

PRIMARY CARE MONTHLY

The Brantford Brant Norfolk Primary Care Council Newsletter

IN THIS ISSUE

[CANCER SCREENING](#)

[CANCER SCREENING COACH SCHEDULE](#)

[BREAST CANCER SCREENING EXPANSION Q&A](#)

[BREAST CANCER SCREENING EXPANSION CONVERSATION GUIDE](#)

[BRANT COMMUNITY HEALTH UNIT UPDATE](#)

[ONLINE APPOINTMENT BOOKING \(OAB\)](#)

[CITY OPERATED PRIMARY CARE CLINIC](#)

[IPTC FUNDING](#)

[BBNOHT ANNUAL REPORT](#)

[MCMASTER DFM RESIDENCY EXPANSION](#)

[PARTNER ORGANIZATION ONE-PAGERS UPDATE](#)

[PCN READINESS](#)

[PCC MEMBERSHIP COMMITTEE OPENINGS](#)

[FALL AND WINTER PREPAREDNESS COP](#)

[SCOPE \(SEAMLESS CARE OPTIMIZING PATIENT EXPERIENCE\) EXPANSION TO BBN](#)

[PARTNER ORGANIZATION ONE-PAGERS](#)

[HOUSING SERVICES FACILITIES](#)



CANCER SCREENING

Mobile Cancer Screening Coach in Brantford on September

- The Mobile Cancer Screening Coach is coming to Brantford on September 26th at a new location, Wayne Gretzky Sports Centre (254 N Park St.)
 - The coach will be held from 9:00 AM to 3:00 PM.
 - They provide at-home colon tests (ages 50 to 74), mammograms (ages 50 to 74), Pap smears (ages 25 to 69) and smoking cessation & NRT (ages 18+), for anyone who may experience barriers to cancer screening.
 - When people visit the Mobile Coach, they will experience a private and comfortable setting, where they can ask questions and take their time.
 - For more information about the Mobile Cancer Screening Coach please visit:
<http://www.hnhbscreenforlife.ca/screenforlifecoach/>.
 - Poster and schedule on following page.

Breast Cancer Screening Expansion

- Ontario Health (Cancer Care Ontario) is pleased to announce that on October 8, 2024, the Ontario Breast Screening Program (OBSP) will be expanding to offer breast cancer screening to people ages 40 to 49. As part of expansion, people ages 40 to 49 will be able to self-refer to the program.
 - ONTARIO HEALTH letter announcing expansion will be included

Visit the Mobile Cancer Screening Coach



Pap Tests
Ages 25-69,
every 3 years



Mammograms
Ages 50-74,
every 2 years



**At-Home test for
colon screening**
Ages 50-74, every 2 years



**Help to quit
smoking**
Ages 18+

September 2024

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 CLOSED	3 Value Village Battlefield Plaza (840 Queenston Rd) 8:00-4:00	4 Bridges Community Health Centre – Port Colborne Site (380 Elm St.) 9:00-3:00	5 Bridges Community Health Centre – Fort Erie Site (1485 Garrison Rd) 9:00-3:00	6 Centre on Barton (1275 Barton St. E) 8:00-4:00	7
8	9 Fresh Co. Plaza St. Catharines (318 Ontario St.) 9:00-3:00	10 Six Nations– Iroquois Plaza (1721 Chiefswood Rd) 9:00-3:00	11 Eva Rothwell Centre (460 Wentworth St. N) 8:00-12:00	12 Niagara Falls Community Health Centre (4790 Victoria Ave) 9:00-3:00	13 Bridges Community Health Centre – Fort Erie Site (1485 Garrison Rd) 9:00-3:00	14
15	16 Compass Community Health (438 Hughson St. N) 8:00-4:00	17 Valley Park Community Centre (970 Paramount Dr.) 8:00-4:00	18 Bridges Community Health Centre – Port Colborne Site (380 Elm St.) 9:00-3:00	19 Riverdale Fall Fest (150 Violet Dr.) 10:00-6:00	20 Bridges Community Health Centre – Fort Erie Site (1485 Garrison Rd) 9:00-3:00	21
22	23 Quest (145 Queenston St.) 9:00-3:00	24 Centre de Sante Communautaire (810 E Main St. Welland) 9:00-3:00	25 New Credit Variety & Gas Bar Plaza (78 First Line Hagersville) 9:00-3:00	26 Wayne Gretzky Sports Centre – Brantford (254 N Park St.) 9:00-3:00	27 Six Nations– Iroquois Plaza (1721 Chiefswood Rd) 9:00-3:00	28
29	30 Niagara Region Wellness Event – Fleming Centre (5020 Serena Dr. Beamsville) 9:00-3:00					

*** Our last appointment is 30 minutes before the Coach closes**

Legend: Teal : Hamilton location; Pink : Niagara location; Green : Territory location; Purple: Special Event

**Hamilton Niagara Haldimand
Brant Regional Cancer Program**
Ontario Health (Cancer Care Ontario)



www.hnhbscreenforlife.ca/schedule
905-975-4467 or 1-855-338-3131

**Locations and times subject to change*

Expansion of the Ontario Breast Screening Program (OBSP) to People Ages 40 to 49: Frequently Asked Questions for Primary Care Providers

1. Why is the average risk Ontario Breast Screening Program expanding to include people ages 40 to 49?

The Ontario Breast Screening Program (OBSP) is expanding to include eligible women, Two-Spirit people, trans people and nonbinary people ages 40 to 49 so they can have better access to breast cancer screening and experience the benefits of organized screening such as screening test result notification.

