A NEWSLETTER FOR PRIMARY CARE PROVIDERS

THE QUARTERLY

MAY 2021

Cancer Screening During COVID-19

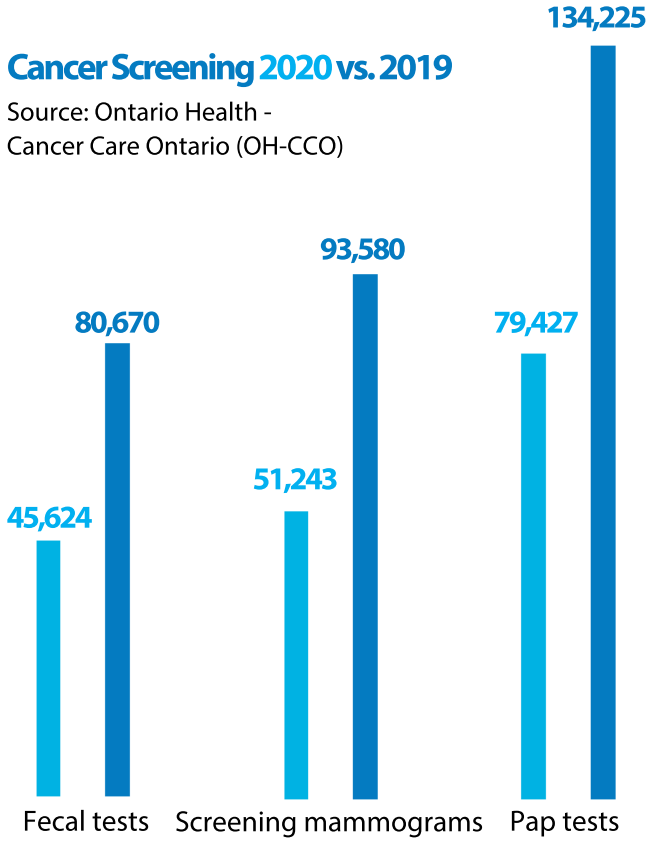
Dr. Marla Ash, Family Physician
Primary Care Lead, Central Region

During the pandemic, many of our preventative health care services have been put on hold, including cancer screening. The long term impact of disrupted screening, diagnostic delay, missed opportunities to detect and manage pre-cancerous lesions and the increase in need for treatment of more advanced cancers is unknown and concerning. Various studies have and will continue to examine the impact of COVID-19 on cancer screening programs.

As restrictions lift, while challenging on many levels, catching up on overdue cancer screening is time-sensitive and critical. Educating the public of this is also a necessity. In Ontario, during the pandemic cancer screening services stopped for approximately 3 months (March – May 2020), but are slowly resuming. All three screening programs have not reached previous levels, but with recent reports, there has been improvement.

Cancer Screening 2020 vs. 2019

Source: Ontario Health - Cancer Care Ontario (OH-CCO)



CENTRAL REGIONAL CANCER PROGRAM UPDATE >

NEW!

Dr. Lisa Jong

Radiologist, Breast Imaging Lead for the Central Region

We are thrilled to announce that Dr. Lisa Jong is the new Central Regional Cancer Program lead for breast imaging.
Dr. Lisa Jong currently works at Humber River Hospital as the radiology lead at the Breast Health Clinic. Dr. Jong completed a fellowship in Women's Imaging at St. Michael's Hospital in 2013, completed radiology residency at the University of Toronto and obtained her medical degree from the University of Western Ontario.

NEW!

Julia Brown

Regional Lead - Person Centered Care; Manager – Cancer Prevention & Screening

The Central Regional Cancer Program is excited to announce Julia Brown has joined the team as Regional Lead- Person Centered Care; Manager- Cancer Prevention and Screening.
Julia has been working in cancer care for 14 years. She has worked as a Radiation Therapist, a Clinical Applications Specialist, Quality Lead, Supervisor and Manager as well as in Infection Control. She completed her Master of Public Health and began getting involved with diversity and inclusion, health promotion and patient education.

CANCER SCREENING UPDATES >

Reducing Barriers to Breast Cancer Screening for People with Physical Disabilities

The challenges in cancer screening due to COVID-19 led the Central Regional Cancer Program (CRCP) to reflect on additional barriers that existed prior to the pandemic. Patients with physical disabilities are statistically under screened and are less likely to receive a mammogram than those without physical disabilities.

