



Improving QOL for Colon & Rectal Cancer Survivors

Over the past 10 years, advances in cancer management including earlier, better detection and improved cancer treatments, means patients are surviving longer and with better outcomes. According to the Canadian Cancer Society, 63% of Canadians diagnosed with cancer are expected to survive for five years or more after a cancer diagnosis. The practice of following cancer patients at regional cancer centres after they have finished treatment can cause a number of issues, including longer wait times for new cancer patient referrals as well as treatment.

In order to address these concerns, Cancer Care Ontario has provided one-year funding to help regions across the province roll-out new patient follow-up guidelines and move follow up care from tertiary cancer centres back to primary care providers, when possible.

Based on the success of the New Model for Well Breast Cancer Patients that has recently

concluded a project team has been assembled to implement and evaluate changes to improve the experience for colon and rectal cancer patients. "We will be drawing on the achievements attained in the Well Breast project and applying best practices to the colon/rectal disease sites," says Dr. Patrick Colquhoun, clinical lead for the colon/rectal project.

The project team is in the early phases of development and expects to have started to roll-out the project model and data collection by March 31, 2014.

What can you expect to see?

- Strong emphasis on a patient driven, self-advocating tool for follow-up
- Education material for primary care providers on colon and rectal cancer follow-up

We want to hear from you! In order to ensure a smooth transition of colorectal cancer survivorship care, **please complete this brief survey:** <https://www.surveymonkey.com/s/3NDTSKK>. Thank you.

South West CANCER NEWS LINK

Bringing Cancer Prevention & Screening to Rural Ontario

In September, the South West Regional Cancer Program together with partners from Public Health, will be connecting with farmers to share cancer prevention and screening information. What better way to reach rural Ontario, than at the 100th Anniversary of the International Plowing Match in Mitchell. Organizers are expecting more than 20,000 visitors daily, many of whom may not be regularly screening for cancer.



From September 17th to the 21st, the team will host interactive activities in the Rural Living Tent to help visitors learn how they can reduce their risk of cancer. Visitors will have the opportunity to have their skin checked by a doctor at a mole clinic, win a prize for completing a sun safety survey, tour the Canadian Breast Cancer Foundation's Pink Bus, and play "PLINKO", a game designed to increase knowledge about cancer-related facts. Some of the key messages we will be promoting include:

- **Sun safety** - Farmers are exposed to long hours outdoors during peak UV times
- **Smoking and second hand smoke** - Associated with risk of developing cancers of the lung, larynx, esophagus, kidney and bladder
- **Physical activity** - Reduces risk of colorectal and breast cancers
- **Healthy eating** - Limiting red/processed meats and increasing dietary fiber can reduce the risk of colorectal cancer
- **Alcohol consumption** - Increases risk of developing cancer of the breast, colon and rectum, esophagus, larynx, liver, mouth and pharynx
- **Maintaining a healthy weight** - Decreases risk of colorectal, breast and kidney cancers
- **Workplace/environmental exposure to carcinogens** - Increases risk of various cancers
- **"Cancer Screening Sees What You Can't"** - Find cancer early before you can see or feel it
- **Calculate cancer risk profile** - use the Time to Screen Tool located at www.ontario.ca/screenforlife

For more information contact: Sheila Densham at 519-685-8600, ext. 54512 or sheila.densham@lhsc.on.ca

PROFILE: Regional Breast Imaging Lead

Earlier this spring, Dr. Sparrow accepted the role of Regional Breast Imaging Lead for the South West region. While fulfilling a critical role in improving the quality, safety and accessibility of cancer services for breast cancer screening, from screening to diagnosis, the Regional Breast Imaging Lead also provides advice on all radiological aspects of the Ontario Breast Screening Program (OBSP) in the region.



Contact Dr. Sparrow at: keith.sparrow@hpha.ca

Robert Keith Sparrow is a radiologist with a long interest in breast imaging. After finishing his radiology training at Western in 1980 he joined the Radiology staff at Victoria Hospital in London and was asked to make mammography one of his responsibilities. He participated in the early mammography screening trials that lead to the development of the Ontario Breast Screening Program and was appointed co-director of the London screening centre when it opened in 1991. Dr. Sparrow has been continually involved with screening and clinical mammography since that time and has been the Regional Coordinator for the South West region. On a national level, he was the Chair of the Canadian Association of Radiologists Mammography Accreditation Program (CAR-MAP) and continues to be a reviewer and advise this program. Dr. Sparrow currently practices in Stratford, Ontario. Speaking to the challenges ahead, he stated, "the provincial screening program has been a great benefit for Ontario women and many lives have been saved over the years. The next challenges are to continually improve and maintain the program standards and to make it more accessible."



