

# Cancer Care

MANY HEARTS

MANY MINDS

ONE GOAL

Volume VI, Issue Six, January 2006

## Innovative partnership will enhance palliative care services for Nova Scotians



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Challenging. Emotionally draining. Incredibly rewarding. These are the words palliative care health professionals use to describe their work in relieving patient and family suffering and improving quality of life of both living and dying.

Ensuring that this dedicated team and their many volunteers, have the appropriate skill set and knowledge base is key to providing the support that patients and families need at a very difficult time in their lives. In response to this need, *Cancer Care Nova Scotia* developed the Palliative Care Front Line Education Program in 2003. Since then, more than 1,800 health professionals from across the province have completed the program.

Now for the first time ever, because of an innovative partnership between *Cancer Care Nova Scotia* and Nova Scotia Community College (NSCC), the Palliative Care Front-Line Education Program will be available to students before they enter the workforce. The college is also open to working with health districts and other organizations to deliver the program to health care providers currently in the field.

"Responding to the many and varied needs of patients is challenging for our health professionals," said Health

Minister Angus MacIsaac. "In the emotionally charged area of palliative and supportive care, the need for knowledge and skill development cannot be overrated. I am delighted that *Cancer Care Nova Scotia* and Nova Scotia Community College have joined forces to provide students and health

professionals working in the palliative care field with the understanding, knowledge and skill set to address the physical, emotional, social and spiritual impacts of cancer and other life threatening illnesses."

An addition to the regular curriculum for the college's Continuing Care Assistants and Practical Nursing students, the program provides an opportunity for knowledge exchange and discussion in such areas as pain and symptom management, spiritual care and cultural considerations, family-centred care, communication, grief and bereavement, self care and closure.

"Understanding the principles of palliative care and exploring and being comfortable with one's own beliefs, values, attitudes and experiences about serious illness, dying, bereavement and self-care are essential elements to being able to ease patient and family stress and help people work through complicated and often emotional issues," said Judy Simpson, Coordinator, Palliative and Supportive Care, *Cancer Care Nova Scotia*.

As a result of this new partnership, the College's Continuing Care Assistants and Practical Nursing students will learn the palliative care material together, using a similar team approach that has been successful with health professionals who have completed the program in the community. This will enable students to be active members of the care team upon graduation.

"At NSCC, we do our best to ensure our students gain thorough, current, high quality education so they are prepared to meet the evolving needs of employers in all sectors of our economy," said Heather Bishop, Dean of Health and Human Services at NSCC. "We believe that to meet the needs of employers, you also need to meet the needs of the community that those employers serve. This collaboration with *Cancer Care Nova Scotia* illustrates the importance of combining skill and compassion, to meet the needs of employers, families and the community. That is the kind of college we want to be."

(L-R): The Honourable Angus MacIsaac, Minister of Health; and Mr. Jack Keith, Chair, CCNS' Board of Directors.





[L-R]: Ms. Mona Devoe, Practical Nursing Student, NSCC; The Hon. Angus MacIsaac, Minister of Health; and The Hon. Jamie Muir, Minister of Education.

Evaluation results from the 1,800 health professionals who have already completed the three day program indicate that program content is appropriate, meaningful and applicable to the daily work of health care providers. Through testing, participants demonstrated both an increase in, and retention of, knowledge.

“As a person, I feel truly honoured and privileged to be able to offer patients and families some comfort and assistance at this most intimate and traumatic time in their lives,” said Jim Lambie, a volunteer who completed the Front-Line Education Program. “The program helped me be better prepared and more compassionate as

a palliative care volunteer. Now I’m more aware of my own values and beliefs concerning death, dying and bereavement, as well as those of others and other cultures. As a result, I have a greater understanding of what patients and families are experiencing.”

Although the partnership between *Cancer Care Nova Scotia* and Nova Scotia Community College equally serves the needs of both organizations, the true benefactors are Nova Scotia patients and families who will receive the best possible care from health providers who are caring, compassionate and confident in their knowledge and skills.

For more information about Palliative Care Front-Line Education, contact Judy Simpson by email at [judy.simpson@ccns.nshealth.ca](mailto:judy.simpson@ccns.nshealth.ca) or by phone at 902-473-3825.

