Where to find us

CCMB Referral Centre
(204) 787-2176
FAX: (204) 786-0621
Consult Nurse Clinician: (204) 787-4215
M-F, 0830-1630, closed Stat Holidays
Emergency Referrals:
HSC paging: (204) 787-2071
St Boniface paging: (204)237-2052
http://www.cancercare.mb.ca

CancerCare Manitoba
Toll-Free Number 1-866-561-1026

Inquiry & Reception
MacCharles Unit (204) 787-2197
St. Boniface Unit (204) 237-2559
Health Records - Medico legal Correspondent:
(204) 787-2266 Fax: (204) 786-0185
Pharmacy: (204) 787-1902

Breast Cancer Centre of Hope
691 Wolseley Street (204) 788-8080
Winnipeg, Manitoba R3C 1C3
Toll Free 1-888-660-4866

Community Cancer Programs Network (CCPN)
16 Locations throughout Manitoba
(204) 787-5159
Toll Free: 1-866-561-1026

Manitoba Breast Screening
25 Sherbrook Street, Unit #5
Winnipeg, Manitoba R3C 2B1
(204) 788-8000:
Toll Free 1-800-903-9290
Brandon - (204) 726-2453

Manitoba Cervical Screening
25 Sherbrook Street, Unit #5
Winnipeg, Manitoba R3C 2B1
(204) 788-8626: Toll Free 1-866-616-8805

Manitoba Colorectal Screening Program
5 - 25 Sherbrook St.
Winnipeg, Manitoba
R3C 2B1
General: (204) 788-8635
Toll Free: 1-866-744-8961
Fax: (204) 774-0341

Manitoba Prostate Centre
(204) 787 - 4461
FAX (204) 786-0631

Patient and Family Information and Resource Centre
(204) 787-4357

Patient and Family Support Services
(204) 787-2109

Patient Representative
(204) 787-2065

Other Numbers:
CancerCare Manitoba Foundation
787-4143
(Donations), Toll Free 1-877-407-2223

Canadian Cancer Society
Volunteer Drivers 787-4121
Cancer Information Service (Toll Free)
1-888-939-3333

Grey Nuns Hostel 237-8941
151 Despins Street

Lennox Bell Lodge 787-4271
60 Pearl Street

Info for Health Professionals on our web site at www.cancercare.mb.ca

Family Doctors Awarded Foundation Scholarships

Two Manitoba family doctors have been awarded $8,000 scholarships to permit them to seek further training at CCMB in the care of cancer patients. These scholarships are funded by the CancerCare Manitoba Foundation.

- **Dr. Werner Desmond van Jaarsveldt** of Lakewood Medical Centre in Winnipeg will be spending two weeks with a focus on pain and symptom management and on the early diagnosis of cancer in an office setting
- **Dr. David Kinnear** is a family physician in Portage la Prairie who also works as a GPO (General Practitioner in Oncology) in the Community Cancer Program at Portage Hospital. David will spend two weeks at CCMB focusing on the impact of chemotherapy on cancer prognosis and on complementary and alternative cancer therapies.

Congratulation to this year's winners!

Editor's Note

We failed to credit Angela Martens, RD, for her piece "To D or not to D…and how much?" from the last CancerTalk issue. Nutrition education from a registered dietitian specializing in oncology is available for patients through CancerCare Manitoba. Patients can be referred by any member of their health care team or can arrange for an appointment themselves. Please call 787-2109 or toll-free at 1-866-561-1026.

UPCON
Uniting Primary Care and Oncology

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CancerTalk
Connecting with Manitoba's Health Professionals *Issue 5, Spring 2008*

New Follow-up Colon Cancer Guidelines Will Save Lives

Close monitoring of patients after treatment for colon cancer reduces overall mortality according to three recent meta-analyses on the topic. New guidelines approved by the GI Disease Site Group (DSG) at CancerCare Manitoba will guide primary care practitioners as they play an increasing role in follow-up care.

