

CancerTalk

Connecting with Manitoba's Health Professionals *Issue 8, Winter 2009*

Gamma Knife provides precise, minimally invasive treatment

With exquisite precision, the Gamma Knife tightly focuses 192 small beams of radiation targeted to one specific spot in the brain to painlessly treat cancers, benign tumours and vascular malformations. "This radiation technique minimizes the amount of radiation the uninvolved brain receives because each beam carries only a small fraction of the dose, and thereby allowing high dose delivery to the target area," said CancerCare Manitoba radiation oncologist Dr. Garry Schroeder. "It can treat benign conditions in someone with a long lifespan or recurrent brain metastases in someone who has had whole brain radiation."

In 2003, Health Sciences Centre was the first and only facility in Canada to have Gamma Knife technology. In March 2008, the equipment was upgraded and now boasts a larger, less confining opening and no longer requires manual positioning, which can save hours of time. "We can now treat four patients by 1 p.m. with a 6 a.m. start time. Using older technology with that same patient load, we would be finishing by 11 p.m.," explained Schroeder.

Gamma Knife treatment involves fixing a rigid, non-magnetic frame to the skull using local anesthetic. Once in place, an MRI is done, the plan developed and the same-day treatment starts. A plan can be a single focus point or more (Schroeder has

created plans with as many as 53 individual focus points) to precisely match the radiation to the target. Memory is not affected because of the small volume treated, but brain swelling can occur. The risk of infection and damage to healthy tissue has also been lowered and patients are able to recover and return home sooner that day.

The most common use for the Gamma Knife is for brain metastases, either recurrent after whole brain radiation or for "radio-resistant metastases" such as melanoma, kidney cancer and sarcoma. The maximal tumour size that can be treated is 3.5 cm. Patients with about four or fewer may be treated, although this is assessed individually and is determined to a great extent by the patient's general state of health.

Benign conditions treated are trigeminal neuralgia, inoperable arteriovenous malformations, pituitary tumours, meningiomas, and acoustic schwannomas (or neuromas). For acoustic schwannomas, Schroeder



Dr. Garry Schroeder uses the latest technology to treat patients.

said this can be very beneficial because the risk of facial palsy from damage to the facial nerve is minimal. For large acoustic neuromas, surgery has a high risk of damage to the facial nerve.

If you have a patient that may benefit from Gamma Knife treatment, contact the program coordinator directly at 787-7278 (toll free 1-866-GAMMA-MB) or by letter to the Gamma Knife Program at Health Sciences Centre or to gammaknife@hsc.mb.ca.

CancerCare Manitoba Yoga Expands to Parkland RHA

Free for people who have completed treatment for any type of cancer within the last three years. Led by a certified Iyengar yoga teacher, on Wednesdays from 11:00 a.m. to 12:30 p.m., at 139-2nd Avenue NW, Dauphin, MB. To register, call Patient and Family Support Services (PFSS) at 1.866.561.1026 or 204.787.4119. A joint initiative of PFSS with Yoga North and supported by funds donated to CancerCare Manitoba Foundation.

CancerPro coming to RHA-Central MB Inc

"Be a CancerPro...Cancer system essentials for primary care" is a day long educational session on navigating the cancer system in Manitoba and will be held for RHA-Central physicians and staff at Boundary Trails Health Centre on April 16, 2009. Registration forms available through your local educator or lynne.savage@cancercare.mb.ca.

Facilities upgraded

The Victoria General Hospital's redeveloped oncology department has expanded into a leading-edge facility that will strengthen care for Manitoba families affected by cancer.

Opened in November, the \$10.5 million Buhler Cancer Centre more than quadruples the size of the previous area, which was located in the hospital's basement and built in 1975.

The new 13,000-square-foot addition, located at the front of the hospital, will address privacy issues and add space for both patients and staff.

CCMB Hosts 5th Annual CancerDay for Primary Care

Over 150 physicians, nurses and pharmacists attended this popular educational event at CancerCare Manitoba in January 2009 including links to 18 communities via MBTelehealth. The presentations are available online at www.cancercare.mb.ca Two are briefly summarized below.

Five Important Tips on Using Opioids

- 1) Assess each pain. Is the pain nociceptive, neuropathic or incident-related? Assess the quality and severity of each pain. Remember that "Total Suffering" includes more than physical pain.
- 2) Avoid mixing opioids. There is little evidence to support mixing opioids and if side effects develop, it is difficult to know which opioid may be the cause. The exception would be use of drugs with limited routes of administration, e.g. a Fentanyl patch would require a different drug for breakthrough pain.
- 3) Use opioids at an appropriate frequency; increase scheduled and breakthrough doses simultaneously. The correct dose is the dose that keeps the person comfortable. Monitor rapidly increasing doses of opioids carefully and watch for escalating use of breakthrough doses, as this may signal the development of tolerance.
- 4) Watch for neurotoxicities such as cognitive dysfunction, myoclonus, hyperalgesia, allodynia, perceptual disturbance, and intervene early by changing the opioid.
- 5) Convert between opioids as needed. When making the change, use equivalency tables, then reduce the new drug by approximately 30% to start. Please refer to the enclosed pocket guide developed by Dr. Woelk.

