

## Central Regional Cancer Program

Ontario Health (Cancer Care Ontario)

A Newsletter for Primary Care Providers July 2023

# THE QUARTERLY

## A Message from Your Primary Care Lead on Changes Coming to the Ontario Breast Screening Program (OBSP)

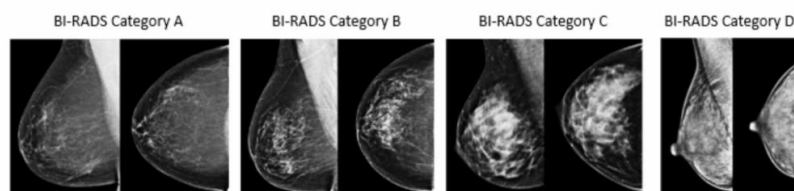
Cancer Care Ontario (OH-CCO) has outlined some significant changes to the Ontario Breast Screening Program (OBSP) that I thought would be of interest to my primary care colleagues. Firstly, however, I would like to highlight that our region's OBSP participation in Q4 is up by 1.3% from last quarter. We are very close to making our  $\geq 60\%$  target. In regards to wait times for OBSP bookings, we are averaging 23 days. We are hoping to see further improvement as human resources increase in our OBSP locations.

As of July, OBSP will be changing their classification and reporting of **breast density**. Previously, OBSP's normal screening results for patients were reported using Percent Mammographic Density (PMD). As of July 21, 2023, patients will receive result letters that will include Breast Imaging Reporting Data Systems (BI-RADS), A-D classification as well as a breast density fact sheet. The above change from PMD to BI-RADS will also impact your patients on the 1 year recall list. Recommendations for patient follow-up will be clearly stated in the report to guide you.

A BI-RADS breast density category is a visually estimated description of the volume of dense breast tissue on the mammogram.

There are four BI-RADS breast density categories. "BI-RADS A" has the least amount of dense tissue and "BI-RADS D" has the most amount of dense tissue:

- o Category A – the breasts are almost entirely fatty
- o Category B – there are scattered areas of fibroglandular density
- o Category C – the breasts are heterogeneously dense, which may obscure small masses
- o Category D – the breasts are extremely dense, which lowers the sensitivity of mammography



In addition, OH-CCO is currently updating the screening criteria to now include people with breast implants, aged 50-74. As of October 2023, OBSP sites will update their screening

guidelines and begin scheduling patients that fit this criteria.

To promote cancer screening inclusivity, OH-CCO is working alongside OBSP sites to include two spirit, trans and non-binary people. Also in October 2023, OH-CCO is providing guidance to administration staff and MRTs on providing safe and inclusive services. Eligible two spirit, trans and non-binary people will begin to receive letters and recall reminders.

In the coming months, you can expect to see updated forms and resources to reflect the October changes to make it even easier to work with the programmes.  
Enjoy the summer



Alan Kaplan MD CCFP(EM) FCFP CPC(HC)  
Central Region Primary Care Lead

## When to refer: High Risk Ontario Breast Screening Program (OBSP)

### Eligibility:

- 30-69 women, two spirit, trans and nonbinary people
- Physician referral
- Valid Ontario Health Insurance Plan number;
- No acute breast symptoms; and
- Fall into one of the following risk categories:

### Risk Categories:

A: Eligible for direct entry into the high risk breast screening program based on personal and family history

B: Genetic Assessment required to determine eligibility for high risk breast screening

Click [here](#) for a detailed criteria list.

### Resources:

[High Risk OBSP Requisition Form + Breast Cancer Genetic Assessment Results Form](#)

\* The original High Risk OBSP Requisition Form must be attached to Breast Cancer Genetic Form

[High Risk Ontario Breast Screening Program Locations List](#)

## Program Updates



## Central Region Cancer Screening Programs Data Update

To view the most recent available data (as of June, 2023) on the breast, cervical, and colorectal screening programs

### Quick Links

### Screening Recommendations, Referrals and More!

OBSP: Stay Tuned for Updates to OBSP screening guidelines!

- [Breast Screening Guidelines Summary](#)

participation rates click [here](#).

### Highlights of Q4 FY22/23 compared to Q3 FY 22/23:

- Q4 **OBSP participation rate increased by 1.3%** compared to Q3.
- Q4 **OCSP participation rate (52.5%) increased by 0.8%** compared to Q3
- Q4 **CCC overdue** for screening rate has **increased by 0.4%** compared to Q3 in

If you have any questions or feedback related to the data, please email [icsregional@southlake.ca](mailto:icsregional@southlake.ca).