2. What are the recommendations for screening people ages 40 to 49 (eligibility, screening test, screening interval)?

The screening recommendations for people ages 40 to 49 are the same as for people ages 50 to 74.

Breast cancer screening through the Ontario Breast Screening Program will be offered to women, Two-Spirit people, trans people and nonbinary people ages 40 to 74 who:

- have no new breast cancer symptoms
- have no personal history of breast cancer
- have not had a mastectomy
- have not had a screening mammogram within the last 11 months
- If transfeminine, have used feminizing hormones for at least 5 years in a row

Most people ages 40 to 49 who decide to get screened and are at average risk of developing breast cancer should have a mammogram every two years. People ages 40 to 49 who are at increased risk of developing breast cancer due to their personal or family history or their mammogram results will be recalled in one year.

3. What is the Ontario Breast Screening Program's breast cancer screening recommendation for people ages 40 to 49?

People ages 40 to 49 should make an informed decision about whether breast cancer screening is right for them. Generally, people ages 40 to 49 have a lower chance of getting breast cancer than people ages 50 to 74, so the balance of potential benefits to potential harms of breast cancer screening may be different for people ages 40 to 49 than for people ages 50 to 74.

The Ontario Breast Screening Program is encouraging people ages 40 to 49 to have a conversation about breast cancer screening, the potential benefits and potential harms of breast cancer screening, their personal risk for breast cancer and what matters most to them in taking care of their health.

People can talk to their primary care provider or a Health811 navigator by dialing 811. Prevention specialists, located in certain communities, can also help people ages 40 to 49 make an informed decision about whether breast cancer screening is right for them. Prevention specialists are mainly located in communities with underserved and equity-deserving populations.

To help people ages 40 to 49 understand their personal risk for breast cancer and steps they can take to lower their risk, people can visit mycanceriq.ca/Cancers/Breast and complete the online questionnaire.

4. Why are people ages 40 to 49 encouraged to have a conversation about breast cancer screening before getting screened?

The chances of getting breast cancer and the balance of potential benefits and potential harms of breast cancer screening may be different for people ages 40 to 49 than for people ages 50 to 74. Talking to a primary care provider, Health811 navigator or prevention specialist about their personal risk for breast cancer, the potential benefits and potential harms of breast cancer screening and what matters most to them in taking care of their health can help people ages 40 to 49 make an informed decision about whether breast cancer screening is right for them.

5. What are the potential benefits and potential harms of screening for people ages 40 to 49?

Regardless of someone's age, regular breast cancer screening can have potential benefits and potential harms.

Potential benefits of regular breast cancer screening:

- Screening can find breast cancer early, which may mean that:
 - Treatment has a better chance of working.
 - Treatment can be less intensive or invasive.
 - The chance of dying from breast cancer is lower.

Potential harms of regular breast cancer screening:

- A screening test result can sometimes be abnormal when someone does not actually have cancer (a false-positive). This may result in additional testing.
- Screening can find a cancer that would have never caused harm if left untreated (overdiagnosis). This could result in a surgery or treatment that was not needed.

However, the chances of getting breast cancer generally increase with age and the balance of potential benefits to potential harms of regular breast cancer screening may be different for people ages 40 to 49 than for people ages 50 to 74. For example:

- 1 to 2 more breast cancer deaths can be prevented from starting screening at age 40 than at age 50 (per 1000 people over a lifetime of screening).
- People who start screening at age 40 have 519 more false-positives and 62 more unneeded biopsies over their lifetimes than people who start screening at age 50.
- 2 more breast cancer cases are overdiagnosed in people who start screening at age 40 than at age 50.

This data can also be found in the [“Helping people ages 40 to 49 decide whether to screen for breast cancer” breast cancer screening conversation guide.](#)

Data source: Trentham-Dietz A, Chapman CH, Jayasekera J, et al. Collaborative Modeling to Compare Different Breast Cancer

6. Do people ages 40 to 49 need a referral from a primary care provider to be screened through the Ontario Breast Screening Program?

People ages 40 to 49 who qualify for the Ontario Breast Screening Program (OBSP) and decide to get screened do not need a referral from a primary care provider. Similar to people ages 50 to 74, people ages 40 to 49 can self-refer by making an appointment directly at an OBSP site. Self-referral ensures that people without a primary care provider who choose to screen will have access to breast cancer screening and support for diagnostic follow-up, if needed.

7. How will mammogram appointment wait times be managed when people ages 40 to 49 become eligible for breast cancer screening?

The Ontario Wait Time Reporting website will report appointment wait times for mammograms at Ontario Breast Screening Program (OBSP) locations. This will provide people with the option to search for OBSP locations and make an appointment at a location with a shorter wait time if they choose.

8. Can people who are pregnant or lactating be screened through the Ontario Breast Screening Program?

Yes, people who are pregnant or lactating can get screened through the Ontario Breast Screening Program (OBSP). Getting screened with a mammogram during pregnancy or while lactating is safe and effective. Primary care providers should discuss breast cancer screening options with people who are pregnant or lactating and the signs and symptoms of pregnancy-associated breast cancer.

People who choose **not** to screen while they are pregnant can begin screening three months after giving birth, even if they are lactating. People who choose **not** to screen until they have finished lactating can resume screening based on their appropriate screening interval (e.g., 1 or 2 years).

(Note: This guidance applies to Average Risk OBSP participants only.)

