

IT'S A NEW YEAR AND IT'S TIME TO GET FIT! >



Dr. Marla Ash, M.D., CCFP, Regional Primary Care Lead

We have come a long way since Canada's first organized province-wide Colorectal Cancer Screening program launched in 2008. This year, the Fecal Immunochemical Test (FIT) will replace gFOBT as our provincial colorectal cancer screening test for average risk individuals.

As noted by Central Region's Colorectal Endoscopy Lead, Dr. David Baron in our October 2018 newsletter, it is anticipated that with FIT's superior sensitivity (47% for FOBT positive vs. 82% for FIT positive), it will detect twice as many cancers as gFOBT and allow for the detection of advanced adenomas. This means that FIT has the potential to reduce the incidence of colorectal cancer.

The screening interval for FIT remains the same at every 2 years, and average risk eligibility criteria to screen with FIT are no different than for gFOBT (see eligibility criteria: <https://bit.ly/2o24isS>). Patients will continue to receive CCC program mailing-outs, including invitations/recalls/reminders and results. Sign up for Physician-linked correspondence (<https://bit.ly/2Gc4SAs>), to help increase cancer screening rates.

Although the ColonCancerCheck (CCC) program does not recommend regular screening for patients over age 74, we will still be able to order FIT kits for people ages 75 to 85 deemed appropriate for screening, and where the benefits of screening outweigh the risks.

There are important changes to expect and be aware of with the transition to FIT:

1. As currently practiced in several other provinces and jurisdictions, a centralized distribution approach will be adopted for screening with FIT in Ontario. This is because the FIT collection device is less stable and has a shorter shelf life in comparison to gFOBT. Thus, we will no longer be stocking and distributing kits to our eligible patients directly from our offices. Requisitions will be completed by us, and then faxed to Lifelabs, where FIT kits will be pre-labelled, barcoded and mailed to patients directly to limit the risk of mislabelling and inappropriate use. Validation of patient mailing addresses and date of birth on the requisition form will be critical to prevent errors and ensure patients receive their FIT kits and test result notification. The centralized distribution approach will eliminate almost 90% of the causes for rejected tests.
2. MOHLTC lab requisitions will no longer be used to request CCC program FIT testing. A new FIT requisition will be made available to us prior to the FIT launch.
3. FIT kits mailed to patients will include the FIT collection device, as well as patient-friendly instructions, including how to mail it back to the laboratory. FIT instructions will be available in 20+ languages.
4. Patients will be able to return kits by mail or drop off to a LifeLabs location. Please ask your patients to mail or drop off completed FIT to the lab as soon as possible, ideally within two days, to ensure it arrives within 14 days of specimen collection.

FIT has better usability:

- Only one at-home stool sample is required
- Collection is easier
- No dietary or medication restrictions

Research has shown that people prefer to screen with FIT, leading to increased screening participation.

We will continue to receive results directly from the lab. While eligible participants will continue to receive results from Cancer Care Ontario, we continue to be responsible for communicating test result information to our patients and ensuring that patients with a positive FIT result receive a colonoscopy within 8 weeks. Please make sure your FIT positive patients are referred for colonoscopy within 2 weeks of receiving their result.

As is the case currently with gFOBT, patients without a primary care provider will be able to access a FIT kit through organizations such as Telehealth Ontario. Please note that the Central Regional Cancer Program will be reaching out to you to accept new patients with a positive FIT requiring a follow-up colonoscopy.

Please be advised that gFOBT kits will only be processed for 6 months after FIT is launched.

Here is to a happy and healthy New Year and a successful transition to FIT!

PRIMARY CARE RESOURCES FOR FIT >



YOU'VE GOT MAIL... COMING

Cancer Care Ontario will be sending a Hard Copy FIT Resource Mail-Out to all primary care providers within two months of FIT Go-Live (date TBA). This mail-out will include:

- ColonCancerCheck Screening Recommendations Summary
- FIT requisition
- FIT specimen collection instructions for patients
- PCP registration for patient attachment
- Sample FIT specimen collection device

These contents will also be available on the FIT Resource Hub, where materials and resources reside to support primary care and other providers with the transition to FIT. Please visit the Hub regularly as it is updated as new resources become available: www.cancercareontario.ca/fithub



FIT CPD SESSIONS

Regional Primary Care Lead, Dr. Marla Ash will be holding several certified FIT Continuing Professional Development (CPD) sessions in the upcoming months for primary care providers. This Group Learning Program has been certified by the CFPC and the Ontario Chapter for up to 4 Mainpro+ credits.

If you and/or the providers at your practice are interested in holding a session either at your practice or attending one at a site close to you, or if you have any questions please email Rukaiya Alidina at ralidina@southlakeregional.org

ONTARIO BREAST SCREENING PROGRAM >

SCREENING WOMEN OVER 74 YEARS OF AGE

In the Ontario Breast Screening Program (OBSP), women over 74 years of age are no longer automatically recalled to participate in the program. However, these women can continue to be screened with the OBSP, with a physician's referral. Women who are 50-74 years of age may self-refer and do not need a physician's referral to be screened in the OBSP.



