

10 things to help you and your patients

ENCOURAGE your patients to go online and **complete their cancer risk assessment** (breast, colorectal, cervical, lung, melanoma, kidney cancers) at www.MyCancerIQ.ca

1

CHECK OUT the **2016 Ontario Cervical Cancer Screening Guidelines Summary Update**. Recommended intervals for screening/surveillance in primary care after discharge from colposcopy have been added.

2

SIGN-UP today for Physician Linked Correspondence for an evidenced based way to **improve your patients' cancer screening participation**. Physicians play a crucial role in cancer care and can greatly influence patients' participation in cancer screening.

3

SIGN UP for the **Screening Activity Report (SAR)** which provides patient enrolment model (PEM) physicians with a tool for improving their cancer screening rates and appropriate follow-up.

4

COMPLETE Cancer Care Ontario's **free e-learning modules** to earn CME credits

5

The **FIT (Fecal Immunochemical Test)** will be coming soon for average risk colorectal cancer screening!

DISTRIBUTE FOBT in the meantime, to your patients between 50 and 74 years old without a personal or first degree family history of colon cancer.

7

REFER First Nations, Inuit and Métis patients going through the cancer journey to the **Aboriginal Patient Navigator** who can provide support to patients and their families.

8

DOWNLOAD and/or direct your patients to Cancer Care Ontario's **10 patient guides** to help patients manage their symptoms of fatigue, nausea/vomiting, pain, constipation, diarrhea, depression, anxiety, loss of appetite, shortness of breath, mouth problems, and fever.

9

COMPLETE the **Toronto Central Palliative Care Common Referral Form** when referring a patient for palliative care-services in Toronto Central

(palliative CCAC, community palliative care physician, hospice program, or inpatient palliative care unit)

10



Recommendations on public funding for screening breast ultrasound

The Ontario Health Technology Advisory Committee (OHTAC) reviewed the scientific evidence on ultrasound as an adjunct to mammography for breast cancer screening. After considering several factors, including burden of illness, safety, need, and economic and organizational feasibility, the July 2016 OHTAC report recommended:

Publicly funding screening breast ultrasound as an adjunct to screening mammography for high risk women in whom magnetic resonance imaging (MRI) is contraindicated

Against publicly funding screening breast ultrasound as an adjunct to screening mammography in women at average risk for breast cancer.








Run to Quit with CCS

Runtoquit.com is a national tobacco cessation program that pairs the quit smoking expertise of the Canadian Cancer Society with the Running Room's Learn to Walk or Run 5km clinics. The program is made possible in part through funding by the Public Health Agency of Canada and is being studied by researchers from the University of British Columbia for its potential as a chronic disease prevention program.




The program is offered in the fall, winter and spring and participants can join a 'Do It Yourself' program anytime or they can get extra support and join a 10 week training program and get the support of a coach.

In both programs, participants receive quit smoking support from the Canadian Cancer Society, calls from their quit smoking line, coupons for Nicorette or Nicoderm and a trial offer of Nicorette gum. When participants quit smoking they are eligible to win \$1000 and when they go the extra step, stay smoke-free and walk or run in a 5 km event, they have a chance to win a car and other grand prizes!

WHY tell your patients about Run to Quit:

-  Walking and running can help people cope with discomfort and cravings while cutting down or quitting smoking.
-  Program helps smokers establish healthy behaviours to help maintain long-term health goals.
-  Participants in the pilot study were 7x more likely to quit smoking than those trying on their own.

HOW to tell your patients about Run to Quit:

-  Talk about the program & tell patients they can learn more at runtoquit.com
-  You can order materials (tear pads & posters)
-  For more information and to order material please email info@runtoquit.com

Toronto Central Aboriginal Cancer Plan

The Toronto Central Regional Cancer Program (TRCP) in collaboration with Cancer Care Ontario (CCO), is developing a Toronto Central Aboriginal Cancer Plan (ACP). This plan is designed to improve cancer services with and for First Nations, Inuit and Métis (FNIM) peoples in the Toronto Central region, and it will be implemented in a way that reflects their unique and diverse needs. Please visit www.trcp.ca for more information about the Toronto Central's ACP, listing of services available to patients and families in Toronto, and access to the Aboriginal Patient Navigator referral form.

To increase awareness and support FNIM peoples' unique needs in cancer care, two positions are in place to support the Toronto Central ACP.

BERNICE DOWNEY

Regional Aboriginal Cancer Lead

Provides leadership on First Nations, Inuit and Métis cancer care in the region by:

- Engaging and collaborating with primary care providers
- Peer education and training

 downebe@mcmaster.ca

JOANNA VAUTOUR

Aboriginal Patient Navigator

- Provide support for First Nations, Inuit and Métis patients with cancer and their families along every step of the cancer journey
- Liaise and advocate for the needs of First Nations, Inuit and Métis patients with cancer and their families and with other groups involved in cancer care

 416-864-6060 ext. 2422

Call for Applications: OPPORTUNITY FOR QIP FUNDING

This spring primary care providers will receive an invitation to submit an application for a **Cancer Prevention and Screening Quality Improvement Project (QIP)**. Successful applicants will receive funding of up to \$2,000 and additional in-kind project support. Be sure to submit your application by June 15, 2017.

Highlights of the Ontario Cancer Screening Performance Report 2016

Participation in breast cancer screening has remained stable at 65% of eligible women since 2011–2012. The proportion of women screened within the Ontario Breast Screening Program has continued to increase, up to 78% in 2013–2014. This is anticipated to increase as more sites are brought into the program.

Participation in cervical cancer screening declined from 2009–2011 (68%) to 2012–2014 (63%). Retention in the Ontario Cervical Screening Program also declined, from 81% among women screened in 2010 to 72% among women screened in 2011.

The timing of the decrease in participation and retention coincides with the release of updated cervical screening guidelines in 2011, which extended the recommended interval between Pap tests to once every three years.

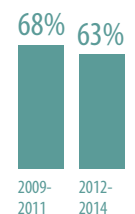
The proportion of eligible Ontarians overdue for colorectal cancer screening has continued to improve (decline), from 50% in 2008 to 40% in 2014. We will be transitioning to a new colorectal cancer screening test for average risk individuals (the fecal immunochemical test) in 2018. This is expected to improve screening participation.

ONTARIO SCREENING PARTICIPATION RATES

BREAST



CERVICAL



COLORECTAL

