



July 15, 2021

JACKIE JACOBSON  
MLA, NUNAKPUT**Oral Question 764-19(2): Cancer Pre-Screening**

This letter is in follow up to the Oral Question you raised on June 3, 2021 regarding Cancer Pre-Screening.

The Northwest Territories (NWT) Cancer Screening Program has guidelines for three cancers: colorectal cancer, cervical cancer, and breast cancer.

As of April 2021, all eligible residents in the Beaufort Delta and Sahtu regions have received a colorectal cancer (CRC) screening Fecal Immunochemical Test (FIT) kit. To date, 1316 FIT kits have been distributed to eligible residents as a result of the organized Territorial CRC Screening program. These are self-administered tests that are sent away for analysis. The Beaufort Delta region is moving into its second year as part of the organized CRC screening program in June 2021. Awareness campaigns and community engagement strategies are ongoing with the aim to continue to increase overall participation rates. The target participation rate for the CRC screening program is 30% now and the ultimate goal of meeting the national target of 60%. Community Health Representatives are following up with eligible residents to increase screening participation rates and promote the importance of early colorectal cancer detection.

Cervical cancer can be detected early through a Papanicolaou test, also known as a Pap test or Pap smear. The Pap test can be done at any health centre or primary clinic. Residents can book an appointment with their primary care provider to be screened.

The NWT Breast Cancer Screening Clinical Practice Guidelines recommend that women of average risk aged 50 to 74 are screened every two years. Those considered high risk for getting breast cancer should be screened yearly. Residents of the Beaufort Delta region, including the Nunakput riding communities can receive breast cancer screening at the Inuvik Regional Hospital Diagnostic Imaging Department through referral by their primary care provider.

More information on these NWT Cancer Screening Programs can be found on the Northwest Territories Health and Social Services website at <https://www.nthssa.ca/en/services/cancer-screening-programs>.

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I would also like to share some information on lung cancer screening practices. Initial screening for lung cancer can be done via x-ray. If there are “spots” on the x-ray, or if the client is presenting with a history of smoking and/or high-risk behaviour (such as working in closed spaces with certain products), the person would be referred for a low-dose CT scan (LDCT).

Unlike colorectal cancer and cervical cancer screening, lung cancer screening carries several risks. A lung cancer screening test can suggest that a person has lung cancer when no cancer is present. This is called a false-positive result. False-positive results can lead to follow-up tests and surgeries that are not needed and may have more risks. A lung cancer screening test can also find cases of cancer that may never have caused a problem for the patient. This is called overdiagnosis. Overdiagnosis can lead to treatment that is not needed. Further, radiation from repeated LDCTs can cause cancer in otherwise healthy people.

As such, lung cancer screening is recommended only for adults who are at high risk for developing the disease because of their smoking history and age, and who do not have a health problem that substantially limits their life expectancy or their ability or willingness to have lung surgery, if needed. The best way to reduce your risk of lung cancer is to not smoke and to avoid second-hand smoke. If anyone feels they are at an increased risk of lung cancer, they are encouraged to have a conversation with their health practitioner to discuss their risks and determine if they are a candidate for screening.

Thank you.

A handwritten signature in black ink that reads "JAGreen". The letters are cursive and connected.

Julie Green  
Minister of Health and Social Services

c A/Clerk of the Legislative Assembly

Legislative Coordinator  
Department of Executive and Indigenous Affairs