Cancer Talk

Connecting with Manitoba's Health Professionals *Issue 11, Summer 2010*

Does hormone therapy cause cancer?

by Dr. Heather Frame

For many women, menopausal symptoms can be disabling and may be improved by hormone therapy (HT). But the pendulum has swung from giving almost any postmenopausal woman HT for symptom relief to limiting its use to almost no one. Concern about the increased risk of cancer (especially breast cancer) is a particular worry for both patients and prescribers. It is often difficult to put those risks into understandable terms to assist in the decision process. A good place to start is with risk assessment tools such as the NCI Breast Cancer Risk Tool (available at www.cancer.gov/bcrisktool/)

Consider your patient Betty: This 50 year old Caucasian woman with no other risk factors has a 1.3% risk of developing breast cancer in the next 5 years, and a lifetime risk of 11.2%, (as estimated by the NCI tool). So how much is Betty's risk increased by using HT, if at all?

Estrogen (E) only therapy

Does NOT appear to increase risk. The Women's Health Institute (WHI) randomized trial reported a relative risk (RR) for breast cancer of 0.83 (95% Confidence Interval [CI] 0.65-1.03) at 7.1 years.

Lois Glover, nurse manager of the Mature Women's Centre, counsels a patient.

Estrogen + Progestin (E + P)

The evidence is mixed. See the table below for a summary of the RRs.

Back to Betty! If we use the WHI relative risk of 1.26, Betty's 5 year risk increases to 1.6% and her lifetime risk to 14.1%. These numbers put risk into context when speaking to individuals rather than populations. Also, the type of progestin and the frequency of its administration may affect breast cancer risk,with natural progesterone (such as oral micronized progesterone) imparting less risk than synthetic forms. Topical estrogens (17*B*Estradiol in patch or gel form) may also impart less risk.

Study	Hormones	Relative Risk (95% CI)
WHI (randomized)	E + P	1.26 (1.02 -1.56)
Observational Studies:		
French E3N (at 8.1 yrs)	E + natural progesterone E + synthetic progesterone	1.0 (0.83 - 1.22) 1.69 (1.50 - 1.91)
Million Women Study	E + P	1.70 (1.36 - 2.13)
UK case control study	Oral E + P Topical E + P	1.38 (1.27 - 1.49) 1.08 (0.81 - 1.43)

How about other cancers?

Ovarian cancer: a 50 year old woman's lifetime risk for ovarian cancer is estimated at 1.4% in North America. The WHI trial using E + P did **not** report any increased risk, but other cohort and observational studies suggest a slight **increased risk** in current users that declines with time once HT is discontinued. The risk estimates are one extra ovarian cancer per 2500-8300 users/year.

Endometrial cancer: there is a well established risk with the use of unopposed E in women with an intact uterus which is reduced by progestin therapy. Doses of progesterone in

Continued on Page 4

Follow-Up Care Plans: Great for Patients and Primary Care!

How can we help cancer patients move from treatment into follow-up care with the information they need? What do FPs and NPs need to care for these patients?

Moving Forward after Rectal Cancer is a pilot project at CCMB that is targeting early stage rectal cancer patients at the end of treatment. The project is using the cancer system's EMR (called ARIA) and new clinic processes to give patients and their families a personalized treatment summary, a dated schedule of follow-up tests, information about post-treatment issues and recurrence information, and direction about where to find support. The Care Plan package also includes healthy lifestyle information for cancer survivors, including diet, exercise and psychosocial wellness.

Patients will be given the printed "**Follow-Up Care Plan**" at an appointment with their oncologist following a favorable CT scan, about three months after treatment is completed. Some patients will be turned over to primary care providers at that point for follow-up care. In all cases, a shorter version of the Care Plan will be faxed to the FP/NP and to the surgeon or gastroenterologist. Patients will also be invited to a group session to learn more and set goals for their recovery process. New education resources are also being created for FPs/NPs.

The goal of this project is to ensure that patients and primary care providers are clear about what tests need to be done when, who is responsible, the warning signs of recurrence, the long term effects of cancer treatment that need to be monitored and addressed, and the lifestyle changes that can promote staying cancer-free. Dr. Jeff Sisler and Jill Taylor-Brown, Directors of Primary Care Oncology and Patient and Family Support Services at CCMB, lead a multidisciplinary advisory group for this project (that includes patients) that is working hard to establish follow-up care planning as a norm at CCMB for all cancer survivors as their treatment finishes. For more information, email Dr. Sisler at jeff.sisler@cancercare.mb.ca

Photo Credit Ed Mathis

Ask the Cancer Expert

Dr. Piotr Czaykowski

Medical Oncologist at CCMB

Question:

A 27 year old male, otherwise well, reports that his right testicle feels uncomfortable. I am not convinced I can appreciate a mass in his testicle. What should I do?

