

# THE QUARTERLY

JULY 2017

## NEW THYROID CANCER PATHWAY MAP >

In May 2015, the Disease Pathway Management team at Cancer Care Ontario (CCO) created a Thyroid Pathway working group to develop pathways for diagnosis and treatment of thyroid cancer. In April 2017, CCO published both pathways and the knowledge transfer process has begun in the relevant specialty areas. The thyroid diagnosis pathway takes a patient from identification of a thyroid mass or concern for a possible thyroid mass, through work up to diagnosis by biopsy if required. It considers background risk of a patient, presenting history, physical exam, blood work, imaging and sometimes biopsy. The pathway then directs appropriate staging or follow up, depending on the results of the work up. Importantly, it also recommends when follow up of masses can be terminated due to prolonged stability and defines both stability and growth. In short, the pathway takes a patient from a diagnosis of thyroid cancer, through staging, treatment, follow up and return to primary care or palliative care, as appropriate.

As a community-based Radiologist and a member of the Cancer Imaging Program at CCO, I had the opportunity to be part of the team that developed these pathways. I saw my role as one of ensuring that these pathways were clinically relevant to those of us in community practice and that they were user friendly, particularly with respect to guidance for the community practice physicians in terms of when to image, when to follow up, when to request biopsy, when to stop imaging, and what to do when patients are returned to your practice, having completed treatment with a specialist team.

By way of background, there have been many attempts to develop algorithms or pathways for thyroid mass diagnosis. A variety of groups and organizations in the United States and internationally have published guidelines over the past 10 years. We reviewed these, along with the experts at the CCO Program in Evidence Based Care, and determined that the American Thyroid Association guidelines published in October 2015 made the most sense to adopt, with some modifications for the Ontario setting.



Dr. Lisa Thain, MD, FRCS  
Regional Clinical Lead,  
Diagnostic Imaging

The CCO  
Differentiated Thyroid  
Cancer Diagnosis  
Pathway Map:

<http://bit.ly/2u6ymYG>

The CCO  
Differentiated Thyroid  
Cancer Treatment  
Pathway Map:

<http://bit.ly/2s1L3FQ>

For an example of the  
nodules to biopsy and  
follow-up pathway,  
see page 2.

The imaging component of the thyroid diagnosis pathway map primarily focuses on ultrasound (US) of thyroid and US guided fine needle aspiration (FNA) biopsy of thyroid masses. Use of nuclear medicine evaluation of the thyroid in the work up of a mass is primarily to identify autonomously functioning masses, not to make a diagnosis of cancer (nuclear medicine studies do have utility in treatment of thyroid cancer and in diagnosis of thyroid cancer metastases and recurrence). Once a diagnosis of cancer is made, there are also recommendations for staging evaluations, including additional imaging.

As Radiologists across the province adopt these new sonographic imaging and image interpretation guidelines, you will likely see a more confident and specific series of recommendations regarding which masses should undergo FNA biopsy and which should undergo monitoring. We will even determine which masses confidently can be deemed to be benign, based on sonographic features and stability over time and therefore do not need ongoing monitoring. You may find that we will measure fewer masses in a thyroid, focusing on ones with the most worrisome features (which are not always the largest ones), and minimum size criteria for biopsies have been increased compared to many older guidelines, resulting in fewer biopsies.

