

Enhancing Cancer Care Atlantic Clinical Cancer Research Unit



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Trying new things is often nerve-racking. The unknown can be frightening, especially when it relates to a disease as daunting as cancer, but not for Joy Reeves. Shortly after being diagnosed with breast cancer, Joy searched the Internet for new treatment options; something that might improve her experience while helping others in the fight against cancer.

During her first chemotherapy appointment, she inquired about clinical trials being offered by the Atlantic Clinical Cancer Research Unit (ACCRU). Her nurse introduced her to Dr. Daniel Rayson, Medical Oncologist, Capital Health Cancer Care Program and ACCRU's Medical Director. Following an assessment, Joy entered into the MA21 trial. Sponsored by the National Cancer Institute of Canada, the trial compared three types of chemotherapy treatments to evaluate which option was most effective and best tolerated. Within the trial, Joy's treatment included giving herself daily injections to increase her white blood-cell count and weekly injections to increase her red blood-cell count; both of which are important to maintain optimum energy and health during treatment. As a result, she maintained her energy, appetite and good spirits throughout the experience. In her words, "There was no down side."

"Through the ACCRU, patients have access to state-of-the-art treatment options, the same options being tested world-wide," says Dr. Rayson. "Because each trial undergoes extensive analysis by a national and/or international panel of experts before being approved and is regularly monitored and evaluated to meet the highest standards, patients can rest assured that they are getting the best possible care."

While officially named the ACCRU in May 2008, Capital Health, in conjunction with Dalhousie University, has operated an oncology clinical trials unit since 1995. Clinical trials run through the AACRU span the disciplines of medical, radiation and surgical oncology, and cross all cancer disease groups. Current trial treatment options include chemotherapy, hormone therapy, radiation therapy and new molecular therapies, all of which are designed to compare treatments for best results and fewest side effects. On average, 100-180 patients, like Joy, are entered into an ACCRU clinical trial each year, representing three-to-six percent of all new patients seen at the Nova Scotia Cancer Centre in Halifax – a proportion higher than most estimates of clinical trial participation internationally. As of June 1, 2008, approximately 400 patients were receiving continuing follow-up care and/or monitoring, having completed active clinical trial participation.

"Through the re-vamping of our clinical trials unit we plan to take the work to the next level," says Dr. Rayson. "This is especially important, because for some trials, the ACCRU is the only centre east of Montreal or Toronto that can offer particular research programs that, in some cases, represent the only options available for certain diseases."

Unique trials currently underway include a study to prevent the recurrence of a particular
[continued on following page]

L-R: Ms. Heather Gage,
Clinical Trials Nurse;
Ms. Joy Reeves, Patient;
and Dr. Daniel Rayson,
Medical Director,
ACCRU



Enhancing Cancer Care (cont'd from front page)

type of aggressive 'triple negative' breast cancer using the drug Avastin; a Halifax-designed study examining a unique combination of chemo-hormonal and radiation therapy for high-risk prostate cancer; and a trial to test a new treatment for an uncommon form of pancreatic neuro-endocrine cancer for which Halifax is the only centre east of Montreal.

"In the current era of increasing cost and complexities involved in conducting clinical research, it's vital to improve the unit's sustainability, in order to expand trial options and reach out to more Atlantic Canadians," says Dr. Rayson. He adds that, with expansions in infrastructure, staffing and funding, the ACCRU will design more Atlantic Canadian trials and increase linkages and mentorship to other clinical trial units throughout the region. Plans

also include early phase clinical trials testing the most novel and experimental compounds; creating a pharmaco-economic evaluation unit to evaluate the cost impact and net benefits of novel therapies; and developing a cancer prevention unit. Currently, approximately 35 clinical trials are accruing patient participation and a further 20 are in various stages of preparation for opening.

"Ultimately, the Nova Scotia cancer system will benefit as a world-class clinical trials unit attracts new, dynamic health professionals who gain tremendous fulfillment from being involved in trials and being able to offer this type of care to their patients," adds Dr. Rayson.

For more information about ACCRU, contact Dr. Rayson by email at daniel.rayson@cdha.nshealth.ca or by phone at 902-473-6106.

Improving Patient Outcomes

In a region seized by the highest incidence of cancer in the country and some of the longest wait times for care, a new tool that could improve patient outcomes is more than a welcome addition, it's a blessing.

