ISSUE 47 • SPRING 2024

CANCER talk

CONNECTING WITH MANITOBA'S PRIMARY CARE PROVIDERS

UPwords

NETWORK NEWS FOR PRIMARY CARE PROVIDERS

NEW RADIATION THERAPY PATIENT EDUCATION VIDEO SERIES

Important Information for Healthcare Providers

We are excited to introduce a new patient education video series entitled *A Guided Journey: Understanding Radiation Therapy in Cancer Treatment*. The video series is approximately 35 minutes long and provides valuable insights into the steps of the radiation treatment journey.

Dive in and empower yourself to assist patients undergoing radiation therapy. We believe that your investment of time in understanding these videos will empower you to provide elevated support and information to patients undergoing radiation therapy, and we look forward to the positive impact these videos will have on our shared commitment to outstanding patient care.

UPDATES TO CANCER SCREENING

- gFOBT is discontinued
- Revised FIT requisition form
- BreastCheck update

View page 4 for more.

EARLY PALLIATIVE CARE IN HEPATOCELLULAR CARCINOMA

Improving quality of life alongside standard treatment.

Read more on page 6.

PROFESSIONAL DEVELOPMENT AWARDS

Applications are open until April 12, 2024

Check out page 9 for details.

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, Monday to Friday 8:30 a.m. to 4:30 p.m.
(204) 226-2262 or cancer.question@cancercare.mb.ca

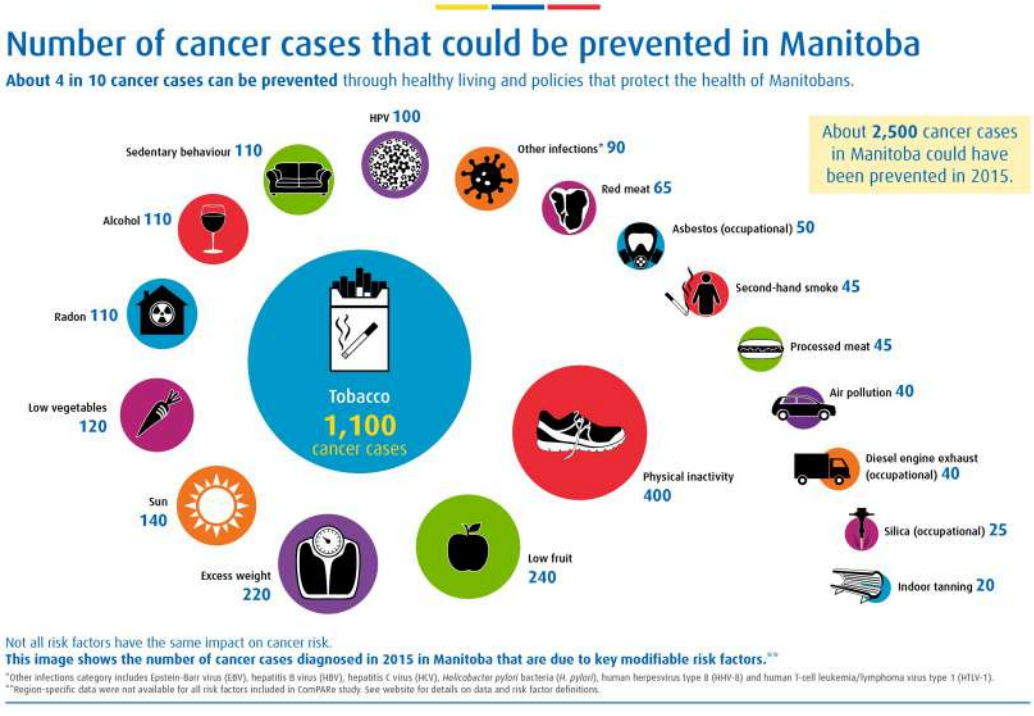
Message from Chief of Population Oncology

ON THE SUBJECT OF PREVENTION...