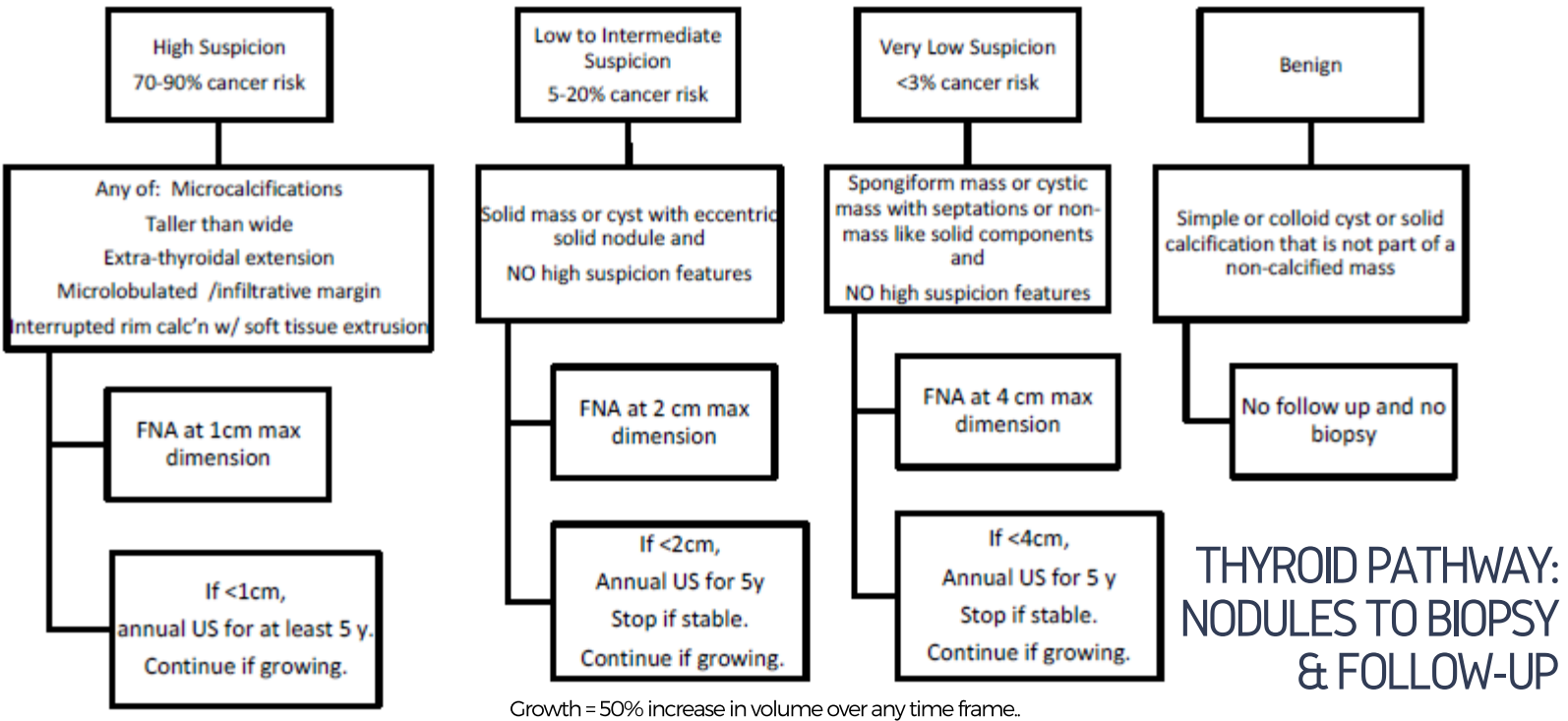
SAVE  
THE  
DATE

The 6th Annual Central LHIN Oncology Day for Primary Care Providers takes place on Friday, October 20th, 2017 at the Hilton Suites Conference Centre in Markham.

For more information, please contact Danielle De Castro at [ddecastro@southlakeregional.org](mailto:ddecastro@southlakeregional.org) or (905) 895-4521 ext. 6366

