### Work-Up of Suspected BREAST CANCER

**RISK FACTORS:** Family history suggestive of hereditary breast cancer.

**LOW RISK FEATURES:**
1. Diffuse nodularity, no discrete lump;
2. Mastalgia (unilateral or bilateral) without a discrete lump;
3. Nipple Discharge is not bloody or bilateral or not spontaneous
   - May refer to a specialist on a non-urgent basis, if necessary. Consider non-urgent diagnostic mammogram

**DIRECT REFERRAL:** As of Feb. 2, 2015, Radiologists who perform diagnostic breast imaging (u/s or diagnostic mammography) will arrange for any required follow-up testing. (eg: image-guided biopsy)

**PRACTICE POINTS:**
- All referrals sent within 24 hrs of visit. Provide complete information as requested to avoid delays. Ensure patient and family is well informed and receives appointment information. If patient is in distress, offer referral to local counsellor, Nurse Navigator or call the Breast Cancer Navigator at the Breast Cancer Centre of Hope (pg.4.)
- See Supporting Information for Clinicians (pg 4-5) for contacts and resources.
- Contact the Cancer Question Helpline for Primary Care for assistance.

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### Urgent

**Obvious extensive breast cancer**
- large, fixed mass with skin changes +/- axillary lymph nodes
- *for help with symptom management, call the WRHA Palliative Care MD on call*
- *for wound care, consult Home Care*

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**Screening Site reports mammogram as suspicious for cancer with biopsy recommended and direct refers patient to biopsy**
- Primary Care receives report and confirmation of biopsy appointment.
- Primary Care contacts patient and discloses results and explains next steps.

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**Unilateral Nipple changes***
- distortion
- bloody discharge
- dermatitis-like rash limited to the nipple, not responding to 2 weeks of topical steroid

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**Breast Lump**
- discrete, palpable, firm

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**Mastitis not resolving with 1 course of antibiotics.**

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### Urgent / In Sixty

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*Unilateral nipple changes merit surgical referral even if mammogram normal.*

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Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation. Only requisitions for patients who fit the red pathway should be noted as “urgent” to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway. Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.

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*In Sixty* 

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All referrals / orders sent within 24 hrs of visit

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Timeline and Legend pg.6

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*Unilateral nipple changes merit surgical referral even if mammogram normal.*
Diagnostic & Treatment Plan Pathway: BREAST CANCER

PRACTICE POINTS: Ensure patient is well informed and receives appointment information. Offer patients connections with psychosocial clinicians and cancer navigation services (See Supporting Information for Clinicians, pg 4-5.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patient.

Patient Appointment with Diagnostic Specialist (Surgeon, Radiologist)
Clinical exam and assessment with supplemental imaging (at consultant’s discretion).
Choose appropriate diagnostic steps:
- Surgery (skip to Treatment pathway, pg.3)
- Ultrasound with Core Biopsy
- Stereotactic Biopsy
- Unguided Core Biopsy/FNA
- Punch Biopsy
- Incisional Biopsy
- Excisional Biopsy

All Test Results signed off and returned to Original referrer (and Primary Care Provider, if different) and diagnostic specialist within 7 patient wait days of biopsy appointment.

Positive for Cancer or Atypia or high suspicion remains despite results
• Primary Care reviews pathology results, formulates / communicates plan with patient:
• Surgeon (via Direct Referral from Breast Health Centre Radiologist) or Primary Care refers to the most appropriate next step for the patient:
  1. Surgical consult within 7 days of pathology sign-off
  2. Advanced disease, Medical/Radiation Oncology consult within 14 days (if needed)
  3. Referral to Palliative Care.

Negative for Cancer or normal results consistent with clinical impression
• Send back to Primary Care Provider to inform patient of results.

