



## Supplementary Resource Package

### Friday, October 13, 2023

This package includes gynecological cancer resources as well as specific supports pertaining to the care of gynecological cancer patients. We invite you to explore the various sections of the package to learn more:

- Summary of Questions and Answers from Cancer Education Day: Gynecological Cancer
- Erie St. Clair Cancer Clinic Webpages
- Genetic Markers: Ovarian and Uterine Cancer
- Radiation Treatment
- Cervical Cancer Screening in Ontario
- Transition of Care Between Cancer Programs and Primary Care
- Sexual Health and Wellbeing
- Additional Resources

#### Summary of Questions and Answers from Cancer Education Day

Thank you for your questions during Cancer Education Day: Gynecological Cancer and in the evaluation survey following the event. Below is a summary of the answers to your questions.

Question	Answer
<p>Is there a pathway for Gyne patients that Primary Care Providers can use?</p>	<p>Ontario Health-Cancer Care Ontario provides <a href="#">pathway maps</a> organized by cancer type and phase along the cancer continuum (e.g., screening, diagnosis, treatment). They are intended for healthcare providers and administrators. The following pathway maps are available for Gyne patients:</p> <ul style="list-style-type: none"> <li>• <a href="#">Ovarian Cancer Pathway Map</a></li> <li>• <a href="#">Cervical Cancer Pathway Map</a></li> </ul>
<p>Is there a one pager on common symptoms of Gyne cancer? Is there a one pager of common treatment side effects and how they can be managed?</p>	<p>For a list of common symptoms at diagnosis refer to p. 3 of the <a href="#">Ovarian Cancer Diagnosis Pathway Map</a> and <a href="#">Cervical Cancer Diagnosis Pathway Map</a>.</p> <p>For a list of common symptoms indicating recurrence refer to the <a href="#">Ovarian Cancer Treatment and Pathway Maps</a> and p. 3 of the <a href="#">Cervical Cancer Follow-up Care Pathway Map</a>.</p> <p>Cancer Connect provides a summary of <a href="#">managing the thirteen most common side effects of cancer treatment</a>.</p>

<p>Can you provide more information on the shift from offering Pap tests at age 25 instead of age 21?</p>	<p>Currently, Ontario Health – Cancer Care Ontario recommends that anyone with a cervix (women, transmasculine and non-binary people) who is or ever has been sexually active have a Pap test every 3 years starting at age 25. Click <a href="#">here</a> to review detailed information regarding this recommendation.</p>
<p>Can you provide more information on ovarian cancers and surgical treatments? Often patients ask Primary Care Providers questions while waiting for an appointment with the cancer clinic and specialist.</p>	<p>Refer to the <a href="#">Ovarian Cancer Treatment and Pathway Maps</a>. The Canadian Cancer Society also provides a <a href="#">summary of treatments for ovarian cancer</a>.</p>
<p>Some patients with only one sexual partner their whole life do not want to go for a Pap test. How should we proceed?</p>	<p>These patients should be encouraged to get a Pap test, especially if they are over 35 and have never had a Pap test. Cervical cancer is most common in 35 to 49 year olds.</p> <p>Ontario Health – Cancer Care Ontario recommends that anyone with a cervix (women, transmasculine and non-binary people) who is or ever has been sexually active have a Pap test every 3 years starting at age 25. This includes patients with only one sexual partner. Sexual activity includes intercourse (sex), digital (using fingers) or oral (using mouth) sexual activity involving the genital area with a partner of any sex.</p>
<p>Patients will ask "Is there genetic testing" to see if I am high risk for cancer?" My sister had Metastatic Melanoma, and my brother had Colon Cancer. Is there a blood test I should get?</p>	<p>Review p. 2 of the <a href="#">Cancer Genetics Referral Form</a> and/or the <a href="#">Referral Guidance for Hereditary Cancer Genetic Assessment</a> form for referral eligibility based on personal and family cancer history. Both of these resources are provided in the Cancer Education Day Resource Package. If your patient's personal/family history meets the stated criteria, the patient can be referred to the Cancer Genetics Program. If the patient does not meet the stated criteria but one of their relatives may, the patient can be informed that their relative may be the best family member to start with genetic testing in the family and they are encouraged to speak with their family member about it. Genetic testing is best initiated on a family member with cancer – refer them first if possible. If the personal/family history does not appear to meet the eligibility criteria, your patient can be informed that <u>most</u> cancer is not hereditary and it does not appear that any genetic testing for hereditary cancer risk is indicated based on their personal and family history. Please encourage your patients to share if new family cancer history develops as this could change their eligibility.</p>

