

CancerTalk

Connecting with Manitoba's Health Professionals *Issue 3, Spring 2007*

Provincial colorectal cancer screening program planned

A new province-wide program to enhance screening for colorectal cancer will be implemented in Manitoba this spring.

“An efficient, effective program has enormous potential to save lives,” said Dr. Dhali Dhaliwal, President and CEO of CancerCare Manitoba.

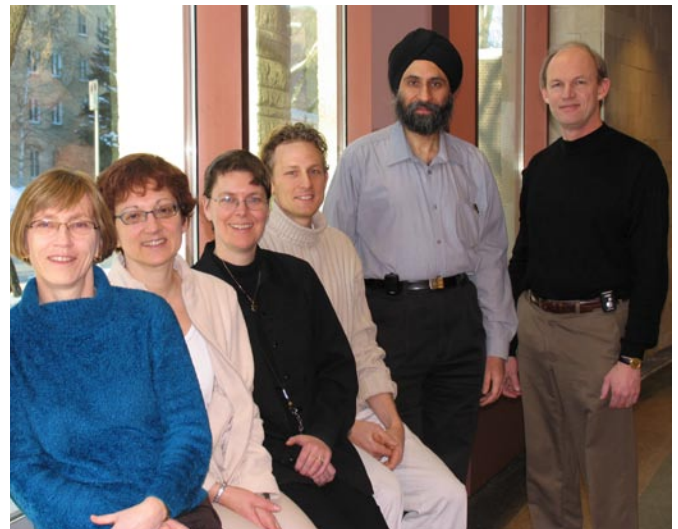
Announced by provincial Health Minister Theresa Oswald on January 29, the screening program will be based on the fecal occult blood test which has been shown in randomized controlled trials to reduce mortality. In the first phase, screening kits will be mailed to approximately 20,000 men and women in the targeted age group - 50-74 – living in the Winnipeg and Assiniboine Regional Health Authorities. The program will expand to other areas in the province as the program continues.

“Based on sound evidence from clinical trials, we know that FOBT screening reduces mortality from bowel cancer. Direct mailing of kits and careful follow-up by the Screening Program and Manitoba's family physicians will ensure that more cancers are found earlier,” said Dr. Jeff Sisler, the Director of Primary Care Oncology at CancerCare Manitoba (CCMB).

Direct contact by mail and personal invitation has been shown to be one of the most effective ways of reaching targeted populations for screening and CCMB has extensive experience using this approach with the Manitoba Breast Screening Program (MBSP). Another 5,000 kits will be distributed in person when women attend the MBSP.

“We want to work closely with physicians as we implement this program,” said Marion Harrison, Director of Screening Programs, adding that participants will be asked to provide the name of their physician so that copies of test results can be sent. “We also expect that as the public becomes aware of the importance of colorectal cancer screening, that they may request this test from their physician. Right now, we cannot invite the entire target population so our hope is that physicians will recommend the test to their patients.”

All FOBT tests sent by the screening program will be analyzed in a cen-



The working group that developed the colorectal cancer screening proposal included Marion Harrison, Director of Screening Programs, Aileen Chmeliuk, Diagnostic Services Manitoba (DSM), Dr. Donna Turner, epidemiologist, Dr. Curtis Oleschuk, DSM, Dr. Harminder Singh, gastroenterologist, and Dr. Ross Stimpson, surgical oncologist.

tral laboratory. The working group that developed the proposal for the program estimates that 2-5% of these tests will be positive. People who have a positive test result will be referred for colonoscopy. The new screening program will make arrangements for the colonoscopy at designated referral centres or leave this in the hands of the family physician according to their preference. If you would like further information about the program, please call Dr. Jeff Sisler at 787-3595 or Marion Harrison at 788-8632.

Announcements

Registry Implements Follow-Up

We are pleased to announce that the Manitoba Cervical Cancer Screening Program (MCCSP) has implemented the follow-up function of registry operations for women with low grade abnormal and unsatisfactory cytology results effective April 1, 2006. The purpose for monitoring cytology results is to ensure that a woman has received appropriate treatment, reducing her risk of developing invasive cervical cancer. As per MCCSP Guidelines an initial unsatisfactory or LSIL Pap test result requires a repeat Pap test. A subsequent unsatisfactory or LSIL Pap test requires referral to colposcopy. The health care professional will receive a letter when the appropriate follow up activity is not noted in the registry.

