

# THE QUARTERLY

## A Message from your Regional Cervical Screening and Colposcopy Lead

### Colposcopy Clutter: How do we clean up?

With the advent of HPV implementation as the primary screening test for cervical cancer, coming soon to a region near you (hopefully), we need to be able to accommodate the increased number of colposcopy referrals that will inevitably occur. Currently, we have a finite capacity of colposcopy resources.

There are two ways in which we can effectively increase space. The first is to decrease the number of incoming colposcopy patients and the second is to appropriately discharge current colposcopy patients back into primary care screening.

There are clear colposcopy referral criteria, which are outlined in the table below. Patient should be referred only if they meet these criteria.

Pap screening should be initiated at age 25 in anyone with a cervix who has ever been sexually active (with same sex or opposite sex partners). Patients with a first time low grade Pap should have a repeat Pap no sooner than one year later. Most peoples' immune systems will be able to clear the HPV infection in 1-2 years and the Pap will revert back to normal. Alternatively, patients can elect to have a privately funded HPV test if they have a low grade pap test result. Patients who have two consecutive low-grade pap tests or a low grade pap in addition to a positive high risk HPV test should be referred for colposcopy. As usual, any high-grade Pap test should immediately be referred for colposcopy, to ensure that these patients can be accommodated within the required 6 month time period.

## Cervical screening test results to refer to colposcopy

### Screening with cytology:

- A high-grade cytology result (ASC-H, HSIL, AGC or AIS)
- A low-grade cytology result (ASCUS or LSIL) followed by another low-grade cytology result (ASCUS or LSIL) at the 12 month repeat cytology test
- A low-grade cytology result (ASCUS or LSIL) followed by a normal cytology result (NILM) at the 12 month repeat cytology test, and then followed by a low-grade cytology result (ASCUS or LSIL) at the second 12 month repeat cytology test

### Screening with HPV testing<sup>1</sup>, if available:

- A low-grade cytology result (ASCUS or LSIL) and HPV-positive (type 16/18)<sup>2</sup>
- A low-grade cytology result (ASCUS or LSIL) at repeat cytology test and HPV-positive (regardless of subtype)

<sup>1</sup> HPV testing is not currently funded by the Ministry of Health. Cytology remains the current recommended cervical screening test in Ontario.

<sup>2</sup> People who are HPV-positive (other) should repeat their cytology in 12 months; people who are HPV-negative should return to routine screening with cytology in 3 years.

In addition, there are specific criteria that encourage discharge from colposcopy back into primary care screening, whether that be with enhanced screening with yearly Pap tests or routine screening with three yearly Pap tests. See discharge letter below:

# FINAL DISCHARGE RECOMMENDATIONS COLPOSCOPY SERVICES

Colposcopist's name:  
Contact information:  
Date:

Patient information:

Your patient has been discharged from colposcopy<sup>1</sup> and can resume cervical screening in primary care; see below for guidance on next steps:

Your patient is at **average risk** of developing cervical pre-cancer<sup>2</sup> or cancer, so they should resume **routine cervical screening in 3 years** based on the following results from colposcopy:

- HPV testing was not conducted<sup>3</sup>: Normal (NILM) cytology results at 3 consecutive visits, *or*
- HPV testing was conducted<sup>3</sup>: HPV-negative AND normal (NILM) or low-grade cytology (ASCUS or LSIL) results at last visit

Your patient is at **slightly elevated risk** of developing cervical pre-cancer<sup>2</sup> or cancer, so they should resume **annual screening** based on the following results from colposcopy<sup>4</sup>:

- HPV testing was not conducted<sup>3</sup>: A combination of normal (NILM) or low-grade cytology (ASCUS or LSIL) results at 3 consecutive visits, *or*
- HPV testing was conducted<sup>3</sup>: HPV-positive (regardless of subtype) AND normal (NILM) or ASCUS cytology results at last visit

AIS: adenocarcinoma in situ; ASCUS: atypical squamous cells of undetermined significance; HPV: human papillomavirus; HSIL: high-grade squamous intraepithelial lesion; LSIL: low-grade squamous intraepithelial lesion; NILM: negative for intraepithelial lesion or malignancy

For further information on the Ontario Cervical Screening Program's screening and colposcopy recommendations see <https://cancercare.on.ca/pcs/screening/cervscreening/hcpresources>.

