

THE QUARTERLY

WELCOME TO
THE 2017 ISSUE

ONCOLOGY DAY >

EDUCATION FOR PRIMARY CARE CLOSE TO HOME



By Dr. Marla Ash, MD, CCFP

On November 18, the Central Region held its 5th Annual Oncology Day for Primary Care. Attendees included family physicians, family medicine residents, nurse practitioners and nurses. Dr. Peter Lin, the keynote speaker crafted the journey of where we have come with cancer care to what we may anticipate over the years to come with precision and humor. Some examples from this informative day included Dr. Fahima Osman's discussion about oncoplastic techniques in breast conserving surgery, Dr Maria Muraca and Meredith Kidd's guidance on identifying women at risk for hereditary breast and ovarian cancer, and Dr. Cindy So's educational session on the role of primary care in the early introduction of a palliative approach in patient care. The final talk of the day was a presentation and in-depth, interactive discussion on Medical Assistance in Dying, with panelists Dr. Monica Branigan, Dr. Arnell Baguio, Dr. Mark Katz, Dr. Harold Yuen and ethicist Jonathan Breslin.

The evaluations from primary care providers were overwhelmingly positive. Feedback from physicians included: learning about resources for palliative patients at home, gaining a better understanding of the side effects of immunologic therapy and management, planning to screen for second cancers in survivors, and preparing to use FIT (fecal immunochemical testing) once available. One physician stated that after Oncology Day they felt better informed to have conversations with patients about their experience with cancer.

Throughout the day, the Prevention and Screening Team was busy assisting family physicians with ONEID registrations and Screening Activity Report (SAR) enrolment. Upon request, they also supported physicians who wished to assign a delegate to regularly access their personalized SAR on their behalf. Many physicians also consented to participating in physician-linked correspondence. Physician-linked correspondence personalizes the provincial cancer screening letters with the physician's name as a way of enhancing the uptake of cancer screening from their patients. If you would like more information about physician-linked correspondence or would like to enroll, visit: https://www.cancercare.on.ca/pcs/primcare/physician_linked_correspondence or request a form from ICSregional@southlakeregional.org. Stay tuned, as planning for the 6th Annual Oncology Day for Primary Care is already underway.

TRI LHM EDUCATION DAY FOR PRIMARY CARE MARCH 22, 2017

The Toronto Central, Central and Central East Regions have collaborated to provide another exciting primary care provider education opportunity. [Let's Get Real About Screening: Community Matters](#) will be hosted at the Ismaili Centre on March 22, 2017. The agenda includes a strong cancer screening component, as well as insight in to how to engage hard to reach patients in our practices. [The session and dinner are free, MainPro+ accredited](#), and are designed to assist you with improving cancer screening participation in your practice. To register, please refer to the insert in this newsletter or visit <http://bit.ly/cancerscreeningCM>



COLON CANCER AWARENESS MONTH: MARCH >

ONTARIO'S CANCER SCREENING PERFORMANCE REPORT: HIGHLIGHTS



- Participation in breast cancer screening has remained stable at 65% of eligible women since 2011-2012. The proportion of women screened within the OBSP has continued to increase, up to 78% in 2013-2014. This is anticipated to increase as more sites are brought into the program.
- Participation in cervical cancer screening declined from 2009-2011 (68%) to 2012-2014 (63%). Retention in the Ontario Cervical Screening Program also declined, from 81% among women screened in 2010 to 72% in 2011. The timing of the decrease coincides with the release of updated cervical screening guidelines in 2011, which extended the recommended interval between Pap tests from annually to once every three years.
- The proportion of eligible Ontarians overdue for colorectal cancer screening has continued to improve declining, from 50% in 2008 to 40% in 2014. We are transitioning to a new recommended screening test for colorectal cancer for average risk individuals (the fecal immunochemical test), which is expected to improve screening participation.

Read full report here: <http://bit.ly/2hwQIs3>

CANCER SCREENING GUIDELINES

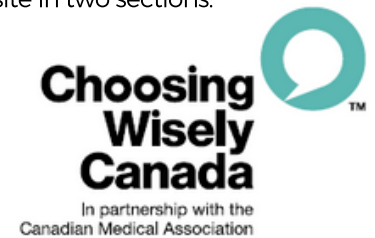
The one-page Cancer Screening Guidelines Summary handout has been updated based on the current guidelines for breast, cervical and colorectal cancer screening. The new design includes changes to the CCC recommendations for screening, as well as the eligibility criteria for the high-risk OBSP. English and French language documents have been uploaded to the CCO website in two sections:

Screen for Life page:

www.cancercare.on.ca/screening/

Resources for Primary Care Providers page:

www.cancercare.on.ca/pcresources




ONTARIO HEALTH TECHNOLOGY ADVISORY COMMITTEE (OHTAC) BREAST MRI RECOMMENDATION

OHTAC recommends against publicly funding screening breast magnetic resonance imaging (MRI) as an adjunct to screening mammography for women who are at less than high risk for breast cancer and who have no personal history of breast cancer.

