

The Quarterly

A Newsletter for Primary Care Providers

The 'In the Know' Issue

July, 2015 Issue 13
PREVENTION AND SCREENING, CENTRAL REGIONAL CANCER PROGRAM

Ensuring your patients are not lost to follow-up

CCO supports Primary Care Providers (PCPs) in providing prevention and screening information to their patients using different tools such as sending correspondence letters. Letters are sent from our three cancer



Dr. Marla Ash, Regional Primary Care Lead, Central Regional Cancer Program

screening programs inviting eligible Ontarians to begin screening, reminding them when it's time to get screened again and to inform them of their screening results. For most patients, no further follow-up is required, however for some patients, there is further

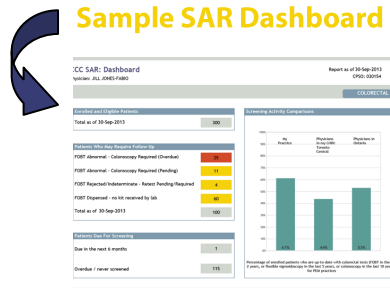
investigation required. While we strive to increase cancer screening rates we also need to have a process in place to follow-up on unsatisfactory and abnormal test results. Although an abnormal screening test for breast, cervical or colorectal cancer does not necessarily mean that an individual has cancer, it does inform us that further follow-up is needed. From a Primary Care perspective, tracking and following up on abnormal results can be a challenge.

SAR Screening Activity Report

Data Now Refreshed Monthly!

As of December 2014, the information in your SAR report will be updated on the 10th calendar day **every month** to provide more timely breast, cervical and colorectal cancer screening data.

Sample SAR Dashboard



Marla's Top SAR Tip

After setting up a process for dealing with overdue for follow-ups, consider authorizing a delegate or champion in your office to own the process and be responsible for gathering the data from your SAR.

The Screening Activity Report (SAR) provides patient enrolment model (PEM) primary care physicians with the opportunity to improve cancer screening rates and at the same time, ensure appropriate follow-up for breast, cervical and colorectal cancer screening. For example, when I reviewed the last release of my SAR, three patients were noted to be overdue for their follow-up of an abnormal pap test result. Two patients had not yet reached the six month follow-up interval, but our office was able to ensure they were aware and informed, then recalls were set up in the EMR to ensure they returned for their follow-up testing (as one patient had scheduled a Pap, but cancelled and did not rebook). By authorizing a delegate in your office (e.g. a nurse, an office manager, or a clinic staff member) tasks such as identifying patients lost to follow-up in cancer screening can be shared among team members. In our family health team, our delegate will inform us from time to time which of our patients may need further follow-up for an abnormal cancer screening result. As of December 2014, your SAR data is refreshed monthly. For SAR registration, support, or questions email: icsregional@southlakeregional.org

Save the Date



Central LHIN Oncology Day:
November 6, 2015

Hilton Suites
8500 Warden Avenue, Markham

For additional information please contact:
Danielle De Castro: 905-895-4521
ext. 6366 or via email at
ddecastro@southlakeregional.org



STRONACH REGIONAL CANCER CENTRE

HOLD THE DATE

Friday, October 2, 2015

1:00 – 3:00 p.m.

More details to follow

5th

Anniversary Celebration

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News and Updates

FYI— Update

RNFS Program available in the Central LHIN

Ontario is the first province in Canada to have trained registered nurses perform flexible sigmoidoscopy. Southlake Regional Health Centre is one of the 10 sites across Ontario that offers Registered Nurse Flexible Sigmoidoscopy (RNFS) for Colorectal Cancer Screening. Today, there are 10 RNFS sites, 18 trained nurses and more than 12,000 flexible sigmoidoscopy procedures have been performed. RNFS allows direct visualization of the rectum and the distal portion of the colon, so polyps can be detected and tissue sampled. The procedure requires minimal preparation and no sedation, allowing patients to complete the test within a short time-frame without having to arrange transportation.