Diagnostic Pathway Notes:
Sixty day suspicion to first treatment timeline begins on the date of patient visit when a clinical suspicion of cancer triggers further cancer-focused investigation.
Only requisitions for patients who fit the red pathway should be noted as “urgent” to ensure urgent resources and timeline capacity can be maintained in next stages of the pathway.
Pathways are subject to clinical judgement. Patients may be moved on to next clinically appropriate step prior to “all” test results returned.
PRACTICE POINTS: Ensure Patient understands plan for first treatment. Ensure patient is well informed and receives appointment information. Offer patients connections with psychosocial clinicians and cancer navigation services (See Supporting Information for Clinicians, pg 4.) Ensure the referring primary care provider is informed of results, direct referrals, and result discussions with patient for their awareness in continued role with the patient.

Variables considered – patient needs options:
- Wire-guided lumpectomy:
  - +/- sentinel node biopsy
  - +/- axillary node dissection
- Unguided lumpectomy:
  - +/- sentinel node biopsy
  - +/- axillary node dissection
- Mastectomy:
  - No reconstruction
  - +/- lymph node assessment
- Bilateral Mastectomy
- Plastics
  - Possible further testing:
    - MRI, staging tests
    - No surgery; endocrine treatment only, by choice

Surgical Assessment
- Patient consent
- Date set
- Mandatory Pre-Op work-up ±PAC

CancerCare Manitoba Referral Office for Medical Oncology / Radiation Oncology consult.

Oncology Consult
Decision to treat with chemotherapy or radiation therapy and consent by patient within 14 patient wait days of pathology results.
- May require further staging tests prior to treatment.

Post-Diagnosis Referral as Determined by Surgeon or Primary Care

Palliative Care Involvement
First meeting with patient within 10 patient wait days of specialist consult

Surgery
Within 30 patient wait days of surgical assessment

Treatment Pathway Notes:
Sixty day suspicion to first treatment timeline is complete on the date of patient visit when a decided first treatment occurs, including surgery, chemotherapy, radiation, palliative care consult, or discussion with patient of clinical decision for watchful waiting.

Radiation Therapy - simulation, treatment planning, first treatment within 30 patient wait days of Rad Onc consult

Chemotherapy - first treatment within 30 patient wait days of Med Onc consult

In Sixty
Specialist consult to Palliative Care consult as first treatment in 10 patient wait days; to surgery, chemotherapy / radiation in 30 patient wait days or less.
## Diagnostic Specialist Resources for Suspected Breast Cancer

**WINNIPEG BREAST IMAGING**

*Note: Churchill refers patients to Winnipeg for these services.*

<table>
<thead>
<tr>
<th>Service</th>
<th>Location</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Direct Referral:</em> Radiologists who perform diagnostic breast imaging (ultrasound or diagnostic mammography) will arrange for any required follow-up testing. (eg: image-guided biopsy) at Breast Health Centre.</td>
<td>Breast Health Centre</td>
<td>204-787-3558 (f) 204-787-3241 (p)</td>
</tr>
<tr>
<td><strong>Referrals for surgery:</strong> Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility</td>
<td>Radiology Consultants of Winnipeg</td>
<td>204-944-8101 (f) 204-942-6453 (p)</td>
</tr>
<tr>
<td>Diagnostic Mammography</td>
<td>Health Science Centre</td>
<td>204-944-8101 (f) 204-942-6453 (p)</td>
</tr>
<tr>
<td></td>
<td>Radiology Consultants of Winnipeg</td>
<td>204-944-8101 (f) 204-942-6453 (p)</td>
</tr>
<tr>
<td>Diagnostic Mammography</td>
<td>Manitoba X-Ray</td>
<td>204-831-0828 (f) 204-832-0273 (p)</td>
</tr>
<tr>
<td>Breast Ultrasound ± Biopsy</td>
<td>Breast Health Centre</td>
<td>204-231-3839 (f) 204-235-3906 (p)</td>
</tr>
<tr>
<td></td>
<td>Radiology Consultants of Winnipeg</td>
<td>1-888-501-5219 (tf)</td>
</tr>
<tr>
<td>Breast Ultrasound ± Biopsy</td>
<td>Breast Health Centre</td>
<td>204-231-3839 (f) 204-235-3906 (p)</td>
</tr>
<tr>
<td></td>
<td>Radiology Consultants of Winnipeg</td>
<td>1-888-501-5219 (tf)</td>
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</tbody>
</table>

**NORTHERN HEALTH REGION**

*Direct Referral:* Radiologists who perform diagnostic breast imaging at Thompson General Hospital will arrange for any required follow-up testing (eg: image-guided biopsy) at the Breast Health Centre in Winnipeg (or other site, as per patient.)

