

Successful “Production” in Stratford

On September 25, primary care providers and allied health professionals from the South West and Waterloo Wellington regions gathered in Stratford for the second annual “Cancer Care for Primary Care” conference.



This year’s conference focused on palliative care and provided participants with information and knowledge to provide high quality care to their patients throughout the cancer journey. A variety of experts from across the province led interactive discussions about psychosocial oncology, cancer survivorship, Aboriginal palliative care, pain and symptom management, and the changing face of palliative care. The keynote address focused on the current state of palliative care in Canada, and was delivered by Andre Picard, Public Health Reporter and Columnist at The Globe & Mail. Watch presentations from the conference here: <http://bit.ly/1QJ0u7T>

Feedback suggests the event was an incredible success, and planning is underway for a similar event next year. Stay tuned for details.

LEAP Mini Opportunity

A Palliative Approach to Care: Making it Work in Rural Areas

St. Joseph’s Health Care London is planning a one-day workshop designed specifically for family physicians and nurse practitioners that work in rural settings who would like to update their skills and knowledge in palliative care.

Through this course, health care providers will:

- Learn practical tips and tools in palliative and end-of-life care
- Cover topics such as: essential conversations, psychosocial distress, pain, palliative sedation, and taking ownership
- Receive accreditation for up to 7.5 Mainpro-M1 credits
- Receive one-year admission to the Pallium Portal for e-learning and clinical support tools

There are four dates in January to choose from, at four different locations across the region. For registration details, including costs and LEAP Mini locations, visit southwestcancer.ca/providers and visit the “What’s New” section.

Rapid Treatment of Patients with Febrile Neutropenia in the ED

Febrile Neutropenia (FN) is a frequent and serious complication of chemotherapy for patients with cancer. Several clinical practice guidelines recommend broad-spectrum antibiotics within one hour of fever documentation. Advancements in successful FN management made over the last 50 years are due mainly to the development of such antibiotic therapy.

As the number of outpatient chemotherapy regimens increase, more patients may present to the emergency department (ED) with FN. These patients often experience antibiotic delays as a result of factors such as ED crowding, higher acuity triaged patients, and lack of knowledge.

Prolonged time to antibiotic administration is associated with increased length of stay in hospital and worse outcomes.

An article published this summer in the *Journal of Oncology* entitled, “Reducing Time to Antibiotic Administration for Febrile Neutropenia in the Emergency Department”, evaluated outcomes after the implementation of a Febrile Neutropenia Pathway (FNP) for adult patients with cancer who sought care in an ED. The Pathway used standardized fever cards, increased the triage level

on presentation to that of suspected myocardial infarction, and used order sets with FN antibiotics stored in the ED which were given prior to knowledge of neutropenic status.

Outcomes from the study indicated that the implementation of a Febrile Neutropenia Pathway provides value by decreasing time to antibiotic administration, compared to both historical and direct admission controls in cancer patients.

[Click here to read the study.](#)



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Working together to provide quality cancer care close to home

A New Strategic Plan for the South West!

After months of planning and engagement, we are pleased to share the new South West Regional Cancer Plan. This plan focuses on building strong partnerships, and ensures the sustainability of cancer care in Southwestern Ontario.

Throughout the consultation process, our team gathered input from over 200 patients, leaders, and health care professionals from across the region. This work was overseen by a steering committee that included three patient and family representatives. “Bringing the patient voice to the table is critical,” says Brenda Fleming, Director of the South West Regional Cancer Program. “Receiving input from individuals who have been through the system themselves or with a loved one is invaluable. Through their experience, we

are able to see where improvements can be made, and better understand what it truly means to be patient-centred.”

The South West Regional Cancer Program, as an agent of Cancer Care Ontario, is responsible for working with patients, health care providers, and community partners to implement the provincial cancer strategy, laid out in the Ontario Cancer Plan IV (OCP IV) and other supporting plans such as the Aboriginal Cancer Strategy III, and the Provincial Plan for Systemic Treatment. Using these provincial plans as a reference, the South West Regional Cancer Plan was developed as a blueprint to help meet the unique and specific cancer needs in the South West. This plan will guide

regional service improvement over the next four years, and will be revised and updated based on the implementation of the OCP IV and other provincial plans.

