

# CANCERtalk

> CONNECTING WITH MANITOBA'S HEALTH PROFESSIONALS

## BREAST LUMPS IN PRIMARY CARE

Dr. Jeff Sisler, COMMUNITY ONCOLOGY PROGRAM



*This edition of CANCErtalk contains guides for the investigation of suspected cancer that we hope you'll find useful. Three cancers are included (breast, lung and colorectal), with more coming! Please save them, post them, and scan them into your EMR. They were recently developed by groups of Manitoba doctors and nurses from a variety of specialties who have adapted evidence-based guidelines from Ontario, New Zealand and England. They support the Cancer Patient Journey Initiative whose goal is to move patients with suspected cancer in our offices to their first treatment, or to reassurance, within 60 days. Look for more from the CPJI in the coming months!*

What would you say – what percentage of breast lumps assessed by family doctors turn out to be cancer? What age group of women is most likely to

Diagnosing cancer in primary care is not an easy matter, even a relatively straight forward one such as breast cancer. Symptoms that might represent

**> simultaneous processes shorten wait times in health system reforms**

visit their primary care provider about a breast concern? What symptoms are most predictive of an eventual diagnosis of breast cancer?

cancer are much more likely not to be, and “picking it out in the crowd” is a daily challenge. A large family practice study done in The Netherlands showed that only about 8% of women with a breast lump had cancer<sup>1</sup>.

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<sup>1</sup>EBERL MM. CHARACTERIZING BREAST SYMPTOMS IN FAMILY PRACTICE. ANN FAM MED 2008;6:528-533

**PG > 2 BREAST HEALTH CENTRE REFERRAL PROCESS**

THE WRHA BREAST HEALTH CENTRE HAS UPDATED ITS REFERRAL FORM TO REFLECT CHANGES SUGGESTED BY THE CANCER PATIENT JOURNEY INITIATIVE.

**PG > 3 QUICKCARE CLINICS**

NEW CANCER QUICKCARE CLINIC AND CANCER HELPLINE ARE BEING ESTABLISHED TO SUPPORT MANITOBIANS FACING CANCER.

**PG > 5 CERVIXCHECK RECALL LETTERS**

CERVIXCHECK TO SEND RECALL LETTERS TO WOMEN OVERDUE FOR A PAP TEST

Moreover, the majority of breast concerns seen by FPs present in women in the 25-44 year age group when cancer is unusual. The two symptoms with the highest discriminating value for cancer were a breast lump and nipple complaints.

The work-up algorithm included in this edition of CancerTalk lists five “high suspicion” scenarios that warrant concern for cancer and recommends two courses of action that may represent

a change of your practice. First, FPs and NPs are urged to perform a fine needle aspiration of discrete masses with the hope of removing fluid from a cyst, having the mass disappear, and thus immediately reassuring the patient. Local anesthetic is not needed and the fluid does NOT need to be sent for cytology. A video demonstrating this simple procedure will be available at [www.cancercare.mb.ca](http://www.cancercare.mb.ca). Second, clinicians are directed to simultaneously order a mammogram or ultrasound and

refer to a surgeon or radiologist able to do a core biopsy. Simultaneous rather than sequential processes have been shown to be a key way to shorten wait times in health system reforms. Despite our successful provincial screening program, most breast cancers continue to present with symptoms to primary care. We hope that the enclosed algorithm will help you act quickly and effectively when cancer is suspected.

## WRHA BREAST HEALTH CENTRE NEW REFERRAL PRACTICES *Susan Dennehy RN BN*

The WRHA Breast Health Centre (BHC) has updated its referral form to reflect changes suggested by the Cancer Patient Journey Initiative. Patients who have diagnostic investigations performed at the BHC and require surgical consultation will automatically be scheduled to see a surgeon at the BHC unless otherwise indicated by the referrer. For those patients referred with a palpable lump, the form now asks whether a fine needle aspiration has been attempted. If a mammogram is pending at the time of the referral,

the date and location of the test is to be included on referral form to expedite the triage process.

All services along with guidelines for referrals and referral forms are found on the Breast Health Centre website at [www.wrha.mb.ca/community/bhc/](http://www.wrha.mb.ca/community/bhc/) using the link “How do I get an appointment”. Call the Referral Assessment Nurse at 204.235.3252 if you have any questions about a particular referral or the referral process.