Answer:

If you cannot feel a mass, as in this case, assume the patient is right, err on the side of caution, and obtain an urgent scrotal ultrasound. The test will usually be done within 1-2 working days if you phone and indicate the reason it is needed (i.e. to rule out testis cancer). If the ultrasound is suspicious of malignancy, an urgent referral to urology is indicated.

Testicular cancer is the most common cancer in young men. It generally presents as a testicular mass (within the testicular parenchyma). Sometimes there can be discomfort associated with it. This is often a rapidly progressive cancer, but is also highly curable, especially if caught early.

If you can feel a testicular mass in a young man, the most important step you can take is to pick-up the phone and speak personally to a urologist. Most urologists will see such a patient within 48 hours - certainly in less than a week. If the clinical suspicion is high, your patient will undergo an urgent orchiectomy for both diagnostic and, with luck, curative purposes. Note that percutaneous testicular biopsy is generally felt to be contraindicated.

If your patient has testis cancer, he will need pre-operative tumor markers (alpha-fetoprotein, quantitative beta-HCG, LDH), and a peri-operative CXR and abdominal/pelvic CT scan. So, if your level of suspicion is high, you could think about getting those tests organized. Speedy investigations and treatment are vital.

Announcements

CCPN Educational Conference

The Community Cancer Care 2010 Educational Conference is scheduled for **October 21 & 22** at the Hilton Suites Hotel, 1800 Wellington Avenue. Events include workshop on Everyday Ethics, panel discussion on 'What's New in Breast Cancer' and a breakfast symposium 'Exercise and Cancer' featuring Dr. Margie McNeely from Alberta. Watch www.cancercare.mb.ca for more info.

Save the date now… for January 2011

The 7th annual **CancerDay for Primary Care** has been scheduled for Friday, January 14, 2011. We are partnering with the U of M Continuing Education Department to offer this day long session of snappy presentations for FPs/NPs. Watch for the registration form in the next edition of CancerTalk.

Community Cancer Care Scholarships

The **CancerCare Manitoba Foundation** has approved funding for the annual Community Cancer Programs Network (CCPN) and Uniting Primary Care and Oncology (UPCON) scholarships for 2010-2011.

The scholarships are intended for the multidisciplinary professionals affiliated with Community Cancer Programs (CCPs) and for family physicians and nurse practitioners in primary care practice. Keep an eye on www.cancercare.mb.ca/Health Professionals in July for the 2010-2011 application form.

Application deadline - November 26, 2010

CSI Manitoba

What Cancer Statistics in Manitoba tell us

By Dr. Donna Turner, PhD
Provincial Director, Population Oncology, CancerCare Manitoba

Cancer is a significant health issue for all Canadians. Approximately 6,000 Manitobans are diagnosed with cancer every year – over half of the diagnoses are lung, colorectal, breast and prostate cancers. The statistics may be alarming, but the data also can tell us a lot about what we can do to change the cancer experience for our population.

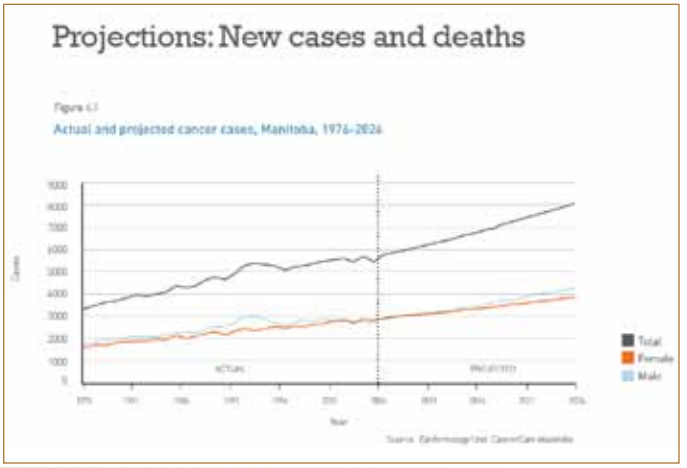
Epidemiologists are "cancer detectives" who study cancer patterns in the population and to unravel the reasons for the disease's variations. "Why is there so much more cancer these days?" is a frequent question and the answer has several parts.