And always, when one feels uncomfortable with managing the problem, don't be afraid to ask for help.



Dr. Cornie Woelk



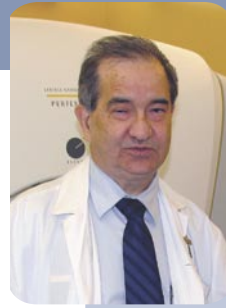
Neuropathic Pain - Dr. Ted St. Godard

Neuropathic pain is caused by a primary lesion or dysfunction in the peripheral or central nervous system. First line treatments include tricyclic antidepressants (nortriptyline, desipramine), selective serotonin/norepinephrine reuptake

inhibitors (venlafaxine, duloxetine), and calcium channel ligands (gabapentin, pregabalin). As an adequate trial of these medications may take several weeks, it is recommended that their use be complemented by an opioid for acute or severe neuropathic cancer pain. Tramadol is equivalent to a mild opioid, with some SNRI properties.

“Looks like lung cancer... what next?”

Lung cancer is the most commonly diagnosed cancer (after skin cancer) in primary care, but even then, the average FP/NP may only see one or two new cases each year. What’s the best way to move from a worrisome chest x-ray to diagnosis and treatment? New guidelines developed under the auspices of the “Bridging General and Specialist Care” project, a collaboration between family physicians and specialists, offers primary care providers the direction they need. A working group of FPs and specialists led by Drs. Jeff Sisler and Helmut Unruh have prepared a pathway, one part of which is reproduced here, that will be utilized as part of the IT system for the project. Please see additional information on page 4.



Ask the Cancer Expert

Dr. Garry Schroeder
Radiation Oncologist
CancerCare Manitoba

Question:

When should a primary care provider think about investigating a patient for a brain tumour?

Answer:

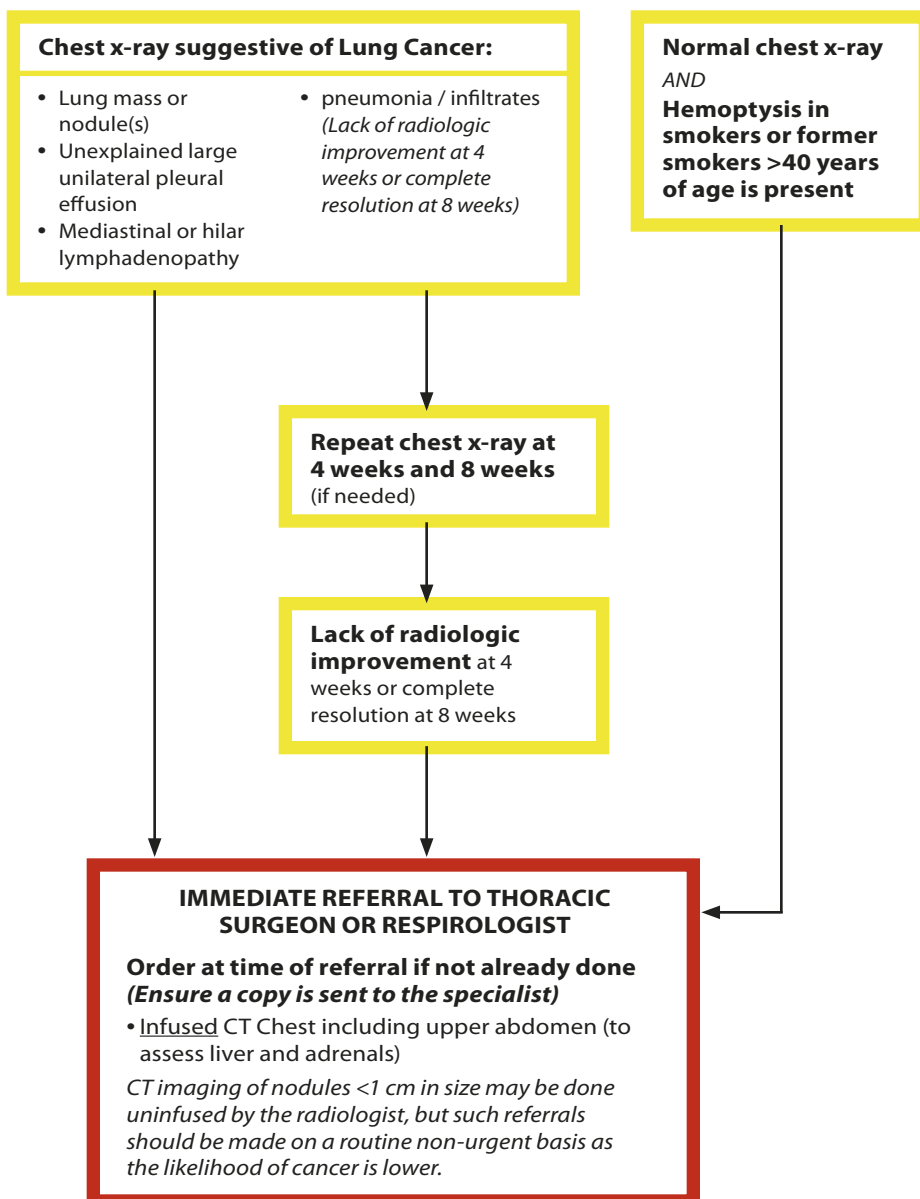
The first symptom that we often think of is a headache. Though that can be the first presentation of a brain tumour, the most common one is a new neurological deficit, which is often thought to be from a stroke. This may be a weak arm or leg, difficulty with speech or understanding, or ataxia. These deficits may be as subtle as someone reporting orange lights off to one side or a visual field defect that makes the person drive into the curb or walk into poles or walls.

