ISSUE 55 • FALL 2026

# CANCER *talk* for Primary Care

YOUR SOURCE FOR UP-TO-DATE CANCER CARE INFORMATION

## Save the Date! 2026 Patient and Family Conference

CancerCare Manitoba is excited to host its 5th annual Patient and Family Conference this fall, from October 20-22, 2026.

Please share the information with your patients with cancer. Registration is free and the conference is held virtually with a special in-person opportunity on October 22nd. More details are available on the website, including registration and the conference program.

SCAN HERE

## CCMB Referral & Minimum Required Investigations - 2026 Updates

Effective June 1, 2026, CancerCare Manitoba (CCMB) has implemented new referral guidelines for each Disease Site Group (DSG). Please refer to the updated referral forms on our website and the minimum requirements outlined for each DSG prior to submitting your referral. They can be viewed from our website at this link or by scanning the QR code.

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See page 5 for an example of the Minimum Required Investigations for Leukemia/BMT referrals.

***Please note:*** Acute leukemias should be referred directly by phone consultation to the on-call ***Leukemia/BMT Service Attending Physician*** at the Health Sciences Centre.

### Message from the Director of Indigenous Health

Read more on page 2.

### Spotlight On: The Patient & Caregiver Voice

Patient & Family Advisors share their perspectives.
Read more on page 4.

### CancerCare Manitoba Screening & Prevention

Read more on page 6.

If you have questions regarding the work-up of suspected cancer or any other cancer-related questions, contact the CancerQuestion Helpline for Healthcare Professionals, Monday to Friday 8:30 a.m. to 4:30 p.m. Call 204-226-2262.

# *Message from Chantal Wahteeshkin*
# Director of Indigenous Health

I am humbled to write to you in this edition of CancerTalk as CancerCare Manitoba's first Director of Indigenous Health. I am Anishinaabe from Namaygoosisagagun First Nation and Rivyayr Roozh Michif from St. Laurent, Manitoba. Before this, I spent two years as CCMB's Indigenous Nurse Navigator, and most of what I want to say comes from that work.

Much of that work was done with many of you. Chasing down diagnostics, sorting out travel, getting a patient to the first appointment where treatment would finally be decided. When it went well, it went well because a primary care provider on the other end made it go well. An important caveat is the patients I am describing here all had a primary care provider to begin with. If your patient has you, they already have something many Manitobans facing cancer do not.

That work also showed me what happens when things do not line up. Nearly every patient I worked with wanted treatment, in whichever way was meaningful to them. What stood between them and that treatment was rarely, if ever, a lack of will. It was a flight from a northern community and a hotel room in a city where most people you encounter do not speak your language. It was appointment timelines built for people who live twenty minutes away. And, often enough, it was a memory, sometimes their own, sometimes a parent's, of someone leaving for treatment and not coming home.

That last one belongs to us as healthcare providers. Tuberculosis sanatoria and Indian hospitals are recent medical history, not distant history. Many of the patients in your waiting rooms are survivors of that system or the children of survivors. When a patient hesitates, or cancels, or does not come back, they are often responding to an entirely rational fear.

This reaches you as we approach September 30, the National Day for Truth and Reconciliation. The orange shirts matter. What also matters is October 1 and every day after. The questions we ask, how we respond when a patient tells us they have been dismissed before, and whether our systems will meet people where they are rather than expecting them to meet us where we are. The Truth and Reconciliation Commission directed several of its Calls to Action at healthcare, and they remain ours to answer.

This department exists for the parts that cannot be fixed by any one clinic. Building relationships with First Nations, Inuit and Metis communities and organizations so the direction of this work is set by the very people it is meant to serve, strengthening cultural safety across our services, and on the practical realities that shape care. I look forward to sharing more as this work continues to take shape.

Miigwetch, Maarsii, Thank you for the care you provide, and for the relationships you hold with patients long before and long after we meet them.

# New CancerCare Manitoba Physicians 2026

## Dr. Oluwaseun Daniel Davies

Dr. Oluwaseun Daniel Davies is a Radiation Oncologist who completed his residency training in Radiation Oncology at the University of Calgary's Cumming School of Medicine.

Dr. Davies has developed broad clinical expertise in radiation oncology, with a strong interest in improving access, quality, and equity in cancer care. His research has focused on healthcare accessibility, symptom burden among patients receiving radiation therapy, and patient-centered approaches to oncology care. His scholarly contributions include peer-reviewed publications in the International Journal of Radiation Oncology, Biology, Physics and BMC Cancer, along with presentations at national oncology conferences, including the Canadian Association of Radiation Oncology (CARO) Scientific Meeting.