9. How do people ages 40 to 49 become part of the Ontario Breast Screening Program?

To become part of the Ontario Breast Screening Program (OBSP), people ages 40 to 49 can book an appointment for screening at an OBSP location. If someone age 40 to 49 has been screened before October 8, 2024, they will need to book an appointment at an OBSP location when they are due for their next mammogram to become part of the program. They will not automatically be enrolled.

10. Will people ages 40 to 49 get correspondence letters (invitations, results and breast density information, and recall letters)?

Starting October 8, 2024, eligible people ages 40 to 49 who decide to screen for breast cancer will receive normal results letters with breast density information and recall interval in the mail from Ontario Health (Cancer Care Ontario). In future, the Ontario Breast Screening Program (OBSP) will also send people ages 40 to 49 recall letters to tell people when they should be screened again. These letters will be launched as a part

of future program enhancements and timing is not yet confirmed. Post-launch, the OBSP will also assess sending letters to notify people ages 40 to 49 that they are eligible for breast cancer screening.

11. How will people ages 40 to 49 who decide to get screened through the Ontario Breast Screening Program get their screening results?

People ages 40 to 49 who decide to get screened for breast cancer at an Ontario Breast Screening Program (OBSP) location will receive a normal result letter with their breast density information and recall interval in the mail from Ontario Health (Cancer Care Ontario).

If someone age 40 to 49 has an abnormal screening result, the OBSP location where they were screened will tell their primary care provider and may help coordinate a timely follow-up appointment. If someone age 40 to 49 has an abnormal result, but does not have a primary care provider, they will be connected with a doctor or nurse practitioner who can send them for more testing.

12. What happens if someone age 40 to 49 decides not to screen?

Eligible people ages 40 to 49 should make an informed decision about whether breast cancer screening is right for them. If someone chooses not to get screened, they can change their mind at any time.

Note, eligible people who do not start screening for breast cancer in their 40s will receive a breast cancer screening invitation letter from Ontario Health (Cancer Care Ontario) when they turn 50.

13. What is the role of primary care providers in supporting breast cancer screening conversations with people ages 40 to 49?

Primary care providers can help people ages 40 to 49 make an informed decision about whether breast cancer screening is right for them by discussing their personal risk for breast cancer, the potential benefits and potential harms of breast cancer screening and what matters most to them in taking care of their health. Having conversations about breast cancer screening is important because generally, people ages 40 to 49 have a lower chance of getting breast cancer, so the balance of potential benefits to potential harms of breast cancer screening may be different than for people ages 50 to 74.

Primary care providers should be prepared to engage in discussions with people ages 40 to 49 who are interested in making an informed decision about whether breast cancer screening is right for them. The resource “Helping people ages 40 to 49 decide whether breast cancer screening is right for them” has been developed to support primary care providers in discussing breast cancer screening with people ages 40 to 49.

14. How can prevention specialists support breast cancer screening conversations with people ages 40 to 49?

Prevention specialists work in team-based primary care settings to help people develop a personalized Preventive Care Plan. They are mainly located in communities with underserved and equity-deserving populations.

Prevention specialists can have conversations with people ages 40 to 49 about breast cancer risk and what matters most to them in taking care of their health to help make an informed decision about whether breast cancer screening is right for them. Prevention specialists can also help people who choose to get screened for breast cancer find an Ontario Breast Screening Program site and support booking an appointment.

15. How can people ages 40 to 49 assess their personal risk for breast cancer?

Breast cancer is the most commonly diagnosed cancer in Ontario, but most breast cancers are found in people ages 50 and over. Each person's chance of getting breast cancer differs based on their individual risk factors. People can use My CancerIQ (mycanceriq.ca/Cancers/Breast) to understand how their risk of breast cancer compares to others in their age group and get personalized information on how they can decrease their risk of breast cancer. Understanding their own risk may help people decide about whether breast cancer screening is right for them.

Primary care providers can encourage people ages 40 to 49 to complete the My CancerIQ questionnaire. Understanding their own risk may help people decide about whether breast cancer screening is right for them. Primary care providers may also discuss the results of the questionnaire if they are talking with people about breast cancer screening.

For more information, visit mycanceriq.ca/Cancers/Breast. My CancerIQ is available in English and French.

16. What resources are available for people ages 40 to 49 who are deciding whether to get screened?

A new Ontario Breast Screening Program (OBSP) web page will be available for the public with links to resources and information about screening for people ages 40 to 49.

The web page will include:

- Breast cancer screening information specifically for people ages 40 to 49
 - Link to My CancerIQ, a free online tool to help people understand their personal risk of getting breast cancer and what they can do to lower their risk
 - General information about the OBSP
- Information on how to book an appointment for screening and how to view appointment wait times for screening mammograms

For more information on the Ontario Breast Screening Program and breast cancer screening, people ages 40 to 49 can:

- Visit the Ontario Breast Screening Program website: cancercareontario.ca/obsp
- Call the Ontario Health Contact Centre at 1-866-662-9233

17. What resources are available to help primary care providers talk about breast cancer screening with people ages 40 to 49?

At launch, the [Breast Screening Recommendations Summary](#) web page for primary care providers will be updated to reflect screening recommendations for people ages 40 to 49.

A resource for primary care providers "Helping people ages 40 to 49 decide whether to screen for breast cancer" has been developed and will be available on the [Screening Resources for Healthcare Providers web](#)

[page](#). This tool provides information about breast cancer screening for people 40 to 49 to support primary care providers when discussing breast cancer screening with their patients.

