

Cancer or malignancy

Subject

Instructions for screening clients diagnosed with a malignant neoplasm in the context of the Canadian immigration medical examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of clients with signs and symptoms of a malignant neoplasm or with a past history of cancer;
- further investigation of clients with a malignant neoplasm in order to provide all information that will allow the medical officer to assess the potential social/medical service requirements for the client; and
- completion and grading of an IME for clients with the presence or history of a malignant neoplasm.

Instructions

Screening and Testing

During the medical history-taking and physical examination, PPs are expected to be vigilant for the presence of a malignant neoplasm. If an interpreter is used, PPs must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as an interpreter for a client. The use of a professional interpreter is at the client's expense.

For clients whose cancer was diagnosed in the five years prior to the IME, it is particularly important to report the diagnosis, current status, prognosis and requirements for medical/surgical treatment of the malignant neoplasm as the likelihood of additional medical treatment/care is higher in this group. The following information will assist the regional medical office (RMO) in its assessment of the IME:

- diagnosis, year of diagnosis, current status and prognosis;
- presence of current symptoms suggestive of malignant neoplasm (if any), for example:
 - fatigue
 - unexplained weight loss
 - unexplained fever
 - unexplained pain
 - skin changes
 - loss of appetite

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- presence of current signs of malignant neoplasm (if any), for example:
 - soft tissue or bony masses
 - oenlarged liver on palpation
 - skin changes
 - ascites (abdominal fluid and swelling)
 - muscle wasting/weight loss
- details of past investigations (diagnostic imaging, biopsy reports, etc) and treatments (medications, referrals, hospitalizations, surgery, chemotherapy, radiation therapy, etc);
- any specialist reports available from previous consultations (staging, prognosis);
- current medication used to treat the disease; and
- anticipated treatment needed (medication, surgery, chemotherapy, radiation therapy, etc).

Additional Investigation

- For clients with a past history of cancer, it is important that PPs verify the date and treatment received in order to establish the prognosis. If there is a history of (or physical signs/scars resulting from) a malignant neoplasm regardless of date of the diagnosis, PPs should obtain additional information through past reports, referrals, follow-ups, etc. If such reports are not available, an updated specialist (oncologist, etc.) report will assist the RMO in his/her assessment of the file.
- If there is a history of (or physical signs/scars resulting from) a malignant neoplasm diagnosed in the five years prior to the IME, PPs must refer the client to a specialist (oncologist, etc.) for an updated assessment and determination of the diagnosis (staging), prognosis and need for treatment.

If PPs uncover a potential malignant neoplasm during the IME process, they must advise the client of their suspicion and ensure appropriate medical referral (that is, to the primary care physician or an appropriate specialist) and make note on the IME that this has been done.

Reporting

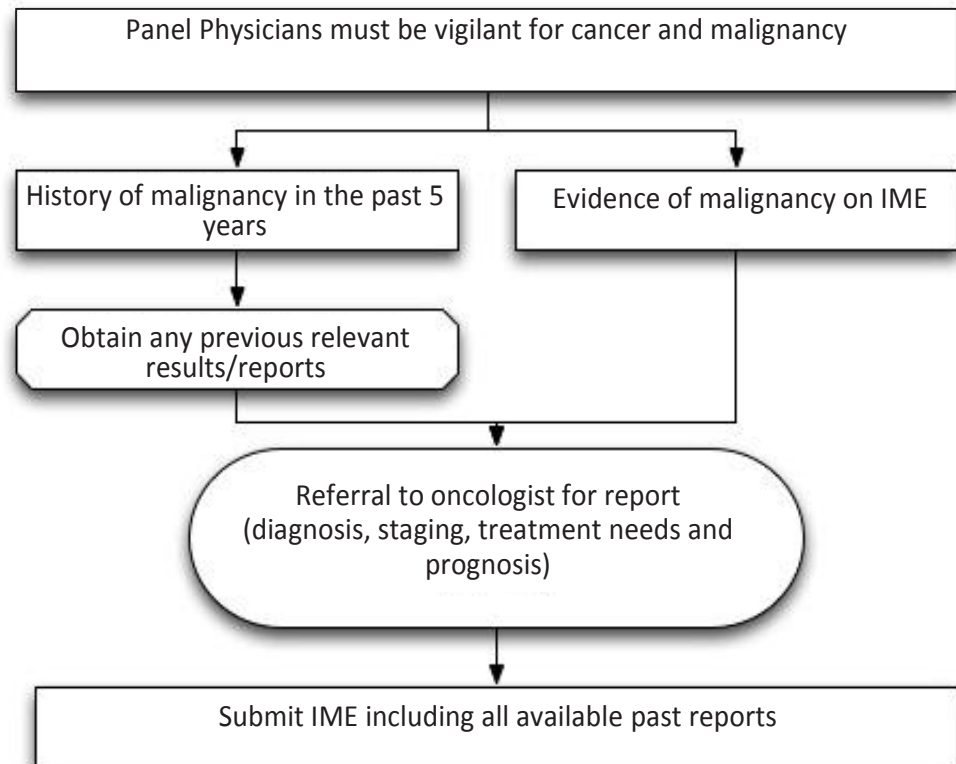
- Any available additional testing information (diagnostic imaging, biopsy reports, etc.) must be attached to the IME report.
- Any specialist report that may be available from previous consultations should also be attached.

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Grading

All IMEs with a history of a malignant neoplasm in the past five years or evidence of malignant neoplasm during the IME must be graded B.

Algorithm



References

Early detection of cancer: <http://www.who.int/cancer/detection/en/>.

HB Approval and Authority

Director General, NHQ, Health Branch, CIC

Implementation Date

2012/11/01

Revision Date(s)

2013/11/01