

RADIOLOGY >

EDUCATING PATIENTS ON APPROPRIATE IMAGING EXAMS

By Dr. Lisa Thain, MD, FRCPC

Regional Clinical Lead, Diagnostic Imaging

Every day, we have physicians requesting additional imaging for their patients to address what they consider to be legitimate clinical concerns. "Saying no can be difficult but additional imaging does not always lead to improved patient care," says Dr. Lisa Thain, Clinical Director of MRI at Southlake Regional Health Centre and Mackenzie Health. Dr. Thain also represents the Central LHIN at CCO's Cancer Imaging Program.

Appropriate imaging exams are one of this year's focuses for the Cancer Imaging Program. Since 2011, the Cancer Care Ontario evidence based guidelines have not recommended imaging to stage patients with stage I breast cancer and only a bone scan for patients with stage II breast cancer, as long as they have no symptoms of metastatic disease. Despite this guideline, a recent article in CMAJ has shown that most women with early stage breast cancer still receive unnecessary imaging for staging, though there is a low yield from these exams and an added risk in delaying surgery. [According to the study](#), 80% of stage I breast cancer patients and 93% of stage II patients had staging imaging. Almost 24% of these women had incidental findings which led to further investigations.



Many physicians and their patients think that additional investigations have no "real" cost and possible significant benefit. We need to help our patients understand that there are risks to unnecessary imaging and that these risks can ultimately harm them. Sometimes this discussion takes longer and is more difficult than saying "yes", but patients will accept our decision to not image when we have good evidence based data demonstrating that this is the right approach. Above and beyond the potential for harm to each individual patient, performing imaging tests that are unnecessary taxes our system's resources and limits access for other patients who need these tests.

Saying "no" to our patients is not difficult when we are confident it is the right answer, based on solid science and an accepted standard of care.

COMMON THINGS PHYSICIANS & PATIENTS SHOULD QUESTION

In 2014, [Choosing Wisely Canada](#) reviewed where imaging is not required or is misused in an initial investigation. Here are 5 clinical scenarios to consider:

1. Don't do imaging for lower back pain unless red flags present
2. Don't do imaging for minor head trauma unless red flags present
3. Don't do imaging for uncomplicated headache unless red flags present
4. Don't do CT for the evaluation of suspected appendicitis in children until US has been considered
5. Don't do ankle x-ray series in adults for minor injuries

Want to read the full article? Visit <http://www.choosingwiselycanada.org/recommendations/radiology>

BREAST CANCER AWARENESS MONTH: OCTOBER >



BIRADS CLASSIFICATION REFERENCE

BIRADS 0 - Incomplete

Needs further work-up
Virtually all abnormal screens

BIRADS 1 - Normal

No abnormality is seen
Usually a screening result
Likelihood of cancer virtually 0%

BIRADS 2 - Benign Finding

One or more benign abnormalities
Likelihood of cancer virtually 0%

BIRADS 3 - Probably Benign Finding

Short interval follow-up indicated
NEVER result of screening mammogram
Only after work-up of screening mammogram
Closed as "Benign" in ICMS
Likelihood of cancer <2%

BIRADS 4 - Suspicious Abnormality

After work-up mammogram
Suspicion for malignancy Likelihood of cancer

4A Low	2 - 10%
4B Moderate	10 - 50%
4C High	50 - 95%

BIRADS 5- Highly Indicative of Malignancy

Tissue diagnosis is indicated
Likelihood of cancer 95%

BIRADS 6 - Known Biopsy-Proven Malignancy

No further imaging may be needed



Cancer Care Ontario is launching the 2nd annual **Just Book It** campaign to remind all overdue and eligible patients to book a mammogram at their nearest OBSP site.



Early detection of breast cancer leads to better treatment options and a greater chance of survival. Talk to your patients about breast cancer screening today.

WAIT TIMES: SCREENING TO BIOPSY

By Dr. Marla Ash

Currently, 19% of breast cases that require a tissue biopsy are not meeting the target timeline of 7 weeks. Any delay between an abnormal screening mammogram and a diagnosis can be extremely stressful for a patient, but ensuring a coordinated and expedited approach can help alleviate a patient's anxiety. This may allow treatment to occur more quickly, and potentially impact overall outcomes or mortality rates. Some OBSP sites in Ontario have processes in place which automatically initiate biopsy referrals independent of the primary care provider's permission.



Often times on a requisition form there will be a box to check off a general permission statement to allow the site to go ahead and initiate any follow-up care such as biopsy which may be required. Sometimes, we may want to wait to discuss results with a patient before sending a referral for biopsy; however, scheduling as such could lead to a significant delay before diagnosis. While work is being done with OBSP sites to ensure consistency, we should also consider how to assist in minimizing patient wait times.

DID YOU KNOW...

