**Work-Up of Suspected BREAST CANCER**

**RISK FACTORS:** Family history suggestive of hereditary breast cancer.

**LOW RISK FEATURES:**
1. Diffuse nodularity, no discrete lump
2. Mastalgia (unilateral or bilateral) without a discrete lump
3. Nipple Discharge is not bloody or bilateral or not spontaneous

May refer to a specialist on a non-urgent basis, if necessary. Consider non-urgent diagnostic mammogram

**DIRECT REFERRAL:** As of Feb. 2, 2015, Radiologists who perform diagnostic breast imaging (u/s or diagnostic mammography) will arrange for any required follow-up testing. (e.g., image-guided biopsy)

**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, offer referral to local counsellor, Nurse Navigator or call the Breast Cancer Navigator at the Breast Cancer Centre of Hope (pg. 4.)
- See Supporting Information for Clinicians (pg 4-5) for contacts and resources. Contact the Cancer Question Helpline for Primary Care for assistance.

### Urgent

**Obvious extensive breast cancer**
- large, fixed mass with skin changes +/- axillary lymph nodes
- *for help with symptom management, call the WRHA Palliative Care MD on call* 
- *for wound care, consult Home Care*

**Screening Site reports mammogram as suspicious for cancer with biopsy recommended and direct refers patient to biopsy**
- Primary Care receives report and confirmation of biopsy appointment.
- Primary Care contacts patient and discloses results and explains next steps.

**Unilateral Nipple changes**
- distortion
- bloody discharge
- dermatitis-like rash limited to the nipple, not responding to 2 weeks of topical steroid

**Breast Lump**
- discrete, palpable, firm

### In Sixty

**Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation.**

**Pathways**

- **Send Referral to Diagnostic Specialist for Biopsy Surgeon or Breast Radiologist**
- **Suspicious Result triggers Direct Referral to Diagnostic Specialist for Biopsy from Screening Mammogram (BreastCheck or Private clinic)**
- **Age 35 + Older**
  - Order bilateral diagnostic mammogram
  - Arranged by FP/NP not the patient
  - Fill out Provincial Requisition completely to avoid delays
  - Imaging site managing direct referral for biopsy

- **Age Under 35**
  - Order Breast Ultrasound

- **Little or no fluid; lump persists**
  - Consider immediate FNA
  - Attempt to aspirate fluid with fine needle (Cytology not required)

- **Fluid removed; lump disappears**

- **Re-examine in 4-6 weeks**
  - consider non-urgent diagnostic mammogram

- **In Sixty**
  - All referrals / orders sent within 24 hrs of visit

### In Sixty

**Diagnostic Specialist appointment within 14 patient wait days of referral.**

**Suspicion Pathway Notes:**

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation.

Only requisitions for patients who fit the red pathway should be noted as “urgent” to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.
Diagnostic & Treatment Plan Pathway: BREAST CANCER

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 4-5.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patient.

Patient Appointment with Diagnostic Specialist (Surgeon, Radiologist)

Clinical exam and assessment with supplemental imaging (at consultant’s discretion).

Choose appropriate diagnostic steps:
- Surgery (skip to Treatment pathway, pg.3)
- Ultrasound with Core Biopsy
- Stereotactic Biopsy
- Unguided Core Biopsy/FNA
- Punch Biopsy
- Incisional Biopsy
- Excisional Biopsy

All Test Results signed off and returned to Original referrer (and Primary Care Provider, if different) and diagnostic specialist within 7 patient wait days of biopsy appointment.

Positive for Cancer or Atypia or high suspicion remains despite results

• Primary Care reviews pathology results, formulates / communicates plan with patient:
  - Surgeon (via Direct Referral from Breast Health Centre Radiologist) or Primary Care refers to the most appropriate next step for the patient:
    1. Surgical consult within 7 days of pathology sign-off
    2. Advanced disease, Medical / Radiation Oncology consult within 14 days (if needed)
    3. Referral to Palliative Care.

Negative for Cancer or normal results consistent with clinical impression

• Send back to Primary Care Provider to inform patient of results.

Diagnostic Pathway Notes:

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation.

Only requisitions for patients who fit the red pathway should be noted as “urgent” to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway.

