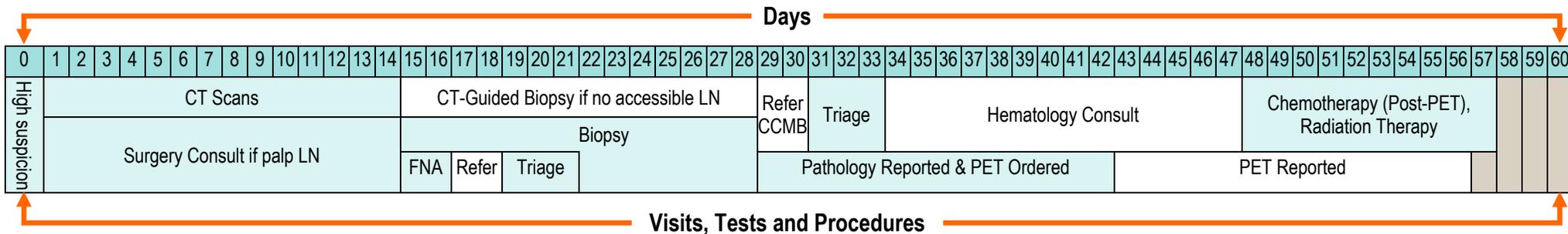
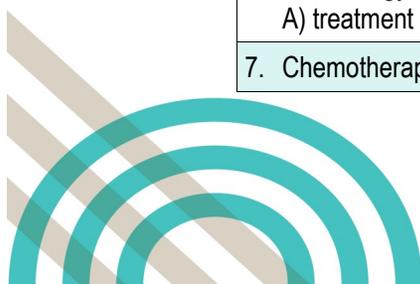


Timeline Model in Manitoba for the Lymphoma* Patient Journey from Suspicion of Cancer to Treatment in Sixty Days

*Lymphoma: Goal of suspicion to treatment in under 60 days for patients presenting with concerning features and/or biopsy with aggressive non-Hodgkin lymphoma such as Diffuse Large B-Cell (DLBCL), Grade 3B Follicular (FL), Mantle Cell (MCL) or Hodgkin Lymphoma



Milestones in the Lymphoma Clinical Pathway	Timeline
1. High Suspicion / Concerning Features found after history/physical/imaging A) Order CT Scans B) Surgery Referral if palpable lymph node	Start of timeline Reported within 14 days Appointment within 14 days
2. CT Scan results obtained & Order CT-guided biopsy if no other accessible LN	Within 14 days of CT Scan report
3. Surgical Consult A) FNA (Neck) B) Open Biopsy performed	Reported within 2 days of procedure Within 14 days of FNA or consult
4. Refer to CCMB	Within 2 days of FNA or flow reporting lymphoma
5. Lymphoma DSG triage & initial appointment booked A) Pathology Reported B) and PET Scan Ordered (completed prior to start of Chemotherapy)	Within 3 days of referral Within 14 days of Biopsy Reported within 14 days
6. Hematology or Radiation Oncology consult A) treatment decision & plan made	Within 14 days of triage
7. Chemotherapy, radiation therapy or palliative care contact	Within 10 days of Hematology or Radiation Oncology consult