## CHANGES AT THE GRACE AND CONCORDIA

In keeping with evolving practice patterns of all medical oncologists and hematologists in Manitoba, effective June 1st, 2013, Dr. Pat Harris’s practice at the Grace and Concordia Hospital oncology clinics will focus on three “disease sites”: **breast cancer**, **GI cancers** (excluding esophageal, stomach and rectum) and **hematology** (excluding acute leukemia, myeloma, and intermediate to high grade lymphomas).

Outpatient consults received at the Grace and Concordia outside of these categories will be forwarded to CancerCare Manitoba for attention. Dr. Harris will continue to provide specialist consultative services to in-patients at these hospitals for all diagnoses, with ongoing out-patient care for those with diagnoses outside of these three disease sites being referred to CCMB.

## DECISIONS ON BREAST RECONSTRUCTION

A free, monthly information session is offered to patients and their friends/family on the options available in breast reconstruction for women with breast cancer. The Breast Cancer Navigator and a patient who has had reconstruction will present on surgery options, preparation and recovery, emotional impact, support services and resources available.

WHEN: 3rd Friday of each month, 10:00am – 12:00pm  
LOCATION: Breast Cancer Centre of Hope, 691 Wolseley Ave., Winnipeg, MB  
REGISTRATION OR INFORMATION: call 204-788-8080 or 1-888-660-4866 (toll-free)

## NEW QUICKCARE CLINIC AND HELPLINE BEING ESTABLISHED FOR CANCER PATIENTS



A new Cancer QuickCare Clinic and Cancer HelpLine with evening and weekend service are being established to support Manitobans facing cancer and the illnesses and symptoms that can accompany their treatment.

The new clinic will be open weekdays, evenings and weekends to assist patients with cancer-related illnesses and complications during treatment such as pain, nausea, digestive issues and fatigue. The dedicated Cancer HelpLine is also being established to answer questions for cancer patients and offer advice about how to access same-day care.

“This new cancer clinic is part of our provincial strategy to improve access

to expert help for patients, at the right place and at the right time,” said Dr. Dhali Dhaliwal, president and CEO of CancerCare Manitoba. “Patients undergoing cancer treatment will now have a dedicated clinic that understands their unique circumstances.”

The Cancer QuickCare Clinic is expected to open by this fall at CancerCare Manitoba. It will be staffed by nurse practitioners and nurses who specialize in oncology and cancer-related symptoms, and have the ability to order diagnostic tests, prescribe medications and consult with an on-call oncologist and oncology clinical assistant as needed.

### A Note from the Editor

#### *We've refreshed CancerTalk!*

The new design is brighter and bolder, we've added short snappers on the front page to highlight what you will find in each issue, and we've moved the list of upcoming events to the back page.

We hope you like the new look and layout. Send us your thoughts on the refresh and any story ideas that you would like to see included in upcoming issues of CancerTalk.

*PublicAffairs.Communications @cancercare.mb.ca*



### CONGRATULATIONS TO *Dr. Brent Schacter*

This year's recipient of the Doctors Manitoba Distinguished Service Award is Dr. Brent Schacter.

The award is the highest honour the organization can bestow upon one of its members. It is given in recognition of services rendered to patients and the community which have enhanced the image of the physician through devotion to the highest ideals of the medical profession and in the promotion of the art and science of medicine through teaching, writing, and administration.



### CONGRATULATIONS TO *Dr. Jeff Sisler*

The Manitoba College of Family Physicians has chosen Dr. Jeff Sisler as the recipient of the MCFP's Award of Excellence. Although Jeff started his career as an academic family physician and has trained many family medicine residents and still precepts at the Family Medical Centre one day per week, he is honored specifically for his outstanding work in developing the UPCON project (Uniting Primary Care and Oncology). His innovation has led to significant improvements in how CancerCare Manitoba collaborates and communicates with family physicians for the benefit of patients throughout Manitoba. He has been an effective spokesperson for the role of family physicians in cancer care through many patient education seminars and published articles.



