CANCERtalk
› CONNECTING WITH MANITOBA'S HEALTH PROFESSIONALS
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MICROCYTIC ANEMIAS IN PRIMARY CARE: ANEMIA OF CHRONIC DISEASE

Dr. Mark Kristjanson, COMMUNITY ONCOLOGY PROGRAM

In our last edition of CancerTalk, we began a series of articles on the workup of microcytic anemias with a consideration of iron deficiency anemia.

ACD is sometimes difficult to distinguish from the anemia of iron deficiency

The anemia associated with chronic inflammation, so-called Anemia of Chronic Disease (ACD), is sometimes difficult to distinguish from the anemia of iron deficiency; while usually normocytic, a significant minority of cases of ACD are associated with a mild microcytosis, with the mean corpuscular volume (MCV) generally > 70 fl. Consideration of a diagnosis of ACD typically arises when a new but gradually evolving anemia, often in an adult who may have multiple co-morbidities, is associated with a normal or elevated ferritin.

Ferritin levels usually reflect total body iron stores, with normal values ranging as high as 250ug/L. Ferritin levels less than 20ug /L are usually reflective of iron deficiency. Ferritin is also an acute phase reactant, however, and elevated ferritin levels can indicate the presence of an inflammatory, infectious, or malignant process. In the presence of chronic disorders of this nature, inferences regarding total iron stores cannot be made on the basis of a normal or high ferritin.

Whereas the serum iron will be low in both iron deficiency and ACD, the TIBC is elevated in iron deficiency and low in ACD. For example, a Hb of 107 in a 58 year old diabetic female with an MCV of 76 and an MCHC of 288, and whose ferritin was 14 ug/L might have a TIBC of 81, in keeping with iron deficiency; the same Hb and red cell indices in

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the same patient, but whose ferritin was 312 and whose TIBC was 30 would signify ACD. Furthermore, the percent transferrin saturation will be low in iron deficiency, but normal in ACD.

Examples of conditions which might be complicated by, or present with an anemia of chronic disorders include: renal cell carcinoma; SLE; bacterial endocarditis; rheumatoid arthritis; diabetic foot ulcer complicated by osteomyelitis; inflammatory bowel disease; and tuberculosis.

What if the iron studies are not typical of either iron deficiency or ACD?

Consider the possibility that both conditions are present. Using our 58 year old as an example, her mild microcytic anemia might be accompanied by a ferritin of 178 (too high for a pure iron deficiency, too low to assume an inflammatory cause) and a TIBC of 58 (also inappropriately 'normal' for either condition alone).

Of paramount importance in ACD is the clinical context; the treatment is that of the underlying disease. A mild and stable ACD in our 58 year old diabetic female requires aggressive risk reduction with optimization of A1c levels and renal protection with an ARB or ACE inhibitor. If she has a severe diabetic peripheral neuropathy, and the anemia emerged in the past three months, check her feet carefully – a diabetic foot ulcer may signify an underlying osteomyelitis. As in the case of iron deficiency, the dual responsibility of the primary care practitioner faced with an anemia of chronic disorders is to both recognize its presence and to diagnose the underlying cause.

Breast Health Centre Referrals

Finding referral information on the Breast Health Centre just got easier.

Search online for **'WHRA Breast Health Centre'** or go to www.wrha.mb.ca/bhc. The link 'For Health Professionals' has been added to the top of our list of links. Here you will find out whom you can refer, the process and requirements, along with our referral forms.

Please don't hesitate to contact the Referral Assessment Nurse directly at (204) 235-3252 if you have any questions about your referral.

We hope you find our website a useful tool. Feel free to forward your comments and feedback to Beth Szuck at 204-235-3646 or *beth.szuck@cancercare.mb.ca*

FOR YOUR PATIENTS: A RESEARCH STUDY OF COUPLELINKS.CA

The First Online Intervention for Young Women with Breast Cancer and their Male Partners

The diagnosis and treatment of breast cancer not only affects the woman with the disease, but also her life partner. Challenges associated with breast cancer are often greater for younger couples who have to manage busy lives and multiple responsibilities alongside the illness.

This research is studying **Couplelinks.ca**, a professionally facilitated online workshop tailored specifically to the needs of young couples affected by breast cancer. The 6-session program entails reading the web-based materials (topics include: mutual support, communication, intimacy, fertility and/or parenting concerns) and participating in weekly relationship enhancement exercises.

Who is eligible to participate?

