

June 20, 2019

Dear Colleagues,

On June 24, 2019, Ontario will transition from the fecal occult blood test (FOBT) to the fecal immunochemical test (FIT) as the recommended screening test for people at average risk of developing colorectal cancer. FIT is expected to have higher participation rates and detect twice as many clinically relevant lesions, including high risk polyps and colorectal cancers.

As a primary care provider, you are at the forefront of colorectal cancer screening. Research has consistently shown that a personalized message from you to your patient is the most important and effective method to increase uptake in an organized cancer screening program.

Once a FIT test has been performed, ensuring timely colonoscopy for patients with an abnormal FIT is especially important due to the higher likelihood of finding a cancer.

ColonCancerCheck recommends a colonoscopy be performed within eight weeks of an abnormal FIT result. Since it takes time to arrange the colonoscopy, we appreciate your prompt referral for colonoscopy as soon as you receive the abnormal FIT result.

To book a colonoscopy appointment for a patient at London Health Sciences Centre, please FAX REFERRALS to (519) 663-3020.

To book a colonoscopy appointment for a patient at St. Joseph's Health Care, please FAX REFERRALS to (519) 646-6114.

Our booking clerks will contact the patient directly to provide them with the date and time of appointment and any other pertinent information.

To learn more about colon cancer screening and your role as the primary care provider, please visit: <https://www.cancercare.on.ca/cms/one.aspx?pageId=9921>

Alternatively, the new South West Regional Cancer Program website has numerous resources to assist you in your role. Visit www.southwestcancer.ca and register as a "partner" to access the secured login section.

Together, we can make a difference in our patient's lives.

Sincerely,



Michael Sey MD, MPH, FRCP(C)
Regional GI Endoscopy Lead
South West Regional Cancer Program

Colorectal Diagnostic Assessment Program Referral Form

London Health Sciences Centre
Fax: 519-663-3020

St. Joseph's Health Care Centre
Fax: 519-646-6114

**** This referral form is for FIT positive patients only. For all other indications for colonoscopy please send referral directly to the Gastroenterologist or General Surgeon of your choice.**

Patient Name: _____ HIN: _____ VC: _____

Address: _____ Date of Birth: _____

Phone: _____ Alternate _____

Language Spoken: _____ Translator Required: Yes No

Special Needs: (Mobility Restrictions /Other) _____ Sex: Male Female

Is patient capable of giving their own informed consent - Yes No

Contact - Name _____ Telephone: _____

FIT Positive lab report must be included

Significant Medical History – Please (v) below:

Heart Disease Diabetes Mellitus - Insulin Oral High Blood Pressure

Renal Failure (Creatinine greater than 150) Respiratory Disease Prosthetic Heart Valve

Anticoagulation: Yes No If yes, please indicate medication: _____

Implantable Devices (please list): _____

Other Medical History:

Current Medication:

_____ **Allergies:**

Referring Physician: (please print) _____ Telephone: () _____

Signature: _____ Fax: () _____

Referral Date: _____

For Office Use Only

Hospital ID _____

Screening Colonoscopy Appointment _____