Welcome to the Winter 2017 edition of the Cancer Care for Primary Care, a quarterly update specifically for primary care providers in the South West region. As a region, we have been moving the mark on our cervical and colorectal screening rates over the last year. This progress is great, and helps move us one step closer to being on-par with provincial average. A large part of that is due to your diligence in ensuring your patients are up-to-date on their screening. As you can see from the statistics below, we’re sliding in our breast screening numbers. If there is anything I can do to support your office to increase cancer screening uptake, please let me know.

This newsletter will be archived on our website at www.southwestcancer.ca/providers for future reference. As always, I welcome your feedback. Please email me at Janice.Owen@lhsc.on.ca with any suggestions, requests for future content, or questions. I sincerely hope you enjoy this edition and look forward to your feedback.

### PHYSICIAN-LINKED CORRESPONDENCE LETTERS ARE WORKING!

Since the introduction of physician-linked correspondence in February 2016, 271 of the 574 family physicians in the South West region have enrolled. When you sign up with physician-linked correspondence, your patient’s screening invitation and reminder letters from Cancer Care Ontario include your name in the body of the letters. Of the 271 physicians enrolled in the program, two-thirds are seeing rates of 63% or better for colorectal screening. If you haven’t signed up for this program, you can find out more about it on Cancer Care Ontario’s website.

The program currently only includes colorectal screening letters but there are plans to include breast and cervical cancer screening letters in the future.

### NEW – ONTARIO CANCER SCREENING PERFORMANCE REPORT 2016

In December 2016, Cancer Care Ontario released the Ontario Cancer Screening Performance Report 2016. This is the first time data from all three cancer screening programs have been consolidated into one comprehensive report.

The report focuses on program participation and retention, with a feature on characteristics of people who are overdue for screening. Local Health Integration Network-level performance data for a breadth of screening program performance indicators are available in the appendices.

Visit the ‘Prevention and Care’ section of Cancer Care Ontario’s website to view the report.
MEET OUR REGIONAL BREAST IMAGING LEAD

Dr. Anat Kornecki is the Regional Breast Imaging Lead for the South West Regional Cancer Program. In her role Dr. Kornecki plays a critical role in improving the quality, safety, consistency and accessibility of cancer services for breast imaging and breast cancer screening. She champions the strategic vision and goals of the Ontario Breast Screening Program (OBSP) and the Quality Management Program (QMP) in collaboration with the Radiologist-in-Chief and the Mammography QMP Provincial Lead. In addition, she monitors regional performance, and advises on system performance and quality improvement opportunities within the region and province.

“My experience in radiology enables me to provide strong, visionary leadership in all aspects of breast imaging,” says Dr. Kornecki. “I’m honoured to be a part of the South West team helping to advance the work outlined in the South West Regional Cancer Plan as it relates to breast imaging in the region.”

Dr. Anat Kornecki
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BREAST SCREENING – TACKLING THE CONTROVERSIES

Much controversy exists about the age at which women should begin regular breast screening. Studies show that regular mammography to screen for breast cancer is most beneficial for women aged 50 to 69. In fact, more than 80 per cent of breast cancers are found in women over the age of 50. The benefits for screening women under 50 are unclear. There have been many studies about regular breast screening with mammography, but most do not focus on women aged 40 to 49 or are not designed to properly assess whether screening reduces breast cancer deaths in this age group. The studies that were designed for this age group have not shown a decrease in the number of deaths in women who had regular mammograms.

The “Issues” with Mammography
Mammograms are the best way to find breast cancer early. But, they are not perfect. They may miss some cancers. Also, some cancers develop in the interval between screens. That being said, there are many studies that prove regular mammograms reduce the risk of dying from breast cancer.

Patients often ask about the harms of screening, and whether mammograms are safe. The short answer is, yes. Mammograms are safe. Mammograms use a low dose of radiation. The benefits of screening and finding cancer early are more important than any potential harm from the X-ray.

