

## New Colorectal Screening and GI Endoscopist Lead for Toronto Central

We are thrilled to announce that Dr. Talia Zenlea is the new Toronto Central Regional Cancer Program lead for colorectal screening and GI endoscopy.

Dr. Zenlea is currently a staff Gastroenterologist at Women's College Hospital. She is the Associate Program Director for the Gastroenterology Residency Program in the

Department of Medicine at the University of Toronto, and holds an appointment as Associate Professor of Medicine.



**Dr. Zenlea can be reached by email at:**

[talia.zenlea@wchospital.ca](mailto:talia.zenlea@wchospital.ca)

or contact her office at 416-323-7510

## Fecal Immunochemical Test (FIT) Tips

Since FIT launch on June 24, 2019, more than **8,500 FIT kits** have been distributed to patients in the Toronto Central LHIN alone! **To continue to support you and your patients in screening with FIT, here are 5 quick FIT tips:**

### **1. Make sure that your patient is eligible for FIT screening.**

LifeLabs has been receiving requisitions for patients who are not age eligible for colon cancer screening with FIT. Asymptomatic people ages 50 to 74 who do not have a family history in a first-degree relative are eligible for screening with FIT. While the ColonCancerCheck program is designed for patients ages 50 to 74, LifeLabs will accept, at your discretion, orders for patients age 49 and ages 75 to 85.

For patients who do not have a valid OHIP # or who do not meet the age criteria, non-ColonCancerCheck FIT kits are available at select Dynacare sites. They are available at a cost to the patient or a third party upon return of a completed FIT. Please call Dynacare at 1-888-988-1888 for more information and/or participating locations.

### **2. Talk to your patients about timely FIT kit return.**

If you choose to batch fax FIT requisitions, please contact your patients to confirm their mailing address, to notify them that they should be receiving a FIT kit in the mail, and that they should complete and return the FIT kit promptly. As a reminder, FIT requisitions expire after six months. If you batch fax FIT requisitions, please call or send a reminder to your patients to complete and return their FIT kits.

### **3. Remind your patients to close the FIT tube securely!**

A key reason for rejected kits to date is leaky FIT tubes. To avoid having to repeat FIT testing, please continue to remind your patients to close the FIT tube securely after completing the test.

### **4. Remind your patients to put the right amount of stool on the FIT stick.**

Another reason that kits have been rejected is that LifeLabs has received FIT tubes overflowing with stool. LifeLabs cannot analyze FIT devices with too much stool. To avoid having to repeat FIT testing, please remind your patients that the stool should cover all of the grooves at the end of the stick but should not go past the grooves.

### **5. Instruct your patients to write the sample date on the FIT tube.**

LifeLabs has been receiving FIT tubes with missing collection dates. While LifeLabs will call your patient to try to ascertain the collection date, LifeLabs has found that many people do not remember the exact date. If LifeLabs is unable to confirm a collection date with your patient, the FIT result will be invalid and your patient will need to repeat their test. To avoid having to repeat FIT testing, please remind your patients to write their sample date on the FIT tube after they complete the test.

For more information on screening with FIT, visit the primary care provider guidelines and advice webpage at [www.cancercareontario.ca/CCCrecommendations](http://www.cancercareontario.ca/CCCrecommendations)

Frequently asked questions and information on the FIT instructions can be found at [www.cancercareontario.ca/FITinstructions](http://www.cancercareontario.ca/FITinstructions)

To order free resources to promote FIT in your office email [info@TCCancerscreening.ca](mailto:info@TCCancerscreening.ca) with your name, mailing address and preferred quantity.

We hope that these 5 quick FIT tips help your patients successfully screen with FIT!



Follow us on Twitter:  
[@TO\\_CancerScreen](https://twitter.com/TO_CancerScreen)

If you have any questions please email your Regional Primary Care Leads Dr. Ed Kucharski ([edward.kucharski@utoronto.ca](mailto:edward.kucharski@utoronto.ca)) or Dr. Lisa Del Giudice ([Lisa.DelGiudice@sunnybrook.ca](mailto:Lisa.DelGiudice@sunnybrook.ca)). For an electronic newsletter, email [info@TCCancerscreening.ca](mailto:info@TCCancerscreening.ca)

## Follow-Up Colonoscopy after a Positive FIT result

A follow-up colonoscopy after a positive FIT result should be performed within 8 weeks. Delays have been associated with worse prognosis. Colonoscopies performed after a positive FIT result are more complex and will require specialized endoscopy expertise.

The following facilities in the Toronto Central LHIN provide this expertise:

Site	Phone	Fax
Michael Garron Hospital	416-469-6580 Ext. 2113	416-469-6361
Mount Sinai Hospital	416-586-4800 Ext. 2099	416-586-4853
St. Joseph's Health Centre Toronto	416-530-6156	416-530-6299
St. Michael's Hospital	416-864-6060 Ext. 2765	416-864-5250
Sunnybrook Health Sciences Centre	416-480-6163	416-480-4403
Toronto Western Hospital	416-603-5800 Ext. 5756	416-603-5039 (NEW)

Please remember to include the positive FIT test result with your referral.

To access hospital referral forms, please visit:

<https://www.trcp.ca/en/diagnosis-management/Pages/colorectal.aspx>

## ASC-H vs. ASCUS

AN IMPORTANT NOTE ON CERVICAL CYTOLOGY (PAP) RESULTS

NOT ALL RESULTS THAT START WITH "A" ARE ASCUS!

- Please note that ASC-H (atypical squamous cells, cannot exclude HSIL) is NOT the same as ASCUS.
- We have noticed a number of providers in the region are confusing ASC-H and ASCUS, leading to a delay in patients getting colposcopy
- ASC-H needs to be referred to colposcopy and is prioritized the same as HSIL.
- Similarly AGC (atypical glandular cells - sometimes referred to AGUS) is also very high risk and needs immediate referral to colposcopy.

For more information please see page 2 of this guideline:

[www.cancercareontario.ca/en/system/files\\_force/derivative/OCSPScreeningGuidelines.pdf](http://www.cancercareontario.ca/en/system/files_force/derivative/OCSPScreeningGuidelines.pdf)

## Supporting Patients through Lung Cancer Screening

The University Health Network (UHN)'s Joint Department of Medical Imaging (JDMI) continues to grow its Lung Cancer Screening Program for people at high-risk. Volumes are increasing and more and more patients are playing a lead role in their health by pursuing low-dose computed tomography (LDCT) screening.

If you have a high-risk patient that meets the eligibility for screening:

- Current or former smoker age 55 to 74
- Have smoked cigarettes daily for at least 20 years in their lifetime. This does not have to be pack years just daily smoking and not necessarily 20 years in a row.

Please consider submitting a referral or encouraging them to call us directly: 416-340-4154.

\*For people that self-present and are eligible for the pilot, UHN staff will contact their primary care provider for a mandatory referral form to authorize the use of LDCT for screening.



For more information, please visit:

<https://www.trcp.ca/en/screening/screening-programs/Pages/lung.aspx>

## Quality Improvement Projects (QIPs)

The Toronto Central Regional Cancer Program is excited to be supporting ten Quality Improvement Projects to help primary care providers improve cancer screening rates in the region. We are looking forward to learning about the outcomes of these projects!