

## A message from Dr. Marla Ash...



Dr. Marla Ash,  
Regional Primary Care  
Lead - Integrated Cancer  
Screening Program, Central  
LHIN

It is a pleasure to provide an introductory message as Central LHIN’s ICS Primary Care Lead to all the primary care providers in the region!

As physicians we play a critical role in cancer care throughout every step of the cancer journey for our patients. We influence our patients significantly and are usually the first point of contact for cancer screening and early detection. However, we have challenges daily in helping our patients with multiple, often complex health problems and cancer screening may become a lower priority.

Since my position began in 2008, I have seen numerous changes just in cancer screening alone in Ontario. These include new cervical cancer screening guidelines, the creation of ColonCancerCheck, colon cancer screening activity reports, and the expansion of the OBSP program to include women between the ages of 30 to 69 at high risk of developing breast cancer.

With the implementation of the Central Integrated Cancer Screening Program and the Quarterly release of this newsletter, we will keep you informed of new guidelines, research, and share best practices. Our goal is to help integrate cancer screening into the daily practice of all primary care providers in our region and ensure you have the latest knowledge to deliver high quality care for all.

Sincerely,

Marla Ash, MD, CCFP  
Central LHIN Primary Care Lead  
Regional Integrated Cancer Screening Program  
Stronach Regional Cancer Centre—Central LHIN  
Southlake Regional Health Centre  
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(Dr. Marla Ash has practiced family medicine in North York, Ontario since 1996. In 2011, she joined the North York Family Health Team, a large multidisciplinary team servicing over 64,000 patients. For sixteen years, she was the attending physician for the Charlotte and Lewis Steinberg Familial Breast and Ovarian Cancer Clinic at North York General Hospital.)

### 1<sup>st</sup> Annual Central LHIN Oncology Day: Supporting the Primary Care Provider in the Cancer Journey

#### The Stronach Regional Cancer Centre Presents:

Friday, November 9, 2012  
Medical Arts Building at Southlake  
Lecture Hall, Level 6  
596 Davis Drive, Newmarket, ON L3Y 2P9

*All healthcare professionals from across the region are invited!*

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

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## An exciting Colorectal Cancer Screening program in the Central LHIN!!

### Registered Nurse performed Flexible Sigmoidoscopy at Southlake Regional Health Centre and Markham Stouffville Hospital.

It is estimated that in 2012, 8,700 Ontarians will be diagnosed with colon cancer and 3,450 will die from it.<sup>1</sup> It has been shown that 90% of colon cancer can be cured if found early. Colorectal screening can be done with the use of the Fecal Occult Blood Test (FOBT), Flexible Sigmoidoscopy (FS), or Colonoscopy. The 2012 Canadian Association of Gastroenterologists' recommendations include flexible sigmoidoscopy and not colonoscopy for population screening or average risk individuals<sup>2</sup>.

FS is a colon cancer screening option in the Central LHIN which offers a less invasive, more convenient testing option to average risk patients than a colonoscopy. Markham Stouffville and Southlake are two of 11 sites in Ontario that participated in a pilot project launched by Cancer Care Ontario (CCO) and The Ministry of Health and Long Term Care (MOHLTC). The results since 2006 support data published by four random controlled trials in the UK, Norway, Italy, and the United States. All data indicates that at least 10% of the patients screened by FS have one or more adenomatous polyps which have the potential to become a colon cancer.

#### Who is eligible for the RN Flexible Sigmoidoscopy?

FS screening is offered to men and women between the ages of 50 -74 who are at average risk of developing colon cancer. An average risk means:

- No history of colon polyps or cancer;
- No history of colon cancer in first degree relatives;
- No untoward symptoms, bleeding, pain, or changes in their bowel habits;
- They must not have had a positive stool sample test (FOBT) in the last two years.

#### Why choose Flexible Sigmoidoscopy?

- FS detects 60% of cancers and polyps<sup>3</sup>.
- No sedation is required therefore requiring minimal time off work and no assistance in returning home.
- FS is safer with a perforation rate of only 1/10,000 compared to 1/ 1000 for colonoscopy<sup>4</sup>.
- Prep is minimal – only one enema in the evening before and one enema in the morning of the procedure.
- International evidence and experience suggests that **non-physicians** can perform FS safely and effectively<sup>5</sup>.

