

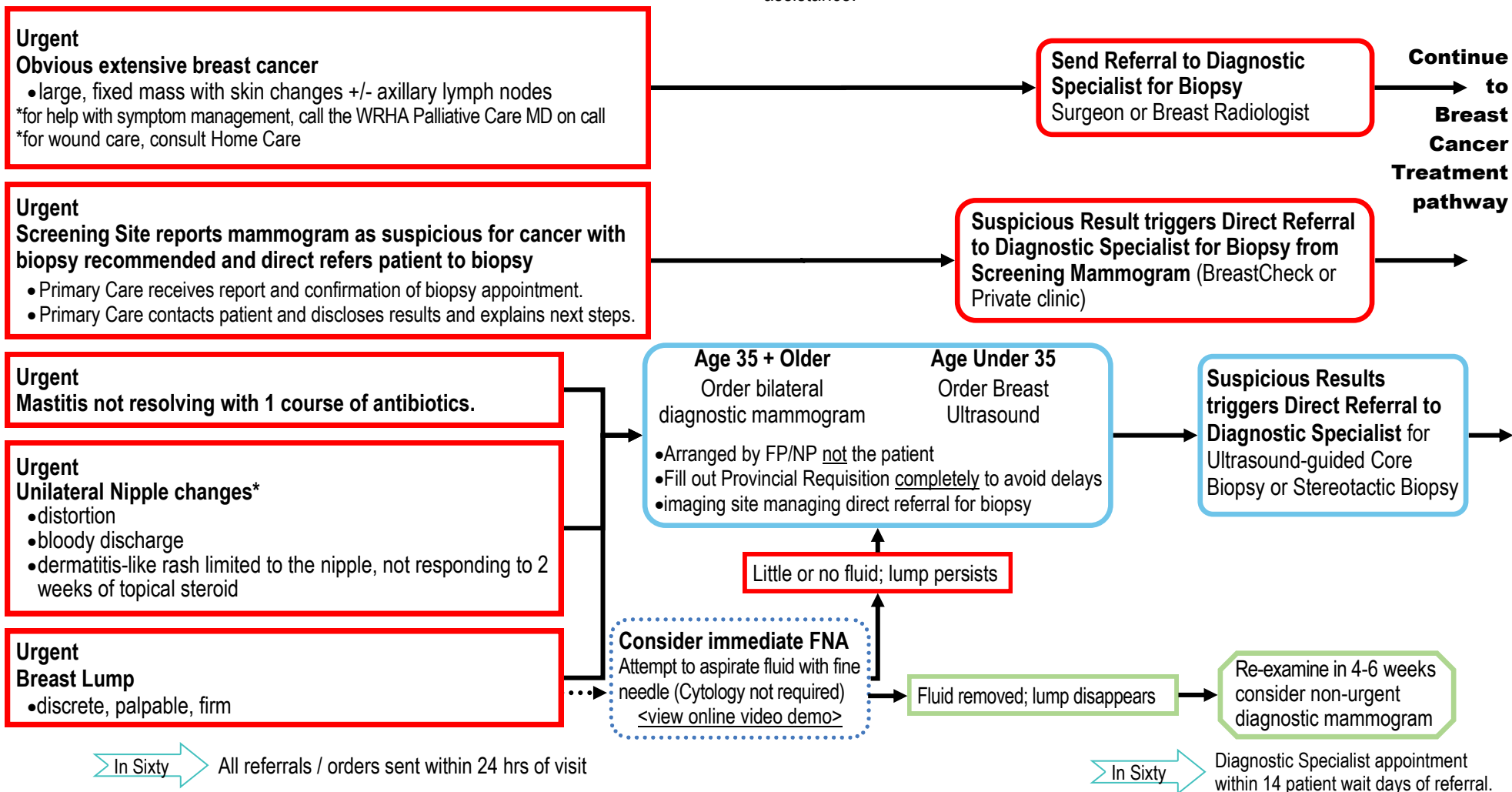
RISK FACTORS: Family history suggestive of hereditary breast cancer.

