



Oncology News

Volume 5 Issue 1

Winter 2015

Program Updates



Cancer Care Ontario (CCO) continues to improve and expand its work, either through CCO led programs or by delivery of services through Regional Cancer Programs such as the Northeast Cancer Centre. In this issue you'll read about CCO's MyCancer IQ™, an innovative digital cancer risk assessment tool for the public; enhancements to the Screening Activity Report and policy change within the Ontario Breast Screening Program. At the Northeast Cancer Centre we are very proud to report on the new designation given to Health Sciences North as a Hepato-Pancreatic Biliary Cancer Surgery Centre, meaning complex procedures such as liver metastasectomy can now be offered in North East Ontario. Updates are also provided on the effectiveness of the North East Lung Diagnostic Assessment Program and enhancements to the Genetic Counselling Services.

Mark Hartman

Regional Vice President, Northeast Cancer Centre

Focus on: Program Updates

INSIDE THIS ISSUE:

Program Updates.....1

NE Lung Diagnostic Assessment Program Update.....1

My CancerIQ™2

Hepato-Pancreatic Biliary Cancer Surgery Centre.....3

Screening Activity Reports get monthly update.....3

Current Topics in Hereditary Cancer Risk Assessment.....4

Referral required for women ≥ 75 years to OBSP.....4

Inserts:
NE LDAP Outpatient Referral Form

My CancerIQ™ Postcard

2015 Palliative Care Conference

Save the Date: Regional Oncology Conference 2015

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NE Lung Diagnostic Assessment Program UPDATE



The North East Lung Diagnostic Assessment Program (NE-LDAP), a program of the Northeast Cancer Centre supported by Cancer Care Ontario, was launched in April 2011.

The NE-LDAP offers a centralized fax referral service for physicians to refer to a thoracic surgeon their patients who have a CT chest scan that is interpreted by the radiologist to be suspicious for lung cancer. A patient navigator, located in

Sudbury, coordinates the booking of appointments with the thoracic specialist whilst keeping the referring physician informed, supports the coordination and preparatory teaching for tests booked by the consultant, and offers the patient informational and emotional support.

The NE-LDAP also monitors and has made process improvements to improve wait times along the lung cancer diagnostic pathway.

Originally serving physicians and patients in the catchment area of the Health Sciences North Medical Imaging

Department, the NE-LDAP has since established processes with the Medical Imaging Departments of the North Bay Regional Health Centre, Temiskaming Hospital and Sault Area Hospital to flag CT chest scan results suspicious for lung cancer and recommend a referral to the NE-LDAP. Discussions are well underway to expand this to other North East CT scan facilities.

A copy of the NE-LDAP Fax Referral Form is enclosed in this issue, and also can be found at: www.hsnsudbury.ca/portalen/rcp/ForHealthcareProfessionals/ReferralForms

Dr. Amanda Hey

Regional Primary Care Lead, Northeast Cancer Centre

Table 1: Volumes and Wait times for the NE-LDAP

April 1, 2014-December 31, 2014

Number of referrals to NE-LDAP	363
% of patients with date of NE-LDAP referral to date of diagnosis within 28 days	57%



CANCER PREVENTION goes digital in Ontario



Dr. Amanda Hey

Regional Primary Care Lead, Northeast Cancer Centre

Launched on February 3, 2015, My CancerIQ™ is a digital cancer risk assessment tool for use by individual Ontarians. Throughout April 2015, the public will be invited to visit a touring exhibit of the tool at several locations in North East Ontario. The following information is provided by Cancer Care Ontario, and provides health care providers an overview of the tool. Primary care providers may encounter patients who have completed a personalized online risk assessment and bring the results to a clinic visit for discussion. And primary care providers may also find it informative to complete their own My Cancer IQ™!

My CancerIQ™ is taking cancer prevention to computers, tablets and smartphones across Ontario. My CancerIQ™ is a user-friendly cancer risk assessment tool that gives individual Ontarians:

- Feedback about how family, personal medical history, lifestyle and occupational exposures affect their cancer risk
- Information on cancer screening, based on Cancer Care Ontario's (CCO's) guidelines
- Personalized health action plans to help reduce their risk
- Links to reputable resources that support healthy behaviour change (e.g. EatRight Ontario, Smokers' Helpline)

Users of My CancerIQ™ can share their risk assessment reports with their primary care providers and other health practitioners. The site launched with assessments for four cancers: colorectal, lung, cervical and female breast. In the future, one or two new cancers will be added each year. Content will be reviewed regularly and updated whenever there are changes to screening guidelines or the evidence on cancer risk.