- Women who have a diagnosis of breast cancer without metastases
- Women who are involved in a committed relationship with a male partner
- Women who were 50 years of age or younger at the time of diagnosis (no restrictions on age of male partner)
- Women who are within 36 months of their original diagnosis
- Women can be at any stage of treatment or recovery from treatment; however, we find that it is easier to participate once active treatment has been completed

Interested participants may refer themselves to the study.
For more information visit: www.couplelinks.ca or contact Jill Taylor-Brown, MSW, RSW, Manitoba Site Lead at 204.787.1325.

Couplelinks
online support for couples facing breast cancer

PRIMARY CARE & *IN SIXTY*: THE START OF THE JOURNEY

Dr. Mark Kristjanson, CLINICAL LEAD PRIMARY CARE WORKING GROUP

IN SIXTY
CANCER ACTION

The sword of Damocles that hangs over every family physician and nurse practitioner in primary care is the threat of a missed or delayed cancer diagnosis. Cancer has now surpassed cardiovascular disease as the biggest killer in Canada. Those of us on the front lines of health care tend to see just enough cancer to keep us fearful of its protean and often undifferentiated presentations. Rarely do we see it often enough to get really comfortable with its diagnostic work up – and even though our health care system is amongst the best in the world, it sometimes hinders our efforts in this regard as much as it helps.

In Sixty's PCWG has as its top three priorities the following: the development and maintenance of diagnostic algorithms (Pathways) for the common malignancies; improved communication between primary care clinicians, specialists, and patients; and a strategy to help primary care providers get referrals 'Out the Door in 24'.

When a patient presents to the office of a family physician or nurse practitioner with symptoms or findings that raise a strong clinical suspicion of cancer – such as a persistent infiltrate on the chest X-ray of a smoker, despite an appropriate course of antibiotics – the next step might be to refer the patient to a consultant (for example, to a respirologist, for a bronchoscopy) or for an imaging test (such as a chest CT). There are clinics in Manitoba that consistently get those referrals sent off within 24 hours of the patient visit at which a clinical suspicion of cancer first arose. There are occasions, however, when it can take several days (or even weeks!) for a referral for urgent imaging or to a consultant to be faxed from the referring clinic.

> *The sword of Damocles that hangs over primary care is the threat of a missed or delayed cancer diagnosis.*

In 2011 Manitoba's provincial government launched *In Sixty*, a $40M initiative also known as the Cancer Patient Journey Initiative (CPJI). *In Sixty* brings together all the stakeholders in the cancer patient journey – patient representatives, Manitoba Health, Cancer Care Manitoba, the Regional Health Authorities, Diagnostic Services of Manitoba and Primary Care, represented at *In Sixty* by the Primary Care Working Group (PCWG).

In Sixty's PCWG has developed a program we call *"LEAN on cME"* to assist those clinics who want help in streamlining their clinic work flows to get those crucial referrals "out the door in 24". Using a 'Lean' methodology called 'Kaizen', *In Sixty's* Rapid Improvement Leads (RILs) guide participating clinics through an internal audit of clinic work-flows to identify and correct those work routines that are impeding referral turn-around times. *LEAN on cME* events combine this Kaizen review of clinic work flows with a small group, case-based Cancer Diagnosis module that has been developed to help primary care providers apply the diagnostic Pathways in the clinical setting.

The first such *LEAN on cME* event took place in Prairie Mountain Health region with Brandon clinics in June, and more such events are planned in the Southern Health-Santé Sud Region this autumn. *LEAN on cME* events will be available for Primary Care Clinics in Winnipeg and other rural and northern health regions starting in November 2014.

If you would like to be part of a *LEAN on cME* event, ***call UPCON on the Cancer Question Helpline: 204-226-2262.***

Oncology Professional Development for Primary Care

Are you a **Family Physician or Nurse Practitioner** in Primary Care or a **Health Care Professional** affiliated with a Community Oncology Program in Manitoba?

The **Community Oncology Program** is pleased to offer Professional Development to enhance your knowledge and skills in cancer care and blood disorders so you may better serve the needs of your community.

This is your opportunity to pursue one-two weeks of personalized Oncology training or attend an Oncology course or conference!

Family physician's training is eligible for Mainpro –C Credits.

Professional Development application forms for 2014-15 and more details are available on *www.cancercare.mb.ca* > *Health Care Professionals* > *Education and Training.*

Application Deadline: November 7, 2014

UPDATE: Pain & Symptom Management for Cancer Patients

ON CALL SERVICE: A Pain & Symptom physician is available via telephone to aid in pain and symptom management during normal business hours from Monday through Friday. The main purpose of this service is to give "over the phone" consultation in a timely manner to members of the health care teams who are caring for cancer patients with significant symptom issues related to their cancer or cancer treatment. To access the Pain & Symptom physician on call phone: 204-237-2033.