The plan was recently shared with internal and external stakeholders including partner hospitals, the South West Local Health Integration Network, community partners, and patient and family advisory groups.

The South West Regional Cancer Plan will influence the work of our program moving forward as we continue to work with our partners to provide the highest quality care close to home for all residents living in the South West.

MESSAGE FROM THE DIRECTOR

Brenda Fleming, Director
South West Regional Cancer Program

Hello, autumn. It’s a new season; a perfect opportunity to do something NEW, something BOLD, something TOGETHER.



On behalf of the South West Regional Cancer Program, I’d like to thank staff, partners, and stakeholders across the region for your collaborative efforts in helping to develop our South West Strategic Plan. Whether you shared feedback and experiences, or provided input as to what priorities are important to you and your organization, we appreciate your time in helping to shape OUR cancer system in the South West. I invite you to check out the Strategic Plan, and read more about our strategic focus over the next four years. We look forward to working together with you to realize our shared objectives, and improving person-centred care across the region.

South West Regional Cancer Program

Cancer Plan 2016 -2019

[Click here to view the plan](#)



Pictured above: The cover of the South West Regional Cancer Program’s cancer plan

Registered Nurse Flexible Sigmoidoscopy in Woodstock

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.

Registered Nurse Flexible Sigmoidoscopy (RNFS) is a procedure performed by nurses to examine the lining of the rectum and sigmoid colon (lower third of the colon). 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 has recently introduced an RNFS program. Christine Blum, Program Coordinator, Educator, and Endoscopist, and Freda Schaafsma, Nurse Endoscopist, have been trained by physicians at the Michener Institute in Toronto to perform this highly specialized procedure, where this service exists.

"A sigmoidoscopy is often easier on the patient," says Christine. "Bowel preparation is not complicated and there is no sedation required. There is less risk associated with

sigmoidoscopy and it is an in-and-out procedure. Sigmoidoscopy is an important screening tool for patients who receive a negative FOBT. Patients with a positive FOBT or first degree family history of colorectal cancer will continue to be referred to surgical services for a colonoscopy."

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

- Are 50-74 years of age
- Receive a negative FOBT test
- Have no first degree family history of colorectal cancer
- Have no history of inflammatory bowel disease
- Have no history of large bowel symptoms, such as rectal bleeding
- Have no previous polyps or history of colorectal cancer
- Are not on anticoagulant therapy

To learn how you can refer a patient to the RNFS program at Woodstock Hospital visit: <http://www.southwestcancer.ca/providers/flexible-sigmoidoscopy>

Raising Awareness of Cancer Screening Among Aboriginal Populations



(L-R): Brenda Fleming, Regional Director, South West region; Beth Dulmage, Regional Director, Erie St. Clair region; Elder Mike Plain from the Aamjiwnaang First Nation; and Monica Staley, Regional VP, Erie St. Clair region.

as smudging, singing, drumming, and prayer, can have on healing. "Too often people who want such things are looked down upon, or even ridiculed, in hospitals and doctors' offices," says Pennington. "That, in part, is keeping indigenous people from getting screened as often as they should for cancer." Nineteen Aboriginal communities were represented at the first-of-its-kind conference, held at the Maawn Doosh Guming Community Centre in Aamjiwnaang territory.

Cancer in Aboriginal Communities

Based on current lifestyle trends, cancer incidence rates for major cancers are increasing more rapidly among First Nations people, and cancer survival is worse in this population compared with other Ontarians. The rising burden of cancer among Aboriginal peoples has been attributed at least in part to the higher prevalence of several modifiable risk factors, such as smoking and poor diet. In response to these statistics, Cancer Care Ontario in collaboration with Ontario's Aboriginal leaders developed an Aboriginal Cancer Strategy, which recognizes the challenges faced by First Nations, Inuit and Métis people, and provides tools to create change. [Learn more about the Aboriginal Cancer Strategy: https://www.cancercare.on.ca/about/programs/aborstrategy/aboriginal/](https://www.cancercare.on.ca/about/programs/aborstrategy/aboriginal/)

On November 6, the South West and Erie St. Clair regions partnered to host an informative conference about the cancer journey as it relates to First Nation, Inuit and Métis community members. The conference was developed to help these communities better understand the disease in order to help themselves and their families.