Web Surgical Medical Reports (WebSMR) is a web-based tool to create an operative report. This tool enables synoptic reporting in surgery. In using WebSMR essential information is captured in a checklist format — including standard language, descriptions and classifications — which surgeons can use to input data related to their findings. This information, such as the size and specific site of a tumour, lymph node assessment and pre-biopsy work, goes directly into a patient's medical record. Other health professionals such as medical oncologists can quickly access this information and use it to determine a diagnosis and proper care.

Launched in January 2008 and funded by the Canadian Partnership Against Cancer (the Partnership), the Synoptic Reporting Tools Project is a two-year pilot study initiated by the Partnership's Cancer Guidelines Action Group. Although it is being implemented in Nova Scotia, Ontario, Quebec, Manitoba, Alberta and British Columbia, Nova Scotia is leading the breast cancer component and is participating in the colorectal cancer trial, with British Columbia the lead for the colorectal trial. In Nova Scotia, the WebSMR pilot will be implemented at the IWK Health Centre, Guysborough-Antigonish

Strait Health Authority (GASHA) and Capital Health for both breast and colorectal cancer. With plans to eventually implement it province-wide, other partners in the project include *Cancer Care Nova Scotia*, the Health Information Technology Service Nova Scotia and the Nova Scotia Department of Health.

"Synoptic reporting is really a way of translating knowledge into action," says Project Leader Dr. Geoff Porter. "Aside from timely access and improved accuracy to surgical reports, Synoptic Reporting can incorporate well-established and standardized treatment guidelines, and improve communication among clinicians. It's also an important tool for quality improvement, education and research as it can help describe practice patterns and assist in bringing important elements of care into clinical practice."

The key goal for successful implementation is that 80 percent of applicable surgeons in the pilot sites use the tool to record 100 percent of their cases. Project coordinators also hope to identify its potential connectivity to other elements of cancer care such as pathology and the Nova Scotia Breast Screening Program.

In reality, Dr. Porter says that the tool has the ability to benefit Nova Scotia's entire cancer system. He explains Synoptic Reporting can be used to track information, to better understand the information, and to link with other systems for a broader view of cancer. The benefit will be improved patient care.



Supportive Care: Many Things to Many People

“I live in Bridgetown and I don’t drive; how will I get to my specialist appointments in Halifax?” “If I’m too sick to work, how will I provide for my family?” “I’m scared, why is this happening to me?”

As you can imagine, these are just some of the challenges and emotional turmoil cancer patients and their families face. While the situations vary, all share the common need for supportive care.

Supportive care is an important and integrated part of the Nova Scotia cancer system. As defined by the Canadian Strategy for Cancer Control in 2002 (now the Canadian Partnership Against Cancer), supportive care/cancer rehabilitation includes the necessary services as defined by those living with or affected by cancer to meet their physical, social, emotional, nutritional, informational, psychological, spiritual and practical needs throughout their cancer experience. These needs may occur during the diagnostic, treatment or follow-up phases and encompass issues of survivorship, recurrence, palliative care and bereavement.

Working with this definition, Judy Simpson, Coordinator of Palliative and Supportive Care, *CCNS*, explains that *CCNS* leads several supportive care initiatives including: the Oncology Interactive Education Series (OIES), Cancer Patient Navigation, the Cancer Patient Family Network, Survivorship and Palliative Care. OIES, an interactive cancer education program for patients, families and health professionals, enables patients and families to become better informed about their disease.

Cancer Patient Navigators, currently in five districts, work closely with family doctors, cancer specialists, cancer patients and their families to improve access to and co-ordination of cancer services. The Cancer Patient Family Network gives patients and families a voice to help strengthen cancer care in Nova Scotia. The Survivorship initiative, currently in development, will help define the care an individual should receive after cancer treatment, providing guidelines about such things as: who to call after treatment if there is a concern, successful integration back into work or school, living with the stigma of having cancer, and the fear of it returning. The Palliative Care initiative has supported the education of front-line staff and has improved access to supportive cancer care.

Perhaps most important in advancing supportive care in Nova Scotia is the work of *CCNS*’ Supportive Care Cancer Site team, one of 13 multidisciplinary health teams with expertise

in a certain kind of cancer. The teams develop policies, standards and guidelines for practice and research in their respective area.

The Supportive Care team is responsible for program and guideline development, patient/family information services, education for health care professionals, and research.