In order to receive breast screening through the **High Risk** Ontario Breast Screening Program, women require a referral from their Primary Care Provider. Referrals are at <http://bit.ly/1RWw4Mg> and can be faxed to one of the Central Region **High Risk** sites:

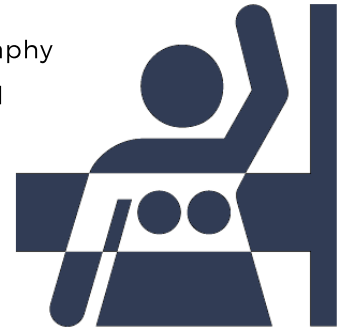
Markham Stouffville Hospital
905-472-7613

North York General Hospital
416-635-2538

NEW RECOMMENDATIONS ON PUBLIC FUNDING FOR SCREENING BREAST ULTRASOUND

The Ontario Health Technology Advisory Committee (OHTAC) reviewed the scientific evidence on ultrasound as an adjunct to mammography for breast cancer screening. After considering several factors, including burden of illness, safety, need, economic and organizational feasibility, the July 2016 OHTAC report recommended:

- **Publicly funding** screening breast ultrasound as an adjunct to screening mammography for high risk women in whom magnetic resonance imaging (MRI) is contraindicated
- **Against publicly funding** screening breast ultrasound as an adjunct to screening mammography in women at average risk for breast cancer



Read the complete report at <http://bit.ly/2cyJcxM>



RADIATION THERAPY: REDUCING LATE CARDIAC SIDE-EFFECTS

The Stronach Regional Cancer Centre (SRCC) uses state of the art technology to coordinate patient breathing motion with radiation therapy treatment. Unintended radiation dose to the heart, during radiation therapy for left-sided breast cancers, has been found to increase the risk of heart diseases.

The SRCC is currently the only centre in the Province to offer this service as a routine standard of practice.

By coordinating radiation therapy with breathing motion, the heart can be moved out of the radiation beam. This technique is able to minimize the radiation dose received by the healthy heart tissue and reduce the risk of long-term treatment side effects, such as heart attacks or other heart diseases.

Quick Referral Process

1. Get the referral form: <http://bit.ly/SouthlakeSRCCReferral>
2. Call 905-895-4521 ext. 6600
3. Fax referral to 905-952-2820

PREVENTION >

TOBACCO AND BREAST CANCER RISK

Tobacco smoke is one of the few modifiable risks for breast cancer and it impacts many women. Evidence from The Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk Report in 2009 suggests that the relationship between breast cancer and both active smoking and/or secondhand smoke is consistent with causality. To learn more, download the full report at <http://bit.ly/2dnDkpa>

SYMPTOM MANAGEMENT >



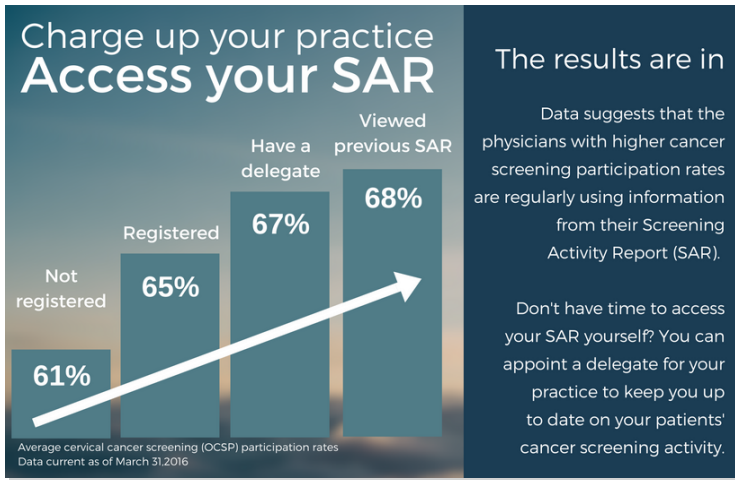
CCO SYMPTOM GUIDES

The How to Manage Your Symptoms guides for patients were created by Cancer Care Ontario and a working group of clinicians and patient education leads after a gap was identified in the availability of provincially standardized comprehensive self-management information. The guides are available for download in English and French at www.cancercare.on.ca/symptoms. These guides are also being translated and will be available online in the coming months.

CERVICAL CANCER AWARENESS WEEK >

OCTOBER 17TH TO 21ST

There are millions of women in Canada who still do not get regular Pap tests. By accessing your Screening Activity Report (SAR), you can get a list of patients who are overdue for their Pap test and book them today.



Not registered yet? Having challenges accessing your reports? Need further support? Contact us.

 ICSregional@southlakeregional.org

PRIMARY CARE COURSES >

NEW COURSES ADDED: ACCREDITED E-LEARNING

Electronic Medical Record (EMR) Optimization for Cancer Screening (Accuro, PS Suite)

Understanding and Utilizing Your Screening Activity Report (SAR)

Cancer Care Ontario is offering newly updated Mainpro+ accredited online courses to help family physicians and other primary care providers better understand Ontario's guidelines for breast, cervical and colorectal cancer screening - all of the courses are free of charge and accessible anytime, from anywhere.

Visit elearning.cancercare.on.ca to register today.