Dr. Donna Turner, CHIEF OF POPULATION ONCOLOGY

Recent statistics[1] show that about 7,400 Manitobans are diagnosed with cancer each year, a number increasing by about 2% per year according to CCMB's epidemiologists. Most of this increase is due to our growing, ageing population – but we can stem the tide by focusing on prevention.

Data from the ComPARe study[2] (see *prevent.cancer.ca*) show that about 40% of cancers could be prevented in Canada if we applied everything we know from science about decreasing modifiable cancer risk factors. Tobacco (smoking or chewing) remains the top preventable risk factor, responsible for over 15% of cancers diagnosed today. The next most common risk factors include physical inactivity, diet, excess weight and sun exposure. Most people have heard these things, but perhaps have not fully appreciated the actual measurable impact of reducing their risk in these areas. And there's more – it's important to limit alcohol intake, down to as little as two standard-size drinks per week, according to new national guidelines.[3] Manitobans should also ensure they are vaccinated against human papillomavirus (HPV) and hepatitis B, and have their homes tested (and remediated if necessary) for radon, which is relatively common in Manitoba due to our geology. The ComPARe study clearly illustrated the impact of these and other risk factors for Manitobans:



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The ComPARe study also highlighted that some kinds of cancer are more preventable than others: applying what we know today, 100% of cervical cancers and 86% of lung cancers could be prevented, followed by a majority of head and neck cancers (75%), stomach cancers (71%), esophageal cancers (66%), melanoma (65%), liver cancers (59%) and bladder cancers (52%). At the other end of the spectrum, only 4% of prostate cancers and 19% of ovarian cancers could be prevented based on current knowledge. Research continues into other potential risk factors and what we can do to make the right "healthy" choice the easy choice.

If we can't prevent cancer, we should aim to find it early. CancerCare Manitoba currently runs three screening programs (BreastCheck, CervixCheck and ColonCheck) for asymptomatic, average-risk individuals in key age groups (see cancercare.mb.ca/screening). These programs aim to find cancers early when the tumours are small and treatment is most effective. Importantly, two of these programs (CervixCheck and ColonCheck) can also prevent cancer by detecting pre-cancerous lesions – by removing these, subsequent cancer is avoided.

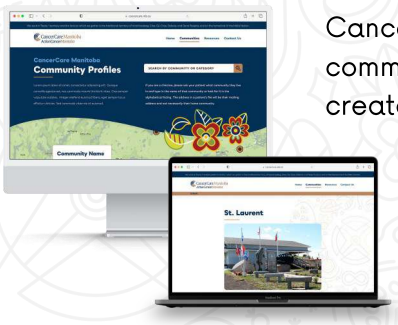
In short, there is a lot we can do to prevent cancer by applying what is known about risk factors today. More information on prevention and what can be done to reduce Manitobans' risk for cancer can be found on CCMB's website at cancercare.mb.ca/prevention.

References

1. Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. Canadian Cancer Statistics 2023. Toronto, ON: Canadian Cancer Society;2023. Available at: cancer.ca/Canadian-Cancer-Statistics-2023-EN (accessed March 18, 2024).
2. Brenner DR, Poirier AE, Walter SD on behalf of the ComPARe Study Group, *et al.* Estimating the current and future cancer burden in Canada: methodological framework of the Canadian population attributable risk of cancer (ComPARe) study *BMJ Open* 2018;8:e022378. doi: 10.1136/bmjopen-2018-022378. Material available at: www.prevent.cancer.ca (accessed March 18, 2024).
3. Paradis C, Butt P, Shield K, Poole N, Wells S, Naimi T, Sherk A., & the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. (2023). Canada's Guidance on Alcohol and Health: Final Report. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction. Material available at www.ccsa.ca (accessed March 18, 2024).

Community Profiles

First Nations ◦ Métis ◦ Inuit



CancerCare Manitoba, in partnership with First Nation, Métis, and Inuit communities, has launched an innovative website to help healthcare professionals create safer and more comprehensive care plans for patients returning to their communities. The Indigenous Community Profiles website is a valuable resource that provides geographical and travel information, as well as details on healthcare and community resources in Indigenous communities.