## DOES MY PATIENT WITH RECTAL BLEEDING HAVE CANCER?

Dr. Chris Ogaranko, COMMUNITY ONCOLOGY PROGRAM

Primary care providers (PCPs) will see many patients who report GI symptoms (including rectal bleeding), most of whom do not have cancer. A multidisciplinary group of Manitoba experts has produced an algorithm (included in this newsletter) to help FP's/NP's determine those symptomatic patients who should be urgently referred to endoscopists.

For starters, the initial evaluation must include a rectal and abdominal examination and a CBC, so that the likelihood of colorectal cancer (CRC), and degree of urgency can be established. Patients with a suspicious abdominal or rectal mass, or with one found incidentally on abdominal imaging, should be referred **urgently** to a surgeon, given the high probability of a malignancy.

> *...the initial evaluation must include a rectal and abdominal examination and a CBC*

The **semi-urgent** criteria (in the yellow box) all have a positive-

predictive value (PPV) of at least 10%, and these patients should be referred to a specialist competent in endoscopy. The PPV is the percentage of patients with a symptom who actually have the target condition. Note that CT colonography, available at the St. Boniface Hospital radiology department, can be considered if the wait time for colonoscopy is excessive.

A **non-urgent** referral can be made to a GI specialist for patients with all other unexplained symptoms or signs, such as single symptoms of abdominal pain or a change in bowel habits (listed in the green box). In such patients, the PCP can order an FOBT from a diagnostic lab, and if positive, the PPV now increases sufficiently to warrant **semi-urgent** referral.

Building upon the screening work of ColonCheck Manitoba, this guidance regarding "alarm" symptoms and signs is another step in our efforts to reduce the impact of this treatable malignancy.



### *In Memorium*

It is with great sadness that we inform of the passing of Dr. Ade Olujuhongbe, our colleague, great friend, and passionate haematologist on Sunday, May 26, 2013. Ade lived his life to the fullest, with excitement and vigor. He will be greatly missed by his family, colleagues, patients, friends in Canada and UK and all over the world.

### ASK THE

## > **Cancer Expert**

Dr. Darrel Drachenberg

UROLOGIC ONCOLOGIST AND DIRECTOR OF RESEARCH  
DR. ERNEST W. RAMSEY MANITOBA PROSTATE CENTRE

**QUESTION:** What are the next steps for a patient who has a 4 cm renal mass on an abdominal imaging?

**ANSWER:** A directed history and physical examination should be performed, questioning about symptoms from local and possible metastatic disease and family history of kidney cancer. Physical exam should include palpation for lymphadenopathy and abdominal and flank palpation. The workup would include chest imaging, LFT's, corrected Calcium, and Alkaline Phosphatase. The patient should be referred urgently to a urologist (NOT CancerCare Manitoba.\*)

Renal biopsy is not routinely advocated for renal mass diagnosis because of the risk of bleeding, non diagnostic results, and the risk of seeding. One may consider biopsy in special circumstances such as an appearance suggestive of lymphoma or when metastatic disease is identified prior to treatment. Treatment of localized disease would include laparoscopic or open "nephron sparing" (preferred) or radical nephrectomy. Up to 20% of these small lesions may be benign and patients should be informed of this. Surgery may also be advocated in the face of metastatic disease particularly if the patient is fit, the metastatic burden is not excessive and surgery is deemed possible, since a survival advantage is seen with removal of the primary tumour followed by systemic therapies.

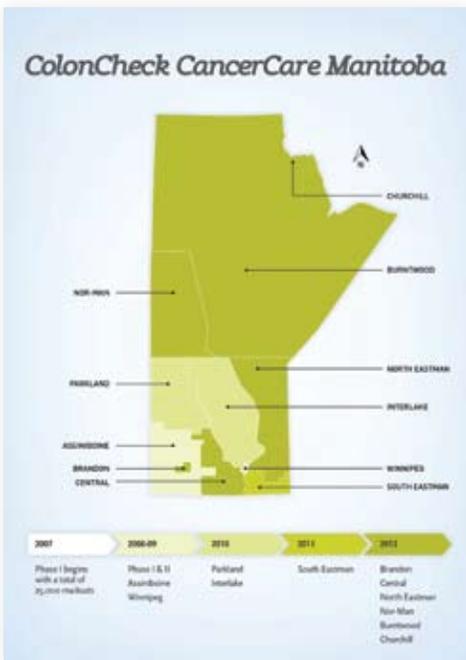
Kidney cancer is known as the "internist's tumour" because of the diversity of presentations. It usually presents with flank pain/mass and hematuria or anemia. Presentation due to paraneoplastic syndrome manifestations are also seen, including erythrocytosis, fever of unknown origin, hypertension, hypercalcemia, cholestatic liver dysfunction and neuropathy.

