Cancer Talk

Connecting with Manitoba's Health Professionals

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Follow-Up after Breast Reconstruction: What's the approach?

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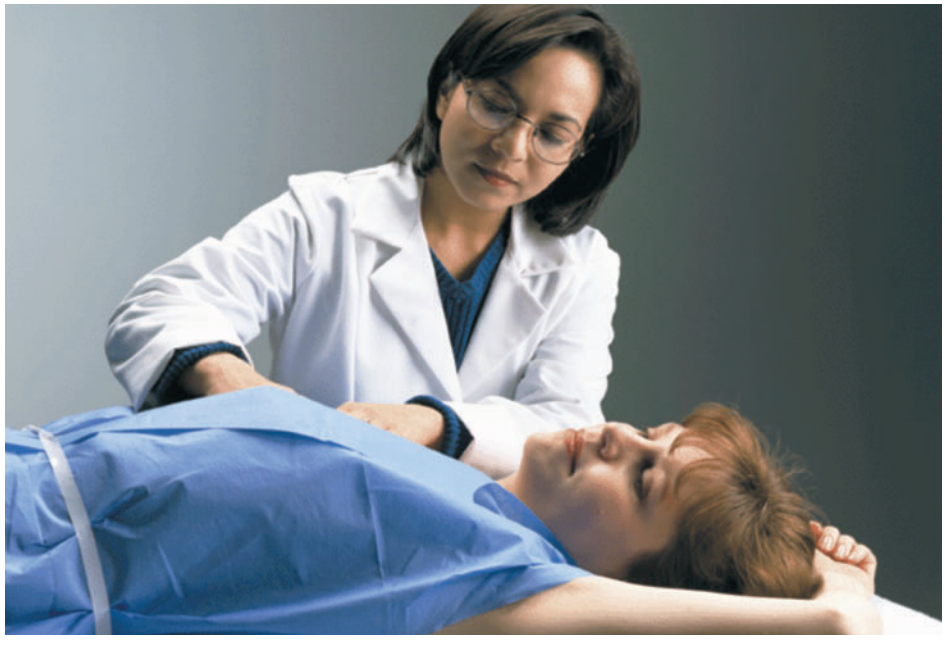

Advances in breast cancer treatment allow women better choices to manage this disease. Most women with breast cancer opt for breast conserving surgery ("lumpectomy') although many require or choose mastectomy. Fortunately, women now have options for immediate or delayed breast reconstruction, which has been found to be safe regarding rates of cancer recurrence and associated with improved psychological outcomes.[1]

Challenges for clinicians exist due to a lack of evidence about standards of follow-up care after breast reconstruction[2] and controversy around the effectiveness of diagnostic imaging. As a result, many clinicians are uncertain as to what type of examination and/or imaging should be used (and how often) for patients with breast reconstruction.

Locoregional recurrence rate (LRR) of breast cancer in a reconstructed breast range from 2.3 to 7% in women with early breast cancer who have undergone mastectomy and reconstruction.[3] This finding is similar to rates found among women who have had breast conserving surgery or mastectomy without reconstruction.[3]

Most local recurrences after reconstruction occur at the skin level and are detected by a clinical breast exam (CBE).[4] Deep recurrences are more difficult to detect with a CBE but are not as frequent. Patients with a recurrence at the skin level may present with palpable masses, irregularities, or skin changes.[4] However, most abnormal clinical findings in a reconstructed breast are due to benign conditions such as fat necrosis, lipid cysts, lymph nodes, and epidermal inclusion cysts.[3]

Imaging of the reconstructed breast is not recommended unless there is a clinical change or area of concern on physical examination.

Follow-up care is similar to that for all breast cancer survivors, and includes a history and physical with a CBE every six months. Yearly mammography of the intact breast is recommended in patients who have not had bilateral mastectomies. Imaging of the reconstructed

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Announcements

New 'Follow-Up Care' area on cancercare.mb.ca Website

Found under 'Information for Health Care Professionals,' these new web pages contain information for FPs/NPs on all aspects of surveillance, screening, side-effect management and rehabilitation after cancer treatment. Present content focuses on colorectal cancer. Visit www.cancercare.mb.ca/followupcare

Primary Care Referral Program

We are looking for Family Physicians and Nurse Practitioners who are able to take on patients for follow-up care following treatment. These requests are for patients without any primary care supervision. UPCON coordinates requests that come in from our clinics. Please contact Lynne Savage at 204-787-1229 or lynne.savage@cancercare.mb.ca if you can help our patients out!

