

neurodiversity & skin cancer

a Calgary Zone webinar



MONDAY,
SEPTEMBER 23, 2024

Primary Care
Networks
CALGARY AND AREA

WEBINAR SERIES: LAND ACKNOWLEDGEMENT

Calgary Zone
webinar series:
Mental health
& hot topics



In the spirit of reconciliation, we acknowledge that we work, play and live on the traditional territories of the people of the Treaty 7 region in Southern Alberta, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation and the Stoney Nakoda (including the Chiniki, Bearspaw, and Goodstoney First Nations). The Calgary Area is home to the Métis Nation of Alberta, Districts 1, 4, 5 and 6.

PROGRAM: DISCLOSURE

Calgary Zone webinar:

Non-melanoma skin cancer, neurodiversity and other primary care hot topics

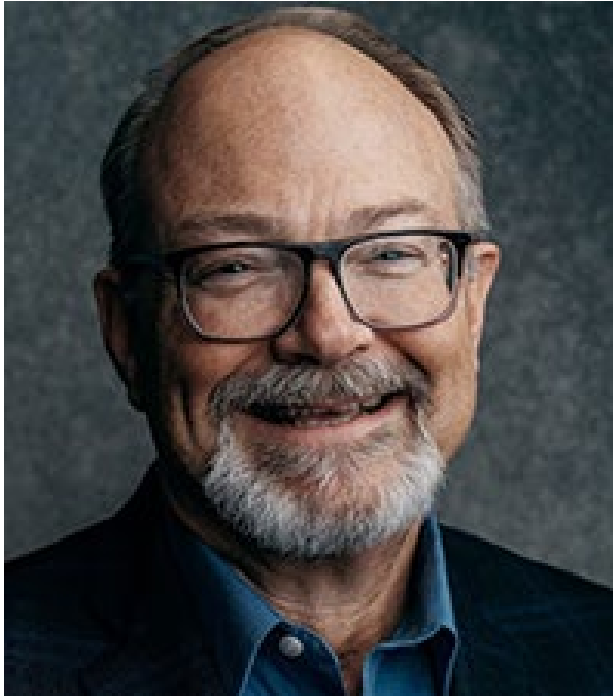
Financial support

- This program is funded by the Calgary Zone PCNs.

Potential for conflict(s) of interest:

- The potential for conflicts of interest is referenced in disclosure slides. However, there are no notable conflicts for this webinar based on the agenda and panel.

YOUR HOST: DISCLOSURE/CONFLICTS



Financial sponsors

- Alberta Health Services (Medical Director, Primary Care)

Disclosures

- Shire ■ Pfizer ■ Merck ■ BI ■ AZ ■ Janssen ■ Takeda
- Servier ■ BMS

Faculty: Dr. Rick Ward

Family Physician

Crowfoot Village Family Practice

Medical Director, Primary Care,

Alberta Health Services (Calgary Zone)

HOT TOPICS: AGENDA

Time	Topic	Speaker
6-6:05 p.m.	Welcome, overview	Dr. Rick Ward
6:05-6:30 p.m.	Neurodiversity	Dr. Gregory Skinner
6:30-6:45 p.m.	Q&A	Dr. Gregory Skinner
6:45-7:15 p.m.	Non-melanoma skin cancer	Dr. Justin Chia
7:15-7:25 p.m.	Q&A	Dr. Justin Chia
7:25-7:55 p.m.	Primary care hot topics	Dr. Christine Luelo
7:55-8 p.m.	Next webinar	Dr. Rick Ward

SPEAKER: DISCLOSURE/CONFLICTS

Neurodiversity



Financial sponsors

- Fee for Service Family Physician focused on adult autism assessment
- Moderator, UofC Rural CME Series

Potential for conflict(s) of interest:

- Referrals for autism assessment
(unable to accept new referrals at present)

Speaker: Dr. Gregory Skinner

Family Physician

Autism Exists Diagnosis Clinic

WEBINAR: NEURODIVERSITY

Agenda

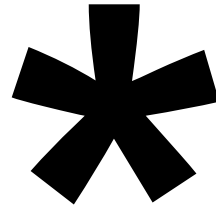
- What is Neurodiversity?
- Why do we seem to have “more” of this now?
- Neurodiversity in women
- Accessing diagnosis and getting supports for patients with autism spectrum disorder (ASD)?



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What is Neurodiversity?



What is Neurodiversity?

■ Webster

- Neurodiversity is individual differences in brain functioning regarded as normal variations within the human population
- Origin 1998. “Neurodiversity.” Dictionary, Merriam-Webster
<https://www.merriam-webster.com/dictionary/neurodiversity>

■ Cleveland Clinic

- Neurodivergent is a nonmedical term that describes people whose brains develop or work differently for some reason
- <https://my.clevelandclinic.org/health/symptoms/23154-neurodivergent>

Neurotypical

- Not affected with a developmental disorder and especially autism spectrum disorder: exhibiting or characteristic of typical neurological development
- Origin 1994. “Neurotypical.” Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/neurotypical>

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Cleveland Clinic

- Autism Spectrum Disorder
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- DiGeorge 22q11.2 Deletion Syndrome
- Developmental Coordination Disorder
- Down Syndrome
- Intellectual Developmental Disorders
- Obsessive-Compulsive Disorder
- Prader-Willi Syndrome
- Sensory Processing Disorders
- Social Anxiety
- Specific Learning Disorders (Reading, Writing, Math)
- Tourette Syndrome
- Williams Syndrome