Participating in an organized screening program increases the likelihood of detecting cancer early, when it’s smaller and before it has metastasized. Early diagnosis may also mean improved treatment options, less toxic chemotherapy treatments, and less morbid surgery.

“False positives” are a reality of screening mammography. Five to ten per cent of women are recalled from mammography for further assessment. For 90 per cent of these women, the issue will be resolved after a second mammogram and ultrasound. Some of these “false positives” can provide important risk information such as atypical lesions or LCIS.

In terms of over diagnosis, there is a lot of research about directing certain types of treatment to specific types of cancer. Pathologists and oncologists are currently unable to identify which tumours are indolent and which are aggressive; therefore the recommendation is to treat all identified cancers. In looking to the future, it is hopeful that there will be better testing of tissue samples, which will allow for better targeted treatments for different tumour types.

So, why begin screening at age 50?
The majority of research indicates that breast cancer incidence and prevalence increases in women over the age of 40. However, studies have shown that biennial screening at age 50 results in the most cancers diagnosed per mammogram. It is a cost benefit ratio.

The American Cancer Society recently changed their guidelines to recognize the harms of screening and allow women more choice. The new guidelines allow women between the ages of 40-44 to choose when (during that timeframe) they want to start screening; annual screening begins at 45. It is recommended that women over 55 have annual or biennial screening. The updated recommendations recognize the harms of screening by providing women with the choice of when they begin screening (either starting at age 40 or 45).

A Provincial Approach in Ontario
In Ontario, the Ontario Breast Screening Program (OBSP) is a province-wide, organized breast screening program that provides high-quality breast cancer screening to two groups of women:

- women aged 50 to 74 who are at average risk for breast cancer with mammography every two years
On November 29, 2016, staff from St. Joseph’s Health Care London and London Health Sciences Centre celebrated the official grand opening of the new Prostate Diagnostic Assessment Program (DAP) located at St. Joseph’s Hospital. Members of the project team officially open the new Prostate DAP (Left to right – Jane Van Bilsen, South West Regional Cancer Program; Dr. Hassan Razvi, St. Joseph’s Health Care London; Ann Bornath, St. Joseph’s Health Care London; Don Park, Patient; Karen Perkin, St. Joseph’s Health Care London (second row on right)).

The time from suspicion to diagnosis is a complex and important phase of the cancer journey. It is characterized by the need for many tests and consultations, and can create anxiety and stress for patients and their families. The Prostate DAP has consolidated all prostate biopsy procedures to St. Joseph’s Hospital, supporting an improved system of care across London Middlesex. Medical, surgical and radiation treatment will continue to be provided at decentralized sites within London, including LHSC.

Timely access to high quality diagnostic services improves the overall patient experience, accelerates appropriate treatments, reduces wait times, and enhances quality of life throughout the assessment of prostate cancer. In addition, it helps primary care providers gain access to diagnostic tests and results for their patients in a timely manner.

Diagnostic Assessment Programs were established by Cancer Care Ontario to advance a patient-centered approach in diagnostic care, drive integrated-care delivery among services and providers, and maximize the value of care delivered. The Prostate DAP follows the implementation of the Thoracic and Hepato Biliary Pancreatic (HPB) DAPs already established at LHSC.

Click here to visit St. Joseph’s Health Care London’s website, learn more about the Prostate DAP, and to download the referral package.

CONSOLIDATED ASSESSMENT PROGRAM OFFERS STREAMLINED, COORDINATED CARE

On November 29, 2016, staff from St. Joseph’s Health Care London and London Health Sciences Centre celebrated the official grand opening of the new Prostate Diagnostic Assessment Program (DAP) located at St. Joseph’s Hospital.

There are several screening tests that can be used to screen for colon cancer. For individuals at average risk, there’s the Fecal Occult Blood Test (FOBT) and flexible sigmoidoscopy. For those at an increased risk, there’s the colonoscopy.