"This is exciting news because it's the only cancer where intensive follow-up after cancer treatment has been shown to reduce deaths," says Dr. Ralph Wong, head of CCMB's GI DSG. "We're seeing absolute risk reductions of death in the order of 7-10% in clinical trials when more intense surveillance is carried out." Much of this benefit is attributed to detecting solitary liver or lung metastases that can be resected. This implies that aggressive follow-up is suitable only for those patients well enough to face such surgery.

"...primary care practitioners play an increasing role in follow-up care."

The new guidelines incorporate three critical tests - carcinoembryonic antigen (CEA) blood levels, CT imaging of the abdomen and chest, and colonoscopy. The guidelines are aimed at patients with Stage II disease (large or locally invasive tumours) and Stage III disease (with involved local lymph nodes). Most of these patients will have been treated with chemotherapy after surgery.

Many colon cancer patients at CCMB are being referred back to their primary care provider after the completion of treatment. This reflects growing confidence in the ability of FPs and NPs to provide follow-up care and the increasing demands on oncologists, with growing numbers of new referrals and expanding treatment options for patients with metastatic disease. The new guidelines (below) will accompany letters sent to FPs and NPs at the end of treatment.

They are in a checkbox format that will be easily used in paper or electronic charts to guide care.

The CIHR/CCMB Team in Primary Care Oncology Research, led by Dr. Alan Katz, also has colon cancer in its sights. A study led by Dr. Jeff Sisler, Dr. Wong and colleagues will launch next year to examine whether faxed reminders to FPs will help them keep on track with the required follow-up tests, and ensure that Manitobans get full benefit from these life-saving protocols.

CCMB FOLLOW-UP RECOMMENDATIONS

Stage II & III Colon Cancer

Follow-up Year 1 is the 12-month period beginning on the date of the patient's surgery

FOLLOW-UP	YEAR 1, 2, 3	YEAR 4, 5
Physician Visit Complete Hx & Physical including Rectal	**Every 3 months**	**Every 6 months**
Bloodwork Carcinoembryonic antigen (CEA)	**Every 3 months**	**Not routine**
CT Imaging Chest/Abdomen	**Annually**	**Not routine**
Chest X-Ray	**Not routine**	
Colonoscopy	**End of Year 1, then every 3-5 years indefinitely (if no polyps)**	

CancerCare MANITOBA

Announcements

Deloraine joins Community Cancer Programs Network

A new $907,000 community cancer program facility officially opened in Deloraine in late January and provides important access and services for Manitobans undergoing cancer treatment. CancerCare Manitoba and the Assiniboine Regional Health Authority partnered to create the four-station unit. Area staff specially trained in oncology care will deliver chemotherapy treatment to patients, as well as provide diagnostic services and supportive care.

Expansion of Services

The province is investing more than $20 million to develop an expanded western Manitoba regional cancer centre to provide chemotherapy and outpatient care and will make Brandon the first community outside of Winnipeg to provide radiation therapy.

Through CancerCare Manitoba's partnership with the Brandon Regional Health Authority and the province's investment, a new hub of cancer services in Brandon will fully connect to CancerCare Manitoba's sites in Winnipeg. The new facility will use state-of-the-art information technology to link the Brandon site with CCMB allowing staff at both facilities to consult about treatment options for patients and to access educational opportunities and training without having to travel to Winnipeg.

The new facility will include:

- a radiation therapy department including a linear accelerator for treatment, work space, office space, a teaching room and storage space
- a chemotherapy unit with 20 chemotherapy treatment stations, a teaching room, a medication preparation area and a storage area
- a supportive care area including offices for a pharmacist, a dietician, a social worker and a psychologist
- an outpatient clinic with work areas and exam rooms
- a quiet area for patients and family members and
- volunteer space

Thompson CCP welcomes "CancerPros"!

"Be a CancerPro" Heads North of 53!

Be a CancerPro: Cancer System Essentials for Primary Care is a day-long program that provides FPs and RNs with many practical tips on how to better navigate the cancer system in Manitoba, with a focus on how to access programs and services more efficiently. On February 20, 2008 we offered the program in Thompson (with video links to Gillam, Leaf Rapids and Churchill), where 25 enthusiastic doctors and nurses took part.