WEBINAR: NEURODIVERSITY

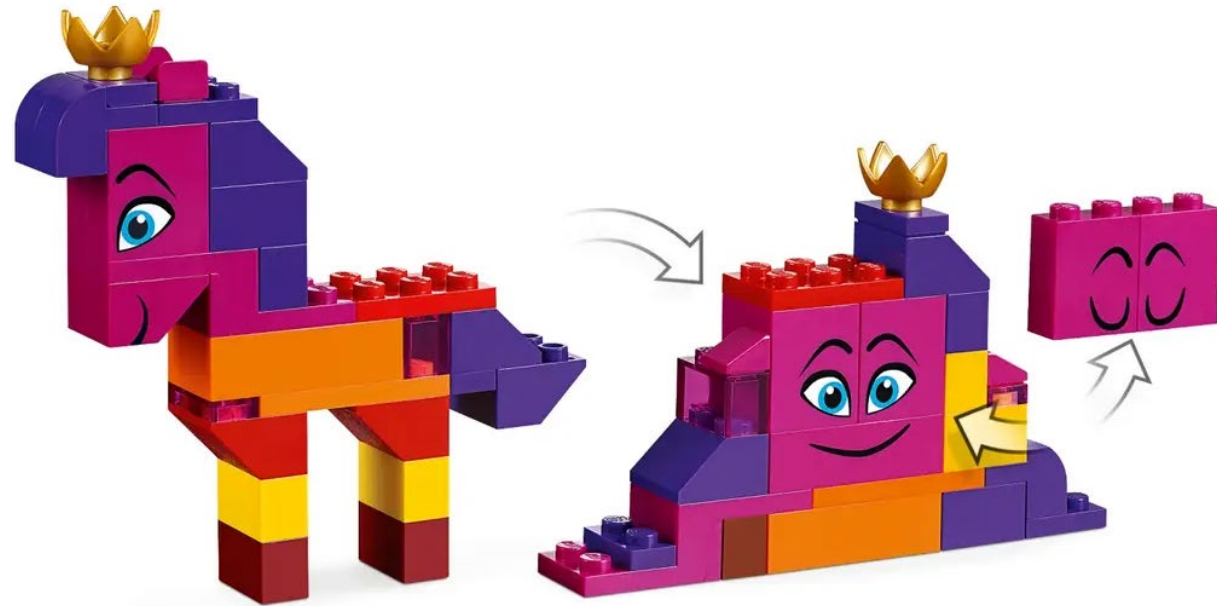
- Cerebral Palsy
- Personality disorders
- Social communication disorder
- Disprosody (i.e., pseudo-foreign dialect disorder)
- Hikikomori (?)
- Non-Cis and/or non-binary gender identities
- Sexuality (hetero, homo, bi, pan, asexual, demisexual, grey sexual...)
- Romantic, aromantic
- Functional neurological disorders
- Sluggish cognitive tempo / cognitive disengagement syndrome / concentration deficit disorder
- Psychological traits:
 - Alexithymia
 - Synesthesia
 - Eidetic & hyperthymestic memory
- Pathological demand avoidance
 - Aphantasia
 - Savantism
 - Hyperlexia

I also include

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What is neurodiversity?

Watevra Wa'Nabi



<https://www.lego.com/en-ca/product/introducing-queen-watevra-wa-nabi-70824>

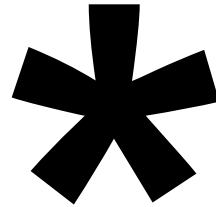
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What is neurodiversity?

Whatever they want it to be

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Why is it everywhere now?



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Why is it everywhere now?

Awareness

TV

Missed Dx

Education

Service providers

In fashion

Movies

Genetics

Lifestyle

Acceptance

Epigenetics

Environmental factors

Subtle but significant

Popularity

False negatives

TikTok

YouTube

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New names, old conditions

■ Attention Deficit Hyperactivity Disorder	2013 1994	DSM 5 DSM IV
■ Attention Deficit Disorder	1980	DSM III
■ Hyperkinetic Reaction of Childhood	1962	DSM II
■ Minimal Brain Dysfunction	1952	DSM
■ Abnormal defect of moral control in children	1902	Sir George Frederic Still
■ The incapacity of attending with a necessary degree of constancy to any one object	1798	Sir Alexander Crichton