\*CCMB DOES NOT HAVE UROLOGISTS WORKING OUT OF THE GU ONCOLOGY CLINICS.



## COLONCHECK NOW COVERS THE PROVINCE!

ColonCheck has expanded to all Regional Health Authorities in Manitoba. We are mailing home screening tests to all eligible individuals across the province and coordinating follow-up colonoscopies for those with abnormal results. Partnerships with primary care providers are a key part of our success! We are partnering with 52 medical clinics in Manitoba (16 rural and 36 urban) representing 220 primary care providers.



### UPDATE: Did changing the dietary and medication recommendations for ColonCheck's home screening test affect participation?

In June 2012, ColonCheck updated its FOBT dietary and medication recommendations to reflect current evidence that red meat, fruits and vegetables (vitamin C <250 mg/day

and medications are permitted prior to and during the test. We examined data from six months before and after the change to evaluate the impact of the change. We found that FOBTs were completed an average of 16 days sooner and participation rate increased slightly (1.7%). The abnormal rate stayed the same.

### UPDATE: Can the number of positive windows of an abnormal FOBT be used to predict advanced adenoma and colorectal cancer?

A common question that comes up is whether the number of positive windows in an abnormal ColonCheck FOBT result is associated with colonoscopy outcome (advanced adenoma and/or colorectal cancer, referred to as "advanced neoplasia"). To answer this question, we looked at 27,990 completed ColonCheck home screening tests from 2009 to 2011, of which 842 tested positive and were referred for colonoscopy. There was a **significant risk of advanced neoplasia regardless of the number of positive windows** and a slight trend for a higher Positive Predictive Value (PPV) for cancer with increasing number of positive windows. In other words, there is no significant difference in the PPV for advanced neoplasia for individuals who had one window or six windows positive. With the knowledge that red meat, fruits and vegetables as well as medications (including iron supplements or warfarin) taken prior to and during the FOBT do not affect the outcome of the test, **any positive test result**, no matter the number of windows testing positive, requires follow-up colonoscopy.

## CervixCheck to send recall letters to women overdue for a Pap test

This summer, CervixCheck will start sending recall letters to women in Manitoba who haven't had a Pap test in the previous 39 months. The letters will notify women that they are overdue for a Pap test and encourage them to make an appointment with their doctor or nurse or local Pap test clinic where available. "This is a first for the program. Now that the recommended screening interval has extended to every 3 years, it's even more important for us to remind women when they're overdue for their routine Pap test," says Kim Templeton, Manager, CervixCheck. The province's most recent 3 year participation rate is 64.5% (2009 – 2011) which means over one third of Manitoba women remain underscreened and therefore, at an increased risk for cervical cancer. This represents around 50,000 women. The program will send a letter to each of these eligible women over the next year and a half. For more information on CervixCheck's recall letters, or to host a Pap clinic in your community, contact CervixCheck at 1-866-616-8805.

**HOW TO REACH US**

**CCMB REFERRAL CENTRE**

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

**CANCER QUESTION? HELPLINE FOR HEALTH CARE PROVIDERS**

204-226-2262 (call or text / sms)  
 EMAIL: cancer.question@cancercare.mb.ca  
 WEB FORM: [cancercare.mb.ca/cancerquestion](http://cancercare.mb.ca/cancerquestion)  
 M-F, 0830-1630, closed Stat Holidays

**CCMB SCREENING PROGRAMS BREASTCHECK – CERVIXCHECK – COLONCHECK**

1-855-952-4325  
[GetCheckedManitoba.ca](http://GetCheckedManitoba.ca)

**CANCERCARE MANITOBA**

TOLL FREE: 1-866-561-1026  
 (ALL DEPARTMENTS + CLINICS)  
[www.cancercare.mb.ca](http://www.cancercare.mb.ca)

