

## A Gradual Return to Cancer Screening

COVID-19 caused Ontario to pause cancer screening in 2020; however, screening has gradually resumed. Below are some tips to help you make decisions with your patients about screening. For more detailed information about the three cancer screening programs, please visit:

[www.trcp.ca/en/screening/](http://www.trcp.ca/en/screening/)

Also, if you have a patient with an abnormal screen at any time, do not delay in acting on the results. For

example, a patient with an abnormal FIT test result should be referred to colonoscopy as soon as possible.

For rostered practices, physicians can see their patients with abnormal screens needing follow-up by looking at their Screening Activity Report (SAR):

[www.cancercareontario.ca/en/guidelines-advice/treatment-modality/primary-care/screening-activity-report](http://www.cancercareontario.ca/en/guidelines-advice/treatment-modality/primary-care/screening-activity-report)



### **Colorectal Cancer Screening with the fecal immunochemical test (FIT) has resumed for average risk patients.**

Here are some tips for sending in requisitions to prevent further delays:

- Please do not batch fax requisitions as this can lead to errors and subsequent delays
- Include a valid OHIP number with updated version code
- Ensure that your patient's mailing address information is correct
- Do not send repeat orders until at least 4 to 6 weeks have passed to allow for processing and mailing time

Colonoscopy referrals should also resume, especially for patients with an abnormal FIT result, patients who are at increased risk for colorectal cancer, or patients who are eligible for post-polypectomy surveillance with colonoscopy. For a list of the facilities in the Toronto Central LHIN that have the expertise and resources to

perform colonoscopies in people with an abnormal FIT result, please visit:

[www.trcp.ca/en/diagnosis-management/...Pages/colorectal.aspx](http://www.trcp.ca/en/diagnosis-management/...Pages/colorectal.aspx)

### **Screening at Ontario Breast Screening Program (OBSP) sites has resumed.**

If capacity is limited in your area, here are some tips on who to send for breast screening:

- High Risk OBSP participants
- Average risk initial screens
- Average risk one year rescreens

**Cervical Screening has resumed.** As more in person appointments occur, if someone is due for cervical screening and in your office, please go ahead and screen them. Annual screening for people at elevated risk for cervical cancer should also proceed.

Examples of people at elevated risk include anyone who is:

- Discharged from colposcopy with persistent low-grade cytology
- Discharged from colposcopy with an HPV-positive test and a normal or low-grade cytology
- Immunocompromised

Continue to send those with high grade cytologic abnormalities (e.g. HSIL, AIS) and those with two consecutive low grade abnormalities (e.g. LSIL, ASCUS) to colposcopy. Patients with a single low grade cytologic abnormality should be re-screened in primary care in approximately 12 months with cytology. Any patient who is positive for HPV strains 16 or 18 should be referred to colposcopy, regardless of the cytology result.

**The Lung Cancer Screening Pilot for People at High Risk has resumed at UHN.** For more information or questions regarding the referral criteria, please call 416-340-4154.

## Concerning Suspicious Signs and Symptoms of Cancer that Can't Wait

You have probably heard the news about patients presenting with later stages of cancer during COVID-19.

A reminder of some of the concerning signs and symptoms of common cancers are listed on the second page, along with suggested first line management recommendations.

If a patient has an abnormal test result and/or ongoing suspicion of cancer, refer to the appropriate specialist or program for diagnostic assessment. Specialist physicians

have been and will continue to assess patients who have signs and symptoms suspicious of cancer during COVID-19.

