

# CANCER talk

> CONNECTING WITH MANITOBA'S HEALTH PROFESSIONALS

## LUNG CANCER DIAGNOSIS: GETTING IT RIGHT

Dr. Jeff Sisler, COMMUNITY ONCOLOGY PROGRAM



### 1. JUST ORDER THAT CHEST X-RAY...

An article in the CMPA Perspective magazine in 2010<sup>1</sup> highlighted one of the common errors made in lung cancer diagnosis – failure to order, or delayed ordering of a CXR in patients who present with respiratory symptoms. The Manitoba guideline describes two groups of patients: those who merit a CXR on first presentation (single episode of hemoptysis, clubbing, etc.), and those where a CXR should be done after 3 weeks of persistent symptoms (cough, chest or shoulder pain, anorexia, hoarseness, etc.). The bar can be set lower for higher risk customers, especially smokers and former smokers. Patients who aren't X-rayed must receive a clear message to follow-up with you in 3 weeks if they aren't feeling better.

CONTINUED ON NEXT PAGE

Lung cancer diagnosis shouldn't be that difficult. It's the most common serious cancer we see, the higher risk population is well known, and the initial

source of patient complaint and even litigation.

The previous edition of Cancertalk included a new guideline for the work-up of suspected lung cancer. If you've misplaced it, point your computer at [www.cancercare.mb.ca/](http://www.cancercare.mb.ca/) diagnosis. Here are some key practice points from that algorithm.

### > delays in lung cancer diagnosis are a common patient complaint

test, the chest X-ray, is effective and readily available. We also have a cadre of specialists who respond quickly to our referrals. Nonetheless, delays in lung cancer diagnosis are a common

1. Heroux D. Lung cancer: The challenge of a timely diagnosis. CMPA Perspective. Sept 2010. 7-9.  
 2. Stapley S, Sharp D, Hamilton W. Negative chest x-rays in primary care patients with lung cancer. Br J Gen Pract Aug 2006. 570-3.

**PG > 2** EXPANDING CANCER SERVICES IN THE WRHA

CANCER SERVICES AT VICTORIA GENERAL HOSPITAL, GRACE AND CONCORDIA HOSPITALS CONTINUE TO GROW.

**PG > 4** NEW EVIDENCE FOR TAMOXIFEN

RECENTLY PUBLISHED STUDY SUGGESTS SOME PRE-MENOPAUSAL PATIENTS SHOULD NOW RECEIVE TEN YEARS OF TAMOXIFEN.

**PG > 5** GOOD THINGS COME IN 3s!

TO HIGHLIGHT MANITOBA'S NEW 3 YEAR CERVICAL SCREENING INTERVAL, CERVIXCHECK IS HOSTING A SOCIAL MARKETING CAMPAIGN.



**2. ...BUT DON'T BET YOUR LIFE ON THE RESULT!**

Our tests can falsely reassure us! About one in 10 lung cancer patients have a normal CXR in the 3 months before their diagnosis<sup>2</sup>, and naturally they are more likely to experience delay. So CT scans of the chest are the best first test in the very highest risk situations (repeated hemoptysis, supraclavicular nodes.) CT's are also needed when our clinical suspicion is high, and we are concerned that the normal CXR result may be misleading.

**3. DO TWO THINGS AT ONCE**

One of the biggest lessons from the British system reforms is the importance of referring high suspicion cancer patients at the same time the CT chest (or mammogram, or any definitive imaging) is ordered. This is our advice too: don't wait for the CT result to return (weeks later!) before you send off the referral letter to the specialist, but rather do them simultaneously. Specialists support this approach, and appointments that are not needed can always be cancelled.

**4. WATCH THOSE PNEUMONIAS**

We're all aware that slow-to-resolve pneumonic infiltrates can reflect an underlying lung cancer. The algorithm has clear guidance on this point. Treat with antibiotics, follow the patient, repeat the CXR in 6 weeks, and request a CT scan and specialist referral if the infiltrate has not completely resolved.

Questions about work-up of suspected cancer? Call or text the Cancer HelpLine at 204-226-2262.

**EXPANDING CANCER SERVICES IN THE WRHA!**

Cancer services at the Buhler Cancer Centre of Victoria General Hospital continue to grow! Clinics led by CCMB medical and radiation oncologists and hematologists are now occurring at that site three days a week and seeing patients with GI cancers, lymphoma, and with benign hematological conditions. These are all patients who have been referred to the CCMB Referral Office (Fax 204-786-0621) who are then allocated to the VGH site for the initial visit and, in many cases, treatment. In addition to these specialist clinics, family physicians in oncology (FPOs) are now on site at the VGH five days a week supervising patients on treatment.

