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# Diagnosis to Survivorship - The Spectrum of Cancer Care from a Family Physician Perspective: Part 1

## Tips for Expediting Cancer Diagnosis

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MIGS | SGIM

# Presenter Disclosure

- **Faculty:** Anna Wilkinson
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** MIG Grant BCS, Oncology Briefs
  - **Speakers Bureau/Honoraria:** Speaker Honoria OCFP ASA, William Osler clinical Day
  - **Other:** CPAC - travel to meetings, OH-CCO RPCL Stipend

# Presenter Disclosure

- **Faculty:** Alexandra Ginty
- **Relationships with financial sponsors:**
  - **Speakers Bureau/Honoraria:** OH-CCO RPCL Cancer Screening stipend



# Presenter Disclosure

- **Faculty:** Sian Shuel
- **Relationships with financial sponsors:**
  - **None**
- **Other:** Employed by BC Cancer's Family Practice Oncology Network



# Presenter Disclosure

- **Faculty:** Genevieve Chaput
- **Relationships with financial sponsors:**
  - None
  - Other: None



# Presenter Disclosure

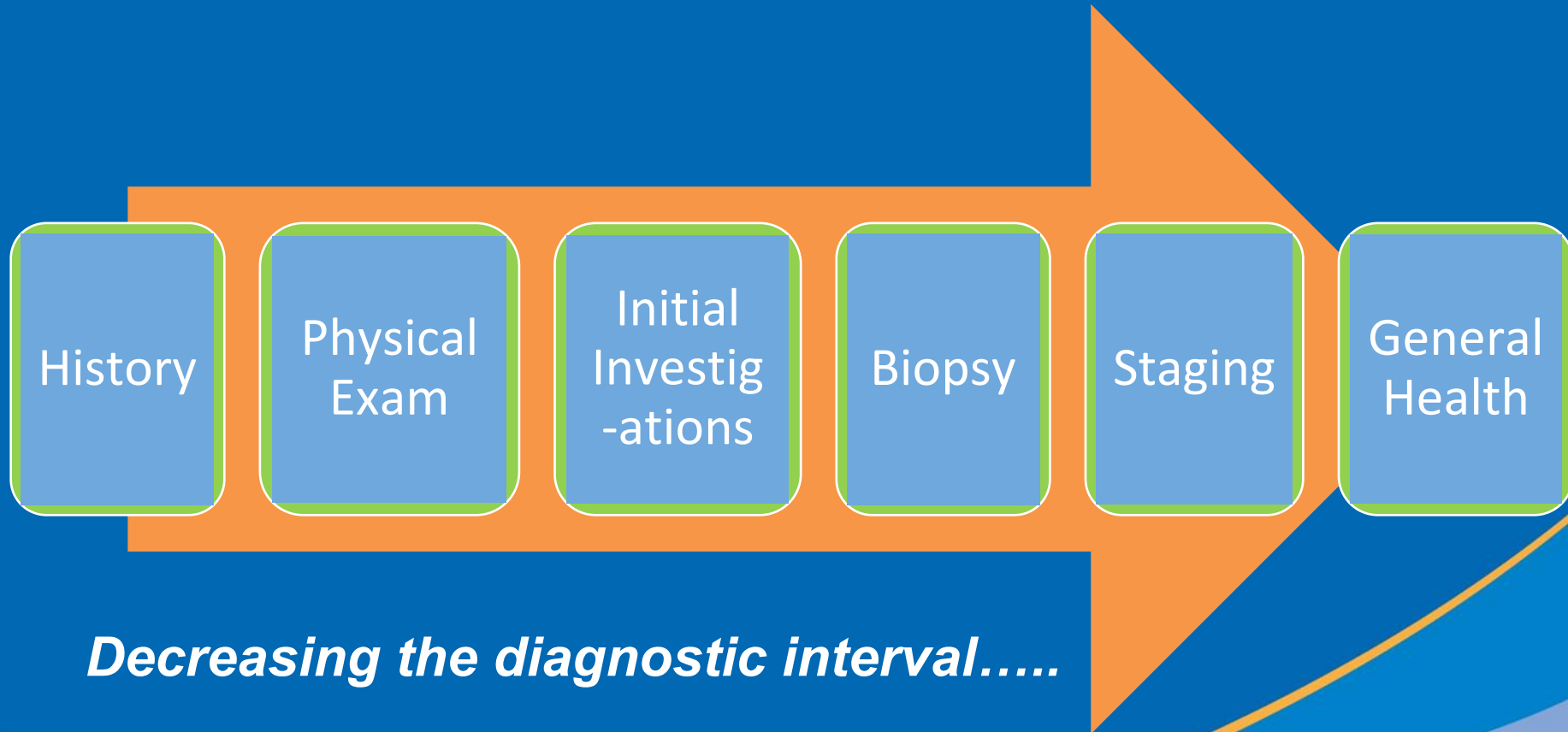
- **Faculty:** Nureen Sumar
- **Relationships with financial sponsors:**
  - None
- **Other:** Employee of Alberta Health Services - Departments of Family Medicine (Palliative Care) and Medical Oncology (GPO)