It is known that breast cancer incidence continues to increase with increasing age. Joint decision making with your patient regarding continuing breast cancer screening is encouraged. One approach to consider is if her life expectancy is likely to be beyond 10 years, she should be encouraged to continue screening as part of the OBSP.

Women older than 74 years of age will still receive result letters from the OBSP, but they will not receive recall letters. Should their screens be abnormal, they will be followed, as is done with women being screened in the OBSP.

CERVICAL CANCER AWARENESS WEEK >

COMMUNITY EDUCATION OUTREACH EVENT

Dr. Erica Mantay, Regional Cervical Screening Colposcopy Lead

On October 19th 2018, the Regional Prevention and Screening team partnered with the Working Women's Community Centre (WWCC) to provide an educational session for 35 of their female clients, who are new immigrants to Canada. WWCC, located in North York, helps immigrant women with numerous initiatives including, such as, settlement counseling and language classes.

Research shows that women who are recent immigrants are more likely to be counted among the under/never screened populations, particularly for cervical cancer screening. There may be many reasons for this including lack of cancer screening programs in their country of origin. The purpose of the session was to explain cervical cancer screening using slides, models and multilingual handouts.



Three translators were used throughout the session to interpret the material presented into Farsi, Arabic, and Mandarin, which were the first languages predominantly spoken by the attendees. This allowed for a lively, informative and interactive conversation with women as they obtained the information in their first language. WWCC also coordinated with the Immigrant Women's Health Centre (IHWCC) Mobile Health Clinic to visit in November. At the end of the discussion, clients had the opportunity to arrange for a pap test on the mobile bus, with seven of them registering that day as a result the session.

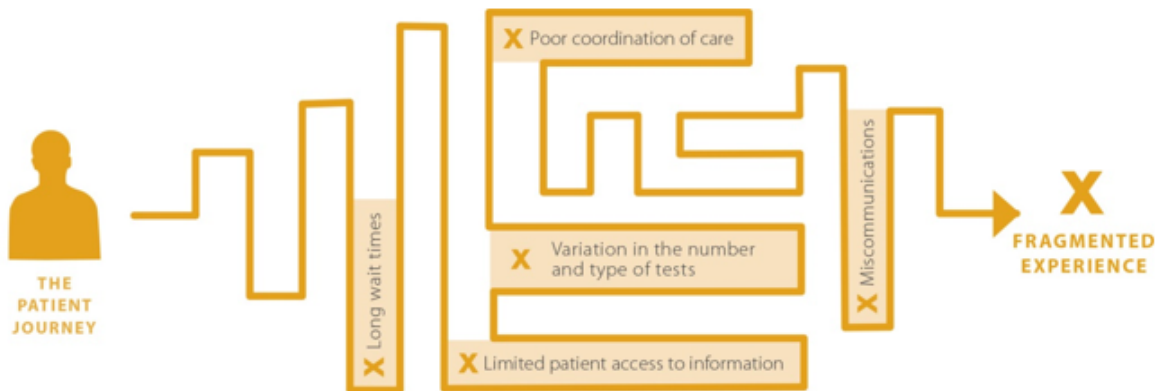


Southlake Lung DAP thoracic surgeons: (L - R) Dr. Sal Privitera, Dr. Crystal Kavanagh, and Dr. Julius Toth

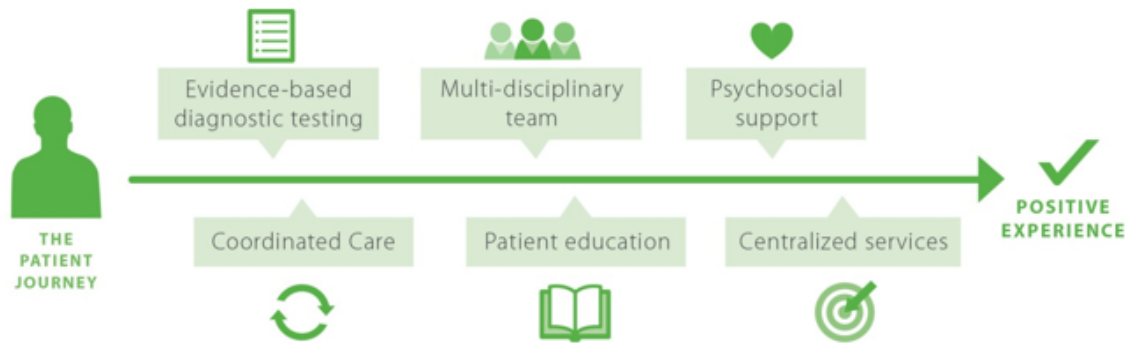
DIAGNOSTIC ASSESSMENT PROGRAMS (DAPs)

