

THE QUARTERLY

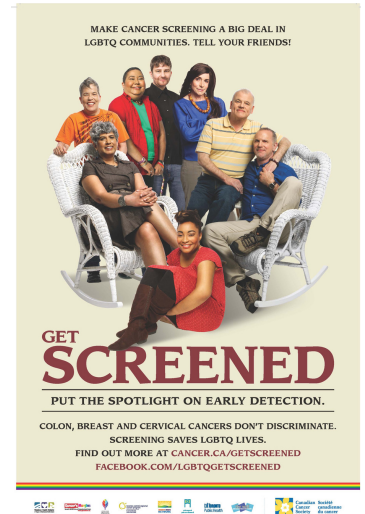
CANCER SCREENING FOR LGBTQ+ PATIENTS >

Dr. Marla Ash, MD CCFP, Regional Primary Care Lead and Rukaiya Alidina, MPH, Prevention & Screening Project Assistant

Relative to non-LGBTQ+ populations, cancer screening rates are lower in the lesbian, gay, bisexual, transgender (trans-) and queer (LGBTQ+) populations. There are various reasons that have been cited as barriers to screening in this population. For example, these populations are less likely to have a primary care provider or may be fearful of encountering discriminatory attitudes or harassment from providers. Some may not perceive cancer screening as a priority health concern, or in the case of lesbian and bisexual women, they may have been incorrectly informed of the need for cervical screening.

An additional barrier to consider is that as health care providers, we may not possess the clinical and cultural competencies that support effective and inclusive cancer screening.

As primary care providers, we can help to improve cancer screening rates in this population. Dr. Edward Kucharski, Regional Primary Care Lead for the Toronto Central Regional Cancer Program (TCRCP), in partnership with Rainbow Health Ontario (RHO) and the Canadian Cancer Society (CCS) have developed an accredited learning module to help increase our knowledge and capacity to provide cancer screening services to our LGBTQ+ patients.



Various factors such as the type of gender transition surgery, use of hormones, etc. influence cancer screening. Adapt cancer screening to the personalized needs of the LGBTQ+ patient. Learn more: access the learning module and other resources at www.cancer.ca/getscreend

Physicians can also use the Rainbow Health Ontario website to access resources, find out about LGBTQ+ health training, and to register their services as an LGBTQ+-positive in the Service Provider Directory. Visit www.rainbowhealthontario.ca to learn more.

Average-risk Breast and Cervical Cancer Screening Guidelines for trans men, trans women, and WSW:

	Trans Men (female to male trans person)	Trans Women (male to female trans person)	WSW (women who have sex with women)
Cervical Cancer (21-69 years)	If still has a cervix and has been sexually active: pap test every 3 years	If has a 'neo-cervix' (bottom surgery) and has been sexually active: pap test every 3 years	Same as screening for heterosexual women
Breast Cancer (50-74 years)	If no top-surgery completed: mammogram every 2 years	If been on hormone therapy for over 5 years: mammogram every 2 years	Same as screening for heterosexual women

Sources: 1 Rainbow Health Ontario (<https://www.rainbowhealthontario.ca/resources/cancer-in-lgbtq-communities/>) 2. Canadian Cancer Society (<http://bit.ly/2lh8SSp>)
3. North East Oncology News Vol 5, Issue 2 (<http://bit.ly/2zhF2Cd>) 4. Module: http://convio.cancer.ca/site/DocServer/CME_LGBTcancerScreening_Final.pdf



The 2018 Rainbow Health Ontario Conference - Canada's largest LGBTQ+ health conference is in Sudbury, ON from March 21-24, 2018. For more information and to register, visit www.rainbowhealthontario.ca/conference

ONTARIO BREAST SCREENING PROGRAM >

BEST PRACTICES & REMINDERS FOR BREAST SCREENING

Dr. Marla Ash, MD CCFP, Regional Primary Care Lead and Dr. Rene Shumak, MD RCPC, Regional Breast Imaging Lead

Screening for women over 74 years

The upper age limit of screening average-risk women for breast cancer is not clear and clinical data is limited. It is known that breast cancer incidence continues to increase with increasing age. In the OBSP program, when a woman turns 74 years of age, she is no longer recalled back for screening. A physician referral is required for her to continue screening. Joint decision-making with your patient is appropriate. One approach to consider is if her life expectancy is beyond 10 years, she can be given the opportunity to continue screening, as part of the OBSP.