FPO clinics are now being established as well at the Grace Hospital and Concordia Hospital, allowing patients to be treated "closer to home" at these sites after their initial assessment by a CCMB specialist. Again, all patients need to be referred first to the CCMB Referral Office, and the site of cancer treatment will be discussed with the patient at the time of their initial consultation with the oncologist/hematologist.

**IMPROVED SERVICES FOR FIRST NATIONS, MÉTIS, AND INUIT PATIENTS & THEIR HEALTH CARE PROVIDERS**



Carolyn Jardine

Recognizing broad cultural factors, increased barriers to cancer services and the role of traditional and holistic healing practices, the First Nations, Métis & Inuit Cancer Control's Patient Access Coordinator provides culturally responsive, streamlined services for patients, families and health care providers.

Carolyn Jardine, RN, BN, the Patient Access Coordinator, can resolve or prevent delays in diagnostic testing, results and appointments; follow up on test results; ensure the referral process is efficient; and troubleshoot for the patient and their health care provider. As soon as cancer is suspected, health care providers can contact her and she will follow that person to ensure they get to treatment as soon as possible.

Contact Carolyn at 204-799-0971 or carolyn.jardine@cancercare.mb.ca.

To contact First Nations, Métis & Inuit Cancer Control, dial 204-787-4986, toll free 1-855-881-4395 or email changingthepath@cancercare.mb.ca.

**PROFESSIONALLY LED ON-LINE SUPPORT GROUPS**

> **"I FELT VERY ALONE, FRIENDS HAVE DIFFERENT PRIORITIES AND DON'T REALLY UNDERSTAND... HERE I COULD TALK ABOUT ALL OF IT; EVERYONE WAS GOING THROUGH THE SAME THING."**

If you have cancer patients or family members who are unable to attend face to face support groups either because of distance or preference, consider talking with them about joining an online support group.

CancerChatCanada offers professionally-facilitated online groups that meet once per week for up to 90 minutes in a live "chat" room on the internet.

Most of the groups meet for 10-12 weeks.

Groups are available for those in treatment, post treatment, living with advanced disease, as well as for family members or friends caring for someone with cancer.

Contact Patient & Family Support Services at 204-787-2109 or visit [www.cancerchatcanada.ca](http://www.cancerchatcanada.ca) to learn more.



## INNOVATIONS IN ACCESS TO CARE



**Dr. Cornie Woelk** FAMILY PHYSICIAN IN ONCOLOGY, BOUNDARY TRAILS HEALTH CENTRE

The power of ideas. The Boundary Trails Health Centre (BTHC) Pre-referral Program, in collaboration with the Boundary Trails Community Cancer Program (CCP), is an innovation in healthcare delivery striving to meet the needs of patients with suspected or confirmed cancer. The program serves the residents of Southern Manitoba and is sponsored by Southern Health-Santé Sud.



Patients and family members were empowered with education and information regarding diagnosis and potential treatment options within a framework of shared care and evidenced based medicine.

Since its inception, the program has been shown to reduce the time from clinical suspicion of cancer to first treatment. This in turn has directly influenced and strengthened

In 2001 the BTHC Pre-referral Program took a first step in the multidisciplinary approach to shorten the time a patient would wait to start chemotherapy. Referrals were received for pre-oncology consult work-up, assistance with oncology referrals as well as necessary staging prior to an oncology appointment.

Primary care physicians received expert support from CCP physicians and nurses in the often complex navigation through the work-up of suspected cancer.

the current work underway through the IN SIXTY, Cancer Patient Journey Initiative announced by the Government of Manitoba in their 2012-2017 Cancer Strategy.

In fact, as the first of several community cancer hubs, the BTHC Pre-referral Program has set a provincial standard for care that will guide the implementation of those that follow in the near future.



### FAREWELL TO **Dr. Jeff Sisler**

Dr. Sisler, Medical Director, Primary Care Oncology, has accepted a new position as Associate Dean, Division of Continuing Professional Development in the Faculty of Medicine at the University of Manitoba. He will also be continuing his role in primary care cancer research and clinical work in the Department of Family Medicine.

