

The Quarterly

A Newsletter for Primary Care Providers

A message from... Dr. Marla Ash



Marla Ash, MD, CCFP
Regional Primary Care Lead –Central LHIN
Regional Cancer Screening Program

Our LHIN has a diverse population and the challenges we face can be tackled together.

I look forward to working together and meeting a few of you in the next couple of months.

The Regional Cancer Screening Program (RCSP) is responsible for ensuring that primary care providers (PCPs) in the Central LHIN have the support they need to effectively engage with the under/never screened populations in the region.

This past fall, to learn how we can help you work with your under/never screened patients, we requested your feedback and I would like to thank you for your strong response. The answers that you provided in November helped to confirm what we understood to be the common barriers to screening, including:

- * Patient non-compliance
- * Inability to track patients
- * Lack of time to discuss cancer screening

Your feedback and the affirmation it provided (see page 3), has allowed us to develop Screening Partners, an initiative designed to provide you the tools and information needed to assist you to

increase screening rates for breast, cervical and colon cancer.

Over the next couple of months, the RCSP will be visiting individual practices for a discussion on solutions to breaking the barriers to cancer screening. Information on the provincial screening programs and updated resources will be provided for you and your team through the Screening Partners initiative, including:

- * Breakfast or lunch for your team at your office.
- * An examination of your community's cancer screening rates.
- * A discussion of the barriers to screening unique to your catchment area.
- * A review of opportunities for the RCSP to support your practice.
- * Discussing potential cancer screening quality improvement projects.
- * An update on public engagement strategies and primary care resources.

To schedule a workshop, contact: ICSRegional@southlakeregional.org
or call 905-895-4521 ext. 6065

Funding opportunity

In conjunction with Screening Partners, the Regional Cancer Screening Program will support primary care providers who initiate a project related to cancer screening and under/never screened populations in the region. **Funding of up to \$5000 per project** is available (subject to project approval) for this fiscal year (2013/2014).

Application for funding is due no later than **February 5th**. For more information, please contact Kate Smith at kasmith@southlakeregional.org

Screening Partners

Continued on page 3...

You said it...results from the Screening Partners feedback request

You are not alone in the challenges you face in screening patients for cancer. During the months of October and November 2013, the RCSP sent out an email and/or fax questionnaire to primary care providers in the region. PCPs throughout the Central LHIN provided their input and 49 per cent expressed interest in Screening Partners.

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Colon cancer screening—Options and resources

As a primary care provider, you are the first point of contact for cancer screening. This clinical reference card assists in determining the right screening method for each patient as part of the provincial ColonCancerCheck program.

For more information on the screening resources available, please visit:

www.cancercare.on.ca/pcresources

Colorectal cancer screening in Ontario:

- Ontario has one of the highest colorectal cancer rates in the world.
- The FOBT is the only colorectal cancer screening method that has been proven in randomized controlled trials to reduce mortality from colorectal cancer (Level A evidence).
- Three landmark randomized controlled trials have shown a 16% reduction in colorectal cancer deaths with FOBT screening, combined with colonoscopy for those with a positive FOBT.
- FOBT kits have a shelf life of three years. Ensure your patients have enough time to complete the test and mail it to the lab.

Data and resources from ColonCancerCheck website at: www.health.gov.on.ca/en/pro/programs/coloncancercheck/resources.aspx

Risk Assessment

Assess risk in individuals who have never had colorectal cancer.

1

Assess for Colorectal Cancer Signs and Symptoms

Patients should be referred for diagnostic work-up if they have one or more of the following:

- Rectal mass
- Abdominal mass
- Unexplained weight loss
- Unexplained change in bowel habits
- Rectal bleeding
- Unexplained anemia
- Persistent urge to evacuate the rectum
- Unexplained stool incontinence

FOBT is NOT appropriate for symptomatic patients.

2

Assess for Increased Risk of Colorectal Cancer

No CRC signs or symptoms
One or more first degree relatives with CRC (parent, sibling or child)^{1,2}

Refer for Colonoscopy³
Begin at age 50 or 10 years younger than earliest age of diagnosis of relative, whichever comes first

If negative, repeat colonoscopy every 5 - 10 years
See reverse 'Surveillance after Colonoscopy' for abnormal results

3

Average Risk - Asymptomatic Age 50 Years and Older⁴

No CRC signs or symptoms
No affected first degree family member⁵

Fecal Occult Blood Test (FOBT)^{6,7,8}

Positive:^{9,10} refer for colonoscopy
Incomplete:¹¹ CCC will recall
Negative: repeat two years

E-cigarettes—A few quick facts

As seen in the media and on television, e-cigarettes are becoming increasingly popular and controversial. Here is some information that you can share with your patients. Electronic cigarettes are battery-operated devices that look like regular cigarettes. Some are one-time use and others

have refillable cartridges. The liquid that fills the e-cigarette can be composed of various amounts of nicotine, propylene glycol and other chemicals—some of the liquid refills do not contain nicotine. When the liquid heats up it creates a vapour that looks like smoke.