Dr. Catherine Mahut, M.D., FRCSC, Surgical Oncology Lead

A DAP is a patient-centered clinic designed to work-up a patient with an abnormality worrisome for malignancy, to reach a diagnosis. Many of the referrals are initiated by abnormal screening results. The mandate is to coordinate the tests required, support the patient and family through the process, expedite the pathway, and provide teaching as appropriate. A patient navigator works with the family, as well as the patient themselves, providing a continuous point of contact throughout the journey. DAPs are an integral part of the diagnostic pathway, as envisioned by Cancer Care Ontario (CCO), transforming the patient experience from this:



into this:



DAPs exist for most of the common disease sites. In this region, there are currently DAPs for: colorectal, prostate, breast and thoracics. Please see the newsletter insert for a complete list of DAPs including contact information.

The Southlake Regional Health Centre is the site of the Regional Thoracic program in the Central Region, which includes a Lung DAP. The DAP runs several times weekly and is staffed by an RN, as well as thoracic surgeons, with access to dietitians, psychosocial supports, and other resources in the Regional Cancer Program, if required. Patients being worked-up for a possible lung cancer often require many tests, and the resources available in the DAP truly make a difference. CCO has standardized the referral criteria across the province (see insert), and monitors wait time from referral to diagnosis.

See inserts for both the Southlake Lung DAP Referral form and all DAP contact information and locations in the Central Region.

The creation of DAPs has improved the patient experience for those undergoing a difficult, complicated, and emotional path to diagnosis. This is particularly true for patients facing a possible lung cancer diagnosis, where supports for patients and their caregivers are in place at the Southlake Lung DAP to provide a truly patient-centered care experience.

NEW INFORMATION AND RESOURCES >

THE STRONACH REGIONAL CANCER CENTRE LAUNCHES NEW WEBSITE

With a new modern look and mobile friendly browsing pages, the Stronach Regional Cancer Centre (SRCC) has a new website to call home. The new site is designed to effectively meet the needs of patients, caregivers, and healthcare partners throughout the cancer experience. You can now find answers about cancer programs and services offered at the SRCC as well as those offered by the Central Regional Cancer Program.

From the home page, healthcare providers can now quickly find information regarding:

- Screening for Patients
- Diagnostic Assessment Program
- Patient Referrals
- Clinical Trials
- Follow-up Resources
- Palliative Consultations
- Education & Learning



www.stronachregionalcancercentre.com



NEW: PROVINCIAL PRIMARY CARE LEAD, DR. AISHA LOFTERS

Please welcome Dr. Aisha Lofters in the role of Provincial Primary Care Lead, Cancer Screening, Prevention and Cancer Control.

Based out of St. Michaels Hospital in Toronto, Dr. Lofters is a Family Physician with the Academic Health Team and Scientist with the Centre for Urban Health Solutions at the Li Ka Shing Knowledge Institute. She is also an Assistant Professor at the University of Toronto and an Adjunct Scientist at the Institute for Clinical Evaluative Sciences.

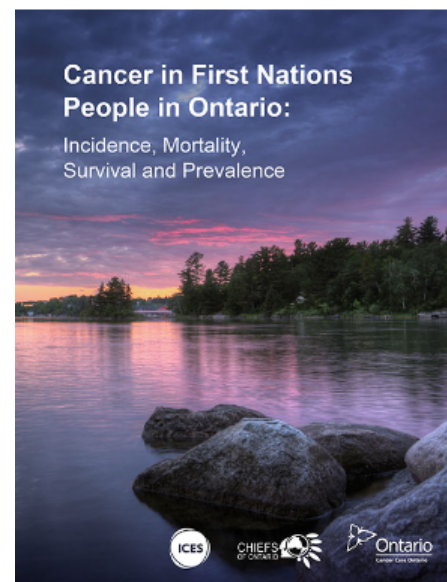
Her research interests include cancer screening, immigrant health and health equity.

JUST RELEASED: CANCER IN FIRST NATIONS PEOPLE IN ONTARIO

A new report developed jointly by Cancer Care Ontario, the Chiefs of Ontario and ICES was released on November 22, 2018. It examines 20 years of cancer statistics for First Nations people in Ontario. The data in the report shows higher rates of cancer and more cancer deaths in First Nations people than other people in Ontario.

The data in the report highlights specific health inequalities and supports the development of health policies and programs to help prevent cancer and chronic disease in First Nations people. Prevention efforts that are specific to First Nations people in Ontario and led by First Nations communities.

The report intends to equip First Nations communities and other decision makers with a greater understanding of the cancer burden that is facing First Nations people in Ontario and to support them in developing effective policies and programs to prevent cancer.



Read the full report here:
<https://bit.ly/2FwWxa9>



Central
Regional Cancer Program
in partnership with Cancer Care Ontario

SEND US YOUR INPUT, IDEAS, & FEEDBACK:

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