Visit ccmbindigenouscommunityprofiles.ca

UPDATES FROM THE CANCERCARE MANITOBA SCREENING PROGRAMS

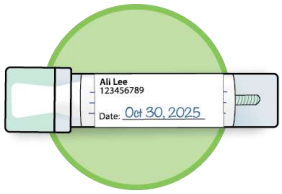
The Fecal Immunochemical Test (FIT) Requisition form has been updated to include:

- **Expanded criteria for test indication**, specifically in childhood and young adult cancer survivors and transplant candidates/recipients.
- **Clinician ability to request a FIT at 5 years post-colonoscopy if indicated.** Colorectal cancer screening guidelines continue to recommend that most patients return to FIT screening 10 years after a normal, complete, high-quality colonoscopy or a finding of low-risk adenoma(s). If you feel your patient would benefit from a return to FIT 5-10 years after a colonoscopy, submit a requisition to ColonCheck.

If your patient is ineligible for a FIT, ColonCheck will send you a response indicating the reason for the rejection.

FIT is not a replacement for an incomplete or unsatisfactory colonoscopy – in these cases, the colonoscopy should be repeated.

The gFOBT (6-sample) has been discontinued for colorectal cancer screening.



- Completed gFOBT tests returned to Cadham Provincial Laboratory, Shared Health Diagnostic Laboratory, or Dynacare Lab will NOT be analyzed.
- **Patients submitting a completed ColonCheck FOBT to Cadham Provincial Laboratory and are:**
  - **eligible** will be automatically sent a repeat FIT.
  - **ineligible** will NOT be sent a repeat FIT. ColonCheck will send the patient a letter advising their ineligibility and recommend that they speak to their healthcare provider for colon cancer screening options.
- Patients submitting a completed FOBT to either Shared Health Diagnostic Laboratory or Dynacare Lab will be told to contact ColonCheck for a FIT. If eligible for colorectal cancer screening, a FIT will be sent. If ineligible, they will be advised to speak to their healthcare provider for colon cancer screening options.
- Patients who have an FOBT at home can request a FIT in one of the following ways:
  - ⇒ Request a kit online at cancercare.mb.ca/coloncheck.
  - ⇒ Contact ColonCheck by phone at 1-855-952-4325 or email ColonCheck@cancercare.mb.ca.
  - ⇒ Ask their healthcare provider to submit the FIT Requisition form (PDF and in EMR).
- If you have questions, contact us at Screening@cancercare.mb.ca

Continued...

Update on Breast Cancer Screening

Due to a shortage of mammography technologists in Manitoba, the wait time for a BreastCheck appointment has increased. CCMB BreastCheck and Shared Health are actively working to recruit mammography technologists to increase service across the province.

To review eligibility for breast cancer screening, see the BreastCheck Screening Guidelines at cancercare.mb.ca/screening/hcp.

- Eligible patients aged 50-74 of average or increased risk for breast cancer screening should call BreastCheck at 1-855-952-4325 to make an appointment at any BreastCheck Clinic. No referral is required.
- Patients not eligible for screening mammography at BreastCheck include those:
  - Under age 50,
  - Over age 74,
  - With breast implants, or
  - With a personal history of breast cancer.
- Providers should refer patients who do **not** meet screening eligibility requirements to diagnostic mammography for a mammogram using the In Sixty Manitoba Provincial Breast Imaging Consultation Request form (pdf).

By maintaining the appropriate process for accessing screening and diagnostic mammography, timely access to diagnostic mammography testing will be available. For more eligibility information, see the BreastCheck Guidelines (pdf).

World Cancer Day

February 4th, 2024, was World Cancer Day. This year, CancerCare Manitoba focused on the importance of screening and prevention. Throughout February, CancerCare Manitoba profiled our Prevention and Screening staff across social media. On February 12, 2024, we hosted a webinar entitled *Closing the Care Gap: What you need to know about cancer screening*. This webinar, geared towards the public and their providers, provided an overview of BreastCheck, CervixCheck and ColonCheck, featuring the program medical leads, Dr. Murray Wilson, Dr. Sarah Kean, and Dr. Ross Stimpson. A recording of the webinar can be found here.

