Northeast Cancer Centre
Health Sciences North
a Cancer Care Ontario partner

Northeast ONCOLOGY News

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Equity as an Important Pillar of the Ontario Cancer Plan

The Ontario Cancer Plan V (2019-2023) has continued to call out Equity as one of the six pillars of the provincial cancer plan. Plainly stated, the goal is to improve health equity across the cancer system such that people are not disadvantaged by who they are, where they live, or what resources they have. Sounds simple but of course if it was, we wouldn't be featuring it as a pillar of the cancer plan.

We do know from the Ontario Cancer Profiles (www.cancercareontario.ca/en/ontariocancerprofiles) that there are many health equity challenges northerners face. But northerners do not face them equally. Despite our common bonds living in the Northeast, we are not the same. Some of us are more disadvantaged than others. These inequities impact screening rates, access to diagnosis, care, treatment and support.

At the root of these inequities are stark differences in the social determinants of health impacting us and our patients. These social determinants of health include our early childhood experiences, family status and social networks, income levels, education and literacy levels, physical environments such as housing and access to transportation, gender, culture and genetic endowment.

So of course all northerners are not equal. There continue to be distinctly under-served populations within the North and patients who are highly vulnerable.

Certainly there are deliverables in the cancer plan aimed at provincial and community levels to address policy and infrastructure gaps. But at a person-centred level there is not much we as individuals are being called upon to do.

Could we be doing more? Most of the readers of Northeast Oncology News have positions of privilege and advantage. Let's remember that when we think about our roles in providing care to the people of the North. Are we asking not just who did we see today in our clinics, but who didn't we see? Who aren't we seeing and why? Are we making our care processes inclusive and accessible to all northerners? Have we left anyone behind in going virtual? Are we going the extra mile to see and get to know our patients beyond their symptoms to understand what else might be standing in the way of better health? Let's do our part.

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Northeast Oncology News Would Like To Hear From You

For the last decade, Northeast Oncology News (NEON) and the primary care team at the Northeast Regional Cancer Program have strived to provide you with information relevant to your practices while keeping you informed of changes occurring at the Northeast Cancer Centre. In order to continue to remain current and provide you with a useful resource, we are hoping for a few minutes of your time to complete a brief survey that will help us shape NEON over the next few years. If you have already completed this request through another channel, we thank you for your time.

To access the survey, please type the following link in your web browser or scan the QR code.

https://www.surveymonkey.ca/r/JKS6ZHK

Additionally, our current circumstances have highlighted the need to be able to communicate important, time-sensitive information quickly and efficiently. We are hoping that you will consider sharing your professional email address with us to facilitate this, and to allow distribution of NEON via email.

We respect your privacy and value your trust; we assure you that this information will not be shared for purposes other than outlined above. Please refer to question six in the survey if you choose to provide us with your contact email. Your contact information will not be linked to the results of your survey.

Thank you for your continued interest in cancer care and cancer screening!

The NEON Editorial Team

COVID-19 Improves Access to Therapy for Breast Cancer

Access to radiation therapy is a critical component of equity in cancer care. The number of patients undergoing radiation treatment within one year of their cancer diagnosis is tracked in Ontario and compared to benchmarks which have estimated what percentage of patients with each type of cancer will require radiation. Northeastern Ontario does well for many cancer types and has the fifth highest radiation utilization overall out of the 14 regions in Ontario. This is impressive given our vast geography compared to southern Ontario where patients on average live much closer to their cancer centre.

One area where we have a significant opportunity for improvement is in the percentage of patients diagnosed with breast cancer receiving radiation in the first year of their diagnosis. For breast cancer, northeastern Ontario has the lowest utilization in the province of Ontario. The main factor influencing this is felt to be women choosing mastectomy over lumpectomy plus radiation in order to avoid being displaced from their home, family, work and other social supports for a long duration while they receive radiation.

The COVID-19 pandemic has been a particular challenge for radiotherapy departments in Ontario. Early in the pandemic there were significant concerns that hospitals would be overrun and that cancer centres would be unable to complete courses of radiation that had already been initiated. This would have had disastrous effects and seriously compromised the chance of cure for affected patients. For this reason, physician leaders across Ontario came together to rapidly identify evidence-based radiotherapy schedules that could deliver excellent results with a shorter overall duration.

Some of these schedules were already commonly used in places like Europe but were previously uncommon in Canada.

Breast cancer was the tumor site with the most significant change implemented due to the pandemic. Prior to COVID-19, most breast cancer patients were treated between three and five weeks when they underwent radiation. The evidence-based schedule implemented because of the pandemic now allows us to complete a course of radiotherapy in five days. Due to the excellent results, lack of toxicity, and significant improvement in patient convenience, this has been adopted as a permanent standard of care in northeastern Ontario.