Over the past 11½ years at CCMB, Dr. Sisler has contributed in many ways to the life and work of CancerCare Manitoba. Most notably, he worked with partners in the Community Cancer Programs Network to create UPCON (Uniting Primary Care and Oncology), a now internationally recognized primary care outreach, education and support program from our cancer agency.

He has helped lead our efforts to improve discharge education in the Moving Forward After Cancer program. He has led the development of FPOs as important cancer care providers in our system, and acted as a respected clinician in Pain and Symptom Clinics, breast cancer clinics and most recently at the Grace Hospital oncology unit.

Lastly, he has maintained a strong research profile and contributed to the primary care cancer literature through several peer-reviewed publications.

We wish him all the best in his new role at the University of Manitoba!

**SAVE  
THE  
DATE!**

### Cancer Research Conference for Primary Care!

Cancer and Primary Care Research International (Ca-PRI) is having its annual conference in Winnipeg from June 10-12, 2014. The Ca-PRI conference is an international meeting of family physicians focusing on cancer care research in the primary care setting. International experts in research on the diagnosis of symptomatic cancer, cancer screening, and follow-up care will attend and present.

An additional CPD event on Friday, June 13th will focus on clinical topics for primary care clinicians featuring leaders in primary care research from around the world.

Visit [www.cancercare.mb.ca/cpd](http://www.cancercare.mb.ca/cpd) and [www.ca-pri.com](http://www.ca-pri.com)







**QUESTION: MY PRE-MENOPAUSAL PATIENT WITH A HISTORY OF ESTROGEN RECEPTOR (ER)-POSITIVE BREAST CANCER HAS COMPLETED 5 YEARS OF TAMOXIFEN. SHOULD IT BE CONTINUED?**

Based on the results of the recently-published ATLAS (Adjuvant Tamoxifen Long Against Short) study involving over 3400 women with ER-positive early breast cancer, some pre-menopausal patients should receive ten years of tamoxifen, rather than the previous standard of five.

As compared to women who took tamoxifen for 5 years and then stopped, those who carried on for an additional 5 years had a 3.7% lower risk of recurrence, and a 2.8% lower risk of death from breast cancer between the 5th and 14th year of follow-up.

The 2.8% mortality gain in 10-year tamoxifen users was slightly offset by a 0.2% higher risk of death from endometrial cancer, leaving a net mortality benefit of 2.6%. Put into perspective, an additional 260 lives were saved for every 10,000 women who took tamoxifen for 10 rather than 5 years.

> **an additional 260 lives were saved for every 10,000 women who took tamoxifen for 10 rather than five years**

The data beg the question: should every pre-menopausal woman with ER-positive early breast cancer be prescribed 10 years of tamoxifen? Unfortunately, the ATLAS trial did not distinguish between node-positive and node-negative women. This is important because a previous National Cancer Institute of Canada trial (NCIC MA.17) testing the aromatase inhibitor, letrozole, versus placebo after 5 years of tamoxifen, showed that any benefit in reducing breast cancer recurrence and death appeared to be limited to women with stage 2 (node-positive) disease.

Therefore, while extrapolations between studies are always difficult, the NCIC MA.17 trial findings suggest that, until more data become available, caution should be used in prescribing 10 years of tamoxifen to pre-menopausal women with stage 1 ER-positive breast cancer. However, for those with stage 2 (node positive) disease, 10 years of tamoxifen is fast becoming the standard of practice.

A final note of caution: the longer a woman takes tamoxifen, the higher her risk of developing endometrial cancer; thus, vigilance and regular gynecological assessment to detect endometrial cancer in its early, curative stage, is mandatory.

WELCOME TO

**Dr. Sri Navaratnam,  
incoming President & CEO,  
CancerCare Manitoba**



CancerCare Manitoba (CCMB) is pleased to announce that Dr. Sri Navaratnam, Vice President & Chief Officer, Clinical Services, has been appointed as President and Chief Executive Officer effective January 1, 2014.

During her career, Dr. Navaratnam has served in increasingly senior leadership roles within CancerCare Manitoba as the Department Head of Medical Oncology and Hematology and in affiliated organizations, as Medical Director of Oncology at the Winnipeg Regional Health Authority, and as Head, Section of Hematology/Oncology, Department of Internal Medicine, University of Manitoba.

Dr. Navaratnam obtained her PhD from the Department of Pharmacology at the University of Manitoba in 1990 and upon completing her training in Internal Medicine, joined CancerCare Manitoba in 1996 for further training in medical oncology.