Join The Expedition!

2007 CCPN Annual Educational Conference, April 19-21, 2007. Registration for the 2007 CCPN Annual Educational Conference is open! Open to all family physicians and primary health care providers. New this year is on-line registration at www.cancercare.mb.ca/conference. If you have any questions, please contact Shana Robertson, Conference Chair, at (204)787-1347 or at shana.robertson@cancercare.mb.ca

New Wait List Coordinator at CCMB

Janet Martin has accepted the position of Wait List Coordinator for Radiation Oncology clinics, Medical Oncology clinics, and chemotherapy. Janet will be working to create and maintain wait lists that do not currently exist. The aim is to work with clinical staff to ensure timely and appropriately prioritized access for patients, the public, staff, and other stakeholders. This new position is supported by the federal wait time's reduction initiatives and is under development. Stay tuned!



Dr. Christine Duprat, ACCESS River East, and primary care nurse Ruth Byquist, Kildonan Medical Centre, cruise through the UPCON display during Continuing Medical Education Day.

Cancer focus for CME

Family physicians can expect to encounter one case of ovarian cancer every five to eight years during their practice.

Ovarian cancer, "the disease that whispers" was a focal point for the January *Cancer Day for Primary Care* event presented by the CME Office of the Faculty of Medicine and the UPCON Network of CancerCare Manitoba. Ovarian cancer genetics, screening and early office detection were addressed by Drs. Bernie Chodirker, Shaundra Popowich and Jeff Sisler respectively. Clinical pearls include:

- Approximately 90 cases of ovarian cancer (OvCa) occur in Manitoba per year, 70 of them in women over 50 years of age.
- About 10% of OvCa is hereditary
- 80% attributed to BRCA-1 and -2 (testing available in MB)
- 20% associated with hereditary non-polyposis colon cancer (HNPCC) syndromes
- No screening has been shown to be effective for early detection of OvCa, even in high risk women.
- Three quarters of women with OvCa see their FP within a month.

- Most common misdiagnosis is irritable bowel syndrome.
- Most common and important symptoms are often abdominal, not pelvic.
- "Missing the BUS is a PAIN" describes the four best discriminating symptoms;
 - ~ Bloating/satiety
 - ~ Urinary symptoms, especially urgency
 - ~ Swelling of the abdomen
 - ~ PAIN in abdomen or pelvis
- Compared to women with benign conditions, women with OvCa have symptoms that are more severe, more frequent (>12 days a month) and present for a shorter time period.
- Workup is bimanual exam, pelvic / transvaginal ultrasound; CA-125 blood test (but lots of false negatives) and referral to a gynecologist at CCMB.
- Common misstep in work-up: abdominal imaging / endoscopy only, reflecting the predominantly abdominal presenting symptoms of OvCa.

Collaboration key to Pap Week 06 success

In an effort to increase screening rates, every October the Manitoba Cervical Cancer Screening Program (MCCSP) has partnered with clinics and health centres in Winnipeg to offer a one-day, walk-in, Pap test service. Since launching this initiative in 2003, the number of sites and the number of women accessing services has steadily grown. Increases like this demonstrate that a well advertised, easy access alternative can successfully reach many women who are at a higher risk of developing cervical cancer.

To build on the success of previous years, the MCCSP expanded the 2006 initiative to make it a province-wide campaign offering special clinics during Manitoba Pap Test Week from October 23 -27 and, in some rural communities, throughout the month. Highlights from this year include:

- 82 sites agreeing to offer walk-in Pap Clinic services on one or more days.
- Participating sites included community health clinics, nurse managed clinics, private physician's offices, and provincial and federal nursing stations.
- 1578 women attended a clinic for a Pap test, approximately 50% in Winnipeg and the rest in rural Manitoba.
- 65% of the women who attended had not had a Pap test in at least 2 years and 38% of the women had not had a Pap test in at least 5 years.
- 20% of the women identified themselves as First Nations Status, First Nations Non-Status, or Metis.
- 12% of the women identified themselves as Asian.