Updates

To receive updates from CancerCare Manitoba Screening Programs, sign up for e-news.

EARLY PALLIATIVE CARE IN HEPATOCELLULAR CARCINOMA

Stephanie Lelond, RN, CLINICAL NURSE SPECIALIST

Early Palliative Care (EPC) is provided by specialty-trained healthcare professionals with education, expertise, and certification in palliative care (2017, The Royal College of Physicians and Surgeons of Canada). EPC is initiated at the time of referral to CCMB before patients are seen by a medical oncologist, and sometimes before diagnostic investigations are complete, but suspicion is high. When a patient with advanced hepatobiliary, cholangio, or pancreatic cancer is triaged by an oncologist, EPC is consulted, and patients are seen independently by a Clinical Nurse Specialist (CNS). Initial assessments are generally one hour and done in person with telephone follow-up unless otherwise indicated. Patients are followed as needed until they transition to a Medical Oncologist or a Primary Care Provider (PCP). Complex care presentations are sometimes followed longer.

Early Palliative Care Intervention	
Initial Consult Assessment	**Description**
Patient and family/caregiver understanding of diagnosis and prognosis	Discussion regarding how patient and family were given their diagnosis/prognosis, by whom, in what setting, and what meaning it held for them, what further information they found since, and what information they would like. This includes a discussion on hopes and fears related to the information they have or are missing.
Pain and symptom management	Pain and analgesia use, fatigue, constipation, anorexia, pancreatic enzyme insufficiency, nausea/vomiting, diarrhea/insufficiency stools, and any other distressing symptoms as needed.
Emotional wellbeing	Discussion regarding depression, anxiety, and quality of life and their influencing factors.
Patient and family/caregiver coping	Identifying coping strengths along with physical, psychosocial, and spiritual support needs.
Medication review	Review of medication to address symptom management and the potential for deprescribing as needed.
Goals of care discussion	Discussion regarding influencing factors on patient preferences in quality of life vs quantity of life and what balance may serve the patient's best interests as identified.
Advance care planning	Identifying the patient's appropriate level of medical care considering their wishes, goals, and medical condition. This includes identifying a substitute decision-maker as able.
Patient and family/caregiver education	Information sharing regarding disease, system processes, palliative care, and other available supports as patient and family/caregiver desired.
Referrals	Referrals made to community palliative care programs, dietitians, social work, psychiatry, spiritual care, and other specialist services as needed.
Follow Up Assessments	**Description**
Patient-guided ongoing assessments	Evaluation of previous interventions, identification of new concerns, and ongoing discussions related to topics covered in the initial assessment.

Continued...

The impact of EPC in advanced cancers, alongside standard oncologic care, has significant benefits:

Impact of Early Palliative Care

Cancer Type	Lung, GI, GU, Gyne, Breast[1]	Metastatic NSCLC[2]	Lung & GI[3]	Lung, GI, GU, Breast[4]	Lung, GI, GU, Breast, heme, other solid tumours[5]	Hematology[6]	Pancreas[7]
QOL	↑QOL	↑QOL	↑QOL in lung	↑QOL	-	↑QOL	↑QOL
Symptom severity	↓symptom severity	↓depression	↓depression in lung	↑mood	-	↓symptom severity	↓symptom severity
Survival	-	↑median survival	-	-	↑survival	-	no ↑ survival
Other	↑PRO & patient satisfaction	↓aggressive care at end of life	-	no ↓ in ICU or ER visits	↑PRO	-	-

