Nova Scotia Leaders Shaping National Cancer Agenda

The cancer system faces significant challenges in Nova Scotia and in Canada. Challenges such as: rising drug costs of between eight and 25 per cent each year, a 70 per cent increase in new cancer cases in the next 10 years, a growing shortage of all manner of cancer specialists and the list goes on. Such challenges will be met head on with thoughtful leadership and compelling action from Nova Scotia leaders.

“The key to successful leadership today is influence, not authority.” This is a powerful statement by Kenneth Blanchard, management author and business consultant. It aptly applies to two Nova Scotians, René Gallant and Gerald Johnston, who are assuming major leadership positions in national cancer organizations. This is a unique time when Nova Scotians are poised to have great influence on the national agenda affecting the long-term impact in cancer control.

Mr. René Gallant
Incoming President (August 2004) of the Canadian Cancer Society, René Gallant, is assuming leadership of an organization with a long and successful history. The largest charitable funder of cancer research, the society’s research dollars are distributed through the National Cancer Institute of Canada (NCIC).

Mr. Gallant, a volunteer with the Canadian Cancer Society for the last 13 years, is particularly interested in the need to move forward on the Canadian Strategy for Cancer Control. “Cancer affects so many people,” said Mr. Gallant. “It is so common that sometimes people accept cancer as something we just have to live with. I’m not willing to accept that. Canadians want something to be done and a national strategy is a good starting place. We need to urge national and provincial governments to get behind the Canadian Strategy, which provides a framework for the full spectrum of cancer control.”

While Mr. Gallant considers all aspects of cancer control important, he believes more can be done in the area of prevention. “As many as 50 per cent of all cancers can be prevented through diet and healthy lifestyle choices. These choices need to be grounded in healthy public policy. Our success, to-date, in the area of tobacco control shows that policy changes can have a positive impact. We need to do more on tobacco control and not forget about diet, exercise and sun safety.”

“We have a big agenda, but every time we meet we are making a difference.”

Dr. Gerald Johnston
As Professor and Head, Department of Microbiology and Immunology, Dalhousie University and a respected cancer researcher, Gerald Johnston has been involved with NCIC for almost 25 years. The largest non-government funding agency dedicated...
to cancer, NCIC receives three-quarters of its funding from the Canadian Cancer Society and the remaining quarter from the Terry Fox Foundation.

On June 4, 2004, Dr. Johnston began a two-year term as NCIC President. In this role, he will lead the institute’s 19-member board in developing policy to guide the annual distribution of more than $60 million in research funds, with an ultimate goal of reducing incidence, morbidity and mortality from cancer.

“NCI has many exceptional national programs and we need to foster their growth,” said Dr. Johnston. “We need to use our resources and our experience to leverage more support for cancer research because if we don’t, this breaking wave of cancer incidence will overwhelm us. New knowledge through research is the only way we’re going to combat this problem.”

Cancer Care Nova Scotia thanks and salutes these individuals and all others who dedicate their time to improving and enhancing the quality of the cancer system in Nova Scotia and across the country.

**Family Caregivers Experience Significant Anxiety and Depression**

The psychosocial, occupational and economic impact of caring for a terminally ill person was the focus of a recent research study, led by Dr. Eva Grunfeld, Professor of Medicine at Dalhousie University and Capital Health.

The three-year study followed 89 caregivers of women in Ontario who had advanced breast cancer. Patients were also followed until their death or until the end of the study period.

“We expected that providing care to a terminally ill family member or loved one would be stressful,” said Dr. Grunfeld. “We were surprised, however, to learn that more caregivers experienced psychological distress than the patients they were caring for.”

Findings indicated that at the beginning of the palliative period 35 per cent of caregivers had clinical levels of anxiety as compared with 19 per cent of patients. During the period of terminal illness 40 per cent of caregivers had clinical levels of anxiety as compared with 27 per cent of patients. The percentage of caregivers who experienced clinical levels of depression increased from nine per cent at the beginning of the palliative period to 30 per cent during the patient’s terminal illness. The most important factor contributing to both anxiety and depression was the level of caregiver burden. In addition, 77 per cent of employed caregivers reported having missed work because of their caregiving responsibilities. The high cost of prescription drugs was reported as the most important contributor to financial worry.

“Based on these results it is clear we are not doing enough to support family caregivers,” said Dr. Grunfeld.

“We need to recognize family caregivers as integral to the care process and part of the team. In doing so, the primary health provider should meet with the caregiver and provide them with the necessary tools and information to support the patient. At the same time, health policies, which support caregivers, need to be established and be available universally. Things like national income assistance, homecare resources and a catastrophic drug program would help to reduce the psychosocial, occupational and economic impact of caring for terminally ill patients.”

Funding for this research, which was published in the June 8, 2004 edition of the Canadian Medical Association Journal, was provided by the Canadian Breast Cancer Research Alliance.