Dr. Jason Pennington, a Toronto surgeon and medical advocate for Aboriginal people in Canada delivered the keynote address. Pennington discussed the positive effects that spiritual practices, such

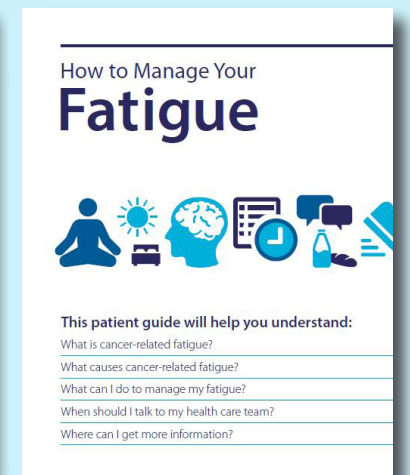
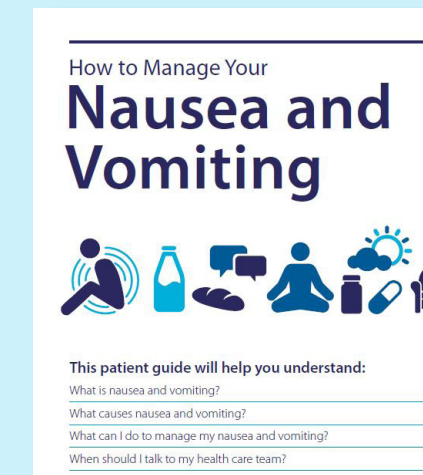
NEW Symptom Management Guides for Patients

Cancer Care Ontario recently released two symptom management guides for patients, which address Fatigue and Nausea and Vomiting. They are part of a series of nine guides to help patients manage cancer-related symptoms. Future guides will address symptoms such as: pain, depression & anxiety, constipation, diarrhea, oral care, loss of appetite, and shortness of breath.

The easy-to-read guides contain information for patients about possible symptom causes, how to manage them, and where to access resources. Health care providers may also use the guides to help teach patients how to manage their symptoms and learn strategies that they can safely use at home.

The guides were developed by a large team at Cancer Care Ontario and have been reviewed by doctors, nurses, and other health care providers who are experts in symptom management.

[Click here to access the guides.](#)



PROFILE: Regional Imaging Lead

Dr. Zahra Kassam: Dr. Zahra Kassam is the newest member to join the team of Regional Leads at the South West Regional Cancer Program. Dr. Kassam is a Radiologist at St. Joseph's Health Care London, and Assistant Professor in the Departments of Nuclear Medicine and Radiology at Western University. She has a special interest in oncologic and hybrid imaging, particularly with regards to rectal and prostate cancer. This interest has prompted many research endeavours and multidisciplinary collaborations, which Dr. Kassam considers to be the most enjoyable part of her career to date.

Dr. Kassam brings a plethora of experience and enthusiasm to her role as Regional Imaging Lead. She played a pivotal role in engaging with surgeons and oncologists to build the GI Multidisciplinary Cancer Conference (MCC) in London. She also worked with radiology administration to establish a rectal cancer MRI Program in London, and had a key role in protocol development and the establishment of a Synoptic MRI Report for Rectal Cancer that is used widely in London and surrounding areas.

"I am delighted to have this opportunity to work closely with stakeholders across the South West region," says Dr. Kassam. "I look forward to bringing my experience and skills to this role to continue to improve quality of care for patients."



Contact Dr. Kassam at: Zahra.Kassam@lhsc.on.ca

Comprehensive Breast Assessment in Strathroy



The Ontario Breast Screening Program screening site located at the Strathroy Middlesex General Hospital has been working with Cancer Care Ontario over the past several months to complete their transition to a Breast Assessment Program.

Ten per cent of women who undergo breast cancer screening will be called back for further tests and follow-up. The path that women follow from the time they find out they may have an abnormality, until the time they receive a definitive diagnosis is called "breast assessment."

Strathroy is now equipped to provide follow-up of detected abnormalities via screening.

This is great news for women in the area, who will now be able to receive comprehensive, high-quality, multi-disciplinary assessment services in their home community. The Breast Assessment Program in Strathroy will ensure timely, high-quality diagnosis and follow-up, while providing the information and emotional support that women need.