Although adding MRI screening to mammography may detect more cancers, it may also increase the frequency of false-positive test results (test results that show a woman has breast cancer when she does not). False-positive test results can lead to anxiety and unnecessary follow-up testing. The Health Quality Ontario review looked at the impact of MRI as an adjunct test to mammography for breast cancer screening in women at less than high risk for breast cancer. Read the full report here: <http://bit.ly/2hzPbVC>

**National
Colon Cancer
Awareness Month
March 2017**

Looking for support to increase your screening rates?

 Central Regional Cancer Program
in partnership with Cancer Care Ontario

Contact us!
icsregional@southlakeregional.org

TIPS AND TRICKS TO OPTIMIZE YOUR EMR

You may have adopted an Electronic Medical Records system (EMR), but are you using it to its full potential? Are you accessing your screening activity report (SAR) to ensure you have the most current cancer screening data on your patients? There are a few things you can start today to enhance the functionality and accessibility of your system.

GENERATE STANDARDS

Establish standards when inputting data into your EMR system. For example, create universal terminology to be used by the entire team. This will limit irregularity in search results.

SEARCH FOR VARIABILITY

Conduct searches that will identify differences in the labeling and classification of patient lab or diagnostic test results. This will enable more accurate reporting of patients due for screening.

GENERATE TASKS

Use your EMR to its full potential by creating reminders for yourself when cancer screening should be completed, or when screening test results should be followed up on.

OFFICE OPTIMIZATION OPPORTUNITY

Are you looking for ways to increase the efficiency of your office, through increased productivity and enhanced workflow?

Consider being part of an Office Optimization project with the Central Regional Cancer Program. By supporting your staff to identify areas for development, we will enable your team to reach patients who are overdue for cancer screening.

Our team can provide you with tools and support to facilitate the optimization of your EMR. Cancer Care Ontario has created e-learning modules that will enhance the way you use your EMR.

The modules have been formatted for offices using Practice Solutions or Accuro, and work collaboratively with your SAR to increase cancer screening rates within your practice.



Quality improvement funding may be available for your initiative.

IF YOU ARE INTERESTED IN THIS OPPORTUNITY, PLEASE CONTACT OUR TEAM AT ICSREGIONAL@SOUTHLAKEREGIONAL.ORG

APPOINT A DELEGATE FOR YOUR SAR

Current evidence suggests that physicians who assign a delegate have higher cancer screening participation rates in their practice.

By authorizing a delegate in your office (e.g. a nurse, an office manager, or an administrative staff member) tasks such as identifying patients lost to follow up in cancer screening can be shared amongst team members.

Access your SAR >

Have you accessed your SAR this month? Your report is updated on the 10th of every month, and provides timely cancer screening data for your practice

PUBLIC HEALTH >

BUTTOUT4HER CAMPAIGN



Despite the vast amount of research, many are not aware of the link between early exposure to tobacco smoke and the early onset of breast cancer. **ButtOut4Her** is a York Region Public Health multifaceted education and awareness campaign, targeting 17 to 24 year old females and males about this link. To order the infographic poster and other campaign resources, please contact: Sherry-Ann Nisula, (877)464-9675 ext. 73052.

OVARIAN CANCER >

PREVENT OVARIAN CANCER PROGRAM ANNOUNCES YEAR 2



Many Ontario women are not eligible for genetic testing by current Ministry of Health guidelines, despite having a family history of ovarian cancer. The goal of our program is to identify women with a first-degree relative (mother, sister, or daughter) who has died from high grade serous ovarian cancer, offer our participants a genetic test to identify gene mutations (including BRCA 1 and 2), and provide them with the opportunity to decrease their lifetime risk for developing ovarian cancer.

Primary care providers can play a very important role in collecting a family medical history for their patient population. This can help identify women and families who may benefit from our program. Primary care providers play a very important role in the diagnosis, management, and now prevention of ovarian cancer. Please direct any women who may be eligible to www.preventovariancancer.ca

AROUND THE REGION >

THE FREEMAN CENTRE NORTH YORK GENERAL HOSPITAL

Palliative care program receives prestigious national leading practices designation from Accreditation Canada

Every year, hundreds of submissions are made to Accreditation Canada's Leading Practices Database. Leading Practices must be creative and innovative, client- or family-centred, evaluated, sustainable, able to demonstrate successful results, and be adaptable by other organizations. The review process is rigorous; only 35% to 40% of submissions become Leading Practices. The Freeman Centre is the only adult palliative care program in Canada to be recognized in its entirety as a Leading Practice by Accreditation Canada.



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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