

CANCER *talk*

CONNECTING WITH MANITOBA'S PRIMARY CARE PROVIDERS

ASK the Expert

Susan Green, MD, FRCPS



THE CT SHOWS METASTATIC LUNG CANCER. WHY WON'T THE MEDICAL ONCOLOGIST SEE MY PATIENT WITHOUT A TISSUE DIAGNOSIS?

Approximately 50% of patients with lung cancer will have stage IV (metastatic) disease at presentation. Although stage IV lung cancer is incurable, recent advances in systemic treatment mean patients are living longer than ever. Selecting the appropriate systemic treatment (and thereby prolonging median overall survival) is dependent on obtaining pathology. As a primary care practitioner, you can help by referring your patients for biopsy in a timely manner.

There are many ways in which pathology affects treatment decisions. First, we consider **histology**: either small cell lung cancer (SCLC) or non-small cell lung cancer (NSCLC), with NSCLC further subdivided into squamous cell carcinoma and non-squamous cell carcinoma. Although chemotherapy is almost always a platinum doublet (i.e. cisplatin or carboplatin with a second chemotherapeutic drug), the ideal second chemotherapeutic drug varies by histology (generally etoposide for small cell lung cancer, pemetrexed for non-squamous NSCLC, and gemcitabine, paclitaxel or others for squamous NSCLC). Furthermore, in non-squamous NSCLC, there is a 15-20% chance of finding **actionable mutations** in the cancer cells (e.g., ALK rearrangements, EGFR mutations, or ROS1 rearrangements). For patients with these actionable mutations, first-line treatment is usually an oral tyrosine kinase inhibitor (TKI). In patients whose tumours lack actionable mutations, the level of **PD-L1** on tumour cells becomes important. If PD-L1 is $\geq 50\%$, we will often recommend first-line treatment with

the immune checkpoint inhibitor pembrolizumab alone; for patients with PD-L1 $< 50\%$, we will often recommend chemotherapy plus pembrolizumab.

Historically, median overall survival for patients with metastatic lung cancer was 3-4 months without systemic treatment, and 11-12 months with first-line chemotherapy. With these newer treatments, prognoses can range from 17-22 months (for PD-L1 $< 50\%$) to 26 months (for PD-L1 $\geq 50\%$) to 5-7 years (with EGFR/ALK TKIs)!

So how do you get a biopsy? Typically, we would suggest a biopsy that can get you the most amount of tissue, with the least amount of morbidity. It will also depend on local resources and wait times. Sites to biopsy may include palpable findings suspicious for cancer (e.g. supraclavicular lymph nodes or subcutaneous nodules), enlarged mediastinal/hilar lymph nodes (consider endobronchial ultrasound/EBUS), pulmonary nodules (CT-guided biopsy if peripheral, or bronchoscopy/EBUS if central), or metastatic lesions (e.g., CT or ultrasound-guided biopsy of liver metastases). Even in non-surgical patients, Thoracic Surgery is ideally suited and willing to assist with pathologic diagnosis.

The Cancer Question Helpline is always available to help (204-226-2262 or cancer.question@cancercare.mb.ca).

If you have questions regarding the work-up of suspected cancer or any other cancer-related questions, please contact The CancerQuestion Helpline for Healthcare Professionals

204-226-2262 or cancer.question@cancercare.mb.ca

Monday to Friday 8:30 a.m. to 4:30 p.m.



Kathleen Decker, PhD
Senior Scientist, Research Institute,
CCMB & UofM



Maclean Thiessen, BSc, MD, FRCPS
Medical Oncologist, CCMB

COVID-19 RESEARCH

Restrictions aimed at reducing the spread of COVID-19 may have serious medical and psychosocial consequences for people living with cancer. For example, social distancing, the reallocation of health care resources, and new procedures implemented to keep people safe may lead to delays in cancer screening, diagnosis, and treatment. Currently, research funded by Research Manitoba and CancerCare Manitoba Foundation to better understand the impact of COVID-19 on those living with cancer in Manitoba is underway. Health care administrative and clinical data as well as patient responses through surveys and interviews are being used to examine the effect of the pandemic and understand how telemedicine can be optimized. Some of the outcomes being focused on include how the pandemic has impacted the rate and stage of cancer diagnoses, treatment timing and sequence, survival, and patient satisfaction both in general and with respect to telemedicine. We aim to provide results to health care providers, patients, and decision-makers on an on-going basis over the next two years.

As part of this research, patients receiving radiotherapy and/or IV treatments through CancerCare Manitoba (CCMB) are being

surveyed. If you have a patient receiving treatment at a CCMB treatment site, feel free to inform them that they can request a survey card when they are receiving their treatment. These cards contain instructions about how they can participate in this research.