<table>
<thead>
<tr>
<th>Referrals for surgery:</th>
<th>Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography / Breast Ultrasound</td>
<td>Thompson General Hospital</td>
</tr>
</tbody>
</table>

**SOUTHERN HEALTH—SANTÉ SUD**

*Direct Referral:* Radiologists who perform diagnostic breast imaging at Boundary Trails Health Centre will arrange for any required follow-up testing at the Boundary Trails Health Centre (ultrasound-guided core biopsy) or the Breast Health Centre in Winnipeg (stereotactic core biopsy.)

<table>
<thead>
<tr>
<th>Referrals for surgery:</th>
<th>Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography / Breast Ultrasound / Biopsy</td>
<td>Boundary Trails Health Centre</td>
</tr>
</tbody>
</table>

**PRAIRIE MOUNTAIN HEALTH**

*Direct Referral:* Radiologists who perform diagnostic breast imaging at the Brandon Regional Health Centre will arrange for any required follow-up testing (eg: image-guided biopsy) at that location.

<table>
<thead>
<tr>
<th>Referrals for surgery:</th>
<th>Breast Health Centre will arrange for surgical consultation based on recommendations from follow-up testing performed at that location.</th>
</tr>
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<tbody>
<tr>
<td>Mammography / Breast Ultrasound / Biopsy</td>
<td>Brandon Regional Health Centre</td>
</tr>
</tbody>
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**From Suspicion of Cancer to Treatment In Sixty Days**

## Supporting Information for Clinicians

### Urgent, Emergent and Afterhours Care for Cancer Patients
All questions of an emergent nature about the care or referral of a cancer patient, page the Oncologist on call. For palliative care or symptom management consultation, page the WRHA Palliative Care physician on call.

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncologist on call, Health Sciences Centre Winnipeg</td>
<td>204-787-2071(p)</td>
</tr>
<tr>
<td>Oncologist on call, St. Boniface General Hospital</td>
<td>204-237-2053(p)</td>
</tr>
<tr>
<td>WRHA Palliative Care Physician on call, St. B Hospital</td>
<td>204-237-2053(p)</td>
</tr>
</tbody>
</table>

For emergencies, please direct patients to go direct to their local Emergency Department. Patients must inform Emergency staff of their cancer type, medications, and oncologist name.

### Cancer Question Helpline for Primary Care
For help with cancer-related questions including work-up or diagnosis:
Monday to Friday 8:30 a.m.- 4:30 pm

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>204-226-2262</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call or text/sms messaging</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:cancer.question@cancercare.mb.ca">cancer.question@cancercare.mb.ca</a></td>
</tr>
<tr>
<td>Online form</td>
<td><a href="http://www.cancercare.mb.ca/cancerquestion">www.cancercare.mb.ca/cancerquestion</a></td>
</tr>
</tbody>
</table>

### Clinical Support Contact Numbers
Available during office hours, unless 24-hour on call

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</tr>
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<td>Oncologist on call, St. Boniface General Hospital</td>
<td>204-237-2053(p)</td>
</tr>
<tr>
<td>WRHA Palliative Care Physician on call, St.B Hospital</td>
<td>204-237-2053(p)</td>
</tr>
<tr>
<td>WRHA Palliative Care Program for patients in Winnipeg</td>
<td>204-237-2400</td>
</tr>
<tr>
<td>Rural Palliative Care: contacts vary between regional programs</td>
<td>Contact your health region</td>
</tr>
<tr>
<td>CCMB Pain &amp; Symptom physician (reception line - request Pain &amp; Symptom physician on call)</td>
<td>204-237-2033</td>
</tr>
<tr>
<td>CCMB Transition &amp; Palliative Care Clinical Nurse Specialist</td>
<td>204-235-3363</td>
</tr>
<tr>
<td>CCMB Central Referral Office: Referral Form &amp; Guides:</td>
<td>204-787-2176(t)</td>
</tr>
<tr>
<td>- Winnipeg Psychosocial Oncology Clinicians and other supportive care services, CCMB Patient and Family Support Services</td>
<td>204-787-2109</td>
</tr>
<tr>
<td>- CCMB First Nations, Inuit, Métis Cancer Control Patient Access Coordinator</td>
<td>Toll-free: 1-855-881-4395</td>
</tr>
<tr>
<td>- CCMB Central Referral Office: Referral Form &amp; Guides:</td>
<td>204-786-0621(f)</td>
</tr>
</tbody>
</table>

