The 2019-2029 Canadian Strategy for Cancer Control (the Strategy) is a 10-year road map to improve the quality and outcomes of cancer care for all people in Canada.

This document is a companion to the Strategy’s Priority 2. It highlights data and evidence showing the magnitude of gaps in care and where action on cancer control could have the greatest impact across Canada.

As Steward of the Strategy, the Canadian Partnership Against Cancer (the Partnership) is responsible for monitoring and reporting on progress that has been made towards achieving the Strategy’s goals. The Partnership is working with partners across the country to develop a set of indicators for measuring progress towards the Strategy’s goals and associated targets. They will be used to report to Canadians starting in the fall 2020.

Diagnose cancer faster, accurately and at an earlier stage

**ACTION 1:** Prioritize rapid access to appropriate diagnosis for those suspected of having cancer.

**ACTION 2:** Strengthen existing screening efforts and implement lung cancer screening programs across Canada.

For more information about the Canadian Strategy for Cancer Control, visit [partnershipagainstcancer.ca/cancer-strategy](http://partnershipagainstcancer.ca/cancer-strategy)
Organized screening programs for cervical, breast and colorectal cancer are in place in the majority of provinces and some territories across Canada.

**1960** First organized cervical screening program in BC
- **76%**
  - Target = 80%
  - Self-reported participation rate
  - Data source: Statistics Canada, Canadian Community Health Survey
  - Proportion of late stage (III or IV) diagnosis
  - As a result of organized cancer screening programs and relatively high participation rates, most cervical and breast cancers are detected early.

**1980** First organized breast cancer screening program in BC
- **78%**
  - Target = 70%
  - Abnormal mammogram result
  - Abnormal mammogram result + follow-up tissue biopsy
  - More than **8 in 10** have a diagnosis within 5 weeks
  - **1 in 3** wait more than 7 weeks for a diagnosis

**2007** First organized colorectal cancer screening program in MB
- **42%**
  - Target = 60%
  - Abnormal fecal test result
  - **1 in 2** wait more than 2 months for a diagnosis

**2019** No organized lung cancer screening programs in Canada
- **69%**
  - Opportunistic screening (often not compliant with recommendations) for lung cancer is happening across Canada.

By increasing the Canadian colorectal cancer screening participation rate from 42% to the target of 60%, we will expect to see in the next 20 years:
- **37,300** cases of colorectal cancer avoided
- **$25 million** saved in screening and treatment costs

Data source: Canadian Partnership Against Cancer, OncoSim

There are currently no organized lung cancer screening programs in Canada, but some provinces and territories have initiated lung cancer screening strategies such as preparing business cases, convening advisory committees, and planning or implementing pilot studies.
Cancer screening participation varies across groups and communities.

### Cervical cancer screening
- **Jurisdiction**: 70% Quebec, 84% Newfoundland and Labrador
- **Geography**: 73% rural-remote residents, 77% urban residents
- **Income**: 66% lowest income quintile, 82% highest income quintile
- **Immigration status**: 62% recent immigrant, 79% Canadian-born

### Breast cancer screening
- **Jurisdiction**: 69% Prince Edward Island, 84% New Brunswick
- **Geography**: 76% rural-remote residents, 79% urban residents
- **Income**: 67% lowest income quintile, 84% highest income quintile

### Colorectal cancer screening
- **Jurisdiction**: 12.5% Newfoundland and Labrador, 31% Manitoba
- **Income**: 21% lowest income quintile, 24% highest income quintile

Data source: Statistics Canada, Canadian Community Health Survey
Screening people at high-risk of developing lung cancer with low dose CT can reduce deaths from lung cancer by 20%³

![Image: Lungs and CT scan]

**Age-standardized incidence rates for lung cancer vary by**⁵

<table>
<thead>
<tr>
<th>Education level</th>
<th>Less than a secondary school education</th>
<th>University degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>114 per 100,000</td>
<td>45 per 100,000</td>
</tr>
</tbody>
</table>

**Income**

<table>
<thead>
<tr>
<th>Lowest income quintile</th>
<th>Highest income quintile</th>
</tr>
</thead>
<tbody>
<tr>
<td>122 per 100,000</td>
<td>67 per 100,000</td>
</tr>
</tbody>
</table>

**What’s next? We need more evidence on:**

- **Gaps and issues that arise between when people first present to their doctor with symptoms to when their cancer is diagnosed**
- **Wait times** from first presentation to the health care system to diagnosis
- **Availability, access to and effectiveness of in-person and virtual diagnostic tools and methods** such as telemedicine, apps that connect patients to primary care providers and specialists, and innovative models of service delivery such as rapid diagnosis clinics and mobile testing facilities
- **Optimization of population-based screening programs** for breast, cervical and colorectal cancer including whether the right people are getting screened at the right time using the recommended methods, harms caused by unnecessary screening (e.g., false positives, abnormal call rates) and uptake of screening in underserviced communities
- **Implementation of lung cancer screening programs** across Canada and the proportion of high-risk individuals who are screened

**References**


**Estimated annual cost to put in place an optimal lung cancer screening program across Canada**

$51 million

Data source: Canadian Partnership Against Cancer, OncoSim

Screening people at high-risk of developing lung cancer over the next 20 years could mean

- 17,000 more lung cancers diagnosed at stage I
- 17,000 fewer lung cancers diagnosed at stage IV
- 11,000 fewer lung cancer deaths

Data source: Canadian Partnership Against Cancer, OncoSim