Pathways are subject to clinical judgement. Patients may be moved on to next clinically appropriate step prior to “all” test results returned.
PRACTICE POINTS: Ensure Patient understands plan for first treatment. 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 patient for their awareness in continued role with the patient.

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.
## Diagnostic Specialist Resources for Suspected Breast Cancer


### Winnipeg Breast Imaging

**Note:** Churchill refers patients to Winnipeg for these services.

**Direct Referral:** Radiologists who perform diagnostic breast imaging (ultrasound or diagnostic mammography) will arrange for any required follow-up testing (eg: image-guided biopsy) at Breast Health Centre.

**Referrals for surgery:** Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility.

#### Diagnostic Mammography

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Science Centre</td>
<td>Diagnostic mammography and needle localization</td>
<td>204-787-3558 (f) 204-787-3241 (p)</td>
</tr>
<tr>
<td>Radiology Consultants of Winnipeg</td>
<td>Diagnostic Mammography and breast ultrasound</td>
<td>204-944-8101 (f) 204-942-6453 (p)</td>
</tr>
<tr>
<td>Manitoba X-Ray</td>
<td>Diagnostic Mammography</td>
<td>204-831-0828 (f) 204-832-0273 (p)</td>
</tr>
</tbody>
</table>

#### Breast Ultrasound ± Biopsy

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Health Centre</td>
<td>Ultrasound; ultrasound guided, stereotactic and hand-guided core biopsies; needle localizations</td>
<td>204-231-3839 (f) 204-235-3906 (p) 1-888-501-5219 (tf)</td>
</tr>
<tr>
<td>Radiology Consultants of Winnipeg</td>
<td>Breast ultrasound and diagnostic mammography</td>
<td>204-944-8101 (f) 204-942-6453 (p)</td>
</tr>
</tbody>
</table>

### Northern Health Region

**Direct Referral:** Radiologists who perform diagnostic breast imaging at Thompson General Hospital will arrange for any required follow-up testing (eg: image-guided biopsy) at the Breast Health Centre in Winnipeg (or other site, as per patient).

**Referrals for surgery** are the responsibility of the Primary Care Provider.

**Exceptions:** Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility.

#### Mammography / Breast Ultrasound

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thompson General Hospital</td>
<td>Refer out for core biopsies</td>
<td>204-667-5341 (f)</td>
</tr>
</tbody>
</table>

### Southern Health—Santé Sud

**Direct Referral:** Radiologists who perform diagnostic breast imaging at Boundary Trails Health Centre will arrange for any required follow-up testing at the Boundary Trails Health Centre (ultrasound-guided core biopsy) or the Breast Health Centre in Winnipeg (stereotactic core biopsy.)

**Referrals for surgery** are the responsibility of the Primary Care Provider.

**Exceptions:** Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility.

#### Mammography / Breast Ultrasound / Biopsy

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boundary Trails Health Centre</td>
<td>Mammography, breast ultrasound, ultrasound-guided core biopsies and needle localizations.</td>
<td>204-331-8812 (f)</td>
</tr>
</tbody>
</table>

### Prairie Mountain Health

**Direct Referral:** Radiologists who perform diagnostic breast imaging at the Brandon Regional Health Centre will arrange for any required follow-up testing (eg: image-guided biopsy) at that location.

**Referrals for surgery** are the responsibility of the Primary Care Provider.

#### Mammography / Breast Ultrasound / Biopsy

<table>
<thead>
<tr>
<th>Facility</th>
<th>Services</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandon Regional Health Centre</td>
<td>Mammography, breast ultrasound, ultrasound-guided core biopsies, stereotactic biopsies, needle-guided core biopsies, needle localizations, breast MRI &amp; MR-guided biopsies.</td>
<td>204-578-4986 (f)</td>
</tr>
</tbody>
</table>

---

From Suspicion of Cancer to Treatment In Sixty Days
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 Oncologist on call. For palliative care or symptom management consultation, page the WRHA Palliative Care physician on call.

Oncologist on call, Health Sciences Centre Winnipeg 204-787-2071(p)
Oncologist on call, St. Boniface General Hospital 204-237-2053(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 oncologist name.