### Cancer Navigation and Patient Support Services

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Breast Cancer Navigator, Breast Cancer Centre of Hope</td>
<td>204-788-8080</td>
</tr>
<tr>
<td>Toll-free: 1-888-660-4866</td>
<td>204-235-3252</td>
</tr>
<tr>
<td>Breast Health Centre Referral Assessment Nurse</td>
<td>Toll-free: 1-888-501-5219</td>
</tr>
<tr>
<td>Navigation Services (Nurse Navigators and Psychosocial Oncology Clinicians) at the Regional Cancer Program Hubs</td>
<td>Toll-free: 1-855-557-2273</td>
</tr>
<tr>
<td>- Interlake-Eastern RHA</td>
<td>Toll-free: 1-855-346-3710</td>
</tr>
<tr>
<td>- Prairie Mountain Health</td>
<td>Toll-free: 1-855-623-1533</td>
</tr>
<tr>
<td>- Northern Health</td>
<td></td>
</tr>
<tr>
<td>- Southern Health-Santé Sud</td>
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When Do the 60 Days Begin?

The start point has been defined as clinical suspicion—the date of the patient visit when a health care provider suspects cancer and thus initiates diagnostic testing or specialist referral.

The start point can also include the date of an abnormal result from a screening test at a cancer screening program (such as BreastCheck).

A “patient wait day” includes weekend and holiday days as it refers to any day the patient is left waiting for information, discussion, tests, diagnosis and treatment, thus causing additional worry or confusion for the patient. The timeline for pathways in a cancer patient journey focus on decreasing patient wait days.

<table>
<thead>
<tr>
<th>Milestones in the Breast Cancer Clinical Pathway</th>
<th>Timeline</th>
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<tr>
<td>1. Primary care orders diagnostic imaging work up and initiates referral to diagnostic specialist</td>
<td>Within 1 day of patient visit</td>
</tr>
<tr>
<td>2. Diagnostic Mammogram / Ultrasound</td>
<td>Within 7 days of ordered test</td>
</tr>
<tr>
<td>3. Biopsy</td>
<td>Within 7 days of mammogram/US</td>
</tr>
<tr>
<td>4. Pathology sign-off and reported</td>
<td>Within 7 days of biopsy</td>
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</tbody>
</table>
| 5. A) First Surgical Consult  
B) Medical Oncology or Radiation Oncology consult | Within 7 days of pathology sign-off  
Within 14 days of pathology sign-off |
| 6. A) First Palliative Care consult  
B) First Surgery, Chemotherapy or Radiation therapy treatment | Within 10 days from consult  
Within 30 days from consult |

Hearing the Patient Voice

Patients involved in the improvements occurring through In Sixty have reviewed their experiences and collectively developed guidelines for health providers to better hear the voice of patients, and thus improve the patient experience.

Guidelines

Communication with patients should:

- Be individualized. Be truthful and transparent.
- Be consistent.
- Be in non-medical jargon - use simple language.
- Be quality information.
- Be caring.
- Be active, interactive and proactive.
- Be ongoing, not one time.
- Be done in an appropriate setting and context.
- Be inclusive of patients and their families.
- Be culturally competent and responsive

For a full version of the Patient Communication Principles and Guidelines, please email cancerjourney@gov.mb.ca
# Timeline Model in Manitoba for the Breast Cancer Patient Journey from Suspicion of Cancer to Treatment in Sixty Days

## Milestones in the Breast Cancer Clinical Pathway

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