

Priority Topic: **CANCER**

Key Features:

1. In all patients, be opportunistic in giving **cancer prevention advise** (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.

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.)

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](#)