The CRCP did an environmental scan to determine the accessibility features of mammography clinics within our region. The aim of this scan was to bring awareness to mammography sites about accessibility and provide health care providers and clients with resources on breast screening facilities that can meet their accessibility needs.

The majority of mammography sites within the Central Region are able to accommodate patients with physical disabilities. They can often have their mammograms performed in their wheelchairs (especially if the arms are removable). We complied a list of locations* highlighting their specific accessibility features and included them in this newsletter.

This resource will provide clients and primary care providers with information to ensure mammograms are booked at facilities with the features suited to meet ones needs in order to have a successful mammogram.

*This list is not comprehensive and only includes sites that participated in the environmental scan

Some accessibility features assessed during our environmental scan inlude:

- A positioning chair
- Accessible washrooms and changerooms
- Additional personnel to assist with the procedure
- Patient Lift

Vaccine Related Adenopathy - Guidance for Primary Care Providers

OH-CCO has developed a document for primary care providers on managing vaccine related adenopathy (attached) or visit bit.ly/33fkYBS. Due to the mass COVID-19 vaccinations currently underway throughout Ontario, primary care providers may see an increasing number of patients reporting axillary, neck and/or supraclavicular adenopathy.

Lymphadenopathy has been reported as a common side effect of the COVID-19 vaccination and was reported in over 10% of recipients of either the Moderna or Pfizer vaccine.

Cases of lymphadenopathy are expected to be found incidentally through routine breast screening (OBSP) as well as other medical imaging tests.

CANCER SCREENING UPDATES CONTINUED >

Colorectal Cancer Screening

Dr. David Baron, MD, FRCPC, Central Region
Colorectal/GI Endoscopy Lead

Screening with FIT

Average risk: every two years for asymptomatic people between 50 – 74 years of age with no first degree relatives diagnosed with colorectal cancer, and no personal history of precancerous colorectal polyps requiring surveillance or inflammatory bowel disease.

My patient is FIT+... now what?

The Central Region FIT + Colonoscopy Referral form should be used to refer patients for a FIT + colonoscopy at one of the six Ontario Health - Cancer Care Ontario (OH-CCO) funded FIT + colonoscopy facilities within the region. The referral form can be accessed here: bit.ly/fitpositives
Colonoscopies should be performed on FIT + patients within 8 weeks to reduce diagnostic delays. Positive results are associated with a higher chance of colorectal cancer.

When can my patient return to screening with FIT after a FIT+ colonoscopy?

Results	Next FIT done in
No polyps	10 years
Hyperplastic polyp(s) in rectum or sigmoid	10 years
Low risk adenomas*	5 years

*1-2 tubular adenoma(s) <10mm diameter with no high-grade dysplasia

Cervical Cancer Screening

Dr. Felice Lackman, MD, FRCSC, Central Region
Cervical Screening/Colposcopy Lead

Recommended screening age is now 25

OH-CCO is recommending primary care providers start cervical screening at the age of 25. This recommendation has been updated on their website: cancercareontario.ca/en/node/68141

Please note: People with first time LSIL or ASCUS can be rescreened with cytology in approximately 12 months as opposed to the current recommendation of 6 months.

Why the change?

This update is based on evidence that suggests screening people under 25 years of age may do more harm than benefit, as cervical cancer is extremely rare in people under 25. This change will be made formally upon the implementation of human papillomavirus testing. For this reason, primary care providers are encouraged to consider delaying screening until 25.

Continue to investigate any visible cervical abnormalities or abnormal symptoms, regardless of age. Refer the patient to a specialist as needed (colposcopist/gynecologist).

Access Your Screening Activity Report (SAR)

If you are a PEM physician, using your SAR is an effective way to triage patients for cancer screening. The "Action required" section on the dashboard shows the highest priority patients. The numbered links under each modality will generate a list of patients with an abnormal result requiring follow up, invalid results requiring retest, or those overdue for screening.

Don't have access to your SAR? Email us or visit bit.ly/cancerSAR for more information.

NEW INFORMATION & RESOURCES >

Aging at Home Supports for Indigenous People (45+)

Do you have Indigenous patients ages 45+ living in South Simcoe or York Region?

The Barrie and Area Native Advisory Council provides an Aging at Home Program for Indigenous people over the age of 45. The program includes supports to live at home longer including: Home Visits/Companionship; Light Housekeeping; Congregate Dining/Feasts; Transportation; Cultural Teachings; Traditional Ceremonies; and Cultural Group Activities for example: Traditional Arts and Crafting Workshops.

