

Screening safely during COVID-19

Ontario is currently in the second wave of the COVID-19 pandemic. With over 450,000 fewer cancer screening tests performed during the pandemic so far, we hope more patients will continue to return to breast, cervical and colorectal screening. The infographic shown here comparing September 2019 vs. September 2020 demonstrates the significant reduction in cancer screening in Ontario.

Due to the pandemic, Ontario Health (Cancer Care Ontario) stopped mailing cancer screening invitations, recall and unsatisfactory result letters to participants on March 23, 2020. Ontario Health (CCO) has plans to resume, and communications to primary care will be sent once dates have been confirmed. Patients continue to receive correspondence for normal and abnormal results after screening.

Screening volumes, September 2019 vs. 2020

Fecal tests

6,976
3,667

● 2019
● 2020

Pap tests

10,636
4,660

Screening mammograms

7,862
5,587

Source: OH (CCO)

Updates from service providers

Breast

- All sites in Central region are open
- Many sites have expanded hours of operation and/or increased capacity for screening appointments
- OBSP sites note an increase in patient cancellations due to COVID-19

Colorectal

- Do not batch fax requisitions as it may cause kit mailing delays
- Continue to refer without delay
 - Central region's hospital based endoscopists have operational capacity for FIT+ colonoscopies

Cervical

- Consider average risk screening if seeing a patient for an in-person visit for other reasons and it is feasible to screen same day
- Continue to refer to colposcopy
 - Colposcopists will triage referrals based on cytologic findings

Pandemic guideline reminders

Breast

- Screening open to all eligible average and high risk patients
- Letters are not required to book an appointment
- Patients who turn 75 in 2020 or 2021 and are due for screening will not require a referral form

Colorectal

- As of October 20, 2020:
 - Expand FIT screening to all eligible people at average risk
- Only refer people at increased risk for colorectal cancer to screening with colonoscopy
- Patients with a history of low risk adenoma or small hyperplastic polyp(s) in the recto-sigmoid can be screened with FIT

Cervical

- Initiate screening at age 25
- Patients with first time LSIL or ASCUS can be rescreened with cytology in 12 months
 - Refer to colposcopy if they have 2 consecutive cytologic abnormalities
- Groups at elevated risk, to be screened annually:
 - Discharged from colposcopy with a persistent low-grade cytology
 - Discharged with a HPV+ test and normal or low-grade cytology
 - Immunocompromised people

Update on HPV vaccination and testing implementation

Community-based HPV vaccination clinics

This year, vaccines normally offered in school to Grade 7 students will be delivered at community clinics and primary care providers' offices. Public health units are working to let residents know when and where they can access the vaccines.

HPV testing implementation

Ontario Health (Cancer Care Ontario) is actively working with the Ministry of Health and Long-Term Care to implement HPV testing in the Ontario Cervical Screening Program.





Tools for Patient Enrolment Model (PEM) physicians

Screening Activity Report (SAR)

Enrolment is expedited for physicians that are already registered with eHealth Ontario's ONE®ID. We can also facilitate ONE®ID registrations if you do not yet have an account. To get started, email us at icsregional@southlakeregional.org.

Physician-Linked Correspondence (PLC)

The PLC service includes your name on your patients' correspondence letters (currently colorectal patients only). This is shown to motivate eligible patients to get screened. To enrol, complete and return using the steps on this form: bit.ly/3dv1e1M

How to use your Electronic Medical Record (EMR) or Screening Activity Report (SAR) to triage patients

For PEM physicians using the SAR, look at the "Action required" section on the dashboard. The numbered links under each modality will generate a list of patients with an abnormal result requiring follow up, invalid results requiring retest, or those overdue for screening. As services resume, you can review your "Due for screening in < 6 months" category to ensure that additional patients do not become overdue. A full how-to guide is available to download at bit.ly/3dmk0bD.

For non-PEM physicians using an EMR, you can create custom queries to isolate patients who should be prioritized for screening and follow-up, similar to the functionality of the SAR.

You can download full how-to guides for:

- Accuro bit.ly/30MbCwY
- P&P CIS bit.ly/2GJpKQH
- OSCAR bit.ly/3jLFAsh
- PS Suite bit.ly/33KXPZg

	Breast Screening	Cervical Screening	Colorectal Screening
previous [ask]	265	588	397
up needed	13	53	2
quired	114	201	149
0	0	6	2
quired	NA	0	2
0	114	195	145
	48	45	20
10 years or Flexible	13	50	146
ast 10 years	NA	NA	141
nderway or	5	45	0
	8	5	5
reen	90	292	82

Screening Activity Report

Physician: DOCT...

Percentage of patients up-to-date with screening

Modality	My screening rate	PEM physicians in my LHIN
Breast (Mammogram)	68%	60%
Cervical (Pap)	67%	64%

Share your stories with us about screening during COVID-19

It has been a challenging year in primary care, having to optimize virtual care platforms to ensure continuity of patient care services and care for our patients while continuing to navigate the pandemic. The impact on cancer services alone is significant.

How are you navigating cancer screening during the pandemic? If you would like to share your experiences with your colleagues, email your submission to icsregional@southlakeregional.org to be considered for the next edition of our newsletter, The Quarterly.

Things to cover in your submission:

- How have patients responded to your requests to resume cancer screening?
- What strategies do you use to guide patients who avoid screening or follow up of their abnormal results?
- What barriers do you foresee impacting the re-implementation of cancer screening?