A NEWSLETTER FOR PRIMARY CARE PROVIDERS

# THE QUARTERLY

OCTOBER 2019

A NOTICE TO OUR READERS: We are no longer mailing these newsletters. If you would like to join our electronic distribution list, email icsregional@southlakeregional.org

CERVICAL CANCER SCREENING >

## Pap tests: just do it. Tips for making a pap more tolerable

**Dr. Felice Lackman, MD, FRCSC**
**Regional Cervical Screening and Colposcopy Lead**

For most women, the thought of getting a pap test is unpleasant. A frequently heard quote in my office is: "I hate this so much." And my answer is usually: "It's not likely to be the most fun you'll have today, but I bet it won't be as bad as you think." However, a pap does not need to be a horrible experience.
Here are a few tips for making a pap more tolerable for women.

Firstly, knowing the value of a pap test will make women appreciate the importance of doing the test. Take a few minutes to explain why you are doing it. Explain that the biggest risk of developing cervical cancer is not having a pap and women that undergo regular screening are almost guaranteed to never develop the disease. I tell my patients we are lucky to have a test that identifies pre-cancerous cells and that other diseases caused by HPV are undetectable until they present as malignancies. They then feel that the few seconds of discomfort are worth it.

Secondly, make sure patients have privacy to remove their clothes and that appropriate gowns/sheets are provided. Ensure that the patient is in a good position on the examination table. Their buttocks should be right at the edge of the table so that the handle of the speculum does not bang into the table. Their feet should be comfortable with heels in the foot rests. I have covered my foot rests with golf head covers - frogs and gorillas. These have gone a long way to alleviating nerves and relaxing my patients.

Next, confirm that all the equipment you may need is ready (and functional) before you start. This will reduce the length of the procedure and your patient's discomfort. Remember: there is good reason that speculums come in different shapes and sizes. Most sexually active women will be able to tolerate a medium Graves speculum, but nulliparous and post-menopausal women may benefit from a smaller narrower instrument, such as a Pedersen speculum. Try to anticipate that you may need a different speculum and have it readily available.

Always warm up the speculum - it takes only a few seconds to warm a metal speculum under running water. Lubricating jelly may be used, but too much may interfere with reading the pap, so try to keep it on the outside of the speculum.

While doing the procedure, remember to talk to your patient. Tell her when she will feel your touch and explain that there may be pressure when inserting the speculum. Guiding them through some deep breathing provides a good distraction but don't let that prolong the test. Be sure you can multitask and talk while doing what you need to. A pap should not take more than 10-15 seconds. Inserting the speculum on a 45-degree angle seems to cause the least discomfort. Gently turn it as you are inserting it further into the vagina. Be careful not to pinch the sides of the vagina or the labia. Pushing the bottom blade of the speculum down to the posterior vagina is also the least painful. Pushing it up towards the bladder is extremely uncomfortable. The cervix is frequently located posteriorly, but if you slowly open the speculum as you are inserting it, you should be able to visualize it in most patients. Once it is visualized, insert the middle of the broom and turn it at least 4-5 times. Make sure to get a good sample.

When removing the speculum, don't completely close the blades until you have cleared the cervix, and again, avoid pinching the sides of the vagina or labia. Explain to the patient that she may have some spotting or bleeding afterwards. Ensure you give her privacy to get dressed and something with which to wipe and clean.

After following these tips, instead of "I hate this", you will frequently hear: "That wasn't so bad".

### CytoBase: an Electronic Medical Record for Cervical Cytology

CytoBase is an electronic medical record of over 80% of screening cervical cytology reports processed in Ontario. It is an easy to use, secure web-based service for practitioners to access results in real time. To register and for more information, visit www.inscyte.org/cytobase/clinicians.html

COLON CANCER CHECK >

# FIT updates and reminders

### Screening Eligibility with FIT for Participants who are up-to-date with Screening

While the CCC program recommends that people do not need to screen with FIT until they are due for screening, LifeLabs will not reject FIT requisitions from people who are up-to-date with screening due a recent gFOBT, flexible sigmoidoscopy, or colonoscopy. The program has advised LifeLabs to not restrict the mail-out of FIT kits for people with a recent gFOBT. Some people may choose to screen with FIT earlier than their recall interval since FIT is better at detecting colon cancer and some pre-cancerous polyps than gFOBT.

LifeLabs will reject the requisitions for FIT in the following scenarios:

- the person is under age 49 or over the age of 85. While the program recommends average risk screening for people ages 50 to 74, a primary care provider can order FIT for 49 year-olds or between the ages of 75 to 85 after a discussion with their patient;
- the person completed a FIT within the last 21 months; or
- the person does not have a valid OHIP card.

