



Cancer Care Nova Scotia

VOLUME II – ISSUE SIX
JANUARY 2002

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Many Hearts ❁ Many Minds ❁ One Goal

Internationally recognized program joins ranks with CCNS

On January 1, 2002 the Nova Scotia Gynaecological Cancer Screening Program, with support and direction from the Department of Health, was officially integrated into **Cancer Care Nova Scotia (CCNS)**.

"As part of **Cancer Care Nova Scotia**, we'll have more opportunities to carry out our mandate and reach our priority audience – unscreened and

under-screened women," said Dr. Robert Grimshaw, Medical Director, Gynaecological Cancer Screening Program. "While we've always worked closely with **Cancer Care Nova Scotia**, this new relationship will allow us to pool our resources to better serve Nova Scotia women and

their families."

"Prevention and screening are important components of the complete continuum of cancer care," said Dr. Andrew Padmos, Commissioner, **Cancer Care Nova Scotia**. "As the provincial cancer agency charged with reducing the burden of cancer on individuals, families and the health care system, screening for gynecological cancer fits naturally within our scope."

An internationally recognized cervical cancer screening program, many provinces have looked to the Nova Scotia program for advice and guidance.

The expertise of program staff will be beneficial as **Cancer Care Nova Scotia** develops additional screening programs (ie: colorectal and hereditary cancers).

Since its inception in 1991, the Gynaecological Cancer Screening Program has worked with physicians, nurses, laboratories and many groups and organizations across the province, to develop a comprehensive and equitable model in prevention and early detection of cervical cancer and appropriate management of precancerous cell change. Public and professional education is an important element in reaching this goal.

Over 100 volunteers work with program staff, particularly in the area of public education, to raise awareness in communities across Nova Scotia of the importance and benefits of regular Pap test screening. Communities in Cape Breton recently participated in a three-year pilot project, funded by Health Canada and sponsored by the Nova Scotia Gynaecological Cancer Screening Program, to identify and address the barriers to Pap test screening among women and health care providers. As a result, nurses were trained to perform Pap tests to provide greater choice and access for women, particularly for those in remote and rural areas. A program of lay community educators was also developed through that project to partner with nurses in meeting the educational needs of under-screened women.



Dr. Robert Grimshaw, Medical Director and Ms. Margery MacIsaac, Coordinator, Gynaecological Cancer Screening Program, review the documents outlining the integration of the screening program with Cancer Care Nova Scotia.

In addition to public and professional education, the program is responsible for the Provincial Cytology / Colposcopy Registry, a confidential database of all Pap smears performed in the province since 1978 and most colposcopy (investigation of abnormal Paps) since 1990. As well, the registry operates a letter reminder process, a safety net for physicians, ensuring that patients with significantly abnormal Pap test results do not get lost to follow-up.

"Our records indicate that women between 18 and 35 years are generally well screened," says Margery MacIsaac, Coordinator, Gynaecological Cancer Screening Program. "After that, screening starts to drop off. We are making some inroads and the profile of screening has changed to reflect more older women being screened than we would have seen ten years ago. This is very positive, since those at greatest risk of developing cervical cancer are unscreened and under-screened women."

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Early Detection of Prostate Cancer

Cancer Care Nova Scotia's Genito-Urinary (GU) Cancer Site Team finalized a position statement on the early detection of prostate cancer during a recent meeting. The statement reflects current evidence, clinical experience and input from those who attended the Prostate Cancer Consensus Workshop held in October 2001.

During the workshop, participants including health professionals and representatives from community groups including, but not limited to, prostate cancer support groups, had the opportunity to review, discuss and share their thoughts about a draft position statement regarding early detection of prostate cancer. The success of the

workshop was evident in the variety of perspectives represented. The GU team carefully considered all input as it wrote the final version.

Screening for prostate cancer remains a controversial issue. There is no conclusive evidence that screening results in a decline in mortality rates. Prostate cancer is a slow-growing tumour and as it occurs in elderly men, competing illness may be present. Treatment of prostate cancer may also result in significant morbidity. Furthermore, there is no consensus among physicians regarding the most appropriate age to begin screening.


