Huge Research Grant for Primary Care Cancer Research!

Researchers from the Department of Family Medicine, CancerCare Manitoba, the Manitoba Centre for Health Policy and the Faculty of Nursing have received a five year $1.5 million "New Emerging Team" grant from the Canadian Institutes of Health Research to kick-start a new research program in primary care cancer research. Dr. Alan Katz is the principal investigator and the team will be focusing on colorectal cancer, with projects planned in screening, follow-up care, and epidemiology. Several clinics involved in the Uniting Primary Care and Oncology Network (UPCON) and professionals from the Community Cancer Program Network (CCPN) are part of the team, including Dr. Gerald Konrad, Dr. Jeff Sisler, Melissa Fuerst and Dr. Karen Toews. UPCON clinics will be invited to be partners as we tackle cancer research questions grounded in the primary care environment!

Dr. Alan Katz

Got a cancer question?

Visit www.cancercare.mb.ca & click on "Healthcare Professionals" Check out our "Ask an Expert" feature

Join the Momentum:

Your Participation Key to Pap Week 2007 Success

The Manitoba Cervical Cancer Screening Program (MCCSP) is gearing up the Manitoba Pap Week 2007 campaign. Last October, the program recruited nearly 1600 women from 84 clinics and health centres across the province. Consistently, more than half of women reached during this campaign are unscreened and underscreened.

Do something different this October! Join the momentum in reaching women in your community by offering Pap tests to women on a walk-in, no appointment basis.

The MCCSP will support you in your participation by:

- coordinating and sponsoring all media advertising (radio, newspaper, TV, etc.).
- printing posters and flyers for participating sites.
- providing supporting documents to assist you for that day (1 page medical assessment form, questionnaire for the women, attendance list form, information letter to be given to the women after the Pap test).

To confirm your participation in **Manitoba Pap Week 2007**, or for more information, contact Kim Templeton, Health Promotion Specialist, Manitoba Cervical Cancer Screening Program, CancerCare Manitoba at 1-204-788-8648 or toll free at 1-866-616-8805.

UPCON
Uniting Primary Care and Oncology

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CancerTalk
Connecting with Manitoba's Health Professionals *Issue 4, Summer 2007*

Becoming a CancerPro

Learning to navigate the provincial cancer/blood disorder system is key to providing better health care for cancer patients and their families.

Teaching family physicians and nurse practitioners how is a key goal of a new initiative of UPCON (Uniting Primary Care and Oncology), a program of CancerCare Manitoba.

Be a CancerPro: Cancer (and Blood Disorders) System Essentials for Primary Care is a new, full day workshop designed to share information about how the cancer system works (who does what, where, and when); resources available to primary care clinicians; and the ins and outs of screening, achieving early diagnosis and effective referrals. The session also highlighted the resources available for patients and families.

The first *CancerPro* session was held on June 1, 2007, with 21 health care professionals taking part, with eight coming from rural Manitoba. Fifteen presenters from all parts of the cancer system made 20 minutes presentations designed to help participants understand and navigate the cancer system better.

UPCON Program Manager Pat McCormack-Speak said that participants' evaluation of the day was fantastic, and added that CCMB plans to offer this educational session three times per year. The next *CancerPro* day is scheduled for **Friday, September 21, 2007** at CCMB at 675 McDermot in Winnipeg, with a February 2008 event planned in a rural Manitoba site.

The CancerPro event was financially supported by the CancerCare Manitoba Foundation.

Check out the newsletter insert to register for this exciting event!

First CancerPro day deemed a success by participants.

Here's what the participants had to say….

"Well done! Binder will be a valuable resource."

"Very informative to learn about supports available for cancer patients and their families."

"Excellent conference. I am surprised you didn't charge for it. Really enjoyed the day."

"Absolutely very useful! All presentations had the same goal which was to improve patient care and how we can work together…"

CancerCare MANITOBA

Announcements

The Tariff Code for the new HPV vaccine…
(human papillomavirus) is 8991. This vaccine is not part of the current recommended immunization schedule in Manitoba and therefore is not provincially funded. The vaccine is available by prescription in Manitoba. Use of the tariff code will facilitate data entry into MIMS.

The Manitoba Colorectal Cancer Screening Program…
is now open and has hired its staff: **Jean Sander,** Program Manager; **Dr. Ross Stimpson**, Medical Director; **Kimberly Morency**, Health Educator. Phase I of the program is set to begin this August. During this first phase 25,000 individuals, 50 to 74 years of age, living in the Winnipeg and Assiniboine Regional Health Authorities will receive a kit. For more information, call 788-8635 or 1-866-744-8961.

"Be a CancerPro"
Learning how to navigate the provincial cancer / blood disorder system is key to providing better patient care. This day-long session will give you the knowledge you need to get things done! **Next Session: September 21**. For more info or to register, see the insert (MAINPRO-M1-6 credits).

Cancer care improves, expands into rural Manitoba

The communities of Pinawa and Deloraine are now part of the Community Cancer Programs Network.

"Having a Community Cancer Program means people in rural Manitoba are able to access a multidisciplinary team that provides quality care closer to home," said Tanya Benoit, Acting Director, Community Cancer Programs Network (CCPN). "The Network has saved Manitobans millions of kilometers of travel to and from Winnipeg because people are able to receive chemotherapy, as well as support and follow-up care close to where they live."

Established in 1978, the CCPN started with five communities. At the time, the goal was to provide chemotherapy treatment to breast cancer patients in rural Manitoba. Now the network has grown and expanded its mission to build expertise in cancer care in rural communities across the province.

Pinawa is the 15th member of this innovative network. The Community Cancer Program (CCP) opened in February 2007. Construction on the CCP in Deloraine is slated for this year.

