

## Back to School!

This year the Ontario Government has expanded its publically funded Human Papilloma Virus (HPV) Vaccine Program to include grade 7 boys (in addition to grade 7 girls).

Additionally, the new HPV National Advisory Committee on Immunizations (NACI) recommendations for the bivalent (HPV2), quadrivalent (HPV4) and nonavalent (HPV9) vaccines are below. Most of the vaccine schedules will continue to be 3 doses, for 2-dose exceptions, see asterisked information below. Furthermore the program has been expanded to men who have sex with men (MSM) under age 26. To order HPV4 vaccine, see the Toronto Public Health order sheet: <http://bit.ly/2cpRzMg>

Recommended Group	Recommended Immunization Schedule
Healthy (immunocompetent, not infected with HIV) Females from 9-14 years of age	2- or 3-dose schedule with HPV2 or HPV4* -or- 3 dose schedule with HPV9**
Healthy (immunocompetent, not infected with HIV) Females 15 years of age or greater	3 dose schedule of HPV2, HPV4 or HPV9 (If first dose of HPV2 or HPV4 administered between 9-14 years of age, 2 doses are sufficient)
Healthy (immunocompetent, not infected with HIV) Males from 9-14 years of age	2- or 3-dose schedule with HPV4* -or- 3 dose schedule with HPV9**
Healthy (immunocompetent, not infected with HIV) Males 15 years of age or greater	3 dose schedule with HPV4 or HPV9 (If first dose of HPV4 administered between 9-14 years of age, 2 doses are sufficient)
Immunocompromised individuals and immunocompetent HIV-infected individuals	3 dose schedule (HPV2, HPV4 or HPV9 in females and HPV4 or HPV9 in males)

\* note the two dose schedule is dose one at 0 months followed by dose two at 6-12 months

\*\* currently there is not evidence available to support a 2 dose schedule for HPV9

For more information, please see: <http://bit.ly/2biCc6s>

## Colorectal Cancer Screening

When colorectal cancer (CRC) is caught early, often through screening when patients are asymptomatic, there is a > 90% five-year survival rate. This past spring, both the Canadian Task Force on Preventive Health (CTFPH) and Cancer Care Ontario's ColonCancerCheck (CCC) Program updated their colorectal cancer screening guidelines.

### 2016 Canadian Task Force on Preventive Health (CTFPH) Colorectal Cancer Screening Guidelines Recommend:

- Screen average risk adults aged 50-74 years with FOBT (gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years
- Not using colonoscopy as a primary screening test for CRC

### 2016 Cancer Care Ontario ColonCancerCheck (CCC) Program Recommend:

- Screen people at increased risk (one or more first-degree relatives with CRC) with colonoscopy. Begin at 50 years of age, or 10 years earlier than the age their relative was diagnosed, whichever occurs first
- Screen asymptomatic people aged 50 to 74, at average risk of colorectal cancer with:
  - Fecal Occult Blood Test (FOBT) every two years, OR
  - Flexible sigmoidoscopy every ten years

Note: The Cancer Care Ontario ColonCancerCheck Program is planning to implement fecal immunochemical testing (FIT) as the recommended screening test for those at average risk of developing colorectal cancer.

- Due to insufficient evidence, both the CTFPH and CCC recommend against screening for colorectal cancer using: metabolomic (blood or urine) tests, DNA (blood or stool) tests, computed tomography colonography, capsule colonoscopy and double contrast barium enema.

[www.cancercare.on.ca/pcs/primcare/pcreources/](http://www.cancercare.on.ca/pcs/primcare/pcreources/)

## My CancerIQ Releases Two New Cancer Risk Assessments



Kidney cancer and melanoma risk assessments have been added to Cancer Care Ontario's My CancerIQ. My CancerIQ is an online tool that allows Ontarians to determine their risk for certain cancers and provides a personalized action plan with tips and resources based on the individual's risk factors. Encourage your patients to visit the website and assess their risk at:

[www.mycanceriq.ca](http://www.mycanceriq.ca)



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## Follow-up of Abnormal FOBT

The 2016 Colon Cancer Check Program also recommends that abnormal FOBT results should be followed up with colonoscopy within eight weeks. In the Toronto Central LHIN approximately 2000 patients who have had an abnormal FOBT result have not had a follow up colonoscopy.

### DID YOU KNOW?

- FOBT should NOT be administered to patients in between large bowel endoscopy procedures
- Patients with active rectal bleeding should NOT be administered an FOBT
- Many of our hospitals provide rapid access to patients requiring a colonoscopy for an abnormal FOBT
- For patients requiring investigation and management of an abnormal FOBT or suspicion of CRC (e.g. rectal bleeding) please refer to [www.trcp.ca](http://www.trcp.ca) under 'Diagnosis and Management' for referral information

### Rejected FOBT kits

In the Toronto Central LHIN >3800 patients who have had a rejected FOBT or indeterminate FOBT result have not been retested.

### REMINDERS when distributing FOBT kits:

- Check the expiry date
- Don't forget to label FOBT kits and lab requisitions
- Remind patients to write in date and time with each sample taken and to complete it and mail it in within 10 days

## Prostate Cancer Follow-Up Care and Psychosocial Needs

Prostate Cancer is one of the most common cancers in men and fortunately, has an excellent prognosis. It is not a surprise that many primary care providers care for these patients in their practice. Guidelines for Follow-up Care and Psychosocial Needs of Survivors of Prostate Cancer outline:

- a schedule for PSA testing for patients who have had curative treatment
- concerning signs and symptoms that require further work-up
- an approach to investigating recurrence
- recommendations for addressing longstanding effects (e.g. sexual and urinary dysfunction as well as other physical and psychological side effects)

[www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=342321](http://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=342321)

## Guidelines for Sexual Health in Cancer

Sexual dysfunction in people with cancer is a significant problem and causes great distress. Sexual dysfunction is reported by:

- 85% of women with breast, cervical or colorectal cancer
- 95% of men with prostate, testicular, colorectal or bladder cancer

Healthcare providers believe this is an important issue for their patients, but often don't ask about it because of a lack of expertise and/or resources. A new evidence-based guideline from Cancer Care Ontario describes various practical approaches and interventions for:

- Sexual response (desire, arousal, orgasm)
- Body image
- Intimacy/relationships
- Overall satisfaction/overall function
- Vasomotor symptoms
- Genital symptoms (women)

The guideline is available at:

[www.cancercare.on.ca/psoguidelines](http://www.cancercare.on.ca/psoguidelines)