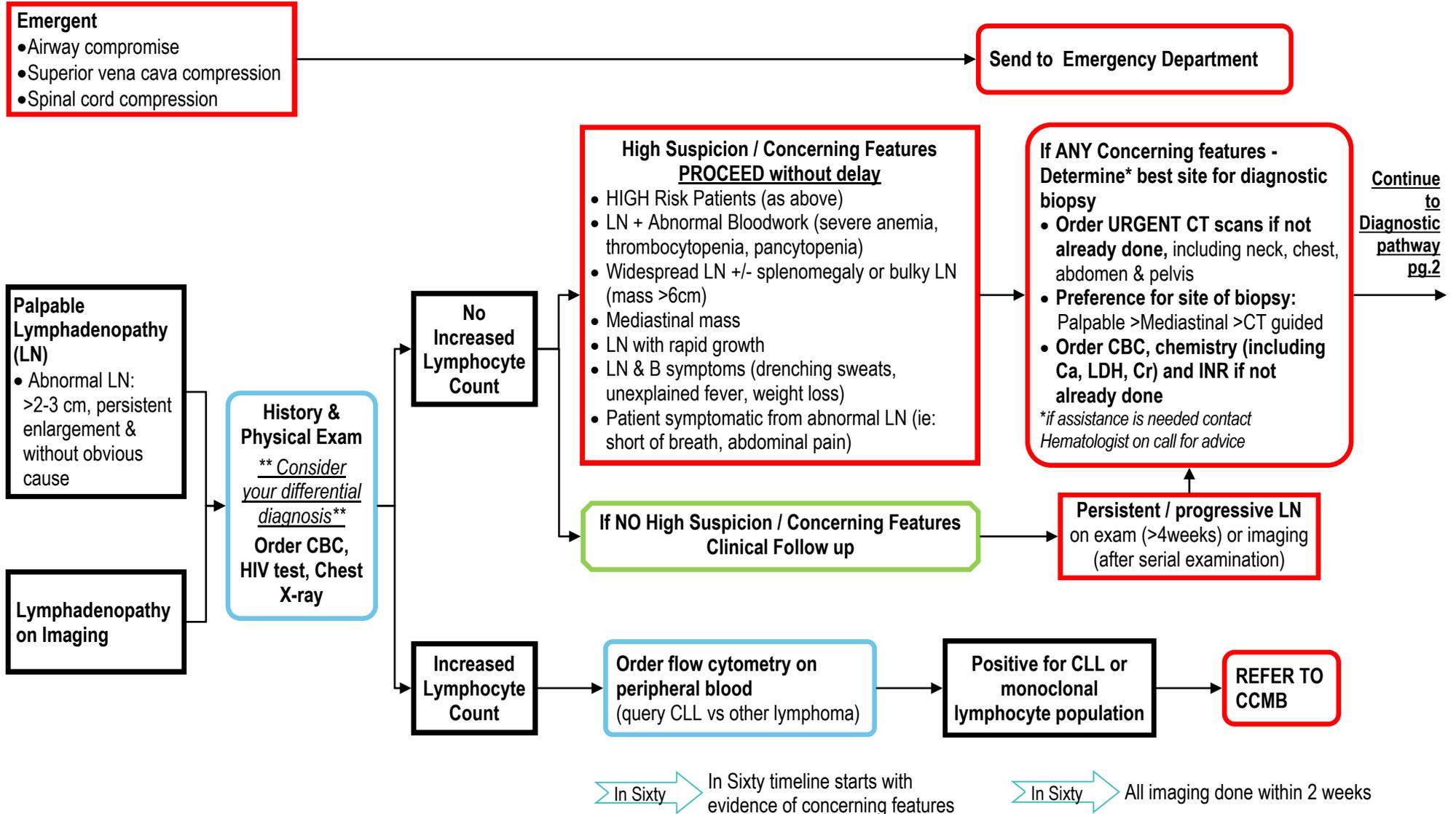


RISK FACTORS: HIGH risk: immune deficiency (ie. HIV or organ transplant), autoimmune disease +/- immune suppressing medications, and history of lymphoma

PRACTICE POINTS: ***Consider your differential diagnosis*** -reactive LN due to infection (eg: TB) or inflammation, metastatic malignancy and autoimmune disease. This document applies to adults 17 years of age or older.

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, consider referral to local counsellor.

See Supporting Information for Clinicians (pg 4) for contacts and resources. Contact the Cancer Question Helpline for Primary Care for assistance.