- [Breast Density Information](#)

- [High Risk OBSP Requisition + Breast Cancer Genetic Assessment Results](#)

- [OBSP Assessment Centres](#)

#### CCC:

- [Guide to Average-Risk Screening with FIT](#)

- [Post-Polypectomy Surveillance Recommendations](#)

- [FIT + Colonoscopy Referral](#)

#### OCSP:

- [Cervical Screening Guidelines Summary](#)

- [Central Region Colposcopist List](#)

To request hard copies of any of these guidelines to be mailed to your practice, please [contact us](#) at [icsregional@southlake.ca](mailto:icsregional@southlake.ca).

## NEW! Cancer Incidence Projections and Updated Indicators in Ontario Cancer Profiles

Ontario Health has made changes to the Ontario Cancer Profiles

- New dashboard with cancer incidence projections up to the year 2030
- Socio-demographic and risk factor indicators with updated census and survey data

Click the button below to access the Ontario Cancer Profiles webpage.

[Ontario Cancer Profiles](#)

## NEW: Around the Region

- **Humber River Hospital** - In April; approved by Ontario Health as an **OBSP Assessment Centre** and will be **expanding** to include **High Risk OBSP** screening in the **Fall 2023**.
- **New! OBSP Assessment Centre** in Bradford, West Gwillimbury by the **end of the summer**.

## UPDATE: Vaping and Cannabis Resources

Ontario Health has updated the the information provided in 2020 to reflect latest evidence on vaping products and cancer risk of cannabis and cannabinoids (medical and non-medical).

[Cannabis and cannabinoids: Cancer risk and use to manage cancer symptoms](#)  
[Vaping products including e-cigarettes](#)

## Ontario Cervical Screening Program Update

### MEMO: Turnaround time for cytology testing

The Ministry of Health and Ontario health have released a **memo** addressing the **turnaround time for cytology testing results** internationally, within Canada and community laboratories across Ontario.

Highlights:

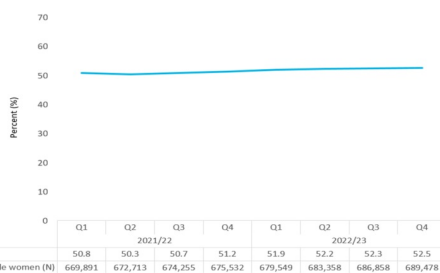
- Current turnaround time is 4 months or less.
- Urgent tests completed within 10 to 14 days.
- Strategy to improve delay; sending tests to other labs within Ontario, outside Ontario and Canada
- Long term strategy; \$5 Million dollars investment to community lab sector to restore reporting back to 10 to 14 days.

We recognize that these delays are frustrating for you and your patients. During this time, we ask that you continue to screen all eligible patients in accordance with the [Ontario Cervical Screening Program recommendations](#).

[Access the Memo Here](#)

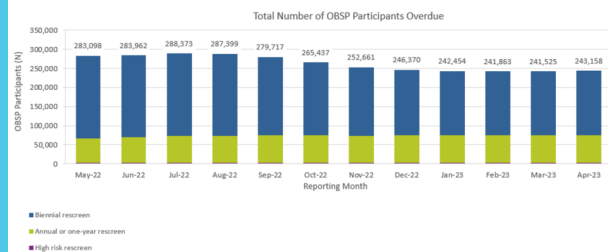
## Targeting Low Participation and Overdue Screening

Ontario Cervical Screening Program (OCSP)  
Participation Rates



Recent data shows that our region is underperforming in **cervical screening** with a **low participation rate of 52.5%**.

Ontario Breast Screening Program (OBSP)