## Calling all surgeons

**S**urgery plays an important role in the treatment of cancer patients. In fact, 80 per cent of cancer patients will have a surgical intervention. For many, this is a necessary step for a definitive diagnosis. Nova Scotia is fortunate to have surgical expertise across the province and through *Cancer Care Nova Scotia’s* Surgical Oncology Network, much is being done to advance the role of surgery and better integrate the surgeons as an integral part of the cancer team.

“The Network is one way we are engaging the entire surgical team including surgery, pathology, diagnostic services and radiology from across the province,” said Dr. Carman Giacomantonio, surgical oncologist and Head, *Cancer Care Nova Scotia’s* Surgical Oncology Network. “We’re accomplishing this through regular dialogue and annual Continuing Medical Education (CME) programming, which draws on the vast experience of general surgeons from across the province.”

CME topics are chosen based on current surgical or treatment challenges. Last year’s CME discussed the advantages of Sentinel Node Biopsy in the treatment of breast cancer and melanoma. The learning also addressed the need for surgeon experience to ensure quality care. As a result of this CME program, a database was developed so that surgeons could capture data on the Sentinel Node Biopsies they performed. This information is invaluable for discussion of success rates and false negative rates with their

patients. The CME offering was complemented with the publication of an In Practice newsletter summarizing the background, evidence and the rationale that makes Sentinel Node Biopsy a standard of care. The newsletter was distributed to primary care practitioners in Nova Scotia in September 2005.

The topic for the April 2006 CME is thyroid cancer. This cancer has the fastest growing incidence of all cancers in Nova Scotia and Canada, and there are many management and treatment issues to be addressed. This CME program will bring team members together, including radiation oncology and endocrinology, to discuss and come to a consensus on the standard of best practice for the treatment and management of thyroid cancer.

“There is great value in community and academic centre practitioners meeting to discuss common issues related to care and treatment of cancer patients,” said Dr. Giacomantonio. “It provides all involved with an opportunity to explore and discuss the issue from various perspectives and ensures that treatment guidelines and protocols are as comprehensive as possible.”

Through the continued work of its Surgical Oncology Network, *Cancer Care Nova Scotia* is committed to the development and acceptance of consistent surgical standards, based on the most current evidence available.

To learn more about the Surgical Oncology Network or for information about the CME planned for April, please contact Sandra Cook, Coordinator, Surgical Oncology Network, at 902-473-3675 or by email at [sandra.cook@ccns.nshealth.ca](mailto:sandra.cook@ccns.nshealth.ca)

Cancer-related CME programming and other events are also posted on *Cancer Care Nova Scotia’s* Website Calendar of Events at [www.cancercare.ns.ca](http://www.cancercare.ns.ca)



Dr. Carman Giacomantonio, surgical oncologist, QEII Health Sciences Centre and Head, CCNS’ Surgical Oncology Network.



## Cleaner air for Nova Scotians by December 2006

The tobacco control community has much to celebrate. On December 1, 2006, with amendments to the Smoke Free Places Act, smoking will be banned in all indoor public places, workplaces and at outdoor eating and drinking establishments. Described by government as “Canada’s toughest smoke-free legislation,” this decision is in response to the many Nova Scotians – both individuals and organizations - who have been lobbying for a 100 per cent ban across the province.

“The tobacco control community has really exploded in the last five years,” said Mr. Steve Machat, Manager, Tobacco Control, Nova Scotia Health Promotion. “Even before legislation, municipalities and health districts were leading the way. Today, 11 municipalities have comprehensive smoking bans and each of the district health authorities have banned smoking in all of their properties, including hospital parking lots. Of course, until the province-wide ban is implemented, some Nova Scotians are still being exposed to deadly second-hand smoke.”

The amended Act will create a level playing field for business. It will eliminate designated smoking rooms and will extend protection from second-hand smoke to all Nova Scotians. Smoking rooms in licensed nursing homes and licensed residential care facilities will be exempt for the people who call these facilities home. Staff, however, will not be permitted to smoke in these rooms.

The only other area not covered under the new provincial legislation is smoking on First Nations reserves, as First Nation bands have the ability to pass their own smoking by-laws. However, the tobacco control community is working with First Nations communities to find ways to provide the highest levels of protection possible for all people.

“We respect the jurisdiction of First Nations reserves,” said Mr. Machat. “We know they are concerned about the health and well being of their people and we will work with them to find mutually acceptable

solutions to implement the same levels of protection found in the Smoke Free Places Act.”

There is no doubt that Nova Scotia has made significant progress. Since 2001 when the Tobacco Control Strategy was implemented, smoking rates have decreased from 30 per cent to 20 per cent. The complete smoking ban will help to further decrease smoking rates, change community norms and improve the health of Nova Scotia communities. However, more needs to be done.