Mammography is the most effective screening approach for the early detection of breast cancer

Breast density and cancer risk

Dense breasts are associated with an increased risk of breast cancer. High density can lower the detection of small breast cancers on mammograms. It is more common in younger women and in women who are premenopausal. Average-risk women in the OBSP program are screened yearly if breast density is over 75%.

Mammography after treatment for breast cancer

Currently, women diagnosed and treated for breast cancer are not included in the OBSP. These women are at a higher risk of developing another breast cancer - either a recurrence or a new breast cancer in the same or opposite breast, it would be valuable to ensure there is a similar invitation, recall, and follow-up program. Further information in this regard can be found in a recent evidence summary published by CCO in September 2017: <http://bit.ly/2B2lvbM>

Avoiding breast screening ultrasounds

Based on current evidence, breast ultrasound in addition to mammography is not recommended for screening average-risk women for breast cancer. Screening breast ultrasounds lead to far too many false positives, adding significantly to patient stress. Ultrasounds are very helpful if used in a targeted fashion to further evaluate an abnormality on a mammogram or a clinical exam.

For women being followed in the OBSP high-risk program, annual screening breast ultrasound is recommended if they are unable to undergo breast MRI. Reasons for this may include pregnancy, an inability to lie prone, marked obesity, or claustrophobia.

COLONOSCOPY QUALITY MANAGEMENT PROGRAM >

QUALITY MANAGEMENT PARTNERSHIP (QMP)
LAUNCHES PHYSICIAN REPORTS IN COLONOSCOPY

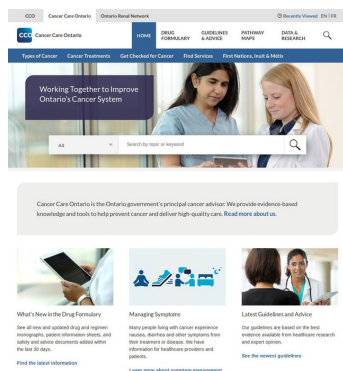
Physician-level reports were mailed out to endoscopists in November 2017 to provide feedback on specific quality measures of their practice in comparison to their peers and to targets. Endoscopists were encouraged to develop individual learning plans and were also provided with resources to support continuous learning and quality improvement.

For more information about the Colonoscopy QMP or QMP, visit qmponario.ca or email info@qmponario.ca

NEW INFORMATION AND RESOURCES >

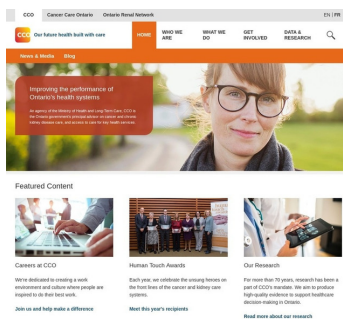
CANCER CARE ONTARIO: REDESIGNED WEBSITES

Cancer Care Ontario (CCO) has updated their websites. This redesign focused on the needs of their visitors. It is mobile-friendly and accessible to everyone.



www.cancercareontario.ca

This site has a cancer focus, including information such as guidelines, drug formulary and information about CCO's cancer programs.



www.ccohealth.ca

This site has a broad focus, including information about CCO's work in the healthcare system and information about the CCO organization.

Users visiting the old URL (cancercare.on.ca) will be redirected to the new site for the next 2 years.

NEW! CANCER RISK FACTORS ATLAS

Developed by CCO, the Cancer Risk Factors Atlas of Ontario includes information on the estimated prevalence of six modifiable risk factors related to cancer and other chronic diseases at a local level. Maps and descriptions for each risk factor are provided for males and females and two age groups (ages 12-18 and ages 12 and older) by LHIN.