<p>What about LSIL for first Pap?</p>	<p>If a Pap test result does not follow the EMR template provided below, use the <a href="#">Ontario Cervical Screening Program Guidelines</a> flowchart.</p> <p>Patient presents for follow-up of abnormal cervical cytology results. Questions answered and will continue with the following recommendations based on Ontario Health - Cancer Care Ontario guidelines:</p> <ul style="list-style-type: none"> <li>• ASCUS/LSIL with previous TWO NORMAL results - repeat cytology in 12 months</li> <li>• ASCUS/LSIL with previous ASCUS/LSIL result - colposcopy referral</li> <li>• ASC-H/HSIL/AGC/AIS - URGENT colposcopy referral</li> </ul>
<p>How should I proceed if a patient had a cone or laser years ago and since then had a normal Pap test result, but most recently had a LSIL Pap test result. Should I refer urgently to colposcopy?</p>	<p>Because of the previous history of an HSIL lesion presumably, this patient should be referred for colposcopic evaluation.</p>
<p>If the first Pap test result is ASCUS, should I still schedule a repeat Pap test in 12 months?</p>	<p>Yes. Refer to the <a href="#">Ontario Cervical Screening Program Guidelines</a>.</p>
<p>I often see patients who have not had a Pap in many years and have moved regions/providers. It is difficult to ascertain their previous Pap test history. How do you navigate a patient with ASCUS/LSIL in their first Pap test with you? Would you refer to colposcopy only if other symptoms of concern are present (dyspareunia, vaginal bleeding, etc)?</p>	<p>Because of the slow progression of cervical dysplastic changes, it would be reasonable to simply repeat the Pap test as per guidelines in 6 months and/or proceed with HPV testing and follow the current relevant <a href="#">pathway</a>. I would assume that a patient would be notified of a previous abnormality and if they said that they didn't have one and this was their first abnormal Pap test I would treat it as such.</p>
<p>Please comment on how to proceed with inflammatory changes only on Pap test and no symptoms.</p>	<p>Multiple items can cause inflammatory changes such as recent intercourse, infection, cycle fluctuations, and recent product use. Further inquire on history.</p>
<p>Please comment on how to proceed if the Pap test result is satisfactory but transformation zone is absent.</p>	<p>From Ontario Health: Absence of transformation zone (T-zone) components alone does not require earlier re-screening. Patients whose cervical cytology is satisfactory for evaluation and negative for intraepithelial lesion or malignancy (NILM) but T-zone components are lacking, should be re-tested at their regular screening interval as per the recommendations for follow-up of abnormal cytology Patients with abnormal cervical cytology should follow the screening recommendations regardless of the presence or absence of T-zone components.</p>
<p>Can you speak to cervical polyps? Should they always be removed and tested?</p>	<p>Cervical polyps have a very low chance of being dysplastic or malignant. However, they are easy to remove and often symptomatic with regards to coital</p>

	bleeding. Consequently, they are reasonable to consider for simple excision.
People who are infected with HPV, should still get the vaccination series?	The vast majority of individuals have been exposed to HPV with clearance. I would still recommend vaccination based on individual conversation with patients based on further risk factors for exposure as there are multiple subtypes.
If you never received the HPV vaccine and were diagnosed with cervical cancer, would receiving the vaccine after cancer treatment be possible? If so, would this have the potential to reduce the risk of metastasis?	While there is no data evaluating the impact on recurrence or metastasis following a diagnosis of cancer, there are numerous studies demonstrating a decrease in CIN recurrence and additionally the vaccines can prevent development of dysplasia from other strains that have not manifested or are as yet not acquired.
Is there a recommendation to immunize with Gardasil 9 in those who have received the previous series/older vaccine?	Yes, a single booster dose is recommended.
What about screening for HPV/Pap in those with previous invasive cancer treated with chemo and radiation, do they need ongoing surveillance and if so how often and what?	My thoughts would be that the cellular changes from HPV would have already led to changes that would no longer be dependent on the initial HPV subtype for mets. In those individuals with previous invasive cancer, I would lean on the Cancer Clinic for recommendations for surveillance as it may be unique and specific.
<p>Patients are already not happy that we are doing Pap tests every 3 years. It will be hard to convince them when HPV tests are every 5 years. If they want an HPV test earlier will they pay out of pocket?</p>	<p>I would explain that increased frequency of screening can lead to false positives that could lead to unnecessary further investigations that could lead to harm and do not improve their outcome. There is a fantastic chart (refer to p. 15 of Dr. Victory presentation) that compares HPV to cytology to both that shows patients can be safely screened every 5 years.</p> <p><b>Future HPV-Based Screening Recommendations</b></p> <p>WINDSOR REGIONAL HOSPITAL OUTSTANDING CARE - NO EXCEPTIONS!</p>