Key to CCPN development is partnership. CancerCare Manitoba works together with the provincial government and the local regional health authority to define cancer needs and to develop solutions for the regions they serve. Each RHA partners with CancerCare Manitoba to operate the CCP. Services are delivered by health professionals with special training in oncology, who provide diagnostic services and chemotherapy treatment to patients.

Construction is now underway on a new $3.8 million project to expand the existing CCP and obstetric facilities at Steinbach's Bethesda Hospital. The project will provide improved space for the delivery of chemotherapy treatment and a new resource centre.

Family Physicians Join Cancer Treatment Teams in Winnipeg


Dr. Tunji Fatoye


Dr. Chris Ogaranko


Dr. Eliza Chan

Rural Manitoba has long benefited from family physicians (FPs) providing chemotherapy and early follow-up care to patients in their hometowns as part of the Community Cancer Programs Network (CCPN). The new CCP site in Pinawa has two local FPs, Dr. Bruce Kowaluk and Dr. Eddie Spence. Now it's Winnipeg's turn to experience the benefit of having FPs as part of the cancer treatment team!

Dr. Tunji Fatoye is caring for patients receiving treatment for lung and colorectal cancer at CCMB's MacCharles site and at the Oncology Unit at Seven Oaks General Hospital. Tunji also works at Kildonan Medical Centre at SOGH.

Dr. Chris Ogaranko, a long time hospitalist at the Victoria General Hospital, now works with Dr. Ian Maxwell in the Victoria General Hospital's Oncology Program and at CCMB's St. Boniface site. Chris is also employed part time in the WRHA Palliative Care Program.

Dr. Eliza Chan is working with breast cancer patients at CCMB's St. Boniface site, complementing her work as an emergency room physician at the Concordia Hospital.

Your NHL Update!

There's good news and bad news about non-Hodgkin's lymphoma in Canada. The bad news:

NHL (as oncologists call it, even if they're not hockey fans) is on the rise - one of the very few cancers these days whose incidence is actually going up. The exact reason for this rise is not known. The good news is that innovations in treatment mean that this is one of the most treatable and even curable of malignancies.

A new treatment therapy with **rituximab** has had a big impact. This is the first of the so-called "targeted therapies."Rituximab is a monoclonal antibody that specifically binds to a protein (CD20 antigen) present on the surface of B lymphocytes in NHL. Rituximab targets and kills these cells, and is commonly combined with the "CHOP" chemotherapy that has been used for many years in treating NHL.

"The good news is that innovations in treatment are making this one of the most treatable and even curable of malignancies."

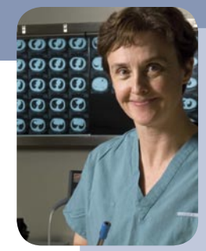
But first a word about lymphomas. The classification system is confusing, but there are two basic types: the Lazy ones (commonly called indolent or low-grade) and the **Aggressive** ones (often called high grade). The most common "lazy" one is *follicular lymphoma*, which makes up 20% of all cases of NHL. The most common "aggressive" one is *diffuse large B-cell lymphoma* which makes up 33% of all NHL. If you have a patient with lymphoma, it's likely one of these two types.

And the good news is that rituximab plus chemotherapy (CHOP or its slightly gentler variant, CVP) is very effective for both! In follicular lymphoma, the addition of rituximab has boosted survival at 2 years from 90 up to 95%. In the deadlier diffuse large B cell lymphoma, rituximab with chemotherapy has pushed 5 year survivals from 45 up to 58%. And all of this benefit without much added long term toxicity.

Many patients who are successfully treated do ultimately relapse with their disease, particularly with follicular lymphoma. But there is effective second line or "salvage" chemotherapy, and there is more good news about rituximab for these patients. So-called "maintenance rituximab," given alone every 3 months for 2 years after chemotherapy has boosted the number surviving without relapse from 77 to 85% at three years.

All in all, this is great news for your patients with NHL, but a big challenge for the health system, which has to fund for each patient an extra $23,000 or so which is the cost of adding rituximab therapy to standard chemotherapy. But the pay-off of longer remissions and increasing cure rates without extra toxicity makes it worthwhile, so this exciting treatment is available to Manitobans facing this diagnosis.

Questions about rituximab? Check out "Information for Health Care Professionals > Cancer Drugs" at www.cancercare.mb.ca or call the CCMB Pharmacy Information Line at 787-1902.



Ask the Cancer Expert

Dr. Ethel MacIntosh
Medical Director, WRHA Breast Health Strategy

Question:

I am interested in more information on the sentinel node procedure used in breast cancer surgery. I have read that if you have had breast surgery in the past that you are not a good candidate for the procedure. Would a lumpectomy done a month ago be a contraindication?

Answer:

Identification and excision of sentinel node(s) is a method of assessing /staging the axilla in patients with early invasive breast cancer. A radioactive tracer and/or blue dye is infiltrated around the nipple areolar complex or near the breast tumor which will then migrate to the sentinel node(s) in the axilla. These nodes are then excised and assessed for metastatic disease. A full axillary node dissection is indicated if these nodes show cancer.

Previous breast surgery is not a barrier to sentinel node surgery. It was initially thought that there would be more false negatives (nodes left behind containing cancer with "negative" sentinel nodes) in women who had undergone large lumpectomies prior to nodal surgery, but there is a lot of data refuting this. The timing between the lumpectomy and nodal surgery is not an issue either.

Sentinel node surgery in the hands of an experienced, well trained surgeon will be a technical success with a low false negative rate in the setting of prior breast reduction, augmentation, biopsies, and lumpectomies. It can also be offered to patients who have had previous axillary surgery and will identify sentinel nodes in a significant number of patients, particularly if fewer than 8 nodes were removed previously.