.
	Atypical lobular hyperplasia (ALH)		
	Classical lobular carcinoma in situ (LCIS)		
	Age 75 and over		
	Patient is in good general health	Screening mammography is available every year. Speak with the patient about the benefits and limitations of mammography.	No referral required. Patient can call a breast screening centre directly or 1-800-663-9203 to book their appointment.  Inform the patient that they will need to identify a health care provider (physician, nurse practitioner, naturopath or walk-in clinic) who can follow-up with them if needed.
High Risk	**Age 30 to 74**		
	Thoracic radiation between age 10 to 30	Routine screening mammogram every year.	Initial referral required only, if patient is under age 40. Recommend referral to the Late Effects, Assessment and Follow-Up Clinic if not done already.
	Very strong family history: • 2 cases of breast cancer in close female relatives[3] on the same side of the family, with both diagnosed before age 50, **or** • 3 or more caes of breast cancer in close female relatives[3] on the same side of the family, with at least one diagnosed before age 50.	Routine screening mammogram every year.	Initial referral required only, if patient is under age 40. Recommend referral to Hereditary Cancer Program if not done already.

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[3] Mother, sister, daughter, aunt, grandmother, great-aunt

	Patient Characteristics	Recommendation	Referral
High Risk (cont'd)	Known pathogenic gene variant carrier[4]	Routine screening mammogram every year.	Initial referral required only, if patient is under age 40. Recommend referral to Hereditary Cancer Program if not done already.
	Untested family member of a known pathogenic gene variant carrier[4]		
	Age 75 and over		
	Patient is in good general health	Screening mammography is available every year. Speak with the patient about the benefits and limitations of mammography.	No referral required. Patient can call a breast screening centre directly or 1-800-663-9203 to book their appointment. Inform the patient that they will need to identify a health care provider (physician, nurse practitioner, naturopath or walk-in clinic) who can follow-up with them if needed.
Symptomatic	**Symptomatic, includes:** • A mass, lump, thickening or any change in the breast that is new or stays over time • A lump that gets bigger or the whole breast gets smaller or bigger • Nipple starts to draw in • Dimpling or puckering of the skin of the breast • Nipple changes or discharge • Breast is red, swollen or hot • A lump under the arm or in the armpit	Do **not** screen. Refer for diagnostic imaging.	

[4] BRCA1, BRCA2, ATM, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53, Other

Screening Strategy Based on Anatomy Present

Anatomy	Recommendation
Chest (Breast) Tissue	
TTGD patient with NO history of chest reduction/chest construction surgery (bilateral subcutaneous mastectomy)	Screen as per sex assigned at birth (refer to previous table).
TTGD patient with history of chest reduction surgery (simple reduction mammoplasty)	
Chest Tissue AFTER Chest Construction or Breast Construction/Augmentation Surgery	
TTGD patient with removal of most, but not all, breast tissue (some tissue used to contour shape of the chest)	Screening mammogram is **not** recommended. Recommend regular follow-up. If at high-risk or other concern, consider physical exam and/or diagnostic ultrasound or other modality.
TTGD patient with breast implants	Ineligible for screening through the BC Cancer Breast Screening Program. Recommend regular follow-up. If at high-risk or other concern, consider physical exam and/or diagnostic ultrasound or other modality.
Breast Tissue Associated with Estrogen-Based GAHT (Gender-Affirming Hormone Therapy)	
Taking estrogen for at least 5 years	Screen as per Breast Screening Guidelines (refer to previous table).

Management of Screening Mammogram Results

Result	Management and Patient Follow-Up
Normal (Negative)	The patient will receive their results in the mail within 3 weeks. They will receive a reminder letter in the mail when they are due for their next mammogram.  Reinforce to the patient that regular screening is important to monitor for any changes.
Abnormal (Positive)	More tests are needed to provide more information to help determine if any treatment is required. BC Cancer Breast Screening will send the results directly to you and facilitate the fast-track referral for the patient's first round of diagnostic testing. A diagnostic facility will call the patient to book the additional recommended testing. Once complete, you will receive the diagnostic results to share with your patient.  Explain to the patient that an abnormal result does **not** mean they have cancer. Additional testing will provide more information to help determine if any changes are of concern and/or if any treatment is needed. Additional tests can include one or more of the following: • **Diagnostic mammogram:** Takes x-rays of the area of concern • **Ultrasound:** Uses sound waves to produce an image of the area • **Needle biopsy:** Takes sample of tissue from the area of concern ***If diagnostic testing confirms no cancer:*** Reinforce to the patient that regular screening is important to monitor for any changes. ***If diagnostic testing confirms cancer or another condition:*** Reinforce to the patient that follow-up care is important to achieve the best treatment results.