For primary care clinicians looking for information that is cancer specific to guide them in providing care during the pandemic, the American Society of Clinical Oncology has a free, up-to-date, clinician oriented web resource that may be helpful <https://www.asco.org/asco-coronavirus-information/care-individuals-cancer-during-covid-19>.

Additional information on this topic is available from the Canadian Partnership Against Cancer - <https://www.partnershipagainstcancer.ca/covid-19/resources-healthcare-providers/cancer-treatment/>



Sri Navaratnam, MBBS, PhD, FRCPC
President & CEO, CancerCare Manitoba



Tunji Fatoye, MD, CCFP
Head, Department of Primary Care Oncology

Greetings from CCMB & Department of Primary Care Oncology

The Department of Primary Care Oncology at CancerCare Manitoba is responsible for the recruitment and professional development of Family Physicians in Oncology (FPOs) across Manitoba. The department promotes educational and scholarly activity initiatives for Primary Care Providers in all settings across the province to advance evidence-based knowledge, and to facilitate equitable cancer care to improve patient experience and outcomes. It partners with the Community Oncology Program, Cancer Navigation Services and the Underserved Population Program at CancerCare Manitoba to support the delivery of care and services to all Manitobans.

The department also coordinates physician resources for the

Urgent CancerCare Clinic where patients with concerns and/or complications from their cancer and/or blood disorder or the treatment of these conditions have access to timely medical advice and treatment as appropriate.

Its direct relationship with the Department of Family Medicine at the Max Rady College of Medicine ensures that relevant cancer education is brought to family physicians at all levels of their education and training.

We thank you for the important work you do as we continue to strengthen our relationship with the Primary Care community.



Maged Nashed, PhD, MRCP, FRCPC
Radiation Oncologist, CCMB



NEW LIVER DISEASE SITE GROUP

Over 100 are diagnosed with either hepatocellular carcinoma (HCC) or cholangiocarcinoma in Manitoba each year. Only one in every four patients with HCC lives for more than two years after diagnosis which is the worst overall survival rate among Canadian provinces. This dismal outcome did not change between 2011 and 2015. Moreover, only 20% of newly diagnosed cases received a potentially curative treatment while more than two thirds received supportive care only.

A group of concerned physicians started a monthly multidisciplinary tumour board (MDTB) meeting in 2015 to discuss difficult cases with liver cancers. As medical teams recognized the benefits from these meetings and referred more cases, those meetings became more frequent and better attended by members of the relevant disciplines. Early in 2020, the group was recognized as an independent Disease Site Group (DSG).

Our meetings are currently held virtually using MS Teams at 7:00 a.m. every first and third Friday of the month. Meetings are attended by staff from Radiation and Medical Oncology, Hepatology, Pathology, Hepatobiliary Surgery, and Diagnostic and Interventional Radiology. We discuss cases with HCC, intrahepatic cholangiocarcinoma, and liver metastases. Multiple, non-surgical local treatment modalities are now available for Manitoban patients

including trans-arterial chemoembolization (TACE), radiofrequency ablation (RFA) and stereotactic body radiotherapy (SBRT).

The liver cancer DSG has plans for expanding and restructuring the service. In 2021, a Nurse Navigator is to be appointed, whose role will be to facilitate the diagnostic workup of a patient with a suspected liver malignancy and to streamline the process of referral from primary care to CancerCare Manitoba (CCMB). The group will also develop comprehensive guidelines for the management of HCC. In 2022, we hope to start a biweekly multidisciplinary Liver Cancer clinic.

Members of the Liver Cancer DSG are eager to collaborate with primary care clinicians in the community to expedite the diagnostic workup of patients with a suspected liver malignancy and to facilitate the referral process. In some cases, radiological suspicion of cancer constitutes a sufficient reason for initiating a referral. Therefore, an early communication with the DSG through the Central Referrals Office at CCMB, Fax (204) 786-0621, is encouraged. Clinicians may also email maged.nashed@cancercare.mb.ca if advice is required on diagnostic workup or management-related issues. Referring physicians, even from outside the DSG, are welcome to join our biweekly virtual meetings.

UPCOMING VIRTUAL EDUCATION EVENTS

February 18, 2021, 12 to 1 p.m.

Community Oncology Rounds: Polypharmacy & Delirium - Dr. Lalitha Raman-Wilms

February 26, 2021, 12 to 1 p.m.

Cases in Cancer: Pain & Symptom Management - Dr. Joel Gingerich

March 4, 2021, 12 to 1 p.m.