Cancer Navigation and Patient Support Services

Breast Cancer Navigator, Breast Cancer Centre of Hope 204-788-8080
Toll-free: 1-888-660-4866
Breast Health Centre Referral Assessment Nurse 204-235-3252
Toll-free: 1-888-501-5219

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs
- Interlake-Eastern RHA Toll-free: 1-855-557-2273
- Prairie Mountain Health Toll-free: 1-855-346-3710
- Northern Health
- Southern Health-Santé Sud Toll-free: 1-855-623-1533

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 cancer-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, unless 24-hour on call

Oncologist on call, Health Sciences Centre Winnipeg 204-787-2071(p)
Oncologist on call, St. Boniface General Hospital 204-237-2053(p)
WRHA Palliative Care Physician on call, St.B Hospital 204-237-2053(p)
WRHA Palliative Care Program for patients in Winnipeg 204-237-2400

Rural Palliative Care: contacts vary between regional programs

CCMB Pain & Symptom physician (reception line - request Pain & Symptom physician on call) 204-237-2033
CCMB Transition & Palliative Care Clinical Nurse Specialist 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)
<table>
<thead>
<tr>
<th>WINNIPEG</th>
<th>WINNIPEG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Churchill refers patients to Winnipeg for these services.</td>
<td><strong>Note:</strong> Churchill refers patients to Winnipeg for these services.</td>
</tr>
<tr>
<td><strong>1. WRHA Breast Health Centre: Rapid Diagnosis Centre</strong></td>
<td><strong>5. Radiology Consultants of Winnipeg: Diagnostic Imaging</strong></td>
</tr>
<tr>
<td><strong>Phone</strong> / Toll-free: 204-235-3906 / 1-888-501-5219</td>
<td>Fax referrals: 204-944-8101</td>
</tr>
<tr>
<td>Fax referrals: 204-231-3839</td>
<td>Provides diagnostic mammography and breast ultrasound.</td>
</tr>
<tr>
<td>Guidelines: <a href="http://www.wrha.mb.ca/bhc/Referral">www.wrha.mb.ca/bhc/Referral</a> Assessment Nurse: 204-235-3252</td>
<td>Fax referrals: 204-831-0828</td>
</tr>
<tr>
<td>• Recent (one year or less) diagnostic mammogram report must accompany referral in women 35 years of age or over.</td>
<td>• Provides diagnostic mammography</td>
</tr>
<tr>
<td>• Provides the following diagnostic services: ultrasound; ultrasound guided, stereotactic and hand-guided core biopsies; needle localization.</td>
<td><strong>2. WRHA Diagnostic Imaging Access Centre</strong></td>
</tr>
<tr>
<td>• Will direct-refer to surgeon based on radiologist findings unless declined by primary care provider on referral form.</td>
<td>Fax: 204-787-8907</td>
</tr>
<tr>
<td>• Multi-disciplinary team of breast surgeons, radiology nurses, technologists, dietitians, counselors, lymphedema therapists and other experts who specialize in breast health.</td>
<td>Fax: 204-787-8910</td>
</tr>
<tr>
<td><strong>2. WRHA Diagnostic Imaging Access Centre</strong></td>
<td><strong>1. Boundary Trails Health Centre: Diagnostic Imaging</strong></td>
</tr>
<tr>
<td>Phone: 204-787-8907</td>
<td>Fax referrals: 204-331-8812</td>
</tr>
<tr>
<td>Fax: 204-787-8910</td>
<td>Provides mammography, breast ultrasound, ultrasound-guided core biopsies and needle localizations.</td>
</tr>
<tr>
<td>• Central Intake for all requisitions with allocation based on shortest wait time.</td>
<td>Fax: 204-237-2526</td>
</tr>
<tr>
<td><strong>3. St. Boniface Hospital: Diagnostic Imaging</strong></td>
<td><strong>Fax: 204-237-7439</strong></td>
</tr>
<tr>
<td>Phone: 204-237-2526</td>
<td><strong>Requisition: <a href="http://www.wrha.mb.ca/prog/diagnostic/files/DIExamForm.pdf">www.wrha.mb.ca/prog/diagnostic/files/DIExamForm.pdf</a></strong></td>
</tr>
<tr>
<td>Fax: 204-237-7439</td>
<td>• Provides diagnostic mammograms and needle localizations.</td>
</tr>
<tr>
<td>• Provides diagnostic mammograms and needle localizations.</td>
<td><strong>4. Health Sciences Centre: Diagnostic Imaging</strong></td>
</tr>
<tr>
<td><strong>Fax: 204-787-3558</strong></td>
<td><strong>Fax referrals: 204-787-3558</strong></td>
</tr>
<tr>
<td>• Provides mammography and breast ultrasound.</td>
<td><strong>4. Health Sciences Centre: Diagnostic Imaging</strong></td>
</tr>
<tr>
<td>• Will ask referring FP/ NP to refer out for core biopsies.</td>
<td>Fax referrals: 204-578-4986</td>
</tr>
<tr>
<td><strong>1. Brandon Regional Health Centre: Diagnostic Imaging</strong></td>
<td>• Provides mammography, breast ultrasound, ultrasound-guided core biopsies, stereotactic biopsies, needle-guided core biopsies, needle localizations, breast MRI and MR-guided biopsies.</td>
</tr>
<tr>
<td>Fax referrals: 204-667-5341</td>
<td><strong>1. Thompson General Hospital: Diagnostic Imaging</strong></td>
</tr>
<tr>
<td>• Provides mammography and breast ultrasound.</td>
<td>Fax referrals: 204-667-5341</td>
</tr>
<tr>
<td>• Will ask referring FP/ NP to refer out for core biopsies.</td>
<td><strong>1. Thompson General Hospital: Diagnostic Imaging</strong></td>
</tr>
</tbody>
</table>