LOW RISK FEATURES: 1. Diffuse nodularity, no discrete lump; 2. Mastalgia (unilateral or bilateral) without a discrete lump; 3. Nipple Discharge is not bloody or bilateral or not spontaneous

- May refer to a specialist on a non-urgent basis, if necessary. Consider non-urgent diagnostic mammogram

***DIRECT REFERRAL:** As of Feb. 2, 2015, Radiologists who perform diagnostic breast imaging (u/s or diagnostic mammography) will arrange for any required follow-up testing. (eg: image-guided biopsy)

PRACTICE POINTS: All referrals sent within 24 hrs of visit. Provide complete 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, Nurse Navigator or call the The Breast Cancer Patient & Family Educator at the Breast Cancer Centre of Hope (pg.4.) See **Supporting Information for Clinicians** (pg 4-5) for contacts and resources. Contact the **Cancer Question Helpline for Primary Care** for assistance.

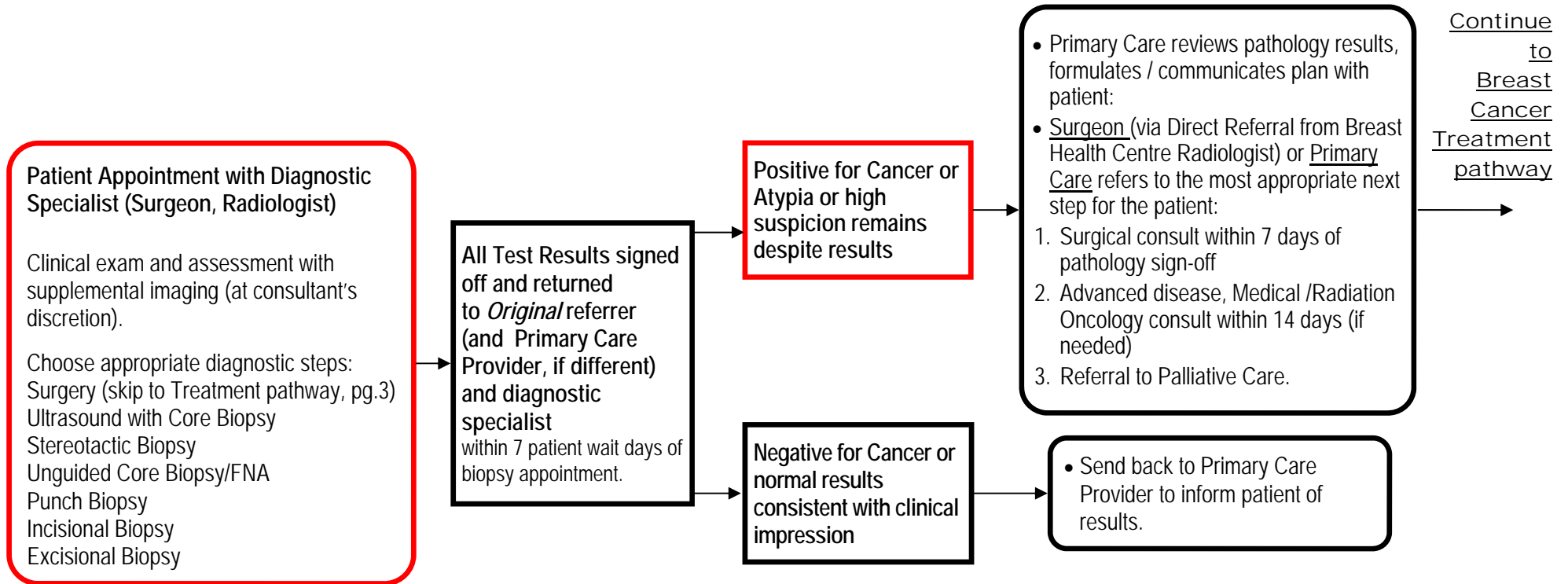


Suspicion Pathway Notes: *Unilateral nipple changes merit surgical referral even if mammogram normal.

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 and actual practice patterns may not always follow the proposed steps in this pathway.

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 4-5.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patient.



In Sixty Diagnostic Specialist appointment within 14 patient wait days of referral.

