

## Chapter 20

# Saskatchewan Cancer Agency—Delivering the Screening Program for Colorectal Cancer

### 1.0 MAIN POINTS

In Saskatchewan, colorectal cancer is the second leading cause of death by cancer. Approximately 90% of colorectal cancers can be prevented or successfully treated if caught early.<sup>1</sup>

By June 2025, the Saskatchewan Cancer Agency implemented five of the six recommendations we first made in our 2020 audit of its processes to deliver its population-based Screening Program for Colorectal Cancer.

The Agency worked with the Ministry of Health and the Saskatchewan Health Authority to reduce the time patients wait for colonoscopies by standardizing the booking process and expanding booking services coordinated through the Agency. Using a consistent approach for booking colonoscopies reduces wait times between an abnormal test result and a colonoscopy exam.

The Agency and the Authority determined an expected timeframe (e.g., 95% of pathology reports completed within 14 days after a colonoscopy) for providing pathology results to healthcare providers related to colorectal cancer screening. Additionally, the Agency periodically (i.e., annually) provides senior management and its Board with analysis of results for key quality indicators (aligning with nationally accepted indicators) for its Screening Program for Colorectal Cancer.

The Agency still needs to analyze whether its promotional strategies help increase participation in its Screening Program for Colorectal Cancer; the Agency's participation rate has decreased since 2017 (see **Figure 1**).

An effective colorectal cancer screening program helps to identify seemingly healthy people who may have a higher risk of colorectal cancer and helps the Agency understand its progress as well as periodically recognize opportunities for improvement.

### 2.0 INTRODUCTION

#### 2.1 Background

The Saskatchewan Cancer Agency is responsible for providing services with respect to screening individuals for, and prevention of, cancers including colorectal cancer.<sup>2</sup> Since 2009, the Agency provides a population-based Screening Program for Colorectal Cancer.<sup>3</sup> It collaborates with the Saskatchewan Health Authority to deliver its screening program.

<sup>1</sup> [saskcancer.ca/ColonCheck](https://saskcancer.ca/ColonCheck) (9 September 2025).

<sup>2</sup> *The Cancer Agency Act*, section 9(1) and (2).

<sup>3</sup> Population-based screening is a test offered to all individuals in a defined target group (e.g., of the same age range).



Colorectal screening can identify people who may have a higher risk of developing colorectal cancer, so they can be offered treatment or management techniques at an earlier stage that may positively affect outcomes. Colorectal cancer is one of the most treatable cancers if caught early, but not enough people in Canada participate in regular screening.<sup>4</sup>

The Agency provides home Fecal Immunochemical Test (FIT) kits to participants between the ages of 50–74 with a valid Saskatchewan Health Services card and who have not been previously diagnosed with colorectal cancer.<sup>5</sup> Participants return completed tests via mail or at drop-off locations where kits are then sent to the Saskatchewan Health Authority for processing at the Roy Romanow Provincial Laboratory.

In 2024–25, the Agency spent over \$2.7 million on its Screening Program for Colorectal Cancer.<sup>6</sup>

## 2.2 Focus of Follow-Up Audit

This chapter describes our second follow-up audit of management's actions on the recommendations we made in 2020.

We concluded, for the 12-month period ended July 31, 2020, the Saskatchewan Cancer Agency had effective processes to deliver its population-based Screening Program for Colorectal Cancer, except for the areas reflected in our six recommendations.<sup>7</sup> By March 2023, the Agency made some progress toward implementing the six recommendations, but further work was needed.<sup>8</sup>

To conduct this audit engagement, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Agency's progress toward meeting our recommendations, we used the relevant criteria from the original audit. Agency management agreed with the criteria in the original audit.

To carry out our follow-up audit, we interviewed key Agency staff responsible for delivering the Screening Program for Colorectal Cancer. We tested a sample of events promoting colorectal cancer screening. Additionally, we examined the Agency's IT systems and documents such as those analyzing outreach activities; Board Quality, Safety, and Risk (QSR) Committee minutes; and performance reporting related to the screening program.

## 3.0 STATUS OF RECOMMENDATIONS

This section sets out each recommendation including the date on which the Standing Committee on Public Accounts agreed to the recommendation, the status of the recommendation at June 30, 2025, and the Saskatchewan Cancer Agency's actions up to that date.

<sup>4</sup> [www.partnershipagainstcancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening/](http://www.partnershipagainstcancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening/) (16 October 2025).