Scholarships for Primary Care Professionals and CCP Staff

The Community Oncology Scholarships provide FPs, NPs and CCP staff with funding to pursue 1 – 2 weeks of personalized training in cancer care or blood disorders as well as oncology courses for continuing education. Mainpro-C credits are provided. Scholarship deadline is November 16, 2012.

Contact Evelyn Leferink at UPCON at 204-787-4435 or evelyn.leferink@cancercare.mb.ca

Applications are available at www.cancercare.mb.ca under Health Care Professionals – Education & Training

New Winnipeg housing for rural and northern patients

A Port in the Storm offers 10 suites at 601 Aulneau in St Boniface for $40 per night. First time guests must be referred by a health care professional. Eligible guests are rural or northern residents who must travel to Winnipeg for medical tests or treatment, with an accompanying support person. If the patient is an in-patient the family are eligible to stay. Call 204-231-0720 or email aportinthestorm@mymts.net.

Rural Cancer Patient Navigators can help you and your patient!

Patient navigators help rural patients and their families navigate the cancer system through all phases from suspicion through to treatment and follow up or palliation. Navigators can help your cancer patient by: facilitating timely access to services; providing informational, educational, psychosocial, and practical support; guidance surrounding symptom management, and linking them to resources offered through CCMB and local communities. These services may be available in your RHA. Contact your local CCP to find out more or call the Community Cancer Program Network (CCPN) office at 204-787-2155 or toll-free at 1-866-561-1026 ext 2155.

Patient Access Coordinator for First Nation, Metis, Inuit and vulnerable people who need treatment for cancer is also available. The coordinator can assist in accessing services at any point in the cancer journey and works with health care providers and people with a cancer diagnosis who have questions about care and resources. Contact the Patient Access Coordinator at 204-788-8449.

Help for your Cancer Patients after Treatment

This is a free workshop series for all patients finishing curative cancer treatment who are now in follow-up. The focus is on taking control of recovery and getting back to wellness, and a chance to meet others who have been through a similar experience. Topics include: Nutrition, Exercise, Emotional health, What to expect in follow-up care, Goal-setting and more! Registration is required and it is offered at different times throughout the year. Sessions are available through MBTelehealth for rural patients. Patients can contact CCMB's Patient and Family Support Services for information or to register: 204-787-2109 or 1-866-561-1026 extension 2109.

Production of CancerTalk is supported by CancerCare Manitoba FOUNDATION

The Cancer Journey Project:

Suspicion to Treatment in 60 Days!

For the first time in Canada, a provincial health system is turning its energies towards moving patients with suspected cancer more quickly through the system. With $40 million to spend over five years, health providers in primary care, diagnostic imaging, surgical specialties, pathology and oncology will work to smooth the process to cancer diagnosis and first treatment. Led by Dr Dhali Dhaliwal of CCMB and Arlene Wilgosh of the WRHA, systems of care are being mapped and efficiencies sought to accelerate diagnosis while ensuring good communication with patients.

Your help as a FP or NP is needed! Working groups are being struck to develop and publish the optimum pathways for the work-up of suspected cancer. The Breast Cancer group, featuring the participation of Dr. Maila Gabiel and Cindy Allen NP is completing its work. We now need primary care clinicians to tackle other cancer types, in conjunction with specialist colleagues. The work is very interesting and is paid at Doctors Manitoba rates. Second, we are seeking three primary care clinics in doing a "deep dive": identifying and improving the processes of referral of patients with suspected cancer within their own clinic systems. Clinic teams of about 4-5 people will be formed and will meet for four half-day sessions in or near your clinic over four months, learning and applying a quality improvement process that will be of ongoing use in improving other aspects of your clinic's work. The process will be led by experienced health system engineers whose expertise will be provided without charge. Our goal: identify the ways that primary care clinics can improve the efficiency with which patients with suspected cancer are routed safely and quickly to needed help. Interested in being a part of this remarkable project? Call Dr. Jeff Sisler at 204-787-3595 or email at jeff.sisler@cancercare.mb.ca.

