

# Timeline Model in Manitoba for the Colon or Rectal Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days



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P C P	ENDOSCOPY (SEMI-URGENT) (27 DAYS)			PATH. REPORTED (7D) SURGICAL FOLLOW- ± CT / MRI / EUS	UP / CONSULT	MED ONC OR RAD O (10 DAYS	NC CONS	ULT	(21 DAYS CHEM HERAPY /	OTHERA			

visits,	<b>l</b> ests	and	Procedures

Milestones in the Colorectal Cancer Clinical Pathway	Timeline
1. Primary care orders diagnostic work up and initiates referral to endoscopy specialist	Within 1 day of patient visit
Endoscopy     A) Urgent to Surgeon     B) Semi-urgent to specialist competent in endoscopy	Within 13 days of referral Within 27 days of referral
3. Pathology sign-off and reporting	Within 7 days of endoscopy
4 A) CT / MRI / EUS B) Surgical Consult or Follow-Up	Within 10 days of endoscopy Within 10 days of endoscopy
A) First Surgery     B) Medical Oncology or Radiation Oncology consult	Within 21 days of surgical consult Within 10 days of surgical consult
6. First Chemotherapy or Radiation therapy treatment, or Palliative Care Consult	Within 10 days from Med Onc / Rad Onc consult



## Work-Up of Suspected COLON or RECTAL CANCER

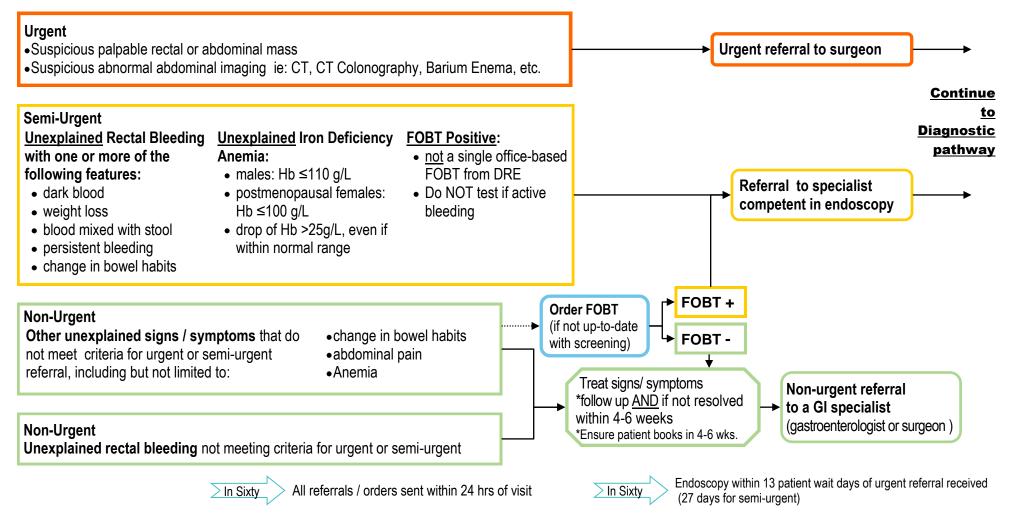
Timeline and Legend pg.6

RISK FACTORS: Personal history of colorectal adenomas, CRC, inflammatory bowel disease, FAP or HNPCC, first degree relative with colorectal cancer (esp. if <60 years of age), male gender and/or age ≥ 60. Not up-to-date with screening (colonoscopy in past 5 yrs/ FOBT in past 2 yrs.)

PRACTICE POINTS: Abdominal & rectal exam and a CBC done on <u>all</u> patients with symptoms suspicious for colorectal cancer.

PRACTICE POINTS: All referrals sent within 24 hrs of visit. Provide <u>complete</u> information as requested to avoid delays. Ensure patient and family is well informed and receives appointment information. If patient is in distress, offer referral to local counsellor.

See <u>Supporting Information for Clinicians</u> (pg 5) for contacts and resources. Contact the **Cancer Question Helpline for Primary Care** for assistance.



#### **Suspicion Pathway Notes:**

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a high clinical suspicion of cancer triggers further cancer-focused investigation.

Only requisitions for patients who fit the red pathway should be noted as "urgent" to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway.

Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.