### Ordering Demo FIT Kits for Your Practice

All primary care providers should have received one sample FIT kit in the mail out from CCO in June to help with explaining your patients how to do the test. If you would like to request extra sample FIT kits for your practice for demonstration purposes, please contact our team at 905-895-4521 ext. 5139 or ralidina@southlakeregional.org.

### Reminder: FIT+ Colonoscopy Referrals

Please ensure you are using the Central FIT Positive Colonoscopy Referral Form for referrals for FIT+ colonoscopy to any one of the six hospitals in the Central Region. With the exception of Stevenson Memorial Hospital (Alliston), please do not fax the referral form to the specialists directly but to the central intake fax number for the respective hospital at the top of the form.

For more information on the Central Region FIT+ Colonoscopy Referral Process, visit our webpage at bit.ly/2P3P6Mj

# Colonoscopy surveillance recommendations

| Initial colonoscopy | | |
|---|---|---|
| **Findings** | **Next test[1]** | **Time until next test** |
| **No polyps**<br>**Hyperplastic polyp(s) in rectum or sigmoid** | FIT | 10 years |
| **Low risk adenoma(s)[2]** | FIT | 5 years |
| **High risk adenoma(s)[2]** | Colonoscopy | 3 years |
| **>10 adenomas** | Cleaning colonoscopy[3] | ≤ 6 months |
| **Any sessile serrated polyp(s) <10 mm without dysplasia** | Colonoscopy | 5 years |
| **Sessile serrated polyp(s) ≥10 mm**<br>**Sessile serrated polyp(s) with dysplasia**<br>**Traditional serrated adenoma** | Colonoscopy | 3 years |
| **Large sessile polyp removed piecemeal** | Colonoscopy | ≤ 6 months |
| **Serrated polyposis syndrome[2]** | Colonoscopy | 1 year |

Complete Surveillance Recommendations available at cancercareontario.ca/CCCsurveillance

Patients with small hyperplastic polyps do not need surveillance. Patients with a normal colonoscopy (including hyperplastic polyps in rectosigmoid) should screen next with FIT, in 10 years.

NEW: Patients with low risk adenomas should screen next with FIT, not colonoscopy; these patients should screen with FIT in 5 years.

### Post-Polypectomy Surveillance in People with a Family History

The recall interval following a normal colonoscopy for people with a family history of CRC should be based on family history or surveillance recommendations, whichever recall interval is shortest. If a patient's colonoscopy is normal and they have a family history of CRC, the recommendations are if the first degree-relative was diagnosed:

- at <60 years old: colonoscopy repeated every five years.
- at >= 60 years old: colonoscopy repeated every 10 years.

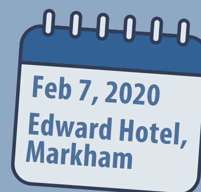
It is important to provide endoscopists with copies of prior colonoscopy and pathology reports if available when referring a patient for surveillance.

## SAVE THE DATE

### 8th CENTRAL REGION ONCOLOGY DAY
### CONNECTING THE DOTS IN CANCER CARE

Including updates on colorectal cancer screening and FIT, cervical cancer screening and HPV testing, and prostate cancer screening.

For additional details, please see the attached flyer.



BREAST CANCER SCREENING >

# Breast density reporting changes

The breast density composition is being indicated in all dictated mammography reports. Breast density on dictated screening report must include both of the following:

- If breast density is greater than or equal to 75%, or less than 75%
- One of the four ACR BI-RADS breast composition categories: a, b, c, d:

| Breast Composition | a. entirely fatty | <75% |
|---|---|---|
| | b. scattered areas of fibroglandular density | |
| | c. heterogeneously dense, which may obscure masses | |
| | d. extremely dense, which lowers sensitivity | ≥75% |

The most recent edition of the BI-RADS can be found here: bit.ly/2ofSCWU

## What This Means for Follow-Up in the OBSP

If the patient has greater than or equal to 75% dense breasts, she will be asked to return for a follow-up mammogram in one year. If she has less than 75%, she will return for follow-up usually in two years depending on other risk factors.

Note: Increasing breast density is associated with an increased risk for breast cancer and also makes it difficult for interpreting radiologists to find occult breast cancers because the cancer can be hidden in the dense tissue.