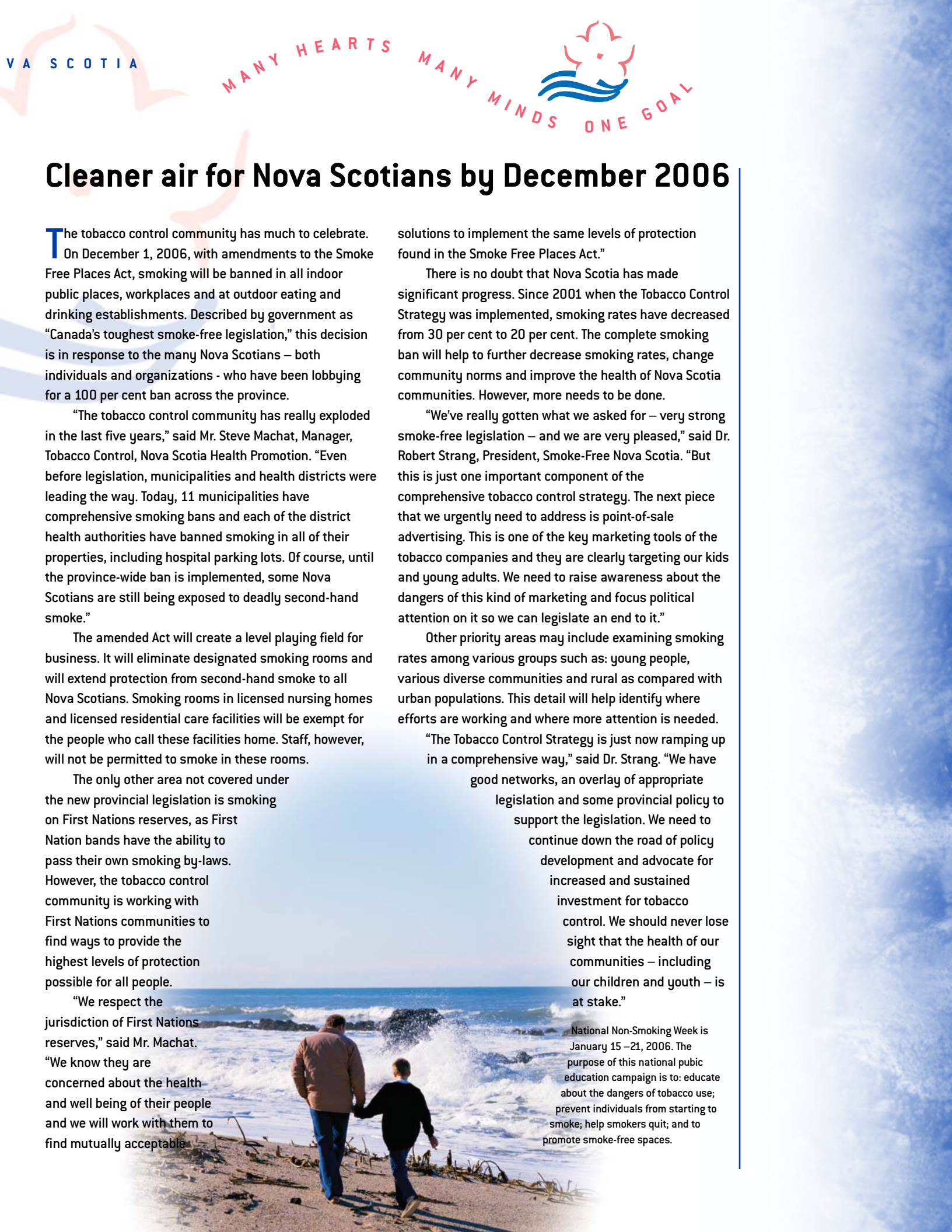
“We’ve really gotten what we asked for – very strong smoke-free legislation – and we are very pleased,” said Dr. Robert Strang, President, Smoke-Free Nova Scotia. “But this is just one important component of the comprehensive tobacco control strategy. The next piece that we urgently need to address is point-of-sale advertising. This is one of the key marketing tools of the tobacco companies and they are clearly targeting our kids and young adults. We need to raise awareness about the dangers of this kind of marketing and focus political attention on it so we can legislate an end to it.”

