

CANCER *talk*

CONNECTING WITH MANITOBA'S HEALTH PROFESSIONALS



Breast Reconstruction

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WRHA/SHS & CCMB, Assistant Professor of Surgery, University of Manitoba

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treatment, or a mastectomy. The long term survival between the two options is generally the same. Recent statistics in Manitoba show that almost 70 percent of women opt for breast conservation; of those who get a mastectomy, one third will receive reconstructive surgery.

For patients who wish or require a mastectomy and are in general good health, immediate breast reconstruction can be an appealing option. Immediate breast reconstruction allows for surgical removal of cancer and breast

Breast cancer is a complex and distressing diagnosis for many women. One of the first and most intricate decisions, for both patient and provider, is what surgery to have. The options and combinations seem almost endless: lumpectomy or mastectomy, sentinel node biopsy or axillary dissection, reconstruction or not, neoadjuvant chemo or surgery first. Thankfully, knowledgeable surgeons and a variety of support services guide women through the decision process daily across Manitoba.

Most women in Canada diagnosed with breast cancer will prove to have early disease. With a small tumour, women will usually have the option of breast conservation (otherwise referred to as a lumpectomy) followed by radiation

reconstruction to be performed simultaneously, eliminating the stress of being without a breast as well as the need to undergo two separate surgical procedures and recoveries. Manitoba has an internationally recognized breast reconstruction program and the highest rates of breast reconstruction in Canada.

Patients in Winnipeg access reconstructive services through their Breast Health Centre surgeon. For patients outside Winnipeg, patients can be referred to CancerCare Manitoba where they are seen by a plastic surgeon and a surgical oncologist in a single appointment. There is a wealth of support services available through the Breast and Gyne Cancer Centre of Hope (BGCCH), including specialized nurse-

CONTINUED ON NEXT PAGE

PG > 2

LYNCH SYNDROME

LYNCH SYNDROME AND THE
FAMILY PHYSICIAN

PG > 3

NEW AT CANCERCARE

NATIONAL AND PROVINCIAL
STRATEGIES FOR CANCER
CONTROL

PG > 5

SCREENING UPDATE

BREAST DENSITY &
SCREENING GUIDELINES



www.cancercare.mb.ca

PAGE 1 CONTINUED

led counseling on surgical options. All women who are considering breast reconstruction are referred to the BGCCH before meeting the plastic surgeon. The nurse educator can provide extensive background information on the types of reconstructive surgery and what to expect for recovery. This support service is available province-wide, with the use of telephone and Telehealth contact with patients. The Breast Health Centre website (www.wrha.mb.ca/community/bhc/) is a good starting point for general patient resources, as is a call to BGCCH (204-788-8080 or 1-888-660-4866).

Delayed reconstruction, or reconstruction after all cancer treatment is complete, is another option available to women. Wait times for this procedure are years-long, however. Thus, it is not a great option for a woman who expresses the wish for reconstruction upfront, but might be the right fit for someone who isn't ready to tackle the intensity of reconstructive surgery at the time of their cancer diagnosis. And for women who don't want any reconstructive surgery, prostheses and specialized bras are subsidized through the Manitoba Breast Prosthesis Program.

It is important to remember that neither mastectomy nor reconstruction is the best choice for every patient; patients should be supported to find the right procedure that fits their wishes and medical needs or limitations.

BREAST RECONSTRUCTION—AREOLA/NIPPLE TATTOOING

CancerCare Manitoba now offers a nipple and areola tattooing service after breast reconstruction. This service is offered at no charge with the funding support of the CancerCare Manitoba Foundation.

For more information call: Breast & Gyne Cancer Centre of Hope at 204-788-8080 or toll-free 1-888-660-4866.



Lynch Syndrome & The Family Physician

Heidi Rothenmund, MSc, (C)CGC, Genetic Counsellor

Christina Kim, MD FRCPC, Medical Oncologist, CCMB

Harminder Singh, MD FRCPC, Gastroenterologist,
Co-Lead MB Hereditary GI Cancer Clinic, Associate Professor of Medicine, University of Manitoba



Lynch Syndrome is responsible for approximately 5% of colorectal cancers and endometrial cancers and is also associated with an increased risk for other cancer types.

