



CancerCare Manitoba
COMMUNITY ONCOLOGY PROGRAM
Community Cancer Programs | Uniting Primary Care and Oncology

Transitions of Care

Easing the Bumps on the Roller Coaster of Life



Christa Slatnik RN NP CON(c)

Gynecologic Oncology

March 1, 2019

Presenter Disclosure

- **Speaker: Christa Slatnik RN NP CON(c)**
- **Relationships with financial sponsors:**
 - **Travel Support:** Astra Zenica for National Nursing Advisory Board
 - **Travel Support:** GOC for Communities of Practice
 - **Nursing Journal Club Meals:** Astra Zenica
 - **Other:** Employee of CancerCare Manitoba

Mitigating Potential Bias

- I will not discuss any medications related to Astra Zenica
- GOC is a Non-Profit Organization that will not benefit from any information in these slides

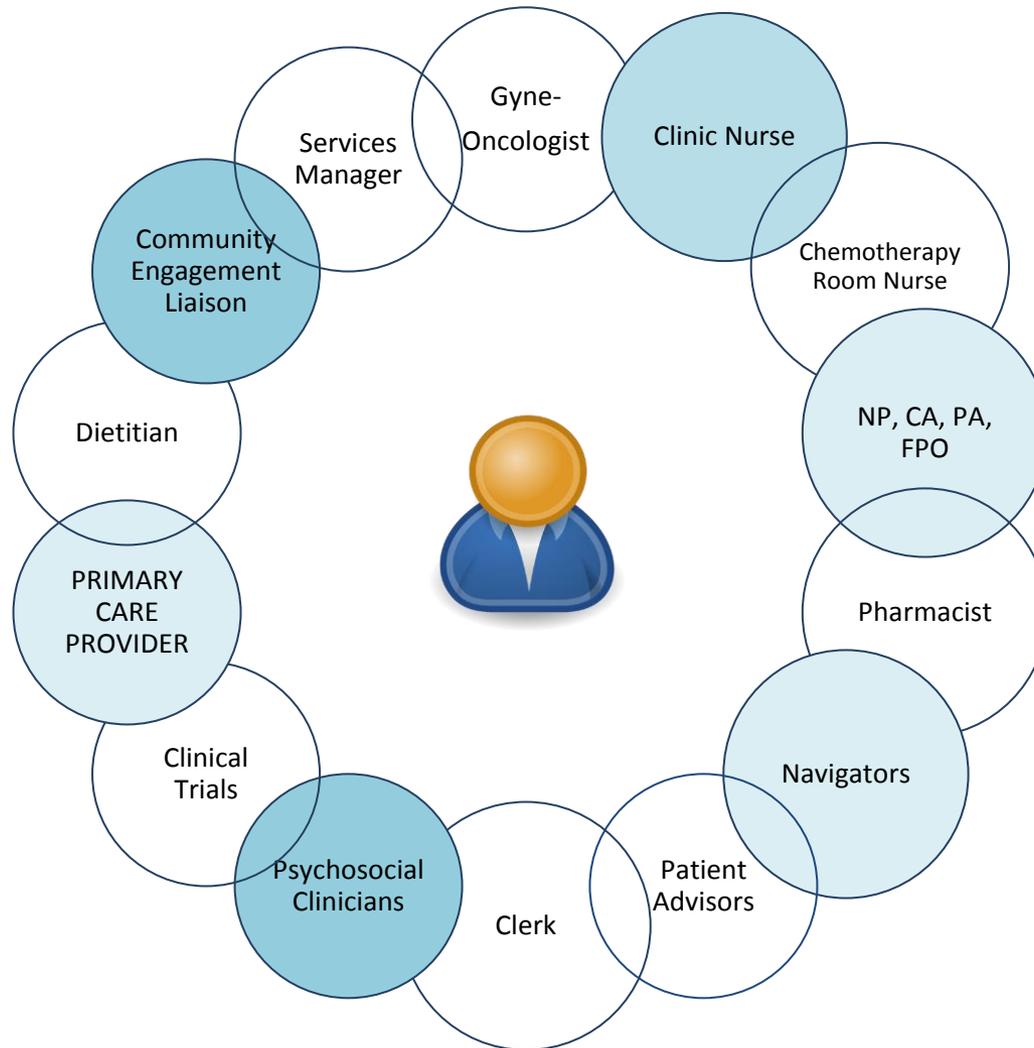
Objectives

- Describe what the rationale is behind Transition Appointments
- Identify different points in a patient's journey that would benefit from a Transition Appointment
- Outline resources available to patients in follow-up, and when living with advanced cancer
- Identify how transition appointments impact your work

Supporting Transitions Initiative

- Transitioning from Diagnostics to Confirmed Malignancy Phase
- Transitioning from Treatment to Follow-up Phase
- Transitioning from Curative to Non-Curative Treatment Phase
(Living with an Advanced Cancer)
- Transitioning from Treatment to Palliative Phase

Oncology Team



Transition Program's Goals

- Improve the experience of the person with cancer and help them “transition well”
- Improve communication between providers at key transition points
- Equip primary care providers with the knowledge and info to support cancer patients
- Improve adherence to recommendations and standards of care