1. Zimmermann C, Swami N, Krzyzanowska M, et al. *Lancet.* 2014;383(9930):1721-1730.
2. Temel JS, Greer JA, Muzikansky A, et al. *Engl J Med.* **2010**;363(8):733-742.
3. Temel JS, Greer JA, El-Jawahri A, et al. *J Clin Oncol.* **2017**;35(8):834-841.
4. Bakitas M, Lyons KD, Hegel MT, et al. *JAMA.* **2009**;302(7):741-749.
5. Bakitas MA, Tosteson TD, Li Z, et al. *J Clin Oncol.* **2015**;33(13):1438-1445.
6. El-Jawahri, L. (**2016**) JAMA: the journal of the American Medical Association. [Online] 316 (20), 2094–2103. (undergoing stem cell transplant)
7. Kim, CA, et al (2023) *Supp Care Can* 31:250

Primary Care Providers in Early Palliative Care - A Palliative Approach to Care

As the EPC clinic is an advanced practice nurse-led clinic, a clinical nurse specialist (CNS) with specialty certification in palliative care, but without prescribing ability, PCPs are essential partners in providing EPC. As the time at CCMB for our patients with advanced cancer is often brief before a referral to a local community palliative care program, the continuity provided by the PCP before, during, and after their care at CCMB is invaluable.

After the initial EPC consult, a PCP can expect a letter from the CNS consisting of a consult summary including diagnosis, status in the CCMB triage process, goals of care, and next steps.

While individual providers have a general knowledge of palliative care, dietary needs, social complexities, and cultural and spiritual needs, meeting complex patient needs often requires collaboration. Overlapping roles can cause confusion and frustration; however, oncologic palliative care is considered an additional support for patients, family caregivers, and the primary medical team (Epstein, *Blood reviews*, 2021;26:233-239).

Continued...

Palliative Symptom Management of Common Symptoms in Hepatocellular Carcinoma

Symptom	Treatment
Abdominal pain	• Opioid analgesics (moderate to severe) • NSAIDS (mild)
Fatigue	Treatment of contributing factors, if indicated: • Anemia (erythropoietin) • Depression (antidepressants) • Sleep disturbance • Nutritional deficiencies • Deconditioning (exercise) • Decreased energy level (psychostimulants)
Anorexia/cachexia	Treatment of contributing factors, if indicated: • Chronic nausea (antiemetics) • Constipation (laxatives) • Depression (antidepressants) Pharmacologic: • Megestrol acetate Others: • Artificial nutrition • Dietary counselling
Ascites	Pharmacologic: • Diuretics (potassium-sparing + loop) Procedural: • Paracentesis
Jaundice secondary to biliary obstruction	• Percutaneous drainage • Biliary stent For cholestatic pruritus: • Cholestyramine • Self-care measures (emollients, perfume-free soaps)

NCCN Clinical Guidelines for Adult Cancer Pain, V.1.2006; NCCN Clinical Guidelines for Cancer-Related Fatigue, V.2.2007; Del Fabbro, E., Dalal, S., & Bruera, E. (2006). Symptom control in palliative care--part ii: Cachexia/anorexia and fatigue. *J Palliat Med, 9*(2), 409–421; Greenway, B., Johnson, P. J., & Williams, R. (1982). Control of malignant ascites with spironolactone. *Br J Surg, 69*(8), 441–442; Jones, E. A., & Bergasa, N. V. (2000). Evolving concepts of the pathogenesis and treatment of the pruritus of cholestasis. *Can J Gastroenterol, 14*(1), 33–40. As published in Sun VC, Sarna L. Symptom management in hepatocellular carcinoma. *Clin J Oncol Nurs.* 2008;12(5):759-766. doi:10.1188/08.CJON.759-766

Community Profiles

First Nations ◦ Métis ◦ Inuit

Indigenous Community Profiles – Community Highlight:

Isickachewanoong Zaaskajiwaning (Dauphin River First Nation) is located approximately 250 kilometers northwest of Winnipeg. The primary languages spoken are Ojibwe and English. For medical services, the nearest Community Cancer Center can be found in Dauphin, while the closest radiation site is situated in Winnipeg. For further information, visit ccmbindigenouscommunityprofiles.ca