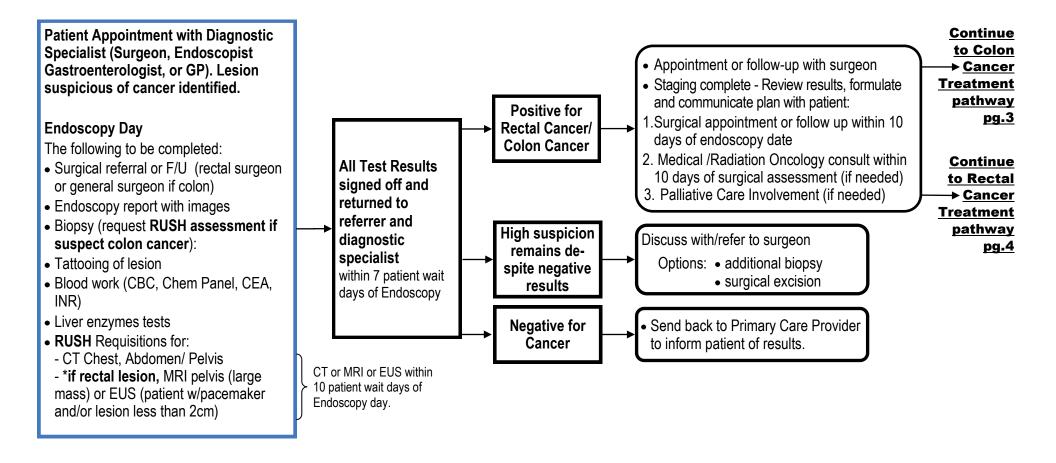


## Diagnostic & Treatment Plan Pathway COLON or RECTAL CANCER

Timeline and Legend pg.6

PRACTICE POINTS: All patients receive endoscopy to surgical consult within 10 patient wait days max. CT Chest, Abdomen/Pelvis, MRI pelvis, or EUS within 10 days of endoscopy day.

**PRACTICE POINTS:** Ensure patient is well informed and receives appointment information. Offer patients connections with psychosocial clinicians and cancer navigation services (see **Supporting Information for Clinicians**, pg 5). Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patients.



In Sixty

Endoscopy within 13 patient wait days of urgent referral received (27 days for semi-urgent)

> In Sixty

Surgical consult within 10 patient wait days of Endoscopy day for all patients

### **Diagnostic Pathway Notes:**

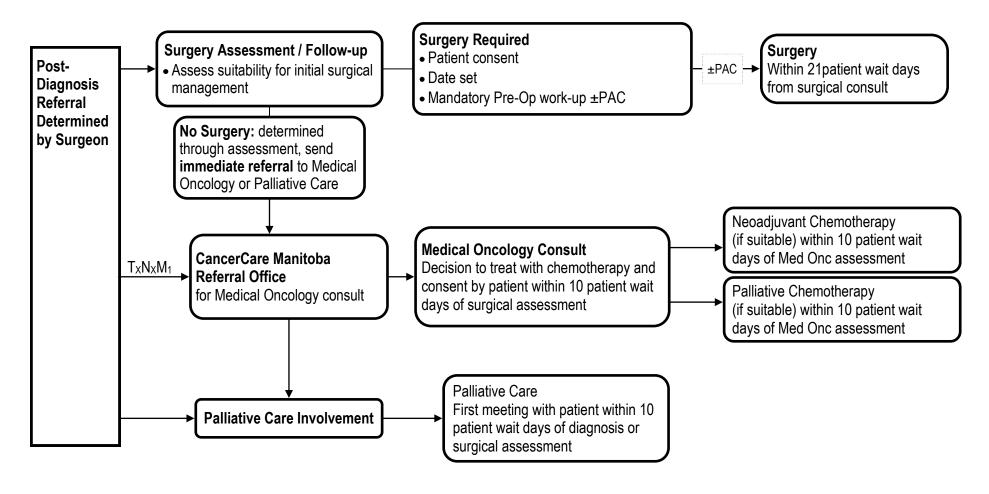
Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation.

Only requisitions for patients who fit the red pathway should be noted as "urgent" to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement. Patients may be moved on to next clinically appropriate step prior to "all" test results returned.



## **Treatment Pathway: COLON CANCER**

PRACTICE POINTS: Ensure Patient understands plan for first treatment. Ensure patient is well informed and receives appropriate information such as surgical procedure, palliative program, or a CancerCare patient guide. Offer patients connections with psychosocial clinicians and cancer navigation services (see <u>Supporting Information for Clinicians</u>, pg 5). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with the patient.



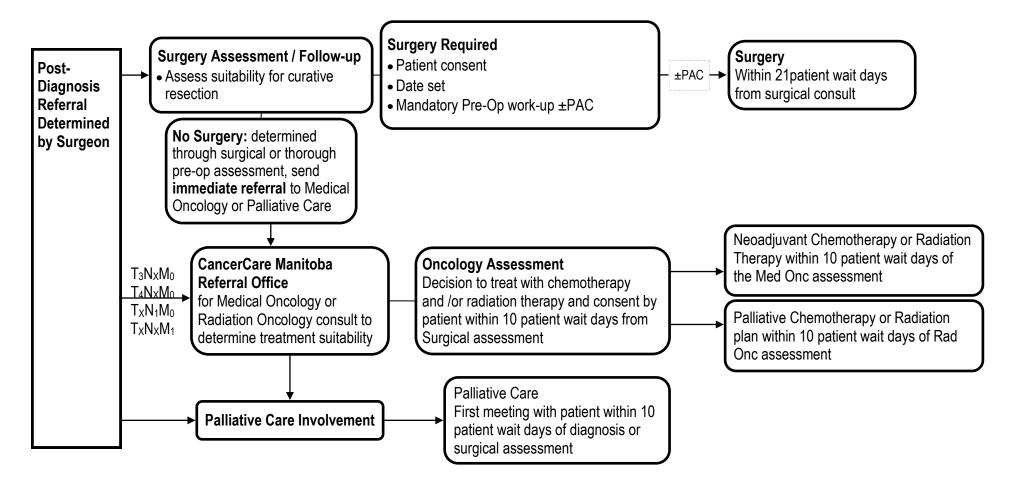


Specialist consult to Chemotherapy or Palliative Care as first treatment in 10 patient wait days or less to surgery in 21 patient wait days or less