#### Referring your patients is as easy as 1-2-3

**Sept 1** – Call your local FS Program Coordinator and arrange a brief meeting.

**Sept 2** – Provide the FS Program Coordinator with a list of rostered patients aged 50 – 74 and he/she will ensure all eligible patients receive the colon screening they need.

**Step 3** – For ongoing referrals simply contact the FS Program Coordinator in your region directly.

**The bottom line - From July 2011 to September 2012, 275 FS procedures were completed in the Central LHIN. Of those, 82 polyps were detected, 48 adenomas were found, and 66 colon referrals were made.**

For more information please contact:

<p><b><u>Markham Stouffville Hospital</u></b>  <b>Susan Willar RN, BN, CGN(C)</b>            Coordinator, Colon Health Screening and            RN Performed Flexible Sigmoidoscopy Program            Tel. (905)472-7373 ext. 6137            Fax. (905)472-7560            E-mail. <a href="mailto:SWillar@msh.ca">SWillar@msh.ca</a></p>	<p><b><u>Southlake Regional Health Centre</u></b>  <b>Donna Bremaud RN, CGN(C)</b>            Coordinator,            RN Performed Flexible Sigmoidoscopy Project            Tel. 905-895-4521 ext. 6512            Fax. 905-853-2208            E-mail. <a href="mailto:dbremaud@southlakeregional.org">dbremaud@southlakeregional.org</a></p>
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1 [http://www.csqi.on.ca/Indicators%20by%20LHIN/c\\_lhin/](http://www.csqi.on.ca/Indicators%20by%20LHIN/c_lhin/)

2 Can J Gastroenterology Vol. 24 No 12 December 2010

3 Hoff G, Grotmol T, Skovlund E, Bretthauer M. Risk of colorectal cancer seven years after flexible sigmoidoscopy screening: randomised controlled trial. BMJ 2009;338:b18465 Nelson RL, Abcarian H, Prasad ML. Iatrogenic perforation of the colon and rectum. Dis Colon Rectum. 1982;25:305-8 (s)

4 Nelson RL, Abcarian H, Prasad ML. Iatrogenic perforation of the colon and rectum. Dis Colon Rectum. 1982;25:305-8 (s)

5 Atkin WS, Edwards R, Kralj-Hans I, Wooldrage K, Hart AR, Northover JMA, Parkin DM, Wardle J, Duffy SW, Cuzick J. Once-only flexible sigmoidoscopy screening in prevention of colorectal cancer: a multicentre randomized controlled trial. Lancet 2010; 375 No. 9726: 1624-1633

## Markham Family Health Team Pap Test Reminder Project

**GOAL:** Proactively detect cervical cancer in female patients age 21-69, in accordance with Cancer Care Ontario’s Cervical Screening Program.

Objectives	Outcomes	Changes to Practice
Identify patients who are overdue for Pap Test screening through an EMR search.	<b>Identified Eligible Patients:</b> An EMR search identified approx. <b>2200</b> females between the ages of 21-69 who did not have a record of a Pap test result within the past 3 years.	<b>Expansion of RN role;</b> now includes performance of administering Pap tests to ensure timely access to screening.
Call patients and offer Pap testing through appointment with an MD, NP or RN.	<b>First Contact:</b> From June to November 2011, <b>1265</b> patients were contacted by phone and offered Pap testing. Of those, <b>272</b> patients completed a Pap test ( <b>22%</b> uptake).	Creation of an RN <b>tracking</b> code used in “shadow billing” to identify patients who had a Pap test completed by a RN.
Send a letter to patients offering a Pap test appointment, or request patients to notify the FHT of cervical screening completed elsewhere (gynecologist).	<b>Second Contact:</b> In March 2012, approx. <b>1300</b> patients received a letter from their physician inviting them to book an appointment.	Standardized approach to Pap testing interval adopted by FHT.
Raise awareness of regular cervical cancer screening and availability of testing in the office.	<b>Awareness:</b> In March 2012, <b>50</b> awareness posters were designed and printed. These were posted in patient common areas, examination rooms, and nurses’ offices.	