A few quick facts:

- Health Canada has advised Canadians not to use e-cigarettes.
- Limited research exists on the effects of first and second hand e-cigarette exposure.
- While the device can be bought in Canada, it is illegal to sell the nicotine fluid to fill the cartridge as the nicotine levels in the e-liquid varies and is not regulated.
- Manufacturers are not currently required to disclose the chemical content of their products.
- Flavoured e-cigarettes (candy, chocolate and fruit), which do not contain nicotine, are being marketed to youth and may be considered a gateway to smoking.

Cancer Care Ontario—Public correspondence

CCO has launched a mass correspondence program directed at Ontario residents. Over the next year, 2,600,000 new invitation and recall letters will be sent out for the three major screening programs:

1.5 million new invitations for ColonCancerCheck (CCC)

New Ontario Breast Screening Program (OBSP) invitation letters are to be sent in March

Over 1 million Ontario Cervical Screening Program (OCSP) letters

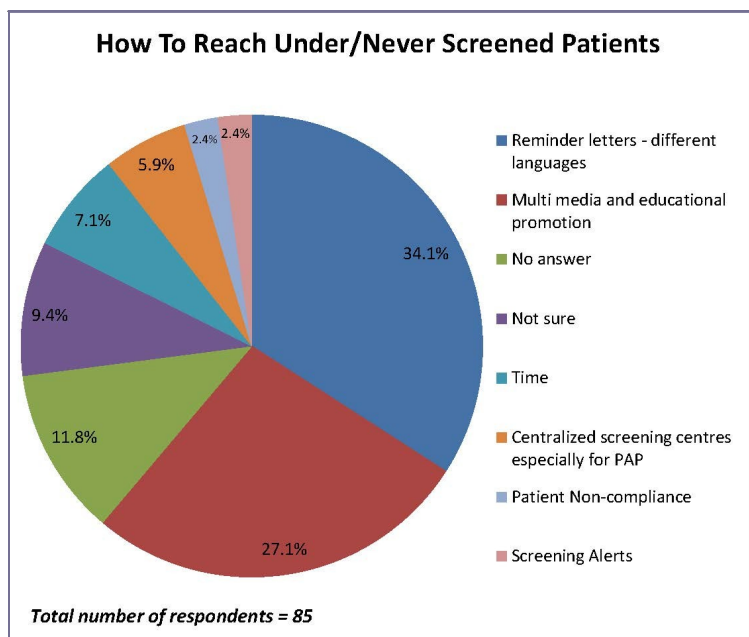
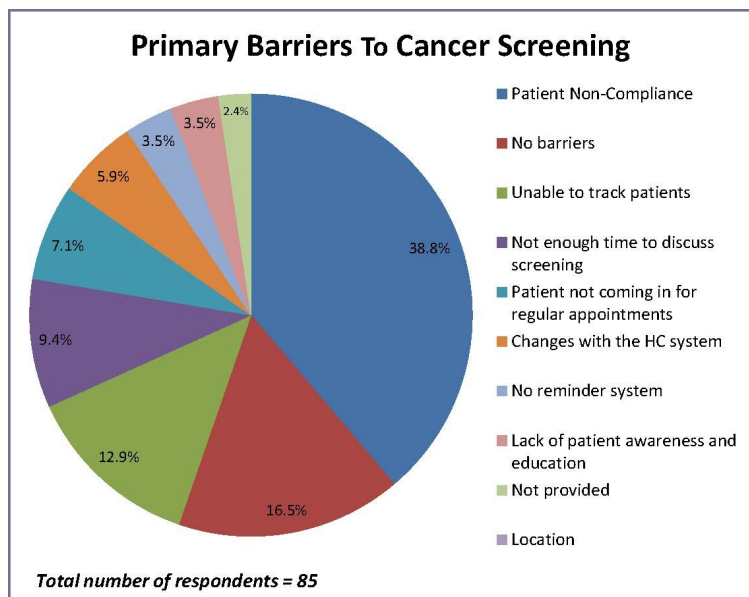
A correspondence flow chart for primary care provider offices is being developed by CCO and will be communicated shortly.