Provincial education webinars will be held prior to launch to learn more about the OBSP expansion to people ages 40 to 49.

In addition, a new Ontario Breast Screening Program (OBSP) web page will be available for the public with links to resources and information about screening people ages 40 to 49. The web page will include:

- Link to a new information web page to help people ages 40 to 49 make an informed decision about whether breast cancer screening is right for them
 - Link to My CancerIQ, a free online tool to help people understand their personal risk of getting breast cancer and what they can do to lower their risk
 - Breast cancer screening information specifically for people ages 40 to 49
 - General information about the OBSP
- Information on how to book an appointment for screening and how to view appointment wait times for screening mammograms

18. When can people ages 40 to 49 start making appointments to get screened?

People ages 40 to 49 who decide to screen for breast cancer can start making appointments at Ontario Breast Screening Program locations starting October 8, 2024.

- To find an OBSP location go to ontariohealth.ca/breastscreeninglocations. Appointments can also be made by calling the Ontario Breast Screening Program appointment booking line at 1-800-668-9304. Online booking is currently not available.

There are also two mobile health coaches that provide screening services to remote communities through the North West Regional Cancer Program (1-807-684-7777) and in the Hamilton Niagara Haldimand Brant Regional Cancer Program (1-855-338-3131). Go to [Mobile Screening](#) for more information and to make an appointment.

Transportation to screening services for First Nations, Inuit and Métis people are also available through the Non-insured Health Benefits Program. Contact a local Non-insured Health Benefits Program Navigator to learn more.

19. How can people view mammogram appointment wait times at Ontario Breast Screening Program locations?

People can search for Ontario Breast Screening Program locations and see approximate wait times for screening mammogram appointments by visiting ontariohealth.ca/breastscreeninglocations

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0 info@ontariohealth.ca.

Helping people ages 40 to 49 decide whether to screen for breast cancer

Why breast cancer screening conversations are important

The Ontario Breast Screening Program (OBSP) encourages people ages 40 to 49 to make an informed decision about whether breast cancer screening is right for them based on their personal risk for breast cancer, the potential benefits and potential harms of breast cancer screening, and what matters most to them in taking care of their health. Having conversations about breast cancer screening is important because generally people ages 40 to 49 have a lower chance of getting breast cancer compared to people ages 50 to 74, and the balance of potential benefits to potential harms of regular breast cancer screening may be different for people ages 40 to 49 than for people ages 50 to 74.

Eligibility for the OBSP

Women, Two-Spirit people, trans people and nonbinary people ages 40 to 49 are eligible for breast cancer screening in the OBSP if they:

- have no new breast cancer symptoms
- have no personal history of breast cancer
- have not had a mastectomy
- have not had a screening mammogram within the last 11 months
- if transfeminine, have used feminizing hormones for at least 5 years in a row.

There is also a program for people who are at high risk of getting breast cancer based on whether they have certain genes, their family or personal health history, or if they have previously had radiation therapy to the chest. If you would like to learn more about the high risk screening program you can visit the program website at cancercareontario.ca/obsp or call the Ontario Health Contact Centre at 1-866-662-9233.

Setting the stage for decision-making

Make sure the person you are counselling understands that their choice is between **getting screened now** or **not getting screened right now**.

Reassure them that:

- they can take as much time as they need to decide.
- if they choose not to screen, they can change their mind and start screening at any time between age 40 to 74.

Note: Eligible people will receive an invitation letter to start screening when they turn 50.

Risk of breast cancer

Breast cancer is the most commonly diagnosed cancer in Ontario, but most breast cancers are found in people ages 50 and over.

Each person's chance of getting breast cancer differs based on their individual risk factors. People can use My CancerIQ (mycanceriq.ca/Cancers/Breast) to understand how their risk of breast cancer compares to others in their age group and get personalized information on how they can decrease their risk of breast cancer. Understanding their own risk may help them make a decision about breast cancer screening.

Age group	Number of females* who got breast cancer in Ontario, 2021
40 to 44	114.9/100,000
45 to 49	173.1/100,000
50 to 54	236.2/100,000
55 to 59	240.9/100,000

Source: Statistics Canada. Table 13-10-0111-01 Number and rates of new cases of primary cancer, by cancer type, age group and sex DOI: <https://doi.org/10.25318/1310011101-eng>

*The binary-only sex statistics reported in this section reflect how the data are recorded in the data source and are not inclusive of all gender diversity. As a result, the data may incorrectly classify people whose gender identity differs from their sex assigned at birth.

Race, ethnicity and Indigeneity

- Data show that there are race-, ethnicity- and Indigenous-specific differences in breast cancer subtype, stage at diagnosis, incidence, mortality, and survival.
- It is currently unknown how screening people in Ontario ages 40 to 49 may impact outcomes across different racial and ethnic groups and in Indigenous people. Although there is not enough evidence to provide race-, ethnicity- and Indigenous-specific breast cancer screening recommendations, it is important for providers to help their patients understand the available evidence so they can make an informed decision based on their individual risk.
- Caution must be taken in applying the data provided below from other jurisdictions to the Ontario context. Below find a high-level summary of available evidence from Canada, the United States and the United Kingdom:
 - o Age at breast cancer diagnosis for non-white female populations has been found to be younger than in white females in certain studies from Canada and the United Kingdom.^{1,2}
 - o Canadian and United Kingdom studies showed that Black females have more aggressive tumour profiles compared with white females.^{1,3}
 - o Canadian, United States and United Kingdom studies showed that the incidence of breast cancer is lower in some racial and ethnic groups than in white females.^{1,4,5,6}
 - o Black females have a higher breast cancer mortality rate than white females in Canada and the United States.^{1,7}
 - o First Nations females in Ontario have lower breast cancer incidence and mortality rates than other females in Ontario*, but they also have a lower survival rate.⁸
 - o Breast cancer incidence was significantly higher for Métis women than for non-Indigenous women in Canada.⁹
 - o Breast cancer incidence was lower among female residents of Inuit Nunangat compared to female residents in the rest of Canada.¹⁰