Cancer Treatment Effects

Physical Well
Being and
Symptoms



Psychological
Well Being

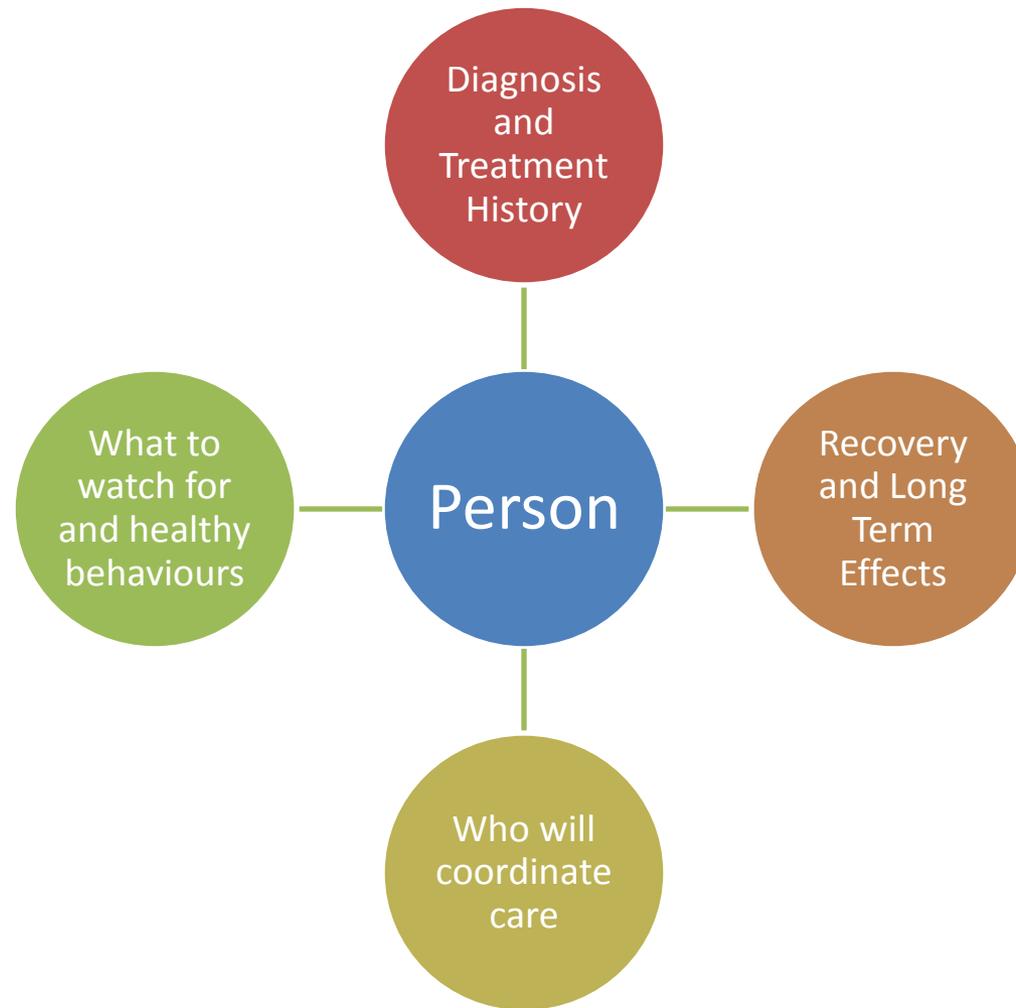
Spiritual Well
Being



Social Well
Being

Hewitt ME. et al. (2006). From Cancer Patient to Cancer Survivor: Lost in Transition. Washington, DC, National Academies Press