PROFESSIONAL DEVELOPMENT AWARDS

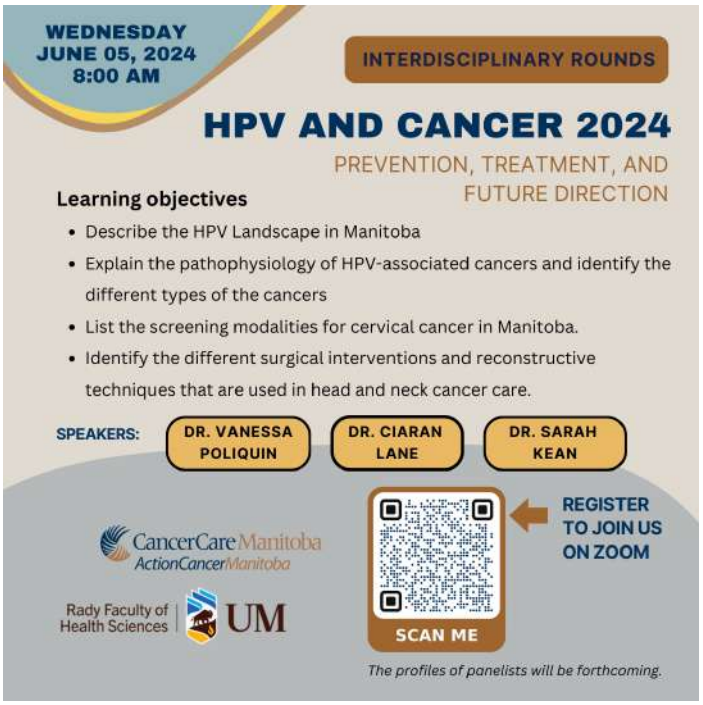
The Community Oncology Program is pleased to offer professional development opportunities in oncology. These awards are designed for family physicians and nurse practitioners in the province, as well as health professionals affiliated with the Community Oncology Program, who would like to enhance their knowledge and skills in cancer care and blood disorders. Eligible areas of training include, but are not limited to:

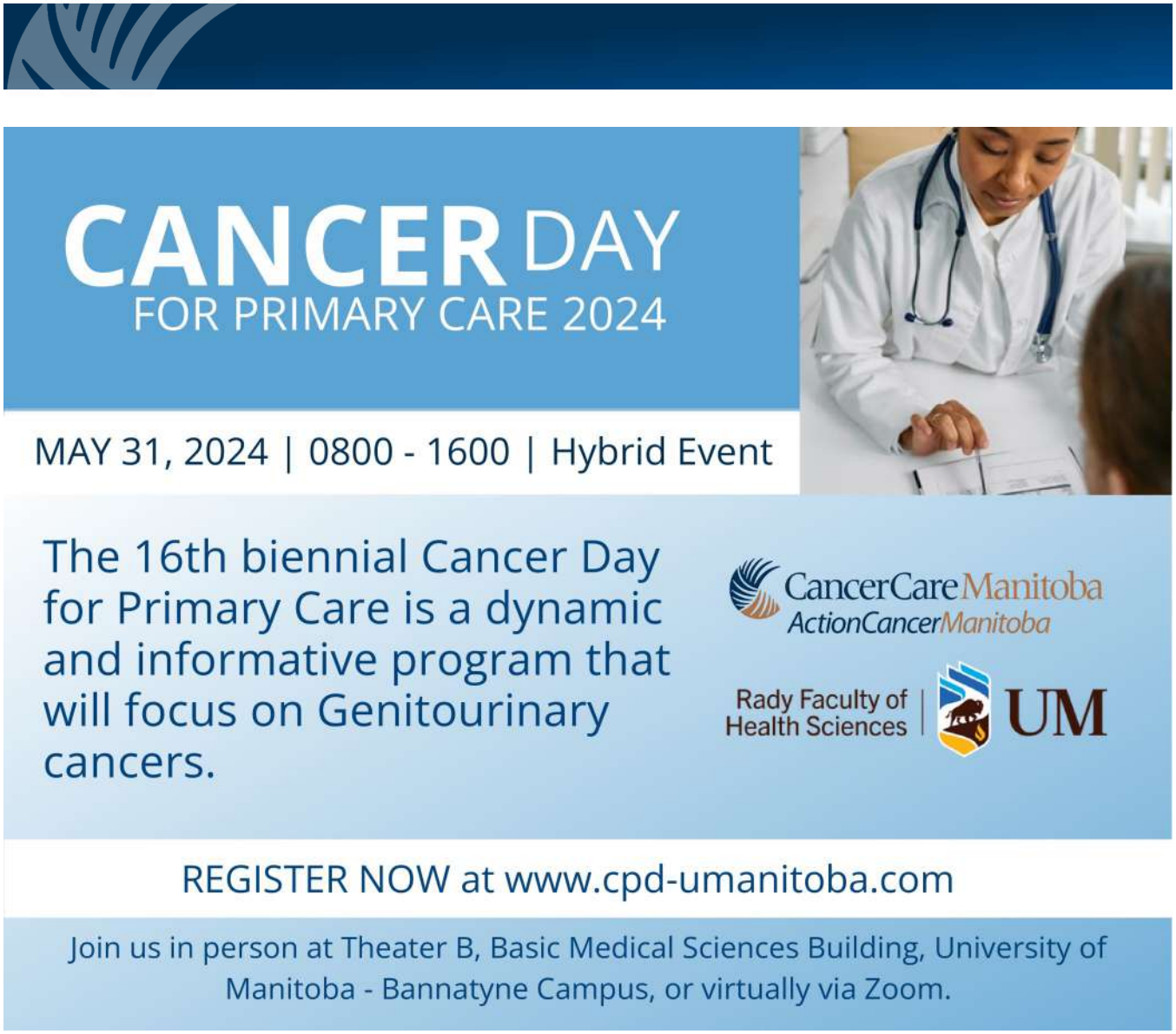
- prevention, screening and early detection, treatment, management and follow-up
- pain and symptom management
- chemotherapy and central venous access device (CVAD) care
- end-of-life care
- psychosocial/spiritual and supportive care