- Also consider that race-, ethnicity- and Indigenous-specific disparities are a reflection of determinants outside of biological differences, including, but not limited to, individual barriers (limited awareness, fear or distrust), community or interpersonal barriers, structural barriers, social or historical factors, structural racism and inequities in the health care system.
- For more detailed information on different race-, ethnicity- and Indigenous-specific breast cancer incidence and outcomes, see the additional notes section at the end of this document.

*Includes females living in Ontario, except First Nations in the Indian Register and Métis in the Métis Citizenship Registry.

The binary-only sex statistics reported in this section reflect how the data are recorded in the data source and are not inclusive of all gender diversity. As a result, the data may incorrectly classify people whose gender identity differs from their sex assigned at birth.

Values and preferences for breast cancer screening

- As you review the potential benefits and potential harms with people ages 40 to 49, ask them which are most important to them, and what matters most to them about breast cancer screening.
- There are potential benefits and potential harms of screening that exist regardless of the age at which someone decides to screen; however, the balance of potential benefits to potential harms may change based on someone's age.

Potential benefits of regular breast cancer screening

- Screening can find breast cancer early, which may mean that:
 - o Treatment has a better chance of working.
 - o Treatment can be less intensive or invasive.
 - o The chance of dying from breast cancer is lower.

Potential harms of regular breast cancer screening

- A screening test result can sometimes be abnormal when someone does not actually have cancer (a false-positive). This may result in additional testing.
- Screening can find a cancer that would have never caused harm if left untreated (overdiagnosis). This could result in a surgery or treatment that was not needed.

Starting screening at age 40 compared to starting screening at age 50

Comparison of screening starting at age 40 vs. 50 over a lifetime (per 1,000 women*)	Screened every 2 years starting at age 40	Screened every 2 years starting at age 50
1 to 2 more deaths prevented	8.4 / 1000	6.9 / 1000
519 more false positives	1,540	1,021
2 more cases overdiagnosed	12 / 1000	10 / 1000
62 more unnecessary biopsies	210 / 1000	148 / 1000

Source: Trentham-Dietz A, Chapman CH, Jayasekera J, et al. Collaborative Modeling to Compare Different Breast Cancer Screening Strategies: A Decision Analysis for the US Preventive Services Task Force. JAMA. Published online April 30, 2024.

doi:10.1001/jama.2023.24766

<https://jamanetwork.com/journals/jama/fullarticle/2818285>

*The binary-only sex statistics reported in this section reflect how the data are recorded in the data source and are not inclusive of all gender diversity. As a result, the data may incorrectly classify people whose gender identity differs from their sex assigned at birth.

The data in this section are derived from five simulation models of breast cancer in United States female populations screened using digital 2D mammography. Data includes all screens (initial screens and rescreens). There are limitations to modelling: assumes 100% participation, all abnormal screens receive prompt evaluation and immediate treatment. These numbers will be updated to reflect Canadian data when the final Canadian Task Force on Preventive Health Care modelling is updated and released.

Additional information for people who are pregnant or lactating

- Counsel them about their screening options:
 - o People who are pregnant can be screened safely with mammography.
 - o People who do not want to screen while pregnant can start screening three months post-partum.
 - o People who are lactating can start screening three months post-partum.
- Counsel them about the signs and symptoms of pregnancy-associated breast cancer.

Next steps after someone chooses to screen:

Provide information about how to make an appointment:

- Website with OBSP locations, contact information and wait times at ontariohealth.ca/breastscreeninglocations
OR
- The OBSP Appointment Booking Line at 1-800-668-9304

Next steps if someone chooses not to screen:

Make a note to discuss screening with them again in five years or when they turn 50, whichever comes first.

An updated conversation guide will be available online at the time of launch and will be available as a healthcare provider resource at [Screening Resources for Healthcare Providers | Cancer Care Ontario](#).

Additional notes on race, ethnicity and Indigeneity

- Data show that there are race-, ethnicity- and Indigenous-specific differences in breast cancer subtype, stage at diagnosis, incidence, mortality, and survival.
- However, there is not enough evidence to provide race-, ethnicity- and Indigenous-specific breast cancer screening recommendations. Currently, there are no Canadian data on race-, ethnicity- and Indigenous-specific impacts of breast cancer screening, such as data on different screening age ranges and intervals, as well as the potential benefits and potential harms of screening. Caution must be taken in applying data from other jurisdictions to Ontario. Therefore, it is currently unknown how screening may impact differences in breast cancer risk and outcomes by race, ethnicity and Indigeneity for people in Ontario ages 40 to 49.
- Jurisdictional evidence in the table below should be shared with people to support an informed decision-making discussion as it applies to them.

Jurisdictional evidence

- The section below provides additional detailed data on race, ethnicity and Indigeneity.
- Information provided will be expanded upon as new data becomes available.