To get more information on the program, or to receive the referral form, email culturalworker@banac.on.ca

CANCER PREVENTION >

Ontario Cancer Facts 2021: 4 Risk Recommendations

1. Be as lean as possible within the normal range of body weight
2. Be as physically active as possible as part of every day life
3. Eat mostly foods of plant origin
4. Limit alcoholic drinks

OH-CCO released their newest Ontario Cancer Facts in March 2021. In this edition, they highlighted research into recommendations that can be provided to patients to reduce their cancer risk. Encouraging life style changes and making health choices play a pivotal role in protecting our patient's health and reducing their cancer risk.

OH-CCO found that these 4 cancer prevention recommendations (related to body fatness, physical activity, plant foods, and alcoholic drinks) were associated with approximately 30% reduced cancer risk.

To receive Ontario Cancer Facts monthly, visit cancercareontario.ca/en/cancer-facts and click Subscribe (top right).

Remind Patients about the MyCancerIQ Tool

OH-CCO's MyCancerIQ tool is a great resource for patients to better understand their personal cancer risk, protective factors and screening recommendations. The tool allows users to determine their personal risk for melanoma, breast, cervical, colorectal, kidney and lung cancer and provides strategies that can be employed to reduce their individual risk.

Once someone completes the questions, a detailed summary is provided that includes an explanation of the risk factors both raising and lowering ones risk. Screening recommendations are provided, as well as links to Canadian resources for health behavior change. Completing MyCancerIQ empowers and motivates people to make healthy changes using their individualized health action plan.

Learn more at www.mycanceriq.ca

The Central Region can provide additional resources upon request

- **EMR/SAR support to identify patients due for screening**
- **Colorectal cancer screening and prevention brochure**
- **Addition to the electronic newsletter distribution list**

Please complete the request form at surveymonkey.com/r/ZSQSYLV for resources and to be added to our electronic distrubtion list

The Provincial Primary Care and Cancer Network (PPCN) monthly newsletter by Ontario Health (CCO), which provides cancer screening updates is available to any interested primary care providers in Ontario.
To subscribe email: PrimaryCareInquiries@ontariohealth.ca

ACCESSIBILITY OF MAMMOGRAPHY SITES IN THE CENTRAL REGION >

Mammography Site	Accessible Washroom	Accessible Change Room (w/ bench) *	2nd person to assist	Positioning Chair	Patient Lift
Toronto / North York / Thornhill					
North York General Hospital & OCSC	✓	✓	✓	✓	✓
Humber River Hosptial	✓	✓	✓	✓	✓
York Radiology	✓	✓	✓	✓	
Bluewater Imaging - Lawrence	✓	✓	✓	✓	
Lighthouse Imaging - Fairview	✓	✓	✓	✓	
Downsview X-ray and Ultrasound	✓	✓	✓	✓	
Hitek Medical Imaging - Leslie	✓	✓	✓	✓	
Hitek Medical Imaging - Yonge	✓	✓	✓	✓	
OMI - Bathurst	✓	✓	✓		
True North Imaging - Thornill	✓		✓		
MyHealth Centre - North York		✓	✓		
Dixie X-Ray - Oakdale	✓		✓		
Markham/Richmond Hill/Unionville					
Markham Stouffville Hospital	✓	✓	✓	✓	✓
Mackenzie Health	✓	✓	✓	✓	✓
Unionville Diagnostic Imaging	✓	✓	✓	✓	
OMI - Chalmer's Gate	✓	✓	✓		

ACCESSIBILITY OF MAMMOGRAPHY SITES IN THE CENTRAL REGION >

Mammography Site	Accessible Washroom	Accessible Change Room (w/ bench) *	2nd person to assist	Positioning Chair	Patient Lift
Markham/Richmond Hill/Unionville Continued					
Oak Ridges Medical Diagnostic Imaging	✓	✓			
Markham Diagnostic Centre	✓		✓		
Markham Women's Health Centre	✓		✓		
Maple/Woodbridge/Vaughan/Thornhill					
Med-Scan X-Ray and Ultrasound Services	✓	✓	✓	✓	
Bluewater Imaging - Woodbridge	✓	✓			
Ontario Diagnostic Centre- Woodbridge	✓	✓			
Dixie X-ray - Vaughan	✓		✓		
Newmarket/Keswick/Alliston					
Southlake Regional Health Centre	✓	✓	✓	✓	✓
Stevenson Memorial Hospital	✓	✓	✓		✓
Keswick Advanced Imaging Centre	✓	✓	✓	✓	
MyHealth Centre - Newmarket	✓	✓		✓	

