OTN Bookings

- Regional Cancer Care is booking indirect Patient visits for our Multidisciplinary Cancer Conferences for Breast and Colorectal Cancer

- Sioux Lookout, Kenora, Dryden and Fort Frances have been involved in these Conferences.

- Following each clinic the number of patient’s discussed with each regional site is noted in N-Compass
A Co-ordinated Approach to Breast Cancer Treatment

Combine all Medical Disciplines to provide Multi-Disciplinary Care
Multidisciplinary care (MDC) is an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient. That is, MDC is about all relevant health professionals discussing options and making joint decisions about treatment and supportive care plans, taking into account the personal preferences of the patient.
Benefits of Multidisciplinary Care

• patient care is more likely to be evidence-based, with implications both for clinical outcomes and cost-effectiveness
• all treatment options can be considered, and treatment plans tailored for individual patients
• referral pathways are more likely to be streamlined
• clinicians have enhanced educational opportunities
• meetings provide opportunities for clinicians to interact with colleagues
• clinicians who work as part of a team have a significantly lower incidence of minor psychiatric morbidity than in the general health-care workforce.
• increased survival for patients managed by a multidisciplinary team
• increased perception by the patient that care is being managed by a team
• greater likelihood of receiving care in accord with clinical practice guidelines, including psychosocial support
• increased access to information, particularly about psychosocial and practical support
• increased patient satisfaction with care.
MANDATORY
MDBC Members

- Mandatory
  - Surgery
  - Medical oncology
  - Radiation oncology
  - Pathology
  - Radiology
  - Supportive care
  - Oncology nurse/breast care nurse
  - General practice

- Recommended
  - Genetic/hereditary counselling
  - Physiotherapy
  - Psychiatry/psychology
  - Nuclear medicine
  - Plastic surgery
  - Palliative care
  - Social work
Screening/Diagnosis/Surgical Discussion at the MDBC

- Mammograms- reviewed by radiology
- Ultrasound- reviewed by radiology
- PACS system- allows for real time broadcast of recent images

- Biopsy or surgical pathological report-pathologist present for any questions regarding pathology, additional stains

- Surgery: lumpectomy, modified radical mastectomy or radical mastectomy (? Best surgical option- based on radiology findings, pathology etc.)

- Sentinel Lymph Node Biopsy vs Axillary lymph node dissection-discussed. SLN biopsy is the standard, however with large palpable nodes, ALND may be considered.
Multi-Disciplinary Breast Clinic at TBRHSC

- Every Tuesday morning 8:30 – 9:30
- Present all NEW Breast Cancer Cases and Complicated Follow-up cases requiring treatment decision
- Attend – Radiology, Pathology, Oncology – Radiation, Medical, Surgical including link to Regional Surgeons, Genetics, Clinical Trials, Nursing, Social Work, Students
Benefits

- Treat, investigate cases in a standard fashion
- Greater understanding of Radiology and Pathology to help make treatment decisions
- Opportunity for Oncologists to liaise with Radiologists, Pathologists, Surgeons, Genetics, Supportive Care
- Ability to Determine Eligibility for Clinical Trials and the need for Genetic Assessment
- Coordinate a Treatment Plan across all medical disciplines (Multi-Disciplinary) after diagnosis
- Record Treatment Recommendations on Medical Record
- Educational
- IMPROVE PATIENT CARE
Future Directions

- More Doctors to participate
- More regional involvement
- Link to MDC in larger academic centers
Breast Cancer Statistics

- Most common cancer in women
- 1 in 8 lifetime risk or 13%
- Second leading cause of cancer deaths in women
- Death rate has declined since 1990 due to earlier detection and improved therapies
What is Breast Cancer?

- Uncontrolled growth of breast cells
Chance of developing breast cancer

Risk of ever developing cancer = 0.125 (1 in 8)
Risk Factors

- Genetic Factors – BRCA1, BRCA2
- Obesity
- Family History
- Sex
- Personal History
- Age
Breast Cancer Causes by Type

- **BRCA1 Mutation**: 4%
- **BRCA2 Mutation**: 3%
- **Mutation in Unknown Genes**: 2%
- **Rare Syndromes**: 1%
- **Sporadic**: 70%
- **Familial**: 20%
Risk Factors

- Race

![Graph showing incidence of breast cancer by race.](https://via.placeholder.com/150)
Risk Factors associated with Lifestyle

- Diet and obesity; physical activity
- Alcohol
- Hormone Replacement Therapy
- Controversial – OCP’s, smoking
Detection of Breast Cancer

- Asymptomatic
- Lump
- Dimple
- Nipple Discharge (bloody)
- Breast swelling
- Skin changes (red)
Medical Professionals involved with Breast Cancer Management

- Radiologists and Diagnostic Imaging Technologists
- Pathologists and Support staff
- Family Physicians and Nurse Practitioners
- Surgeons
- Oncologists – Medical and Radiation
- Nurses – Surgical, Medical, Radiation, Clinical Trials
- Radiation Therapists
- Geneticists, Genetics Nurses
- Social Workers and Chaplains
Detection of Breast Cancer

- Imaging Modalities:
  - Mammogram
  - Ultrasound
  - MRI
Pathology

- Type
- Size
- Grade
- Lymph nodes
- Margins

- Receptors
  - ER, PR, Her2/neu
- Genetic Analysis
  - experimental
Routine Staging Investigations

- Blood work
- CXR
- Ultrasound Abdomen
- Bone Scan
Treatment

- Surgery

- Adjuvant
  - Chemotherapy
  - Hormonal
  - Herceptin
  - Radiation
Surgery – Needle Localization
Lumpectomy
Sentinel Lymph Node Biopsy
Modified Radical Mastectomy

Removal of breast and associated lymph nodes

Breast

Lymph nodes
Chemotherapy / Hormone Therapy
Adjuvant Online

Decision making tools for health care professionals

Adjuvant! for Breast Cancer (Version 8.0)

Patient Information

- Age: 65
- Comorbidity: Perfect Health
- ER Status: Positive
- Tumor Grade: Grade 3
- Tumor Size: 2.1 - 3.0 cm
- Positive Nodes: 1 - 3
- Calculate For: Relapse
- 10 Year Risk: 68 Prognostic

Adjuvant Therapy Effectiveness

- Horm: Aromatase Inhibitor for 5 yrs
- Chemo: Anthra (Overview 2000)
- Hormonal Therapy: 56
- Chemotherapy: 26
- Combined Therapy: 67

Results:

- No additional therapy:
  - 29.0 alive and without cancer in 10 years.
  - 66.0 relapse.
  - 5.0 die of other causes.

- With hormonal therapy: Benefit 26.8 without relapse.
- With chemotherapy: Benefit 10.4 without relapse.
- With combined therapy: Benefit 34.3 without relapse.
Clinical Trials
Radiation Therapy
Questions ???

Thank You