Age at diagnosis
<p>Canada:</p> <ul style="list-style-type: none">• Ontario First Nations females have a similar age of breast cancer diagnosis as other females in Ontario.*8 <p>United Kingdom:</p> <ul style="list-style-type: none">• Females from all ethnic groups were diagnosed with breast cancer at a younger age than white females.2<ul style="list-style-type: none">o The mean age at diagnosis ranged from 3 to 6 years younger in Indian, black Caribbean and Pakistani females compared with white females.2o The mean age at diagnosis for Black African females was 50.5 years compared with 59.3 years for white females.2
Cancer subtype
<p>Canada:</p> <ul style="list-style-type: none">• Black females are more likely to be diagnosed with aggressive subtypes of breast cancer (e.g., triple negative).1 <p>United Kingdom:</p> <ul style="list-style-type: none">• Females in ethnic groups, especially young black females, have been reported to be diagnosed with more aggressive tumour profiles than white females.3
Stage at diagnosis
<p>Canada:</p> <ul style="list-style-type: none">• Ontario First Nations females have a similar stage at breast cancer diagnosis as other females in Ontario.*8 <p>United Kingdom:</p> <ul style="list-style-type: none">• Females in all ethnic groups were more likely to be diagnosed with a later stage of breast cancer than white females.2

- o Black African females were more likely to be diagnosed with the latest stage of breast cancer than other ethnic groups.²
- o Females with African, Caribbean, Indian, Bangladeshi and Pakistani backgrounds were more likely to be diagnosed with late stage breast cancer than white females.¹¹

Incidence

Canada:

- Black females ages 40 to 49 have a lower incidence of breast cancer than white females.¹
- Filipina females ages 40 to 59 have a higher incidence of breast cancer than white females.¹
- Ontario First Nations females have a lower incidence of breast cancer than other females in Ontario.^{*8}
- Arab females ages 50 to 59 have a higher incidence of breast cancer than that of white females.¹

United States:

- Black females have a lower incidence of breast cancer than non-Hispanic white females.⁶

United Kingdom:

- The incidence of breast cancer is lower in ethnic groups than white females.^{4,5}
- The incidence of breast cancer in females was significantly lower in the Asian, Black and Mixed/Multiple ethnic groups than the white female ethnic group.⁴

Mortality

Canada:

- Black females ages 40 to 49 have a higher breast cancer mortality rate than white females.¹
- Filipina females ages 40 to 59 have a lower breast cancer mortality rate than white females.¹
- Ontario First Nations females have a lower breast cancer mortality rate than other females in Ontario.^{*8}
- Arab females ages 50 to 59 have a lower breast cancer mortality rate than that of white females.¹
- First Nations and Métis females ages 60 to 69 have higher breast cancer mortality rates than white females.¹

United States:

- Black females have a higher breast cancer mortality rate than white females and all United States females.⁷
- American Indian or Alaska Native, Asian or Pacific Islander and Hispanic females have a lower breast cancer mortality rate than with white females and all United States females.⁷

Survival

Canada:

- First Nations females in Ontario who are diagnosed with breast cancer have a lower chance of surviving than other females in Ontario.^{*8}

- The following resources provide more race-, ethnicity- and Indigenous-specific information on cancer screening:
 - o [Breast Cancer Update - Canadian Task Force Draft Recommendations](#) – see ‘Race and Ethnicity’ section
 - o [Cancer Screening Performance Report 2023 – Cancer Care Ontario](#) – see ‘Catching Cancers Early’ Research Project

*Includes females living in Ontario, except First Nations in the Indian Register and Métis in the Citizenship Registry.

The binary-only sex statistics reported in this section reflect how the data are recorded in the data source and are not inclusive of all gender diversity. As a result, the data may incorrectly classify people whose gender identity differs from their sex assigned at birth.

¹ Canadian Task Force on Preventive Health Care. Breast Cancer (Update) - Draft Recommendations. www.canadiantaskforce.ca/wp-content/uploads/2024/05/BCU_Draft-Rec_Discussion-tool_40-49_FINAL.pdf

² Gathani T, Chiuri K, Broggio J, Reeves G, Barnes I. Ethnicity and the surgical management of early invasive breast cancer in over 164 000 women British Journal of Surgery, May 2021;108(5):528-533, <https://doi.org/10.1002/bjs.11865>.

³ Copson E, Eccles B, Maishman T, Gerty S, Stanton L, Cutress R I, Altman D G, Durcan L, Simmonds P, Lawrence G, Jones L, Bliss J, Eccles D, POSH Study Steering Group. Prospective Observational Study of Breast Cancer Treatment Outcomes for UK Women Aged 18–40 Years at Diagnosis: The POSH Study. JNCI: Journal of the National Cancer Institute, 3 July 2013;105(13):978-988, <https://doi.org/10.1093/jnci/djt134>.

⁴ Delon C, Brown K F, Payne N W, Kotrotsios Y, Vernon S, Shelton J. Differences in cancer incidence by broad ethnic group in England, 2013–2017. Br J Cancer, 2022. 126, 1765–1773. <https://doi.org/10.1038/s41416-022-01718-5>

⁵ Gathani T, Chaudhry A, Chagla L, Chopra S, Copson E, Purushotham A, Vidya R, Cutress R. Ethnicity and breast cancer in the UK: Where are we now? European Journal of Surgical Oncology, December 2021; 47(12):2978-2981. <https://doi.org/10.1016/j.ejso.2021.08.025>.