NEW REPORTS >

# CCO-PHO Report: The Burden of Chronic Diseases in Ontario

## Highlights:

- Cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes cause about two-thirds of all deaths in Ontario.
- Ontario has a high prevalence of tobacco smoking, alcohol consumption, physical inactivity and unhealthy eating, which are the main modifiable risk factors for chronic diseases. Only 13% of adults in Ontario report having none of these risk factors.
- Indigenous peoples in Ontario have disproportionately high rates of chronic disease prevalence, risk factors, and mortality.
- The total annual annual economic burden of chronic disease risk factors in Ontario is estimated to be $7.0 billion for tobacco smoking, $4.5 billion for alcohol consumption, $2.6 billion for physical inactivity and $5.6 billion for unhealthy eating, including $1.8 billion for inadequate vegetable and fruit consumption.

**The full report is available at: bit.ly/2N4IzOZ**

# CCS Canadian Statistics Report 2019

## Notable New Statistics:

Compared with the 2017 report:

- Lung cancer incidence and death rates in females are now decreasing.
- Female breast cancer death rates have decreased an estimated 48% since they peaked in 1986.
- Pancreatic cancer is expected to be the third leading cause of cancer death in Canada in 2019, surpassing breast cancer.
- Some of the biggest increased in survival since the early 1990s were for blood-related cancers.

**The full report is available at: bit.ly/31h3aUS**

## OTHER SCREENING AND PREVENTION UPDATES >

# Are your patients receiving their screening letters?

Cancer Care Ontario sends letters to:

- Invite people to participate in screening once they are eligible
- Remind them when it is time for their next screening test
- Tell them their screening test results
- Tell them what to do if they have an abnormal test result (with the exception of the OBSP)

**Please check with your patients to see if they are receiving their letters. If not, they can contact the CCO Correspondence team at 1-866-662-9233.**

To learn more about the screening letters sent to the public, visit bit.ly/2OIFK4j

### Sign up for Physician-Linked Correspondence (PLC)

PLC includes your name in the cancer screening letters mailed to your rostered patients. Research has shown that this is an effective way to motivate eligible Ontarians to get screened for cancer. It is available to all patient enrolment model (PEM) physicians for colorectal cancer screening.

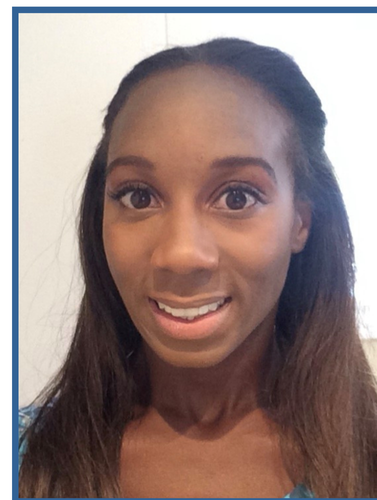
**To enrol, fill out the attached consent form and submit it by fax, email, or mail as indicated.**

# SERVICE CHANGE: Ontario tobacco cessation telephone counselling

On September 11, 2019 the Government of Ontario announced that Telehealth Ontario will begin delivering phone cessation services beginning October 1, 2019. The toll-free number that people can call will be 1-866-797-0000. Healthcare providers can send fax referrals to 1-888-857-6555 or 519-434-9028. Fax referral forms can be downloaded or printed at www.smokershelpline.ca/healthcare/training-resources. For online tools, email support, an online support community, text messaging support, and live chat by text, continue to refer your clients in Ontario to www.smokershelpline.ca.

# NEW Regional MRT, Natasha Batchelor

Natasha completed her undergraduate degree in Medical Radiation Sciences at McMaster University and her Masters at the University of Ontario Institute of Technology where her thesis focused on breast cancer. She has been a mammographer for 5+ years, and we are excited to have her join our team.



## What inspired you to work in health care?

Since I was a child, I knew my trajectory in life would lead me to a profession in healthcare. I have always been passionate about making a positive difference in the lives of people around me. Working in mammography has provided me with an opportunity to play an integral role in breast cancer from educating patients on the importance of screening to performing diagnostic procedures.

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

The most rewarding aspects of my job as a mammographer are using my skills as a technologist to get high quality images and perform difficult biopsies that provide patients with a diagnosis for their breasts. In my new role as Regional MRT, I am excited to be part of a team that provides clients with a high quality of care by ensuring high quality of imaging is received by our patients and that both hospitals and IHFs are held to high quality standards.




**SEND US YOUR INPUT, IDEAS, & FEEDBACK:**

icsregional@southlakeregional.org
905.895.4521 ext 6065
Fax: 905.952.2461

596 Davis Drive - Mailbox 13
Newmarket, Ontario
L3Y 2P9