Priority Topic: CANCER

Key Features:

1. In all patients, be opportunistic in giving cancer prevention advice (e.g., stop smoking, reduce unprotected sexual intercourse, prevent human papillomavirus infection), even when it is not the primary reason for the encounter.

What you should study:

✓ Lifestyle for Cancer Prevention AAFP 2007 (does not discuss HPV vaccine and safe sex)

2. In all patients, provide the indicated evidence-based screening (according to age group, risk factors, etc.) to detect cancer at an early stage (e.g., with Pap tests, mammography, colonoscopy, digital rectal examinations, prostate-specific antigen testing).

What you should study: routine screening: breast ca, cervical ca, colorectal. Prostate ca screening is controversial - see also Priority Topic Prostate. Lung ca screening is also controversial

✓ Screening and Prevention by Age CFP 2016 see Breast, Cervical, Colorectal ca.
✓ Colorectal ca Screening CTFPHC CMAJ 2016 if you want more detail
✓ Lung Cancer Screening Guidelines CTFPHC CMAJ 2016
✓ PSA for Prostate Cancer Screening CTFPHC CMAJ 2014
✓ Screening for Skin Cancer USPSTF AAFP 2016
✓ Screening for Cancer - Concepts and Controversies AAFP 2014 (more on the theory of screening)
3. In patients **diagnosed with cancer**, offer ongoing **follow-up and support** and remain involved in the treatment plan, in collaboration with the specialist cancer treatment system. *(Don’t lose track of your patient during cancer care.)*

**What you should study:**

- ✓ Primary Care of the Patient with Cancer AAFP 2007
- ✓ Surveillance of Adult Cancer Survivors AAFP 2015
- ✓ Care of the Colorectal Cancer Survivor AAFP 2018
- ✓ Breast Cancer Follow up Care CFP 2016  **Fabulous article (with a Quebec author!) with guidelines on how to manage patients following treatment of breast ca. More for clinical practice than studying.**

4. In a patient diagnosed with cancer, actively inquire, with compassion and empathy, about the **personal and social consequences of the illness** (e.g., family issues, loss of job), and the patient’s ability to cope with these consequences.

- ✓ Just do it! *(For the exam, you should do this for every patient)*

5. In a patient treated for cancer, actively **inquire about side effects** or expected complications of treatment (e.g., diarrhea, feet paresthesias), as the patient may not volunteer this information.

**What you should study:**

- ✓ Managing adverse effects of Radiation AAFP 2010
- ✓ Primary Care of the Patient with Cancer AAFP 2007

**Post-chemo neuropathy:** can’t find a concise article but the only treatment with good evidence is **duloxetine**
6. In patients with a **distant history of cancer** who present with new symptoms (e.g., shortness of breath, neurologic symptoms), **include recurrence or metastatic disease** in the differential diagnosis.

**What you should study:** for this specific key feature, I think you’ll just have to remember to always think of new or recurrent cancer

- [✓] **Surveillance of Adult Cancer Survivors AAFP 2015 - Tangential to this key feature, but important**
- [✓] **Adult Survivors of Childhood Cancer AAFP 2010**

7. In a patient diagnosed with cancer, be **realistic and honest when discussing prognosis.** (Say when you don’t know.)

- [✓] **Just do it!**

**Note:** For pain control, see the key features on chronic disease and palliative care. See also the key feature on depression.

**An extra:**

- [✓] **Oncologic Emergencies Diagnosis and Management AAFP 2018**