# Learning Objectives

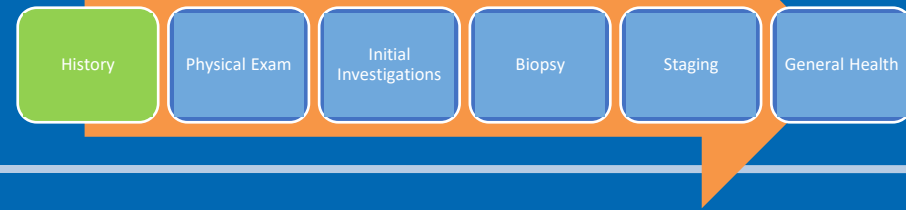
- Recognize which symptoms, physical exam or lab findings should prompt a workup for cancer
- Identify key diagnostic tests to order
- State the importance of staging investigations
- Appreciate the need to support patients through their cancer journey

# 6 Steps to Diagnosing Cancer





# Step 1. History



- Establish “risk” of having malignancy
- Stratify risk with:
  - Obviously concerning symptoms
  - Re-presentation with same symptoms
  - Multiple symptoms concurrently
  - Family and personal medical history
  - Smoking, EtOH
- Beware the “low-risk-but-not-no-risk”
- Trust your gut! (PPV 9.8!)

Hamilton, W. (2010). Cancer diagnosis in primary care. *British Journal of General Practice*, 60(571), 121-128.

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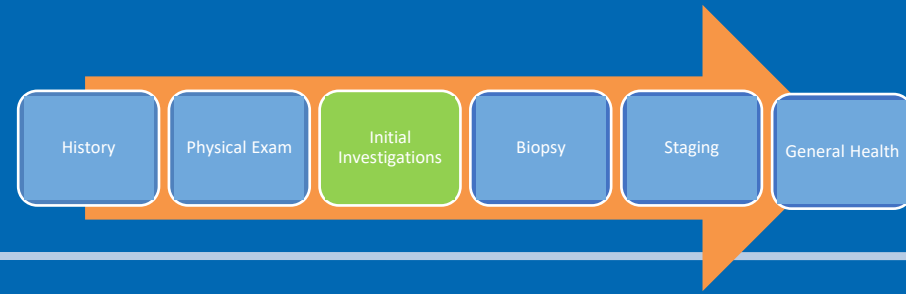
Del Giudice, M. E., Vella, E. T., Hey, A., Simunovic, M., Harris, W., & Levitt, C. (2014). Systematic review of clinical features of suspected colorectal cancer in primary care. *Canadian Family Physician*, 60(8), e405-e415.

# Step 2. Physical Exam



- Look for an obvious primary
- Nodal examination
  - Malignant nodes are usually >2cm, painless and hard
- Look for evidence of metastatic disease
  - Masses
  - Jaundice
  - Effusions
  - Ascites
  - Hepatomegaly
  - Increased ICP

# Step 3. Initial Investigations



- Is there something to biopsy?
- Where is best place to biopsy?
- Includes:
  - Laboratory, Tumour Markers
  - Preliminary Imaging

# Step 3. Initial Investigations: Lab

- Ensure recent CBC, INR and Cr/eGFR for possible biopsy and imaging
- Look for laboratory abnormalities signaling cancer, metastases or paraneoplastic syndrome

