

The Patient Cancer Journey: Challenges in Prevention & Navigating the Health Care System.

Dr. Tania Tajirian

November 27, 2025

camh



Presenter Disclosure

Faculty: Tania Tajirian

Relationships with financial sponsors: Not applicable

Cancer Statistics

Breast Cancer



- Most common cancer in women living in Canada (excluding non-melanoma skin cancers)
- 26% of all cancer cases among women in Canada
- 2nd leading cause of death from cancer in women living in Canada

Cervical Cancer



- 4th most common cancer in women globally
- 3rd most common cancer among women aged 25-44 years

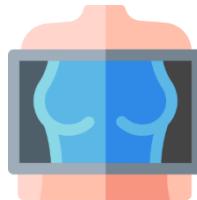
Colorectal Cancer



- Expected to be the 4th most commonly diagnosed cancer in Canada in 2025 (excluding non-melanoma skin cancers)
- 3rd leading cause of death from cancer

Gaps in Cancer Screening

- Screening programs have significantly reduced breast, cervical and colorectal cancer mortality in Canada in the general population through early detection, prevention, and prophylactic intervention.
- Individuals with severe mental illness (SMI) have a higher risk of cancer, but have significantly lower screening rates, leading to poorer health outcomes, including death.
- Compared to the general population, individuals with SMI are:



21% to 50% less likely
to have mammography screening¹



20% less likely
to receive cervical cancer screening²



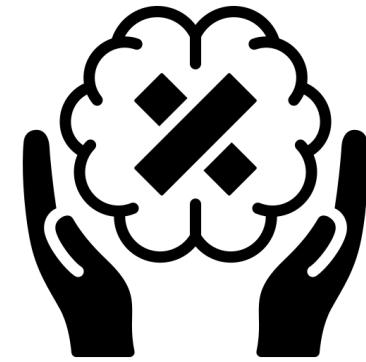
10% less likely
to receive colorectal cancer screening²

¹ Linz S, Jerome-D'Emilia B. Barriers and Facilitators to Breast Cancer Screening for Women With Severe Mental Illness. *J Am Psychiatr Nurses Assoc.* 2024;30(3):576-589. doi:10.1177/10783903221140600

² Murphy KA, Stone EM, Presskreischer R, McGinty EE, Daumit GL, Pollack CE. Cancer Screening Among Adults With and Without Serious Mental Illness: A Mixed Methods Study. *Med Care.* 2021;59(4):327-333.

Why This Matters

- Long-stay psychiatric inpatients have limited access to community-based programs.
- Many carry histories of trauma that influence their willingness to undergo screening.
- Care pathways remain fragmented, which creates delays.
- Missed screening leads to delayed diagnoses and preventable deaths.
- Addressing these gaps requires coordinated solutions within mental health settings.



Quality Improvement Project

- The Hospital Medicine Innovation Hub launched a quality improvement initiative to implement preventative cancer screening in inpatient settings.
- Leveraged CAMH's commitment to integrating physical and mental health services to bring care to patients who face multiple barriers.



Aim

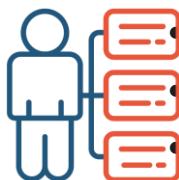


To increase the uptake of colorectal, breast, and cervical cancer screening among long-stay inpatients with serious mental illness by embedding screening within routine psychiatric care.

Methods

- Co-design process with hospitalists, nurses, psychiatrists, and allied health clinicians.
- Development of trauma-informed care pathways.
- Integration of workflows into the electronic health record (EHR) to support reminders and structured documentation.
- Two-year retrospective chart review to assess outcomes.

Patient Eligibility

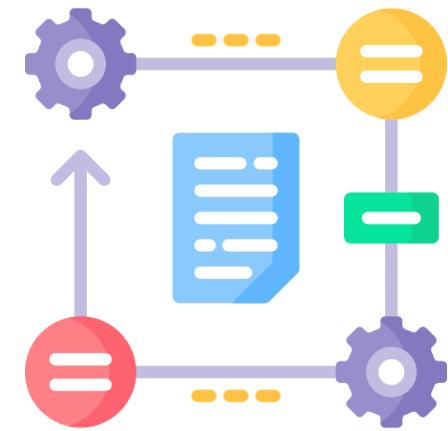


- Continuous inpatient admission for at least one year
- Age eligible for colorectal, breast or cervical cancer screening
- Overdue for cancer screening at baseline

Colorectal Cancer Intervention



1. Implementation of a fecal immunochemical test (FIT) workflow
2. Standardized kit storage distribution and specimen handling
3. Clear steps for consent education and result reporting
4. EHR prompts to support timely follow up



Breast Cancer Intervention



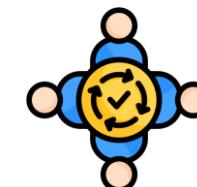
1. Partnership with Women's College Hospital to coordinate dedicated mammogram scheduling for CAMH patients.



2. Patient education resources including a virtual walkthrough video to reduce anxiety and familiarize patients with the procedure.



3. Trauma informed communication training for breast imaging technologists to improve the patient screening experience.



Cervical Cancer Intervention



1. Educational sessions for patients.
2. Dedicated Pap blitz initiative to expand access.
3. Structured documentation in the EHR to track follow-up.



Results



Colorectal cancer screening increased from 4.9% to 33.3%



Cervical cancer screening increased from 35% to 50%.



Breast cancer screening decreased from 50% to 36% due to a provincial eligibility expansion that increased the number of patients due for screening.

Lessons Learned

1. Psychiatric inpatient settings can function as strategic sites for preventive care.
2. Trauma-informed education improves trust and readiness among patients.
3. Digital tools can standardize screening workflows and support sustained implementation.
4. Partnerships with community providers can enhance continuity of care.

Future Directions



1. Co-design of patient-facing education tools.
2. Evaluation of patient experience across the cancer screening journey.
3. Expansion of digital prompts and decision support.
4. Exploration of navigator roles to coordinate follow-up.



Thank You

camh