Cervix Screening Guidelines:

Should my patient get a Pap test?

Anyone with a cervix, including women and TTGD[5] individuals, age 25 to 69 should get screened with a Pap test every 3 years.

Asymptomatic — Average Risk

Patient Characteristics[6]	Recommendation
Age 24 and under	Routine screening is **not** recommended.
Age 25 to 69	
With a cervix	Screen with a Pap test every 3 years.
Have or have not received the HPV vaccine	
Have had any sexual contact[7] with another person of any gender	
Pregnant	Screen with a Pap test only if screening is due or overdue. Screening is not necessary as a routine part of pre-natal screening for those who are up to date with screening.
Cervix removed[8]	Routine screening is **not** recommended. Remind the patient to contact your clinic if they notice any changes or have any concerns.
Never had sexual contact[7]	Routine screening is **not** recommended. Delay screening until initiation of sexual contact.
TTGD[6] patient post-vaginoplasty surgery	Routine screening is **not** recommended.
Age 70 and over	
No CIN[9] 2, CIN[10] 3, AIS[10], or carcinoma in past 25 years **and** at least 3 consecutive negative screens in past 10 years **and** last screen between age 67 and 69	Routine screening is **not** recommended.
Inadequate screening history and generally well	Screen with a Pap test until three consecutive negative screens. May be done annually to shorten period of screening.

[5] Two-Spirit, trangender and gender-diverse
[6] For more details about the patient characteristics, read the BC Cancer Cervix Screening Program Overview.
[7] Sexual contact includes intercourse, and digital or oral sexual contact involving the genital area with a person of any gender.
[8] No CIN 2, CIN 3, AIS or carcinoma either in past 25 years or identified in hysterectomy sample.
[9] Cervical intraepithelial neoplasia
[10] Adenocarcinomia in situ

	Patient Characteristics[6]	Recommendation
High Risk	**Immunocompromised**	
	Organ transplant	Screen with a Pap test every year.
	HIV positive	Screen with a Pap test every year.
	Other condition (e.g., autoimmune disease)	Screen with a Pap test every 3 years.
	CIN[8] 2 and CIN[8] 3 (treated with ablation, excision or hysterectomy)[11]	
	HPV status unknown	
	Diagnosed less than 5 years ago	Screen with a Pap test every year.
	Diagnosed 5 to 25 years ago[12]	Screen with a Pap test every 3 years.
	Diagnosed 25 or more years ago **and** age 69 or under	
	Diagnosed more than 25 years ago **and** over age 69	Routine screening is **not** recommended.
	HPV negative and first annual screen negative	
	Diagnosed less than 25 years ago	Screen with a Pap test every 3 years.
	Diagnosed 25 or more years ago **and** age 69 or under	
	Diagnosed 25 or more years ago **and** over age 69	Routine screening is **not** recommended.
	HPV positive	Per colposcopist recommendation.
	History of adenocarcinoma in situ (AIS), treated	
	Diagnosed less than 25 years ago	Screen with a Pap test every year.
	Diagnosed 25 or more years ago **and** age 69 or under	
	Diagnosed 25 or more years ago **and** over age 69	Routine screening is **not** recommended.

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[11] Cervical or vaginal vault smear.
[12] Five years since diagnosis and at least three consecutive negative screens within 5 years after treatment.