In Manitoba, pathology specimens for patients diagnosed with colorectal cancer at age ≤ 70 years OR endometrial cancer at age ≤ 60 years are screened for changes suggestive of Lynch Syndrome. A positive screen is not sufficient to diagnose Lynch Syndrome, but follow up gene testing is available through Genetics to confirm a diagnosis. A negative screen result markedly decreases the likelihood of Lynch Syndrome, although it cannot rule it out completely. The results are interpreted in the context of the personal and family history of cancer.

In patients with confirmed Lynch Syndrome regular screening with colonoscopy every one to two years can

reduce the risk of developing and dying from colorectal cancer by 75-94%. Women may choose to undergo prophylactic hysterectomy and bilateral salpingo-oophorectomy. There is limited evidence for other surveillance tests for Lynch Syndrome patients.

One of the biggest impacts of diagnosing a patient with Lynch Syndrome is identifying, informing and testing their at-risk relatives. These relatives should be referred to Genetics. CancerCare Manitoba has established a Hereditary Gastrointestinal Cancer Clinic with the current focus on Lynch Syndrome. This clinic is staffed by Drs. Harminder Singh and Christina Kim and genetic counsellor Heidi Rothenmund. This clinic coordinates care for individuals with Lynch Syndrome, will arrange for appropriate surveillance tests and referrals, and will keep patients updated with current knowledge about the condition.

Family physicians have a vital role in optimizing care for Lynch Syndrome patients. This includes ensuring screening is done (through the Pathologist who interpreted your patient's surgical specimen) for those with colorectal cancer (age at diagnosis ≤ 70 years) or endometrial cancer (age at diagnosis ≤ 60 years), referring patients with a positive screen to Genetics for further information and testing, identifying personal and family histories that are suggestive of Lynch Syndrome, and encouraging regular colonoscopies.

If you have patients with Lynch Syndrome who might benefit from CancerCare Manitoba's Hereditary Gastrointestinal Cancer Clinic, please send referrals through **Provincial Cancer Referral & Navigation Services at CancerCare Manitoba.**
Fax: 204-786 - 0621.



Sri Navaratnam, MBBS, PhD, FRCPC
President & CEO, CancerCare Manitoba

CancerCare Manitoba Strategies for Cancer Control

A National Strategy for Cancer Control

The **Canadian Partnership Against Cancer's** refreshed "*Canadian Strategy for Cancer Control, 2019-2029 - Doing Together What Cannot Be Done Alone*" was released on June 4th 2019 (www.cancerstrategy.ca). CancerCare Manitoba is very pleased with the strategy and, as a strong partner with CPAC, was closely involved in the process and development of the refreshed strategy.

Important to the refresh process was hearing from Canadians from all walks of life, including those in Manitoba. Throughout the strategy, the important role of primary care providers is emphasized, noting key roles in:

- Education on prevention through healthier living, screening, and the signs and symptoms of cancer
- Assisting in early detection and prioritizing rapid access to appropriate diagnosis
- Providing cancer care in urban, rural and remote communities through shared-care models
- Providing ongoing care for patients transitioning back after cancer treatment

CPAC is committed to improving the national cancer system through:

- Design and implementation of new models of care –to encourage the optimal use of primary care

practitioners and other community-based supports and closer collaboration with cancer specialists;

- Provision of supports for a smoother flow of patients and information between primary care, diagnostic services and cancer specialists;
- Identification of resources required to better serve communities.

A Provincial Strategy for Cancer Control

The release of the national cancer strategy is well-timed to coincide with CancerCare Manitoba's provincial strategy for cancer control. CCMB is beginning to plan for its next roadmap, the cancer control strategy for Manitoba for 2021-2026, working towards completion by the spring of 2020. CPAC's national strategy and CCMB's recently completed Cancer System Performance Report and Surgical Quality Report will be the foundation for CCMB's strategy – informing us as to where we are and where we need to be moving forward. The primary care community will be involved in this as well, as one of our key stakeholders.