## *Recommended Laboratory Workup for Diagnosis of Malignancy*

- Complete Blood Count
- Creatinine
- Electrolytes
- Calcium, Magnesium, Phosphate
- Liver function tests, including Albumin
- International Normalized Ratio
- Lactate dehydrogenase
- Serum protein electrophoresis if clinically indicated
- Tumour markers as appropriate

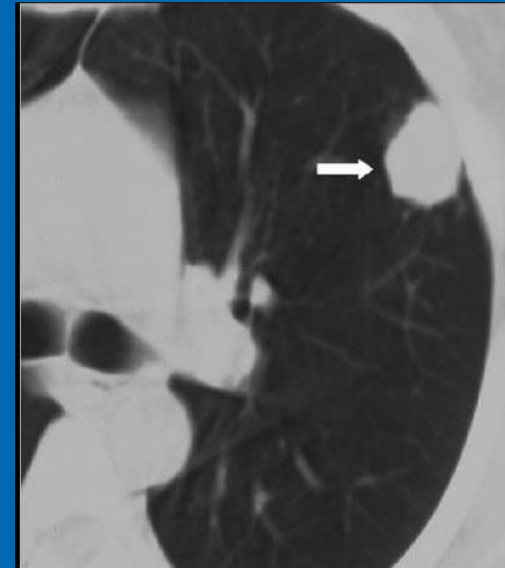
# Step 3. Initial Investigations: Tumour Markers

- Facilitate diagnosis when investigating specific malignancy
- Should not be ordered indiscriminately
- Can be helpful in the case of unknown primary

Tumour Marker	Tumour type
<b>CEA</b>	Colon, hepatocellular
<b>CA 19-9</b>	Pancreatic, biliary tract
<b>Urinary 5-HIAA</b>	Neuroendocrine
<b>CA 15-3</b>	Breast
<b>CA 125</b>	Ovarian
<b>PSA</b>	Prostate
<b>AFP</b>	Hepatocellular, Germ cell
<b>B-HCG</b>	Germ cell, Gestational trophoblastic
<b>Thyroglobulin</b>	Thyroid

# Step 3. Initial Investigations: Preliminary Imaging

- Least invasive test with lowest radiation exposure
- Initial imaging depends on site:
  - Breast - Diagnostic mammogram, ultrasound
  - Thoracic - Chest x-ray
  - Abdomen - Ultrasound
  - Adenopathy - Ultrasound
- If very high suspicion of malignancy, can order CT as initial imaging



# Step 3. Initial Investigations: Preliminary Imaging

- If initial imaging confirms suspected malignancy, in most cases will need definitive imaging (CT) before biopsy
- Diagnostic Assessment Program

# Step 4. Biopsy - “What is it?”



- Tissue diagnosis needed prior to referral
- Biopsy the most accessible site or the site which gives most information
- Get the most tissue
- If no easy percutaneous site consider:
  - Cytology from effusions/ascites
  - Excision of lymph nodes
  - Endoscopy/bronchoscopy/colonoscopy/mediastinoscopy etc....

***As soon as you have pathology, you should refer to a specialist***



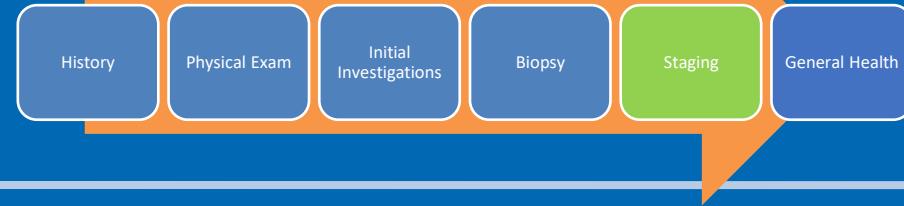
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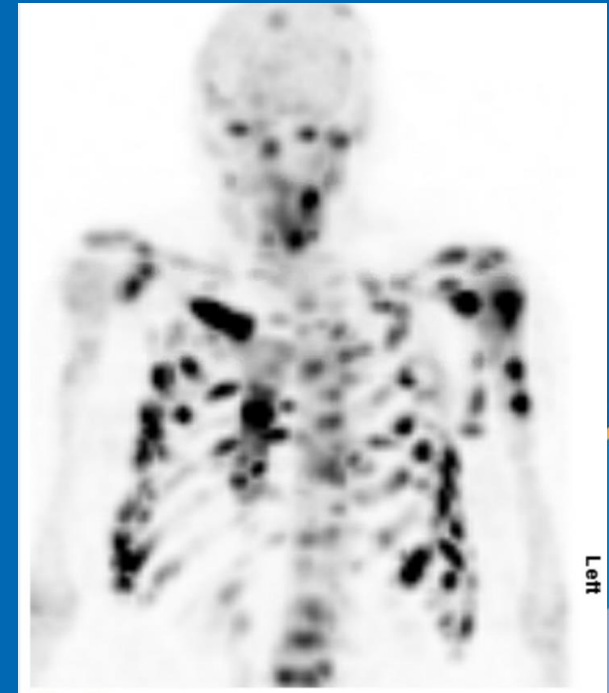
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# Step 5. Staging - “Where is it?”