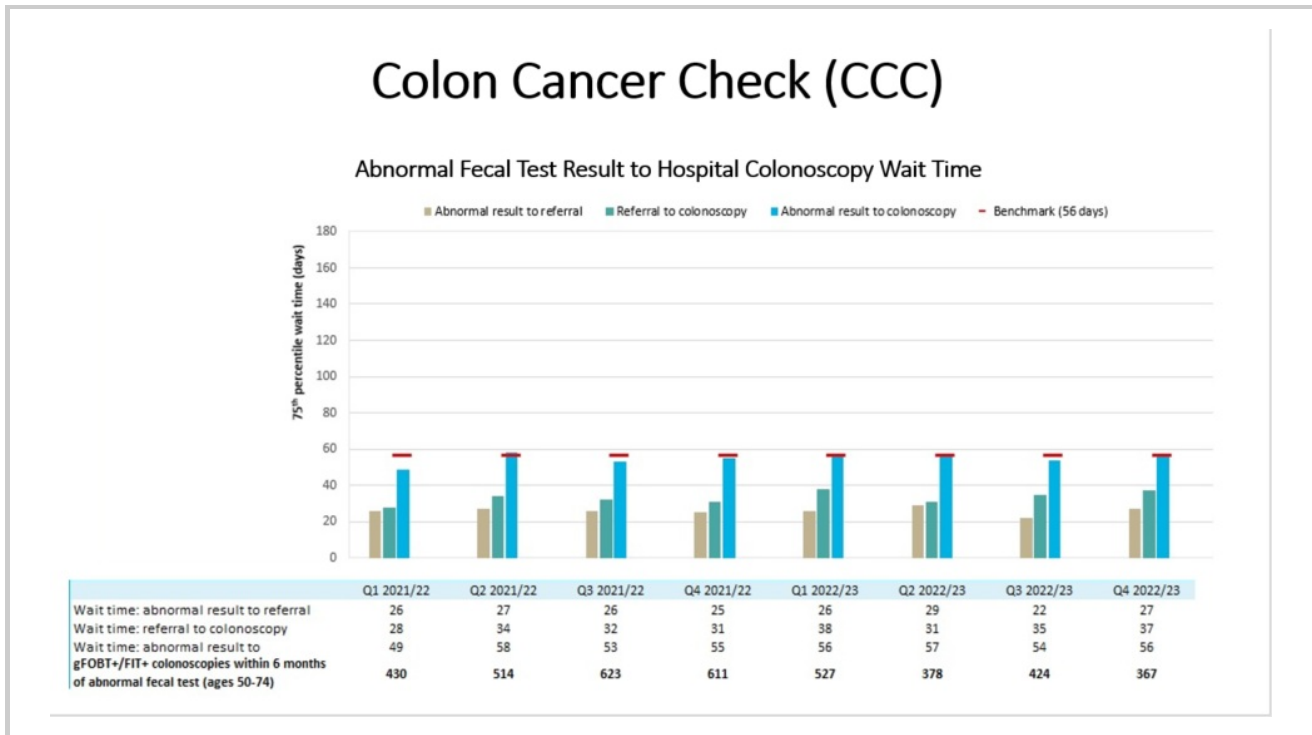
As of April 2023, a total of **35,031 OBSP participants** are **overdue** for their OBSP screening.

### How to target these patients?

- Enroll to receive your SAR

- Access your SAR
- EMR reminder notifications
- During a routine health exam appointment
- Digital communication; email blast, p patient portals or online platforms

## Colon Cancer Check (CCC) - Wait Times from Abnormal FIT to Hospital Colonoscopy



In Q4 our region's wait time from abnormal FIT result to hospital colonoscopy is 56 days. Our benchmark for CCC is also 56 days. This is calculated from the date of an abnormal FIT result to hospital colonoscopy, not referral date to hospital colonoscopy.

### REMINDER!

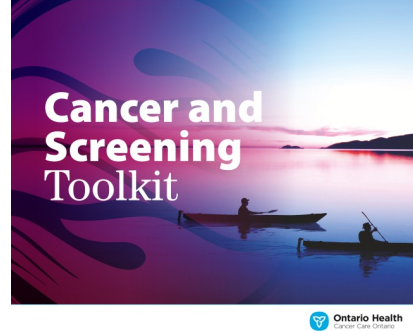
When referring for hospital colonoscopy, please include the abnormal FIT result with your colonoscopy referral form.

### FIT + Colonoscopy Referral

## Let's Recap!

**PRIDE MONTH**

**National Indigenous  
History Month**



In June we celebrated Pride month with our 2SLGBTQ+ communities and we continue to recognize the challenges they face related to cancer prevention.

### Factors contributing to these challenges:

- Higher risk of some cancers
- Experience of discrimination and stigma
- Access to screening and prevention services
- Mental health challenges
- Pressures about sharing their gender identity and sexual orientation to their health care team
- Concern about being cared for by health care providers who may not understand or know how to address their needs.

### How you can help?

Addressing these challenges through education, inclusive healthcare practices and community support ensures equitable cancer prevention for all.

**Policy Update:** Ontario Health has updated the *Overarching Policy for the Screening of Trans People in the Ontario Breast Screening Program and the Ontario Cervical Screening Program*

to improve screening for trans and nonbinary people in the OBSP and OCSP programs.

FULL REPORT  
HERE

### Resources

[UHN Sexual and Gender Diversity + Cancer: A guide to resources in the Community](#)

[Rainbow Health - LGBTQ Cancer Factsheet](#)

## Start the Conversation: Cancer 101 Toolkit for First Nations

In recognition of June's National Indigenous History Month we are highlighting culturally appropriate resources available for providers.