For these reasons, **Cancer Care Nova Scotia** does not, at this time, support the implementation of a population-based prostate cancer screening program for the province. As new evidence emerges, the statement will be re-evaluated.

Cancer Care Nova Scotia believes that the early detection of prostate cancer requires a partnership between Nova Scotia men and their physicians. Men need to be aware of prostate


cancer and what it may mean for them. Those who have concerns about prostate cancer should discuss them with their doctor. As well, physicians should discuss the potential benefits of early detection with men over 50, who do not exhibit urological symptoms and who are considered to be at greater risk for prostate cancer. Men with a close relative (father, brother, uncle, grandfather) who has had prostate cancer or men of African heritage are considered to be at greater risk. Screening for these men should begin at age 40. This is also an issue for men who don't know their family histories.

Men, regardless of their age, who experience symptoms of prostate cancer (frequent, difficult or painful urination; dribbling urine; blood or pus in the urine; pain in the lower back, pelvic area or upper thighs; painful ejaculation) should have a full urological examination including a Prostate Specific Antigen (PSA) test and Digital Rectal Examination (DRE). ☺

Special thanks to all who participated in the Prostate Cancer Consensus Workshop.


 **The Canadian Association of Psychosocial Oncology (CAPO) Conference** will be held at the Westin Nova Scotian in Halifax between May 1 and 4, 2002. The theme is "Cancer and the Family." Keynote speakers include: Dr. Ronald Barr, who will speak about "Cancer in adolescence: a particular set of challenges;" Ms. Jill Taylor-Brown, whose topic is "Hidden sorrows: children whose parents have cancer," and Dr. Lorraine Wright who will address, "Beliefs, suffering and spirituality: The soul of clinical work with families experiencing cancer."

For more information about the conference, contact Shauna Blundon, Conference Planner, at shauna.blundon@ccns.nshealth.ca

 **The membership for the Cancer Patient Family Network** is growing. A forum for cancer patients, survivors, family members and friends, the network is designed to bring together patients and loved ones, with the goal of sharing information and ultimately enhancing the cancer system.

There is no cost and your level of participation depends on what you want. As a member, you will receive current information about the cancer system. The action you take, if any, is up to you. The important thing is to register so that we know who and where you are. Then, we can begin to communicate with you on a regular basis about issues that concern you and your family.

For more information about the Cancer Patient Family Network or to register as a member, contact Emmie Luther-Hiltz, Coordinator, Cancer Patient Family Network by phone at (902) 473-2637 or by email at emmie.luther-hiltz@ccns.nshealth.ca

 **Please note**, email addresses for **Cancer Care Nova Scotia** staff have changed. All staff can be reached by firstname.lastname@ccns.nshealth.ca

 **Congratulations** to Sachi Shimo-Takahara from Antigonish and Elaine Finlay from Chester Basin who were awarded medals of recognition for their volunteer contributions to the Nova Scotia Hospice Palliative Care Association. The medals of recognition were created by the Royal Canadian Mint to mark the International Year of the Volunteer and the important role of volunteers.

**News
and Notes**





(L-R): Mr. Jack Keith, Board Chair, **CCNS**; Dr. Andrew Padmos, Commissioner, **CCNS**; Ms. Peggy Davison, outgoing Board Chair, **CCNS**; Mr. Jamie Muir, Minister of Health

At a recent board meeting, new and returning members were welcomed by Health Minister Jamie Muir. They include:

Rick Andrews, Bedford;	Shirley MacLeod, Dartmouth
Christine Fletcher, Halifax;	Jim Meikle, Stellarton;
Robert Francis, Sydney Mines;	Kenneth Montgomery, Sydney
Judith Fuller, Baddeck;	David Muise, Sydney
Douglas Henshaw, Berwick;	Brenda Payne, Bible Hill
Ann Hughes, Port Hawkesbury;	Brian Robinson, Port Williams
Gerald Johnston, Halifax;	Sheila Scaravelli, New Glasgow
Janet Knox, Halifax;	Dianna Schreuer, Dartmouth
Shelagh Leahy, Yarmouth;	Carole Smillie, Halifax
Shaun MacCormick, Truro;	Norah F. Stephen, Bridgetown
Holly MacIntyre, Halifax;	Candace Stevenson, Halifax;
John Archie MacKenzie, Inverness County	Sheila Woodcock, Rose Bay