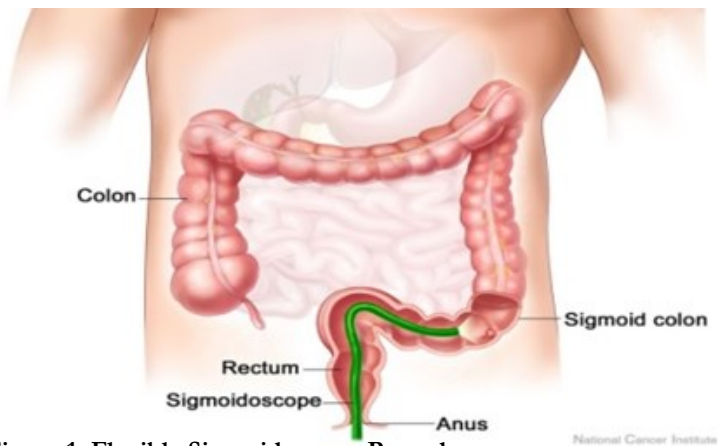


Figure 1. Flexible Sigmoidoscopy Procedure

If any pathology is found, the patient is referred directly to GI/ENDO specialists, which relieves the workload for PCPs. RNFS is highly effective and empirical evidence suggests that it may reduce the incidence^{1,2} and mortality^{1,3} of colorectal cancer by approximately 33% and 43% respectively.

Primary care providers in the Central LHIN are encouraged to start referring their average risk patients to participate in this effective province-wide population-based colorectal cancer screening program.

To learn more about the RNFS program, we would like to offer a short presentation at your office to discuss the RNFS program and how we may be of assistance to your team to increase colorectal cancer screening in your practice. We would be glad to arrange lunch for your team as well. Please contact the Regional Cancer Program: icsregional@southlakeregional.org

¹Atkin WS, Edwards R, Kralj-Hans I et al. Once-only flexible sigmoidoscopy screening in prevention of colorectal.

²Segnan N, Armaroli P, Bonelli L et al. Once-only sigmoidoscopy in colorectal cancer screening: follow-up findings of the Italian Randomized Controlled Trial - SCORE. *J Natl Cancer Inst* 2011;103(17):1310-1322.

³Schoen RE, Pinsky PF, Weissfeld JL, Yokochi LA, Church T, Laiyemo AO, et al. Colorectal cancer incidence and mortality with screening flexible sigmoidoscopy. *NEJM* 2012; 366 (25):2345-57.



Prevent Ovarian Cancer Program

Ovarian cancer is the 5th most common cause of cancer deaths in Canadian women: 2,600 new cases and 1,750 deaths in 2013

- High-grade serous ovarian cancer (HGSC) is the most common and deadly type: 80-90% of women diagnosed with HGSC will die of their disease with a median survival of 4 years.
- 20% of women with HGSC have an inherited *BRCA1/2* gene mutation.
- Inheritance of a *BRCA1/2* gene mutation increases the lifetime risk of ovarian cancer from 2% to up to 40%.
- Risk-reducing salpingo-oophorectomy (RRSO) is greater than 90% effective in reducing ovarian cancer risk in women with a *BRCA1/2* gene mutation.



Unfortunately, in the past, many women with ovarian cancer died before having a genetic test. This means that, the mothers, daughters and sisters of these untested women may be at an increased risk to develop HGSC but they may not be eligible for genetic testing to find out.

Major Goal of the **Prevent Ovarian Cancer Program**:

- Find and offer genetic testing to women with possible *BRCA1/2* gene mutations who would otherwise not be identified.
- The inheritance of a *BRCA1* or *BRCA2* gene mutation increases a woman's lifetime risk to develop both ovarian and breast cancer.

*Many Ontario women are not eligible for *BRCA1/2* genetic testing by current Ministry of Health guidelines, despite having a family history of ovarian cancer.*

Colposcopy Providers in our LHIN

Please see the enclosed list for a directory of providers.

For more information, contact:
icsregional@southlakeregional.org

Updates and Position Statements: OBSP

1 The Ontario Breast Screening Program (OBSP) is an evidence based program that recommends screening with **mammography for women at average risk who are between the ages of 50 and 74 generally every two years.** This recommendation is in alignment with the 2011 Canadian Task Force on Preventive Health Care.

2 Based on current evidence, **breast ultrasound in addition to mammography is not recommended for screening of average risk women 50 to 74 years of age.** Cancer Care Ontario will continue to monitor the evidence on screening breast ultrasound. As new evidence emerges, this position statement may be updated.

3 OBSP recommends screening with mammography for women at average risk who are between the ages of 50 and 74. **At present, there is inconsistency with regard to how OBSP sites manage women aged 75 years and older.**

Women aged 75 years and older who decide to be screened in the OBSP **must be referred by their primary care provider.**

Women over 75 will receive result letters from the OBSP, however, they **will not receive recall letters or invitation letters from the OBSP.**

4 NEW HIGH-RISK Screening Requisition Form. The OBSP High Risk Screening Program screens women between the ages of 30 and 69 who are at high risk for breast cancer. View eligibility criteria for high-risk women: <http://bit.ly/1TNdXNN>

The requisition form can be found online at: <http://bit.ly/1BACr6H>
When complete, print and fax to the closest high-risk assessment site.