Other priority areas may include examining smoking rates among various groups such as: young people, various diverse communities and rural as compared with urban populations. This detail will help identify where efforts are working and where more attention is needed.

“The Tobacco Control Strategy is just now ramping up in a comprehensive way,” said Dr. Strang. “We have

good networks, an overlay of appropriate legislation and some provincial policy to support the legislation. We need to continue down the road of policy development and advocate for increased and sustained investment for tobacco control. We should never lose sight that the health of our communities – including our children and youth – is at stake.”

National Non-Smoking Week is January 15 – 21, 2006. The purpose of this national public education campaign is to: educate about the dangers of tobacco use; prevent individuals from starting to smoke; help smokers quit; and to promote smoke-free spaces.





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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: *Cancer Care Nova Scotia*  
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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 VII, Issue One is February 7, 2006.

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## Guidelines key to quality cancer care

By Trish Smith

Evidence and best practice form the foundation of guidelines developed by *Cancer Care Nova Scotia* (CCNS) staff and cancer specialists. These medication, disease and symptom management guidelines provide health professionals with the information necessary to ensure their patients receive the highest quality of cancer care possible.

To date, *Cancer Care Nova Scotia* has worked with cancer specialists and other health professionals to develop 23 medication and five disease and symptom management guidelines. A guideline for Cancer Pain Management is scheduled to be published in early 2006, and another eight disease and symptom management guidelines are in various stages of development.

"The disease and symptom management guidelines are created to inform health professionals, and assist them in understanding how the disease or symptom is treated in Nova Scotia," said Ms. Jill Petrella, Quality Coordinator, CCNS. "With these tools, Nova Scotians can be confident they are receiving the best quality of cancer care possible."

In addition to helping health professionals specifically involved in cancer care, the disease and symptom management guidelines are helping family doctors. "They enable family doctors to better understand the disease their patient is facing," said Ms. Petrella. "This is important since many cancer patients will see their family doctor for symptom management, and other concerns they have


during treatment. Without guidelines to help educate the family doctors, they often are not familiar with issues their patients may face."


The medication guidelines, unlike the disease and symptom management guidelines, are not intended for front-line health professionals. These guidelines are developed to help decision makers review new medications available for cancer treatment. Recently, a medication guideline developed by CCNS and the Breast Cancer Site Team led to the decision to offer Herceptin to early-stage breast cancer patients in Nova Scotia, who would benefit from the drug.

Guidelines are developed by CCNS staff and Cancer Site Teams, whose membership include health professionals from various disciplines. These individuals specialize in treating a specific type of cancer and as such, have the expertise necessary to determine appropriate guideline content.


Positive feedback from family practitioners, specialists, nurse practitioners and others makes CCNS confident that the guidelines developed are being put to good use and are effective education tools. CCNS' Cancer Site Teams, together with staff, continue to develop new guidelines, and update existing ones, as new evidence becomes available. Through guideline development, we are ensuring that Nova Scotians continue to receive consistent, high quality cancer care.

## News and Notes

 *Cancer Care Nova Scotia's* Gynecological Cancer Screening Program has changed its name to the Cervical Cancer Prevention Program. This new name better reflects the purpose of the program – to decrease the incidence of cervical cancer among Nova Scotia women. The Program's mandate remains the same. It continues to include health promotion activities to raise awareness about the importance of regular Pap tests in preventing cervical cancer, youth education regarding risk factors, as well as monitoring new technologies and approaches to cervical cancer prevention. The mandate also includes establishment and ongoing evaluation of province-wide standards in cytology, histopathology and colposcopy; a provincial cytology / colposcopy monitoring system; and research.

 Applications are now available for CCNS' Norah Stephen Oncology Scholar Awards. Both graduate and undergraduate students interested in working on a cancer-related project, over the summer, are eligible to apply. Students must be attending a Nova Scotia university.

The deadline for applications is Friday, February 10, 2006. For an application or for more information, contact Pauline Hart at pauline.hart@ccns.nshealth.ca or go to CCNS' website at [www.cancercares.ns.ca](http://www.cancercares.ns.ca)

 Pat MacDonald, of Halifax, is this year's recipient of the National Ovarian Cancer Association's (NOCA) Peggy Truscott Award of Hope. An ovarian cancer survivor and NOCA volunteer, Pat is a trained Listen to the Whispers presenter as well as a support contact for many women with this disease. She has also co-chaired the NOCA Walk of Hope for three years. Congratulations Pat.