Further details can be found at:

[www.cancercareontario.ca/en/pathway-maps](http://www.cancercareontario.ca/en/pathway-maps)

Regional referral sites can be found at:

[www.trcp.ca/en/diagnosis-management/](http://www.trcp.ca/en/diagnosis-management/)



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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)

# Concerning Suspicious Signs and Symptoms of Cancer that Can't Wait

## Colorectal Cancer:

### Signs and Symptoms:

- Palpable rectal or abdominal mass
- Anemia especially with iron deficiency
- Rectal bleeding especially if dark blood or combined with: weight loss; blood mixed with stool; absence of perianal symptoms; change in bowel habits; diarrhea; and/or age 60-75 years
- Change in bowel habit or diarrhea

### Management Recommendation:

- Refer for diagnostic colonoscopy
- DO NOT order FIT

## Breast Cancer:

### Signs and symptoms:

- Palpable Mass
- Concerning nipple discharge
- New nipple retraction
- Skin changes of the nipple or breast
- Asymmetrical thickening/nodularity

### Management Recommendations:

- If <30 years of age and/or breastfeeding or pregnant: Ultrasound
- If >30 years of age: Ultrasound and diagnostic mammogram (consider galactography if clinically indicated)

## Lung Cancer:

### Signs and symptoms (especially if risk factors e.g. smoker/ex-smoker, occupational exposure and/or unexplained):

- Hemoptysis (single episode)
- New finger clubbing
- Suspicious lymphadenopathy
- Dysphagia
- Cough
- Weight loss/loss of appetite
- Shortness of breath
- Chest, rib, or shoulder pain
- Wheezing/Crackles
- Hoarseness
- Horner's syndrome
- Thrombocytosis, anemia, and leukocytosis

### Management Recommendation:

- Chest x-ray (then Chest CT if available and ongoing suspicion)

## Prostate Cancer:

### Signs and Symptoms:

- Male over the age of 40 presenting with lower urinary tract symptoms (LUTS) (irritative and obstructive voiding symptoms)

### Management Recommendations:

- Do a DRE
- Rule out UTI
- Do a PSA (wait at least one month to order PSA if UTI)
- Incidental elevated age-based PSA value (upper limit of normal, ng/mL):
  - 40–50 years: 2.5
  - 50–60 years: 3.5
  - 60–70 years: 4.5
  - 70 years and over: 6.5

### Management Recommendation:

- DRE and PSA

## Bladder Cancer:

### Signs and Symptoms:

- Hematuria (persistent microscopic or single episode gross hematuria)
- Storage/Irritative Bladder Symptoms, e.g. increased urinary frequency, urgency, incontinence and nocturia
- Voiding/Obstructive Symptoms, e.g. dysuria
- Palpable mass on physical exam
- Pelvic or bone pain (sign of metastases) OR:
- Bladder lesion on abdominal/pelvic imaging

### Management Recommendations:

- Urinalysis
- Urine Cytology
- Blood work
- Consider abdo/pelvic imaging; refer to urology for cystoscopy if persistent hematuria despite treatment

## Leukemia:

### Signs and Symptoms:

- Pallor
- Persistent fatigue
- Unexplained fever
- Unexplained bruising
- Unexplained bleeding
- Unexplained petechiae
- Hepatosplenomegaly
- Generalised lymphadenopathy
- Unexplained persistent or recurrent infection

### Management Recommendation:

- CBC

## Esophageal Cancer:


### Signs and Symptoms:

- Dysphagia
- Odynophagia
- Recurrent vomiting of solid food
- Age 55 years and over with weight loss and any of the following:
  - upper abdominal pain
  - reflux
  - dyspepsia
- Patient aged > 55 and one or more of the following unexplained symptoms for > 2-4 weeks
  - Chest pain (non-cardiac)
  - Hoarseness
  - Foamy stringy saliva
  - Positive for low grade GI blood loss / anemia
  - Treatment-resistant dyspepsia
  - Upper abdominal pain with low hemoglobin levels
  - Raised platelet count with any of the following:
    - Nausea, vomiting, weight loss, reflux, dyspepsia, upper abdominal pain
  - Nausea or vomiting with any of the following:
    - Weight loss, reflux, dyspepsia, upper abdominal pain

### Management Recommendation:

- Refer for gastroscopy

For more information, visit the Ontario Health (Cancer Care Ontario) Pathway Maps and search by cancer type:

 [www.cancercareontario.ca/en/pathway-maps](http://www.cancercareontario.ca/en/pathway-maps)



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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)