[Physician Name], MD, Colposcopist

<sup>1</sup> All patients being discharged have had negative colposcopy(s) (i.e., LSIL histology or no biopsy taken).

<sup>2</sup> Cervical pre-cancer is defined as HSIL or AIS histology.

<sup>3</sup> HPV testing is not currently funded by the Ministry of Health. Cytology remains the current recommended cervical screening test in Ontario.

<sup>4</sup> Patients who are immunocompromised may be at elevated risk of developing cervical pre-cancer or cancer and should receive annual screening.

Version 2.0

Date released: April 2023

Available online: <https://www.cancercare.on.ca/pcs/screening/cervscreening/hcpresources>

By increasing capacity now, we will be better prepared for the influx of colposcopy referrals when HPV testing is implemented as our primary screening tool. It is imperative that both primary care and colposcopy providers continue work hand-in-hand to ensure excellent patient care for patients who require colposcopy. It is the duty of the colposcopist to educate and clearly outline the discharge plan and provide the necessary documentation for the primary care provider. Also, the primary care providers need to ensure that guidelines are being followed and only send patients who truly require referral to colposcopy.

Together, we will continue to provide excellent patient care to prevent cervical cancer in our region.

For further information on the Ontario Cervical Screening program and colposcopy recommendations see: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers>

Sincerely,

**Dr. Felice Lackman, Regional Cervical Screening and Colposcopy Lead**

## Breast Cancer Awareness Month

### NEW! Program Updates: Ontario Breast Screening Program (OBSP)



#### Inclusion of people aged 50 - 74 with breast implants

- See below revised OBSP screening report
- OBSP sites have been updated of the changes and will begin scheduling patients that fit this criteria effective **October 16**
- Referrals are not required



#### Screening eligibility criteria of Two-Spirit, trans and non-binary people

- Transfeminine people who have had 5 or more consecutive years of feminizing hormone\* therapy at some point in their life and who are otherwise eligible may be screened
- Transmasculine people who have not had top surgery and are otherwise eligible

\*For more information on the most common feminizing hormone therapies visit [Primary Health Care for Trans Patients: Feminizing Hormone Therapy](#)

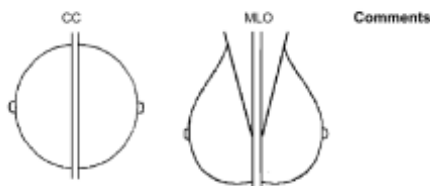
Client Name \_\_\_\_\_ PCP \_\_\_\_\_ Digital Accession # \_\_\_\_\_ OBSP Site \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ HIN \_\_\_\_\_  
 Screen # \_\_\_\_\_ Prev OBSP Mammo \_\_\_\_\_ O External Mammo \_\_\_\_\_ Location \_\_\_\_\_

NORMAL/ BENIGN MAMMOGRAM

ABNORMAL MAMMOGRAM

OBSP to recall client in 1 year as per radiologist

Reason for 1 year recall:



Compared to Previous Yes  No

**Breast Density**

**BI-RADS Breast Density Categories:**

- A) The breasts are almost entirely fatty
- B) There are scattered areas of fibroglandular density
- C) The breasts are heterogeneously dense, which may obscure small masses
- D) The breasts are extremely dense, which lowers the sensitivity of mammography

**Breast Implants** Yes  No

Additional details about implants in 'Comments'

**Referred Findings**

- |                  |                         |                         |
|------------------|-------------------------|-------------------------|
| Mass             | R <input type="radio"/> | L <input type="radio"/> |
| Calcification    | <input type="radio"/>   | <input type="radio"/>   |
| Arch. Distortion | <input type="radio"/>   | <input type="radio"/>   |
| Focal Asymmetry  | <input type="radio"/>   | <input type="radio"/>   |
| Other            | <input type="radio"/>   | <input type="radio"/>   |

Lesion Size (mm) \_\_\_\_\_

**Assessment**

- |                                   |                       |                       |
|-----------------------------------|-----------------------|-----------------------|
| Special Views                     | <input type="radio"/> | <input type="radio"/> |
| Breast Ultrasound                 | <input type="radio"/> | <input type="radio"/> |
| Surgical or Clinical Consultation | <input type="radio"/> | <input type="radio"/> |

Reason for surgical/clinical Consultation:

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date \_\_\_\_\_

# OBSP Reminders

## OBSP 1 year recall

Participants in the OBSP will be recalled for their screening mammogram in 1 year if they meet at least one of the following conditions.