To produce the risk assessments, CCO adapted an international algorithm to the Ontario population. A user's risk score (i.e., the ratio of the user's risk relative to the average risk of Ontarians of the same age and sex) for a specific cancer is calculated using the:

- Respondent's self-reported characteristics or risk behaviours
- Relative risk of cancer for each of the factors included in the risk algorithm

- **My CancerIQ™ is a suite of fully bilingual, evidence-based cancer risk assessments created for individual Ontarians by Cancer Care Ontario**
- **On average, assessments take five to 10 minutes to complete**
- **The site is launching with four cancers – colorectal, lung, female breast and cervical cancer – and more cancers will be added in the future**



For colorectal and cervical cancer, there are three broad risk categories: above average, average and below average. There is a fourth, higher risk category for breast and lung cancer to reflect the influence of factors such as genetic mutations for breast cancer, and occupational exposures or prolonged heavy smoking for lung cancer. Behaviours, such as alcohol consumption, physical inactivity, obesity and unhealthy eating, are also risk factors for some of these cancers. Calculations are most accurate for Ontarians age 40 and over with no previous

history of cancer. Although Ontario has experienced gains in cancer survival over the past decades, there has been relatively little change in the incidence rate of all cancers combined. The number of new cases diagnosed has increased steadily as the population has both grown and aged. The idea of a widely available online cancer risk assessment was first raised in CCO's Cancer Plan III. My CancerIQ™ is part of an innovative approach to health promotion to help reduce cancer incidence in Ontario by educating the public about modifiable risk factors.

For more information:

- To access My CancerIQ™, visit www.mycanceriq.ca
- Promotional materials for health professionals are available at www.cancercare.on.ca/hcpassets



Questions or Comments?
Contact us at neoncologynews@hsnsudbury.ca

Hepato-Pancreatic Biliary Cancer Surgery Centre



Dr. Antonio Caycedo
Regional Surgical Oncology Lead, Northeast Cancer Centre

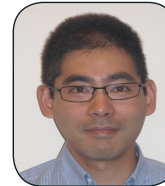
I am very pleased and proud to announce that Health Sciences North (HSN) is now the tenth designated Hepato-Pancreatic Biliary (HPB) Cancer Surgery Centre in Ontario. This will allow surgical treatment for patients with colorectal cancer liver metastases and other hepatobiliary diseases such as primary hepatobiliary cancer and biliary pancreatic disease in North East Ontario (NEO). Previously patients from NEO, although they may have had initial investigations close to home, had to travel to southern Ontario for this specialized surgery and post-operative care.

To receive the HPB designation required a tremendous collaborative effort between HSN administrators and medical staff. Hepatobiliary surgery is complex and therefore has multiple health professional and technical requirements that must meet a very high standard of care. Nonetheless, the HSN Division of General Surgery, under the leadership of Dr. John Snider, has successfully recruited two highly qualified hepatobiliary surgeons.

Dr Jeff Shum, originally from Windsor, completed his general surgery residency and a fellowship in multi-organ transplant and critical care at the University of Western Ontario. He joined HSN in the summer of 2012. Dr Kengo Asai, originally from Saskatchewan, completed



Dr. Jeff Shum



Dr. Kengo Asai

his general surgery residency and PhD at the University of Toronto, and a hepatobiliary surgery fellowship at the Mayo Clinic, Rochester, Minnesota. He joined HSN in 2014, bringing the Department of General Surgery to nine members.

Colorectal cancer is the second leading cause of cancer death in men and the third leading cause of cancer death in women in Ontario. When patients present with liver metastases (Stage IV disease) they have a five year survival rate below eight per cent if left without therapy. Up to 45-50% of colorectal cancer patients will present at some point with metastases, the majority being in the liver. With the combination of modern chemotherapy and advanced surgical techniques, such as liver metastasectomy, appropriately selected patients can realize a five year survival rate of 30-48%.

Referral of patients with new colorectal cancer liver metastases can be made directly to Drs. Shum or Asai or the Northeast Cancer Centre. Case selection for surgery is by way of Multidisciplinary Cancer Conferences coordinated by the Northeast Cancer Centre.