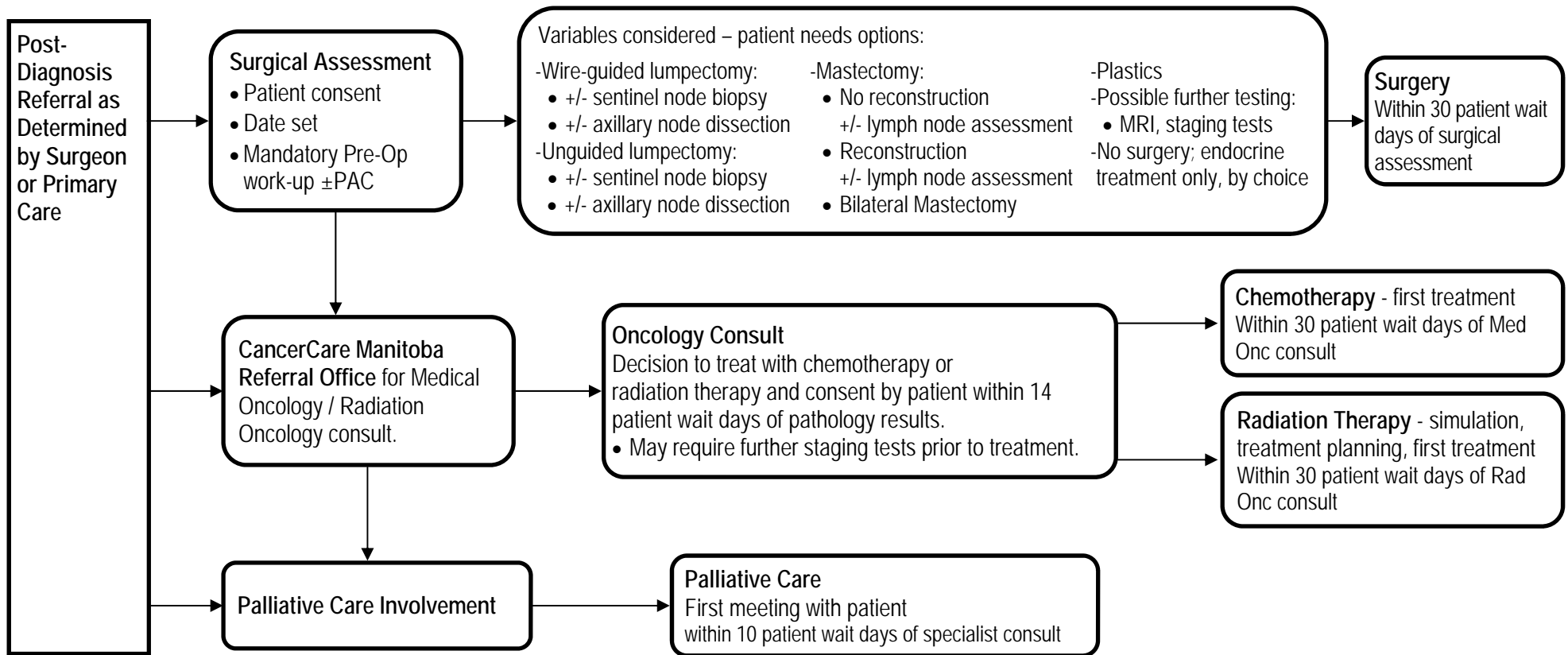
In Sixty Pathology complete within 7 days of biopsy.

In Sixty Surgical consult within 7 patient wait days of Pathology.

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.

PRACTICE POINTS: Ensure Patient understands plan for first treatment. 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 4.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patient for their awareness in continued role with the patient.



In Sixty Specialist consult to Palliative Care consult as first treatment in 10 patient wait days; to surgery, chemotherapy / radiation in 30 patient wait days or less.

Treatment Pathway Notes:

Sixty day suspicion to first treatment timeline is complete on the date of patient visit when a decided first treatment occurs, including surgery, chemotherapy, radiation, palliative care consult, or discussion with patient of clinical decision for watchful waiting.

Diagnostic Specialist Resources for Suspected Breast Cancer

Provincial Breast Imaging Requisition Form: fillable pdf- <http://dsmanitoba.ca/wp-content/uploads/2015/01/CPJReqForm-Breast.pdf>. Also available in Accuro, Jonoke & Med Access EMRs.