Documented pathology of high-risk lesions	A personal history of ovarian cancer
2 or more first degree relatives assigned female at birth with breast cancer at any age	1 first degree relative assigned female at birth with breast cancer under age 50
1 first degree relative with ovarian cancer at any age	1 relative assigned male at birth with breast cancer at any age
BI-RADS breast density Category D	Radiologist recommendation

## Six Month Follow Up

Participants in the OBSP who have radiologist recommended six month follow up require a **physician**



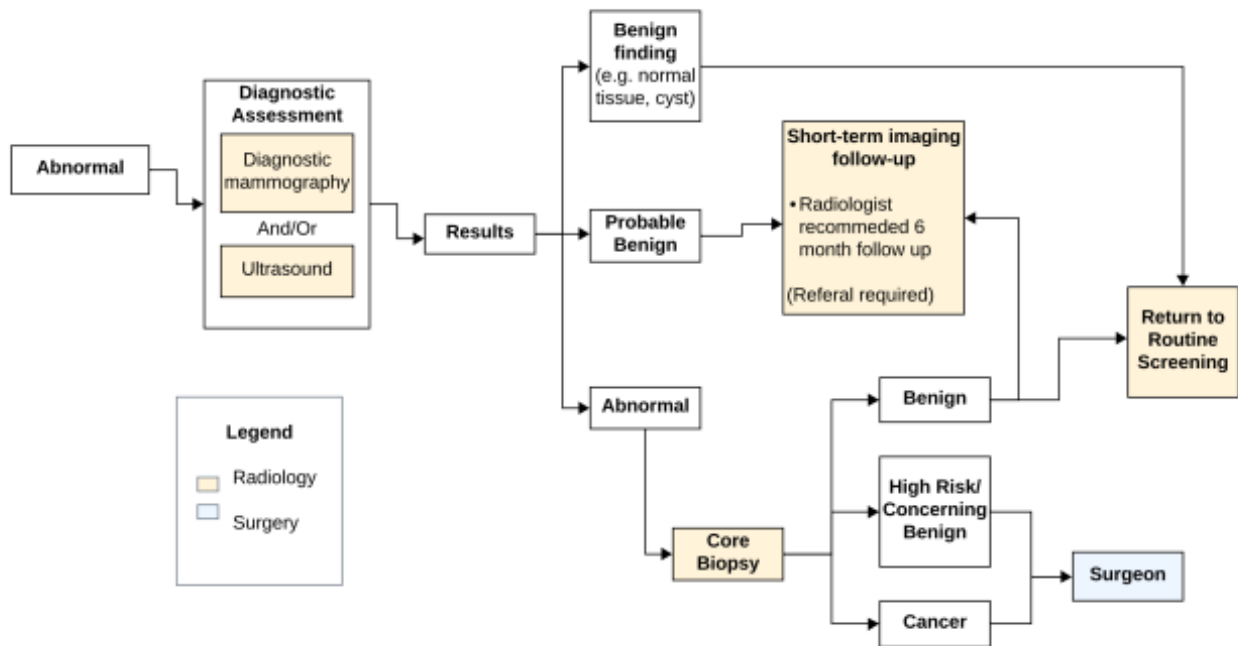
referral for this exam



# Abnormal Breast Imaging Pathway

## ABNORMAL MAMMOGRAM PATHWAY

Central Regional Cancer Program  
Ontario Health (Cancer Care Ontario)



To access comprehensive pathway maps for breast cancer prevention, screening & diagnosis, treatment and follow up click [here](#)

# OBSP Mammothon and Education Day



Mammothon is an annual breast screening marathon that took place October 2 -6. The Central Region collaborated with OBSP



The Central Region Screening and Prevention Team hosted their 9th annual OBSP Education Day on October 26, 2023.

imaging sites in the region to screen as many women as possible for breast cancer and was a great success.

This initiative aims to help address barriers to breast screening encouraging women who are overdue or never been screened to complete their mammograms.

This event provides an opportunity to provide program updates and education to managers, clerical staff and technologists from our OBSP sites across the Central Region.

