

Grand Rounds Presentation - March 25th 2020

Title - Carcinomas

Topic - Updates in oncology as they relate to patients in the emergency department

Presenter - Shayla Behrens PGY4 Fraser program

Clinical take home points:

1) Despite advancements in cancer treatment Canadians are significantly impacted by this disease.

- Cancer is the # 1 cause of death in Canada
- 1 in 2 Canadians will be diagnosed with cancer
- 1 in 4 Canadians will die from cancer

2) Lung cancer

- Leading cause of cancer related death
- 1 in 15 Canadians will be diagnosed with lung cancer
- Evolving evidence supports lung cancer screening with low dose CT scan
 - Mortality reduction 24% in men and 33% in women
 - Number needed to screen - 320
- BC Lung Cancer screening trial - 2016-2021
 - Any physician can refer - CT scans performed at VGH only
 - Eligibility
 - 55-80 years old
 - Current or former smokers with a 20+ years smoking history
 - Trial details
 - Baseline low dose CT, bloodwork, and smoking cessation resources
 - Follow up CT based on PanCan nodule risk estimation protocol

3) Pancreatic cancer

- 3rd leading cause of cancer related death in Canada
- Increasing incidence in both male and female populations
- In the ED consider ordering a CT abdomen/pelvis in:
 - Patients aged 40-60 years old with:
 - Red flag symptoms (significant weight loss, new diagnosis DM2)
 - Family hx of pancreatic cancer or BRCA1/2 mutations
 - Patients aged 60 and older with:
 - Any of the above
 - Or vague GI symptoms only
- Referral process
 - **Medical Oncology** - refer urgently as they can expedite tissue biopsy and initiate treatment early which can impact patient outcomes
 - General surgery if possibility of surgical resection (non-metastatic disease)
 - GI - Biliary tree dilatation or need for ERCP stenting / GB decompression

4) Testicular cancer

- New diagnosis of testicular CA send off tumour markers (BhCG, LDH, AFP)

- If grossly elevated BhCG >50,000, AFP > 10,000 - likely choriocarcinoma (highly aggressive) and this changes management
 - **Urgent medical oncology referral** - treatment is chemotherapy followed by orchiectomy

5) Neuroendocrine tumours

- Patients can present with carcinoid syndrome
 - Clinical manifestations - flushing, hypotension, wheeze (bronchospasm), diarrhea, valvular disease.
 - Treatment - Octreotide infusion and supportive care including ICU management

6) Hematuria in women

- Consider the diagnosis of cervical cancer in your differential
 - Ask about risk factors and PAP test history
- If high pretest probability - perform a pelvic exam (advanced cervical cancer can be detected visually and will not require PAP testing)
- If low/medium pretest probability - refer to WIC/GP for timely PAP/pelvic examination

Resources for managing patients with cancer:

BC Cancer agency - lots of resources for physicians and patients -

<http://www.bccancer.bc.ca/health-professionals>

BC Lung cancer screening trial - <https://www.bclungscreeningtrial.com/home>

BC Palliative care pain and symptom management guidelines for patients with cancer -

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/palliative-pain-management>

Physician compassion resources:

Headspace promotion for healthcare providers given COVID outbreak -

<https://www.headspace.com/covid-19>

Tara Brach - free online guided meditation resource for facing a pandemic -

<https://www.tarabrach.com/>

Online meeting tool to stay connected with friends and family (basic version is free) -

<https://zoom.us/download>

Dr. Barbara Tatham's inspirational words on physician compassion -

https://content.blubrry.com/emc/Barb_Tatham-Physician_Compassion.mp3