Report on Ontario's Cancer System Highlights Need for Better Integration for Patient Care

If you attended the South West Regional Planning Day on May 15, you had the opportunity to participate in the live broadcast of the 2013 Cancer System Quality Index (CSQI) results from Toronto. The results highlight a cancer system that is performing well overall, but with room for advances in the integration of care and the equity of access to services.

"The individual pieces of the cancer system and the overall health system in Ontario are very strong, but they can be better integrated to improve the patient and family experience," said Dr. Robert Bell, Chair of the CQCO and President and CEO, University Health Network. "Whether it is at the screening, diagnosis, treatment, recovery or end of life stage of the patient journey, we need to do more to ensure patient transitions from one stage to another are more seamless and effective, regardless of location or provider."

Results from this year's 2013 CSQI show that the Ontario cancer system continues to be successful in ensuring Ontarians are receiving treatment based on the best available evidence. A notable example includes the effective use of team-oriented

care through Multidisciplinary Cancer Conferences, where healthcare providers from different disciplines and backgrounds discuss and make recommendations on the best way to handle the care of individual cancer patients.

At the same time, Ontario's cancer system is very successful at ensuring that patients are accessing the services they need despite the increases in demand. However, improvement needs to be made in different areas of the system to reduce the overall time from diagnosis of cancer to each treatment needed. Additionally, use of acute care hospital services at the end of life remains high. More work needs to be done to ensure that patients and their caregivers have the right resources at the right time.

In the South West region, we are doing well compared to provincial averages with regard to the number of eligible women screening regularly for breast cancer using mammography, as well as participation in colorectal cancer screening through FOBT. We need to improve follow up screening for abnormal breast results and increase referrals to CCAC in the end of life phase.

For full details of our scorecard, visit our website: www.southwestcancer.ca/how-are-we-doing

Recommendations for Change continued from Page 1

JW: Following the announcement, we realized the most important aspect was to maximize patient trust. We stopped doing CR mammography immediately. We put our technologists to work telephoning every patient who had been screened in 2013. We ensured they understood the recommendations, clarified what it meant to them and explained their options. Patients were presented with the option of having their screening mammogram repeated. If we weren't able to meet our patient's needs in a timely fashion at our IHFs, patients were referred to our partner hospitals that used DR technology. We set out to obtain DR equipment quickly and began training staff.

KS: How did these recommendations impact business?

JW: We took a bit of a leap of faith when we stopped the CR mammography program before obtaining digital equipment – but we felt it was the right thing to do. Our mammography vendor was great and was able to deliver DR equipment very quickly. I'm proud of our breast imaging team who worked very hard to roll out the new DR systems. Ultimately, the gap in our mammography service was only three weeks!

KS: What changes have been made at LXA in response to the mammography recommendations provided by Cancer Care Ontario?

JW: When we received the recommendations, we thought very carefully about what we wanted to do – and turned on a dime. We welcomed the recommendations from CCO. Our entire mammography program was overhauled in about a month. Our mission is to “provide state of the art imaging expertise for the benefit of our patients, health care colleagues and academic community”. By responding immediately to CCO's recommendations, LXA has held true to our values. Patients must be able to feel confident about the technology, services and care that are provided.



Using patient and staff experiences to design better healthcare services

Sometimes the answers to our toughest questions can be found in the most obvious places. Healthcare providers at the London Regional Cancer Program have implemented several projects using an approach that focuses on building operations and culture around the patient experience – a cancer program goal for 2012-2015. The methodology is termed “Experience Based Design” (EBD) and its concept is simple. If you want to fix problems and improve the patient experience, you need to involve patients, caregivers, and front line staff in the process. Developed in the United Kingdom as a way to help frontline health teams make improvements that their patients requested, the patient-centric model is also proving to be successful across the pond in London, Ontario.

Patients are increasingly encouraged and empowered to have a voice in both the design and the delivery of their care, which will enable them to become more active participants in their care journey. Likewise, providers are increasingly recognizing that to drive effective system change, an organization-wide understanding and adoption of patient-centred care is vital.

The collaborative approach has been

implemented in London to improve the radiation therapy and chemotherapy experiences as well as to help facilitate a smoother transition for patients after they have finished active treatment. Content and experiences shared through the Experience Based Design projects have helped to develop a library of online learning modules/ DVDs for patients. The videos provide a complete guide to radiation and chemotherapy - from the patient's perspective – and include information and tips on how to prepare for their appointment, what to expect while at the cancer centre, what support services are available, and where to find resources to assist them during and after their cancer journey. The videos will debut soon on the London Regional Cancer Program website. Stay tuned!

CancerCare Ontario (CCO) is working with partners and experts to gain knowledge and begin actively partnering with patients in identifying, designing, planning and improving healthcare services. CCO is committed to the development of evidence-based tools, resources and programs that will drive the adoption of patient-centred care. Offering patient-centred care is a strategic priority that is central to both the Ontario Cancer Plan (OCP III) and the Ontario Renal Plan.