First, more people are being diagnosed with cancer in Manitoba due to an aging population and the fact that cancer occurs more often in the elder generation. Second, our population is growing. Although most Manitobans know the population is relatively stable, there is a slow but steady increase in the number of people living in the province. Finally, there are changes in the population's risk for the disease. For most cancers, changes in risk are not driving the increased numbers – the main influence is the aging population.

An unmodifiable risk factor, aging is not something that can be targeted in a risk-reduction strategy. However epidemiologic research has shown that there are many modifiable risk factors to focus on, most notably lifestyle behaviours and environmental risk factors, which could substantially reduce cancer risk.

It is important to recognize that cancer is a collective term for more than 200 different diseases. Lung cancer is different from breast cancer is different from colorectal cancer, and even within these categories there are different diseases (e.g., small cell lung cancer vs non-small cell lung cancer). Different cancers also have different associations with different risk factors: smoking is strongly associated with lung cancer, but not as much with colorectal cancer or breast cancer.

Interestingly, we see an "east to west" gradient for most cancers – cancer rates are highest in Atlantic Canada and lowest in B.C. – that correlates with a similar pattern of risk factors, in which B.C. has the best "healthy living" profile. Manitoba is both geographically and statistically in the middle.



In fact, research indicates that Manitobans' risk for cancer could be reduced dramatically – perhaps as much as 50% – through healthier living. Of course, changing human behaviour is a major challenge - a complex puzzle with no obvious solutions or magic bullets.

Does hormone therapy cause cancer? from P. 1

sequential therapy (continuous E, intermittent P) need to be given for at least 10 days. The lower the E dose, the lower the progestin dose that is required to prevent hyperplasia, but there are no absolute guidelines as to the lowest safe dose.

For a woman whose life is significantly affected by menopausal symptoms, HT is a useful treatment option. Putting her risks into perspective is helpful when deciding upon hormone use. Choosing lower doses of topical estrogens, using natural progesterone in less frequent cycles, and re-evaluating the use of HT annually may be associated with the least risk.

About the Author: Heather Frame MD BSc (Med) CCFP, joined the Mature Women's Center in 1999 at VGH, a novel multidisciplinary program with multiple clinical arms including menopause, Hysterectomy alternatives and Osteoporosis. The team includes nursing, physician, pharmacy, dietitian and exercise therapist services.

Manitoba Pap Test Week 2010 Joins National Campaign

Manitoba Pap Test Week 2010 is combining efforts with other Canadian jurisdictions to create a national momentum during National Cervical Cancer Awareness Week: October 25th-30th. During this week the MCCSP will partner again with health centers all over the province to offer walk-in Pap tests for women. Last year, over half of the women who attended these clinics had not had a Pap test in at least 2 years.

Register your clinic today and join the national momentum! Contact Lesley Dyck at 788-8627 or toll free at 1-866-616-8805.

ColonCheck MANITOBA

Ten! That's the number of people who had their colorectal cancer diagnosed, thanks to a screening test provided by *ColonCheck* Manitoba. Nearly 25,000 individuals between the ages of 50-74 were invited to complete a fecal occult blood test (FOBT) during the program's first phase. Over 4000 people took the opportunity to be screened, and 3% of those who completed the test had an abnormal result and were referred for colonoscopy.

Twenty individuals were diagnosed with an advanced adenoma and 10 with colorectal cancer. The stages of the 10 cancers were: 2 in situ, 3 Stage I, 4 Stage IIA, and 1 Stage IIIC. The cancer detection rate was 2.48 per 1000 persons screened.

Phase 1 results are encouraging, as are data from Manitoba Health showing that screening rates are steadily increasing. One of the program's priorities is to work with primary care providers to increase screening rates. Family physicians and nurses are distributing *ColonCheck* Manitoba FOBT kits to eligible people. The Program will be expanding its direct mail invitations to all regions, and tests are also available to all eligible Manitobans through the Breast Screening Program and on request. Visit www.coloncheckmb.ca for more information.

UPCON
Uniting Primary Care and Oncology

Editor
Jeff Sisler MD MClSc FCFP
Director, Primary Care Oncology
CancerCare Manitoba
Phone 204-787-3595
jeff.sisler@cancercare.mb.ca