In addition, again because of the pandemic, we have implemented a standard whereby every patient referred for consideration of radiation treatment is seen first via video conference prior to traveling to Sudbury or Sault Ste. Marie for their therapy, usually from the comfort of their own home. This has significantly decreased patient travel and has ensured patients only travel to the cancer centre when it is time for a procedure or therapy. Again because of a significant increase in patient convenience, this will continue to be offered to patients after the pandemic is over.

The COVID-19 pandemic has had disastrous effects on society, health care systems, patients and families. In light of this, it is important that we hang on to any changes implemented because of the pandemic which actually improve our care of cancer patients in our region. We feel it is important for patients to know when they are making decisions about how they wish to treat their breast cancer that they no longer need to travel out of their home community to meet with a radiation oncologist and that if they do come for radiation in many cases this can be completed in a single week. We believe this adds greater choice to patients in deciding what therapy is best for them.

Dr. Andrew Pearce
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Ontario Health (Cancer Care Ontario) News Briefs:

● The Ontario Health (Cancer Care Ontario) Provincial Primary Care and Cancer Network Newsletter is now available to any interested primary care provider in Ontario. The newsletter provides regular cancer screening updates, provincial and regional activities, and educational opportunities relevant to primary care practice. Contact the Primary Care and Lung Screening team at PrimaryCareInquiries@ontariohealth.ca to subscribe to this monthly e-newsletter.

● Cancer Screening Correspondence Letters to start gradual return: Invitation, Recall, Reminder and Unsatisfactory Result correspondence campaigns for breast, cervical and colorectal cancer screening were paused in March 2020 with the COVID-19 pandemic (note: normal and abnormal result processes have continued). Due to the large backlog of these letters and to help mitigate impacts to health care services, Cancer Screening is restarting correspondence in a measured way. Effective December 2020, Unsatisfactory Result letters for the Ontario Cervical Screening and the ColonCancerCheck Programs will resume. January to March 2021 will see the restart of Ontario Breast Screening Program birthday invitations, with the other correspondence streams to follow.

Re-Examining Breast and Cervical Screening in Trans People in Ontario

Terminology:

Cis gender: a term for non-trans people. It is used to describe someone whose gender identity or gender presentation is consistent with the sex they were assigned at birth.

Non-trans men are cis men and non-trans women are cis women.

Non-binary: an umbrella term for anyone who does not identify with static, binary gender identities. Includes people who may identify as having an intermediary gender, as being multiple genders, as having shifting gender, or as not having a gender altogether.

Trans / gender-diverse: someone whose gender identity is different from the sex they were assigned at birth, regardless of whether or not they have undergone surgical or hormonal gender transition processes. It is often used as an umbrella term to refer to people with gender identities and expressions that differ from stereotypical gender norms.

It is known that trans and non-binary people are medically under-served and less likely to be up to date with cancer screening. This is, in part, because of a lack of trans-specific recommendations and primary care providers (PCP) who may not fully understand their needs. These and other barriers mean screen-eligible trans and non-binary people may not be benefiting from all aspects of organized cancer screening.

Historically, Ontario Health (Cancer Care Ontario) has not had a policy addressing the needs of trans people within organized cancer screening programs. This changed in March 2019 with the approval of a policy providing evidence-informed recommendations to support the inclusion of trans people in Ontario's breast cancer and cervical cancer screening programs. At present, implementation of the policy has begun at Ontario Health. Work is underway to update internal materials, disseminate to key stakeholders, and educate providers.

To review this policy in full, visit: cancercareontario.ca/guidelines-advice/types-of-cancer/61546. A high level summary of some of the policy recommendations include:

Ontario Breast Screening Program (OBSP)

Trans women and gender-diverse people who meet program criteria and have a history of five or more consecutive years of exogenous cross-sex hormone (CSH) use should be screened through the OBSP or the High Risk OBSP, whichever is appropriate based on risk. It is further recommended that the future states of OBSP should not preclude eligible trans women and gender-diverse people with breast implants from participating in the OBSP.

Trans men and gender-diverse people who have not undergone bilateral mastectomy/chest reconstruction, and meet program criteria will be screened through the OBSP or the High Risk OBSP at the usual screening interval and age group.

Ontario Cervical Screening Program (OCSP)

The OCSP will continue to see trans men and gender-diverse people with a cervix screened according to current OCSP guidelines; additionally average-risk trans men and gender-diverse people who meet OCSP eligibility criteria and are due/overdue for screening should be offered cervical screening before transition-related surgical removal of the cervix is performed, if however, eligibility criteria are not met (e.g. never been sexually active), cervical screening should not be offered.

