

Building a Colorectal Cancer Screening Program



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As a long practicing gastroenterologist and a celebrated health administrator and educator, Dr. Bernie Badley, Medical Director of *Cancer Care Nova Scotia's* developing Colorectal Cancer Screening Program, concedes that, "There is a natural reluctance to discuss matters related to the bowels." However, he also knows that it is absolutely essential.

That's because cancer of the colon and rectum – or colorectal cancer – is the third most frequently diagnosed cancer in Canada and the second most common cause of cancer-related death. However, the good news is that colorectal cancer is a potentially preventable disease.

Unlike many other cancers, colorectal cancer has a 'precancerous' phase which, if diagnosed and treated early, can be cured. In fact, several large-scale studies from numerous countries have shown that fecal occult blood screening (FOB) – testing stool samples for the presence of small amounts of blood – can reduce colorectal cancer deaths by 15 to 33 per cent in a targeted population of 50 to 74 year-olds.

Spurred by this evidence and the lessons learned from the success of the Cervical Cancer Prevention Program, *Cancer Care Nova Scotia* is in the planning stage of launching a provincial, population-based Colorectal Cancer Screening Program. Led by Dr. Badley, the program

welcomes Ms. Erika Nicholson as Program Manager. With a Masters degree in Community Health, she has significant project management and senior leadership experience in both the for-profit and not-for-profit sectors in Bermuda and Canada. Most recently, Ms. Nicholson was the CEO of a Nova Scotia YMCA. "I am excited about what a colorectal cancer screening program will mean for Nova Scotians," she says. "This program presents us with a real opportunity to significantly reduce the number of people who suffer from and lose their lives to colorectal cancer. It's great news!"

Using a primary care approach, the program will engage family physicians to recommend screening and provide FOB test kits to patients aged 50 to 74, as colorectal cancer is mainly seen in people over the age of 50, at least 80 per cent of whom have no family history of the disease.

Positive tests require follow-up investigation – usually a colonoscopy – by a specialist to determine if there is an underlying colorectal cancer or a precancerous polyp that can be removed, thereby preventing
(continued on next page)



Ms. Erika Nicholson;
Dr. Bernie Badley

Building a Colorectal Cancer Screening Program (cont'd from front page)

the development of cancer. Successful development and implementation of this screening program will result in improved health for Nova Scotians. However, it is not without its challenges.

Simply put, it takes vision, time, adequate funding and a motivated population. As Dr. Badley explains, "A successful screening program needs commitment by government and the health care professionals who screen for and treat colorectal cancer. In addition, appropriate diagnostic facilities and professional expertise must be available within acceptable time frames; adequate funding is required to meet the increased demands resulting from the program; and, an administrative system must provide effective support to health professionals. As well, the development of a broad educational and awareness program will be essential to describe the benefits of the screening program in such a way that it will be endorsed by those Nova Scotians who

are at the greatest risk of developing the disease."

Theresa Marie Underhill, Chief Operating Officer for *Cancer Care Nova Scotia*, echoes this account and adds: "While developing a program of this magnitude and importance is challenging, I am confident, based on the willingness and commitment of all involved, that it will be a success and will result in fewer Nova Scotians being diagnosed with colorectal cancer. That's the best possible outcome.

"We're looking to the future and will use all tools available to fight the disease. Screening is key, but knowledge gained as a result of research (see this issue's research column) looking at all aspects of access to colorectal cancer treatment and care will also be important – when screening, alone, will not be enough."

**Stay tuned for more details as this important screening program develops.*

RESEARCH



Improving Access to Colorectal Cancer Services

Nova Scotians received good news on August 24, 2007, when the Canadian Government announced a \$1.5 million funding grant over five years to research access to and quality of colorectal cancer services in the province. The study – funded by the Canadian Institutes of Health Research, *Cancer Care Nova Scotia (CCNS)*, the Nova Scotia Department of Health, Dalhousie Medical School, Dalhousie Medical Research Foundation and Capital Health – will examine services along the cancer care continuum, which includes diagnosis, surgery, treatment, follow-up care and palliative care.

