Keeping up with the Joneses

This year, it is estimated that 23,900 Canadians will be diagnosed with colon cancer. As you may know, colon cancer is 90% curable if caught in the early stages.

Statistics gathered in our region indicate that most physicians are not meeting the 53% screening target rate for FOBT that has been established by Cancer Care Ontario. The average rate for the South West LHIN for screening, including FOBT for average risk and endoscopy for high risk, is 58% compared to the provincial average of 63%.

How We Can Help

As Colon Cancer Awareness Month approaches, the South West Regional Cancer Program is dedicating staff and resources to improve screening rates in our region.

What We’re Proposing

We would like to meet with you and your office staff for 30 minutes over lunch, or at a time that is convenient for you, to discuss how we can support you in improving your screening rates.

By gaining an understanding of how you are encouraging and tracking colorectal screening, we will be better able to assist you.

An example of what we may be able to provide is a letter template with stamped envelopes that you can use to mail to your patients that are overdue for screening. We also have patient resources to help encourage completion of the FOBT. You and your staff may have other ideas/strategies that we can help you with.

To book your session, contact Melissa Stott at melissa.stott@lhsc.on.ca or 519-685-8600, ext. 54926.

Together, we can make a difference!

Colonoscopy Experience: A Video Diary

ColonCancerCheck recommends that all Ontarians aged 50 and over be screened for colorectal cancer. For those at average risk for colorectal cancer, a simple at home test — the Fecal Occult Blood Test (FOBT) — once every two years is recommended. For those at increased risk because of a family history of one or more first-degree relatives (parent, sibling or child) with a diagnosis of colorectal cancer, colonoscopy is advised. It is estimated that in Ontario 10-12% of the population may be at increased risk for colorectal cancer.

Although colorectal screening has been shown to save lives (there is a 90% chance it can be cured if detected early), screening rates in Ontario are low. Data in the South West region indicates that over 20% of patients who are referred by their primary care provider for colonoscopy are not following through.

The video is intended to help dispel myths about the colonoscopy procedure and ultimately, increase screening rates in the region.

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The South West Regional Cancer Program has created a video to showcase what happens during the procedure. Filmed in a video blog format, the viewer accompanies the patient, Sandy Preston, as she arrives at the hospital for her colonoscopy through to her departure a couple hours later. The video is intended to help dispel myths about the colonoscopy procedure and ultimately, increase screening rates in the region.

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Psychological oncology is a specialty in cancer care concerned with the understanding and treatment of the social, psychological, emotional, spiritual, and functional aspects of dealing with a suspicion or diagnosis of cancer.

Cancer Care Ontario has implemented various initiatives that support psychosocial oncology across the province and aligns with a key strategy from the Ontario Cancer Plan (OCP) III – to assess symptom management and to be aware of supports available to them.

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Follow us: @sw_cancer

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519-685-8615

FACEBOOK

The South West Regional Cancer Program is partnering with other regional agencies and CancerCare Ontario to promote better symptom management care close to home. In this issue, you will be introduced to some of the initiatives and partnerships that are part of the ongoing effort to improve symptom management in our region.

For more information, please contact Garth Matheson, Vice President Regional Programs and Planning: garth.matheson@lhsc.on.ca or 519-685-8600, ext. 5555.

MESSAGE FROM THE DIRECTOR Brenda Fleming, Director South West Regional Cancer Program

Beyond Symptom Management

Psychosocial Oncology: Beyond Symptom Management

• Enhancing partnership between Psychosocial Oncology and Palliative Care

• Implementing Symptom Management Guides to Practice

•  Implementing the Psychosocial Oncology Standards of Care

• Implementing Symptom Assessment and Collection (ISAAC) forms, but engaging the patient. “The Interactive Symptom Assessment and Collection (ISAC) kits are part of a toolkit, but they are not the whole solution,” says Jim. Working in partnership with providers and specialists across the South West, Jim’s goal is to encourage dialogue between patient and clinician. “Not only do we need to be concerned with symptom distress scores (ESAS), but we need to focus on how we can encourage patients to raise concerns with their care team, and to be aware of supports available to them.”