REFERRALS TO THE PAIN & SYMPTOM CLINIC: Referrals are sent through the CCMB Referral Office using the standard form. They are prioritized according to urgency. Criteria for referral are available at www.cancercare.mb.ca – Health Care professionals – Information for Health Care Professionals – Pain & Symptom Management at CCMB

UPCOMING ONCOLOGY EDUCATION

WWW.CANCERCARE.MB.CA/CPD

OCTOBER 2-3, 2014

Community Cancer Care 2014 Education Conference
'Cancer Care without Borders'

Victoria Inn Hotel & Convention Centre
Winnipeg, Manitoba

Co-hosted by Boundary Trails Regional Cancer Program hub.

Registration at www.cancercare.mb.ca/conference

OCTOBER 24, 2014

Cases in Cancer, "Chronic Lymphocytic Leukemia"

12:45 – 4:00pm, lunch included

MBTelehealth is available on request

Register by e-mailing: *Lynne.Savage@cancercare.mb.ca*
Or calling 204-787-1229

Cases in Cancer is a small group discussion session with case-based studies. Participants are encouraged to submit cases for review.

ASK THE Cancer Expert

Kristen Bergen
BREASTCHECK PROGRAM MANAGER

QUESTION: My patient is a healthy and active 76 year old woman who is asking about mammograms. Should she continue to be screened?

ANSWER: Balancing the benefits and potential harms of screening is challenging for people who fall outside of the program's recommendations. BreastCheck's operations are evidence-based and follow the Canadian Task Force on Preventive Health Care guidelines which currently recommend breast cancer screening with mammography every two to three years for women ages 50 to 74. After the age of 74, BreastCheck no longer invites or recalls women for screening although women may still attend if they choose.

Currently, there is limited evidence to support a reduction in mortality from breast cancer from screening women over the age of 74. While data from some observational studies suggest possible benefits, other studies have shown an increase in harms such as overdiagnosis (finding and treating a cancer that may have not otherwise caused symptoms or death during the woman's life) and overtreatment.

There are no clear answers about who should continue to be screened for breast cancer after the age of 74 or at what age to stop. As a health care provider, you can support women by discussing the possible benefits and harms with them so they can make an informed decision. Things to consider include the following:

- Possible benefit of mortality reduction
- More treatment options if cancer is detected early
- Possible harms of overdiagnosis and overtreatment
- Comorbidities associated with a limited life expectancy (≤5 years)
- Physical limitations for mammography that prevent proper positioning
- Cognitive limitations which prevent participation or understanding of the test (e.g. Alzheimer's)
- Woman's personal preferences

TIME TO COLPOSCOPY: REACHING NATIONAL TARGETS

CervixCheck CancerCare Manitoba

Kim Templeton, MANAGER, CERVIXCHECK

A national target for time to colposcopy has been established by the Pan Canadian Cervical Screening Network, Canadian Partnership Against Cancer. Ninety percent of women with a high-grade Pap test result should have a colposcopy examination within six weeks from the Pap test report date, or four weeks from the colposcopy referral date. Recent data from CervixCheck indicates that only 15% of women with a high-grade result have colposcopy within six weeks. Colposcopy referrals for high–grade lesions should be prioritized before colposcopy appointments for persistent low-grade lesions.

As per the CervixCheck screening guidelines, a single low-grade Pap test should be followed up with a repeat Pap test in six months.

In order to support reducing time to colposcopy, CervixCheck will be sending result letters to women with high-grade Pap test results. Letters will encourage women to contact their health care provider to book an appointment for colposcopy.

Be in the know!

Visit **TellEveryWoman.ca/module** for your updated version of CervixCheck's Pap Test Learning Module for Health Care Providers, and to sign up for Pap test training!

Ready to join the momentum?

Register your Pap test clinic at **TellEveryWoman.ca/papclinic**

COLONCHECK... HOW ARE WE DOING?