"By examining access and quality at every phase of the cancer care continuum, the team will

determine ways to improve the entire system, preventing the potential of improving one aspect of care at the expense of another," explains Principal Investigator Dr. Eva Grunfeld, part of the medical oncology team at Capital Health and Director of Cancer Outcomes Research for *CCNS*.

Using information from the Nova Scotia Cancer Registry and other Nova Scotia databases, the multi-disciplinary research team will study access to and quality of treatment and care experienced by Nova Scotians with colorectal cancer between 2000 and 2005. They will also study two potentially vulnerable populations where access to quality cancer services may be low: adults with mental illness, and children and youth. Once measurement tools have been developed for colorectal cancer, the team will explore the potential for using them to evaluate the services of other types of cancers.

"This is an important study for Nova Scotians," says Dr. Grunfeld. "Its findings will provide researchers, doctors, other health professionals, and decision and policy makers with better information to guide decisions which support improved access to quality cancer services throughout the province."



Leadership – Nova Scotia Style

Being a leader requires having vision. However, Dr. Carman Giacomantonio, associate professor with the Departments of Surgery and Pathology, Dalhousie University; and surgical oncologist, Capital Health, takes this thought further. He feels that effective leadership is the ability to make others see and believe in your vision, adding, “Leaders who possess this ability will gain the support required at critical times when difficult decisions and changes need to be made.” Dr. Giacomantonio, who also chairs CCNS’ Melanoma Cancer Site Team and heads its Surgical Oncology Network, maintains that good leaders are defined not by their success in good times, but by their performance in challenging times.

Traditionally, cancer care has used a ‘compartmentalized’, rather than a team approach to care. The result, Dr. Giacomantonio says, has been long delays; excessive, redundant and ineffective visits; and, at times, inappropriate clinical decisions. While he acknowledges that the development of clinical site teams and the introduction of cancer patient navigators are addressing some of these problems, he knows the solution is far from complete.

“We need to realign our efforts to deliver ‘patient-centred’ cancer care throughout the province. We’re beginning this process at Capital Health with the development of focused, multi-disciplinary clinics such as the Melanoma Clinic and the Breast Health Clinics,” explains Dr. Giacomantonio. “However, these kind of changes will affect the way we deliver care and that, he stresses, “is where the ‘art’ of leadership comes in. “For me, being a leader in cancer care is a privilege and the support and excitement that I experience from the people I work with reassure me that my energies are well spent and worthwhile. It’s my motivation to keep on fighting.”

Not surprising, Dr. Giacomantonio has built his career on this type of leadership. After completing degrees from Dalhousie and Memorial Universities, he moved to Calgary to specialize in surgical oncology. Since returning to Halifax in 1999, he has developed and trained surgeons from across the province in a specialized medical technology called ‘sentinel node’ biopsy and has provided continuing medical education to community colleagues on cancer of the breast, thyroid, colon and rectum.

“Interactions like these educational events create

opportunities where I can share my vision of how we might improve the delivery of cancer care in Nova Scotia,” says Dr. Giacomantonio. “My focus is on the importance of the multi-disciplinary approach to cancer care. I want to build bridges and break down any barriers to communication and physician interaction, and develop a more collaborative approach to caring for people with cancer.”

While Dr. Giacomantonio will undoubtedly uncover more opportunities to standardize the quality of cancer care throughout Nova Scotia, he also recognizes that research is an important part of the solution. Among his goals are to establish collaborations between members of the Department of Surgery and colleagues in basic science interested in cancer research. His personal research goal focuses on the process of cancer metastasis, where he is working with Drs. David Hoskin and Patrick Lee to study the effects of core needle biopsies on tumour growth and metastasis. Dr. Giacomantonio is also committed to opening doors for more young and enthusiastic surgical scientists to bring their skills and knowledge to Nova Scotia.

“I believe that research, either in basic science or clinical medicine, is an essential component of leadership,” says Dr. Giacomantonio. “A strong research program in Nova Scotia will fortify our position as strong healthcare leaders who continually question how we practice. Raising our standards will help to raise the standards of cancer care throughout Nova Scotia.”

