OBSP has updated its breast density reporting and notification practices.

Mammogram reports now include 2 measures of breast density:

1) Percentage (<75 or ≥75%) mammographic density
2) American College of Radiology (ACR) BI-RADS category:
   - Category A: Almost entirely fatty,
   - Category B: Scattered areas of fibroglandular density,
   - Category C: Heterogeneously dense
   - Category D: Extremely dense.

Patient results letters will inform patients that they can access their BI-RADS category information by contacting their Primary Care Provider.

What are the risks if breasts are reported as dense?

- Dense breast tissue increases risk of developing breast cancer by 4.7x
- Dense breast tissue limits cancer detection with mammography
- Woman with dense breasts are at increased risk of developing interval cancers

What should I do if my patient has dense breasts?

- Participants with normal screening results and high breast density (≥75%) or ACR BI-RADS category D are recalled for their next screening mammogram in one year instead of two years.
- Supplemental screening (i.e. ultrasound, MRI) is not routinely recommended and should be a shared decision-making process based on patient preferences. Consider using the IBIS calculator https://ibis.ikonopedia.com/ to calculate your patient’s lifetime risk. Consider supplemental ultrasound for Intermediate Risk (>15%), and referral to see if eligible for high risk program if risk >20%
- More information can be found at: https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/breast-density-provider-information
Suspected Or Confirmed Cancer- Where And How To Refer Patients?

Newly diagnosed or suspected cancers can be referred to 3 different programs:

1. **The Ages Cancer Assessment Clinic (CAC)**
   - For patients with suspected lung, esophageal, colorectal, hepato-pancreato-biliary or prostate cancers.
   - Coordinates assessments, diagnostics and streamlines referrals to most appropriate oncologist (surgical/medical/radiation), while providing psychological support.
   - No pathology required but must have significant suspicion of malignancy based on imaging or procedures.
   - May also be appropriate for cancers already confirmed endoscopically which need further workup

2. **The Rose Ages Breast Health Centre**
   - For patients with breast abnormalities such as masses, nipple discharge or peau d’orange
   - Expertise in breast imaging, diagnosis, risk assessment, surgical planning and psychosocial support
   - Order appropriate imaging prior to referral:
     - Patients ≥ 35 yrs: mammography and ultrasound
     - Patients <35 yrs: ultrasound

3. **The Ottawa Hospital Cancer Centre (TOHCC)**
   - Confirmed, biopsy proven cancer cases should be referred to TOHCC for medical, surgical, radiation or hematologic oncology consults.
   - Include all relevant imaging, procedure reports, bloodwork and pathology.

The referral guide and referral form can be accessed through the link provided below. The same referral form is used to access these 3 programs. Choose “suspicion” or “diagnosed” cancer and fax to number specific to the type of cancer. Referrals are triaged internally and directed to most appropriate program.

- **CAC Referral Form**
- **Diagnostic imaging requisition** Please fax to: 613-761-4405

**Physician-Linked Correspondence**

Cancer screening letters are a key way to encourage people to get screened. Cancer Care Ontario offers physician-linked correspondence, which includes the name of the person’s physician on personalized letters. The letters, generated by the organized cancer screening program, invite and remind enrolled patients to get screened. Benefits include supports better patient care, maximizes the chances of early detection, save the cost and time your practice spends calling or sending letters to patients.

To register: [Physician-Linked Correspondence](#)

**The Champlain Regional Cancer Program Presents:**

**CANCER UPDATE 2021**

**Virtual Conference**

**Friday, December 3, 2021 - 08:00-16:00**

**Topics Include**
- Cancer Screening Update
- Immunotherapy
- Medical Imaging
- Radiation Oncology
- Medical Assistance in Dying
- Genetics
- Psychosocial Oncology Program
- Urology Update

Register online Now!
[www.cancerprimarycare.eventbrite.ca](http://www.cancerprimarycare.eventbrite.ca)
Cost $25.00
Catch-Up Schedule For School-Age Human Papillomavirus (HPV) And Hepatitis B Vaccinations

What should you do for children who may have missed school-based vaccinations including Hepatitis B and Human Papillomavirus (HPV)?

**HPV**

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Routine Recommendation</th>
<th>Catch up recommendation</th>
</tr>
</thead>
</table>
| Healthy grade 7-12 students <15 years old | **2 dose series**  
*Recommended intervals:*  
• 2nd dose 6 months following 1st dose  
• minimum interval of 24 wks between 1st and 2nd dose | If 2nd dose >6 months since first dose:  
• Do not restart  
• Provide missed does regardless of interval  
• If individual is high risk, consult Table 11 of the Publicly Funded Immunization Schedules for Ontario (gov.on.ca). |

**HPV**

<table>
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| Healthy grade 7-12 students who are ≥15 years old  
Females who graduated high school in 2020 or 2021 (DOB 2002 and 2003) | **3 dose series**  
*Recommended intervals:*  
• 2nd dose, 2 months following first  
(minimum 4 weeks following first)  
• 3rd dose 4 months following second  
(minimum 12 wks following 2nd dose and minimum 24 wks between 1st and 3rd dose) | If 2nd dose >2 months since first dose:  
• Do not restart  
• Provide missed does regardless of interval  
• If more than one dose lacking, continue with recommended intervals  
• If individual is high risk, consult Table 11 of the Publicly Funded Immunization Schedules for Ontario (gov.on.ca). |

Female students born in 2002 or 2003 who did not complete their vaccination series prior to high school graduation remain eligible for missed doses until August 31, 2022.

**Hepatitis B**

<table>
<thead>
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<th>Catch up recommendation</th>
</tr>
</thead>
</table>
| Grade 7-8 students (must be 11-15 years of age)  
Grade 9 students in the 2020-2021 and 2021-2022 school years. (DOB 2006 and 2007 must be 11-15 years of age) | **2 dose (1.0 ml) series**  
*Recommended intervals:*  
• 1st dose Engerix®-B: 2nd dose 6 months following 1st (either Recombivax® HB or Engerix®-B)  
• 1st dose Recombivax® HB: 2nd dose 4 months after 1st dose (either Recombivax® HB or Engerix®-B) | If >recommended interval for 2nd dose  
• Do not restart the series  
• Provide missed does regardless of interval, unless the individual is high risk  
• If individual is high risk, consult Table 7 of the Publicly Funded Immunization Schedules for Ontario (gov.on.ca) |

Students born in 2006 or 2007 remain eligible for missed doses until August 31, 2022.

**How your eligible patients can be vaccinated for HPV or Hepatitis B:**

1. Ottawa Public Health school-based vaccine clinics starting in September for Grade 7 and 8 students
2. Ottawa Public Health Community Clinics starting in September. Details to follow in the coming weeks on ottawapublichealth.ca/immunization
3. Order HPV and Hep B vaccine for your practice through Ottawa Public Health’s request form for School-based Vaccines.

No routine vaccines can be administered within 14 days before a COVID vaccine and within 28 days following a COVID vaccine.

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2 National Advisory Committee on Immunization (NACI): Statements and publications - Canada.ca (retrieved August 10 2021)