<sup>5</sup> [saskcancer.ca/ColonCheck](http://saskcancer.ca/ColonCheck) (16 October 2025).

<sup>6</sup> Information provided by the Saskatchewan Cancer Agency.

<sup>7</sup> *2020 Report – Volume 2, Chapter 21*, pp. 145–164.

<sup>8</sup> *2023 Report – Volume 2, Chapter 23*, pp. 205–213.

### 3.1 No Analysis of Whether Promotional Strategies Increased Participation

*We recommended the Saskatchewan Cancer Agency analyze if its promotional strategies help increase participation in its Screening Program for Colorectal Cancer.* (2020 Report – Volume 2, p. 152, Recommendation 1; Public Accounts Committee agreement January 12, 2022)

#### Status—Partially Implemented

The Saskatchewan Cancer Agency drafted a strategy to address low participation rates in its Screening Program for Colorectal Cancer but had yet to analyze whether its promotional strategies help to increase program participation.

The Canadian Partnership Against Cancer notes First Nations, Inuit and Métis; those living in rural and remote communities; and those living in northern regions of provinces are among the people at a higher risk of developing cancer (including colorectal cancer) as they are generally underserved in healthcare.<sup>9</sup>

As illustrated in **Figure 1**, since 2017, the participation rate of individuals aged 50 or older in the Agency's colorectal cancer screening program remained well below Canada's benchmark of 60%.<sup>10</sup>

**Figure 1—FIT Kit Completion and Participation Rates in Saskatchewan<sup>A</sup>**

	April 2017– March 2019	April 2018– March 2020	April 2019– March 2021 <sup>B</sup>	April 2020– March 2022	April 2023– March 2025
People (aged 50 or older) who completed at least one FIT kit	159,367	152,727	137,625	136,638	149,256
Colorectal cancer screening program population-based participation rate	49.3%	46.9%	41.6%	41.1%	40.8%

Source: Adapted from information provided by the Saskatchewan Cancer Agency.

<sup>A</sup> The Agency reports participation rate and completed Fecal Immunochemical Tests (FIT) received over a two-year period. The national benchmark of 60% is determined for a 30-month period. For the period July 2018 to December 2020, the Agency reported a 49.5% participation rate against the national benchmark—the highest rate among the reporting provinces.

<sup>B</sup> The Agency paused its Screening Program for Colorectal Cancer from March 17, 2020, to May 19, 2020, due to the pandemic.

The Agency tracks participation in its colorectal cancer screening program by former health regions. We found the participation rates of northern Saskatchewan (e.g., La Ronge, La Loche) residents in the screening program remain the lowest in the province with all below 30% (see **Figure 2**).

<sup>9</sup> [www.partnershipagaincancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening](http://www.partnershipagaincancer.ca/news-events/news/article/key-lessons-increasing-colorectal-screening) (16 October 2025).

<sup>10</sup> Ibid.

**Figure 2—Population-based Participation Rates of Northern Saskatchewan Residents in the Screening Program for Colorectal Cancer**

Former Health Region	April 1, 2018, to March 31, 2020	January 1, 2021, to December 31, 2022 <sup>D</sup>	April 1, 2023, to March 31, 2025
Mamawetan Churchill River <sup>A</sup>	33.9%	28.0%	28.1%
Keewatin Yatthé <sup>B</sup>	28.1%	24.0%	22.9%
Athabasca <sup>C</sup>	22.3%	19.2%	28.6%

Source: Information provided by the Saskatchewan Cancer Agency.

<sup>A</sup> Mamawetan Churchill River Health Region (e.g., Creighton, La Ronge, Pinehouse, Sandy Bay, Weyakwin).

<sup>B</sup> Keewatin Yatthé Health Region (e.g., Beauval, Green Lake, Buffalo Narrows, La Loche).

<sup>C</sup> Athabasca Health Region (e.g., Stony Rapids, Uranium City).

<sup>D</sup> Period presented conveys data available at the time of our 2023 follow-up audit.

We found the Agency drafted an Outreach and Engagement Strategy for its Screening Program for Colorectal Cancer to address the province's low participation rates and expected to finalize the strategy in 2025–26. The draft strategy identifies key priority groups the Agency should focus on (e.g., Indigenous, immigrant populations) and outlines goals and objectives for the program (e.g., understanding barriers to participation, increasing public awareness) to improve program participation.