This information is useful in the identification of priority populations and areas for targeted prevention efforts.

More information and the atlas can be found at www.cancercareontario.ca/riskfactoratlas

NEW! ENDOMETRIAL CANCER PATHWAY MAP

CCO's Disease Pathway Management (DPM) program has now added the Endometrial Cancer Pathway Maps on CCO's website.

This pathway map provides an overview of best practices for the management of endometrial cancer patients from diagnosis to treatment.

Endometrial Cancer Diagnosis Pathway Map:

An overview of the clinical assessment for individuals with signs and symptoms of endometrial cancer
<http://bit.ly/2A1FJUK>

Endometrial Cancer Treatment Pathway Map:

An overview of the treatment for patients with a confirmed endometrial cancer diagnosis
<http://bit.ly/2BfKxUx>

CANCER SCREENING VIDEOS FOR PATIENT WAITING ROOMS



Regional Primary Care Lead, Dr. Meghan Davis and her team at the Hamilton Niagara Haldimand Brant Regional Cancer Program have created cancer screening videos for waiting rooms. The videos are designed to be understood both with and without sound, are approximately 2 minutes in length, and there is one for each of the screening programs.

Consider these videos for the waiting room TVs at your practice to increase awareness and uptake of screening. The videos can be found at www.hnhbscreenforlife.ca/cancer-screening-videos-for-your-waiting-room-tv/

FOR YOUR PATIENTS - UPCOMING DATES >

NEW PATIENT ORIENTATION CLASSES

The Stronach Regional Cancer Centre (SRCC) is piloting a bi-weekly New Patient Orientation Class, to help with the transition from diagnosis to treatment. The content of the class is general in nature and helps patients and family members navigate SRCC and prepare for treatments with greater knowledge of the programs and services that exist.

Upcoming classes:

January : 15 & 29 (4-5pm) SRCC Conference Room

February: 5 (10-11am) & 12 (2-3pm) SRCC Conference Room

Please contact Ruth Barker, Regional Lead - Patient Education for more information at rbarker@southlakeregional.org

HELP YOUR PATIENTS QUIT SMOKING

York Region Public Health (YRPH) has new dates available for the STOP on the Road (Stop Smoking Therapy for Ontario Patients) Program. It provides five weeks of cost-free nicotine replacement therapy patches and smoking cessation information to help participants in their quit attempt.

Upcoming workshops:

Tuesday, February 6 12:00 – 3:00 p.m. Richmond Hill

Wednesday, March 7 6:00 – 9:00 p.m. Newmarket

Patients can self-refer by calling 1-877-464-9675 ext 73052. For more information, visit www.york.ca/tobacco

NEW TEAM MEMBER >



Rukaiya Alidina, BSc (Hons), MPH
Project Assistant, Prevention and Screening

Having grown up in a poverty-stricken country like Tanzania, where there are pronounced public health issues, I have always been motivated to pursue a career where I can make a positive impact on health. From a young age, I have been involved in health promotion and education activities and been a strong advocate for healthy lifestyles within my community. This passion drove me to pursue graduate training in Public Health.

My new role with the Prevention and Screening Team allows me to engage with the community and explore the barriers that different groups of people face, and apply my knowledge, training, and skills towards supporting the implementation of evidence-informed interventions to improve outcomes related to cancer prevention and screening.

NEED SUPPORT TO INCREASE YOUR SCREENING RATES?

A call out for interest to complete a quality improvement project (QIP) is enclosed with this newsletter. The Central Regional Cancer Program may fund your practice to complete a QIP to increase breast, cervical, and/or colorectal screening rates in populations that are under/never screened.



To submit your interest and/or idea(s), please complete the form with your practice information and fax it to 905-952-2461 or email Lisa Rhodenizer at lrhodenizer@southlakeregional.org



Central
Regional Cancer Program
in partnership with Cancer Care Ontario

WANT TO JOIN OUR ELECTRONIC DISTRIBUTION LIST? QUESTIONS? NEWSLETTER IDEAS, TOPICS YOU'D LIKE TO SEE COVERED? CONTACT US:
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