## Erie St. Clair Cancer Clinic Webpages

- The cancer clinics below provide exceptional cancer care to residents of Sarnia-Lambton, Chatham-Kent and Windsor-Essex:
  - [Bluewater Health Cancer Clinic](#)
  - [Chatham-Kent Health Alliance Cancer Clinic](#)
  - [Erie Shores HealthCare – Satellite Site](#)
  - [Windsor Regional Cancer Centre](#)
    - To refer a patient to the [Windsor Regional Cancer Centre](#), complete the [New Patient Referral Form](#) and fax to 519-253-5364.
    - [My Cancer Journey](#) has been developed by patients, family members, and our care team to guide your patients through the cancer experience. It includes directions to the Windsor Regional Cancer Centre, important phone numbers, what to bring, and community resources in addition to other helpful information.

## Genetic Markers: Ovarian and Uterine Cancer

- The [Cancer Genetics Program](#) provides genetic counselling and testing for individuals at risk for inherited forms of cancer.
  - [Referral Guidance for Hereditary Cancer Genetic Assessment](#) from Ontario Health's Provincial Genetics Program is intended for use by health care clinicians to help identify patients that may benefit from referral to a genetics clinic for a hereditary cancer genetic assessment. Referrals may be made both for individuals with cancer and those without cancer. However, genetic assessment and genetic testing are most informative when performed on a family member with cancer. Individuals with a personal history of cancer should be referred first, where possible. A genetics clinic will determine if a genetic assessment is indicated and if genetic testing can be offered.
  - To refer someone to the program, a Physician or Nurse Practitioner must complete the [Cancer Genetics Referral Form](#) and fax to 519-255-8688.
- Individuals with a personal or family history of epithelial ovarian cancer may also be eligible for an assessment for the High Risk Ontario Breast Screening Program (OBSP). To refer someone for an assessment, a Physician or Nurse Practitioner can complete the [High Risk OBSP Requisition Form](#) and fax to 519-255-8688.

## Radiation Treatment

- To learn more view Ontario Health – Cancer Care Ontario's [Radiation Treatment Program](#).
- The [Canadian Cancer Society](#) provides information on the following:
  - [Radiation Therapy: A guide for people with cancer](#)
  - [Radiation therapy for cervical cancer](#)
  - [Radiation therapy for ovarian cancer](#)
  - [Radiation therapy for vulvar cancer](#)
  - [Radiation therapy for vaginal cancer](#)
  - [Radiation therapy for uterine cancer](#)

- [Treatments for endometrial carcinoma](#)
- To learn more about clinical trials (research studies that help to find new ways to diagnose, treat, manage or prevent a disease), visit [It Starts With Me](#) or connect with a Clinical Trials Navigator at [clinicaltrialsnavigator@wrh.on.ca](mailto:clinicaltrialsnavigator@wrh.on.ca).

## Cervical Cancer Screening in Ontario

### Ontario Cervical Screening Program (OCS) Guidelines

- Click [HERE](#) to view the current Ontario Cervical Screening Recommendations from Ontario Health – Cancer Care Ontario.
- Ontario Health – Cancer Care Ontario also has information on:
  - [Cervical Screening FAQs for Healthcare Providers](#)
    - [Cervical Screening at Age 25](#)
  - [Recommendations for Follow-Up of Abnormal Cytology](#)

### Colposcopy Referrals

- High-grade Pap test results (i.e., ASC-H, HSIL, AGC, AIS) *must* be referred to Colposcopy. [Click here](#) for a list of providers currently providing colposcopy services in Erie St. Clair. Click here for a copy of the [Erie St. Clair Colposcopy Referral Form](#).