Before coming to Nova Scotia, Dr. Grunfeld was with the Ottawa Regional Cancer Centre and the University of Ottawa.
Celebrating Life

The afternoon was one of friendship, remembrance and hope. National Cancer Survivors Day celebrations, held in Halifax on June 6, 2004, was also about celebrating life. The afternoon featured an inspirational message of hope, a candle lighting ceremony to remember those impacted by cancer, an amazing lineup of family entertainment, cancer information booths and oodles of cake and ice-cream.

There was hardly a dry eye in the room as Theresa Marie Underhill, cancer survivor and Chief Operating Officer of Cancer Care Nova Scotia, related her story of the day she learned she had cancer. She referenced getting through each day by focusing on the good things in her life: a supportive family, including her then baby girl, Kathleen, who is now six; thoughtful friends and dedicated health professionals who provided her with exemplary care.

Moments of reflection continued with the candle lighting ceremony, during which cancer survivors and patients, cancer health professionals, along with family and friends, who are no longer with us, were recognized and remembered.

The event changed pace as Terry Kelly and his band, Kendra MacGillivray, Ken Tobias, the Halifax Elementary Girls’ Honour Choir, the Greene School of Irish Dance and Rhapsody Quintet performed.

People who attended the event may have come for different reasons. However, all left with a strong sense of friendship, community and hope. Mark June 5, 2005 in your calendar today. It promises to be another celebration to remember.

Special thanks to Terry Kelly and his brother and manager, Tony Kelly, who coordinated the entertainment, and to Bruce Rainnee, who once again acted as Master of Ceremonies, for their ongoing commitment to National Cancer Survivors Day.
Blood Safety: An Important Issue for People with Cancer
By Margery Konan, Anemia Institute for Research & Education

Did you know that about one-quarter of all blood collected in Canada is used to treat people with cancer? It’s not the first thing we think about when we talk about cancer treatment – but blood transfusion is an important, life-saving measure for patients with very low blood counts, or for patients undergoing invasive surgery or bone marrow transplant.

However, after the tainted blood problems of the 1980s, the idea of receiving blood can be scary for some people. Public confidence in the Canadian blood system has increased over recent years, but even now, around 25 per cent of the population is not confident in the safety of blood transfusion. When an Ontario cancer patient died from West Nile Virus-infected transfusion in 2002, many old fears were revived.

Fortunately, patients can feel reassured in recent efforts made to protect the blood system. The risks of HIV and Hepatitis C have been reduced to less than 1 in 3 million units. And as of July 2003, Canadian Blood Services began screening all donated blood for West Nile Virus.

Cancer patients can also benefit from medications that raise red blood cell levels to help patients avoid transfusion. Anemia medication, taken alongside chemotherapy or radiation, can help to maintain healthy blood levels and also to improve patients’ quality of life and energy levels. Some studies suggest that higher red blood cell levels may correlate with increased survival for most major cancer types.

Blood in Canada is among the safest in the world, but it will never be 100 per cent risk-free. Real risks still exist – such as bacterial contamination in platelets, allergic reactions to blood, or getting the wrong blood transfused [human error]. Last year, Nova Scotia created a Provincial Blood Coordinating Program to help ensure blood related products are efficiently, effectively, and safely administered across the province. The program tracks adverse reactions from blood and promotes optimal use of blood in health care facilities and is a great asset to our region. For program information call 902-473-2121.

“In Nova Scotia we are doing all we can to ensure the highest standards for transfusion medicine, to benefit cancer patients and indeed all patients needing blood,” said Program Manager Marina Hamilton.

For more information about blood safety visit www.anemiainstitute.org or info@anemiainstitute.org

News and Notes

Congratulations to Cancer Patient Navigators, Joanne Cumming, Pictou County Health; Charlene Porter, Guysborough Antigonish Strait Health Authority; and Darolyn Walker, South West Health. They recently earned certification in oncology nursing from the Cross Cancer Institute and certification in the Canadian Association of Oncology Nursing [CANO].

Congratulations to Dr. Shelagh Leahey, South West Health, who was awarded the Doctor Ina Cummings Education Bursary at the recent NSHPCA Conference held in May. The purpose of this bursary is to further knowledge in the area of palliative care pain and symptom management. We wish Dr. Leahey success in her pursuit of palliative care education.

The National Walk of Hope for Ovarian Cancer will be held on September 12, 2004. In Halifax, the walk will take place in Point Pleasant Park. For more information please contact Sarah at 902-742-7474.

The seventh annual Cape Breton Cancer Symposium will be held on October 22 at Centre 200 in Sydney. This year’s topics will focus around the issues of cancer survivorship. Among the topics that will be discussed are: Beyond childhood cancer; Cancer in the elderly; Impact of support groups on survivors; Sexual issues related to cancer survivors and psychosocial issues in cancer survivorship. For more information call Debra MacDonald at 902-567-8074 or visit Cancer Care Nova Scotia’s website at www.cancercare.ns.ca