ColonCheck CancerCare Manitoba

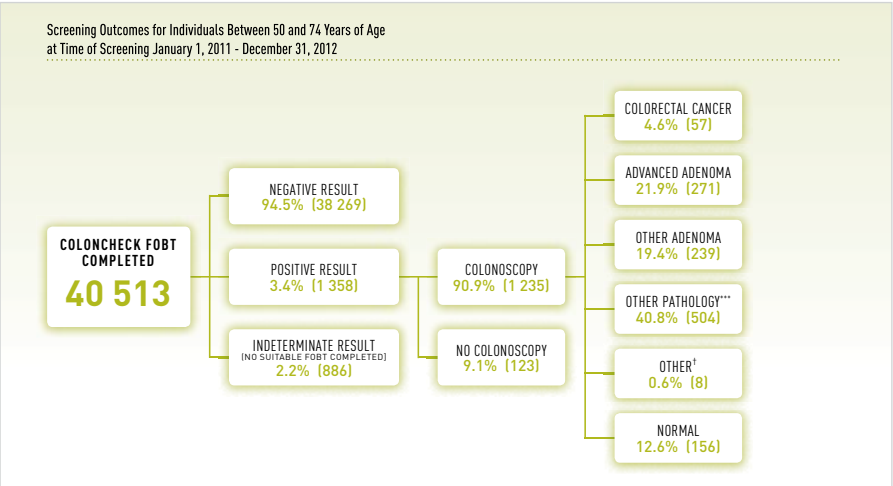
During 2011-2012, ColonCheck mailed nearly 161,000 screening invitations to Manitobans 50-74 years of age to complete a fecal occult blood test (FOBT). Please see chart which shows the number of FOBTs completed during the same time period, including test results, follow up colonoscopy, and final outcomes.

For every 1000 people screened, the advanced adenoma and invasive cancer detection rates were 6.7 and 1.4, respectively. After a positive FOBT, colonoscopy detected cancer in 4.6% and advanced adenomas in 21.9% of cases.

One of the program's priorities is to work with primary care providers to increase screening rates. Family physicians and nurses distribute ColonCheck FOBT kits to eligible Manitobans. The Program also continues to mail FOBTs to all regions, and tests are available to all eligible Manitobans on request.

ColonCheck recently received funding to pilot the use of a fecal immunochemical test (FIT) in Manitoba. The trial will look at the operational requirements of using FIT (mailing requirements, laboratory analysis, follow-up testing, etc.), with a limited number of kits being distributed beginning in fall 2014.

For more information about ColonCheck and how we work with primary care providers, visit **www.coloncheckmb.ca**



HOW TO REACH US

CCMB REFERRAL CENTRE
204-787-2176
FAX: 204-786-0621
M-F, 0830-1630, 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
M-F, 0830-1630, closed Stat Holidays

CCMB SCREENING PROGRAMS BREASTCHECK – CERVIXCHECK – COLONCHECK
1-855-952-4325
GetCheckedManitoba.ca

CANCERCARE MANITOBA
TOLL FREE: 1-866-561-1026
(ALL DEPARTMENTS + CLINICS)
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

PAIN & SYMPTOM MANAGEMENT
204-235-2033 ask for pain & symptom physician on call
M-F, 0830-1630

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

WRHA BREAST HEALTH CENTRE
204-235-3906
TOLL FREE: 1-888-501-5219

ANNOUNCEMENTS

Dr. Chris Ogaranko has recently left his role as the Medical Lead, Family Physicians in Oncology for the Community Oncology Program at CCMB. Chris will continue in his clinical role as an FPO, providing outpatient services at the WRHA's VGH Buhler Cancer Centre. Thank you to Chris for all of his hard work on behalf of FPO's, Family Physicians, community health care providers and staff at CCMB.

Dr. Helmut Unruh is the Provincial Lead for Surgical Oncology at CCMB, the Clinical Lead for the In Sixty Surgery and In patient Working Group and the Lung Disease Site Group and continues to be part of the Thoracic Surgery group at HSC.

Dr. Rashmi Koul has joined CCMB as the Head of the Department of Radiation Oncology and Clinical Director of the Radiation Oncology Program. Dr. Koul is also co-Executive Sponsor of the Medical Oncology / Radiation Oncology Working Group with the *In Sixty* initiative. Dr. Koul works with Prostate, GU and Palliative disease site groups at the CCMB MacCharles (HSC) site.

Dr. David Dawe joined CCMB in the fall of 2013, providing outpatient services in the Thoracic and GI Disease Site Groups at the CCMB MacCharles site and the WRHA's VGH Buhler Cancer Centre.

Dr. Dhali Dhaliwal has returned to CCMB as of June this year, providing outpatient services in the GI disease site group at the CCMB Taché (St. B) site. Welcome back Dr. Dhaliwal!

Dr. Christina Kim has recently joined the GI disease site group as a Medical Oncologist providing outpatient services at mainly the CCMB Taché (St. B) site as well as the MacCharles (HSC) site.

Dr. Julian Kim has recently joined CCMB as a Radiation Oncologist providing outpatient services in the Breast disease site group CCMB Taché (St. B) site and in the Thoracic disease site group at the MacCharles (HSC) site.

Dr. Emily Rimmer is a Hematologist, providing outpatient services since the fall of 2013 at the CCMB MacCharles (HSC) and Taché (St. B) sites.

Dr. Atul Sharma is a Medical Oncologist working at the MacCharles (HSC) site in the GI, GU and Head & Neck disease site groups and in GI at the WRHA's VGH Buhler Cancer Centre.