## **Treatment Pathway Notes:**



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Specialist consult to Chemotherapy, Radiation Therapy or Palliative Care as first treatment in 10 patient wait days or less to surgery in 21 patient wait days or less

#### **Treatment Pathway Notes:**



## **Supporting Information for Clinicians**

### **Urgent, Emergent and Afterhours Care for Cancer Patients**

All questions of an emergent nature about the care or referral of a cancer patient, page the <u>Oncologist on call</u>. For palliative care or symptom management consultation, page the WRHA Palliative Care physician on call.

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)

For emergencies, please direct patients to go direct to their local Emergency Department. Patients must inform Emergency staff of their cancer type, medications, and oncologist name.

## **Cancer Navigation and Patient Support Services**

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs	
<ul> <li>Interlake-Eastern RHA</li> </ul>	Toll-free: 1-855-557-2273
Prairie Mountain Health	Toll-free: 1-855-346-3710
<ul> <li>Northern Health</li> </ul>	TBD
Southern Health-Santé Sud	Toll-free: 1-855-623-1533
Winnipeg Psychosocial Oncology Clinicians and other supportive care services, CCMB Patient and Family Support Services	204-787-2109

### **Cancer Question Helpline for Primary Care**

For help with cancer-related questions including work-up or diagnosis: Monday to Friday 8:30 a.m.- 4:30 pm

Call or text/sms messaging	204-226-2262 cancer.question@cancercare.mb.ca				
Email	cancer.question@cancercare.mb.ca				
Online form:	www.cancercare.mb.ca/cancerquestion				

## **Clinical Support Contact Numbers**

Available during office hours

Oncologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
Oncologist on call, St. Boniface General Hospital	204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)
WRHA Palliative Care Program for patients in Winnipeg	204-237-2400
Rural Palliative Care: contacts vary between regional programs	Contact your health region
CCMB Pain & Symptom physician (reception line - request Pain & Symptom physician on call)	204-237-2033
CCMB Transition & Palliative Care Clinical Nurse Specialist	204-235-3363 204-931-3061(p)
CCMB First Nations, Inuit, Métis Cancer Control Patient Access Coordinator	Toll-free: 1-855-881-4395
CCMB Central Referral Office: Referral Form & Guides: www.cancercare.mb.ca - 'Referrals' link	204-787-2176(t) 204-786-0621(f)





## **Colon and Rectal Cancer Pathway**



#### When Do the 60 Days Begin?

The start point has been defined as clinical suspicion—the date of the patient visit when a health care provider suspects cancer and thus initiates diagnostic testing or specialist referral.

The start point can also include the date of an abnormal result from a screening test at a cancer screening program (such as ColonCheck).

A "patient wait day" includes weekend and holiday days as it refers to any day the patient is left waiting for information, discussion, tests, diagnosis and treatment, thus causing additional worry or confusion for the patient. The timeline for pathways in a cancer patient journey focus on decreasing patient wait days.

Milestones in the Colorectal Cancer Clinical Pathway	Timeline
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#### **Hearing the Patient Voice**

Patients involved in the improvements occurring through In Sixty have reviewed their experiences and collectively developed guidelines for health providers to better hear the voice of patients, and thus improve the patient experience.

#### Guidelines

Communication with patients should:

- Be individualized. Be truthful and transparent.
- Be consistent.
- Be in non-medical jargon use simple language.
- Be quality information.
- Be caring.

- Be active, interactive and proactive.
- Be ongoing, not one time.
- Be done in an appropriate setting and context.
- Be inclusive of patients and their families.
- Be culturally competent and responsive

For a full version of the Patient Communication Principles and Guidelines, please email cancerjourney@gov.mb.ca

### **Pathway Legend**

	Symptoms/Results	•	Urgent
$\bigcirc$	Monitor/Manage	•	Semi-urgent
	Action	•	Non-Urgent
dotted	Option	•	Test

01	1 02 03 04 05 06 07 08 09 10 11 12 13 14	1 15 16 17 18 19 20 21 22 23 24	25 26 27 28	29 30 31 32 33 34	35 36 37 38	39 40 41 42 43 44	45 46 47 48	8 49 50 51	52 53	54 55	56 57	58 5	59 6
Ρ		PATHOLOGY REPORTED	Surgery										
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