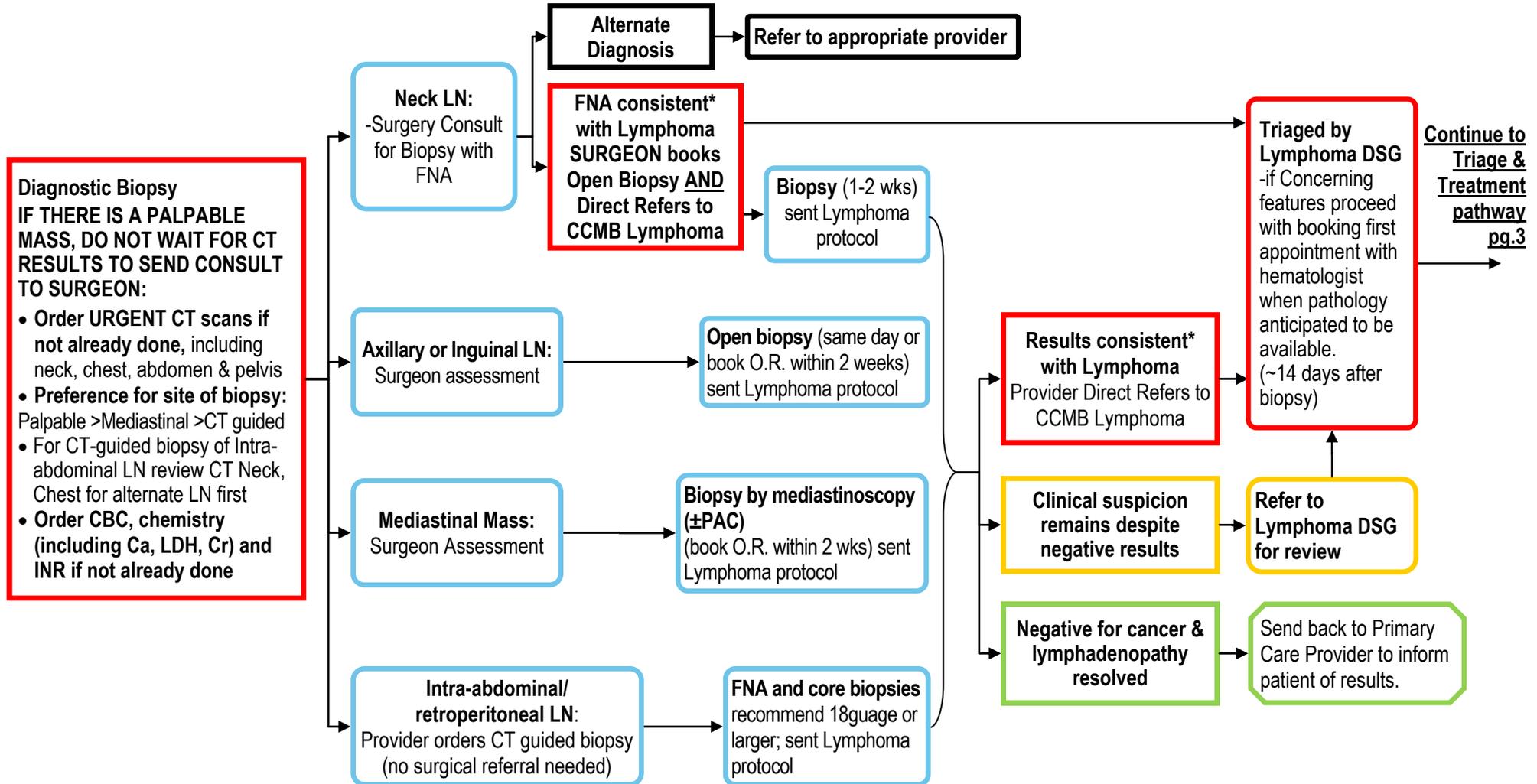
In Sixty → In Sixty timeline starts with evidence of concerning features

In Sixty → All imaging done within 2 weeks

PRACTICE POINTS: Consultation with the Lymphoma Disease Site Group can happen earlier in the pathway if clinicians need additional support or guidance.

*Results Consistent with Lymphoma: **If flow cytometry from biopsy or FNA is consistent with lymphoma, consult should be sent to CCMB Central Referral for triage by Lymphoma DSG even if final pathology report is not yet complete.**

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](#)). Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patients.