Community Oncology Rounds: Head & Neck Cancers - Dr. Alok Pathak

March 12, 2021, 12 to 1 p.m.:

Cases in Cancer: Hepatobiliary Cancers/Cancers of the Liver - Dr. Benjamin Goldenberg, Dr. Maged Nashed & Dr. Robin Visser

April 16, 2021, 12 to 1 p.m.

Cases in Cancer: CLL - Dr. Versha Banerji

For more information, please contact Rhona Porter - rporter@cancercare.mb.ca



Implementation of BI-RADS at BreastCheck, CancerCare Manitoba

BreastCheck, CancerCare Manitoba provides breast density information to patients in screening mammogram result letters. Density is currently reported in one of *two* categories. Effective January 1, 2021, BreastCheck will be reporting breast density in *four* categories using the Breast Imaging-Reporting and Data System (BI-RADS). For more information about BI-RADS and to facilitate informed discussion with your patients about their screening mammogram results, see our resource entitled [BreastCheck Results: Patient Discussion Guide](#) (PDF)

Cancer prevention in Canada: What can we do?

Join us Thursday, February 4, 2021 from 12:00 – 1:00 p.m. (CST) for an interactive webinar about current cancer trends and how we can make an impact on the future burden of cancer in Manitoba. This Group Learning program has been certified by the College of Family Physicians of Canada and the Manitoba Chapter for up to 1 Mainpro+ credits. [Click here](#) to register.

**THURSDAY
FEBRUARY
4, 2021
12 P.M. - 1 P.M.
CENTRAL STANDARD TIME**

FREE WEBINAR
Speakers:
Dr. Christine Friedenreich
Dr. Darren Brenner
Co-Principal Investigators for the ComPARE study
funded by the Canadian Cancer Society
REGISTER AT:
cancercare.mb.ca/screening/hsp

This Group Learning program has been certified by the College of Family Physicians of Canada and the Manitoba Chapter for up to 1 Mainpro+ credits.

We need your help!

The Department of Primary Care Oncology recognizes the current schedule of CME sessions may not accommodate for busy clinic schedules. To better understand the needs of Primary Care Providers, we are reaching out to determine interest and availability for attending education sessions outside typical business hours. To help us with our planning, please consider completing this [brief survey](#).

Link: <https://www.surveymonkey.com/r/WF6LDNM>

CONTACT US!

PROVINCIAL CANCER REFERRAL & NAVIGATION SERVICES (PCRN)

CCMB CENTRAL REFERRAL:

204-787-2176

FAX: 204-786-0621

M-F, 0830-1630, closed Stat Holidays

Emergency Referrals:

HSC PAGING: 204-787-2071

ST. BONIFACE PAGING: 204-237-2053

REGIONAL NAVIGATION SERVICES:

Winnipeg Navigation Services: 1-855-837-5400

Interlake Eastern: 1-855-557-2273

Prairie Mountain Health: 1-855-346-3710

Southern Health-Sante Sud: 1-855-623-1533

Northern Health: 1-855-740-9322

**DEPARTMENT OF PRIMARY CARE ONCOLOGY
COMMUNITY ONCOLOGY PROGRAM
CANCERCARE MANITOBA**

204-784-0223 or 204-784-0224

MEDICAL & RADIATION ONCOLOGISTS & HEMATOLOGISTS

FOR PRIMARY CARE PROVIDERS

Need to contact an Oncologist?

PLEASE NOTE THAT ALL PERSONAL PAGERS HAVE BEEN DISCONTINUED.

PLEASE USE HOSPITAL PAGING TO CONTACT AN ONCOLOGIST.

HSC PAGING: 204-787-2071

ST. BONIFACE PAGING: 204-237-2053

WELCOME TO CANCERCARE



Dr. Chantalle Menard

Dr. Chantalle Menard has joined the Department of Medical Oncology and Hematology at CancerCare Manitoba. Dr. Menard completed her medical degree and postgraduate internal medicine and hematology training at the University of Manitoba and has recently completed the Advanced Training in Hematologic Malignancy Fellowship at the University of Manitoba, with a focus on Leukemia, Transplant and Lymphoproliferative disorders. Dr. Menard's clinical work will be within the BMT/Leukemia and the Lymphoproliferative DSGs.

Dr. Sapna Oberoi

The Pediatric Oncology and Hematology Department at CancerCare Manitoba is pleased to announce the appointment of Dr. Sapna Oberoi to the position of Pediatric Oncologist-Hematologist and Assistant Professor, Department of Pediatrics and Child Health at the University of Manitoba, effective September 1, 2020.