Until such time as the OBSP and OCSP have incorporated these and other recommended changes, PCPs need to be mindful of the unique considerations for trans and gender-diverse people in cancer screening. To this end, an extremely helpful resource is the fourth edition of *Sherbourne's Guidelines for Gender-Affirming Primary Care with Trans and Non-Binary Patients.* Available for download or as an online interactive tool, cancer screening guidance, among many other primary care topics, are addressed. It is available at www.rainbowhealthontario.ca/guidelines-for-gender-affirming-primary-care/.

Broaching cancer screening can be an upsetting conversation for these patients; for PCPs engaging in inclusive cancer screening discussions, use language that acknowledges anatomy without assuming that these indicate the patient's gender, and understand that screening needs can be varied based on whether the patient has undergone transition-related surgeries. It is important to address the topic with increased sensitivity, and when needed, refer to a PCP that has experience caring for trans and non-binary people.

The Rainbow Health Ontario organization offers a service provider directory designed to help find health and social service providers who have expressed a commitment to providing competent and welcoming care to trans and non-binary people, and encourages such providers to register with their service online at www.rainbowhealthontario.ca/service-provider-directory/.

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The New STOP On The Net Research Program: A Useful Study For Patients Motivated To Quit Smoking

Despite Ontarians' increased awareness of the negative health impacts of tobacco, cigarette smoking continues to be a leading cause of preventable death.

As health care providers, we regularly remind patients that smoking increases the risk of developing chronic diseases including heart and lung disease, and of course increases the risk of cancer.

Studies have shown that actively smoking tobacco not only increases the risk of lung cancer, but can also cause cancers of the oropharynx, nasal cavity, esophagus, stomach, liver, pancreas, colon, rectum, urinary tract, ovary, and bone marrow.

In fact, in a report updated in 2014, Cancer Care Ontario estimated that 15% of new cases of cancer were attributable to cigarette smoking (Cancer Care Ontario. Cancer Risk Factors in Ontario: Tobacco. Toronto, Canada, 2014). Supporting patients interested in quitting smoking is therefore an important role as primary care providers.

In fact, within 5-10 years of quitting smoking, the risk of developing cancer of the mouth, throat, and larynx drops by half. Within 10-15 years of smoking cessation, the risk of lung cancer is cut in half.

For other cancers, like those of the mouth, voice box, or pancreas, the ex-smoker's risk drops to close of that of a lifelong non-smoker within 10-20 years of quitting (https://www.cdc.gov/tobacco/campaign/tips/diseases).

Health care providers and patients in northeastern Ontario and beyond have become familiar with the Smoking Treatment for Ontario Patients (STOP) Program. Since its inception in 2005, STOP has partnered with Public Health Units, Community Health Centres, Aboriginal Health Access Centres, Family Health Teams, and Nurse Practitioner-Led Clinics, among other organizations, to participate in the treatment of over 200,000 people.

To date, treatment has involved a combination of counselling support and nicotine replacement therapies (NRTs). However, new for 2020, the program has launched an online research program (STOP on the Net) that is entirely online and does not require interventions or visits by a health care practitioner.

For some patients who are motivated to quit smoking but are struggling with the cost of NRTs, this online program may be a viable option, removing the need to travel to a STOP program partner, and making it more easily accessible regardless of their primary care provider practice setting or affiliation. The program offers four boxes of NRT patches and two boxes of nicotine gum or lozenges to eligible participants, and follows them with surveys emailed at five weeks and six months.

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Northeast Well Follow-Up Website Sunset

Effective December 2020 the Cancer Well Follow-Up Care: Guides for Primary Care Providers in North East Ontario website (https://wellfollowup.hsnsudbury.ca) and associated resources for breast and colorectal cancer well follow-up care have been sunset. This is part of a larger initiative by Health Sciences North to upgrade web-based services.

Future plans will see well follow-up care resources included on the Northeast Cancer Centre webpage.

The Primary Care Resources webpage (www.hsnsudbury.ca/NECCprimarycareresources), which is home to the Northeast Oncology News will remain with no interruptions to access expected.

In the interim, please refer to the Ontario Health (Cancer Care Ontario) website and resources for well follow-up care guidance for primary care updated in April 2019, which can be accessed at:

Breast (www.cancercareontario.ca/breastfollowup)
Colorectal (www.cancercareontario.ca/colorectalfollowup)
Prostate (www.cancercareontario.ca/prostatefollowup)

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