Ontario Cancer & Vascular Screening Programs — Quick Reference for Clinicians

Ontario Health (Cancer Care Ontario) — Organized & Guideline-Based Screening Programs

Program	Population	Test	Interval	Key Considerations
ORGANIZED POPULATION-BASED SCREENING PROGRAMS (Ontario Health / Cancer Care Ontario)				
BREAST (OBSP)	**Average Risk** Ages 40–74 No symptoms	**Mammography**	**Every 2 yr** Annual if: Density D, ovarian ca hx, 2+ FDR breast ca, 1 FDR dx <50	**Self-referral:** Call any OBSP site or 1-800-668-9304 **40–49:** Shared decision-making encouraged **50–74:** Strong recommendation to screen **74+:** MD/NP referral required; no auto-recall
BREAST High Risk (OBSP)	**High Risk** Ages 30–69 ≥25% lifetime risk BRCA1/2, TP53, PALB2 carrier or chest XRT <30	**Mammography + Breast MRI** (annual)	**Annual**	**MD referral required** (no self-referral) **Cat A:** Direct entry (known carrier, ≥25% risk, prior chest XRT) **Cat B:** Genetics clinic assessment first **70–74:** Existing pts → mammo only (no MRI)
CERVICAL (OCSP)	**Average Risk** Ages 25–74 Has a cervix Any sexual contact hx OHIP insured	**HPV Primary Test** + reflex cytology (Pap replaced Mar 3, 2025)	**Every 5 yr** (if HPV neg)	**HPV 16/18/45+:** Direct colposcopy referral **Other HR HPV+:** Triage by reflex cytology; repeat 2 yr if low-grade **Stop:** Ages 65–69 after 1 neg HPV test **New requisition form & billing codes required** **Includes:** pregnant, post-menopausal, HPV-vaccinated
CERVICAL Immuno-compromised	**Immunocompromised** Ages 25–74 HIV, transplant, immunosuppressive Rx ≥3 yr, SLE, renal failure/dialysis	**HPV Primary Test** + reflex cytology	**Every 3 yr**	**Screen until age 74** (not 65–69 like average risk) **Same result management** pathway as average-risk OCSP
COLORECTAL (CCC)	**Average Risk** Ages 45–74 No FDR with CRC or only 1 FDR dx ≥60yrs No symptoms	**FIT** (fecal immuno-chemical test) 1 sample, no diet restrictions	**Every 2 yr**	**MD orders FIT:** Fax CCC requisition to In-Common Laboratories (ICL); kit mailed to patient **Abnormal FIT:** Colonoscopy within 8 weeks **No provider:** Call Health811 (811) **FIT is NEVER for symptomatic patients** **Kit must reach lab within 14 days**
COLORECTAL Increased Risk (CCC)	**Increased Risk** ≥1 FDR with CRC <60yrs or ≥2 FDRs dx at any age	**Colonoscopy** (no FIT)	**Every 5 yr** if FDR dx <60 **Every 10 yr** if FDR dx ≥60	**Start:** Age 40 OR 10 yr before youngest FDR dx age (whichever earlier) **Lynch/FAP:** Refer to familial cancer genetics (not CCC) **IBD & prior polyps:** Separate surveillance pathways
LUNG (OLSP)	**High Risk** Ages 55–80 Smoked daily ≥20 yr ≥2% 6-yr lung ca risk (PLCOm2012) OHIP insured	**Low-Dose CT** (LDCT)	**Annual**	**MD referral required:** Fax OLSP referral form to nearest OLSP site **Risk calculator:** PLCOm2012noRace (≥2% threshold) **No min pack-year or max quit-time** requirement **81+:** Additional criteria (life expectancy >5 yr, fit for Tx) **All current smokers receive opt-out cessation support** **10 lead sites;** expanding province-wide through 2026
ORGANIZED SCREENING PROGRAM (Ontario Health — Cardiac, Stroke & Vascular)				
AAA (OAAASP)	**Ages 65+** Men & women **Higher risk:** Smokers, FHx AAA, CVD history	**Abdominal ultrasound** (limited/focused study)	**One-time** Surveillance if abnormal per vascular program	**Launched Sep 2025:** Ontarians turning 65 receive invitation letter **MD/NP orders:** Requisition for limited study abdominal U/S **Abnormal result:** Refer to 1 of 20 designated vascular programs **AAA = aorta ≥3 cm;** intervention often considered at 5.5 cm (M) / 5 cm (F) **Spring 2026:** Eligibility expanding to ages 65–80; self-referral planned

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GUIDELINE-BASED SCREENING — No Organized Ontario Program (Shared Decision-Making)				
PROSTATE (No organized program)	**Shared decision-making** Men age ≥50 (or ≥45 if higher risk) Life expectancy >10 years	**PSA blood test** ± DRE	**Every 2–4 yr** Longer interval if PSA <1 ng/mL More frequent if PSA elevated	**CCO does NOT support organized PSA screening** due to overdiagnosis risk **CUA (2022):** Offer PSA after shared decision-making if life expectancy >10 yr **Higher risk (start at 45):** African descent, FDR with prostate ca <65, BRCA carrier **Consider stopping:** Age >60 with PSA <1 ng/mL; life expectancy <10 yr **Elevated PSA:** Repeat PSA → Consider referral **OHIP covers PSA** in specific circumstances.

Sources: Ontario Health (Cancer Care Ontario) — cancercareontario.ca | ontario.ca/screenforlife | ontariohealth.ca | CUA 2022 Guidelines | *Prepared March 2026*