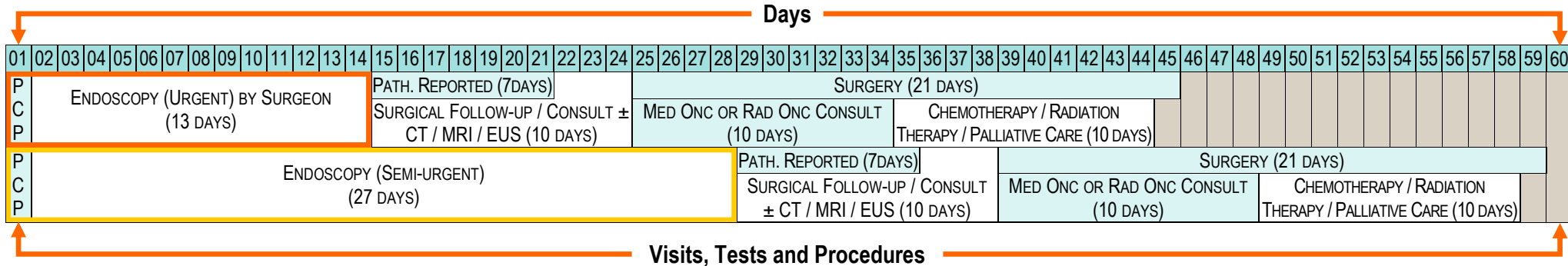


Timeline Model in Manitoba for the Colon or Rectal Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days



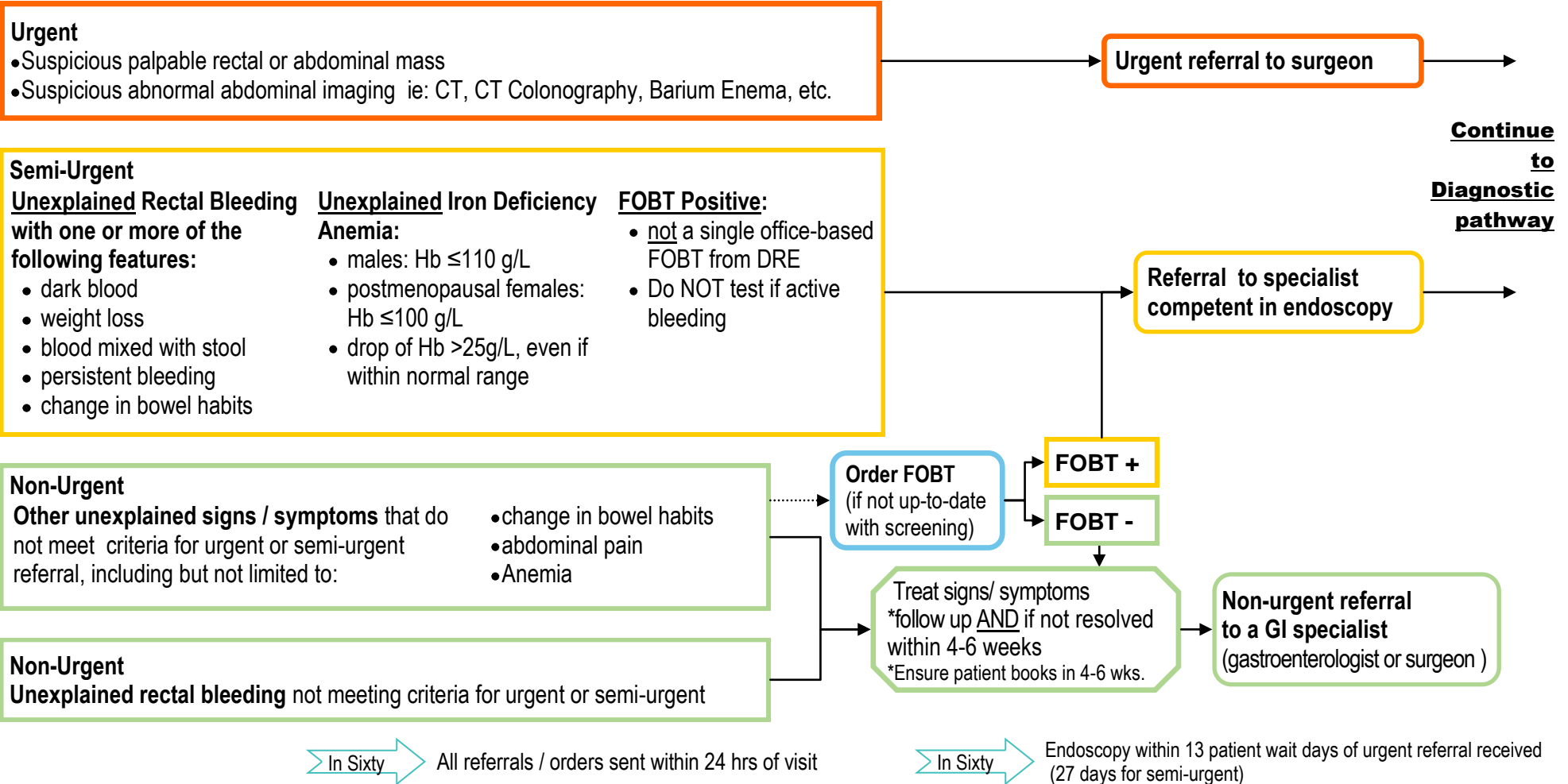
Milestones in the Colorectal Cancer Clinical Pathway	Timeline
1. Primary care orders diagnostic work up and initiates referral to endoscopy specialist	Within 1 day of patient visit
2. Endoscopy A) Urgent to Surgeon B) Semi-urgent to specialist competent in endoscopy	Within 13 days of referral Within 27 days of referral
3. Pathology sign-off and reporting	Within 7 days of endoscopy
4. A) CT / MRI / EUS B) Surgical Consult or Follow-Up	Within 10 days of endoscopy Within 10 days of endoscopy
5. A) First Surgery B) Medical Oncology or Radiation Oncology consult	Within 21 days of surgical consult Within 10 days of surgical consult
6. First Chemotherapy or Radiation therapy treatment, or Palliative Care Consult	Within 10 days from Med Onc / Rad Onc consult