Several strong areas of focus have already been identified: Cancer Prevention and Screening; Emotional Support and the Patient Experience; and Underserved Populations. Like CPAC, CCMB has prioritized its efforts on enhancement of cancer services for First Nations, Inuit and Métis populations,

and has expanded this to include other underserved populations including the elderly, AYA and newcomers. This priority will continue.

As part of the health transformation in Manitoba, CCMB has worked closely with the provincial team in developing the Provincial Clinical and Preventive Service Planning (PCPSP) for oncology. The long-term strategy for cancer control in Manitoba will be in alignment with the PCPSP.

Our goal at CancerCare Manitoba is to work towards continuing to improve cancer outcomes for all Manitobans without regional disparities. Only through collaboration and teamwork with all stakeholders and a well thought out strategic roadmap for cancer control for Manitobans, will cancer outcomes improve.

CCMB continues its commitment to CPAC to implement the national cancer strategy. All stakeholders, including primary care providers, will play roles in partnering in the actions of the priorities as the strategy is implemented nationally as well as provincially. CCMB looks forward to doing this together with the Manitoba primary care community.

If you have questions regarding the work-up of suspected cancer or any other cancer-related questions, please contact:

The CancerQuestion Helpline for Healthcare Professionals

Monday to Friday: 8:30 a.m. to 4:30 p.m.

Call or text 204-226-2262 Email: cancerquestion@cancercare.mb.ca

ASK THE EXPERT

Dr. Arvand Barghi, Hematology Fellow



QUESTION: “I found a monoclonal gammopathy—now what?”

ANSWER:

For patients with monoclonal gammopathy of undetermined significance (MGUS), appropriate risk stratification and workup can be challenging. Asymptomatic patients with low-risk features should be followed with repeat bloodwork in 6 months and then annually, and referred if they have evidence of biochemical or clinical progression. High-risk MGUS requires a referral, as does any symptomatic monoclonal gammopathy.

MGUS, which by definition is asymptomatic, requires SPEP and free light chain (FLC) assay to risk stratify. Urine protein electrophoresis is not required. Non-IgG, non-IgM MGUS (usually IgA), are high risk and require referral. Asymptomatic IgG and IgM MGUS that is less than 15 g/L, with an FLC ratio between 0.125-8, can be monitored in the community.

If there are symptoms associated with a monoclonal gammopathy, they are most commonly “CRAB” features of multiple myeloma: hypercalcemia; renal insufficiency; anemia; or bone pain. If due to myeloma, the hypercalcemia should be associated with a low parathyroid hormone level. Renal insufficiency that is not attributable to another clear cause is concerning and should prompt referral to a hematologist. Anemia is usually normocytic; even so, iron and B12 deficiency should first be ruled out. Bone pain on history or physical exam should prompt a CT skeletal survey and a referral. Any symptoms concerning for amyloidosis, such as nephrotic syndrome, new-onset heart failure or spontaneous bleeding and bruising, should prompt urgent referral for a tissue biopsy.

IgM monoclonal gammopathy is different in that it is rarely associated with multiple myeloma, and is more commonly associated with lymphomas. Thus, in addition to CRAB features, B symptoms, lymphadenopathy, splenomegaly, and neuropathy should be ruled out. Positive findings should prompt CT scans (to rule out lymphadenopathy) and a referral.

NEW at CANCERCARE MANITOBA

Provincial Cancer Referral and Navigation Services (PCRN)

In May 2018 CCMB announced the **Provincial Cancer Referral and Navigation Services (PCRN)** initiative. The PCRN is the combined services of CCMB’s Central Referral Office and Cancer Navigation Services. The goal of this initiative is to enhance services to patients and improve the patient experience. The PCRN provides services not only to patients with a confirmed cancer diagnosis but also to those who are awaiting a diagnosis. Patients can receive nursing and psychosocial support during these often stressful periods.

In addition to direct support for patients in Winnipeg, this service connects and provides leadership to Navigation Services in rural Manitoba. This service also facilitates education and support to the primary care community to improve communication and the quality of referrals coming to CCMB.