In 2024–25, the Agency held 11 events (e.g., presentation at a conference, display booth at a community health fair) to promote colorectal cancer screening. Of these, the Agency targeted three events toward Indigenous populations and none at immigrant populations. We found the Agency began using a new tracking tool in April 2024 to better collect and manage outreach (promotional) event information (e.g., purpose, target population, number of attendees). However, the Agency had yet to analyze the impact of its promotional activities on participation rates (e.g., whether events held in La Ronge increased program participation rates).

Focusing promotional strategies on under-screened areas to raise awareness and educate eligible target groups should lead to increased program participation rates. Analyzing these promotional events will help to determine whether these events achieve desired outcomes. Higher screening program participation should lead to early detection and better health outcomes for individuals diagnosed with colorectal cancer.

## 3.2 Streamlining Colonoscopy Booking Processes Underway

***We recommended the Saskatchewan Cancer Agency work with the Saskatchewan Health Authority to reduce the time patients wait for colonoscopies with an aim to provide these services within the nationally accepted benchmark for colorectal cancer screening programs. (2020 Report – Volume 2, p. 158, Recommendation 2; Public Accounts Committee agreement January 12, 2022)***

**Status**—Implemented

The Saskatchewan Cancer Agency worked with the Ministry of Health and the Saskatchewan Health Authority to reduce the time patients wait for colonoscopies by standardizing the booking process and expanding booking services coordinated by the Agency.

The Canadian Partnership Against Cancer has set a benchmark of booking 90% of follow-up colonoscopies within 60 days of a patient's receipt of an abnormal screening result from a FIT kit.

In April 2022, the Saskatchewan Health Authority's executive leadership approved an Endoscopy Executive Committee with the purpose of setting strategic direction, developing a provincial plan, and overseeing the work of endoscopy services. The Committee includes members from the Authority, the Agency, the Ministry of Health, and physician leaders.<sup>11</sup>

Effective April 2025, with the assistance of a working group, we found the Committee implemented provincial diagnosis codes for prioritizing endoscopy procedures (e.g., colonoscopies), along with a standardized booking form for endoscopy procedures. We found the Agency expects patients with abnormal FIT kit results to receive a colonoscopy within 60 days—aligning with the Canadian benchmark.

Either the Agency or the patient's primary care provider (e.g., family physician) is responsible for booking follow-up colonoscopies in certain regions of the province. These different booking processes are referred to as program-navigated, dual-navigated, or non-navigated, as outlined in **Figure 3**.

### Figure 3—Process for Booking Follow-Up Colonoscopies

**Program-navigated:** Booking a follow-up colonoscopy appointment is the responsibility of the Agency where, as part of the screening program, a patient's completed FIT kit resulted in an abnormal result.

**Dual-navigated:** Booking a follow-up colonoscopy appointment is the responsibility of the Agency where, as part of the screening program, a patient's completed FIT kit resulted in an abnormal result or as ordered by a patient's primary care provider as part of opportunistic screening.<sup>A</sup>

**Non-navigated:** Responsibility for referring patients for a colonoscopy lies solely with the patient's primary care provider.<sup>B</sup>

Source: Information provided by the Saskatchewan Cancer Agency.

<sup>A</sup> Opportunistic screening is when patients receive screening for colorectal cancer at the request of their physician.

<sup>B</sup> Historically, the following former health regions were non-navigated: Athabasca, Keewatin Yatthé, Memawetan Churchill River, Prairie North, Heartland, Cypress, and Five Hills.

**Figure 4** shows that patients in non-navigated regions continue to wait longer for colonoscopies than patients in other regions. For example, in 2023, patients waited on average almost 79 days for a colonoscopy when their primary care provider was involved in arranging their colonoscopy, compared to an average of approximately 59 and 58 days when the Agency was responsible for arranging the colonoscopy. The Agency is striving to provide navigation services to all regions of the province, which means the Agency would book all colonoscopies for patients in the screening program.

<sup>11</sup> The Endoscopy Executive Committee replaced the former Provincial Endoscopy Committee in 2022. Colonoscopy is a type of endoscopy.