	Patient Characteristics[6]	Recommendation
High Risk (cont'd)	**History of invasive carcinoma and discharged from cancer treatment by oncologist or colposcopy clinic[10]**	
	Diagnosed less than 5 years ago	Screen with a Pap test every year.
	Diagnosed 5 to 25 years ago[11]	Screen with a Pap test every 3 years.
	Diagnosed 25 or more years ago **and** age 69 or under	
	Diagnosed more than 25 years ago **and** over age 69	Routine screening is **not** recommended.
Symptomatic	**Symptomatic, includes:** • Post coital bleeding • Abnormal uterine bleeding • Persistent vaginal discharge that cannot be explained by benign causes such as infection	Do **not** screen. The patient should have a speculum examination by someone with experience in cervical disease. Referral to a colposcopist is appropriate and may be expedited if the clinical suspicion is high.

Management of Cytology Results

Pap Test Interpretation	Management and Patient Follow-Up
Negative for intraepithelial lesion or malignancy (NILM)	Re-screen with a Pap test in 3 years. Reinforce to the patient that regular screening is important to monitor for any changes.
Low Grade • Atypical squamous cells of undetermined significance (ASCUS) • Low grade squamous intraepithelial lesion (LSIL)	Re-screen with a Pap test in 6 months and 12 months after the initial ASCUS or LSIL interpretation. Refer to the Follow-Up Diagram for ASCUS and LSIL for the timing and recommended follow-up. Reinforce to the patient that follow-up screening over the next 12 months is important to monitor for any changes.

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High Grade • Atypical Squamous Cells of Undetermined Significance (Cannot Rule Out High Grade Lesion) (ASC-H) • High-Grade Squamous Intraepithelial Lesion (HSIL), moderate dysplasia • High-Grade Squamous Intraepithelial Lesion (HSIL), severe dysplasia • Atypical Endocervical Glandular Cells Not Otherwise Specified (AGC-NOS) • Atypical Endocervical Glandular Cells Favour Neoplasia (AGC–FN) • Endocervical Adenocarcinoma In Situ (AIS)	Colposcopy is recommended.  Share BC Cancer's resources about colposcopy and what to expect with the patient.
Potential Invasive Squamous Cell Carcinoma and Potential Endocervical Adenocarcinoma	Colposcopy is recommended.  Share BC Cancer's resources about colposcopy and what to expect with the patient.
Benign Endometrial Cells in Cervical Samples	Refer for endometrial biopsy if patient is over age 45 and after a general assessment of endometrial carcinoma risk inclusive of cytological findings and clinical signs and symptoms.
Atypical Endometrial Cells or Endometrial Carcinoma	Colposcopy is recommended or refer to gynecologist for further evaluation.
Possible Extrauterine Carcinoma or Rare Malignancies	Managed on a case-by-case basis and may need a multidisciplinary team approach for management. Contact the Cervical Cancer Screening Laboratory for clarification of the results if needed.
Unsatisfactory and Rejected Samples	Repeat Pap test.

Colon Screening Guidelines:

Should my patient get colon screening?

Generally, anyone between the ages of 50 to 74 with no symptoms should get screened with a Fecal Immunochemical Test (FIT) every 2 years.

	Patient Characteristics	Recommendation	Referral
Asymptomatic — Average Risk	Age 49 and under	Routine FIT screening is **not** recommended.	
	Personal history of low-risk precancerous lesion(s)	FIT or colonoscopy is recommended. Refer to the Colonoscopy Follow-up Algorithm for the recommended pathway and screening interval.	If patient is younger than age 74, depending on the recommendation, either refer for colonoscopy using the Colonoscopy Referral Form or refer for FIT using the Standard Lab Requisition.
	Age 50 to 74		
	Personal history of low-risk precancerous lesion(s)	FIT or colonoscopy is recommended. Refer to the Colonoscopy Follow-up Algorithm for the recommended pathway and screening interval.	If patient is younger than age 74, depending on the recommendation, either refer for colonoscopy using the Colonoscopy Referral Form or refer for FIT using the Standard Lab Requisition.
	Never screened **or** screening interval elapsed **and** No personal or family history of colorectal cancer	Routine FIT screening every 2 years.	Use Standard Lab Requisition: Select 'FIT (Age 50-74 asymptomatic q2y) Copy to Colon Screening Program'.
	Normal FIT within 2 years	Routine FIT screening is **not** recommended. Patient is up to date with colon screening.	
	Normal colonoscopy within 10 years		
	Normal CT colonography within 5 years		
	Age 75 to 84	Assess patient's risk of colorectal cancer and risk of colonoscopy. Harm can outweigh benefit; use clinical judgement.	If proceeding with screening, use Standard Lab Requisition and select 'FIT No copy to Colon Screening Program'. Patient will not be registered in the program. Refer directly to a specialist for follow-up when indicated.
	Age 85 and over	Routine FIT screening is **not** recommended.	

