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The Regional Municipality of Durham Information Report

From:	Commissioner & Medical Officer of Health
Report:	#2024-INFO-04
Date:	February 2, 2024

Subject:

Ontario Cancer Screening Performance Report 2023

Recommendation:

Receive for information

Report:

1. Purpose

1.1 To provide an update on the <u>Ontario Cancer Screening Performance Report 2023</u> (OCSPR), released by Ontario Health on January 18, 2024.

2. Background

- 2.1 Ontario Health was created through the amalgamation of 22 organizations, including Cancer Care Ontario, which was responsible for delivering Ontario's cancer screening programs. These cancer screening programs are now delivered by Ontario Health.
- 2.2 Cancer screening in the general public and early diagnosis are essential to reduce the burden of disease.
- 2.3 Ontario Health plans, implements, operates, and evaluates four population-level cancer screening programs:
 - a. The Ontario Breast Screening Program (OBSP)
 - b. The Ontario Cervical Screening Program (OCSP)
 - c. The ColonCancerCheck (CCC)
 - d. The Ontario Lung Screening Program (OLSP)

3. OCSPR Key Findings and Highlights

3.1 The 2023 OCSPR builds on previous reports with: screening program performance data from 2017 to 2021 for most indicators, including assessment during the COVID-19 pandemic; a focus on equity in cancer screening; and a description of completed and planned enhancements to the cancer screening programs since the release of the 2020 OCSPR report.

3.2 OBSP

- a. Participation and retention decreased during the pandemic and began to recover in 2021.
- b. Almost all participants with an abnormal screening mammogram result received a definitive diagnosis within six months.
 - Targets for timely follow-up were not met in recent years likely due to COVID-19 and human resource challenges.
- c. In 2021, cancer detection rates increased which was likely related to the prioritization of screening for those with higher breast cancer risk during the pandemic.
- d. Sensitivity and specificity remained consistently high.
- 3.3 OCSP
 - a. Cervical screening participation continued to decrease over time, with a large decrease observed in the 21 to 24 age group, related to new guidance for healthcare providers.
 - b. Retention decreased during the pandemic and began to recover in 2021.
 - c. Most participants with a high-grade cervical cytology test result received follow-up within six months.
 - d. Cervical pre-cancer and cancer detection rates increased in the most recent year, likely related to the prioritization of people at higher risk for cervical cancer during the pandemic.

3.4 CCC

- a. The percentage of people overdue for colorectal cancer screening was stable before the pandemic, after which it increased.
- b. Participation in fecal-based colorectal cancer screening remained stable and the pandemic minimally impacted fecal test participation.

- c. In 2019, there were improved rates of follow-up after an abnormal fecal test, and increased cancer detection rates following the implementation of the fecal immunochemical test.
- d. Colonoscopy quality remained consistently high.

3.5 OLSP

- a. Ontario's Lung Screening Pilot for People at High Risk transitioned to an organized cancer screening program in 2021.
- b. The percentage of low-dose computed tomography scans that had abnormal findings and rates of cancer detection have decreased over time.
- c. Most lung cancers detected through the OLSP were early stages (78 per cent), compared with only 35 per cent of all lung cancers diagnosed among people aged 55 to 74.
- 3.6 Equity in Cancer Screening
 - a. Individuals living in neighbourhoods with higher levels of material deprivation and ethnic concentration had lower rates of breast and cervical screening participation, lower rates of retention in the High Risk OBSP, lower rates of follow-up after an abnormal cervical and colorectal cancer screening test, higher rates of being overdue for colorectal screening, and lower rates of completing lung cancer screening after being determined eligible.
 - b. Ontario Health's Indigenous Cancer Care Unit continues to work with First Nations, Inuit, Métis (FNIM), and urban Indigenous communities to understand and address barriers to cancer screening. This includes improving access to and participation in screening, improving coordination and integration of screening services, and supporting specific initiatives to improve organized screening programs to better meet the needs of FNIM and urban Indigenous communities.
- 3.7 Future Directions
 - a. The OSCPR highlighted achievements and opportunities for continued improvement.
 - b. Ontario Health is undertaking initiatives to address disparities and improve the quality of organized cancer screening in Ontario. These initiatives include expansion of the OBSP, screening for Trans and Non-binary people, Human Papillomavirus testing implementation, OCSP correspondence redesign, digital correspondence, colorectal cancer screening for people at increased risk, the Sioux Lookout and Area Fecal Immunochemical Kit initiative, the Personalized Breast Cancer Risk Assessment Research Project, expansion of the OLSP, and equity-focused research.

4. Relationship to Strategic Plan

- 4.1 This report aligns with the following strategic goal and priorities in the Durham Region Strategic Plan:
 - a. Goal 2: Community Vitality
 - 2.3: Enhance community safety and well-being
 - 2.4: Influence the social determinants of health to improve outcomes for vulnerable populations

5. Conclusion

- 5.1 Effective cancer screening through organized population-based programs is critical to reduce the burden of disease in Ontario.
- 5.2 Durham Region Health Department (DRHD) reports local cancer incidence and mortality data on the <u>Cancer Data Tracker</u>.
- 5.3 Between 2010 and 2018, there were 31,763 newly diagnosed cases of cancer and 10,795 cancer deaths among local residents. The five most common cancers were breast, lung, prostate, colorectal, and lymphoma.
- 5.4 Local cancer screening data are available on the <u>Health Neighbourhoods</u> webpage. Durham Region has 50 Health Neighbourhoods and data are presented using 96 indicators. The dashboard includes an <u>interactive map</u>, <u>indicator summaries</u>, and <u>neighbourhood profiles</u>.
- 5.5 Provincial and local data inform DRHD's chronic disease prevention programs.

Respectfully submitted,

Original signed by

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