### Pap Test Training and Best Practices

- The [Erie St. Clair Pap Test Refresher: Part 1](#) and [Part 2](#) recordings are available to anyone interested in reviewing Pap test best practices, tips to visualize a difficult cervix, follow-up guidelines, billing and the chaperone process.
- A [Step-by-Step Pap Test Technique Video](#) with Dr. Rahi Victory, Erie St. Clair Cervical/Colposcopy Clinical Lead, is available.
- The [Cervical Screening Toolkit](#) from the Hamilton Niagara Haldimand Brant Regional Cancer Program includes tips on planning and hosting a successful Pap Clinic.
- Information on providing trauma-informed Pap tests:
  - The [National Library of Medicine](#) provides an article entitled [The Trauma Informed Genital and Gynecologic Exam](#).
  - The [Center for Health Care Strategies](#) provides the following resources:
    - [Understanding the Effects of Trauma on Health](#)
    - [Key Ingredients for Successful Trauma-Informed Care](#)
    - [Key Ingredients for Making Trauma-Informed Care a Standard of Care](#)
  - The [National Sexual Violence Resource Centre](#) provides a comprehensive overview of [Competencies Needed by Health Professionals for Addressing Exposure to Violence and Abuse in Patient Care](#)

- The Erie St. Clair Regional Cancer Program will provide updates on important implementation timelines as soon as we receive them from Ontario Health – Cancer Care Ontario. Ontario Health – Cancer Care Ontario has not shared an HPV Implementation date (i.e., date that HPV tests will replace Pap tests).
  - Reach out to [samantha.metler@wrh.on.ca](mailto:samantha.metler@wrh.on.ca) anytime to get answers to your questions and ensure you are on the contact list to receive timely HPV test implementation updates.

### Pap Test Support

- The [Rapid Assessment and Management Program \(RAAMP\)](#) is an outpatient program with four main branches designed to address cancer-associated needs within Windsor-Essex. RAAMP offers a [Self-Referral Form](#) for individuals to request cancer screening, including a Pap test.
- The [Windsor-Essex Ontario Health Team](#) provides [Mobile Medical Support](#), including cancer screening education and services. Click [here](#) to view upcoming locations for the mobile clinic.

### General Cancer Screening Resources

- For patient-facing resources (e.g., waiting room screen savers, postcards, newsletter content) that promote cervical, breast and colon cancer screening in multiple languages (Arabic, Chinese, English, Farsi, French, Hindi, Italian, Punjabi, Spanish, Tagalog, Tamil, and Urdu) visit the [Cancer Screening Regional Resources Hub](#).
- Learn more about your practice by signing up to receive a confidential [MyPractice: Primary Care Report](#) that includes personalized data (beyond cancer screening), along with suggestions to support you in improving care for your patients.
  - The report includes cancer screening information specific to your practice and quality improvement ideas for cancer screening.
- Consider implementing an online booking system to streamline cancer screening and other appointment requests. As an example, visit <https://www.lakeshorefamily.ca/>.
- Consider utilizing the patient questionnaires available in [OceanMD](#) to automate cancer screening reminders.

### Transition of Care Between Cancer Programs and Primary Care

- [Your Way Forward](#) is a discharge booklet created by patients, for patients recently discharged from the Windsor Regional Cancer Program.
- Ontario Health-Cancer Care Ontario provides the following cancer pathway maps:
  - The [Ovarian Cancer Pathway Map](#) provides an overview of best practices for the management of patients in Ontario during specific phases of the ovarian cancer continuum.