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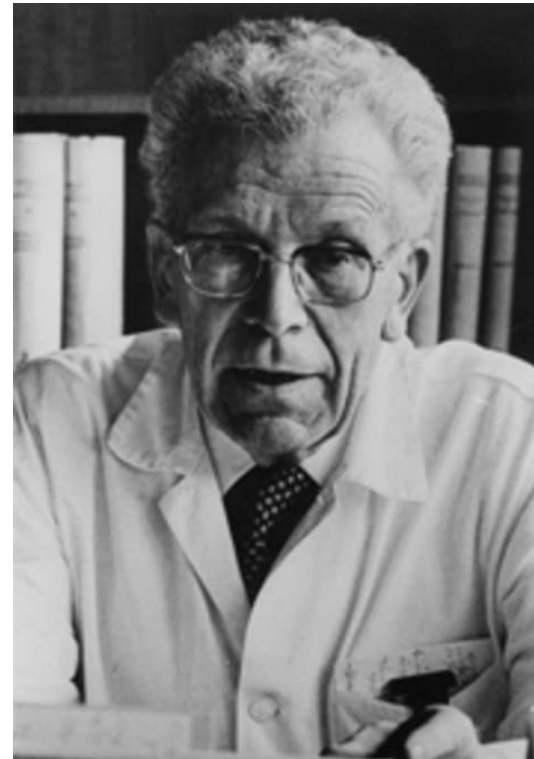
■ Autism Spectrum Disorder	2013	DSM 5
■ Autism, Asperger's, PDD-NOS	1994	DSM IV-TR
■ Autism, atypical autism, PDD-NOS	1980	DSM III
■ Schizophrenia, childhood type “Autistic behaviour...”	1968	DSM II
■ Autistic (pathological avoidant) <ul style="list-style-type: none">• Psychopathy	1959	Sukhareva
■ Schizophrenic reaction, childhood type or paranoid type; Schizoid personality	1952	DSM
■ Autistic psychopathy	1943	Asperger
■ Autism	1942	Kanner
■ Schizoid (eccentric) psychopathy	1925	Sukhareva

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Dr. Leo Kanner



Dr. Hans Asperger

<https://blogs.uoregon.edu/autismhistoryproject/>

False negatives

- Lack of awareness
- Under-recognition of subtle presentations
 - Autism & Rain Man vs. Anthony Hopkins
 - 2 y/o “transgenderism” vs. 16-year-old non-cis, non-binary
- False assumptions: “Autistic people don’t have empathy”
- Changing diagnostic criteria (speech, imagination)
- Diagnoses of exclusion (KISS principle)
 - Old autism = no ADHD, no GAD
 - Schizophrenia = no Asperger’s
- Stigma
 - i.e., Pathologising homosexuality and older terms
 - “What are you, autistic?”

False negatives

- No perceived benefit in adding labels
- Masking
- Managing symptoms
 - Medications
 - Hidden stimming
 - Finger counting
- Age at assessment
- Assessment Quality
 - If you've met one autistic person...
- Summary judgment & counter-projection
- i.e., “You can't be autistic because...”

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You can't be autistic:

- You made eye contact (no, he didn't!)
- You have insight into your problems...
- Your schoolteachers didn't mention social...
- I met an autistic person and you're not like him
- You're a woman (M4:F1)
- You can sing karaoke
- You're not retarded (and that was the polite version)
- You went to university
- You have a job/spouse/family
- You have ADHD
- You can speak
- You're just shy
- You don't look autistic --> Reassurance or gas-lighting?