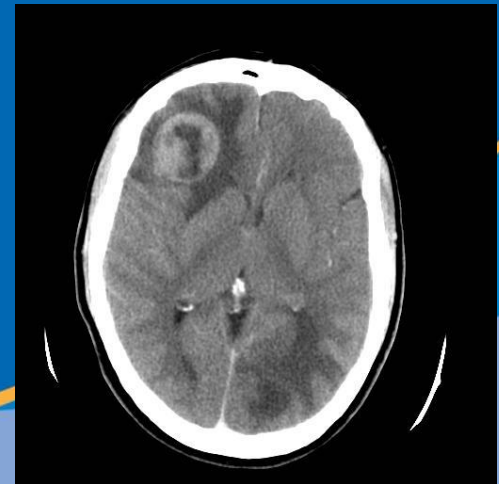
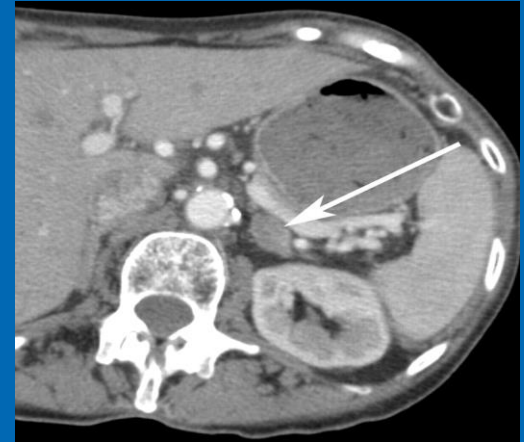


- Expedite treatment by initiating staging investigations
- Staging helps determine:
  - Treatment options
  - Risk

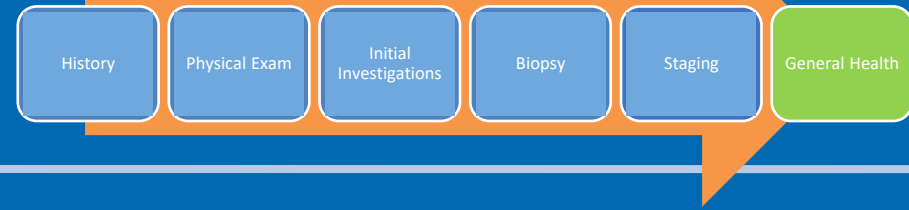


# Step 5. Staging

- Sites of imaging should be guided by:
  - Typical pattern of metastases for the cancer you have diagnosed
  - Any symptoms your patient has
  - Risk of spread of cancer (aggressivity)
- Use contrast (depending on renal function)



# Step 6. General Health



- Schedule regular f/u appointments
  - Share results
  - Ensure timely investigations
  - Answer questions
  - Address symptoms
  - Provide emotional support
  - Advance care planning & goals of care discussions
  - Ensure appropriate management plan

# Step 6. General Health

- Smoking cessation
- Vaccination
- Fertility preservation

<https://fertilityaid.rethinkbreastcancer.com/decision-aid/>

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# Resources

- Cancer Care Ontario
  - <https://www.cancercare.on.ca/>
- National Comprehensive Cancer Network
  - <http://www.nccn.org/>
- BC Cancer Agency
  - <http://www.bccancer.bc.ca/>
- Thrombosis Canada Perioperative Anticoagulant Algorithm
  - <https://thrombosiscanada.ca/tools/?calc=perioperativeAnticoagulantAlgorithm>