*Mammography sites that do not have an accessible changeroom have clients change in the mammography suite

Ontario Health
Cancer Care Ontario

Guidance for Primary Care Providers – Adenopathy Related to Vaccination – 2021-04-16

To:	Primary Care Providers
From:	Cancer Screening, Ontario Health (Cancer Care Ontario)
Re:	Guidance for adenopathy related to vaccination

Background

Lymphadenopathy has been reported as a common side effect of the COVID-19 vaccination. Axillary swelling or tenderness in the vaccination arm was reported in approximately 12% of Moderna vaccine recipients following dose 1 and 16% of participants following dose 2[1]. For the Pfizer-BionNTech vaccine, lymphadenopathy was reported as an unsolicited adverse event in 64 participants in the vaccine group compared to 6 in the placebo group[2].

Due to the mass COVID-19 vaccination underway in Ontario, and general awareness that vaccines of all types could cause lymphadenopathy, primary care providers (PCPs) may see an increasing number of patients who report axillary, neck and/or supraclavicular adenopathy. Additional cases of lymphadenopathy are also expected to be found incidentally through breast screening (Ontario Breast Screening Program) and other medical imaging, and have been addressed in *Guidance for OBSP Sites – Adenopathy Related to Vaccination – 2021-04-05* and *Guidance for Medical Imaging – Adenopathy Related to Vaccination – 2021-04-12,* respectively.

The following recommendations have been developed to support PCPs in managing vaccine-related lymphadenopathy in their patients. They were developed in consultation with imaging, cancer and primary care leads within Ontario Health (Cancer Care Ontario), and consider the most recently available information. The evidence on management of lymphadenopathy continues to evolve and this guidance may be updated as new information emerges.

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[1] Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Moderna COVID-19 Vaccine [Internet]. Centers for Disease Control and Prevention; [updated 2020 Dec 20; cited 2021 Mar 21]. Available from: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/reactogenicity.html

[2] Local Reactions, Systemic Reactions, Adverse Events, and Serious Adverse Events: Pfizer-BioNTech COVID-19 Vaccine [Internet]. Centers for Disease Control and Prevention; [updated 2020 Dec 13; cited 2021 Mar 21]. Available from: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/reactogenicity.html

Vaccine-related lymphadenopathy recommendations

Detection	Recommendation
Detected during breast screening – Ontario Breast Screening Program (OBSP)	To support the management of vaccine-related lymphadenopathy in breast screening, OBSP sites have been asked to do the following: • Schedule screening mammograms for participants prior to receiving the COVID-19/other vaccine or 6 weeks after vaccination, where possible and when it does not unduly delay care. • Collect COVID-19 (or other recent vaccination) history at the screening appointment. • Note all suspected vaccine-related lymphadenopathy in OBSP screening reports for the awareness of the PCP. When lymphadenopathy is detected on screening mammogram within 4 weeks of vaccination and is ipsilateral to the vaccination site, the following is recommended: • Where clinical history suggests lymphadenopathy is likely due to vaccination, radiologists could consider the finding benign and participant can return to routine screening; follow up with PCP to ensure lymph nodes are not palpable 6 weeks after most recent vaccination is recommended. • When clinical and/or vaccination history suggests the participant may be at risk from other etiology, participant will be recalled by the radiologist for further assessment and short interval follow up, as appropriate. When lymphadenopathy is detected on screening mammogram 4 weeks or longer after vaccination, participants will be recalled by the radiologist for further assessment and short interval follow up as per usual practice.
Detected during general medical imaging	General medical imaging facilities have been provided with similar guidance as OBSP sites with regards to lymphadenopathy detected incidentally during imaging of the neck, shoulder or chest.
Patient-detected	If patient reports palpable unilateral lymphadenopathy that is ipsilateral to the vaccination site, and is within 6 weeks of vaccination: 1. Monitor clinically for up to 6 weeks from the date of vaccination; patient may self-monitor during this period. 2. If adenopathy resolves, no further follow up is advised. 3. If adenopathy persists for more than 6 weeks after vaccination date, in-person physical examination and appropriate imaging is advised; ultrasound or mammography (where relevant), is often recommended for initial assessment. 4. Patients at risk of adenopathy from other etiologies (e.g., cancer surveillance patients) may require more timely follow up.