Special thanks to outgoing board members:

Elizabeth Barker, Halifax	Ron MacCormick, Sydney
David Bell, Halifax	Margery MacIsaac, Halifax
Hunter Blair, Halifax	David MacLean, Halifax
Lorna Butler, Halifax	Jim MacLellan, Pleasant Valley
Judy Caines, Halifax	Anne Miller, Dartmouth
Bruce Colwell, Halifax	Barb Oke, Dartmouth
Charlene Dill, Halifax	Phil Rogers, Halifax
Colin Lelliott, East Chester	Eve Wickwire, Halifax
Emmie Luther-Hiltz, Hubbards	

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The data currently available indicates that less than 40 per cent of all eligible women are screened annually in Nova Scotia. This figure falls far below the number of women who should be screened.

The ongoing development, implementation and evaluation of standards and guidelines are essential components of a quality screening program. For this reason, all Nova Scotia labs that perform gynaecological cytology and histopathology participate in the program's quality assurance programs. Standards and guidelines are reviewed and revised regularly, in consultation with all labs and other stakeholders.

Under the umbrella of **Cancer Care Nova Scotia**, the important work of the Gynaecological Cancer Screening Program will continue. As in the past, the program will continue working with physicians, nurses, laboratories and others across the province to serve unscreened and under-screened women. Through integration, **Cancer Care Nova Scotia** and the Gynaecological Cancer Screening Program will further strengthen efforts to reduce morbidity and mortality associated with cervical cancer. ✧

Board Chair appointed for Cancer Care Nova Scotia

The Department of Health, together with **Cancer Care Nova Scotia**, is pleased to announce the appointment J. G. (Jack) Keith as Chair of the Board of **Cancer Care Nova Scotia**. Mr. Keith replaces Peggy Davison, who has served as Chair of **Cancer Care Nova Scotia** since its inception in 1998.

A respected business leader and community volunteer, Mr. Keith served as Senior Vice President of the Atlantic Region for the Bank of Nova Scotia from 1986 until he retired in October 2001. An advocate for cancer research and treatment, he has played a leadership role in the Terry Fox Run since the mid-80's and in 2000 co-chaired the Nova Scotia Run.

Ms. Davison, who has more than 30 years volunteer experience in the health care sector at the local, provincial and national levels, led a diverse and committed team of board members from across the province who made a tremendous contribution to cancer care in Nova Scotia. As a result, Mr. Keith and his team of board members have a solid foundation from which to build. ✧

RESEARCH COLUMN

Basic research seeks treatment options

Dr. Jean Marshall, a Dalhousie University researcher and Dr. Raja' Abdel-Majid, a post-doctoral fellow, are exploring the ways in which solid tumours develop their blood supply. Their goal is to determine new ways to inhibit their growth.

Since mast cells are common around tumours of many types, Drs. Marshall and Abdel-Majid are growing human mast cells from the hematological stem cells in blood samples to understand how to induce blood vessel growth (angiogenesis) through production of a protein known as VEGF - Vascular Endothelial Growth Factor. At the same time, they are working with the molecule, Interleukin 12 (IL-12), known to inhibit blood vessel growth. "We know mast cells already produce this molecule, but we'd like them to produce more of it, says Dr. Marshall. "In addition to blocking tumour growth, IL-12 enhances the immune system. It's a hot molecule to turn on because of the multiple functions it would serve."

To date, the research has indicated that human mast cells make most types of VEGF, including the types most important for tumour growth. However, the research has also shown that mast cells can make IL-12 in response to chemical agents, although it is not yet clear how to regulate production naturally.