## Dr. Shen Zhang

Dr. Shen Zhang is a Radiation Oncologist who completed residency training in Radiation Oncology at the University of Manitoba. He has developed broad clinical expertise across a wide range of disease sites, with particular interests in thoracic and breast oncology, stereotactic body radiation therapy (SBRT), and emerging approaches in metastasis-directed therapy.

Dr. Zhang has been actively involved in clinical research, with experience spanning protocol development, statistical analysis, and manuscript preparation, including presentations at national and international oncology conferences and publication in the International Journal of Radiation Oncology, Biology, Physics (Red Journal). He is passionate about evidence-based care, clinical innovation, and improving outcomes for patients with cancer.

## Dr. Erin McAndrew

Dr. Erin McAndrew earned her Medical Degree (2020) at the University of Manitoba, followed by Internal Medicine (2024) residency at the University of Manitoba. She completed her Medical Oncology (2026) residency at The University of British Columbia, based primarily at BC Cancer, Vancouver Centre. Prior to entering medicine, she earned a Master of Science (2016) in the department of Biochemistry and Medical Genetics at the University of Manitoba.

Her research was based out of the Paul Albrechtsen Research Institute at CancerCare Manitoba in Dr. Kirk McManus' laboratory supported by a CancerCare Manitoba Studentship. Her non-clinical interests include planetary health, health care sustainability and health leadership.

# Spotlight On: The Patient & Caregiver Voice

In this new feature for *Cancertalk for Primary Care*, we invited three CancerCare Manitoba Patient & Family Advisors to share their perspectives about primary care and their cancer experience. In this issue you can read their responses to our first question- stay tuned to see more from them in a future issue!

***Brenda** is a 15-year survivor of uterine cancer, treatment of which required surgery, chemotherapy and radiation. She is a retired educator who lives with her husband and regularly follows the activities of her three children, their spouses and her seven grandchildren.*

***Sara** is a triple negative breast cancer, chemotherapy and bilateral mastectomy survivor who now uses her lived experiences in her career in healthcare. She is a cancer advocate, volunteer and ally, video producer, musician, artist, photographer and beloved auntie, sister, daughter and good friend to many.*

***Neil** is a 59-year-old male, with initial diagnosis in his early 30s. He is a 3-time survivor (colorectal (2) and leukemia (1)) from Winnipeg, MB. In remission for over 10 years.*

We asked our advisors: **What is one thing you wish primary care providers understood better about their patients who are cancer survivors?**

***Brenda:** Primary care providers would be well advised to understand that cancer survivors see cancer everywhere when in remission, whether or not the medical concern of the moment is related to the cancer from the past. Every cough, every stiffness, and certainly every change in bodily function causes survivors to ask the question, "Is it back?". It would be helpful for primary care providers to include a line such as, "This does not suggest cancer at all, but just to be sure…..". This would relieve the patient of the need to ask the question.*

***Sara:** I wish providers would treat the patient and not just the disease. Spend time to understand me and my situation, lifestyle, hopes and dreams. Some did - like the nurses at chemo, they were so good at sitting with me and treating me as a human. But often, providers did NOT see the artist, the sister, auntie, professional person that I am - they just saw a patient. I am NOT a patient. Treat ME, please don't reduce me to my disease.*

***Neil:** Symptoms that may seem minor to a healthcare provider can be deeply concerning to a cancer survivor, often triggering fears of recurrence and uncertainty about the future. Listen carefully and acknowledge those concerns. Cancer survivors are individuals, and no two experiences are the same. Even years after treatment, many live with lasting physical and emotional effects. Treat the person, not just the diagnosis, and recognize that survivorship is often about learning to live with uncertainty, one day at a time.*

**Thank you** to our PFA contributors Brenda, Neil, and Sara for sharing their experiences and perspectives with *Cancertalk for Primary Care*!

# Leukemia/BMT Oncology Referrals

When submitting a Leukemia/BMT Oncology referral, please ensure the following requirements are met:

- Include a CBC with differential completed within the last four weeks.
- For urgent consultations, page the on-call physician at CCMB.
- Transplantation requests for non-hematologic conditions must be submitted by the appropriate sub-specialist and include documentation of expert consensus.

*This information is provided as a guide and is not intended as clinical guidance.*

***Please note:*** Acute leukemias should be referred directly by phone consultation to the on-call ***Leukemia/BMT Service Attending Physician*** at the Health Sciences Centre.

## Community Profiles

*First Nations ◦ Métis ◦ Inuit*

### Indigenous Community Profiles

CancerCare Manitoba's Indigenous Community Profiles website helps healthcare professionals plan care for patients returning to First Nation, Métis, and Inuit communities. The site provides information on travel, healthcare services, and community resources.