Recommended Components: Care Plan



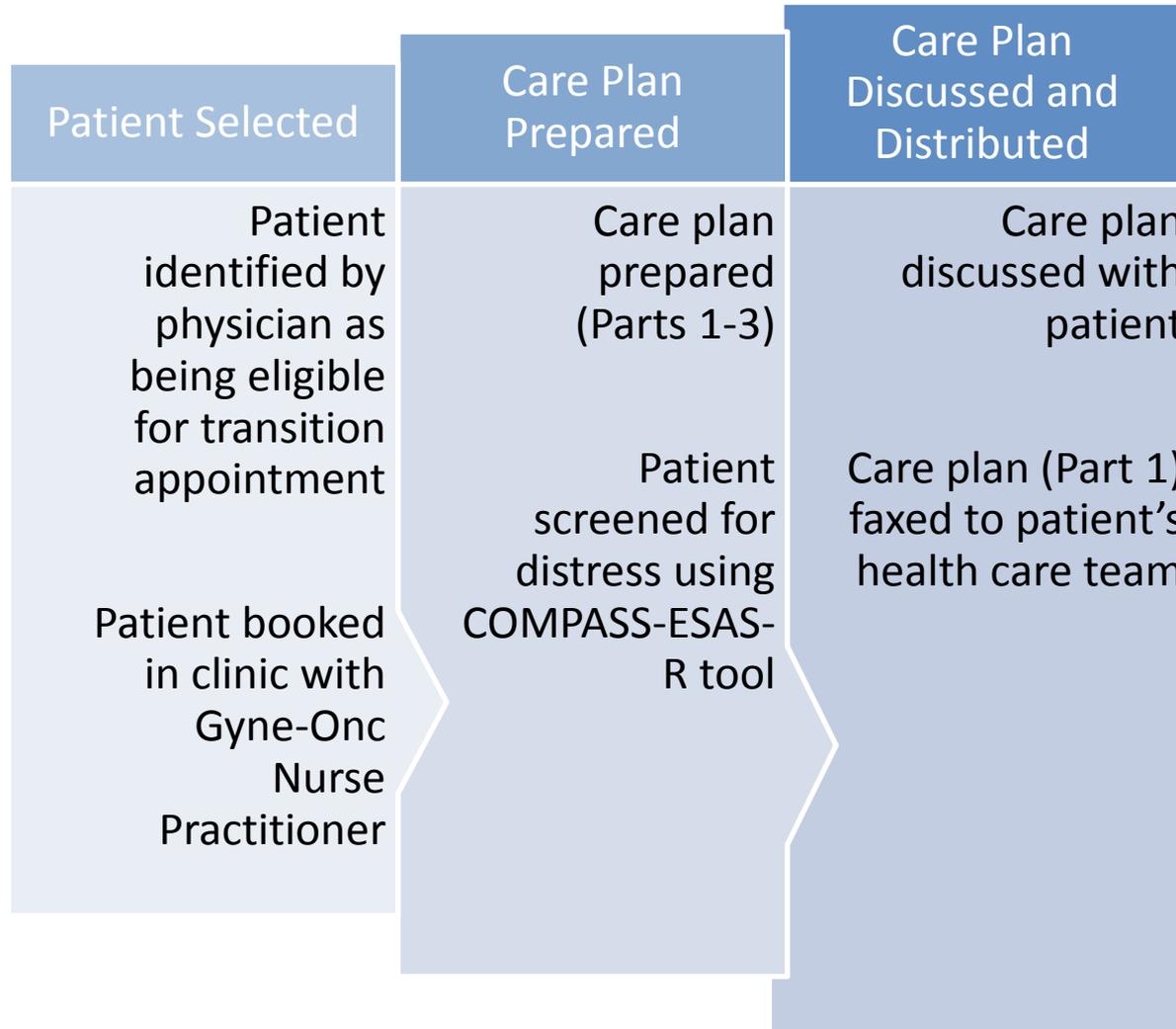
Curative Transition Appointment

Moving *Forward*



Curative Transition Appointment

What is it and when does it happen?



Part 1



Name: [REDACTED]
Birth Date: [REDACTED] Age: 61
Sex: female
CR#: [REDACTED]
PHN#: [REDACTED]

Date: Oct 22, 2018
Author: Christa Sletnik
Printed: Nov 20, 2018
Page: 1

October 22, 2018

RE: Ovarian Cancer Follow-up Care Plan for [REDACTED]

Dear Dr. [REDACTED]

Your patient Cheryl E. Martens, Apr 12, 1967 has completed treatment for ovarian cancer and has no evidence of recurrent disease. Accompanying this letter are two documents for your clinic chart that your patient has already received.

- Follow-Up Recommendations for Ovarian Cancer
- Personalized Cancer Treatment Summary

Your patient has also received a folder containing Ovarian Cancer Follow-up Care Information and a Moving Forward after Cancer Treatment® book that address general issues for all cancer survivors, such as diet, exercise, and emotional recovery.

Your patient will continue to have their ovarian cancer follow-up care and imaging organized by the Gynec-Oncology Team at CancerCare Manitoba.

These documents are for your information to support your important role in caring for this patient. Many cancer recurrences present to the PRNP first even when the patient is being followed at the cancer centre. Your vigilance for symptoms that may indicate recurrence is therefore important, as well as your support around the emotional and physical recovery, the management of the other medical conditions and their needs for health promotion and prevention. You will be sent updated information if the patient's follow-up care is transferred to you in the future.

More information for health care providers about follow-up care issues and resources for ovarian, fallopian tube and peritoneal cancer patients can be found on the web at: www.cancercare.mb.ca/followupcare

Topics include:

- Cancer Recurrence
- Other Medical Tests
- Exercise & Activity
- Diet & Nutrition
- Cancer Problems, Side Effects and Resources
- Cancer Patient Support and Resources

Thank you very much for your care and commitment to the care of cancer patients and their families.

Sincerely,

Christa Sletnik, RN, NP(CO(NC))
CCMB Gynec-Oncology

Part 1

Follow-Up Recommendations for Ovarian Cancer

Can our Question? Expert Help for Primary Care call-text ► 204-228-2282 email ► cancerquestion@cancercare.mb.ca

FOLLOW-UP

	Years 1 & 2	Year 3	Years 4 & 5	Year 6+
Medical Follow-Up Care Appointment: Focused history & physical, bimanual pelvic and rectal	Every 3 months	Every 4 months	Every 6 months	Yearly
Blood work CA 125 if initially elevated (only if concerning symptoms are present)	Not Routine	Not Routine	Not Routine	Not Routine
CT Imaging (infused): Chest/ Abdomen/ Pelvis (Only if concerning symptoms are present)	Not Routine	Not Routine	Not Routine	Not Routine
Monitoring: Possible side effects of treatment	Sexual function, peripheral neuropathy (nerve pain), bowel and bladder function, memory and concentration issues & psychosocial issues.			

Medical Appointments

- o A focused history and physical with abdominal assessment including bimanual and pelvic rectal examination.
- o Inquire about new symptoms such as abdominal, back, or pelvic pain or pressure, nausea/indigestion, abdominal bloating, increased abdominal size, anorexia or early satiety, urinary changes such as increased urgency and/or frequency, bowel changes such as constipation, diarrhea, or thin/pencil like stools.

Bloodwork

- o Routine CA125's have not been shown to improve overall survival therefore are routinely not done unless concerning symptoms arise. CA 125 may be drawn at each visit in Years 1, 2 and 3, if initially elevated, however this is typically only if the patient requests it.
- o For a CA125 result above the upper limit of normal, repeat the test in 4-6 weeks.
- o Other blood tests, such as liver function tests (LFTs) and blood counts (CBCs) are NOT recommended for follow-up

CT Imaging

- o Follow-up CT imaging of the abdomen and pelvis is performed only if symptomatic for recurrence or if indicated by physical exam.

Monitoring

- o Chemotherapy induced peripheral neuropathy usually resolves with time, and can be treated by using tricyclics (desipramine, nortriptyline), anti-convulsants (gabapentin, pregabalin), opioids or SSNRIs (venlafaxine).