Contact Information: Drs. Shum/Asai office: Phone: (705) 222-9942 Fax: (705) 222-0070

Northeast Cancer Centre: Toll-Free: 1-877-228-1822 or (705) 522-6237 ext. 7305

Screening Activity Reports get monthly UPDATE

Cancer Care Ontario's (CCO) Screening Activity Report (SAR) is a supplementary tool to support patient enrolment model (PEM) physicians in improving their breast, colorectal and cervical cancer screening rates and appropriate follow-up. In October 2014 the electronic SAR platform underwent significant enhancements to improve its functionality. Now available:

- Monthly refresh of screening and follow-up data on the 10th of every month, current up to the end of the previous month
- Dashboard summary includes hyperlinks to individual patient lists
- Individual patient summaries with data for all three screening programs
- SAR support videos on the CCO SAR website with short tutorials on "Navigating the SAR", "Exporting Reports to PDF and Excel", "Finding Patients Due for Screening and Follow-up", and "Appointing a Delegate in ONE@ID" (www.cancercare.on.ca/primcare/sar)

How to register for SAR

The SAR uses eHealth Ontario's ONE@ID to authenticate users.

To register in the North East contact Merci Miron-Black at mmironblack@hsnsudbury.ca



Current Topics in Hereditary Cancer Risk Assessment

Alessandra Cumming
Genetic Counsellor, Health Sciences North

A health care provider's referral to a clinical genetics clinic for a patient who has a personal and/or family history of breast and/or ovarian cancer prompts a detailed genetic assessment. One part of this assessment is to determine whether or not an individual or a family member may be eligible for genetic testing of the BRCA1 and BRCA2 genes. Mutations in these two genes account for a large proportion of all hereditary breast and ovarian cancer syndrome (HBOC). Eligibility criteria have been established by the Ontario Ministry of Health and Long-Term Care with the aim of appropriately identifying individuals and families with a sufficient probability of detecting a mutation to warrant offering genetic testing. Patients or health care providers may not be aware that specific tumour pathology can often influence genetic testing eligibility, and in some cases may raise our suspicion about hereditary cancer syndromes other than HBOC, for which clinical genetic testing may be indicated. For example, women who have had a triple negative (i.e. estrogen receptor, progesterone receptor, and HER2/neu expression negative) breast cancer may be eligible for testing at later ages than those with tumours of other receptor statuses, based on the recognized association of triple negative tumours with BRCA1 mutations. A triple positive breast cancer at a particularly young age, in the context of a suggestive family history, may increase suspicion for a hereditary cancer syndrome called Li-Fraumeni syndrome, which is associated with mutations in the TP53 gene. Ovarian cancer pathology is also a critical component of our assessment: a diagnosis of invasive serous ovarian cancer meets BRCA1/2 testing criteria at any age, while other types of epithelial ovarian cancer may qualify for testing in the context of a suggestive family history.

The above highlights just one aspect of our genetic assessment. The field of clinical genetics as a whole is currently characterized by rapid advances in genetic testing technologies that lead to increasingly complex genetic counselling scenarios. The area of hereditary cancer genetics is certainly no exception. This presents both an opportunity to provide our patients with improved, comprehensive care, and a challenge to appropriately convey a large amount of complex information. Specifically at the Genetic Counselling Services of Health Sciences North, one way that we are striving to ensure timely, patient-centred care for patients who have a personal and/or family history of breast and/or ovarian cancer has been to develop HBOC group general information sessions, which are facilitated by a genetic counsellor. Patients then meet with a genetic counsellor immediately following this group presentation to review personalized aspects of his or her assessment. Our patients have repeatedly expressed satisfaction with this format, indicating that it provides them with clear, concise, and consistent information.

Referral required for women ≥ 75 years to OBSP

In alignment with the Canadian Task Force on Preventive Health Care, the Ontario Breast Screening Program (OBSP) provides screening mammography for average risk women between the ages of 50-74. These women may self-refer. Women ≥ 75 years of age are not the target OBSP screening age group, and can no longer self-refer. Effective March 2015, they will require a medical imaging facility mammography requisition from their primary care provider to be screened in the OBSP. This will provide opportunity for active discussion between the woman and her primary care provider regarding the harms and benefits of mammography in her age group, so an informed decision can be made regarding screening. These women, if screened in the OBSP, still receive their screening results and assessment services for an abnormal result as are currently arranged through the OBSP site; however they will not receive a recall letter.

North East Oncology News is produced by the Editorial Advisory Board of the Northeast Cancer Centre

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visit Cancer Care Ontario on the web at www.cancercare.on.ca

visit Health Sciences North | Horizon Santé-Nord on the web at www.hsnsudbury.ca

Available online at

<http://www.hsnsudbury.ca/NECCprimarycareresources>

IMPORTANT: Do not refer patients to the LDAP for emergency management. NE LDAP patients are seen in the NE LDAP physician's office as outpatients. If an inpatient requires consultation prior to hospital discharge please contact the specialist directly as per your usual inpatient referral processes.