*"While there is much work ahead to meet an increasing patient load and integrating state of the art treatment, the staff of CCMB and I are dedicated to achieving excellence in cancer care, on behalf of all Manitobans."*

*"In her new role Dr. Navaratnam brings the blend of strategic vision and experience needed to build on CCMB's achievements in cancer care, while forging ahead with new initiatives," says Dr. Arnold Naimark, Chairperson of the CCMB Board of Directors.*

*"The CancerCare Manitoba Board of Directors is deeply grateful to Dr. Dhali Dhaliwal who, during his over 10 years of distinguished service and outstanding dedication as President and CEO, established a record of leadership and achievement."*



**In Memorium**

It is with great sadness that we inform of the passing of our friend and colleague, Dr. Morel Rubinger, on Thursday, September 5, 2013.

He is affectionately remembered as an excellent colleague and highly experienced clinician who was much loved by his many patients for his exemplary care.

## SCREENING CORNER

FOR MORE INFORMATION PLEASE VISIT [www.GetCheckedManitoba.ca](http://www.GetCheckedManitoba.ca)



# GOOD THINGS COME IN 3s: TELLEVERYWOMAN GOES VIRAL

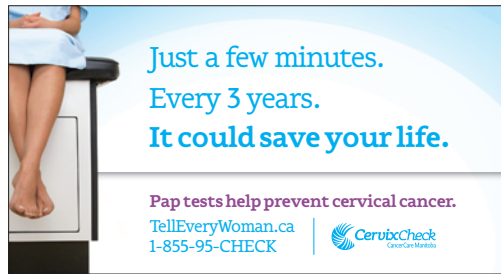
Like us on Facebook at [Facebook.com/tellevewoman](https://www.facebook.com/tellevewoman)

This October, to highlight Manitoba's new 3 year cervical screening interval, CervixCheck is hosting a social marketing campaign on Facebook called, "Good things come in 3s!"

We invite health care providers to participate for your clinic's chance to win an iPad mini!

To enter:

1. Take a picture of things that come in 3's! It could be 3 people, 3 objects, or the number 3. Be creative! The most innovative picture will win an iPad mini!
2. Email your photo(s) to [cervixcheck@cancercare.mb.ca](mailto:cervixcheck@cancercare.mb.ca) along with your clinic name and contact information. Submissions close October 31st.



CervixCheck will post your photos to our TellEveryWoman Facebook page. Plus, if you host Pap clinics with CervixCheck, we'll advertise your Pap clinic information on Facebook where you'll reach hundreds of Manitoba women!

Good things come in 3s, including routine Pap tests every 3 years!

## Determining a positive FOBT result

Dr. Ross Stimpson

HOW MANY WINDOWS MUST BE POSITIVE FOR THE PROGRAM TO DETERMINE A POSITIVE FOBT RESULT?

The program defines a positive FOBT as an FOBT with one or more positive windows. A colonoscopy is recommended for any individual with a positive FOBT. As bleeding from cancers or adenomas may be intermittent, any positive FOBT result must be investigated. Further FOBT testing in an individual with a positive result is unwarranted and does not rule out serious pathology if it becomes negative. The number of positive windows does not accurately predict the chances of finding serious pathology and therefore, this information should not be used to prioritize scheduling of patients for colonoscopy.

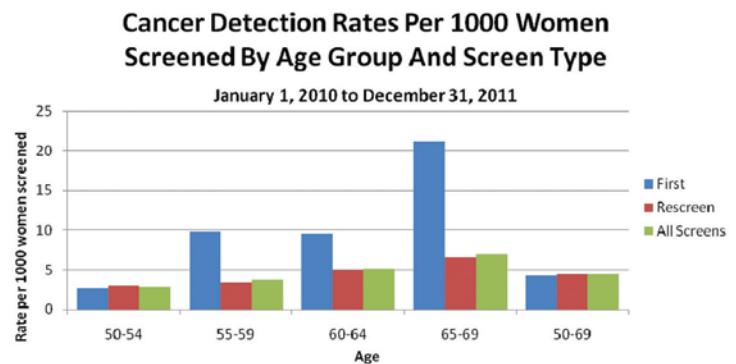
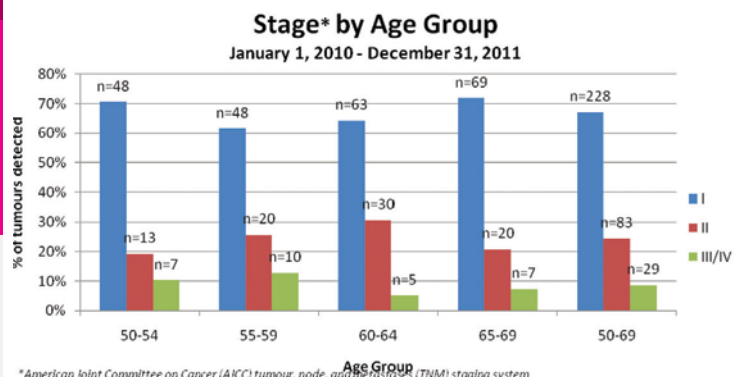
Overall, ColonCheck Manitoba patients with a positive FOBT who undergo colonoscopy have about a 4% chance of having cancer and an 18% chance of having advanced adenomas.