Part 1

Ovarian Cancer 5+ Year Follow-Up Appointment Schedule



Year 1	0 + 3 months	• Medical Appointment	Gyne-Oncology Team
	0 + 6 months	• Medical Appointment	Gyne-Oncology Team
	0 + 9 months	• Medical Appointment	Gyne-Oncology Team
	1 year	• Medical Appointment	Gyne-Oncology Team
Year 2	1 year + 3 months	• Medical Appointment	Gyne-Oncology Team
	1 year + 6 months	• Medical Appointment	Gyne-Oncology Team
	1 year + 9 months	• Medical Appointment	Gyne-Oncology Team
	2 years	• Medical Appointment	Gyne-Oncology Team
Year 3	2 years + 4 months	• Medical Appointment	Gyne-Oncology Team
	2 years 8 months	• Medical Appointment	Gyne-Oncology Team
	3 years	• Medical Appointment	Gyne-Oncology Team
Year 4	3 years + 6 months	• Medical Appointment	Gyne-Oncology Team
	4 years	• Medical Appointment	Gyne-Oncology Team
Year 5	4 years + 6 months	• Medical Appointment	Gyne-Oncology Team
	5 years	• Medical Appointment	Gyne-Oncology Team
Year 6**	Discharged from CancerCare Manitoba -6 years	• Medical Appointment	Primary Care Provider



**Follow-up care is completely transferred to the primary care provider on the 6th year post treatment.



Follow-Up Care Plan
Part 1
Treatment Summary

Patient Name Testpatient, MedRec10
CR# T3434343
Date of birth 06-Mar-1931

Part 1

Cancer Team	Surgery
Quack, Ima Medical Oncologist Dear, Jim T Medical Oncologist Lozar, Mr. Bernie L Administration Szwajcer, Dr. David Hematologist / Oncologist Sigvaldason, Heather Physician Assistant Dear, Jim T Medical Oncologist	Surgery Date: 02-May-2017 Lymph Nodes Removed: 2 Laterality: Bilateral Lymph Nodes w Cancer: 0 Surgery: Mastectomy <hr/> Surgery Date: Lymph Nodes Removed: Laterality: Lymph Nodes w Cancer: Surgery:
Cancer Information	Hormonal Therapy

Type of Cancer:

ER: Negative

PR:

HER2: Positive

Staging at Time of Surgery (based on Pathology)

0 Tis N0 M0

Initial Clinical Staging (if chemo is first treatment)

I T1 N0 M0

Treatment Regimen

FEC-D: fluorouracil (5FU), epirubicin, cyclophosphamide

Drugs Received

fluorouracil

7,200 mg (at 2,400 mg/m²) Solution Intravenous
irinotecan

520 mg (at 180 mg/m²) Solution Intravenous
(1)

Rituximab

T-DM1 (Kadcyla)

trastuzumab (ADJ)

688 mg (at 8 mg/Kg) Intravenous once continuous over 90 minutes in NS 250 mL (2)

Radiation

Radiation received and Date Completed

Diagnostic Mammogram

Date of most recent mammogram: 14-Dec-2018

Location of Test: Left breast

Result: Negative

Next mammogram date

Please Order: Y

Already order with a copy to Family Physician: N

Location of next test: Both breasts

Health Issues after Treatment

Fatigue

Comments:

Patient is doing well.

Important caution: This is a summary document whose purpose is to review the highlights of the cancer diagnosis and treatment experience for this patient. This does not replace information available in the medical record, a complete medical history provided by the patient, examination and diagnostic information, or educational materials that describe strategies for coping with cancer, radiotherapy and chemotherapy in detail. Both medical science and an individual's health care needs change, and therefore this document is current only as of the date of preparation. This summary document does not prescribe or recommend any particular medical treatment or care for rectal cancer or any other disease and does not substitute for the independent medical judgment of the treating professional.

Part 2

Ovarian, Fallopian Tube or Peritoneal Cancer Information

Follow-Up Care Plan

>PART 2 OF 3

Information and resources for ovarian, fallopian tube, or peritoneal cancer patients in Manitoba after completion of treatment.

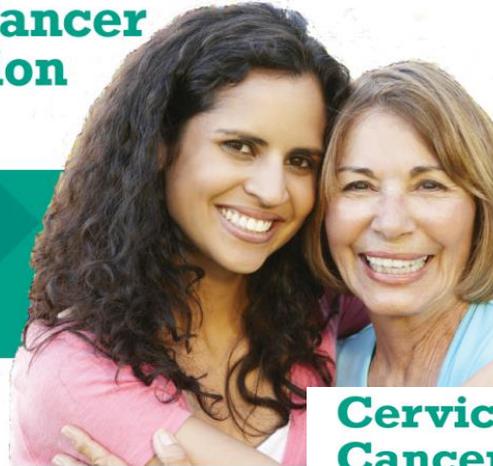


Uterine Cancer Information

Follow-Up Care Plan

>PART 2 OF 3

Information and resources for uterine cancer patients in Manitoba after completion of treatment.



Cervical Cancer Information

Follow-Up Care Plan

>PART 2 OF 3

Information and resources for cervical cancer patients in Manitoba after completion of treatment.



Part 2

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Part 2

What to Watch For: Be Alert To The Following Signs

Please notify your gyne-oncology team and your primary care provider if you notice any of these changes in your health **as soon as possible** as they may indicate a recurrence:

- bloating, bladder issues, and bleeding, as well as an increase in the size of your abdomen (all happening at the same time)
- any unexplained bleeding
- new or unexplained pain in your pelvis
- increased size of your abdomen
- new lumps in your neck and groin area

Notify your gyne-oncology team and your primary care provider if these **symptoms are new to you and last more than three weeks:**

- a change in your bowel movements, especially looser stools or constipation
- a new pain or pressure in your abdomen, back, or pelvis
- bloating and increased abdominal size
- large change in energy or ability to be active
- vomiting that lasts more than a few days
- indigestion
- nausea
- loss of appetite
- feeling full quickly or difficulty eating
- unexplained weight loss
- increase in need to urinate (pee) or urinating more frequently
- lack of bladder control
- inability to fully empty bladder
- fatigue (feeling constantly tired)

Part 2

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Part 3

Moving Forward after Cancer Treatment



Follow-Up Care Plan

>PART 3 OF 3



Information and resources for
cancer patients in Manitoba
after completion of treatment.



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FOUNDATION

All funds raised stay in Manitoba.