NE LDAP – OUTPATIENT REFERRAL FORM

North East Lung Diagnostic Assessment Program (NE LDAP)

Fascimile: 705-523-7287 Phone: 705-523-7100 ext. 2553

An incomplete referral form may lead to delays in appointment booking

Please complete all fields and FAX to 705-523-7287

PATIENT INFORMATION:

Surname: _____ Given Name: _____ DOB: _____

Address: (Apartment/Street) _____ City: _____

Province: _____ Postal code: _____

Telephone: Home: _____ Work: _____ Gender: ☐ Male ☐ Female

Health Card Number and Version Code: _____

Date of initial presentation of symptoms: _____ Date of referral: _____

Primary Care Provider: _____ Patient aware of referral: ☐ Yes ☐ No

REASON FOR REFERRAL: ☐ Chest CT Scan Suspicious of Lung Cancer (required for referral)

Participating Consultants (check one box only):

☐ Earliest available OR

Thoracic Surgeons:

☐ Dr. D. Ewing-Bui

☐ Dr. F. Luison

☐ Dr. S. Smith

NOTE: Please FAX the following:

☐ Pertinent presenting symptoms and past medical history

☐ Blood work results within last 3 months

☐ Pertinent imaging reports (ie chest x-ray, CT chest scan)

☐ Pathology/cytology results (if available)

☐ List of medications

Patients must arrive on time and bring with them their Health Card and list of current medications.

PHYSICIAN INFORMATION:

Referring Physician: _____

Telephone: _____

Fax: _____

Physician Number: _____

Please use practice stamp where available

Referring Physician Signature (mandatory)

Date _____



Save the Date
November 6, 2015

Partners in Oncology

A Patient-Centered Care Community

Friday November 6, 2015

Holiday Inn
1696 Regent Street
Sudbury, Ontario

This conference will illustrate current and novel clinical interventions and North East cancer centres' programs that will provide our cancer patients with effective, integrated, accessible and patient-centred care. Special focus will be on cancer survivorship and palliative care.

Who Should Attend

Family physicians, nurse practitioners, surgical, medical and radiation oncologists, registered nurses, radiation therapists, medical learners and all health care disciplines with an interest in oncology.



Northeast Cancer Centre
Health Sciences North
a Cancer Care Ontario partner

Centre de cancérologie du Nord-Est
Horizon Santé-Nord
un partenaire d'Action Cancer Ontario



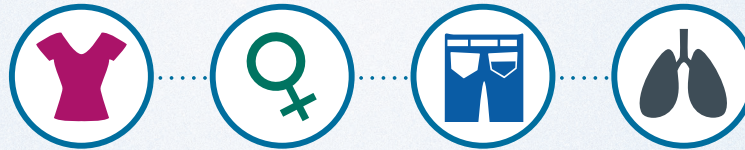
ALGOMA
DISTRICT
CANCER PROGRAM

For more information, please contact:

Karen Teddy, Education Assistant
Email: kteddy@hsnsudbury.ca
Tel: 705-522-6237 ext. 2321



A NEW ONLINE RISK ASSESSMENT
FOR BREAST, CERVICAL,
COLORECTAL AND LUNG CANCER.



VISIT MYCANCERIQ.CA

THE ONLY THING MORE REWARDING THAN HELPING A PATIENT SURVIVE CANCER IS HELPING THEM AVOID IT ALTOGETHER.



Cancer Care Ontario is launching MyCancerIQ.ca, an online risk assessment that starts a conversation with your patients about **breast, cervical, colorectal, and lung cancer prevention** before they even set foot in your office. The tool is from Cancer Care Ontario and is meant to work with you, not replace you. And it will provide your patients with useful information that you have already been promoting for years.

HOW IT WORKS

Patients build a tailored cancer risk profile by answering key questions about:

- ✓ Family history
- ✓ Personal and medical history
- ✓ Lifestyle

WHAT PATIENTS RECEIVE

- ✓ A Risk Assessment Report outlining their risk levels
- ✓ Their cancer risk relative to most Ontarians their age and sex
- ✓ A prioritized summary of risk factors
- ✓ A Health Action Plan with links to Canadian resources to help modify their behaviour

WHAT THIS MEANS FOR HEALTH CARE PROVIDERS

- ✓ The tool will save you time by providing preliminary information to your patients before an initial consultation
- ✓ It is an evidence-based report that can serve as the basis for motivational discussions on preventative behaviour





continuing education and professional development



Oncology News

Request Form 2015

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www.hsnsudbury.ca/NECCprimarycareresources

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