- The [Cervical Cancer Pathway Map](#) provides an overview of best practices for the management of patients in Ontario during specific phases of the cervical cancer continuum.
- The [College of Physicians and Surgeons of Ontario \(CPSO\)](#) provides a [Transitions in Care](#) policy.
- The [Canadian Partnership Against Cancer](#) provides information to support [seamless transitions between cancer programs and primary care](#).
- The [RENEW: Cancer Wellness Program](#) consists of 5 education sessions at no cost to cancer patients post-discharge. These sessions give patients tools and information to transition from cancer treatment to everyday life.
  - Contact Shannon White, [Shannon.White@wrh.on.ca](mailto:Shannon.White@wrh.on.ca), for more information regarding upcoming sessions.

## Sexual Health and Wellbeing

- To learn more from Dr. Anne Katz, including access to the [Sexually Speaking podcast](#), visit: <https://www.drannekatz.com/>.
- [Sex Intimacy and Cancer Booklet](#) from the Canadian Cancer Society.
  - Call 1-800-939-3333 for a hard copy of the booklet.
- [Everything Nobody Tells You About Cancer Treatment and Your Sex Life: From A to Z Booklet](#)
- The [Royal Victoria Regional Health Centre](#) provides information on:
  - [Vaginal Dryness and Discomfort: Information for Patients](#)
  - [Vaginal Dilators: Information for Patients](#)
- Pelvic floor physiotherapy is available at:
  - [CBI Health – Sarnia Exmouth](#)
    - 867 Exmouth Street, Sarnia, ON N7T 5R3
    - 519-336-0511
  - [Willow Health Centre](#)
    - 423 Richmond Street, Chatham, ON N7M 1R1
    - 519-365-0122
  - [Peach Physiotherapy](#)
    - 421 St. Clair Unit #1, Chatham, ON, N7L 3K4
    - 519-358-7342
  - [Berton Physiotherapy and Chiropractic](#)
    - Contact: Lana Berton
    - 555 Tecumseh Road East, Windsor, ON N8X 2S1
    - 519-966-8200
  - [Lifemark Physiotherapy](#)
    - Contact: Sheetal Jadhav



- 2570 Dougall Avenue, Windsor , ON N8X 1T6
  - 519-966-6900
- [Bluewater Pelvic Health Centre](#)
  - 704 Mara Street Suite 113, Point Edward, ON N7V 1X4
  - 519-491-5233
- Therapists providing sex therapy in the Erie St. Clair region:
  - [Dr. Virginia South and Associates](#)
    - 140 Front St South, Sarnia, ON, N7T 7M8
    - 519-491-6286
  - [Rebecca Ann Miller, MSW, RSW](#)
    - 405 Riverview Drive, Suite 105, Chatham, ON N7M
    - 226-778-2393
  - [Gisele Harrison, MSW, RSW, RYT](#)
    - 1983 Ambassador Drive, Windsor ON N9C 3R5
    - 519-816-2701
  - [Wendy Limarzi, MSW, RSW](#)
    - 700 Tecumseh Rd. East Suite #303, Windsor, ON N8X 4T2
    - 519-253-1519

## Additional Resources

- [Ontario Health Teams \(OHTs\)](#) were introduced to provide a new way of organizing and delivering care that is more connected to patients in their local communities. Below are the three OHTs in the Erie St. Clair region:
  - [Windsor-Essex Ontario Health Team \(WE-OHT\)](#)
    - To subscribe to the monthly WE-OHT newsletter, click [here](#).
  - [Chatham-Kent Ontario Health Team \(CK-OHT\)](#)
    - To view CK-OHT newsletters, click [here](#).
  - [Sarnia-Lambton Ontario Health Team \(SL-OHT\)](#)
    - To view the latest news from the SL-OHT, click [here](#).
- TEDTalks:
  - [Fit Women and Ovarian Cancer](#) with Meg Wilkinson
  - [What is HPV and How Can you Protect Yourself From It](#) with Emma Bryce
  - [What HPV Does to a Life](#) with Teresa Norris
- Patient Support Groups:
  - [The Society of Gynecologic Oncology of Canada](#)
  - [Cancer Survivors Network](#)
  - [Ovarian Cancer Canada](#)
  - [World Ovarian Cancer Coalition](#)
  - [Wellspring Gyne Gals: Peer-to-Peer Group](#)
  - [National LGBT Cancer Network](#)
  - [Young Adult Cancer Canada \(YACC\)](#) supports young adults living with, through and beyond cancer. To learn more about the programs they offer visit: <https://youngadultcancer.ca/programs/>