RISK FACTORS: Personal history of colorectal adenomas, CRC, inflammatory bowel disease, FAP or HNPCC, first degree relative with colorectal cancer (esp. if <60 years of age), male gender and/or age ≥ 60. Not up-to-date with screening (colonoscopy in past 5 yrs/ FOBT in past 2 yrs.)

PRACTICE POINTS: Abdominal & rectal exam and a CBC done on all patients with symptoms suspicious for colorectal cancer.

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. See Supporting Information for Clinicians (pg 5) for contacts and resources. Contact the Cancer Question Helpline for Primary Care for assistance.

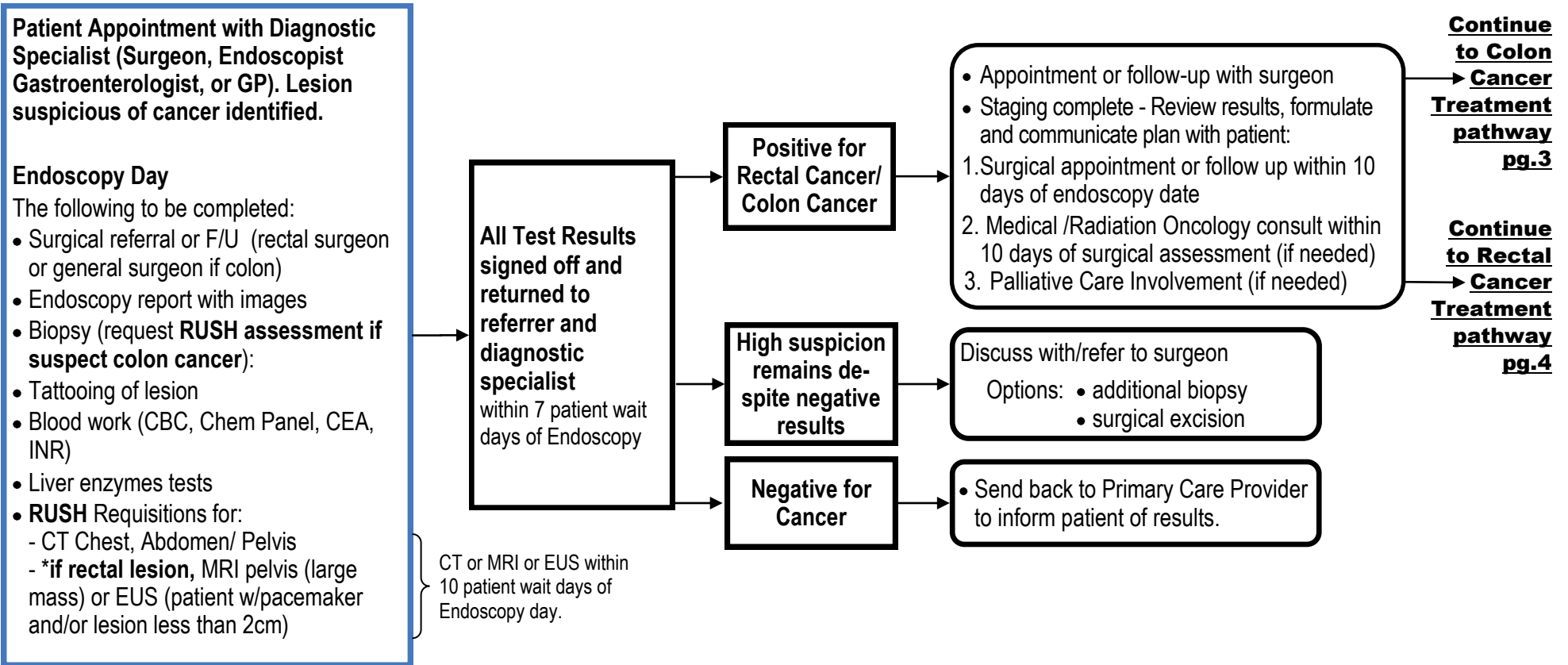


Suspicion Pathway Notes:

Sixty day suspicion to first treatment timeline begins on the date of patient visit when a high 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.

PRACTICE POINTS: All patients receive endoscopy to surgical consult within 10 patient wait days max. CT Chest, Abdomen/Pelvis, MRI pelvis, or EUS within 10 days of endoscopy day.