Unlike some types of cancer research, basic research is an international endeavour. Each piece of work is published in hopes that it will inform another piece of the puzzle. Ultimately, Drs. Marshall and Abel-Majid hope their work will inform the development of new drugs. Results to-date will be published in clinical journals in the near future. The next step is proof of principle in a cancer model.

Funding for this project is provided by the Atlantic Chapter of the Canadian Breast Cancer Research Foundation, the Canadian Institute for Health Research and Cancer Research and Education (CaRE). ✧



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This is a newsletter for and about the people and issues affected by Nova Scotia's cancer care system. It is produced by Cancer Care Nova Scotia.

We welcome and encourage everyone's input to this newsletter. Please submit your stories or story ideas to:

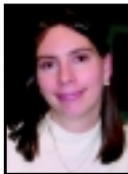
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If you want to be added to our mailing list, or if you want to regularly receive additional copies of this newsletter for your office or waiting room, please contact us at the above address with the number of newsletters you need.

The deadline for articles and story ideas for Volume three, Issue one is February 10, 2002.

Cancer Care Nova Scotia is a program of the Nova Scotia Department of Health, in partnership with Dalhousie University's Faculty of Medicine and the QEII Health Sciences Centre.

Mailed under Canada Post Publications Mail Agreement No. 1754386



District Cancer Program: UPDATE

By Jill Petrella, Quality Coordinator, CCNS

Working in collaboration with our stakeholders is a hallmark of the way we conduct business at Cancer Care Nova Scotia. In fact, during opening comments by Jim Meikle, CCNS board member and community member in the Pictou County district, we were introduced as being "...not only great speakers, but great listeners as well." This statement is truly the greatest compliment we could receive and one we strive to live up to in all the work we do. As such, we are continuing to meet with district health authorities throughout the province.

Recently, we met with the executives of the Southwest Nova, Colchester East Hants and Pictou County district health authorities to discuss ways in which we could facilitate and support the development of District Cancer Programs and District Cancer

Committees in their respective districts. We expect to meet with other districts in January and February. In March we will host a joint orientation for all members of District Cancer Committees. Watch for details.

In addition to meetings with the executive teams, we want to engage community members throughout the province. Over the last couple of months we held public meetings in Southwest Nova and Pictou County. The meetings were well attended. The agenda included short presentations on the District Cancer Program, Patient Navigation, Cancer Patient Family Network and Palliative and Supportive Care. They were followed by small group discussions, where participants were invited to share their thoughts on our plans. Public meetings in the remaining districts will be held over the next few months.

In Memorium

Shirley Kyle

Shirley Kyle, inaugural board member, Cancer Care Nova Scotia; dedicated community volunteer, wife, mother, neighbour and dear friend to all who had the pleasure of knowing her, passed away on October 26, 2001.

As a board member of Cancer Care Nova Scotia, Shirley was an advocate for an enhanced cancer system where patients and families are involved and at the centre of all decisionmaking. She was a champion for those diagnosed with breast cancer and continued to contribute to improving the lives of others, right up until the time of her death.

"Shirley died in the same manner in which she lived - with dignity and compassion," said Emmie Luther-Hiltz, former board member, and now Coordinator, Cancer Patient Family Network, Cancer Care Nova Scotia.

We extend our heartfelt sympathies to Shirley's family and friends.

Gina Smith

Many of you may have learned of the recent passing of Gina Smith. Gina was a young Nova Scotian diagnosed with Ewing's Sarcoma. Gina had a dream to represent Nova Scotia in the Miss Teen Canada Pageant. She became familiar to us at Cancer Care Nova Scotia when members of her health care team at the IWK approached us for assistance to support her participation in the pageant. She became known to you for her spirit and passion for life which allowed her to realize this dream. She impacted on the lives and was a role model for many of her peers and even younger children at the IWK. Her participation in the Miss Teen Canada Pageant became an inspiration for all of us. Gina has left us, yet her spirit and inspiration lives on.

We extend our heartfelt sympathies to Gina's family and friends.