## Program Updates



### Central Region Cancer Screening Programs Data Update

To view the most recent available data (as of September, 2023) on the breast, cervical, and colorectal screening programs participation rates click [here](#).

#### Highlights of Q1 FY23/24 compared to Q4 FY 22/23:

- Q1 OBSP participation rate increased by 0.8% compared to Q4.
- Q1 OCSP participation rate (52.9%) increased by 0.4% compared to Q4
- Q1 CCC overdue for screening rate has remained stable compared to Q4.

If you have any questions or feedback related to the data, please email [icsregional@southlake.ca](mailto:icsregional@southlake.ca).

### CCC Programs Data Update

Recent data shows that although our region is beating the Ontario benchmark of a 56 day wait time from abnormal FIT to colonoscopy, we are currently falling short in another area.

Currently the time between a primary care provider receiving an abnormal result to a referral to colonoscopy is **25 days** this is greater than the provincial average of **15 days**.

It is imperative that once an abnormal result is received the patient is expediently referred onto a colonoscopy. Our adjacent quick links includes the FIT + Colonoscopy Referral which can be used to refer patients to the appropriate location

### Quick Links

#### Screening Recommendations, Referrals and More!

##### OBSP:

- [Breast Screening Guidelines Summary](#)
- [Breast Density Information](#)
- [High Risk OBSP Requisition + Breast Cancer Genetic Assessment Results](#)
- [OBSP Assessment Centres](#)

##### CCC:

- [Guide to Average-Risk Screening with FIT](#)
- [Post-Polypectomy Surveillance Recommendations](#)
- [FIT + Colonoscopy Referral](#)

##### OCSP:

- [Cervical Screening Guidelines Summary](#)
- [Central Region Colposcopist List](#)

for their colonoscopy.

### CCC and GI Endoscopy Report September 2023

	Central Region	Ontario
Wait time: abnormal result to referral	25	15
Wait times: referral to colonoscopy	29	37
Wait time: abnormal result to colonoscopy	51	49
Ontario Benchmark for wait time abnormal result to colonoscopy: 56 days		

To request hard copies of any of these guidelines to be mailed to your practice, please contact us at [icsregional@southlake.ca](mailto:icsregional@southlake.ca).

## Webinars and Educational Opportunities

### Register:

#### Rainbow Health Ontario

Education and training available for providers to increase their clinical and cultural competency in caring for 2SLGBTQ population

[Click HERE](#)

Hosted by Toronto Central Regional Cancer Program

### Register:

#### Primary Care Cancer Connection Lunch and Learn Series

Oct. 26: Genetics for PCPs  
Nov. 23: Screening for transgender individuals

[Click HERE](#)

Hosted by Champlain Regional Cancer Program

### Register:

#### Smoking Cessation for Primary Care

Person Centered Care Series

**November 1, 2023**

[Click HERE](#)

Hosted by the Central Region Cancer Program  
1.0 MainPro+ Credit

### View the Recording:

#### Important Changes to the Ontario Breast Screening Program

[Click HERE](#)

Hosted by Toronto Central Regional Cancer Program

### View the Recording:

#### An Update on Ontario's Cervical Screening Program

[Click HERE](#)

Hosted by the Central Regional Cancer Program

### View the Recording:

#### Optimizing the Features of your EMR for Cancer Screening

[Click HERE](#)

Hosted by Central East Regional Cancer Program

## November is Lung Cancer Awareness Month

In recognition of Lung Cancer Awareness Month, we are excited to launch our accredited *Person-Centred Care Webinar Series* on November 1st with our first session on **Smoking Cessation for**



## Primary Care.

### [REGISTER HERE](#)

We are also highlighting information and resources on lung cancer; a cancer that claims the lives of many Canadians each year.

The best ways to protect your lungs are through **immunizations, quitting smoking and avoiding poor air quality.**

Did you know, as many as **3 in 5** Canadian individuals who use tobacco **intend to quit within six months**, however only 3-5% are successful without assistance (Canadian Cancer Society, 2020).

Advice and support from a healthcare provider can **improve the success** of a quit attempt by up to **30%** (CCS, 2020).

As a primary care provider, you have an opportunity to make a difference by supporting your patients to quit smoking. In addition, there are a number of community resources and support programs available for patients and their families.

