



Cystic Fibrosis Research News

Title:

Primary Care Involvement Boosts Cancer Screening in People with Cystic Fibrosis

Lay Title:

Having a Family Doctor Helps People with CF Get Screened for Cancer

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What was your research question?

Do people with cystic fibrosis (CF) receive recommended cancer screening tests, and does having a family doctor (also called a primary care provider) increase the chance of being screened?

Why is this important?

As people with CF live longer, their risk of developing cancers increases—especially colorectal, cervical, and possibly breast cancer. Early detection through screening can catch cancer before symptoms appear, improving outcomes. However, cancer screening is often overlooked in CF care, which focuses mostly on complications related to lungs and digestion. Understanding whether having a family doctor influences screening can help improve how care is delivered and identify missed opportunities for prevention.

What did you do?

We studied over 1,000 people with CF in Ontario using health databases and the Canadian CF Registry. We looked at who received screening tests for breast, cervical, or colorectal cancer. We also checked whether having a family doctor involved in their care made a difference. We compared these rates to people without CF of the same age living in the same area.

What did you find?

Cancer screening rates in CF were still too low. About one-third of women missed breast or cervical cancer screening, and only half had colorectal cancer screening. But people with CF

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were more likely to be screened than those without CF. Having a family doctor increased the chance of getting screened for breast and cervical cancer. For colorectal cancer screening in the pre-transplant population, having a family doctor also increased the change of getting screening. However, after transplant, family doctor involvement did not improve colorectal cancer screening, likely because transplant teams are already very involved.

What does this mean and reasons for caution?

This study shows that having a family doctor is important for getting screened, but many people with CF are still not up to date. Cancer screening may be missed because care is often led by CF specialists, not family doctors. While this study has important findings, it doesn't show whether people got screened regularly or just once. It also focused only on one Canadian province, so results might be different elsewhere.

What's next?

We need to make sure all people with CF have access to regular cancer screening. Future studies should explore how to better integrate family doctors with CF care and assess whether education or reminders help improve screening rates over time.

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