Response from women was overwhelmingly positive. The top two reasons for accessing services women shared was the fact that no appointment was needed or that she heard or saw an advertisement.

Meeting the health care needs of communities requires collaboration and commitment. Thanks to all the primary care providers, support staff and management staff who supported this campaign. Your support is essential as the MCCSP strives to improve screening rates in the province.

Many clinics and health centres have initiated regular cervical cancer screening clinics to improve Pap test rates in their communities. MCCSP maintains a website and phone listing of upcoming Pap Test Clinics throughout the province. Contact MCCSP at 1-866-616-8805 to add your clinic date to the listing, to request support for promotion of your clinic or to express your interest in participating in the Oct. 2007 Pap Week.



The Manitoba Cervical Cancer Screening Program supplied one-use cameras to capture the health care professionals participating in Pap Test Week. Here's the team at Gladstone Medical Clinic.



Ask the Cancer Expert

Dr. Debjani Grenier
Medical Oncologist, CCMB
Chair, Breast Disease Site Group

Question:

I have a 44-year-old patient with breast cancer who is very worried about it recurring in the future. How much do common cancer treatments reduce this risk?

Answer:

The most important determinant for risk of breast cancer recurrence is axillary lymph node status; the higher the number of nodes with cancer, the higher the chance of recurrence. Other risk factors are large tumour size, poor differentiation (high grade), presence of lymphovascular invasion, hormone receptor negativity and overexpression of the Her2 -neu receptor.

Common treatments that can lower this risk after surgery include radiotherapy, chemotherapy and endocrine agents. Radiotherapy reduces the risk of local (breast, chest wall and axillary) recurrences, while the others primarily lower distant recurrences in the bone or viscera. Chemotherapy can lower the risk of recurrence by one third to one quarter. It is generally more effective in premenopausal than postmenopausal women and is not well studied in women over 70. Endocrine treatments such as tamoxifen and aromatase inhibitors may reduce recurrences in women with hormone-receptor positive breast cancers by up to one half and also lower breast cancer deaths by one third.

For the 15-20% of women with tumours that overexpress the Her-2 neu protein, the monoclonal antibody trastuzumab (Herceptin) further lowers cancer recurrences by one half and improves survival by one third.

A compass to care

The CancerCare Manitoba Patient and Family Information and Resource Centre offers the skill and expertise of a health care professional and trained volunteers to help patients and family members find the information they need to understand their illness and to become aware of the many resources that are available to them.

“We offer a space dedicated to providing comfort, information and sanctuary for patients, families and caregivers,” said Linda Friesen, one of two coordinators of the Centre at 675 McDermot, which offers a quiet place to relax by the fire, the opportunity to make a local phone call, enjoy free refreshments, or surf the web.

In addition to the extensive collection of books, audio and videotapes and other resource material on all types of cancer located at 675 McDermot Ave., there is a smaller collection at the St. Boniface Unit, south entrance, 409 Tache. The Patient Library can be accessed through e-mail or by phone. Up to three items can be on loan for four weeks at a time and the service is available to all CancerCare Manitoba patients and families. Materials can be mailed to those unable to come in. Services patients and families can access include:

- Free pamphlets and booklets to take home
- Information supplied over the telephone or mailed out



Patient and Family Resource Centre coordinators Lori Stewart and Linda Friesen and their team of volunteers help patients and family access the info they need in a space that is comfortable and user friendly.

- Information on support groups available at CCMB and within the community
- Lending library of texts, audiotapes, videotapes, magazines and CD-ROMs.

To reach the Patient and Family Resource Centre and the Patient Library, please call 787-4357 or toll-free at 1-866-561-1026 or e-mail PatientLibrary@cancercare.mb.ca. The Centre is open Monday to Friday from 9 a.m. until 4 p.m.

The Centre is made possible through the generous support of the CancerCare Manitoba Foundation.



The Centre provides a place to relax and can help make a difficult time a little easier.



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Uniting Primary Care and Oncology

Editor
Jeff Sisler MD MCISc FCFP
Director, Primary Care Oncology
CancerCare Manitoba
Phone 204-787-3595
jeff.sisler@cancercare.mb.ca