The second most common presentation is a personality change. Often the family will say “He/she has been different,” when asked what in particular they have noticed. Confusion/personality changes have presented as driving the wrong way on a road, sitting in a car turning the headlights on and off, or wandering behavior.

Headaches that herald a brain tumour are typically present in the morning when getting up. This is described as “pressure,” and is relieved to a degree by getting up. The person may be awakened by this head pain.

Brain tumours may also present as a seizure, either generalized or partial.

The first investigation you order should be an infused CT. It is easier to get than a MRI scan and is often all you need. Don’t hesitate to pick up the phone and talk to a radiologist if you are very concerned. Contrast infusion is important as it helps identify the tumour.



Age changes at the Manitoba Breast Screening Program

The Manitoba Breast Screening Program (MBSP) has eliminated the upper age limit and is currently accepting women over age 69 if they are asymptomatic, without breast implants and it has been an appropriate time since their last mammogram.

- Physicians have a choice as where to send older women. They can continue to attend at a diagnostic centre or come to the MBSP. Asymptomatic women 50 to 69 years of age should be sent to the screening program.
- Women age 70 to 74, who have attended the MBSP in the last 2 years, will be recalled when they are due to return.
- Women over age 74 will not be recalled but will be accepted if they or their family physician call to make an appointment. We will encourage older women to discuss whether to continue screening with their health care provider. Screening decisions should be decided individually with consideration of such factors as competing illness, life expectancy and the patient's preferences.
- Women age 50 and over can self refer by calling 788-8000 or 1-800-903-9290.

Please call Katie Watters, Manager of Program Development and Education, at 788-8630 if you have further questions.

CancerCare Manitoba Referral Office

(Monday – Friday 0830 -1630)

Closed stat holidays

www.cancercare.mb.ca

FAX: (204) 786-0621

PHONE: (204) 787-2176

Health Sciences Centre
Emergency Referrals:
paging: 787-2071

St. Boniface
Emergency Referrals:
paging: 237-2053

Reminder: Fax – letter of referral; pathology, operative reports, imaging, bloodwork, and any other relevant information as requested according to disease as specified in the CCMB Referral Guide.

Please ensure that patients are aware of the referral.

Lung Cancer (cont. from p. 3)

A few points to note:

- ◇ Referrals for suspected lung cancer are directed to a thoracic surgeon or respirologist first for tissue diagnosis, NOT to CancerCare Manitoba
- ◇ Direct referrals to CCMB are appropriate for palliative radiation therapy for painful bone metastases before the primary cancer is diagnosed
- ◇ CT guided biopsies are not commonly indicated and should be left to the specialist to order

CT scan suggestive of lung cancer (if available)

The following are at a **lower risk** for lung cancer. Any referrals should be made on a **routine** basis:

- Benign or indeterminate nodules <1 cm in size
- Ground glass opacities <1 cm in size, particularly if multiple
- Interstitial lung disease

Information to send with referral:

- Chest x-ray reports (including older reports)
- CT scan reports (including older reports)
- Medical history and medications

Additional information to send with referral (if available):

- Recent pulmonary function test or spirometry report
- CBC, Na, K, Ca, Albumin, Urea, Creatinine, ALT, AST, LDH, GGT, Alk Phos, PTT, Glucose, EKG



Remember the 'Bear Facts!'

Reduce your cancer risk by up to 50%: 1. Be Tobacco Free! 2. Eat Well! 3. Shape Up! 4. Cover Up! 5. Check Up!

 CancerCare Manitoba
FOUNDATION

For more information, or to order free fridge magnets, brochures and colouring pages, go to www.cancercare.mb.ca
204-787-4143/1-877-407-2223



UPCON

Uniting Primary Care and Oncology

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