CancerCareManitoba
COMMUNITY ONCOLOGY PROGRAM

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Resources for Work

• www.cancerandwork.ca



• www.cancerandcareers.org



CANCER AND CAREERS CONVERSATION STARTERS **A CHECKLIST** FOR HEALTHCARE PROFESSIONALS

Below is a checklist of suggested questions geared toward helping you facilitate a conversation between you and your patient about some of the issues around balancing work and cancer. A printable copy of this checklist can be downloaded at www.cancerandcareers.org.

HEALTH

- Have you asked your oncologist about common ways that your diagnosis, medication or treatment could affect your job performance?
- Have you found out the specific details about all of your medications and treatments, including common side effects?

WORK

- What type of work do you do? Be specific about tasks/responsibilities.
- What is the culture like at your job? (Is it small? Corporate? Close-knit/familial?)
- Do you have any concerns about working through treatment? If so, what are they?
- Have you explained to your oncologist exactly what your job entails along with any unique circumstances you'll be living with?
- Have you located your employee handbook or company policy manual? If yes, have you read it? Do you have any questions about what you've read?
- Are you concerned about disclosing your diagnosis at work [at school, or to other people in your life]?
- Are you familiar with any stress relief techniques that you can use in your workplace when things feel overwhelming or causing anxiety?
- Are you familiar with tips/solutions to help you cope with treatment side effects that you may encounter in the workplace?

Navigation

Dear Patient,

You and your loved ones may have many questions regarding your cancer journey. This letter is to inform you that Cancer Navigation Services is still here to help and is available to you and your family.

It is normal to feel mentally or physically different than you did prior to your diagnosis and to struggle with feelings of uncertainty. We often hear from patients and family members that these changes are more challenging than expected.

We want you to know that your Cancer Navigation Services team is here to:

- Assist and support you and your family through this transition
- Answer your questions and offer strategies and practical tips to assist you
- Help you with issues you may be experiencing such as: feeling tired, pain, symptoms related to your cancer or treatment, fears, physical changes, nutritional concerns, and issues with relationships, sexuality, finances and other practical concerns

The timing of your future appointments may be changing and your primary care provider may be taking a bigger role in managing your care moving forward.

Cancer Navigation Services can be a resource and support to you now and in the future.

Please do not hesitate to contact Cancer Navigation Services in your region for assistance at any time.

Curative Transition Appointment Guidelines

Specific Diagnosis	Transition Appointment Timing
Colorectal (stage II and III)	Appt after post treatment CT scan
Breast (stage I-III)	After post treatment mammogram and/or 6 weeks after starting endocrine therapy
Lymphoma (DLBCL, Indolent, Hodgkins)	After two years of maintenance Rituximab or two years of follow up post treatment (highest rate of recurrence in first two years)
Gynecology (ovarian, fallopian, peritoneal, cervical, uterine)	1 Month after last treatment
Acute Myeloid Leukemia	Post Consolidation #3 Bone Marrow
Acute Promyelocytic Leukemia	Post Maintenance Chemotherapy
Acute Lymphoblastic Leukemia	Post Maintenance Chemotherapy
Prostate	Post completion of Radiation Therapy

Living with Advanced Cancer

Changing *FOCUS*

*Living with
Advanced Cancer*



Advanced Cancer Part 1



Re: Follow-Up Care for

Dear _____

Your patient has been seen for the management of their advanced cancer. The focus of any treatment at this time will be on managing symptoms and improving quality of life. Treatment with chemotherapy, radiation or hormone therapy is indicated in some patients to achieve these goals.

Accompanying this letter are two documents for your clinic chart that your patient has already received:

- Advanced Cancer Care Plan
- Personalized Cancer Treatment Summary

Your patient has received a copy of the individual patient plan, the advanced cancer care plan as well as a folder containing a 3 part series called "Changing Focus: Living with Advanced Cancer". These booklets contain information addressing generic issues for advanced cancer patients such as symptom management, advance care planning, as well as specific information for family/caregivers.

Your patient and their family/caregiver are welcome to access the supports available at CCMB through Patient and Family Support Services at any time at 204-787-2109.

Your patient is now being returned to you for supervision of their advanced cancer follow-up care, including symptom management, medication management, and palliative care involvement. She/he has been asked to make an appointment with you to discuss follow-up care.

Your patient will continue to have their cancer related management occur at CancerCare Manitoba and you will be informed of their status regularly by:

- CancerCare Manitoba
- Your Community Cancer Program

Please note that the "Advanced Cancer Care Plan" page gives specific direction for you about symptom management, advanced care planning, and referring the patient back to CCMB if there is a concern. Your patient remains welcome to access the supports available at CCMB through Patient and Family Support Services.

Your patient's primary oncology team will be available for consultation of disease concerns. The ULIH & Symptom clinic is also available to assist in managing symptom issues as they arise.

More information for health care providers about issues and resources for advanced cancer patients can be found at www.cancercares.mb.ca/advancecare. Topics include:

- Family/Caregiver Resources
- Advanced Care Planning
- Changing Focus 4 Part Series
- Palliative Care Resources and Forms
- Information on Symptom Management

Some excellent resources available online for health care providers and families are the Canadian Virtual Hospice www.virtualhospice.ca. Seek Up national health planning resource <http://www.educationcanada.ca> and the WRHA Advanced Care Planning site www.wrha.mb.ca/acc. In addition please feel free to access the Cancer Question Help Line (For Health Care Providers) at 204-226-2268.

Thank you very much for your commitment to the care of cancer patients and their families. Sincerely,

CCMB Medical Oncologist CCMB Radiation Oncologist Surgeon Family Physician in Oncology CCP

CCMB Patient Navigator Palliative Care Program

* The Follow-Up Care Plan documents are new tools created by CancerCare Manitoba. Contact us for further information or with feedback/suggestions of translations@ccmbcancer.mb.ca.



