A NEWSLETTER FOR PRIMARY CARE PROVIDERS

THE QUARTERLY

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OCTOBER 2018

TRANSITIONING TO FIT: FIT VS. COLONOSCOPY FAQS >

Dr. David Baron, MD, FRCPC
CENTRAL REGIONAL COLORECTAL/ GI ENDOSCOPY LEAD

Fecal Immunochemical Test (FIT) is coming to the Province of Ontario in 2019. This will replace gFOBT as the new recommended colon cancer screening modality for average risk individuals as recommended by Cancer Care Ontario. FIT testing has already been introduced in several provinces in Canada.

What is the sensitivity and specificity of FIT?

FOBT positive test has a 47% sensitivity. A FIT positive test has a 82% sensitivity. The specificity of both tests is approximately 95%. It is therefore more likely that FIT testing will detect twice as many cancers as FOBT testing.

FEATURED IN THIS ISSUE:

Why is screening in average-risk individuals with FIT more recommended over colonoscopy?

Several studies have shown FIT testing has led to a higher participation rate. In one study, patient preference was for FIT testing over colonoscopy. In a head to head comparison of colonoscopy versus FIT, the colon cancer detection rate was identical. The number needed to scope was significantly lower. Similarly, the complication rate was also significantly lower. Therefore from a population basis, FIT testing was preferable over colonoscopy as a screening modality.

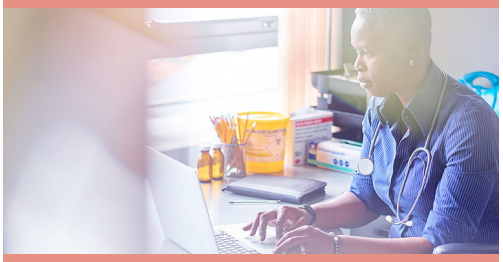
Why are colonoscopic procedures after a positive FIT test more complex?

A FIT positive test will yield much higher rates of abnormalities in the colon. Four percent of patients who are FIT positive will have a colorectal cancer. Approximately 30% of patients will have an advanced adenoma defined as a polyp greater than 1 cm. Of these patients, a significant number will have polyps greater than 3 cm in size which requires more comprehensive therapeutic procedures. Approximately 30% will have a low risk adenoma. Overall 60% of patients who are FIT positive will have either a cancer or a colonic polyp. In an average risk colonoscopy, only 1% of patients will have a colorectal cancer and only 6% will have an advanced adenoma requiring advance therapeutic techniques.

Other provinces have implemented FIT. What have we learned from this?

With the implementation of FIT testing the number of average risk colonoscopies that are being performed have been decreasing. As the number of FIT positive colonoscopies increase, the number of average risk colonoscopies decreased. With FIT testing there has been an increase in the participation rate in colorectal cancer screening.

FIT is the best screening test for your patients at average risk for colorectal cancer.



The FIT Resource Hub contains information and tools to prepare primary care and other providers for the transition to FIT.

Visit the FIT Resource Hub at cancercareontario.ca./FITHub

FAMILY PHYSICIAN INTERVIEW >

CANCER SCREENING WITH DR. JANET MORSE, M.D.

Dr. Janet Morse is one of nine family physicians with the Thornhill Village Family Health Organization at Thornhill Medical Centre. She completed her Medical degree at Queen's University, graduating in 1991. She completed her residency at the University of Ottawa in 1993 and has been at her current practice at Thornhill Medical Centre now for 23 years. Thornhill Medical Centre has been using TELUS Practice Solutions Suite EMR for the past 11 years. Earlier this month Dr. Morse took some time to talk with us about successfully meeting provincial targets for screening, tracking screening rates, as well as the barriers and challenges to screening.

Do you track your specific screening rates as part of your strategy?

Yes, and we have done this even prior to getting an EMR, which we got in 2007. But at that time we had to manually extract the data from the charts. We started doing that when the Ministry of Health initiated some of the Primary Care Reform Models and began providing incentives. When we started pulling the data, it was quite interesting because what you think and what you actually find when you pull the data is often different – physicians tend to think all their patients are getting their screening done but the numbers sometimes show otherwise! It is certainly much easier now with the EMR. We hit mostly 100% of our targets, and for the most part, have pretty good uptake.

Dr. Janet Morse, MD at Thornhill Medical Centre

What factors contribute to your success in meeting the provincial targets for screening?

We have always been a prevention-oriented group. Even when we started pulling numbers before EMR, we were at or very close to targets, so this has always been a high priority. I think we use our EMR very effectively too and have used it for a long time to target efforts. We also have an educated demographic and patients who are concerned about their health, which helps. We do health counselling with our patients, and do it intermittently with the patients that are more reluctant.

What other tools other than your EMR do you use and what process do you use to target/follow up with overdue patients?

We use the Screening Activity Report from Cancer Care Ontario and occasionally, the reports that OHIP sends out. Twice a year, we run a targeted campaign around screening, where we do a search, look at our deficiencies and do a communication to patients, either mailing, email blasts, or follow up calls. For FOBT, we often do a mass mail-out of a reminder letter and kit. We have assigned administrative staff who run the searches and are assigned as delegates to our SAR and conduct follow-up calls to patients. We have found the different strategies to be very effective.

From your perspective, what are some of the barriers to screening; patient-level, practice-level and system-level challenges?