High Risk OBSP sites in the Central LHIN

Markham Stouffville Hospital
905.472.7373 ext. 7606
Fax: 905.472.7607

North York General Hospital
416.632.8748
Fax: 416.635.2538



FluFOBT Clinics

Want to decrease your overdue for colorectal screening rates?

Last year, two PCP teams in our region participated in the FluFOBT initiative supported by the Prevention and Screening team at the Central Regional Cancer Program. The purpose of the campaign was to test the uptake and efficacy of combining annual influenza vaccination programs with FOBT kit distribution. The Prevention and Screening team provided support, resources and guidance to the clinics throughout the project.

The results:

A total of **217 FOBT kits** were distributed to patients during annual flu clinics. Of these, a total of **135 (62.2%)** people completed and returned the FOBT kit to their PCP office.



We can help. Work to decrease your overdue for colorectal screening rate:

To become involved in this year's FluFOBT Project, contact icsregional@southlakeregional.org
Space is limited, so please express your interest in participating immediately.

New Person-Centred Care Guideline (PCC)

Person-Centred Care Guideline



Cancer Care Ontario has released a Person-Centred Care (PCC) Guideline, developed in partnership with the Program in Evidence-Based Care, outlining a level of care delivery that any person (i.e., patient, family member, caregiver) accessing adult oncology services in Ontario should expect to receive.

In a person-centric system, patient experience is the sum of all interactions. If you work with patients, or your work in some way impacts patients, the PCC Guideline applies to you and will help you to embed the principles of PCC into your work.

The PCC Guideline has 65 recommendations divided into five key areas:

- Knowing the Patient as an Individual
- Understanding the Essential Requirements of Care
- Tailoring Healthcare Services for Each Patient
- Continuity of Care and Relationships
- Enabling Patients to Actively Participate in their Care

Visit: cancercare.on.ca/PCCGuideline

Watch the Video: <https://youtu.be/NTYRtRNsAko>

OPPORTUNITY

Do you have a diverse patient population?

We're looking to partner with PCP offices in our region on projects and initiatives to increase cancer screening rates and engagement of diverse patient populations.

If you'd like to work with us, please don't hesitate to contact:

icsregional@southlakeregional.org
905-895-4521 ext. 6065



New Resources for Newcomers!

Cancer Care Ontario has released two new screening videos, perfect for newcomers and patients who speak different languages. The new videos are in **Spanish** and **Arabic** and feature women talking about their cervical and breast screening experiences. Other videos include stories in Hindi, Cantonese, Bengali, and Mandarin. For access to all the videos and other newcomer resources visit <http://www.cancercare.on.ca/newcomers>



Frontline Connect II

In April 2015, the Prevention and Screening team hosted Frontline Connect II—an event dedicated to PCP frontline staff and increasing cancer screening rates at offices across the region. The event took place at Springhill Suites in Vaughan and featured presentations from CCO, workshops, brainstorming and practical tools and tips. If you'd like to work with us to improve your cancer screening rates, please contact us.



New Look and Feel

Cancer Care Ontario has updated its brand and brand assets including logo, name, font, and colours. With the update comes a new regional logo. Please see our newly updated Regional Cancer Program logo in the bottom left.



Profile: Brooke Curtis, Project Communications Assistant



What inspired you to work in healthcare?

The idea that working in healthcare I could significantly impact change in someone's life was what initially attracted me to working in the field. My passions lay in communications and media, so I saw healthcare as a tremendous opportunity to apply private-sector best communication practices to a public sector sphere.

What are the most rewarding aspects of your job?

Undoubtedly the most rewarding part of my job is when I hear a member of the public or someone I am speaking to say, "Wow, I didn't know that", or "I definitely want to get screened now" or "I didn't know it was that easy, or that I had these options". I love being able to share new information with people.

What have you learned about cancer prevention and screening that others may not know?

It seems as though sometimes people are afraid to get screened, or think, I don't feel anything or have any symptoms, so I'm not going to go to my doctor's office— but I always try to let people know that that's the BEST time to get screened. Getting screened early can catch some cancers before they even start, or can give us better treatment options and chance of survival when detected early.

Receive this newsletter electronically by emailing us! Your stories and feedback are welcomed. Please forward ideas or submissions to: icsregional@southlakeregional.org

Prevention and Screening

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Your voice is important to us! Email or call us and let us know what you'd like to see more of in *The Quarterly*. Are there specific topics you'd like to know about? What can we do better? Please let us know!