UPCON

Got a Cancer Question?

Call the UPCON HelpLine

204-226-2262 (CCM-CCMB)

8:30-4:30 Monday-Friday

Ask the Cancer Expert

Kimberly Templeton B.Pe., M.Sc.
Program Manager
CervixCheck

Question:

I'm confused about assessing the quality of the Pap test, specifically the presence or absence of transformation zone cells. In the CCMB guideline it states the Pap "may not need to be repeated if the woman has had normal Paps." Can you clarify under what circumstances a Pap **should** be repeated, when the specimen reads "satisfactory" but there is an "absence of transformation zone cells?"

Answer:

The presence of squamous metaplastic cells, dysplastic cells or endocervical cells is generally regarded as evidence of adequate sampling of the transformation zone (TZ).

The importance of the presence of TZ cells in defining the adequacy of a Pap test specimen is unclear, with studies arriving at conflicting results.

If the components of the transformation zone are absent in a satisfactory Pap test, you may not need to repeat the Pap test. If the patient has a history of routine negative Pap tests, do further screening according to the cytology result. A routine screening history means that a woman has had negative Pap tests every two years OR she has had 3 negative Pap tests in the previous 10 years. If a woman has not had routine screening by this definition, consider repeating the Pap.

Other reasons to repeat the Pap test in this scenario include:

- previous squamous cell abnormality on a Pap, **without** the reassurance of three subsequent negative Pap tests (at least one with TZ cells present)
- previous AGC (atypical glandular cells) result on a Pap test
- a positive HPV test within the previous 12 months
- inability to see the entire cervix on speculum examination
- immunosuppression

For more information, visit TellEveryWoman.ca or call CervixCheck at 204-788-8648.

New Physicians

Dr. Saroj Niraula: Medical Oncologist, Genitourinary and Breast Cancer

Dr. Niraula received his oncology training in China, and completed a fellowship and MSc at the University of Toronto. He will be primarily based at HSC (MacCharles) with a clinical and research focus on GU and breast cancers.

Dr. Arjuna Ponnampalam: Benign Hematologist

Dr. Ponnampalam received his fellowship training at the University of Manitoba. He will assume clinical duties at the CCMB St. Boniface site in general inpatient and outpatient hematology and transfusion medicine.

Update on the Western Manitoba Cancer Centre

The Western Manitoba Cancer Centre, located in Brandon, has been operational for over a year and the support and appreciation from patients, healthcare professionals and the community has been overwhelming. The new facility allowed existing chemotherapy services to be expanded, introduced Radiation Therapy services outside of Winnipeg and enhanced the support services to patients and families in western Manitoba. Patients visiting the Centre can now access a dedicated social worker, dietitian and clinical pharmacist.

Another new service that was introduced with the opening of the WMCC is Patient Navigation. Working together with Patient Navigators from the newly merged RHAs for western Manitoba, patients now have a point of contact to assist them in navigating the cancer journey.

The Centre is located at 300 McTavish Ave East and is open Monday through Friday from 8:00 am to 4:00 pm. All patients are still referred through CCMB in Winnipeg where they are triaged to ensure they are an appropriate referral for the Western Manitoba Cancer Centre.

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breast is **not recommended** unless there is a clinical change or area of concern on physical examination. If such a concern exists, refer the patient back to the plastic surgeon for assessment and imaging, which commonly is by ultrasound, MRI or even PET. Additionally, it is important to encourage patients to be "Breast Aware" and become familiar with the look and feel of their new reconstructed breast(s), and to report changes to their health care providor.

References:

1. Platt J (2011). Breast reconstruction after mastectomy for breast cancer. CMA, 183(18).
2. Zakhireh J (2010). Application of screening principles to the reconstructed breast. J Clin Onc 28(1).
3. Philip B(2007). Surveillance mammography following the treatment of primary breast cancer with breast reconstruction: a systematic review. Plastic and Reconstructive Surgery, 120(5).
4. Patterson S (2012). Locoregional recurrence after mastectomy with TRAM flap reconstruction. Annals of Surgical Oncology, 19.