Personalized Cancer Summary

Date Prepared: _____

1. My Personal Information CR # _____ Date of birth _____ (dd/mm/yr)	
2. My Cancer Team Family Practitioner _____ CCMB Primary Nurse _____ Medical Oncologist _____ Radiation Oncologist _____ Psychosocial Provider _____	
3. My Cancer Information Type of Cancer: _____ Location of metastasis (where the cancer has spread): <input type="checkbox"/> Abdomen <input type="checkbox"/> Bone <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input type="checkbox"/> Lung <input type="checkbox"/> Lymph node(s) <input type="checkbox"/> Other _____ No Surgery <input type="checkbox"/>	
4. My Cancer Treatment Chemotherapy/Regime, number of cycles, stop date: _____ Radiation therapy Location(s) and date completed: _____ No Radiation <input type="checkbox"/>	
5. Palliative Care Referral Submitted <input type="checkbox"/> Yes Date _____ (dd/mm/yr) <input type="checkbox"/> No <input type="checkbox"/> Other _____	
6. ECOG Performance Status (Palliative Performance Scale = PPS) <input type="checkbox"/> 0 - Fully active, able to carry on all pre-disease performance without restriction (PPS = 100%) <input type="checkbox"/> 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, eg. Light house work, office work (PPS = 80-90%) <input type="checkbox"/> 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours (PPS = 60-70%) <input type="checkbox"/> 3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours (PPS = 40-50%) <input type="checkbox"/> 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair. (PPS = 10-30%)	
7. Current Emotional Symptoms <input type="checkbox"/> Agitation <input type="checkbox"/> Intimacy/Sexuality <input type="checkbox"/> Anxiety <input type="checkbox"/> Other _____ <input type="checkbox"/> Depression <input type="checkbox"/> Other _____ No Surgery <input type="checkbox"/>	
8. Current Physical Symptoms <input type="checkbox"/> Abdominal distention (stomach swelling) <input type="checkbox"/> Anorexia (Lack of appetite) <input type="checkbox"/> Bloating issues <input type="checkbox"/> Bowel/Bowel incontinence (Loss of bladder/bowel control) <input type="checkbox"/> Bleeding <input type="checkbox"/> Confusion <input type="checkbox"/> Concentration/Memory issues <input type="checkbox"/> Constipation (trouble moving bowels) <input type="checkbox"/> Cough <input type="checkbox"/> Dizziness <input type="checkbox"/> Edema (Swelling) <input type="checkbox"/> Fatigue (Feeling tired) <input type="checkbox"/> Hoarseness (Coughing up blood) <input type="checkbox"/> Hypercalcemia (High calcium level in the blood) <input type="checkbox"/> Loss of weight <input type="checkbox"/> Mouth sores <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Nausea (Upset stomach) <input type="checkbox"/> Neuropathy (Damage to nerves) <input type="checkbox"/> Pain <input type="checkbox"/> Shortness of breath (Difficulty breathing) <input type="checkbox"/> Skin rash <input type="checkbox"/> Sleep disturbance (trouble sleeping) <input type="checkbox"/> Swallowing problems <input type="checkbox"/> Vision problems <input type="checkbox"/> Vomiting <input type="checkbox"/> Wound care <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
Additional Comments _____ _____ _____	



Advanced Cancer Care Plan

Patient Last Name: _____

CARE PLAN	ACTIONS
Advance Care Planning & Decision Making	<ul style="list-style-type: none"> Ongoing discussion to identify goals of care and desire for treatment Complete advance care plan and revise as indicated Discuss a health care directive and ensure a proxy (substitute decision maker) is determined
Symptom Assessment & Management	<ul style="list-style-type: none"> Perform a thorough symptom assessment at each clinic appointment. Adjust medications as required Assess common symptoms, such as pain, feeling tired (fatigue), lack of appetite (anorexia), upset stomach (nausea and vomiting), shortness of breath (dyspnea), trouble moving bowels (constipation), depression, trouble seeing and confusion. Discuss how medications will be ordered and managed if the patient is unable to physically come to your clinic.
Medical Management	<ul style="list-style-type: none"> Ordering blood work and tests should be based on current goals of care after discussion with the patient about the burdens and benefits.
Palliative Care Involvement	<ul style="list-style-type: none"> Determine patient's goals of care and when/if application to the local Palliative Care Program should be sent (if not already lined with program) Access Palliative Care Consultation services as required
Progression of Disease	<ul style="list-style-type: none"> Inform patient about physical changes and signs of cancer progression.
Emotional Impacts of Cancer	<ul style="list-style-type: none"> Address emotional impacts of cancer with patient and family. Access CancerCare Manitoba's (CCMB) Patient and Family Support Services at 204-787-2109 for assistance, referrals, or information. Check for resources available with your local Palliative Care Program. Encourage the patient and family to utilize the Changing Focus series provided to them.

Drug Programs - The patient can be on either the Palliative Care Drug Access Program or the Home Cancer Drug Program, not both. For assistance with managing drug access, contact the CancerCare Manitoba Pharmacy at 204-787-1302. If a person with Indian Status is having delays or issues with First Nations, Inuit Health Benefits (FNIB) Non-insured Health Benefits (NIHB) program, please contact the CCMB Patient Access Coordinator at 204-787-4996 or toll-free at 1-855-684-4395

Cancer Emergencies to Look Out For

Venous Thrombosis (blood clot in a vein) - may develop more frequently in patients diagnosed with cancer

- Swelling in the leg/arm
- Redness or increased warmth to the area where clot occurs
- Itchy cough
- Shortness of breath
- Fast pulse
- Hoarse breathing

Spinal Cord Compression - may occur with bone metastases in the spine

- Loss of bowel or bladder control or change in bowel/urinary habits
- Muscle weakness (heaviness) in the legs
- Tingling or cramping in the arms, hands, or legs
- Loss of sensation in the torso or legs