WINNIPEG BREAST IMAGING			NORTHERN HEALTH REGION		
<p>Note: Churchill refers patients to Winnipeg for these services.</p> <p>*Direct Referral: Radiologists who perform diagnostic breast imaging (ultrasound or diagnostic mammography) will arrange for any required follow-up testing. (eg: image-guided biopsy) at Breast Health Centre.</p> <p>Referrals for surgery: Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility</p>			<p>*Direct Referral: Radiologists who perform diagnostic breast imaging at Thompson General Hospital will arrange for any required follow-up testing (eg: image-guided biopsy) at the Breast Health Centre in Winnipeg (or other site, as per patient.)</p> <p>Referrals for surgery are the responsibility of the Primary Care Provider</p> <p>-Exceptions: Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility</p>		
Diagnostic Mammography			Mammography / Breast Ultrasound		
Health Science Centre	Diagnostic mammography and needle localization	204-787-3558 (f) 204-787-3241 (p)	Thompson General Hospital	Refer out for core biopsies	204-667-5341 (f)
Radiology Consultants of Winnipeg	Diagnostic Mammography and breast ultrasound	204-944-8101 (f) 204-942-6453 (p)	SOUTHERN HEALTH—SANTÉ SUD <p>*Direct Referral: Radiologists who perform diagnostic breast imaging at Boundary Trails Health Centre will arrange for any required follow-up testing at the Boundary Trails Health Centre (ultrasound-guided core biopsy) or the Breast Health Centre in Winnipeg (stereotactic core biopsy.)</p> <p>Referrals for surgery are the responsibility of the Primary Care Provider</p> <p>-Exceptions: Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility.</p>		
Manitoba X-Ray	Diagnostic Mammography	204-831-0828 (f) 204-832-0273 (p)			
Breast Ultrasound ± Biopsy			Mammography / Breast Ultrasound / Biopsy		
Breast Health Centre	Ultrasound; ultrasound guided, stereotactic and hand-guided core biopsies; needle localizations	204-231-3839 (f) 204-235-3906 (p) 1-888-501-5219 (tf)	Boundary Trails Health Centre	Mammography, breast ultrasound, ultrasound-guided core biopsies and needle localizations.	204-331-8812 (f)
Radiology Consultants of Winnipeg	Breast ultrasound and diagnostic mammography	204-944-8101 (f) 204-942-6453 (p)	PRAIRIE MOUNTAIN HEALTH <p>*Direct Referral: Radiologists who perform diagnostic breast imaging at the Brandon Regional Health Centre will arrange for any required follow-up testing (eg: image-guided biopsy) at that location.</p> <p>Referrals for surgery are the responsibility of the Primary Care Provider.</p>		
Biopsy					
Breast Health Centre	Ultrasound guided, stereotactic and hand-guided core biopsies; needle localizations; Ultrasound <i>*Recent (<1yr) diagnostic mammogram report must accompany referral in women 35 years of age or older.</i>	204-231-3839 (f) 204-235-3906 (p) 1-888-501-5219 (tf)	Brandon Regional Health Centre	Mammography, breast ultrasound, ultrasound-guided core biopsies, stereotactic biopsies, needle-guided core biopsies, needle localizations, breast MRI & MR-guided biopsies.	204-578-4986 (f)



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 Oncologist on call. 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

The Breast Cancer Patient & Family Educator, Breast Cancer Centre of Hope	204-787-4130 Toll-free: 1-866-561-1026 ext. 74130
Breast Health Centre Referral Assessment Nurse	204-235-3252 Toll-free: 1-888-501-5219
Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs	
<ul style="list-style-type: none"> • Interlake-Eastern RHA • Prairie Mountain Health • Northern Health • Southern Health-Santé Sud 	Toll-free: 1-855-557-2273 Toll-free: 1-855-346-3710 TBD 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
Email	cancer.question@cancercare.mb.ca
Online form:	www.cancercare.mb.ca/cancerquestion

Clinical Support Contact Numbers

Available during office hours, unless 24-hour 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)
WRHA Palliative Care Program for patients in Winnipeg	204-237-2400
Rural Palliative Care: contacts vary between regional programs	Contact your health region
<u>CCMB Pain & Symptom physician (reception line - request Pain & Symptom physician on call)</u>	204-237-2033
<u>CCMB Transition & Palliative Care Clinical Nurse Specialist</u>	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)



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 BreastCheck).