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



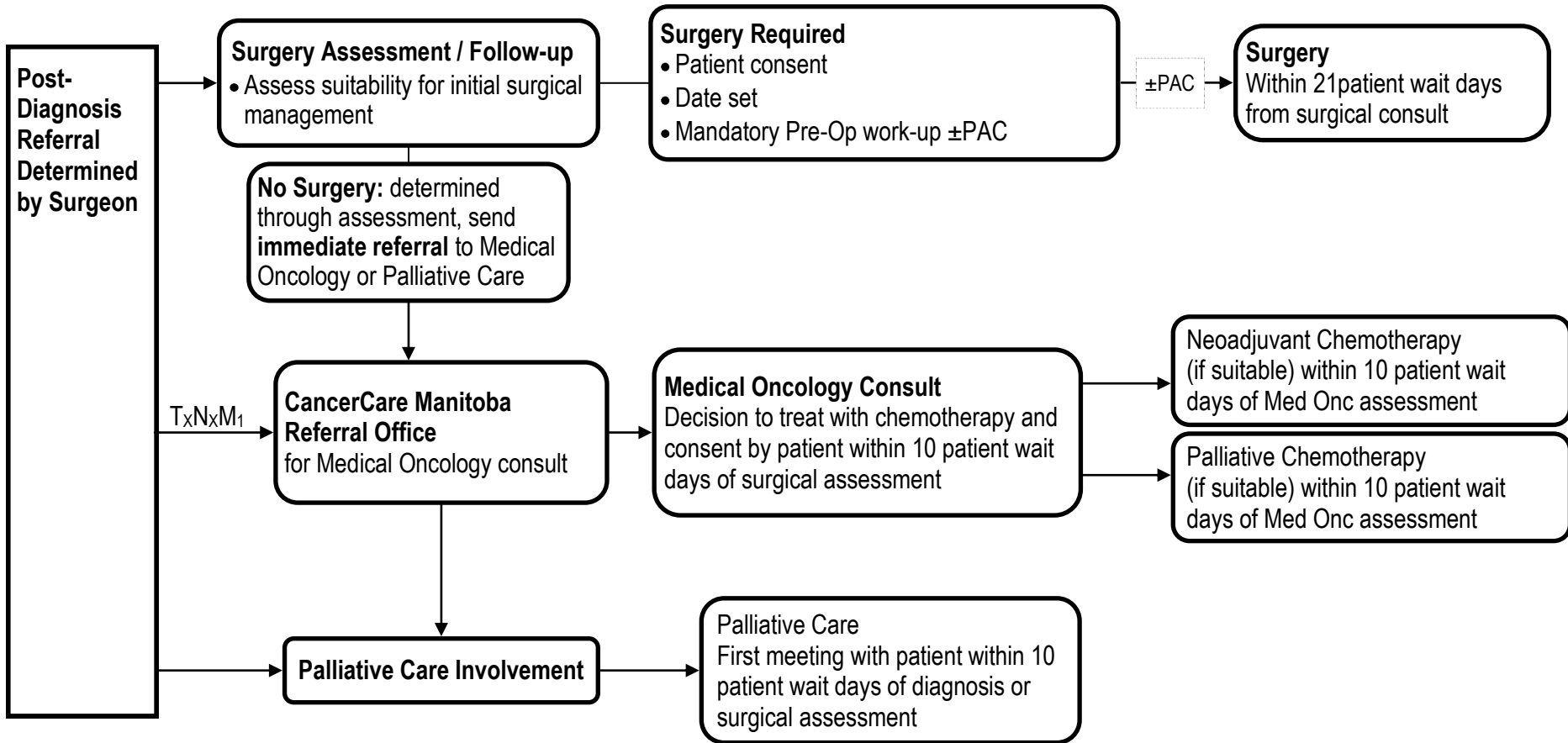
In Sixty → Endoscopy within 13 patient wait days of urgent referral received (27 days for semi-urgent)

In Sixty → Surgical consult within 10 patient wait days of Endoscopy day for all patients

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 appropriate information such as surgical procedure, palliative program, or a CancerCare patient guide. Offer patients connections with psychosocial clinicians and cancer navigation services (see Supporting Information for Clinicians , pg 5). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with the patient.