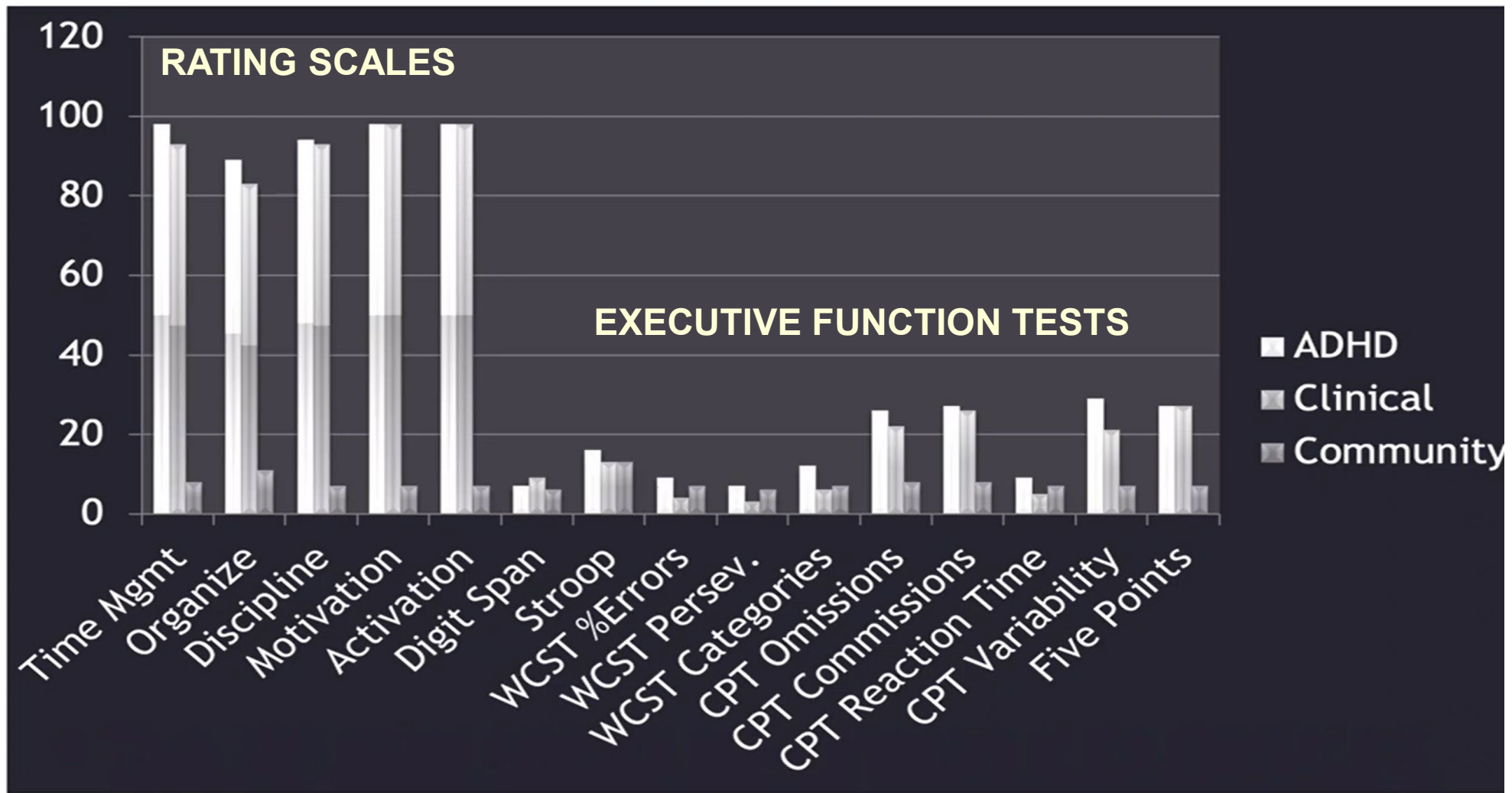
False positives

- ASD DDx for overlapping symptoms
 - Depression & motor affect
 - Depression & eye contact
 - Depression & concentration
 - Anxiety & lack of friends
 - Anxiety & eye contact
 - ADHD fidgeting vs. stimming
 - ADHD faux pas vs. violating social conventions
 - ADHD verbal hyperactivity vs. monologing
 - Sensory Issues in 20% of pop vs. 2%
 - Schizotypal personality disorder vs. ASD
- Self-report / self-rating scales

**LOOK FOR
CHILDHOOD
SYMPTOMS**

CLINIC-REFERRED ADULTS WITH ADHD

(BARKLEY & MURPHY, 2010)



From Barkley, R. A., & Murphy, K. R. (2010). Impairment in occupational functioning and adult ADHD: The predictive utility of executive function (EF) ratings vs. EF tests. *Archives of Clinical Neuropsychology*, 25, 157-173.

False positives

■ Culture

- Eye contact expectations (First Nations)
- Pronouns in Spanish speakers vs. ASD using “they” not “I”

■ (fear of) Diagnosing smaller & smaller differences

■ (fear of) Secondary gain (funding, drugs)

■ Spectrum of diagnosis & popularity

- Detransitioners

■ Delay vs. disorder (developmental rate)

■ Assessment quality

■ Non-pathological traits

- Broad autism phenotype

Neurodiversity in (cis) females

- Same symptom sets
- “She’s just quiet”
 - ADHD inattentiveness vs. ASD observing
- “She’s just chatty”
 - ADHD verbal hyperactivity vs. ASD monologing
- Genetics in ASD female vs male
- Social Expectations
 - Higher social pressures at younger ages
- Masking
- Testing bias
 - EQ averages by gender
 - F48 vs M39 vs ASD target 30 or less

ASD diagnosis in children

- Private psychology (money)
 - Autism Calgary's list
- Developmental Pediatricians (time)
- Autism Spectrum Diagnosis Clinic at Child Development Centre
 - Multidisciplinary
- Screening questionnaires
- Testing
 - ADOS
 - ADI-R

Support for ASD children

■ Funding

- PUF Funding ages 3-6
- FSCD Funding to age 18

■ Treatment

- Multidisciplinary team
- 10 hours a week
 - Psychology, developmental aide, speech pathology, occupational therapy
 - Respite
- PEERS / social skills group

■ Charities

- Autism Calgary, Sinneave Foundation, AAFS...

ASD diagnosis in adults

- Private psychology
 - Autism Calgary's list
- Autism Diagnosis Clinic Edmonton (~5 year wait list)
- Autism Exists Diagnosis Clinic Calgary
 - (closed for new referrals, ~2 year wait list)
- Screening questionnaires
 - Embrace Autism
- Testing
 - AAA (ASET)
 - ADOS?

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Support for adults

■ Funding

- PDD (IQ based)
- AISH
- Abysmal employment rates in ASD
- None

■ Treatment

- Social skills groups
- Support groups
- Accommodations for jobs, post-secondary

■ Charities

- Autism Calgary, Sinneave Foundation, AAFS...

Support for adults

■ Allies

- Unions
- Human resources
- Coworkers
- Managers
- Families
- Mental health workers
- Community programs

YOU?

Unlikely allies

- Insurance Companies

Antagonists

- Anyone

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Shout out to:

The Alex

Sheldon Chumir

CUPS

Q&A

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PRESENTER: DISCLOSURE/CONFLICTS

Title: Skin cancer in primary care



Financial sponsors:

- None for this program

Disclosures (Honoraria/Speaker's Bureau/Advisory Boards):

- AbbVie, Celgene, Bausch Health, BMS, Eli-Lilly, Galderma, Janssen, L'Oreal Group, LEO Pharma, Novartis, Sanofi-Genzyme, Sun Pharma, UCB

Presenter: Dr. Justin C. Chia, MD, FRCPC, FAAD

Dermatologist

Northwest Dermatology & Laser Centre

Clinical Assistant Professor, Division of Dermatology, University of Calgary

Basal Cell Carcinoma

■ Most common types:

- Superficial
- Nodular
- Infiltrative



<https://www.erivedge.com/hcp/case-studies/ear-lesions/nodular-infiltrative-bcc-on-ear.html>

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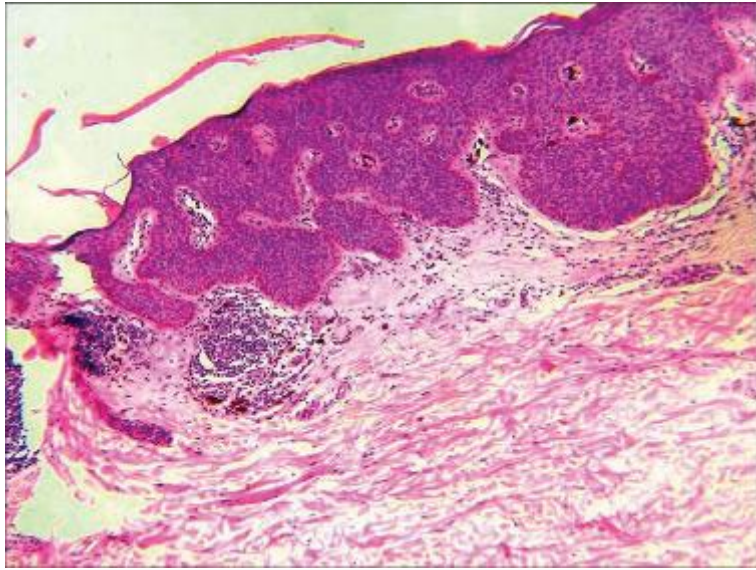
Squamous Cell Carcinoma