To date, the PCRN has implemented several streamlined DSG specific referral and triaging processes that incorporate a direct referral to Cancer Navigation Services and allow for timely collaboration with oncologists, sub-specialists and primary care. This allows patients and families to be connected to comprehensive and centralized oncology care focused on meeting individual needs.

As the PCRN grows and evolves, the service continually identifies opportunities to re-evaluate processes and adapt and modify accordingly to optimize patient care within all DSGs.



Sandi McFall, RN
Referral Office Team Coordinator



Zenith Poole, RN CHPCN
Provincial Navigation Lead

DO YOU HAVE PATIENTS THAT NEED INFORMATION ON CANCER?

The **CancerCare Manitoba Patient and Family Resource Centre** on McDermot Avenue in Winnipeg is a quiet place to relax and find up to date, credible cancer information. The Cancer Library has a variety of books and take-away handouts on specific cancers, treatment, side effects and support services. Materials can be requested by phone or online, for pick up or mail out.

Phone: (204) 787-4357 or Toll Free: 1-866-561-1026

www.cancercare.mb.ca/Patient-Family/support-services/resource-centre

NEWS FROM THE SCREENING PROGRAMS



Get checked Manitoba.
Cancer screening saves lives.
BreastCheck✓ CervixCheck✓ ColonCheck✓

1-855-95-CHECK
screening@cancercare.mb.ca
cancercare.mb.ca/screening

Notification of breast density category on BreastCheck mammogram result letters

Since June 2019, CancerCare Manitoba's breast screening program (BreastCheck) has been reporting mammographic breast density to women and their healthcare providers. This information is provided on screening mammogram result letters as one of two categories: less than 75% OR more than 75% dense breast tissue. Learn more about breast density by reviewing the *Breast Density: Patient Discussion Guide* included in this mail out.

Register for our free, accredited webinar. The webinar will take place on Friday, September 13th from 12:00—13:00 (a recording will be posted at a later date).

Register at cancercare.mb.ca/screening/hcp

Guidelines for Cancer Screening in Manitoba

The CancerCare Screening Guidelines have been updated. Download your digital copy on our website at cancercare.mb.ca/screening/guidelines

Highlights: The guidelines focus on average-risk populations. Updates include recommendations for supporting specific patient groups or patients at increased risk; including individuals with a family history of cancer or pre-cancer, transgender persons, and those who are immunocompromised. They also include a special insert on when and how to screen for lung cancer in high-risk populations.

Upcoming Awareness Opportunities:

HPV Vaccine Campaign

September is the beginning of school; it is also the time when parents are asked to fill out forms to get their children vaccinated against Human Papillomavirus (HPV) through the public health system. This year, we are encouraging vaccine uptake through a promotional campaign. The campaign will take place for the last 2 weeks of September. It will encourage parents to find out what they can do to protect their child from cancer, by visiting preventHPVcancers.ca. The campaign is brought to you by the CancerCare Manitoba Foundation.

OCTOBER IS BREAST CANCER AWARENESS MONTH!



CancerCare Manitoba Screening Programs will be conducting our annual campaign. There are many things that you can do as a provider to raise awareness of breast cancer screening for your patients. Provider recommendations help patients to make decisions in accessing cancer screening services. Your recommendation counts! Please read our letter insert to find out how you can get involved or complete the incorporated resource order form to receive educational materials.

GO PAPERLESS!