	Patient Characteristics	Recommendation	Referral
High Risk	**Personal history of high-risk precancerous lesion(s)**	FIT or colonoscopy is recommended. Refer to the Colonoscopy Follow-up Algorithm for the recommended pathway and screening interval.	If patient is younger than age 74, depending on the recommendation, either refer for colonoscopy using the Colonoscopy Referral Form or refer for FIT using the Standard Lab Requisition.
	Personal history of colorectal cancer	Routine FIT screening is **not** recommended. Refer for ongoing follow-up with a specialist.	
	Inflammatory bowel disease • Crohn's disease • Ulcerative colitis		
	High-risk family history of colorectal cancer		
	One 1st degree relative[13] with colorectal cancer diagnosed **under** age 60; **or** Two or more 1st degree relatives with colorectal cancer diagnosed at any age ***If one 1st degree relative diagnosed with colorectal cancer over age 60, screen as average risk.***	Routine FIT screening is **not** recommended. Colonoscopy is recommended every 5 years. Refer for colonoscopy at age 40 **or** 10 years younger than the age of diagnosis of the patient's youngest 1st degree relative — whichever is first.	If patient is younger than age 74, refer for colonoscopy using the Colonoscopy Referral Form.
Symptomatic	**Symptomatic, includes:** • Anemia • Abdominal pain • Rectal bleeding • Change in bowel habits	Do **not** screen. Refer for diagnostic testing.	

[13] Parent, child, sibling

Management of FIT Results

Result	Management and Patient Follow-Up
Normal (Negative)	Re-screen with a FIT in 2 years. The patient can access their results through MyCareCompass or by contacting your clinic. The patient will **not** be notified by mail if their FIT result is normal. The patient will receive a reminder letter in the mail when it is time for them to screen again.  Reinforce to the patient that regular screening is important to monitor for any changes.
Abnormal (Positive)	The patient will receive their results in the mail within 5 to 10 business days after their sample is returned to the lab. BC Cancer will facilitate a referral for a colonoscopy to the patient's Health Authority. The Health Authority will contact the patient, assess their condition, and book a colonoscopy procedure if appropriate, or if other monitoring and/or treatment is advised.  Explain to the patient that abnormal FIT results are common and do not mean they have cancer, but follow-up care is important to investigate the cause of the blood detected in their sample. Reassure them that you will support and guide them through the follow-up process. *If diagnostic testing confirms no cancer:* Reinforce to the patient that regular screening is important to monitor for any changes. *If diagnostic testing confirms cancer or another condition:* Reinforce to the patient that it is important to attend follow-up to achieve the best treatment results.

Lung Screening Guidelines:

Should my patient get a low-dose CT (LDCT) scan?

Generally, anyone between the ages of 55 to 74, who are considered high-risk and do not have any symptoms, may be eligible for screening.

	Patient Characteristics	Recommendation
Average Risk	**Age 54 and under**	Routine screening is **not** recommended.
	Age 55 to 74	
	Never smoked in the past	Routine screening is **not** recommended.
	Age 75 and over	Routine screening is **not** recommended.
High Risk	**Age 55 to 74**	
	Has ever smoked **and** Has a smoking history of 20 years or more	Patient is encouraged to call 1-877-717-5864 directly to complete a consultation and risk assessment over the phone to confirm their screening eligibility. You can also fax a referral form to the Lung Screening Program (1-604-877-6115). If the patient is considered eligible, routine screening is recommended annually or biennially.
Symptomatic	**Symptomatic, includes:** • 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 • Unexplained weight loss of more than 5 kilograms in the past year	Do **not** screen. Refer for diagnostic testing.