**Inquiry & Reception**

MACCHARLES UNIT (HSC) 204-787-2197  
 ST. BONIFACE UNIT 204-237-2559

**Pharmacy:** 204-787-1902

**COMMUNITY CANCER PROGRAMS NETWORK (CCPN) OFFICE, CCMB**

204-787-5159

**MANITOBA PROSTATE CENTRE, CCMB**

204-787-4461  
 FAX: 204-786-0637

**PALLIATIVE CARE CLINICAL NURSE SPECIALIST**

204-235-3363

**PATIENT AND FAMILY SUPPORT SERVICES, CCMB**

Psychosocial Oncology, Dietitians, Speech Language Pathology, Guardian Angel Caring Room, Patient Programs, Navigator Newsletter  
 204-787-2109

**BREAST CANCER CENTRE OF HOPE**

204-788-8080  
 TOLL FREE: 1-888-660-4866  
 691 Wolseley St.  
 Winnipeg, MB R3C 1C3

**WESTERN MANITOBA CANCER CENTRE**

204-578-2222  
 FAX: 204-578-4991  
 300 McTavish Ave. East  
 Brandon, Manitoba R7A 2B3

**OTHER NUMBERS:**

**CANCERCARE MANITOBA FOUNDATION**

DONATIONS & INQUIRIES 204-787-4143  
 TOLL FREE: 1-877-407-2223  
 FAX: 204-786-0627

**CANADIAN CANCER SOCIETY**

VOLUNTEER DRIVERS 204-787-4121  
 TOLL FREE: 1-888-532-6982

CANCER INFORMATION SERVICE  
 TOLL FREE: 1-888-939-3333

**CANADIAN VIRTUAL HOSPICE**

[virtualhospice.ca](http://virtualhospice.ca)

**WRHA BREAST HEALTH CENTRE**

204-235-3906  
 TOLL FREE: 1-888-501-5219

**ANNOUNCEMENTS**



**Dr. John J. Doyle** was appointed to the position of Head, Pediatric Hematology/Oncology at CancerCare Manitoba. He most recently held the appointment of Section Head, Section of Blood and Marrow Transplant at The Hospital for Sick Children and was an associate professor at the University of Toronto.



**Dr. Kris Paulson** has joined the Department of Medical Oncology & Haematology and will be providing outpatient services in the Lymphoproliferative and Leukemia/BMT Disease Site Groups at the MacCharles site.



**Dr. Pamela Skrabek** will be joining the Department of Medical Oncology & Haematology in July 2013. She will be providing outpatient services in the Lymphoproliferative Disease Site Group at the MacCharles site and at the Buhler Cancer Centre at Victoria General Hospital.



**Simone Stenekes** has started in the newly developed position of Clinical Nurse Specialist in Transition and Palliative Care at CancerCare Manitoba. She will be a resource for staff and patients on palliative care issues and symptoms and will also link with palliative care programs throughout the province. Simone is a masters prepared nurse with extensive experience in palliative care in Manitoba.

**UPCOMING EDUCATION EVENTS**

[www.cancercare.mb.ca](http://www.cancercare.mb.ca)

> **SEPTEMBER 19-20, 2013  
 Community Cancer Care 2013  
 Education Conference**

*Bridging Gaps: Connecting to make a difference*  
 Victoria Inn and Conference Centre, Winnipeg.  
 Open to all Health Care Providers.  
 Registration information to be posted at [www.cancercare.mb.ca](http://www.cancercare.mb.ca) – Health Care Providers Tab - Education and Training

> **NEW Online CME  
 Breast Cancer Screening – [www.mdcme.ca](http://www.mdcme.ca)**

A new bilingual accredited online course has been launched to provide health professionals with practical, evidence-based advice on how they can make patients aware of the importance of breast cancer screening. The free course can be accessed via [www.mdcme.ca](http://www.mdcme.ca), where new users can create their own account and register to receive instant access to the online course. The program developed by Memorial University contains recommendations from the new Canadian Task Force on Preventive Health Care guidelines and offers tools and strategies beneficial to a healthcare professionals day-to-day practice.

**NEW RESOURCE!** Look for your copy of BreastCheck's new biennial report in this issue of CancerTalk or visit [BreastCheckmb.ca](http://BreastCheckmb.ca)