For more information please contact **Lisa Ruddy, Clinical Program Manager for the Markham FHT** at [lisa.ruddy@markhamfht.com](mailto:lisa.ruddy@markhamfht.com)

## Central LHIN Primary Care Council

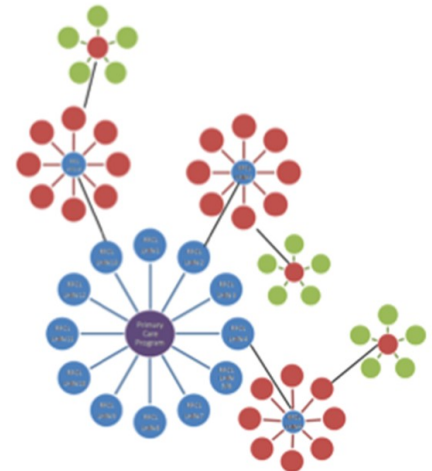
**Who?**

Co-Chaired by Dr. David Kaplan - Central LHIN and Regional Diabetes Primary Care Lead and Dr. Marla Ash - Central LHIN Regional Primary Care Lead .

**What?**

14 primary care representatives (Physicians from hospitals, FHTs, FHOs, FHGs, and Nurse Practitioners) from across the region meet to:

- 1) Connect primary care providers from across the LHIN and engage their support to help advance key initiatives
- 2) Promote communication and provide a conduit for programs and organizations needing to engage with primary care providers within the region
- 3) Share and help spread primary care best practices on an ongoing basis at a regional level
- 4) Address common issues and voice primary care feedback and needs back to regional/provincial organizations.



**Goal:**

To have one network combining all networks in the region. Members of the council will help disseminate information to primary care providers in their sub-LHIN area. With over 1600 physicians, 11 FHTs, two NP led clinics, two CHCs, and 1.8 million people living within the Central LHIN, the goal is that this network will increase communication and in turn improve patient care.

**For more information please contact:** Dr. David Kaplan at [david@davidkaplanmd.com](mailto:david@davidkaplanmd.com) or Dr. Marla Ash at [marla.ash@nygh.on.ca](mailto:marla.ash@nygh.on.ca)

## Physicians Corner

### ONE® ID - Registration Postponed

The official launch has been postponed. Currently there are approximately 3000 physicians registered. More information will be available in the January 2013 newsletter.

For questions or concerns about OneID registration please contact eHealth Ontario's Business Support Team at [ONEIDBusinessSupport@ehealthontario.on.ca](mailto:ONEIDBusinessSupport@ehealthontario.on.ca).

## GRANT UPDATE

The Central ICS program would like to congratulate the Canadian Mental Health Association - Toronto Branch on being the successful applicants for this year's Prevention and Screening grant. Their project, **Smoke Stoppers** is a smoking cessation program focused on assisting individuals with mental illness.

### Stay tuned...

#### The January issue will feature:

- 1) The North York FHT Colorectal Cancer Screening recall project
- 2) The launch of the ICS Colorectal Staff Screening Program
- 3) ICS embracing multi-media
- 4) Stronach Shuttle Bus update

### Upcoming Events

October - Breast Cancer Awareness Month

October 16, 17 - AFHTO Conference

*\*Visit [www.afhto.ca](http://www.afhto.ca) for more information*

October 22 - 28 Cervical Awareness Week

November 9 - Oncology day

*\* To register contact Danielle De Castro at 905-895-4521 ext. 6366.*

### Newsletter Submissions

The Quarterly newsletter is published by the Regional Integrated Cancer Screening Program for primary care providers within the Central LHIN. Story ideas and feedback are welcome. Please forward your submissions to Amanda Pulker, Coordination Advisor for the Regional ICS Program at [apulker@southlakeregional.org](mailto:apulker@southlakeregional.org) or by calling 905 895 4521 ext. 6561.

### E-mail list

If you would like to be added to the ICS e-mail list for future issues of The Quarterly as well as ICS updates please e-mail [ICSRegional@southlakeregional.org](mailto:ICSRegional@southlakeregional.org)

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