**Community Highlight - Kinosao Sipi (Norway House Cree Nation)** is a northern First Nation community of approximately 5,750 residents, where Cree is the primary language. Health care is provided locally through the Nursing Station and Norway House Indian Hospital, with Telehealth support.

For cancer care, residents can contact the **Northern Cancer Navigation Line at 1-855-740-9322**. The nearest Community Cancer Program is in Thompson, with radiation therapy available in Winnipeg.

**Visit ccmbindigenouscommunityprofiles.ca**

# CancerCare Manitoba Screening and Prevention

## Breast Cancer Screening in Manitoba

BreastCheck is CancerCare Manitoba's provincial breast cancer screening program. BreastCheck accepts breast cancer screening appointments for people age 45 and older. Asymptomatic, average-risk people aged 45 and over can self-refer to BreastCheck by calling 1-855-952-4325. In December of 2026, BreastCheck will begin accepting breast cancer screening appointments for people age 40 and older. To help facilitate breast cancer screening appointments for those eligible and unlikely to make their own appointment, use the BreastCheck Appointment Form (pdf).

For more information about breast cancer screening in people under age 50, review:

- Practice Change memo (pdf)
- BreastCheck Screening Guidelines (pdf)
- Breast Cancer Screening is a Choice: Should My Patient Be Screened for Breast Cancer? (pdf)

## HPV and Hep B Vaccine Resources

Clinicians play a critical role in guiding patient decision-making. To support these conversations, we are pleased to share resources to help you discuss HPV and Hepatitis B vaccinations and explain how these vaccines prevent cancer.

Visit cancercare.mb.ca/screening/cancer-prevention/vaccine-resources to access:

- Recorded webinar: A Healthy Tomorrow starts with Vaccination Today
- Protect Yourself from Cancer poster
- Grade 6 School Immunization Program factsheet, with translation available in 15 languages.
- Informational video for parents and caregivers with subtitles in 7 Indigenous languages.

Vaccine Resources

## Colon Cancer Screening

CancerCare Manitoba recommends that most people age 50-74 complete a colon cancer screening test (fecal immunochemical test or FIT) every two years. These tests are distributed through ColonCheck, an organized screening program, to all eligible Manitobans. About 50% of the Manitoba population age 50-74 have not been screened for colorectal cancer.

Let's continue to work together to increase participation in colorectal cancer screening. If you have eligible patients age 50-74, they can get a FIT kit by requesting a test:

online at cancercare.mb.ca/coloncheck.
by phone at 1-855-952-4325.
through their doctor or nurse practitioner using the Fecal Immunochemical Test Requisition Form (pdf).

Remember, individuals who are under age 50 but at increased risk of colorectal cancer can get a FIT kit using the Fecal Immunochemical Test Requisition Form (pdf). Eligibility information can be found in the ColonCheck Screening Guidelines (pdf).

While Canada and other developed countries have seen an increase in the number of people under the age of 50 being diagnosed with colorectal cancer, that pattern has not been observed in Manitoba. We are watching the data and evidence in this area.

More information about ColonCheck for Healthcare Providers can be found on our website here: https://www.cancercare.mb.ca/screening/hcp/colon

## Cancer Screening and CervixCheck Competency Training

The CancerCare Manitoba Screening Programs host training for healthcare providers (e.g. registered nurses, advanced practice nurses, licensed practical nurses, physicians, midwives, physician assistants or clinical assistants) seeking to:

- initiate learning about cancer screening,
- initiate or refresh learning and competency in cervical cancer screening, or
- mentor colleagues to become competent in screening for cervical cancer.

Upcoming training dates:

- December 8, 2026
- March 3, 2027
- May 12, 2027

To learn more and register, visit https://www.cancercare.mb.ca/screening/hcp/education.

## Feedback Opportunity

We would love to hear from you!

If you have feedback about Cancertalk for Primary Care, please take a minute or two to share it with us. You can do so quickly and anonymously by using the form available at the QR code, or visit:
https://forms.cloud.microsoft/r/zGFNTMPg6h

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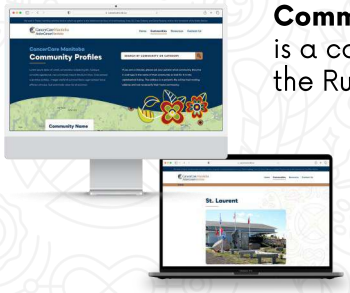
## Community Profiles

*First Nations • Métis • Inuit*



**Community Highlight - St. Adolphe**
is a community of approximately 1,000 residents located 12 km south of Winnipeg in the Rural Municipality of Ritchot.

Residents can access local nearby services, with many health and cancer care services available in Winnipeg and additional specialized care in Steinbach and Boundary Trails.

**Visit ccmbindigenouscommunityprofiles.ca**