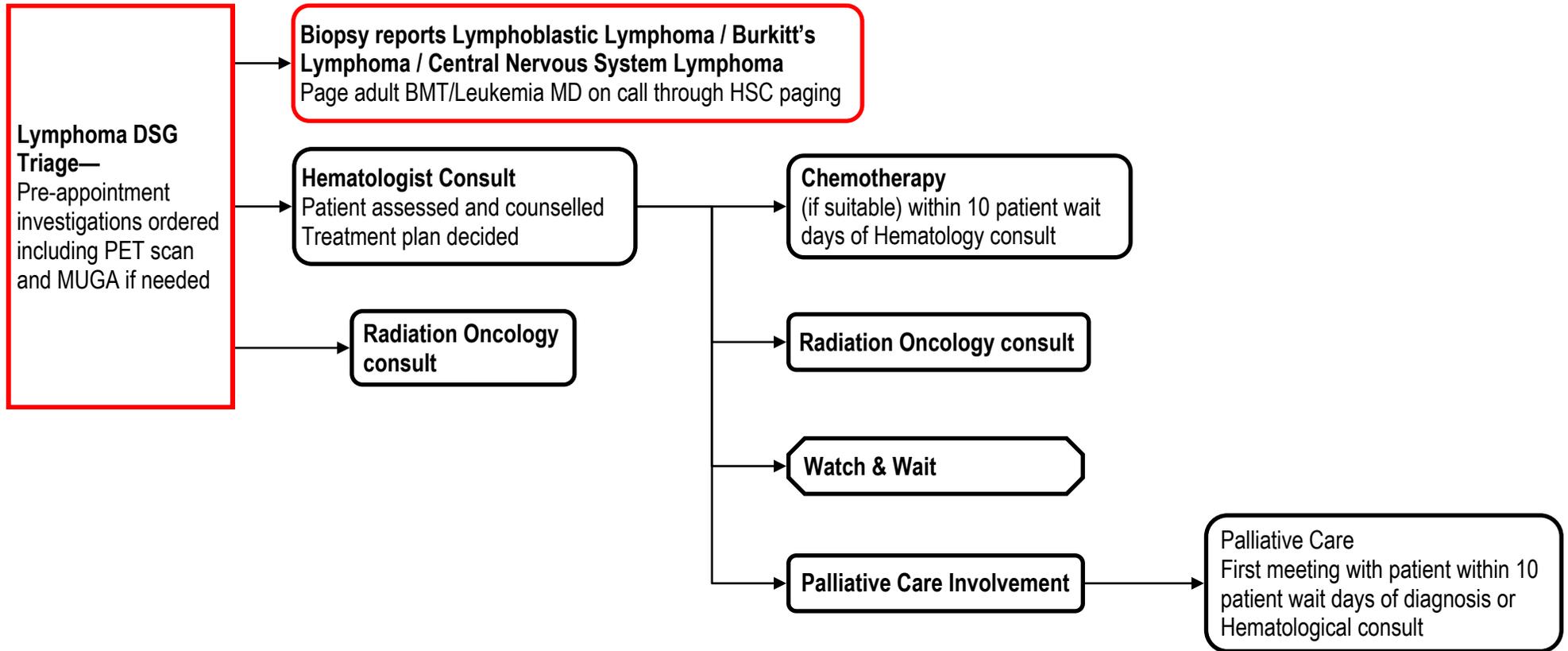


In Sixty → FNA results reported within 2 days (immediate direct referral to CCMB if suspicious of lymphoma)

In Sixty → Biopsy with 2 weeks of surgery consult/assessment/FNA

In Sixty → Biopsy results reported within 14 days. Immediate direct referral to CCMB if suspicious of lymphoma)

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 **Supporting Information for Clinicians** , pg 5). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with the patient.



In Sixty → Lymphoma Triage completed within 3 days of receipt of consult

In Sixty → Lymphoma Triage to Hematologist or R.O. or consult in 14 patient wait days

In Sixty → Hematologist consult to Chemotherapy, R.O., or palliative care contact in 10 patient wait days

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.

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 Hematologist on call. For palliative care or symptom management consultation, page the WRHA Palliative Care physician on call.

Hematologist on call, St. Boniface General Hospital	204-237-2053(p)
Hematologist on call, HSC Winnipeg	204-787-2071(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 hematologist/oncologist name.

Cancer Navigation and Patient Support Services

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs <ul style="list-style-type: none"> • Interlake-Eastern RHA • Northern Health • Prairie Mountain Health • Southern Health-Santé Sud • Winnipeg Regional Health Authority 	Toll-free: 1-855-557-2273 Toll-free: 1-855-740-9322 Toll-free: 1-855-346-3710 Toll-free: 1-855-623-1533 Toll-free: 1-855-837-5400
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 hematology & oncology-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

Hematologist on call, St. Boniface General Hospital	204-237-2053(p)
Hematologist on call, Health Sciences Centre Winnipeg	204-787-2071(p)
WRHA Palliative Care Physician on call, St.B Hospital	204-237-2053(p)
<u>WRHA Palliative Care Program for patients in Winnipeg</u>	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.

Milestones in the Lymphoma Clinical Pathway	Timeline
1. High Suspicion / Concerning Features found after history/physical/imaging A) Order CT Scans B) Surgery Referral if palpable lymph node	Start of timeline Reported within 14 days Appointment within 14 days
2. CT Scan results obtained & Order CT-guided biopsy if no accessible LN	Within 14 days of CT Scan Report
3. Surgical Consult A) FNA (Neck) B) Open Biopsy performed	Reported within 2 days of procedure Within 14 days of FNA or consult
4. Refer to CCMB	Within 2 days of FNA or flow reporting lymphoma
5. Lymphoma DSG triage & initial appointment booked A) Pathology Reported B) and PET Scan Ordered (completed prior to start of Chemotherapy)	Within 3 days of referral Within 14 days of Biopsy Reported within 14 days
6. Hematology or Radiation Oncology consult A) treatment decision & plan made	Within 14 days of triage
7. Chemotherapy, radiation therapy or palliative care contact	Within 10 days of Hematology/R.O consult

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
- Monitor/Manage
- Action
- Option
- Urgent
- Semi-urgent
- Non-Urgent
- Test / Procedure

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	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	49	50	51	52	53	54	55	56	57	58	59	60
High suspicion	CT Scans														CT-Guided Biopsy if no accessible LN														Refer	Triage		Hematology Consult														Chemotherapy (Post-PET), Radiation Therapy															
	Surgery Consult if palp LN														Biopsy														CCMB																																
															FNA	Refer	Triage															Pathology Reported & PET Ordered							PET Reported																						