Oncology Day 2017





**AROUND THE REGION >**



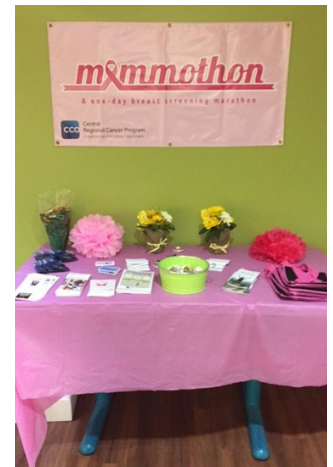
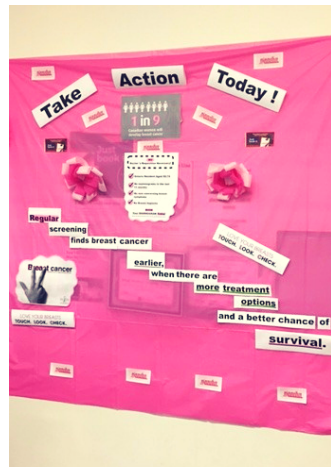
**THE LUNG DAP HAS RELOCATED TO THE MEDICAL ARTS BUILDING**

Southlake Regional Health Centre is home to the Regional Thoracic program. It provides care to many of the residents of the Central LHIN, and beyond. The Lung Diagnostic Assessment Program (DAP) has just relocated to the Medical Arts Building at Southlake Regional Health Centre, as they strive to continually enhance the services they provide to their patients and their caregivers. Surgical consultation services will continue to be provided by Dr.'s Toth, Privitera and El-Sherif.

Contact: [York Thoracic Surgery](#) fax (905) 853-5865 or the [Diagnostic Assessment Unit](#) at the Medical Arts Building by phone at (905) 895-4521 ext. 2960 or fax (905) 952-2819

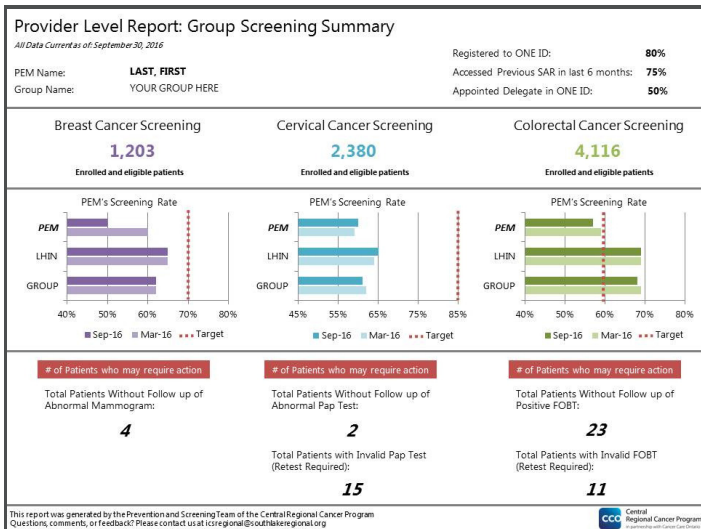
**MAMMOTHON: MAY 15TH - 19TH, 2017**

Thank you to all the Ontario Breast Screening Program (OBSP) sites that participated in Mammothon 2017 to make it a success. Of the 29 OBSP sites in the Central Region, 22 took part in the campaign and worked passionately to promote breast cancer screening for under- or never-screened women. OBSP sites continually go above and beyond to ensure women are getting screened for breast cancer. Sites decorated their clinics, provided walk-in appointments, offered treats, and made their space warm and welcoming to encourage and celebrate women completing their mammograms.



## RESOURCES FOR PRIMARY CARE PROVIDERS &gt;

## PROVIDER LEVEL REPORT: GROUP SCREENING SUMMARY AVAILABLE



Do you want to increase your cancer screening rates or get a snapshot of your group's performance compared to the region? The Central Regional Cancer Program can summarize this data and prepare a Group Screening Summary for your practice. This document includes group data for the 3 provincial programs (Breast, Cervical, and Colorectal) and details such as your practice's number of enrolled and eligible patients, as well as the number of patients that may require additional follow-up for an abnormal screening test. In addition, it indicates which physicians within your group are registered to ONE ID, who actively accesses their Screening Activity Report (SAR) and who has assigned a delegate to also work with their SAR.