---

From Suspicion of Cancer to Treatment In Sixty Days
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.

<table>
<thead>
<tr>
<th>Milestones in the Breast Cancer Clinical Pathway</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary care orders diagnostic imaging work up and initiates referral to diagnostic specialist</td>
<td>Within 1 day of patient visit</td>
</tr>
<tr>
<td>2. Diagnostic Mammogram / Ultrasound</td>
<td>Within 7 days of ordered test</td>
</tr>
<tr>
<td>3. Biopsy</td>
<td>Within 7 days of mammogram/US</td>
</tr>
<tr>
<td>4. Pathology sign-off and reported</td>
<td>Within 7 days of biopsy</td>
</tr>
<tr>
<td>5. A) First Surgical Consult</td>
<td>Within 7 days of pathology sign-off</td>
</tr>
<tr>
<td>B) Medical Oncology or Radiation Oncology consult</td>
<td>Within 14 days of pathology sign-off</td>
</tr>
<tr>
<td>6. A) First Palliative Care consult</td>
<td>Within 10 days from consult</td>
</tr>
<tr>
<td>B) First Surgery, Chemotherapy or Radiation therapy treatment</td>
<td>Within 30 days from consult</td>
</tr>
</tbody>
</table>

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  ● Urgent
- Monitor/Manage      ○ Semi-urgent
- Action  □ Non-Urgent
- Test  ● Test

From Suspicion of Cancer to Treatment In Sixty Days
Timeline Model in Manitoba for the Breast Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days

**Milestones in the Breast Cancer Clinical Pathway**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Primary care orders diagnostic imaging work up or initiates referral to diagnostic specialist</td>
<td>Within 1 day of patient visit</td>
</tr>
<tr>
<td>2. Diagnostic Mammogram / Ultrasound</td>
<td>Within 7 days of ordered test</td>
</tr>
<tr>
<td>3. Biopsy</td>
<td>Within 7 days of mammogram/US</td>
</tr>
<tr>
<td>4. Pathology sign-off and reported</td>
<td>Within 7 days of biopsy</td>
</tr>
<tr>
<td>5. A) First Surgical Consult</td>
<td>Within 7 days of pathology sign-off</td>
</tr>
<tr>
<td>B) Medical Oncology or Radiation Oncology consult</td>
<td>Within 14 days of pathology sign-off</td>
</tr>
<tr>
<td>6. A) First Palliative Care consult</td>
<td>Within 10 days from consult</td>
</tr>
<tr>
<td>B) First Surgery, Chemotherapy or Radiation therapy treatment</td>
<td>Within 30 days from consult</td>
</tr>
</tbody>
</table>