If you would like to receive CancerTalk electronically, please email rporter@cancercare.mb.ca

HOW TO REACH US

PROVINCIAL CANCER REFERRAL & NAVIGATION SERVICES (PCRN)

CCMB CENTRAL REFERRAL:

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

REGIONAL NAVIGATION SERVICES:

Winnipeg Navigation Services: 1-855-837-5400
 Interlake Eastern: 1-855-557-2273
 Prairie Mountain Health: 1-855-346-3710
 Southern Health-Sante Sud: 1-855-623-1533
 Northern Health: 1-855-740-9322

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

1-855-952-4325
cancercare.mb.ca/screening

CANCERCARE MANITOBA

TOLL FREE: 1-866-561-1026 (ALL DEPARTMENTS)
www.cancercare.mb.ca

Inquiry & Reception

MCDERMOT UNIT (HSC) 204-787-2197
 ST. BONIFACE UNIT 204-237-2559

Pharmacy: 204-787-1902

WESTERN MANITOBA CANCER CENTRE
 Brandon MB

204-578-2222 FAX: 204-578-4991

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: 08:30-16:30

BREAST & GYNE CANCER CENTRE OF HOPE

204-788-8080
 TOLL FREE: 1-888-660-4866

PATIENT AND FAMILY SUPPORT SERVICES, CCMB

Psychosocial Oncology, Dietitians, Speech Language Pathology, Guardian Angel Caring Room, Patient Programs, Navigator Newsletter
 204-787-2109

COMMUNITY ONCOLOGY PROGRAM (CCPN & UPCON) OFFICE, CCMB

204-784-0225

TRANSITIONS OF CARE

transitions@cancercare.mb.ca
 204-784-0210

UNDERSERVED POPULATIONS PROGRAM

TOLL FREE: 1-855-881-4395

OTHER NUMBERS:

CANCERCARE MANITOBA FOUNDATION

donations & inquiries: 204-787-4143
 TOLL FREE: 1-877-407-2223

CANADIAN CANCER SOCIETY

VOLUNTEER DRIVERS: 204-787-4121
 TOLL FREE: 1-888-532-6982

CANADIAN VIRTUAL HOSPICE

virtualhospice.ca

WRHA BREAST HEALTH CENTRE

204-235-3906
 TOLL FREE: 1-888-501-5219

WRHA PALLIATIVE CARE

204-237-2400

ANNOUNCEMENTS



Dr. Susan Green has joined CCMB's Department of Medical Oncology and Hematology. Dr. Green completed her MD at the University of Manitoba in 2012, as well as a residency in Internal Medicine (2015) and in Medical Oncology (2017). Most recently, she completed a fellowship in systemic therapy with the University of Manitoba in 2018. Her clinical focus will be on the breast and thoracic disease site groups. She has a strong interest in teaching at both the postgraduate and undergraduate levels as well as a research interest in education and knowledge translation.

Dr. Jeffery Graham also joined the CancerCare team this spring. Dr. Graham graduated from medical school at the University of Manitoba in 2012. He subsequently completed residency training in Internal Medicine, followed by subspecialty training in Medical Oncology at CancerCare Manitoba. He went on to pursue a clinical fellowship in genitourinary oncology at the Tom Baker Cancer Centre and the University of Calgary, with a research focus on advanced kidney cancer. He is currently completing a master's in public health (MPH) in epidemiology at the Harvard T.H. Chan School of Public Health in Boston. He will be an active staff member in the breast and GU disease site groups at CancerCare Manitoba.



Dr. Maclean Thiessen has joined the Section of Hematology and Medical Oncology as of July 2nd, 2019. Dr. Thiessen is a Medical Oncologist with a passion for patient-centered research. He holds degrees from both the University of Winnipeg (BSc in Biochemistry—2004) and the University of Manitoba (MD-2008, MN-2017). He completed residency training in Internal Medicine (2011) and Medical Oncology (2013) at the University of Manitoba. Recently, he completed fellowship training in breast and GI cancers at the Tom Baker Cancer Centre in Calgary, Alberta (2018). Dr. Thiessen will be an active staff member in the breast and GI disease site groups at CancerCare Manitoba.

Janell Melenchuk has joined the Community Oncology Program and Underserved Populations Program at CancerCare Manitoba in the role of Community and Patient Engagement Coordinator. As part of this role, Janell will be responsible for the Patient & Family Advisory Program. Janell is a Métis Red River College graduate with a diploma in Aboriginal Self Governance. She comes to us from the WRHA – Indigenous Health as the Workforce Development Coordinator. She has a strong understanding of health equity issues and challenges that impact patients and families.