Superior Vena Cava Syndrome - may occur if tumor or enlarged lymph nodes press on the vein close to the heart

- Swelling of the face, neck, upper body, and arms
- Difficulty breathing
- Headache and lightheadedness

****NOTE FOR PATIENTS: Go to your emergency department or nursing station if you experience any of these symptoms. Not all patients will encounter the above three emergencies.**

For Health Care Providers Only
Physician Consultation for Oncology Issues: <ul style="list-style-type: none"> CCMB oncologist on call: 204-787-2071 for urgent consultation
Physician Consultation for Symptom Management and Palliative Care Issues: <ul style="list-style-type: none"> Physicians or Nurse Practitioners from anywhere in the province may contact: <ul style="list-style-type: none"> CCMB Pain & Symptom physician on call (Mon-Fri, office hours) at: 204-237-2033 for suggestions on managing symptoms The WRHA Palliative Care Program physician on call (available 24/7) through St. Boniface Paging: 204-237-2653
Referrals to CancerCare Manitoba (CCMB): <ul style="list-style-type: none"> Fax referrals to the CCMB Referral Office at 204-786-6921 Patient will be contacted in 2-3 working days (target) once referral is received. Please do NOT send letters directly to the Oncologist, as this may delay the patient's appointment if that doctor is unavailable for some reason.

Advanced Cancer Parts 2, 3 & 4

Advanced Cancer Patient Information

Emotional and Practical Aspects of Care

►PART 2 OF 4

Information and resources for patients living with advanced cancer in Manitoba.



Advanced Cancer Patient Information

Managing Symptoms

►PART 3 OF 4

Information and resources for patients living with advanced cancer in Manitoba.



When Someone You Love Has Advanced Cancer

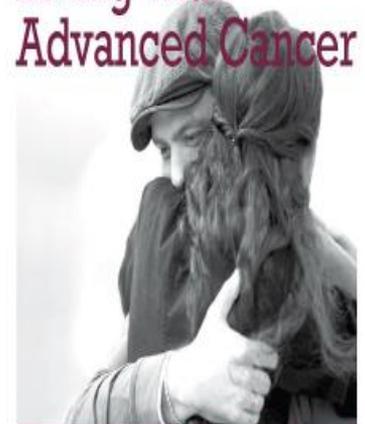
Support for Family and Caregivers

►PART 4 OF 4

Information and resources for patients living with advanced cancer in Manitoba.



Living with Advanced Cancer



Information and support for patients and families

Do you have questions about decision making and support moving forward? We can help.

Service available in Winnipeg and throughout the province.

Please call: 204-787-2109 or toll-free at 1-866-561-1026 and ask for Psychosocial Oncology



Review Resources



Expressive Art Program— Exploring the cancer experience through art

Treating cancer places a lot of attention on the specific part of the body affected by it. CancerCare Manitoba's Expressive Art Group provides people living with cancer a chance to reconnect with their whole selves through the arts.



- The Expressive Art Group is not an art class. The group combines counselling and creative expression through art for people who have been treated for type of cancer in the past two years.
- Art activities include journaling, collage making, and working with pen and pastels to create art (all materials are provided).
- This ten-week program runs three times a year.

Miriam Duff combines her knowledge and experience as a counsellor at CancerCare Manitoba and special training in Expressive Arts Therapy to facilitate the group. Miriam says that although people often overlook it, everyone is born with imagination and has a creative voice. Through different activities, participants begin opening up to the creative part of themselves that can get left behind during treatment.

"For me, it was learning how to express my feelings through art at any point in my life," said one participant. "This group provided me with new and valuable tools I can use in my cancer journey and beyond. The group provides a safe place to experiment and gives people the opportunity to share in an expressive manner." At first she was reluctant to join because she did not see herself as an "artsy" person, but she said creating unique art and her own amazing mandala – a symbol representing reunifying the self to wholeness – was very meaningful.



For more information and to register, call Patient and Family Support Services at 204-787-2109.

Funding support for this program is generously provided by our CancerCare Manitoba Foundation.

November 2018

Where to Find Us:

- | | |
|--|----------------|
| CancerCare Manitoba
675 McDermot Ave. | 204-787-2197 |
| St. Boniface Unit
O Block—409 Tache Ave. | 204-237-2559 |
| Toll Free both units | 1-866-561-1026 |
| Patient and Family Support Services:
Psychosocial Oncology
675 McDermot Ave. | 204-787-2109 |
| St. Boniface Unit | 204-237-2007 |
| Nutrition Services | 204-787-2109 |
| Patient and Family Resource Centre | 204-787-4357 |
| Guardian Angel Caring Room
675 McDermot Ave. | 204-787-4180 |
| St. Boniface Unit | 204-237-2789 |
| Breast & Gynecology Cancer Centre of Hope
691 Wolseley Ave | 204-788-8080 |
| Toll Free | 1-888-660-4866 |
| Sexuality counselling | 204-787-4495 |
| Community Oncology Program | 204-784-0225 |
| Patient Representative | 204-787-2065 |



and practical issues related to cancer can be found in the following programs and resources:

Find Cancer Information: Main floor, CCMB, 675 McDermot Ave.

Emotional and Support: Nurses are available for emotional support, understanding, decision-making, and information about the Manitoba Breast Cancer Program at 204-788-8080 or toll free 1-888-660-4866.

Dealing with Cancer: Help your family deal with the emotional challenges of cancer. Call 204-787-2109 or toll-free 1-866-561-1026.

Wigs and Tummy Covers: Two locations, Main floor, St. Boniface Hospital Oncology, 675 McDermot Ave.

Foundation

Questions or concerns about your care at CancerCare Manitoba? Call 204-787-2065, ext. 1212. Call 204-787-2065, ext. 1212 or toll-free 1-855-881-4395.