"Be a CancerPro…" will be offered in Brandon on May 2, 2008 for health providers in Western Manitoba, and a June date in Winnipeg will be announced. If you are a busy physician, nurse practitioner or primary care provider, this session is for you! For further info contact lynne.savage@cancercare.mb.ca or (204) 787-1229.

"When will I be seen?"

Patients ask us this every day, especially patients worried they may have a serious problem like cancer. We can help you answer this question! CCMB's Patient Navigation Team, at right, is interested in working with FPs and walk in clinics to track the time it takes for your patients with a suspicion of cancer to be seen, from your referral letter to their first appointment at CCMB. The aim is to help the Program gather information about the first part of the patient jounrey in order to reduce the wait times that patients experience.

Do you want to be involved?
Please contact Sue Bates at sue.bates@cancercare.mb.ca
or call 787- 8725.

Cancer Day for Primary Care

Playing to a packed house, the fourth annual Cancer Day for Primary Care held at CancerCare Manitoba provided information on cancer prevention, early symptom recognition, work up, diagnosis and treatment.

Dr. Gerald Konrad presented *Breast Cancer Diagnoses: Where Do We Go Wrong*, and underlined that this "missed" diagnosis is the *most common reason* that Americans file a malpractice suit. These cases are the second highest in paid compensation (after neurologically impaired newborns), based on an average delay of 16 months. What can FPs and NPs do to avoid delay in diagnosis of breast cancer?

- Don't minimize patient complaints
- Pursue every breast complaint to resolution (the "Triple Test" of History and Breast Exam, Imaging, and Biopsy)
- If a mass is present, aspirate it if you can. If you can't or the mass does not disappear, refer the patient to a surgeon while ordering a mammogram
- If the physical exam is unclear, have the patient return in mid-cycle (if premenopausal) for re-examination
- If no mass is present, communicate effectively with the patient; follow-up mid-cycle (if premenopausal) in 2-3 months, order a mammogram for persistent symptoms, and continue follow-up until resolution or referral
- Develop an office tracking system to ensure that ordered mammograms are done, that they are reported, that the patient returns for follow-up, and keeps their appointment with the surgeon. The failure to refer for biopsy after a mammogram was involved in 38% of litigation against FPs
- Beware the abnormal clinical exam, where a normal mammogram may be signed off by a colleague with no clear follow-up or referral plan made
- Document all patient symptoms and discussions

In another lecture, Dr. James Johnston presented on Chronic Lymphocytic Leukemia (CLL) – a condition most common in older men and often undiagnosed and unreported. CLL is diagnosed by flow cytometry. Information about the CLL Program at CCMB can be found in the insert in this edition of *CancerTalk*.

Ask the Cancer Expert

Dr. Ahmet Leylek
Radiation Oncologist, CCMB

Question:

Why do some patients with rectal cancer get radiation before surgery and others afterwards, and for different lengths of time?

Answer:

The treatment of rectal cancer is somewhat confusing and has changed in the last few years, with a trend to more treatment being given before surgery. Post-operative chemo-radiation had been the North American standard treatment for node-positive rectal cancer (Dukes C or Stage III) since the early 1990's. This approach not only reduced local recurrence but also showed improvement in patients' overall survival.

However, in Europe the approach has been different with pre-operative radiation with concurrent chemotherapy being favored. This evolved into the use of pre-operative long course radiation with concurrent chemotherapy. This approach has the advantage of possibly making an unresectable tumor amenable to resection as well as making a low anterior approach possible and avoiding colostomy.

A recent CCMB consensus meeting has recommended the following:

- Node negative (Stage II or Dukes B) rectal tumors where resectability and sphincter saving is not in doubt: Pre-operative short course radiation (25 Grey [Gy] in 5 fractions over 5 days) usually with no post-op chemotherapy
- Node positive tumors (Stage III or Dukes C) rectal tumours and locally invasive (T4) tumours where resectability and sphincter preservation is in doubt: Pre-operative long course chemo-radiation treatment (45 Gy in 25 fractions over 5 weeks with constant 5-FU by infusion pump). Post-operative chemotherapy is then recommended for 4-6 months.