I think a major barrier is that there is patient discomfort around the screening options. Some people are concerned that they may find something – they are avoidant and would rather not know. For pap testing, I also find that there is a lack of education and awareness around it. At the practice-level, a barrier is that the tracking and follow-up process is labor-intensive and time-consuming - for both administrative staff and physicians, but it is a task that needs to be done. There is a cost to this too, especially for mail-outs.. Another challenge is although there are tools to help track screening data, they sometimes report old data, and not in "real-time", so we must cross-reference with our EMR, which is time consuming. On a system level, there are problems in the sharing of health data. For instance, if another provider completes a pap test, and does not communicate it to us, we don't have the result and it won't be reflected in our data. New services like OLIS and the INCYTE cytology database make it easier to search this data, but it is time consuming.

ONTARIO HIGH RISK BREAST SCREENING PROGRAM >

HIGH RISK BREAST SCREENING NAVIGATOR Q & A

Jessica Wilson, MRT (R), Patient Navigator, Breast Imaging, MRT Site Lead Branson, North York General Hospital

Who is eligible for the High Risk Program?

A patient is eligible for direct entry to the program (Category A) if they are a known carrier of a gene mutation, or if they have a first degree relative who is a known carrier of a genetic mutation and they have declined genetic testing after having genetic counselling. They are also eligible for direct entry if they have been assessed by a genetics clinic as having a lifetime risk of breast cancer above 25%, or if they have received chest radiation before the age of 30 and at least 8 years previously.

A patient may be eligible for the program following a genetics assessment (Category B) if they have a first degree relative who is a known carrier of a gene mutation and would like to pursue genetic testing, or if they have a personal or family history of at least one of the following:

- 2+ cases of breast and/or ovarian cancer in a first or second degree relative
- Bilateral breast cancer
- Both breast and ovarian cancer in the same woman
- Breast cancer at less than 35 years old
- Invasive serious ovarian cancer
- Breast and/or ovarian cancer in Ashkenazi Jewish families
- An identified gene mutation in any blood relative
- A male relative with breast cancer

In all cases, the patient must be between the ages of 30-69 and must not have had a bilateral mastectomy. All criteria can be found on the referral form: https://bit.ly/2yKEhmX

For more information, visit the high risk breast screening website at https://bit.ly/2QQuSBV

What is the process for referring a patient?*

If the patient meets the criteria for either category, the referral form as well as any pertinent documents can be faxed to the High Risk (HR) Site closest to the patient's home address. A list of these sites can be found on the OBSP HR website (see link below). The booking clerks will check the referral for completeness, faxing it back if there is missing information or documentation. If the patient needs to go through genetic counselling or testing, the clerk will forward the referral to genetics, who will send the results – whether eligible or not - to the referring physician. Eligible patients will be contacted by the patient navigator, who will welcome them to the program and set up their first screening tests.

What is needed from the referring physician going forward?

By submitting the referral form, referring physicians authorize the HR Site to book all screenings, additional imaging including biopsies, and follow-ups. For this reason, there is no need to send requisitions for these tests, although all reports will be sent to the physician. The patient will be sent a yearly reminder letter, and it is their responsibility to phone the screening centre to book their appointments. It would be helpful for family doctors to encourage their patients to get screened on a yearly basis, so the efficacy of the program is not undermined. If a patient updates their contact information, i.e. phone number or address, it would also be appreciated to tell them to register the change with their screening site as well.

*Please note: the process outlined above is specific to the NYGH site and may differ at other HR sites.

SMOKING CESSATION >

HAVE YOU SEEN THIS LETTER BEFORE?

The Central Regional Cancer Program is seeking feedback from primary care providers who have received a copy of the Stronach Regional Cancer Centre (SRCC) resource called the Smoking Cessation Follow-Up Letter.

If you have received this letter before, it means that a patient of yours has recently received treatment at SRCC and would like your support on their journey to quit smoking. Recent edits to this document have led to the addition of the OHIP billing codes and drug benefit coverage as a convenient reference tool for physicians.

If you have feedback on the resource that you would like to share, please contact us at icsregional@southlakeregional.org

YORK REGION PUBLIC HEALTH CAN HELP YOUR PATIENTS QUIT SMOKING

York Region Public Health is hosting the Centre for Addiction and Mental Health's (CAMH) Smoking Treatment for Ontario Patients (STOP) on the Road program. This program provides five weeks of cost-free nicotine replacement therapy patches and smoking cessation information to help eligible participants quit smoking. STOP on the Road workshops are offered each month in locations throughout York Region.

Workshops will be held on:

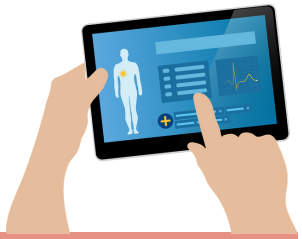
Thursday, November 8, 6- 9 PM, Georgina

Monday, December 3, 6 - 9 PM, Newmarket

To find more information on eligibility, registration, or about our program, patients can call 1-877-9675 ext. 73052 or visit york.ca/tobacco

HOW TO OPTIMALLY USE YOUR EMR FOR CANCER SCREENING >

Regional Primary Care Lead, Dr. Meghan Davis at the Hamilton Niagara Brant Regional Cancer Program, in collaboration with OntarioMD and the Hamilton Family Health Team, have created modules of best recommended practices to help physicians optimally use the EMR for cancer screening. Modules are available for the four most common EMRs: Accuro, P & P, OSCAR, and TELUS.



Accuro: https://bit.ly/2yxtT24

P & P Data Systems Inc.: https://bit.ly/2PrIjI5

TELUS PS Suite.: https://bit.ly/2A4rdLm

OSCAR : https://bit.ly/2RDAdO6

Central Regional Cancer Program
in partnership with Cancer Care Ontario

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