To start the conversation, Cancer Care Ontario (CCO) and its partners developed a **Cancer 101 Toolkit**. Included in the kit is a video outlining basic cancer information as well answers to most common questions.

CCO also created **First Nations, Inuit, Métis and Urban Indigenous Cancer Screening Resources** to provide education and awareness about Ontario's breast, cervical and colorectal screening program



### Resources

- **Indigenous Cancer Care Unit:** Improving cancer care for First Nations, Inuit, Métis and urban Indigenous peoples in Ontario.
- **Indigenous Chronic Disease Toolkit:** Healthcare workers can use this resource to facilitate discussion with community members who are experiencing chronic disease.
- **Palliative Care Toolkit for Indigenous Communities:** Help support First Nations, Inuit and Métis people who have palliative care needs.
- **Silent Enemy:** A comic focusing on understanding cancer from prevention to survivorship.

For printed resources please contact us at [icsregional@southlake.ca](mailto:icsregional@southlake.ca)



## Prevention and Screening

### Human Papilloma Virus (HPV) Vaccine: Head and Neck Cancers & Men

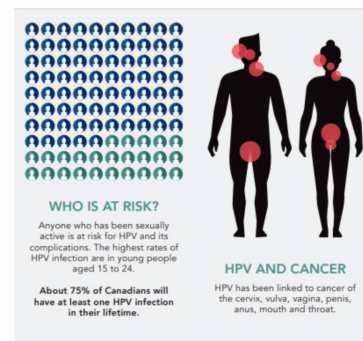
#### Reinforce the importance of vaccination

Estimated type contribution for certain HPV-related cancer and disease cases<sup>1</sup>

	9 HPV types 6 11 16 18 21 33 45 52 58 cause a total of:
Cervical cancer cases <sup>1</sup>	90%
Cervical precancerous lesions <sup>1</sup>	75–85%
Low-grade cervical lesions <sup>1</sup>	50–60%
HPV-related vulvar cancer cases <sup>1</sup>	85–90%
HPV-related vaginal cancer cases <sup>1</sup>	80–85%
HPV-related anal cancer cases <sup>1</sup>	90–95%
HPV-related oropharyngeal cancers <sup>1</sup>	95%
Genital warts cases	90% (HPV types 6 & 11)

Adapted from the GARDASIL<sup>®</sup> Product Monograph<sup>1</sup>

Persistent infection with oncogenic HPV types is responsible for virtually all cases of invasive cervical cancer, approximately 70% of oropharyngeal cancers, 74% of vaginal cancers, approximately 25% of vulvar cancers and 80–90% of anal cancers. HPV types 6 and 11 cause 90% of genital warts (condyloma acuminata)<sup>1</sup>.



In March 2023 the Federation of Medical Women of Canada (FMWC) with support from the Canadian Medical Association (CMA) published a newsletter highlighting the rise of head and neck cancers related to HPV as well as the need to promote the vaccine to men.

HPV is a highly contagious virus affecting all genders. In men it is linked to penile, head and neck and anal cancers. It can also cause genital warts.

Whereas head and neck cancers were typically caused by alcohol and tobacco, recent data estimates **~70% of oropharyngeal cancer cases overall are likely caused by HPV**. In 2012, the Centers for Disease Control (CDC) reported a **4.5 x higher incidence rate in males than females**.

**A routine physical exam is the best way to examine for genital warts, signs of penile or anal cancer, and head and neck lesions.**

**FMWC March 2023 Newsletter**

Please click on the links below for more information on HPV.

**Canada vs HPV**

**Head and Neck Cancer: A Vaccine Preventable Disease**

**THE Y FACTOR: LET US NOT FORGET OUR BOYS/MEN**

**Facts: HPV Vaccination in Ontario**

#### Who should get vaccinated?

- People aged 9 to 45
- Sexually active people aged 15 to 24 have the highest rate of infection.

#### Opportunities to discuss the HPV vaccine with your patients:

- During routine physicals

- When they come in for their routine vaccinations
- When they come in for their seasonal flu shot
- Prescription renewals
- When prompted by a reminder in your EMR system

**HPV vaccine in Ontario:**

- School based program in grade 7
- Individuals 9–26 years of age and those > 26 years of age who have not been vaccinated or completed the series
- High-risk immunization program; Free to men who have sex with men (MSM)
- All high-school students who have not yet completed their series for HPV
- Can be purchased privately and many insurance companies reimburse a portion or entire cost.