You can apply for:

- 1-2 weeks of personalized training based on learning needs. Spots may be limited given the context of the pandemic.
- Registration fees for an oncology-related conference or course.
- Fees for oncology-related certification or re-certification (up to $500 annually).

Applications are currently open until April 12, 2024, for 2024 professional development opportunities. For more details about recipient selection, recipient expectations, contact information, and the digital application form, please visit Professional Development Awards or scan the QR code.





Community Profiles

First Nations ◦ Métis ◦ Inuit

Indigenous Community Profiles – Community Highlight:

Winnipegosis is located approximately 372 kilometers from Winnipeg. The primary language spoken in Winnipegosis is English. For medical services, the nearest Community Cancer Center can be found in Dauphin, while the closest radiation site is situated in Brandon. For further information, visit ccmbindigenouscommunityprofiles.ca

CANCER SCREENING AND CERVIXCHECK COMPETENCY TRAINING

The CancerCare Manitoba Screening Programs host training for healthcare providers (e.g. nurses, nurse practitioners, physicians, midwives, physician assistants, and clinical assistants) in Manitoba seeking to:

- Initiate learning about cancer screening,
- Initiate or refresh learning and competency in cervical cancer screening or
- Mentor colleagues to become competent in screening for cervical cancer.

Training occurs over two days and approximately four times each year. To be notified of open registration for each training, register on the waitlist. Those on the waitlist are invited to register before the registration is open to all other clinicians. The training is only open to all other clinicians if space is available. Questions? Screening@cancercare.mb.ca

Staff Announcements

Dr. Ivan Landego

Dr. Ivan Landego, who recently completed a Cancer Immunotherapy fellowship at Memorial Sloan Kettering Cancer Centre in New York, joined CancerCare Manitoba in January 2024. He joined the Section of Hematology/Oncology, the Department of Internal Medicine and the Department of Medical Oncology and Hematology at CancerCare Manitoba. He will primarily work in outpatient clinics for lymphoproliferative diseases and hematology at the Health Sciences Centre.