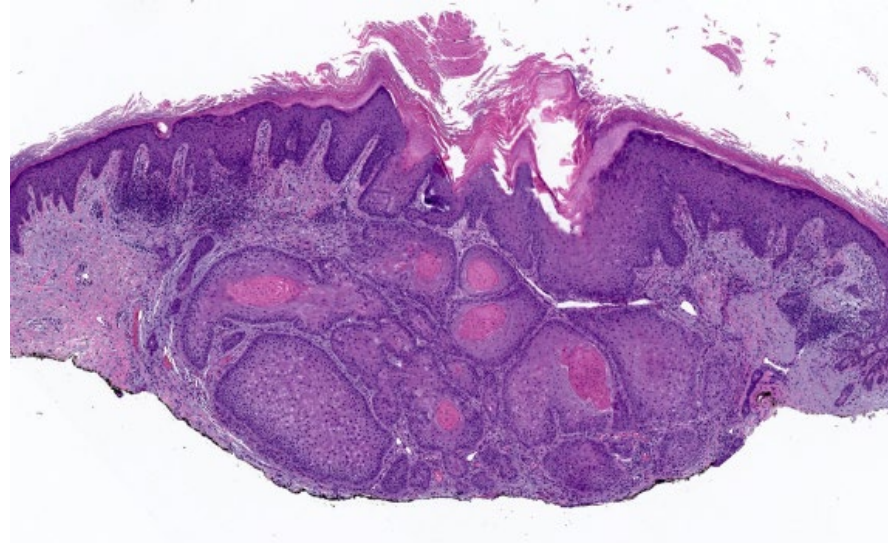
Actinic Keratosis



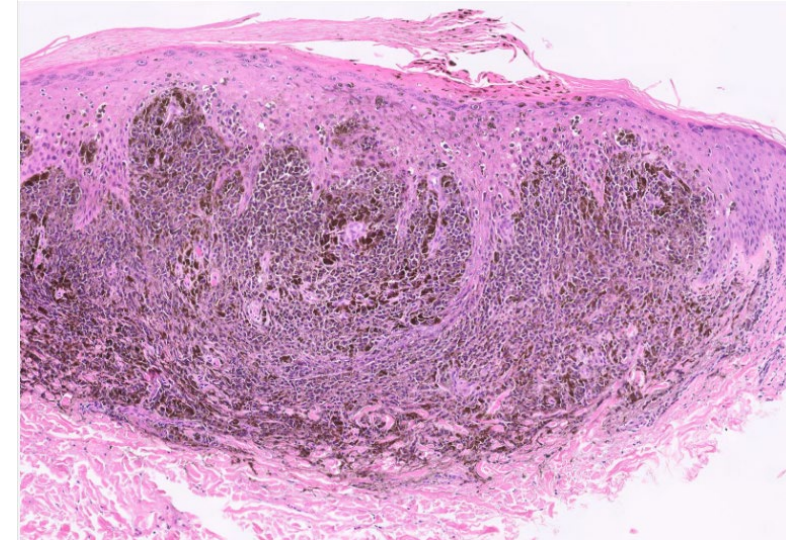
Dermatopathology



BCC



SCC



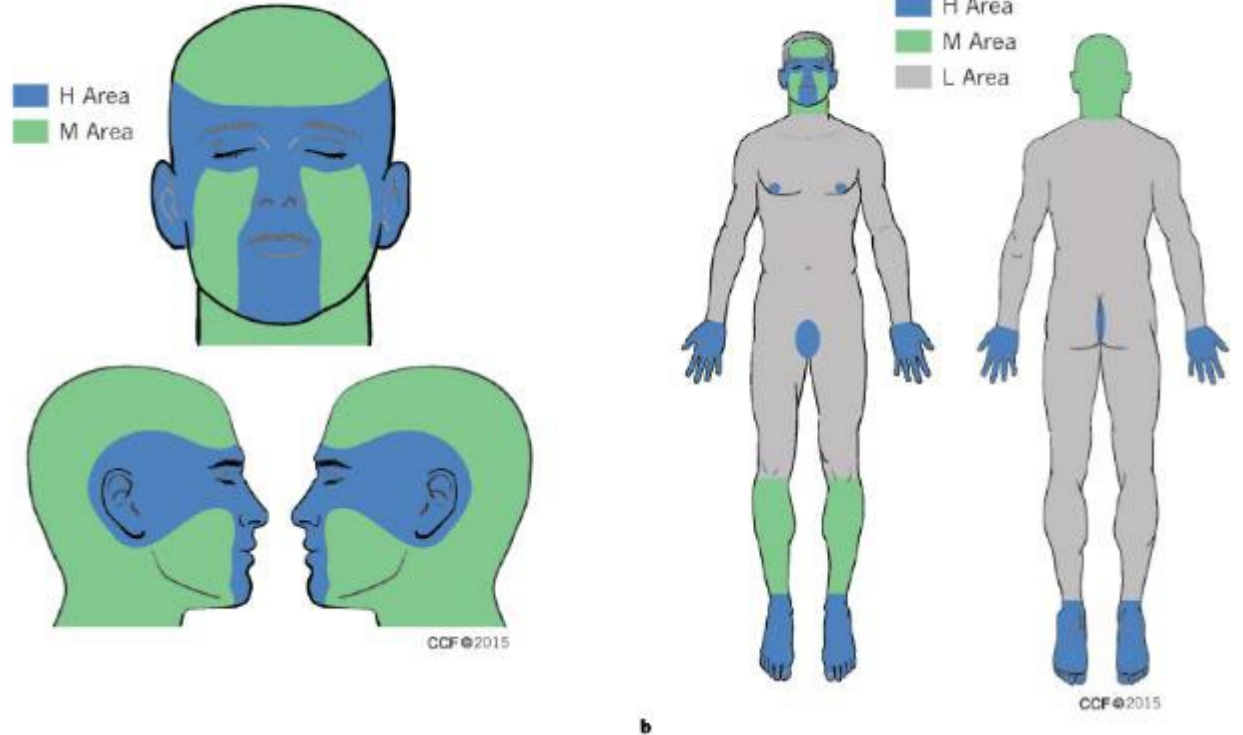
Melanoma

WEBINAR: HOT TOPICS

MMS AUC for BCC, SCC, LM, and MIS Summarized

Area H			
BCC			Primary or recurrent: <ul style="list-style-type: none"> Aggressive Nodular Superficial
SCC	Primary or recurrent: <ul style="list-style-type: none"> AK with focal SCCIS 		Primary or recurrent: <ul style="list-style-type: none"> Aggressive Nonaggressive** Verrucous KA-type SCC* SCCIS/Bowen
LM/MIS			Primary or recurrent: <ul style="list-style-type: none"> LM MIS
Area M			
BCC		Primary: <ul style="list-style-type: none"> Superficial ≤ 0.5 cm 	Recurrent or primary: <ul style="list-style-type: none"> Aggressive Nodular Superficial (IC) Primary: <ul style="list-style-type: none"> Superficial ≥ 0.6 cm
SCC	Primary or recurrent: <ul style="list-style-type: none"> AK with focal SCCIS 		Primary or recurrent: <ul style="list-style-type: none"> Aggressive Nonaggressive** KA-type SCC* SCCIS/Bowen
LM/MIS			Primary or recurrent: <ul style="list-style-type: none"> LM MIS
Area L			
BCC	Recurrent: <ul style="list-style-type: none"> Superficial Primary: <ul style="list-style-type: none"> Nodular ≤ 1 cm Nodular (IC) ≤ 0.5 cm Superficial Superficial (IC) ≤ 1 cm 	Primary: <ul style="list-style-type: none"> Aggressive ≤ 0.5 cm Nodular 1.1-2 cm Nodular (IC) 0.6-1 cm Superficial (IC) ≥ 1.1 cm 	Recurrent: <ul style="list-style-type: none"> Aggressive Nodular Primary: <ul style="list-style-type: none"> Aggressive ≥ 0.6 cm Nodular > 2 cm Nodular (IC) ≥ 1.1 cm
SCC	Primary or recurrent: <ul style="list-style-type: none"> AK with focal SCCIS Primary ≤ 1 cm: <ul style="list-style-type: none"> Nonaggressive** KA-type SCC* SCCIS/Bowen Primary ≤ 0.5 cm: <ul style="list-style-type: none"> SCCIS/Bowen (IC) 	Recurrent: <ul style="list-style-type: none"> SCCIS/Bowen Primary 1.1-2 cm: <ul style="list-style-type: none"> Nonaggressive** SCCIS/Bowen Primary ≤ 1 cm: <ul style="list-style-type: none"> Nonaggressive (IC)** Primary 0.6-1 cm: <ul style="list-style-type: none"> SCCIS/Bowen (IC) Primary ≤ 0.5 cm: <ul style="list-style-type: none"> KA-type SCC (IC)* 	Primary or recurrent: <ul style="list-style-type: none"> Aggressive Recurrent: <ul style="list-style-type: none"> KA-type SCC* Nonaggressive** Primary > 2 cm: <ul style="list-style-type: none"> Nonaggressive** SCCIS/Bowen Primary ≥ 1.1 cm: <ul style="list-style-type: none"> Nonaggressive (IC)** KA-type SCC* SCCIS/Bowen (IC) KA-type SCC (IC) ≥ 0.6 cm*
LM/MIS		Primary: <ul style="list-style-type: none"> LM MIS 	Recurrent: <ul style="list-style-type: none"> LM MIS