**Figure 4—Average Wait Time from Abnormal FIT Kit Result to Colonoscopy Appointment for Screened Patients 2020 to 2024**

Year	Non-navigated		Program-navigated		Dual-navigated	
	Patients Needing Colonoscopy	Average Wait Time (days)	Patients Needing Colonoscopy	Average Wait Time (days)	Patients Needing Colonoscopy	Average Wait Time (days)
2020	900	91.74	2,439	67.28	987	53.84
2021	1,138	83.46	2,996	66.30	1,208	51.08
2022	1,051	91.01	3,033	68.34	1,187	56.96
2023	1,138	78.56	3,006	59.20	1,156	57.66
2024 <sup>A</sup>	933	78.81	2,586	63.75	1,047	60.84

Source: Information provided by the Saskatchewan Cancer Agency.

<sup>A</sup> Wait time data for 2024 does not reflect all patients who received colonoscopies after September 2024, as the Agency did not have complete colonoscopy data for the entire year.

In 2025, we found the Agency expanded its navigation services to non-navigated regions including the former Cypress (e.g., Swift Current and surrounding areas) and Prairie North (e.g., Lloydminster) Health Regions. The Agency indicated it expects to expand navigation services to the remaining areas of the province currently without navigation services. It plans to expand services in the former Heartland (e.g., Kindersley) and Five Hills (e.g., Moose Jaw) Health Regions by December 2025, and the remaining three regions (in northern Saskatchewan) before the end of 2026.

Using a consistent approach for booking colonoscopies (i.e., navigated through the Agency's screening program) should reduce wait times for colonoscopies across the province. This can result in more timely cancer diagnosis and treatment, where required.

### 3.3 Timeframe for Providing Pathology Results Established

***We recommended the Saskatchewan Cancer Agency work with the Saskatchewan Health Authority to determine a timeframe (benchmark) for providing patients and healthcare providers with pathology results related to screening for colorectal cancer. (2020 Report – Volume 2, p. 160, Recommendation 3;***

*Public Accounts Committee agreement January 12, 2022)*

**Status—Implemented**

The Saskatchewan Cancer Agency worked with the Saskatchewan Health Authority to set a timeframe for providing patients and healthcare providers with pathology results related to screening for colorectal cancer.

In June 2024, the Authority's Anatomic Pathology Surgical Provincial Discipline Committee approved a benchmark of 95% of pathology reports completed within 14 days after a colonoscopy.

The Agency provides the Authority with quarterly updates about turnaround times for pathology results (i.e., days between receipt of pathology reports following colonoscopies). As shown in **Figure 5**, only one provincial laboratory completed pathology reports within 14 days after colonoscopies (on average) between 2022 and 2024.

**Figure 5—Days from Colonoscopy to Pathology by Laboratory Location**

Year	Battlefords Union Hospital (North Battleford)	Pasqua Hospital (Regina)	Saskatoon City Hospital	Victoria Hospital (Prince Albert)
2022	12.6	22.4	28.0	22.9
2023	13.5	35.5	28.3	27.0
2024	14.5	70.5	31.5	47.1
<b>Average Days</b>	<b>13.5</b>	<b>42.8</b>	<b>29.3</b>	<b>32.3</b>

Source: Adapted from information provided by the Saskatchewan Cancer Agency.

The Authority indicated it is not meeting the 14-day target due to workload and resource challenges, which is outside of the Agency's control. We audited the Authority's processes to analyze surgical biopsies (including for possible colorectal cancer) in Regina and Saskatoon laboratories in 2018, and continue to have an outstanding recommendation related to prioritizing and issuing timely diagnosis reports for surgical biopsies.<sup>12</sup> We will continue to follow up on the Authority's ability to issue timely diagnosis reports.

Having benchmarks for expected timeframes to give pathology results from colonoscopies to patients and primary care providers help the Agency and the Authority monitor wait times. Timely receipt of pathology results assists in determining and providing appropriate and timely treatment and reduces the risk of the cancer growing or spreading.

### 3.4 Periodic Analysis and Reporting on Quality Indicators

***We recommended the Saskatchewan Cancer Agency align quality indicators it regularly uses to report on the Screening Program for Colorectal Cancer with nationally accepted indicators.*** (2020 Report – Volume 2, p. 163, Recommendation 6; Public Accounts Committee agreement January 12, 2022)

**Status—Implemented**

***We recommended the Saskatchewan Cancer Agency report on results of key quality indicators timely for its Screening Program for Colorectal Cancer.*** (2020 Report – Volume 2, p. 162, Recommendation 5; Public Accounts Committee agreement January 12, 2022)

**Status—Implemented**

***We recommended the Saskatchewan Cancer Agency periodically include analysis of key quality indicator results for its Screening Program for Colorectal Cancer in its reports to senior management and the Board.*** (2020 Report – Volume 2, p. 162, Recommendation 4; Public Accounts Committee agreement January 12, 2022)

**Status—Implemented**

<sup>12</sup> 2024 Report – Volume 2, Chapter 26, p. 245.