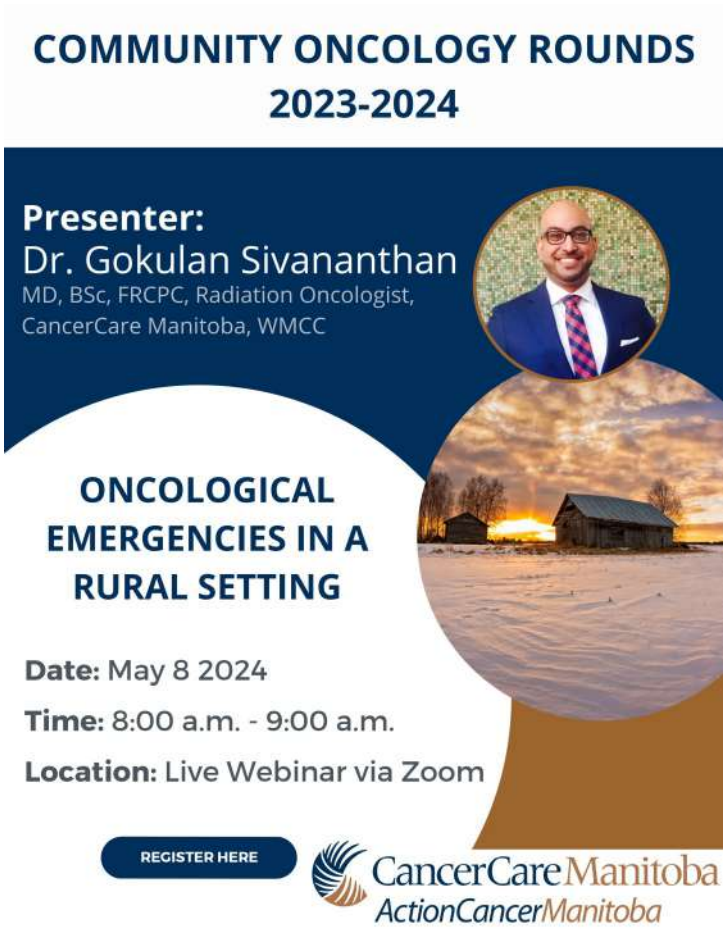
Dr. Stephanie Villeneuve

Dr. Stephanie Villeneuve, who earned her Bachelor of Science Honours degree in Biopsychology, a Bachelor of Arts degree in Art History, and a Medical Doctorate followed by a residency in Pediatrics from the University of Manitoba, joined CancerCare Manitoba in November of 2023 as a Pediatric Oncologist in the Pediatric Hematology-Oncology department at the MacCharles site.

Dr. Divya Subburaj

Dr. Divya Subburaj, who completed a medical degree and pediatric residency and recently finished a three-year Royal College Fellowship in Pediatric Hematology, Oncology and BMT from BC Children's Hospital at the University of British Columbia, joined CancerCare Manitoba in March 2024. She joined the Division of Pediatric Hematology/Oncology and BMT at the MacCharles site.


Cases in Cancer 2023 - 2024
Pain and Symptom Management
Date: April 24, 2024
Time: 8:00-9:00am
Location: Virtual Webinar via, Zoom
Register Here
Pain Management
Presenter
Tamara Einarson, Nurse Practitioner
CCMB MacCharles Site
This group learning activity has been certified by the College of Family Physicians of Canada and the Manitoba Chapter for up to 1.0 Mainpro+ Certified credits.
Registration is required to claim virtual credits
CancerCare Manitoba
ActionCancerManitoba


COMMUNITY ONCOLOGY ROUNDS
2023-2024
Presenter:
Dr. Gokulan Sivananthan
MD, BSc, FRCPC, Radiation Oncologist,
CancerCare Manitoba, WMCC
ONCOLOGICAL EMERGENCIES IN A RURAL SETTING
Date: May 8 2024
Time: 8:00 a.m. - 9:00 a.m.
Location: Live Webinar via Zoom
REGISTER HERE
CancerCare Manitoba
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