*Not central facial
 **SCC with nonaggressive features: < 2 mm depth with no other defining features, Clark level \leq III
 IC = immunocompromised, AK = actinic keratosis, SCCIS = SCC in situ
 ■ Inappropriate for MMS ■ Uncertain for MMS ■ Appropriate for MMS



Siddiqui FS, Leavitt A. Mohs Micrographic Surgery Appropriate Use Criteria (AUC) Guidelines. [Updated 2024 May 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK603719/>

Q&A

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primary care

HOT TOPICS



HEALTH

CARE

HEALTH CARE

with Dr. Christine Luelo



SPEAKER: DISCLOSURE/CONFLICTS



Dr. Christine Luelo
Family physician

Financial sponsors

- Fee for service for clinical work
- Contract for Calgary area PCNs

Potential for conflict(s) of interest:

- None

WEBINAR: HOT TOPICS

Specialist Link tele-advice

New! SCAN: Suspected child abuse and neglect tele-advice (8-5)

- Concerned a child may have experienced abuse, not sure of next steps
 - A parent or child has disclosed abuse, not sure about next steps
 - A child has a physical finding suspicious for abuse & you would like to discuss this with a child maltreatment specialist
 - You have a patient you think needs a sexual abuse examination
- *SCAN is not suitable if a child needs counselling for abuse

Specialist Link
Connecting Primary and Specialty Care

ABOUT US

or 1.844.962.5465 (phone tree shortcuts).

patient care p

Request a call-back

From cardi

ADDICTION MED
COVID-19
GERIATRIC MEDI
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L HEALTH
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> ADDICTION MEDICINE > ANESTHESIOLOGY
> CARDIOLOGY > CHRONIC PAIN
> COVID > DERMATOLOGY
> ENDOCRINOLOGY > PEDIATRICS
> HEMATOLOGY > PEDIATRICS
> NEUROLOGY > PEDIATRICS
> ONCOLOGY > PEDIATRICS
> PEDIATRICS > PEDIATRICS
> SPECIALTY SERVICES > PEDIATRICS
> SURGERY > PEDIATRICS

PEDIATRICS

- Child & Adolescent Gynecology
- Child & Adolescent Psychiatry
- Community Pediatrician
- Pediatric Otolaryngology
- Pediatric Palliative Care
- Pediatric Urology
- Suspected Child Abuse & Neglect**

WEBINAR: HOT TOPICS

Specialist Link tele-advice

New! Pediatric palliative care (9-5)

Complex palliative care symptoms that include:

- Pain
- Nausea
- Dyspnea
- Constipation
- Opioid toxicity
- Delirium
- Depression, anxiety, grief

*Can also support clarification of treatment goals and management plans, decision-making approaching end of life and access to pediatric hospice and family support

The screenshot displays the Specialist Link website interface. At the top left is the logo for Specialist Link, which includes a green circular icon with a white caduceus and the text "Specialist Link" and "Connecting Primary and Specialty Care". To the right of the logo is a link for "ABOUT US". Below the logo, there is a phone number "or 1.844.962.5465 (phone tree shortcuts)". A section titled "Request a call-back" contains a grid of medical specialties. The "PEDIATRICS" specialty is highlighted with a teal arrow icon. A dropdown menu is open for "PEDIATRICS", listing several sub-specialties: "Child & Adolescent Gynecology", "Child & Adolescent Psychiatry", "Community Pediatrician", "Pediatric Otolaryngology", "Pediatric Palliative Care" (which is highlighted with a red rectangular border), "Pediatric Urology", and "Suspected Child Abuse & Neglect".

Specialist Link
Connecting Primary and Specialty Care

ABOUT US

or 1.844.962.5465 (phone tree shortcuts).

Request a call-back

- > ADDICTION MEDICINE
- > ANESTHESIOLOGY
- > CARDIOLOGY
- > CHRONIC PAIN
- > COVID
- > DERMATOLOGY
- > ENDOCRINOLOGY
- > PEDIATRICS
- > HEMATOLOGY
- > ONCOLOGY
- > SPECIALTY SERVICES
- > SURGERY

PEDIATRICS

- Child & Adolescent Gynecology
- Child & Adolescent Psychiatry
- Community Pediatrician
- Pediatric Otolaryngology
- Pediatric Palliative Care**
- Pediatric Urology
- Suspected Child Abuse & Neglect

Specialist Link tele-advice

Transitioning Specialist Link tele-advice
turnaround time for return calls
from **1 hour > 2 hours**

- Goal is to enhance consistency and reliability of service
- Updates to messaging on website and pathways are in progress (e.g., pathways)
- Official change expected by end of 2024



TOPIC: PRIMARY CARE HOT TOPICS

Referrals via FAST

(Facilitated Access to Specialized Treatment)

Refer via fax (1.833.627.7023) for:

- [General surgery](#)
- [Gynecology](#)
- [Orthopedics](#)
- [Urology](#)
- [Vascular surgery](#)