## Resources

[Lunghealth.ca - Immunizations](#)  
[Lung Cancer Canada](#)

### [Health 811](#)

[Talk Tobacco](#) – Indigenous Quit Smoking and Vaping Support

### [Lung Health Foundation](#) (QUASH app)

Family Health Teams can join the **Smoking Treatment for Ontario Patients (STOP)** program through CAMH, which provides free Nicotine Replacement Therapy (NRT) to eligible patients. Email us at [stop.study@camh.ca](mailto:stop.study@camh.ca) to learn more.

### **Ontario Smoking Cessation Pharmacy Program**

See a list of participating pharmacies in the Central Region [here](#)

**For printed resources please contact us at [icsregional@southlake.ca](mailto:icsregional@southlake.ca)**

## NEW! Central Regional Cancer Program Website

Visit [www.screen4cancer.ca](http://www.screen4cancer.ca) for up to date **patient** and **physician** information on breast, cervical and colon screening programs as well resources for indigenous patients and smoking cessation information.

[www.screen4cancer.ca](http://www.screen4cancer.ca)

## NEW: Around the Region

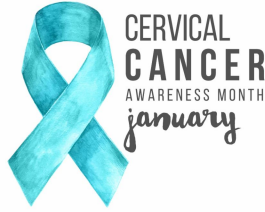
- **New! OBSP Site** in Bradford, West Gwillimbury is officially opening mid-November. Refer your patients to **Bradford Central X-Ray and Ultrasound** [459 Holland Street West, Bradford, ON L3Z 0C1]

*Have a question related to cancer screening and follow-up care?*

*Send in your question to our Regional Leads*

Ask a Question

# A Look Ahead



- Cervical Cancer Awareness Month: Cervical Cancer Awareness week has been moved to **January** and will now be the entire month

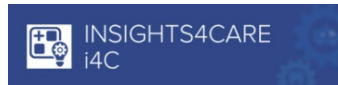


- April is Daffodil Month for Cancer Awareness

## Cancer Screening Resources

### How to Get Caught Up on Patients who are Overdue for Screening:

- 1) Use your **Screening Activity Report** and/or EMR to identify patients who are due for screening and require follow up  
**OSCAR EMR Cancer Screening Guidelines**  
**Telus PS Suite EMR User Guide**  
**P&P CIS Preventive Care Guide**  
**Accuro Guide for Cancer Screening**
- 2) Request a custom screening summary for your physician group/ practice or an individual summary - email **icsregional@southlake.ca**
- 3) Promote awareness and importance of cancer screening to patients in your office using resources available **here**.
- 4) Complete OCFP cancer screening audits:  
**MainPro Audit - Breast** (3 credits)  
**MainPro Audit - Cervical** (3 credits)  
**MainPro Audit - Colorectal** (3 credits)



### OntarioMD i4C Program

OntarioMD's (OMD) Insights4Care Program saves time and resources in managing a busy practice by offering clinicians tools and direct support that can be used to make practice improvement and unlock the value of your EMR data for better patient outcomes.

The Program offers:

- **i4C Dashboard:** An EMR-integrated, user-friendly and actionable population health tool.

\*available on some EMRs

- **i4C Advisory Service:** Hands-on clinician advisory support from OMD's team of quality improvement and EMR experts.

For more information, visit **ontariomd.ca** or email **support@ontariomd.com**.

Learn More

**[Access your SAR](#)**

**[Enroll for your SAR](#)**

**[Enroll for PLC](#)**

# Let's Meet!

The Central Regional Cancer Program  
wants to meet you and your staff!

## REFRESHMENTS PROVIDED!



Who: Physician, Admin Staff Member & Coordination  
Advisor for Primary Care

What: Enroll in ONEID and Physician-Link Correspondence  
Correspondence (PLC)

Where: Your office at the most convenient time for you

When: Before clinical hours, during lunch or after clinical  
hours

Why: ONEID provides access to Digital Health Services  
such as the Screening Activity Report (SAR) and PLC  
sends eligible patients personalized letters for screening  
reminders

How: To schedule a meeting please contact us by email  
or phone.



[icsregional@southlake.ca](mailto:icsregional@southlake.ca)



905-895-4521 EXT. 5139

\*For ONEID registration, please have your CPSO username and password available



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Us

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