⁶ Giaquinto AN, Miller KD, Tossas KY, Winn RA, Jemal A, Siegel RL. CA Cancer J Clin. 2022 May;72(3):202-229. <https://doi:10.3322/caac.21718>.

⁷ Chen, T, Kharazmi, E, Fallah, M. Race and Ethnicity-Adjusted Age Recommendation for Initiating Breast Cancer Screening. JAMA Netw. Open 2023;6: e238893. <https://doi:10.1001/jamanetworkopen.2023.8893>

⁸ Ontario Health (Cancer Care Ontario). Ontario Cancer Screening Performance Report 2023. Toronto; 2024. <https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OCSPRfullReport.pdf>

⁹ Mazereeuw MV, Withrow DR, Nishri ED, Tjepkema M, Vides E, Marrett LD. Cancer incidence and survival among Métis adults in Canada: results from the Canadian census follow-up cohort (1992–2009). CMAJ 2018 March 19;190:E320-6. <https://doi:10.1503/cmaj.170272>

¹⁰ Carrière GM, Tjepkema M, Pennock J, Goedhuis N. Cancer patterns in Inuit Nunangat: 1998–2007. *International Journal of Circumpolar Health*, 2012;71(1). <https://doi.org/10.3402/ijch.v71i0.18581>

¹¹ Limb M. Black women in England are at greater risk of late cancer diagnosis than white women. *BMJ* 2023;380:211. <http://dx.doi.org/10.1136/bmj.p211>

BRANT COMMUNITY HEALTH UNIT UPDATE

REVISIT: Recommendations for Children Previously Immunized with Oral Poliovirus Vaccine (OPV)

- In April 2024, the province released updated polio vaccine recommendations for children previously immunized internationally with oral polio vaccine (OPV). To ensure protection against all three polio types, doses of OPV administered on or after April 1, 2016, should be considered invalid. Since OPV has not been used in Canada since 1996, this recommendation only affects those vaccinated internationally.
 - For clients who have received a dose of OPV, those with inadequate immunization records, or those lacking documented polio immunization, the polio vaccine series should be completed with an inactivated polio vaccine (IPV) or an IPV-containing vaccine using an age-appropriate schedule.



Tobacco and Vaping Cessation Supports

- BCHU has compiled resources and support to help individuals who are trying to quit smoking and vaping. We have created targeted resources for [adults](#) and [teenagers](#) containing contact information and programs that will support clients hoping to quit vaping or smoking tobacco and cannabis.

RSV Immunization

- [Ontario government has expanded the RSV immunization schedule for fall 2024.](#)
 - Through the publicly funded RSV prevention program, the Ministry will now be connecting families with infants and high-risk children up to 24 - months old with the RSV immunization Beyfortus; and pregnant women with the RSV vaccine Abrysvo. Information on campaign timelines, rollout and primary channels for administration of RSV vaccines will be provided in the coming weeks.



STRATEGIC PLANNING

Online Appointment Booking (OAB)

- The government announced continuation of funding for OAB next fiscal year. People who have already been funded are eligible to reapply.
 - There are stricter criteria to apply this year, the guidelines will be distributed shortly.



City Operated Primary Care Clinic

- L. Kohler, B. Deignan, and S. Elliott, met with the City of Brantford, to discuss their thoughts on a city operated primary care clinic.
 - We shared what we are doing with IPCT funding and the residency expansion.
 - The city staff will take this information back to the city councilors, followed by another meeting being scheduled to discuss the next steps.
 - There is an opportunity and an appetite to have a similar discussion in Norfolk.
 - There are existing clinics across the province that has civic government operated clinics.

IPCT Funding

- PCC Executive shared at the last meeting that there was a preliminary meeting with the GRCHC regarding IPCT Funding.
 - Anka Brozic is the IPCT Director.
 - GRCHC is developing a survey to send out to collect provider's input.
 - They are also asking if providers' have interest in having any IPCT services, at any of their clinics.
 - All hiring for the IPCT team has been completed except for one position.
 - The OHT is working on onboarding staff and resources to support with the referral process to the IPCT program.

BBNOHT 2023 - 2024 Annual Report Out Now!

As we reflect on another year of achievements, growth, and challenges, our annual report for BBNOHT is more than just numbers—it's a story of our collective resilience, innovation, and commitment to creating a healthier tomorrow for everyone in our Community.

[Click here to read the full report](#)



STRATEGIC PLANNING

McMaster DFM Residency Expansion

- Since the last meeting, the PCC Executive has met with McMaster and is working to schedule another meeting, to further discuss details for funding and capital costs.

Partner Organization One-Pagers

- The partner organization one-pagers have been updated to include three new organizations.
 - These organizations include Indwell, Child and Family Services of Grand Erie, and Kids Can Fly.
 - [Click here to view updated document](#)

PCN Readiness

- Our PCN readiness assessment has been submitted and is under review.
 - Once our assessment has been reviewed, we find out if we receive PCN designation.

PCC Membership Committee Openings

People With Lived Experience

- This committee is still seeking a permanent primary care representative.