The Saskatchewan Cancer Agency periodically provides senior management and the Board with timely data and analysis of key quality indicators for its Screening Program for Colorectal Cancer, in alignment with nationally accepted indicators.

The Canadian Partnership Against Cancer has set 11 national quality indicators for colorectal cancer screening programs. As shown in **Figure 6**, the Agency developed indicators, or a reasonable proxy, that align with the national indicators to monitor and report against.

**Figure 6—Quality Indicators Used by the Saskatchewan Cancer Agency’s Screening Program for Colorectal Cancer at March 2025**

National Quality Indicator	Definition	National Benchmark	Indicator Developed by the Agency
Screen-eligible population-based participation rate	Proportion of the target population who successfully completed at least one FIT in the program within 30 months	60% or higher	Yes
Screening program participation rate (i.e., among those invited to screen)	Proportion of the target population invited to screen who successfully completed at least one FIT in the program within 30 months	Not set	Yes
Up to date for colorectal cancer screening <sup>A</sup>	Proportion of screen-eligible individuals who were up to date for colorectal screening within the measurement timeframe specified by CPAC	Not set	Yes
Follow-up colonoscopy rate	Proportion of individuals with an abnormal FIT result having a follow-up colonoscopy within six months	85% or higher	Yes
Wait time to follow-up colonoscopy	Time interval from abnormal FIT result to follow-up colonoscopy	90% or higher within 60 days of an abnormal FIT result	Yes
Program invasive colorectal cancer rate	Rate per 1,000 individuals with colorectal cancer confirmed by pathology from a follow-up colonoscopy performed within 180 days of an abnormal screening FIT within the measurement timeframe specified by CPAC	2 or more colorectal cancer cases per 1,000 people screened	Yes
Colorectal cancer stage distribution	Distribution of detected colorectal cancer by tumor, node, and metastasis stage	Not set	Yes
Positivity rate <sup>A</sup>	Proportion of individuals with an abnormal FIT result	Not set	Yes
Positive predictive value invasive colorectal cancer <sup>A</sup>	Proportion of individuals with an abnormal FIT within the measurement timeframe specified by CPAC, in whom invasive colorectal cancer was confirmed by pathology at colonoscopy performed within 180 days of the FIT.	Not set	Yes
Interval cancer rate after negative fecal test result	Rate per 1,000 individuals with FIT screening results that were negative who were subsequently diagnosed with colorectal cancer before their next scheduled screening test (i.e., within two years)	Not set	Yes
Post-colonoscopy colorectal cancer rate after negative colonoscopy performed for a positive fecal test	Rate per 1,000 individuals with abnormal FIT results and colonoscopy results negative for colorectal cancer (performed within 180 days of abnormal FIT) who were subsequently diagnosed with colorectal cancer between six months and three years after the colonoscopy	Not set	Yes

Source: Adapted from Canadian Partnership Against Cancer, *Colorectal Cancer Screening System Level Indicators: Data Specifications*.

<sup>A</sup> New or revised national quality indicators since our 2023 follow-up audit.

We reviewed periodic reporting the Agency provides to senior management and the Board's Quality, Safety, and Risk (QSR) Committee and found:

- The Agency's Vice-President of Population Health, Quality, and Research reviews the quality indicator results quarterly and the Executive Leadership Team review them annually. The Agency also provides the QSR Committee an update on all quality indicators annually. We also found the Agency reports the interval cancer rate to the Committee semi-annually, beginning in August 2025.
- Reports typically included three years of historical information to show trends. Also, the Agency provided some analysis to explain the trends and actions to address gaps from expected results. For example, in February 2025, the Agency reported to the QSR Committee that participation in the screening program did not meet the national target of 60% and the Agency described its plan to launch a targeted campaign focusing on increasing participation in the 50–59 age group (i.e., demographic with the lowest participation rates).
- Information was reported timely (i.e., typically within 3–6 months of reported results).

Timely reporting on key performance indicators for colorectal screening that are consistent with good practice provides senior management and the Board with pertinent information for decision-making. Written detailed analysis helps the Agency understand its progress and identify opportunities for improvement.