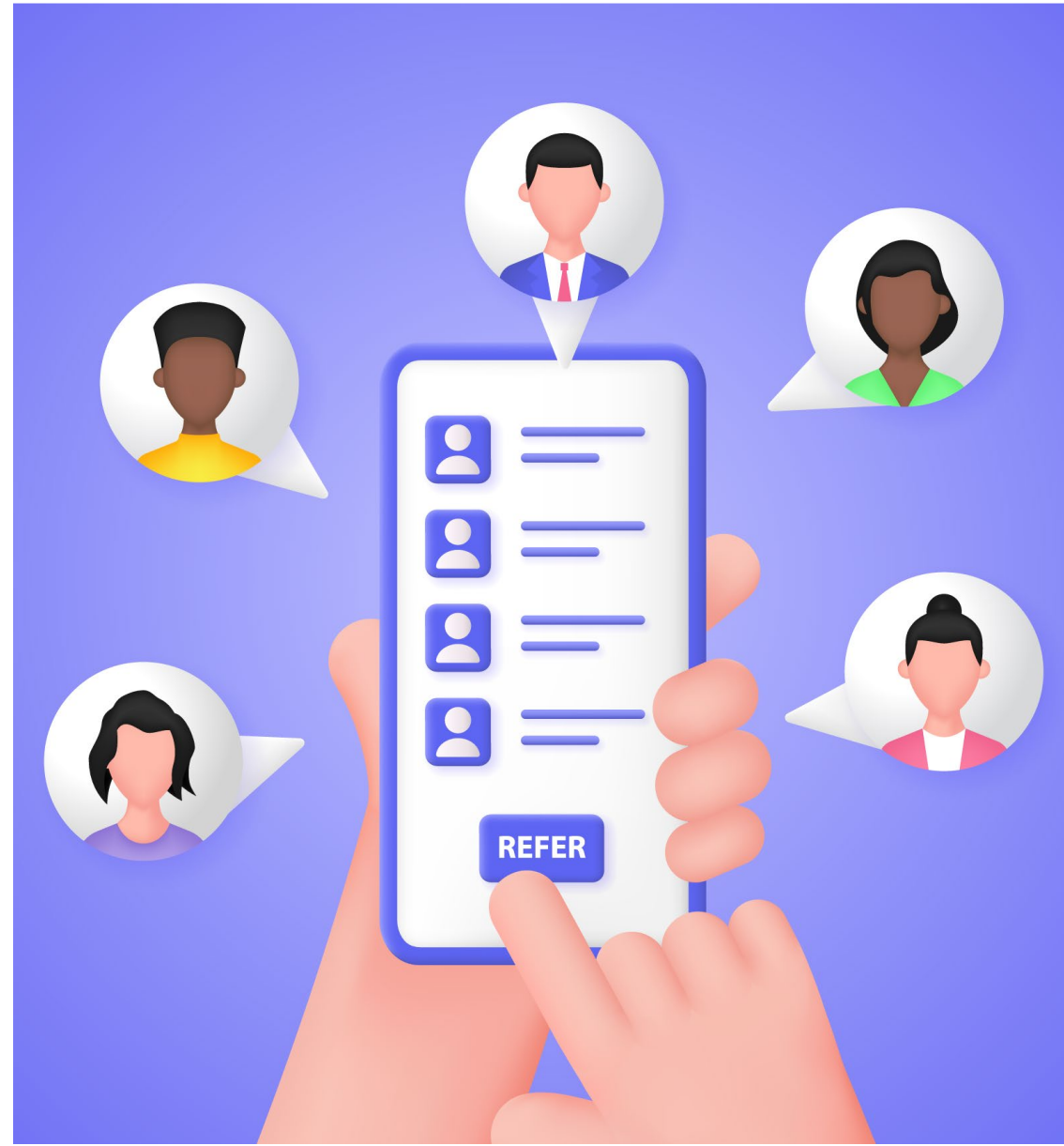
*Pathways also available via Specialist Link

Pelvic exam for gyne referrals:

- Referrals should indicate pelvic exam findings

Spine referrals no longer accepted

- Submit directly to surgeon of choice



WEBINAR: HOT TOPICS

Lab changes

Rural labs

- Rural labs have removed serum/plasma aspartate aminotransferase (AST) and total protein from their onsite test menu
- Still available to order but will be sent to alternative location, e.g., Calgary Diagnostic and Scientific Centre
- CRP will be added to the onsite test menu of 25 rural laboratories

Urine cytopathology

- Indicated to diagnose high-grade urothelial carcinoma and should only be ordered when there is a suspicion of bladder cancer
- Even when appropriately ordered, a negative result on urine cytology does NOT rule out cancer.
- Urine cytology is not required prior to urology referral

*Page 4 of the [provincial urology referral pathway](#)



LABORATORY

WEBINAR SERIES: TILL NEXT TIME

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Thank you for attending!

Survey for Mainpro+ credits:

<https://survey.alchemer-ca.com/s3/50273852/Calgary-Zone-Primary-Care-Webinar-Survey-September-2024>



Feedback, issues, support or complaints:

info@calgaryareapcns.ca

Next planned webinar:

Monday, November 18, 2024

www.eventbrite.ca/e/calgary-zone-primary-care-networks-webinar-series-november-tickets-1026962391157?aff=oddtcreator