**Dosing:**

- 2 doses in Grade 7 or up to age 14, 6 months apart
- 3 doses for individuals 15 years and older or if patient is immunocompromised over 6 month

*Have a question related to cancer screening and follow-up care?*

*Send in your question to our Regional Leads*

Ask a Question

## A Look Ahead



- National Ovarian Cancer Awareness Month; **National Ovarian Cancer Association**
- National Prostate Cancer Awareness Month; **Canadian Cancer Society**



- National Breast Cancer Awareness Month; **Canadian Breast Cancer Foundation**
- Oct 23-27; Cervical Cancer Awareness week; **Canadian Cancer Society**.

## For Your Information

### York Region Public Health E-Bulletin:

Public Health Matters: Critical health alerts and updates for primary care

**Subscribe to Public Health Matters E-Bulletin from York Region Public Health!**

Your subscription is their only way to communicate with you about critical





primary care and public health issues.

Communication between Public Health and primary care was critical during the pandemic. Post-pandemic it is even more important.

The **Public Health Matters E-Bulletin** provides succinct, timely alerts, guidance

and resources to support you and your patients.

Make sure you are aware of the many programs, services and supports offered by York Region Public Health for patients at every age and stage of life.

**Subscribe** and access recent editions at [york.ca/publichealthmatters](http://york.ca/publichealthmatters).

Need more information? Visit [york.ca/healthprofessionals](http://york.ca/healthprofessionals) or email [healthprofessionals@york.ca](mailto:healthprofessionals@york.ca)

## Health Connect Ontario 811 (Health811)

Formerly known as Telehealth Ontario, Health Connect Ontario added an enhanced online tool for individuals to call 811 and speak to a qualified health care professional.

Summary of services:

- Speak to or chat online with a registered nurse
- Finding a primary care provider
- Get an initial assessment and health advice
- Use a symptom assessment tool to understand their health concerns and how to access care
- Get connected to mental health and addictions services
- Find local health services, such as home and community care or caregiver support
- Get connected to a specialized health professional if they have concerns about food and healthy eating, breastfeeding or how to quit smoking
- Get general guidance through their health care journey

For more information on Health811, please click [HERE](#)

## Webinars and Educational Opportunities

### View the Recording:

**Optimizing the Features of your EMR for Cancer Screening**

[Click HERE](#)

Hosted by Central East Regional Cancer Program

### Conference:

**Canadian Medical Association  
2023 Health Summit - What  
Health Care Should Be:  
Time for Bold Solutions**

**August 15-17  
In Ottawa or Virtual**

[Register HERE](#)

### Register:

**2023 Primary Care  
Cancer Connection  
Lunch and Learn Series  
Hosted by  
Champlain Regional Cancer  
Program**

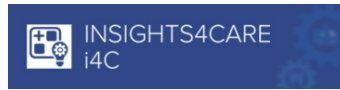
[Click Here](#)

Free, Virtual and Accredited Monthly Sessions for PCPs

# Cancer Screening Resources

## How to Get Caught Up on Patients who are Overdue for Screening:

- 1) Use your **Screening Activity Report** and/or EMR to identify patients who are due for screening and require follow up  
**OSCAR EMR Cancer Screening Guidelines**  
**Telus PS Suite EMR User Guide**  
**P&P CIS Preventive Care Guide**  
**Accuro Guide for Cancer Screening**
- 2) Request a custom screening summary for your physician group/ practice or an individual summary - email [icsregional@southlake.ca](mailto:icsregional@southlake.ca)
- 3) Promote awareness and importance of cancer screening to patients in your office using resources available [here](#).
- 4) Complete OCFP cancer screening audits:  
**MainPro Audit - Breast** (3 credits)  
**MainPro Audit - Cervical** (3 credits)  
**MainPro Audit - Colorectal** (3 credits)



## OntarioMD i4C Program

OntarioMD's (OMD) Insights4Care Program saves time and resources in managing a busy practice by offering clinicians tools and direct support that can be used to make practice improvement and unlock the value of your EMR data for better patient outcomes.

The Program offers:

- **i4C Dashboard:** An EMR-integrated, user-friendly and actionable population health tool.

\*available on some EMRs

- **i4C Advisory Service:** Hands-on clinician advisory support from OMD's team of quality improvement and EMR experts.

For more information, visit [ontariomd.ca](http://ontariomd.ca) or email [support@ontariomd.com](mailto:support@ontariomd.com).

Learn More

[Access your SAR](#)

[Enroll for your SAR](#)

[Enroll for PLC](#)

## Central Regional Cancer Program

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