## Taking a closer look at breast screening...

Further to the results in BreastCheck's "Screening Outcomes" document distributed with the last issue of CancerTalk here is additional information on the characteristics of screen-detected cancers.

From January 1, 2010 to December 31, 2011 BreastCheck detected 428 cancers (348 invasive and 80 in situ; 81 first screens and 347 re-screens) in women ages 50 to 69.

The graphs to the right show the cancer detection rate and stage, by age group for these women.



## HOW TO REACH US

CCMB REFERRAL CENTRE  
204-787-2176  
fax: 204-786-0621  
M-F, 0800-1600, 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

## UPCOMING EDUCATION EVENTS

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

### > OCTOBER 26

Head and Neck Provincial Consensus Meeting

HSC Canad Inns, 720 William Ave. \$100 per person, free for Residents and Allied Staff. Contact Daile Unruh-Peters at 204-787-4497 or email [daile.unruh-peters@cancercare.mb.ca](mailto:daile.unruh-peters@cancercare.mb.ca)

### > DECEMBER 3 - 8:00AM-9:00AM

Community Oncology Rounds for Community Cancer Care Professionals

Topic: CAGPO Conference Review

Broadcast live over MBTelehealth (Open Registration) and via Online Webcast. Register at 204-787-1229 or email [Lynne.Savage@cancercare.mb.ca](mailto:Lynne.Savage@cancercare.mb.ca)

### > DECEMBER 13 - 1:15PM-3:45PM

Cases in Cancer – Small group case studies for Primary Care Providers

Topic: Work-up of Suspected Colorectal and Breast Cancers

CancerCare Manitoba, 675 McDermot Ave, Winnipeg. Registration fee \$50 / Free for UPCON Clinicians. Register at 204-787-1229 or email [Lynne.Savage@cancercare.mb.ca](mailto:Lynne.Savage@cancercare.mb.ca)

### > JANUARY 31, 2014 - 8:30AM-3:00PM

CancerDay for Primary Care 2014 Symposium

Full day, professional development sessions for primary care and health care providers with an interest in oncology.

Frederick Gaspard Theatre (A), Basic Medical Sciences Building, Health Sciences Centre, Winnipeg. Broadcast live over MBTelehealth and via Online Webcast. For information and registration: [www.cancercare.mb.ca/cancerday](http://www.cancercare.mb.ca/cancerday)

## ANNOUNCEMENTS



Dr. Eren Beshara is our second resident in the Enhanced Skills Program in Cancer Care for Family Physicians. Originally trained in Egypt, Dr. Beshara has been practicing as a family physician in Brandon for several years. Over the course of the six month program, she will train in a variety of clinical rotations and join a weekly half-day continuity clinic at the Buhler Cancer Centre of VGH.



### Oncology Education Scholarships for Primary Care Providers

If you are a Family Physician / Nurse Practitioner in Primary Care or a Health Care Professional affiliated with a Community Cancer Program (CCP), you are eligible for the Community Cancer Care Scholarship.

Uniting Primary Care and Oncology (UPCON) and the Community Cancer Programs Network (CCPN) are pleased to offer scholarships to enhance knowledge and skills in cancer care and blood disorders. The scholarships provide an opportunity to pursue up to two weeks of personalized training in oncology or attend an oncology course or conference. Programs for family physicians are eligible for Mainpro-C credits.

Application forms and more details are available on [www.cancercare.mb.ca](http://www.cancercare.mb.ca) > Health Care Professionals tab > Education and Training > Scholarships

Application Deadline: October 18, 2013