Flexible sigmoidoscopy is a procedure to examine the lining of the rectum and sigmoid colon (lower third of the colon). It allows for the detection, biopsy and removal of small polyps (pre-cancerous lesions). It’s similar to the colonoscopy; however, the flexible sigmoidoscopy requires no sedation and the preparation is simple.

In Ontario, the procedure can be performed by a physician, or by a specially-trained registered nurse under the medical directive of a physician as part of the Registered Nurse Flexible Sigmoidoscopy (RNFS).

Although RNFS is not formally part of ColonCancerCheck, Ontario’s colorectal cancer screening program, primary care providers have the option of referring eligible individuals for colorectal cancer screening using RNFS.

Woodstock Hospital opened their RNFS program in 2016. Christine Blum (program coordinator, educator, and nurse endoscopist) and Freda Schaafsma (nurse endoscopist) have been trained by physicians at the Michener Institute in Toronto to perform this highly specialized procedure.

“The benefit of a sigmoidoscopy is that it is often easier on the patient,” says Christine. “Bowel preparation is not complicated and there is no sedation required for the exam. There is less risk associated with sigmoidoscopy and it is an in-and-out procedure, which is good for the age demographic that we are dealing with.”

A Flexible Sigmoidoscopy may be an option for your patient if they:

- Are 50 to 74 years of age
- Have no first degree family history of colorectal cancer
- Are due for screening (no previous screening - sigmoidoscopy five years prior; colonoscopy 10 years prior; Fecal Occult Blood Test (FOBT) 2 years prior)
- Have no previous polyps or history of colorectal cancer

Do you have questions about breast cancer screening?
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Flexible Sigmoidoscopy - An Alternative for Average Risk Patients
According to Cancer Care Ontario’s Path to Prevention Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis report, rates of chronic conditions are significantly higher in First Nations, Inuit and Métis populations than in the general Ontario population. Sixty-three per cent of First Nations off-reserve and 61 per cent of Métis suffer from one or more chronic conditions, compared to 47 per cent of non-First Nations, Inuit and Métis counterparts.

There is a need to build capacity and enhance knowledge among non-Aboriginal care providers, so that all health services and programs are accessible and sensitive to cultural needs. An important first step is building respectful, trusting relationships between health providers and Indigenous people, based on culturally competent care. There are a number of free online training modules available to enhance care providers cultural competency:

**Aboriginal Cultural Competency Training**

Aboriginal Cultural Safety (ICS) Online Training (LHIN)
Core Indigenous Cultural Safety (ICS) Health Training focuses on health care issues for professionals working with Indigenous people in Ontario. The Core ICS Health is specific to those who work in the health care field and the goal is to improve access to health services and health outcomes for Aboriginal people.

Click here to learn more or sign up for the training.

Aboriginal Relationship and Cultural Competency Courses
These nine courses developed by Cancer Care Ontario are designed to enhance knowledge of First Nations, Inuit and Métis history, culture and the health landscape to improve patient experience and person-centred care.

Click here to learn more about Cancer Care Ontario’s training.

ONTARIO CERVICAL SCREENING PROGRAM – UPDATED GUIDELINES

The updated cervical screening guidelines include recommended intervals for screening in primary care when a woman is discharged from colposcopy and updated recommendations for people with special screening circumstances.

The updates align with the recently released Clinical Guidance: Recommended Best Practices for Delivery of Colposcopy Services in Ontario. The use of human papillomavirus (HPV) testing is now recommended for women in colposcopy and as a risk stratification tool at point of discharge.

There is a call for colposcopists to provide specific, individualized and risk-based screening recommendations when a woman is discharged from colposcopy:

- Women at low risk for cervical cancer should return to routine screening every three years with the Pap test in primary care; and
- Women at elevated risk for cervical cancer, but not in need of colposcopy, should be discharged to primary care for yearly surveillance with the Pap test.

Click here for more information and to view the Screening Guidelines Summary.

**Stay Connected!**

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