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PROFILE: Regional Psychosocial Oncology Lead

Earlier this year, the South West Regional Cancer Program announced a new position to build and maintain quality psychosocial oncology services throughout the region. Jim Panchaud has accepted the role of Regional Psychosocial Oncology Lead. In this role, Jim will work to improve the patient experience by promoting timely access to quality psychosocial oncology care and reduce psychosocial morbidity related to unmet physical, emotional, practical and spiritual needs. "I am looking forward to engaging and communicating with regional partners to implement regional and provincial psychosocial oncology initiatives in the South West," says Jim.

Jim has been a social worker for 17 years and completed his Master of Social Work (MSW) degree at the University of Toronto. During this time, he has worked in various clinical settings including Child Protection, Individual, Couple and Family Counseling, and Hospital Social Work including Emergency, ICU, Medicine, and Cancer Care. He is a member of the Ontario Association of Social Workers (OASW), the Canadian Association of Psychosocial Oncology (CAPSO) and has a particular interest in couples facing cancer together. As well, he is participating in research around online clinical interventions and promotes the role of technology in counseling. In addition to his work at the South West Regional Cancer Program, Jim is a social worker at the London Regional Cancer Program supporting the Thoracic, GU, and Head and Neck teams.

Contact Jim Panchaud at: jim.panchaud@lhsc.on.ca

PROFILE: Regional Palliative Care Lead

Dr. Anita Singh has accepted the role of Regional Palliative Care Lead. The role was designed to provide leadership in palliative care within the South West region by implementing a coordinated system of palliative care services, complementing and augmenting existing local resources. As Regional Palliative Care Lead, Singh will provide strategic leadership to improve the overall quality of palliative care for patients across the region.

Dr. Singh has been practicing palliative care for 18 years. Originally from Nova Scotia, Singh completed her medical education at Dalhousie University, followed by a residency in Family Medicine at Western University and a 1-year fellowship in Geriatrics and Palliative Care in Toronto. Singh has over 16 years of experience working in community palliative care. Since moving to London two years ago, her focus has been in the hospital providing palliative consult service at the London Regional Cancer Program and caring for patients admitted to the Parkwood Palliative Care Unit.

"I feel my experience in both the hospital and community sectors allows me to bring a unique perspective to this role," says Singh. "Together with healthcare providers and regional partners, I look forward to improving and strengthening the model for palliative care in the South West region."

Contact Dr. Anita Singh at: anita.singh@lhsc.on.ca
519.685.8500 ext. 53651
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While there may be many contributing factors, four of colonoscopy are one factor preventing patients from undergoing the procedure.

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Growing the momentum of shared care

The direction of cancer care is changing to a whole-person approach that addresses a range of human needs that can improve the quality of life for people affected by cancer. The physical symptoms of cancer are addressed with medical treatment; however, the emotional impact of the disease frequently goes unattended leaving patients, families, and friends alone to cope, often ill-equipped to deal with their illness.

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• Implementing the Psychosocial Oncology Standards of Care
• Implementing Symptom Management Guidelines to Practice

Effectively managing the symptoms associated with cancer is one of the ways providers can help to reduce psychosocial and emotional distress, which research suggests, is a significant problem for up to half of all cancer patients. Jim Panchaud, Psychosocial Oncology Lead at the South West Regional Cancer Program cautions that symptom management is not just about completing forms, but engaging the patient. “The Interactive Symptom Assessment and Collection (ISAC) knicks are part of a toolkit, but they are not the whole solution,” says Jim. Working in partnership with providers and specialists across the South West, Jim’s goal is to encourage dialogue between patient and clinician. “Not only do we need to be concerned with symptom distress scores (ESAS), but we need to focus on how we can encourage patients to raise concerns with their care team, and to be aware of supports available to them.”

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