For more information or to request a summary, email us at [icsregional@southlakeregional.org](mailto:icsregional@southlakeregional.org)

## PRIMARY CARE ADDICTION TOOLKIT: SMOKING CESSATION

Helping patients to quit smoking is one of the single most effective health interventions Primary Care Providers can recommend. Offered through Portico, Canada's Mental Health and Addiction Network, the smoking cessation toolkit for primary care providers includes practice information on screening, assessing and managing patients who are trying to quit smoking, and includes links to provider- and patient-focused materials. To access, visit: <http://bit.ly/2sliqIR>



## NEW CCO PSYCHOSOCIAL RESOURCE HUB FOR PROVIDERS

Cancer Care Ontario's Psychosocial Oncology program has released clinical guidelines, in partnership with the Program in Evidence-based Care, on the topics of sexual health, depression, and exercise for cancer patients. The resource page provides educational tools and resources that promote the clinical guidelines and allows for clinicians to share these resources and better support their patients.

Resources are available at <http://bit.ly/2tr3QJ2>

## QIP NAVIGATOR TOOLKIT FOR HEALTH CARE ORGANIZATIONS

Health Quality Ontario has developed the Quality Improvement Plan (QIP) Navigator, a simple online tool that allows health organizations to submit their annual QIPs. The Navigator also provides resources and tools to assist in developing an annual QIP, in addition to a searchable database of all previously submitted QIPs. For more information, visit <https://qipnavigator.hqontario.ca>



## REGIONAL SUPPORT &gt;

## WE CAN SUPPORT YOUR CANCER SCREENING INITIATIVES!

The Central Regional Cancer Program is available to support your efforts to increase screening rates in your practice! We encourage you to contact us to obtain promotional materials, to facilitate a lunch & learn or education session for staff or patients, or to provide more information or training with the Screening Activity Report (SAR).

The SAR is an excellent tool to determine which of your patients are overdue for screening or require further follow-up (the "reds"). It tracks your patient's screening activity to ensure that they are up-to-date with breast, cervical and colorectal cancer screening.

This October, we invite you to celebrate Breast Cancer Awareness Month (BCAM), and Cervical Cancer Awareness Week (CCAW) which is observed October 15th – 21st! It is an ideal time to engage your patients in a conversation about prevention and screening for cancer. To encourage them to complete their cervical screening, consider hosting a cervical screening day, which could include: contacting overdue patients to come in for an appointment during CCAW, extending hours to allow cervical screening to be more accessible; and decorating your office to promote the event and create a more inviting environment. For more information email us at: [icsregional@southlakeregional.org](mailto:icsregional@southlakeregional.org)



## AYANDA GREEN &gt;

## NEW: COMMUNICATIONS ASSISTANT



As Communications Assistant I will be aiding in the development and implementation of social media, website design and other communication strategies to support the Regional Cancer Program and the Stronach Regional Cancer Centre.

**What inspired you to work in healthcare?** The opportunity to expand my knowledge as I am not from a healthcare background. Working in this setting also provides me the opportunity to help people with my unique skill set during their healthcare journey to recovery. For me, this adds meaning to doing the work that I love.

**What are the most rewarding aspects of your job?**

What I find most rewarding about my job is that I am able to influence the direction of the role I am in. Since the project I am working on will be created from scratch and I will get to see our team's vision unfold from concept to creation.

## PHYSICIAN-LINKED CORRESPONDENCE

Physician linked correspondence (PLC) is a proven method to encourage patients to go for screening. All patient enrollment model physicians (PEM) are eligible to enroll in the program, and with their consent, all their screen-eligible patient's will receive an invitation, recall or reminder letter that includes the physician's name. To enroll or for more information, visit:

[https://www.cancercare.on.ca/pcs/primcare/physician\\_linked\\_correspondence/](https://www.cancercare.on.ca/pcs/primcare/physician_linked_correspondence/)



**Central  
Regional Cancer Program**  
in partnership with Cancer Care Ontario

QUESTIONS? CONCERNS? NEWSLETTER IDEAS, DISTRIBUTION INFORMATION, TOPICS YOU'D LIKE TO SEE COVERED? CONTACT US:

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