Dr. Carman Giacomantonio





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about the people and issues
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The deadline for articles and
story ideas for Volume VIII, Issue
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HPV Vaccination Program Launched

This fall, through the school-based vaccination program, Nova Scotia females in Grade 7 will be among the first in Canada to receive the HPV (Human Papilloma Virus) vaccine – an exciting scientific breakthrough proven to protect against cervical cancer.

“The availability of the HPV vaccine to Grade 7 girls is a substantial investment in women’s health,” explains Dr. Rob Grimshaw, Medical Director, Cervical Cancer Prevention Program and Medical Advisor to *Cancer Care Nova Scotia*. “As a cancer specialist and a father of an 11-year-old daughter, I can assure you that the HPV vaccination program is welcome news. Because of it, I hope to see fewer women with the disease in the future.”

HPV is a common virus transmitted through sexual activity or skin-to-skin contact. That said, virtually everyone will have been exposed to it by adulthood. And, while generally there are no symptoms associated with HPV and the virus clears up by itself, some types cause persistent infection and create a risk for cervical cancer. To this end, research has shown that the HPV vaccine is most effective when given to girls around age 12, before they become sexually active. This, combined with health education, will help young girls make responsible and informed decisions.

While Dr. Grimshaw emphasizes that a regular Pap

test is still the ‘gold standard’ of care for the prevention of cervical cancer, he says that the HPV vaccine—has been shown to provide almost 100 per cent protection against the two types of HPV, which cause about 70 per cent of cervical cancers. This is great news, especially since Nova Scotia has the highest incidence of cervical cancer in the country. In fact, about 55 Nova Scotia women will be diagnosed with invasive cervical cancer in 2007 and about 20 will die of the disease.

Although it may take 20 years before its impact on invasive cervical cancer is fully realized, Dr. Grimshaw says, “The HPV vaccine is a wonderful example of the value of research to enhance our understanding and knowledge of the family of diseases we call cancer, and to inform our efforts in providing evidence-based, quality cancer prevention, treatment and care. We recognize that some questions remain—such as whether there will be a need for booster shots in the future and whether there will ultimately be a reduction in cervical cancer deaths. Nova Scotia, with its robust Cervical Cancer Prevention Program and Cancer Registry, will be able to assess the impact of this vaccine, as it is introduced and begins to show its effectiveness over the next 20 years.”

The HPV vaccine is funded by Health Canada, with support from the Nova Scotia Department of Health Promotion and Protection, as well as the Department of Education.

News and Notes

CCNS is conducting a user survey of its website to determine areas for improvement and enhancement. Visit our website at www.cancercares.ns.ca, click on the survey button and let us know what you think.

A Skills for Healing weekend retreat will be held in Sydney, November 16-18, 2007. Participants will learn about cancer, its treatment, available resources, ways to reduce stress and the principles of mindfulness.

The retreat will be led by Dr. Rob Rutledge, a Radiation Oncologist at the Nova Scotia Cancer Centre in Halifax and Dr. Tim Walker (Ph.D.), a psychotherapist who operates a mindfulness-based stress reduction clinic in Halifax.

The retreat is free to all participants, but a \$40 deposit is required, upon registration, for those who can afford it. The deposit will be refunded to those who attend the entire retreat.

For more information contact Stasia Digou at 902-562-1367.

The tenth annual Cape Breton Cancer Symposium will be held on Friday, October 26, 2007 at the Membertou Trade and Convention Centre in Sydney. The theme is *Controversies in Cancer Control*. Topics will cover cancer prevention, screening, treatment, symptom control and complementary therapies. During the physician break-out session at noon, speakers will discuss treatment options for prostate cancer.

In celebration of the tenth anniversary of the Symposium, a ceilidh will be held on Thursday, October 25 (7-10 p.m.) at the Royal Cape Breton Yacht Club.

The registration fee is \$30 for students, \$60 for delegates, and \$80 for physicians who register for continuing medical education credits. Registration forms are available on the CCNS website at www.cancercares.ns.ca or by calling Debbie Eagles at 902-567-8074 at the Cape Breton Cancer Centre.