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.

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:

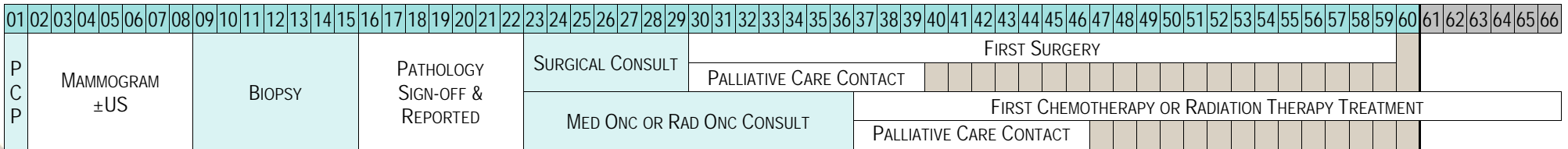
- Be individualized. Be truthful and transparent.
- Be consistent.
- Be in non-medical jargon - use simple language.
- Be quality information.
- Be caring.
- Be active, interactive and proactive.
- Be ongoing, not one time.
- Be done in an appropriate setting and context.
- Be inclusive of patients and their families.
- Be culturally competent and responsive

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

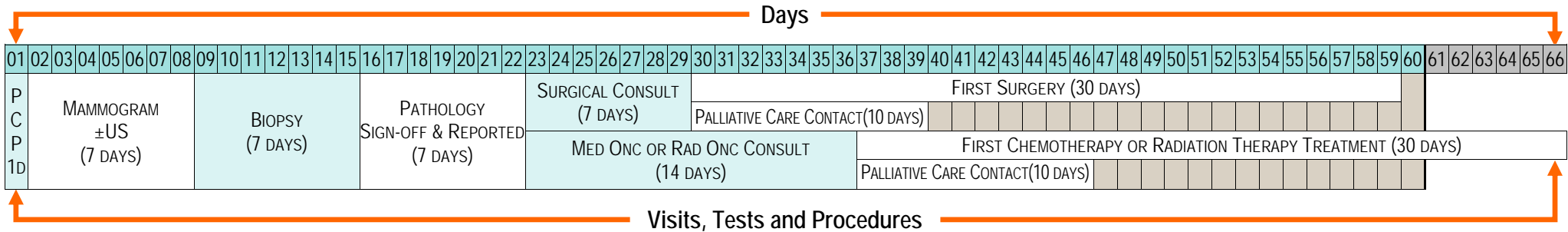
Milestones in the Breast Cancer Clinical Pathway	Timeline
1. Primary care orders diagnostic imaging work up and initiates referral to diagnostic specialist	Within 1 day of patient visit
2. Diagnostic Mammogram / Ultrasound	Within 7 days of ordered test
3. Biopsy	Within 7 days of mammogram/US
4. Pathology sign-off and reported	Within 7 days of biopsy
5. A) First Surgical Consult B) Medical Oncology or Radiation Oncology consult	Within 7 days of pathology sign-off Within 14 days of pathology sign-off
6. A) First Palliative Care consult B) First Surgery, Chemotherapy or Radiation therapy treatment	Within 10 days from consult Within 30 days from consult

Pathway Legend

-  Symptoms/Results
-  Monitor/Manage
-  Action
-  Option
-  Urgent
-  Semi-urgent
-  Non-Urgent
-  Test



Timeline Model in Manitoba for the Breast Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days



Milestones in the Breast Cancer Clinical Pathway	Timeline
1. Primary care orders diagnostic imaging work up or initiates referral to diagnostic specialist	Within 1 day of patient visit
2. Diagnostic Mammogram / Ultrasound	Within 7 days of ordered test
3. Biopsy	Within 7 days of mammogram/US
4. Pathology sign-off and reported	Within 7 days of biopsy
5. A) First Surgical Consult B) Medical Oncology or Radiation Oncology consult	Within 7 days of pathology sign-off Within 14 days of pathology sign-off
6. A) First Palliative Care consult B) First Surgery, Chemotherapy or Radiation therapy treatment	Within 10 days from consult Within 30 days from consult