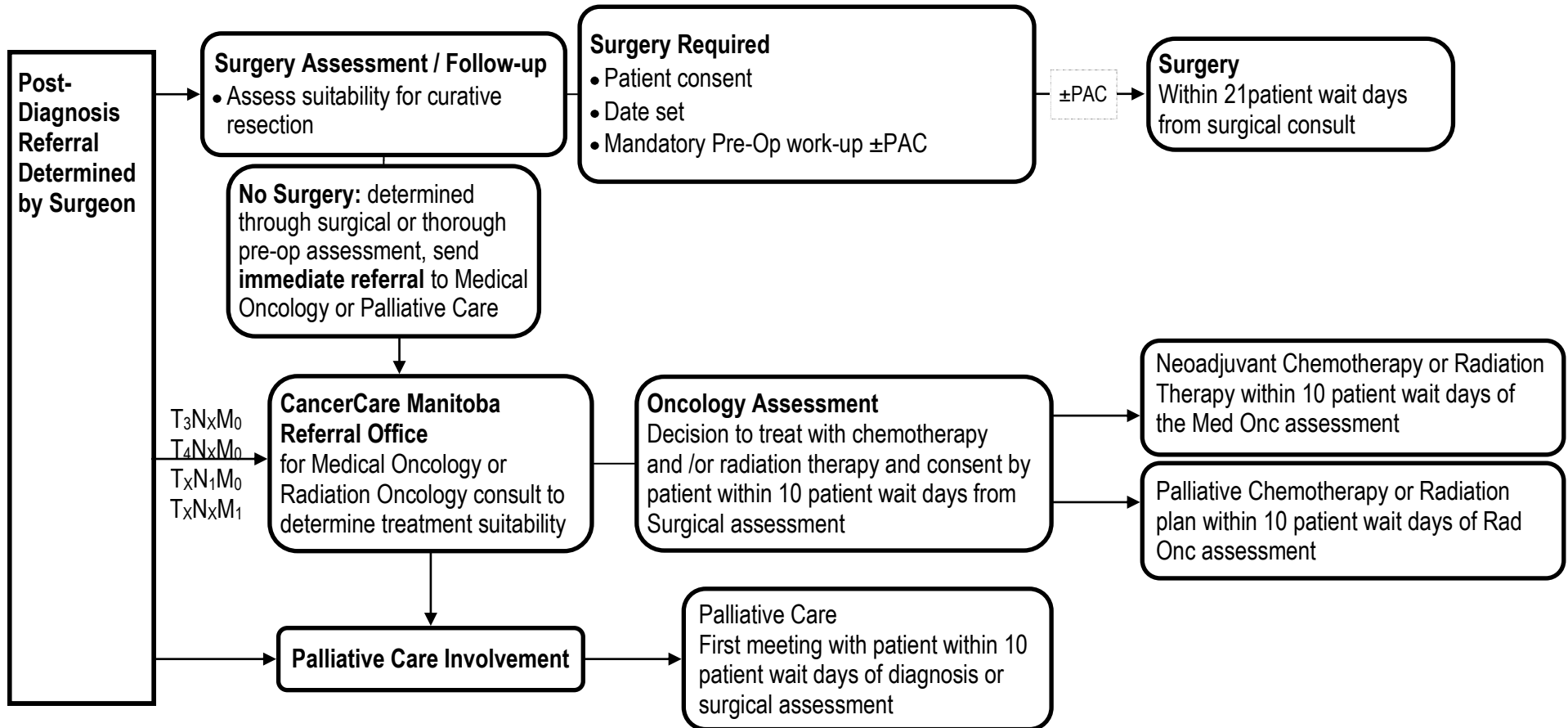


Specialist consult to Chemotherapy or Palliative Care as first treatment in 10 patient wait days or less to surgery in 21 patient wait days or less

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.

PRACTICE POINTS: Ensure Patient understands plan for first treatment . Ensure patient is well informed and receives appropriate information such as surgical procedure, palliative program, or a CancerCare patient guide. Offer patients connections with psychosocial clinicians and cancer navigation services (see Supporting Information for Clinicians , pg 5). Ensure the referring primary care provider is informed of results, treatment plan, direct referrals, result discussions with the patient.



Specialist consult to Chemotherapy, Radiation Therapy or Palliative Care as first treatment in 10 patient wait days or less to surgery in 21 patient wait days or less

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.

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

Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs <ul style="list-style-type: none"> • Interlake-Eastern RHA • Prairie Mountain Health • Northern Health • Southern Health-Santé Sud 	Toll-free: 1-855-557-2273 Toll-free: 1-855-346-3710 TBD 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

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	Contact your health region
<u>CCMB Pain & Symptom physician (reception line - request Pain & Symptom physician on call)</u>	204-237-2033
<u>CCMB Transition & Palliative Care Clinical Nurse Specialist</u>	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)