Management of LDCT Results

Result	Management and Patient Follow-Up
No Concerning Findings	Re-screen in 2 years. The radiologist did not notice anything of concern from the patient's LDCT scan. The patient will receive a reminder letter in the mail. You will receive a report when the LDCT scan has been completed. You will also receive a reminder if the patient has not scheduled their next screen after 4 weeks.  Reinforce to the patient that regular screening is important to monitor for any changes.
Low Chance of Cancer	Re-screen in 1 year. The radiologist considers the patient to have a low chance of lung cancer but recommends continued monitoring of their lungs. The patient will receive a reminder letter in the mail. You will receive a report when the LDCT scan has been completed. You will also receive a reminder if the patient has not scheduled their next screen after 4 weeks.  Reinforce to the patient that regular screening is important to monitor for any changes.
Additional Screening Required	Follow-up LDCT scan in 3 months. The radiologist has noticed some findings in the patient's LDCT scan that may be related to inflammation, infection or a need to monitor an area more closely. The patient will be contacted to arrange a follow-up LDCT scan in 3 months. You will also be notified of the result.  Explain to the patient that this does **not** mean they have cancer, but it is important that they attend all follow-up to investigate what the scans are showing and determine if more scans or a biopsy is needed. Reassure them that you will support and guide them through the follow-up process.
Follow-Up Required	The radiologist has noticed some spots that require further investigation. The program will send a fast-track diagnostic work-up referral to a designated thoracic centre in the patient's health region. The patient will be contacted shortly by a chest specialist to arrange for a follow-up, which may include more scans or a biopsy. You will also be notified of the result.  Explain to the patient that it is important that they attend all follow-up to investigate what the scans are showing and to determine if lung cancer is present. Reassure them that you will support and guide them through the follow-up process.
Findings Not Related to Lung Cancer	The radiologist has noticed additional actionable findings that are not related to cancer. The patient's results will be sent to you to decide if further action is needed. Please arrange for further investigation or treatment.  Explain to the patient why the additional findings need to be investigated further or treated and the benefits in doing so, and that you will arrange the investigation or treatment. Reassure them that you will support and guide them through the follow-up process.

Services, Forms and Resources

Below are the links to the services, forms and additional resources mentioned in this document.

Breast Screening

Services

- Breast Screening Centre Clinic Locator: http://www.bccancer.bc.ca/screening/breast/find-a-clinic/clinic-locator
- BC Cancer Hereditary Cancer Program: http://www.bccancer.bc.ca/our-services/services/hereditary-cancer
- BC Cancer Late Effects, Assessment and Follow-Up Clinic: http://www.bccancer.bc.ca/our-services/services/late-effects-assessment-follow-up

Forms and Additional Resources

- Fact Sheet: Higher Risk Surveillance for ADH, ALH and LCIS: http://www.bccancer.bc.ca/screening/Documents/Breast-Higher-Risk.pdf
- Requsition Form: Diagnostic Breast Imaging: https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/outpatient_imaging_req.pdf

Cervix Screening

Services

- Cervical Cancer Screening Laboratory (CCSL): http://www.bccancer.bc.ca/health-professionals/clinical-resources/laboratory-services/cervical-cancer-screening

Forms and Additional Resources

- BC Cancer Cervix Screening Program Overview (with Follow-Up Diagram for ASCUS): http://www.bccancer.bc.ca/screening/Documents/Cervix-Program-Overview.pdf
- Patient Resources: Colposcopy: http://www.bccancer.bc.ca/screening/cervix/results/colposcopy

Colon Screening

Services

- MyCareCompass: https://www.bc.mycarecompass.lifelabs.com/

Forms and Additional Resources

- Requisition Form: Standard Outpatient Lab: https://www2.gov.bc.ca/assets/gov/health/forms/1901fil.pdf
- Referral Form: Colonoscopy: http://www.bccancer.bc.ca/screening/Documents/Colonoscopy-Referral-Form.pdf
- Provider Notice: Colonoscopy Surveillance Guidelines: http://www.bccancer.bc.ca/screening/Documents/ColonoscopyFollow-up-Algorithm.pdf

Lung Screening

Forms and Additional Resources

- Referral Form: LDCT Scan: http://www.bccancer.bc.ca/screening/Documents/Lung-Screening-Referral-Form.pdf