Screening Partners—Results and solutions to breaking barriers

Screening Partners, an initiative developed by the Central LHIN Regional Cancer Screening Program, is built on a foundation of useful and relevant information to help primary care providers reach under/never screened populations. For more information on the structure of workshops currently being offered please see page 1.

With the qualitative data gathered through our email and fax questionnaire (*see pie charts below*) we have been able to identify themes which will allow us to strategically plan our outreach to both PCPs and the public; either through educational material already available or with new and innovative projects. The Regional Cancer Screening Program's mandate includes executing projects to increase public education and to ensure that PCPs in our region are aware of the updates and programs from CCO that are relevant to everyday practice. Below are some ongoing solutions to address barriers:

Qualitative data provided by primary care providers:



Working solutions to addressing barriers:

Provincial

- 2.6 million new invitation and recall letters for all three screening programs: CCC, OBSP, OCSP.
- A provincial media campaign focused on cancer screening (see below).
- Screening Activity Report (SAR)—soon to include all three screening programs, the SAR has recently been updated to include September 2013 colorectal screening data. For information on the SAR please visit: www.cancercare.on.ca/SAR.

Regional

- Educational material available for the general public; ordering details can be found on the newsletter insert.
- Public education campaigns such as Mammoth and Stylist Save Lives.
- Screening Partners workshops (see page 1)
- Project funding for primary care providers from the Regional Cancer Screening Program (see page 1).

For primary care provider resources, please visit: www.cancercare.on.ca/pcresources, call 1.866.662.9233 or email primarycare@cancercare.on.ca

MOHLTC—Public service announcement

Launching January 20th and running through March, the Ministry of Health is running a television ad highlighting the importance of cancer screening. The ad depicts important moments throughout a person's life and the need to screen as one ages. The call-to-action is for individuals to speak to their healthcare providers about their cancer screening needs. To view the ad visit: www.youtube.com/watch?v=-2s0qjMV-bs&list=UUZ1X5tQSZwjNstFNLBMmf6A&feature=c4-overview

Mammoth—May 7, 2014

On May 7, 2014, six OBSP sites in the region are participating in *Mammoth*, a one-day event to encourage eligible women who have never been screened or who are under screened for breast cancer to walk-in for a mammogram without an appointment.

Originating at the London OBSP hub (known as Fifty/50), this concept of a one-day mammography screening event has also been adopted by the North East region with much success.

Why: To serve our under/never screened women.

Who: Participating OBSP sites include *Bluenwater Imaging, MacKenzie Richmond Hill Hospital, Markham Stouffville Hospital, North York General-Branson site, Southlake Regional Health Centre, and Stevenson Memorial Hospital.*

How can you help? Request a Mammoth poster (see insert) for your office and let your patients know.

Profile—Kate Smith, Coordination Advisor, RCSP



Kate the Coordination Advisor—Assessment and Quality comes to the RCSP with over 20 years experience as a front-line Medical Radiation Technologist (MRT(R)). It is this front-line experience that gives her insight into the barriers to cancer screening. Over her career, Kate has developed her coordination skills through multiple leadership roles in her profession, community and ongoing education. Kate's goal is to utilize her clinical, quality assurance and leadership experience to improve quality and access to screening programs in the region.

Questions for Kate:

What inspired you to become an MRT?

One of my personal goals was to work with people in a caring role. I had the opportunity to observe the role of MRTs first-hand and found that as well as having direct patient care, it is also a highly technical profession that is constantly evolving. The MRT profession has been a challenging and rewarding career.

What are the most rewarding aspects of your job?

The team atmosphere within the Regional Cancer Screening Program and ongoing collaboration with medical professionals working toward the collective goal of a healthy, screened population within the Central LHIN.

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

I have learned that despite the medical profession's best efforts, the community still regards cancer screening with suspicion. Urban myths and hearsay seem to circulate much faster than evidence based information.

Kate is currently coordinating the Screening Partners workshops as outlined on pages 1 and 3 and can be reached at kasmith@southlakeregional.org.

Stay tuned... The April 2014 issue will feature:

- Meet a new Regional Clinical Lead
- Follow-up to the Screening Partners initiative
- Smoking cessation and the Regional Cancer Program

Newsletter submissions

The Quarterly newsletter is published by the Regional Cancer Screening Program for primary care providers within the Central LHIN. Story ideas and feedback are welcome. Please forward your ideas or submissions to:

ICSRegional@southlakeregional.org

E-mail list

If you would like to be added to the e-mail list for future issues of The Quarterly, for easy access to electronic resources and for screening updates, please e-mail:

ICSRegional@southlakeregional.org