

# CanScreen: Making cancer screening more accessible for patients without a family doctor

Every April, Cancer Awareness Month highlights the role that early detection plays in saving lives. Yet, for more than 700 000 British Columbians without a family doctor, access to routine cancer screening and other preventive care can be limited.

On Vancouver Island, a physician-led pilot initiative worked to expand access to screening for people without a family doctor. CanScreen, British Columbia's first dedicated virtual-screening clinic, provided unattached patients with a direct, coordinated pathway into the province's publicly funded breast, colorectal, and lung cancer screening programs. Initially launched in Victoria in 2023, the program expanded to serve communities across Vancouver Island.

## Identifying a gap in preventive care

BC's well-established, population-based cancer screening programs rely on a crucial clinical link: a family physician or nurse practitioner attached to the patient to review results and arrange follow-up if needed. Patients without a family physician or nurse practitioner may face barriers to timely screening and follow-up care.

CanScreen served as an effective option within this system. Originally developed as a self-funded initiative by its physician founders, its growth was later supported through funding from the Joint Collaborative Committees, a partnership between Doctors of BC and the Ministry of Health. CanScreen received support from both the

Shared Care Committee and the Specialist Services Committee's Spreading Quality Improvement initiative through Island Health.

## Origins of CanScreen

The concept for CanScreen emerged during the COVID-19 pandemic, when it became clear in both urgent care and hospital settings that patients were presenting with advanced-stage cancers that could likely have been detected earlier through routine screening.

This experience emphasized that unattached patients were particularly vulnerable to gaps in preventive care and how delays in screening could lead to poorer outcomes, more complex treatment pathways, and greater demands on the health care system.

## How the CanScreen model works

CanScreen operated as a virtual clinic that temporarily attached patients to the clinic, solely for cancer screening and follow-up. This model linked screening tests to a family physician or nurse practitioner, enabling timely review and action on results.

CanScreen clinicians tracked results, discussed next steps with patients, and provided guidance on recommended screening intervals. Patients with normal results returned to the unattached population with reassurance and a screening plan. When abnormal findings or cancer was identified, physicians remained involved throughout the diagnostic and referral processes.

CanScreen also worked with established referral partner clinics in communities such as Port Alberni, Comox, and Nanaimo to intake patients with confirmed cancer diagnoses following results, supporting

continuity of care through regional collaboration and helping connect patients to longitudinal family physician care where possible.

## Impact to date

Since CanScreen's launch, more than 4000 patients were assessed, and over 3000 screening tests were facilitated, helping detect 22 cancers, most at an early, highly treatable stage. All services were covered by the Medical Services Plan.

By connecting unattached patients with organized screening pathways, CanScreen reached individuals who might otherwise have presented with later-stage cancer. Earlier diagnosis supported improved outcomes and better use of acute care resources.

The clinic also supported continuity of care for patients with a history of cancer. One patient recovering from colon cancer surgery had anxiety after his family doctor retired. He needed regular blood work, yet he had no way to get lab requisitions. He was reassured by receiving follow-up through CanScreen.

## Looking ahead: Equitable access, sustainability, and spread

CanScreen has demonstrated a complementary model that can improve access to screening for people without a family doctor, with strong patient experience and meaningful impact.

A key insight from the initiative is that sustainability and spread depend not only on demonstrating need, but also on alignment across the broader health care system. Screening for unattached patients sits at the intersection of primary care, provincial

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*This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ Editorial Board.*

## Key points

- Patients with a physical injury from a specific single incident at work (e.g., a fall, being struck by an object) can report it at [www.worksafebc.com/report-injury](http://www.worksafebc.com/report-injury).
- Patients can report other injury types and illnesses by calling 604 231-8888 or 1 888 967-5377.
- Free posters and wallet cards to inform patients about how to report are available at [www.worksafebc.com/report-injury-poster](http://www.worksafebc.com/report-injury-poster).

rooms, and the wallet cards can be given to injured workers who visit for initial treatment. To order, visit [www.worksafebcstore.com](http://www.worksafebcstore.com) (click the Publications tab and then choose either the Posters or the Card category). The poster is also available to download and print at [www.worksafebc.com/report-injury-poster](http://www.worksafebc.com/report-injury-poster). ■

—Angelo Cabalfin

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## COHP

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screening programs, diagnostic services, and regional follow-up. When these functions operate independently, pilots can help address immediate gaps, but integrating them into durable pathways requires coordinated planning across partners.

The experience also highlights the importance of shared direction, clear communication, and coordinated timelines among participating organizations.

Looking ahead, scaling approaches like CanScreen will likely depend on continued provincial engagement, integrated communication pathways, and clear program-level processes to support screening results and follow-up for unattached patients.

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