Primary Care Network Planning

- Two physicians are currently interested in the PCN Planning Committee.
 - There are ongoing efforts to recruit more.
 - Two people have come forward with interest in sitting on the PCN planning subcommittee.
 - If you are interested in participating, please contact ayates@grchc.ca

Dementia

- There are ongoing efforts to recruit a Primary Care Representative, preferably with experience in long-term care, but not necessary.
 - Meetings for this committee are held every other Thursday from 10:30 – 11:30

Fall and Winter Preparedness Community of Practice

- The first meeting of this CoP will be held at the end of August
 - Last year OHW produced a fall and winter preparedness checklist, which has since been distributed across the province and is currently being refined.
 - This ensures we have processes in place when we experience surges.
 - There will not be funding provided for cold/cough/flu pop-up support clinics this year.
 - It is expected that cold/flu season this year will be worse than last year, especially as we are seeing some surges beginning in August as opposed to October.

STRATEGIC PLANNING

Scope (Seamless Care Optimizing Patient Experience) Expansion to Brantford Brant Norfolk

- Recently the PCC executive met with the Physician lead and nurse practitioner lead for SCOPE.
 - This program links primary care to a nurse navigator who then helps to connect primary care clinicians with specialists and services.
 - The pathways look different , dependent on local needs. We are in the early stages of exploring whether this could be brought to our OHT.

Partner Organization One-Pagers

- The partner organization one-pagers have been updated to include three new organizations.
 - These organizations include Indwell, Child and Family Services of Grand Erie, and Kids Can Fly.
 - [Click here to view updated document](#)

Housing Services Facilities

- Upcoming open house for new Housing Services facility
 - The open house will take place at the new home to our Emergency Intake, Housing Resource Centre and Supportive Housing Teams.
 - Happening at 73 Murray Street, partners are invited to attend Thursday September 26th from 1-4pm, with opening remarks at 1:30pm.
 - Partners will have an opportunity to tour the new space, which includes a waiting room open from 8am-midnight daily, laundry and shower facilities and meeting space for Housing Services clientele.
 - POSTER Will be included





SOAR
Community Services

Open House



**Visit our new Housing location on Thursday,
September 26 from 1 pm to 4 pm!
Opening remarks at 1:30 pm**

- Celebrate the opening of our new location for Emergency Housing Intake Services, Housing Resource Centre, and Supportive Housing
- Light refreshments and guided tours will be available



**Come see us at
73 Murray Street**

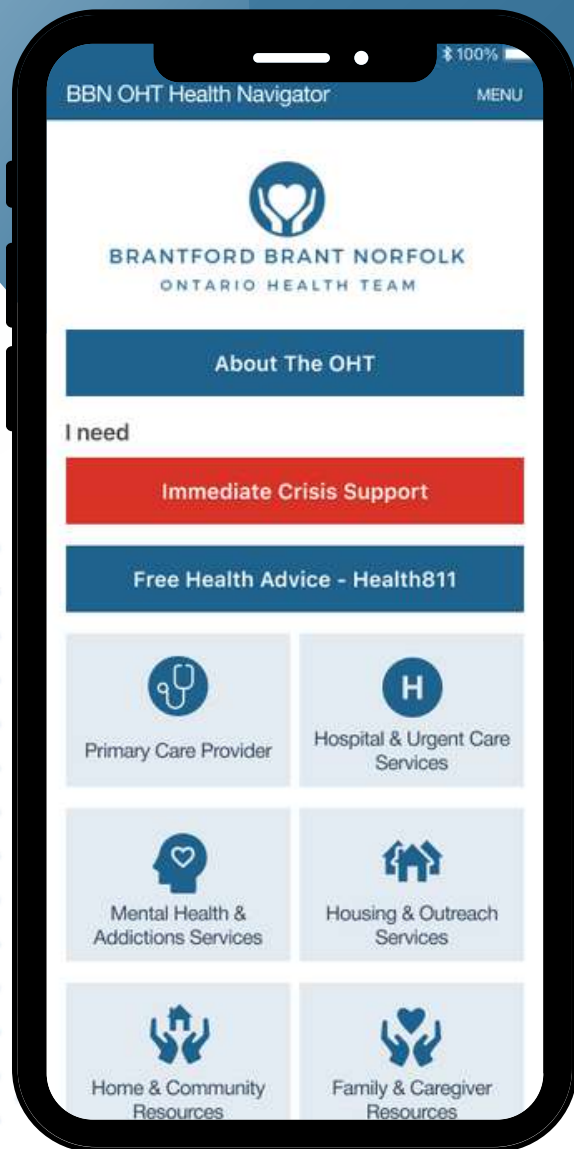


Find out more at: **SOARCS.ca**

BRANTFORD BRANT & NORFOLK

YOUR HEALTH IS IN YOUR HANDS!

The BBN OHT Health Navigator is the one place to find local health services and access your personal health records on your mobile device at no cost!



HEALTH SERVICES & ADVICE

You can easily access free health advice through Health811 or browse health services in your area. Our health navigator connects you with the local and provincial services you need 24/7!



VIEW HEALTH RECORDS

ConnectMyHealth is a digital health solution that provides you with an online, single access point to view your health records from participating hospitals in southwestern Ontario including Brant Community Healthcare System & Norfolk General



LEARN MORE

We welcome and encourage community and user feedback so that we can ensure this Health Navigator meets your needs. Complete our brief survey by clicking "Learn more" in the app

**BBN
OHT**
HEALTH NAVIGATOR

SEARCH "BBN OHT
HEALTH NAVIGATOR"
IN YOUR APP STORE

 App Store



 Google Play



For more info:  www.bbnoht.ca
 contact@bbnoht.ca



BRANTFORD BRANT NORFOLK
ONTARIO HEALTH TEAM