Dr. Dorianne Rheaume, who co-chairs the team with Dr. Janice Howes says, “Our main challenge is to try to ensure that every patient and family knows what resources are available and has the necessary supports at key points throughout their cancer journey. While we know many people cope extremely well, we also know that the cancer experience is complex and that needs vary over time.

“Since services vary throughout the province, one of our immediate priorities is to obtain an updated and comprehensive inventory of what is available. We are also involved in an inter-provincial study looking at gaps in supportive care services.”

Dr. Howes says that attending to service gaps is especially important, since about 35 percent of cancer patients experience clinically significant distress at some point in their journey.

“We are working to develop a distress management guideline to help other health care professionals become more aware of and sensitive to patient and family distress,” says Dr. Howes. “While there are many ways to access supportive care the key is ensuring people know about supportive care throughout all stages of living with the disease and beyond, and that similarly, services are available.”

L-R: Dr. Dorianne Rheaume (Radiation Oncologist); and Dr. Janice Howes (Psychologist), Co-Chairs, CCNS’ Supportive Care Cancer Site Team.





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We welcome and encourage everyone's input to this newsletter. Please submit your stories or story ideas to: *Cancer Care Nova Scotia* Newsletter
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Atlantic Partnership for Tomorrow's Health (PATH)

Nova Scotia is a beautiful place to live. Yet, as you cross the street, gaze across the ploughed fields, or stroll into the grocery store to shop for tonight's barbeque, have you ever thought about how your environment or your lifestyle affects your health? Moreover, how well do you know your family tree; is your high blood pressure genetic or diet-related? Yes, we are a sum of our parts and the choices we make, the environment we inhabit and our histories ultimately contribute to who we are. But, perhaps more concerning, is how these factors might impact our risk of developing cancer.

The Atlantic Partnership for Tomorrow's Health (PATH) is charged with determining the impact of these factors on cancer risk. Funded by the Canadian Partnership Against Cancer this national 30-year cancer prevention study will include 30,000 men and women between the ages of 35 and 69 from Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland & Labrador. Researchers will randomly invite Atlantic Canadians to visit special clinics and complete questionnaires on health and lifestyle, have various physical measurements taken (e.g. height, weight, body fat, grip strength, etc.), and provide biological samples (i.e. saliva, blood and urine).

With recruitment expected to begin in early 2009, starting in Halifax and rolling out first across Nova Scotia and then across the other Atlantic Provinces, participants will be followed for 30 years or longer to determine if there are common environmental, lifestyle, genetic or other risk factors which may contribute to the development of cancer.

As the 'gold standard' of cancer cohort studies, the project is expected to make a major contribution to worldwide research. Unlike studies that examine the potential causes of cancer after it develops, PATH will allow researchers to consider an array of complex variables on an ongoing basis. Over the life of the study, researchers will be able to test theories about cancer risks, create a national bank of population health information and map the onset of other life-threatening and chronic diseases such as heart disease and diabetes.

"It's like really good wine in that the study becomes more valuable as time goes on," explains Dr. Louise Parker, Chair, Canadian Cancer Society - Nova Scotia Division, Population Cancer Research; Professor, Pediatrics and Medicine, Dalhousie University; and, Lead



Investigator for the Atlantic arm of PATH. "The information collected through the Atlantic PATH Project will be a major resource for epidemiological, clinical and basic scientific research in Atlantic Canada and beyond, providing the basis for developing better prevention and screening programs and reducing the number of Canadians developing and dying from cancer."

In analyzing information obtained through the study, researchers also hope to determine why some people develop particular cancers and others do not.

"The Atlantic component of the study, which is part of the pan-Canadian study involving 300,000 participants, is of special interest since our region has the highest rates of cancer in Canada," says Dr. Parker. "It's particularly important due to the rock we live on and the water we drink. The rock contains high concentrations of uranium, which releases radon gas that can cause lung cancer. Similarly, our water contains arsenic and we know that exposure to high doses of arsenic can cause cancer."

Dr. Parker adds that in the short term, the PATH project will reveal much needed information about our population. In the long term, it will help researchers and clinicians understand why cancer rates are so high in the region and, more importantly, to develop strategies to deal with the underlying causes and significantly reduce the number of Canadians being diagnosed with and dying from the disease.

"Overall, it's hard to predict all the benefits, but it will be huge," says Dr. Parker.