Programs

Chemotherapy Support: Northern Manitobans receive chemotherapy support at the St. Boniface Hospital, or call 204-784-0225 or toll-free 1-866-561-1026.

204-787-2109

Manitoba website at www.cancer.mb.ca.

Supported by:
CancerCare Manitoba FOUNDATION

All funds raised stay in Manitoba.

Parking

We know that parking at CancerCare Manitoba can be a challenge. Here are some tips:
Handicap Parking (limited space): 675 McDermot Ave.—on the street at the main entrance to CCMB.

St. Boniface Unit—near the CancerCare Manitoba entrance.

Street Parking: There is metered parking around 675 McDermot Ave. and metered 2-hr parking around the St. Boniface Unit.

Closest parkade to 675 McDermot Ave: The Manitoba Clinic at 790 Sherbrook St.

Closest parkade to the St. Boniface Unit: On the south side of the St. Boniface Hospital, directly across from the CancerCare Manitoba entrance located in the southwest wing of the hospital.

For more information regarding parkades and weekly passes, please call the Health Sciences Centre at 204-787-2715 or the St. Boniface General Hospital at 204-237-2319 during regular working hours.

Transportation:

The Canadian Cancer Society (CCS) Wheels of Hope transportation services is a volunteer led program that provides safe and reliable rides to and from cancer-specific appointments. A minimum of 3 working days notice is required. For information on fees and to register for the program, call 1-800-263-6750 or visit the CCS Driver Office in room ON1010 on the main floor of CCMB at 675 McDermot Ave.

Telephone peer support: CCS offers support through talking with a volunteer who has had a similar cancer experience. Call 1-888-939-3333.



Review Resources

Program Descriptions:

Registration Required. Please call to find out which program is the best fit for you.

Support Groups:

Bladder Cancer Support Group: For patients, caregivers & friends. Call/text Terrol 204-782-7926 or Jan 204-771-8942.

Winnipegssupport@bladdercancerCanada.org

Support Group for Younger Women with Breast Cancer: Call Stephanie 204-258-1004.

Support Groups for Women Living with Metastatic Breast Cancer: Call Linda 204-787-4645.

Breast Cancer Support Group: For women who have completed treatment for **primary** breast cancer in the past 12 months. Call Cheryl 204-235-3186.

CancerChat Canada Online Support Groups for Patients & Families: Call Elizabeth 204-787-2109 or register online at www.cancerchatCanada.ca (1-800-663-3333 ext 4965) or info@cancerchatCanada.ca.

Caregiver Support Group: Are you helping a loved one through cancer and looking for support? Call Melanie 204-237-2464.

Gyne Cancer Coffee Group: Monthly sessions for those diagnosed with a gynecological cancer. Call 204-788-8080.

Head & Neck Cancer Support Group: Call Miriam 204-787-2062.

"Who Am I Now?" Narrative Practice Support Group for women who have completed treatment of any type of cancer. Call Patti 204-258-1073.

Young Adult Cancer Support (YACS) For young adults between 18 and 35. Call Ian 204-787-2191.

Other Programs:

Before Breast Cancer Surgery Information Session: Call 204-235-3906.

After Breast Cancer Surgery Information Session: Call 204-235-3906

Breast Reconstruction Information Sessions: Call 204-788-8080.

Bone Health After Breast Cancer: Educational session for breast cancer patients to reduce their risk of developing osteoporosis. Call Beth 204-235-3646.

Expressive Art Group: A 10-week program of combined counselling & creative expression through art. For individuals treated for any type of cancer in the past 2 years. Call Miriam 204-787-2062.

Let's Get Physical! An exercise program for breast cancer patients with arm, chest or breast lymphedema. Concordia Place, 1000 Molson St. Call 204-235-3691.

Look Good Feel Better: Learn ways of managing appearance-related side effects. Register online at www.lgfb.ca or call 1-800-914-5665.

Moving Forward After Breast or Gyne Cancer: A group session for those who have finished treatment. Family members welcome. Call 204-788-8080.

Moving Forward After Cancer Wellness Program: A 10-week program for cancer patients who have completed treatment in the last 2 years. Designed to help transition from active treatment to life after treatment. Call 204-787-2109.

Preparing for Gyne Surgery Information Session: Call 204-788-8080.

Quit Smoking program: A personalized program to help quit tobacco use. Call 204-787-1202 or 1-800-775-9899.

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CCMB LOOK GOOD FEEL
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Registration online at lgf

Hope at All Transitions

- Transition to New Diagnosis and to **Follow-up**
 - Hope for Cure
 - Hope for Quick Recovery
- Transition to Recurrent Disease
 - Hope for Remission
 - Hope for Miracle, Hope for Research
- Transition to Living with an **Advanced Cancer**
 - Hope to Control the Disease
- Transition to Palliative
 - Hope to live until a special event
 - Hope for Quality of Life, no nausea, no pain
 - Hope for a peaceful End-of-Life



Summary

- Transitions take place at a variety of points throughout the cancer patient journey from diagnosis to follow-up, living with advanced cancer to palliative care
- Transition Appointments ensure resources and supports are in place, symptoms are managed, and care plans are shared with the health care team
- A variety of resources exist for survivorship and living with an advanced cancer, so it is important to ensure our patients are aware and how to access
- All members of health care team can work towards supporting/redirecting our patients hopes



Contact:

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204-787-1955

cslatnik@cancercare.mb.ca

Tara Carpenter-Kellett

204-784-0210

tcarpenterkellett2@cancercare.mb.ca

transitions@cancercare.mb.ca

www.cancercare.mb.ca/For-Health-Professionals/follow-up-care-resources/index.html

www.cancercare.mb.ca/Treatments/living-with-advanced-cancer

Dr. Joel Gingerich

Medical Director

204-787-1510

jgingerich@cancercare.mb.ca