

## Cancer Survivorship— Managing a Success Story



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“Cancer may leave your body, but it never leaves your mind.” These are the words of cancer survivor Steve Webster during a recent roundtable meeting on cancer survivorship, hosted by *Cancer Care Nova Scotia*.

The roundtable brought together health professionals and administrators, cancer related organizations and patients and families from across the province. The purpose: to discuss the transition from patient to survivor and to develop an action plan on how best to manage the ongoing quality of care for survivors.

“With the growing number of cancer survivors, thanks to earlier detection and better treatments, now more than ever, we need to understand the care and support needs of survivors and how health providers and the community can best serve these needs,” said Theresa Marie Underhill, Chief Operating Officer, *Cancer Care Nova Scotia*.

One in three Canadians will develop cancer at some point during their life, and about 50 per cent will be long-term survivors. Of those diagnosed with breast, colorectal and prostate cancers, the news is even better; about 80 per cent will be long-term survivors.

“We’re now in the fortunate position of

determining how best to manage the success of cancer early detection and treatments,” said Dr. Eva Grunfeld, Director of Cancer Outcomes Research (COR) for *Cancer Care Nova Scotia* and keynote speaker at the roundtable. “We need to have ongoing discussion about the best ways to meet the continuing health care needs of the growing survivor community, while effectively caring for patients who are in active treatment.”

Among the most pressing challenge for health providers is how best to provide long-term follow up care. This includes periodic routine appointments, screening for recurrence and new cancers, monitoring for side effects of earlier treatments and psychosocial support.

Recent research, conducted by Dr. Grunfeld, compared follow-up care for breast cancer patients provided by family doctors with that provided by cancer specialists. The study concluded that follow-up care by family doctors is a safe and acceptable alternative to specialist follow-up. This is an important finding as it affects access to and better coordination of care, appropriate use of scarce resources and the ability to provide quality care close to home.

“Family doctors are an important member of the health care team,” said Dr. Grunfeld. “They provide high quality care to their patients and serve as an important link between community and specialist care. Research indicates that by providing family doctors and cancer survivors with tools such as clinical guidelines and care plans, follow-up care could, for the most part, be handled in the community, enabling cancer specialists to focus their attention on patients who are in active treatment.”

Dr. Mike MacKenzie, a family doctor with a part-time practice in palliative medicine in the Guysborough  
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Steve Webster,  
Cancer Survivor



*Cancer Survivorship – Managing a Success Story (cont'd from front page)*

Antigonish Strait Health Authority, agrees. He is always looking for ways to serve his patients better.

“Family doctors tend to have long-standing relationships with their patients and are ready and willing to provide follow-up care, answer questions, provide advice and recommend appropriate testing and screening. In many cases we are already doing this,” he said. “Having more information about the cancer care that our patients are receiving at every step would be helpful. In particular, a discharge summary at the end of a cancer patient’s treatment would be beneficial. It could include such things as: drugs used during treatment, known side effects, risk of recurrence (if known), and recommended follow-up. Any information that we can use, to assist patients in their efforts to shift the focus away from cancer and on to enjoying the rest of their lives, is appreciated.”

Like GPs, cancer survivors also have information needs. They need to be confident that the health professional, who is providing follow-up care, is knowledgeable and has the necessary information to

provide informed advice. Survivors also want and need practical information to help them in their transition from patient to survivor.

“There’s no real protocol for what happens after you walk out the [treatment] door,” said Steve Webster. “Support groups are a help, but they’re not enough. There’s a need to bridge the gap with a ‘back-to-life manual’ of sorts to answer such questions as the types of support available, tips for talking with employers and easing back into the work routine, dealing with fatigue, pain, expectations, when and what kinds of appointments you need to have, what symptoms you should be concerned about, and the list goes on.”

The perspectives and insights shared by Mr. Webster, Dr. MacKenzie, and Dr. Grunfeld, and other roundtable participants, together with evidence and ongoing consultation with stakeholders, will form the framework for an action plan to ensure quality health care for survivors during this new phase of their lives.

Stay tuned for details on the plan as it evolves.

## GASHA Hosts Cancer Connection

**C**ancer Connection, organized and hosted by Guysborough Antigonish Strait Health Authority’s (GASHA) District Cancer Committee, provided health professionals, volunteers and community members with a day-long forum of networking, education and awareness building.

Held on June 7 at the new Port

Hawkesbury Civic Centre, the event focused on cancer services and supports provided in the district. The forum included 30 information displays / poster presentations, which were open to the public in the afternoon. In addition, 30 health professionals took advantage of an offering of one of *Cancer Care Nova Scotia’s* Interprofessional Core Curriculum (ICC) modules, *Creating Therapeutic Conversations*.



*L-R: Sandi Janzi and Treka Burke display information they use in their work as Health Educators for GASHA.*

The evening included a dinner for invited guests, and a district recognition ceremony, where *Cancer Care Nova Scotia* acknowledged the individual contributions of 86 health professionals and volunteers in improving cancer services in the district and the province as a whole.

Following dinner, Dr. Carman Giacomantonio, Chair of *Cancer Care Nova Scotia’s* Surgical Oncology Network, delivered a public lecture on skin cancer prevention and treatment.

“The day was a great success,” said Charlene Porter, Cancer Patient Navigator, GASHA and one of the event’s organizers. “Already we have started planning for next year.”



## Leadership – Nova Scotia Style

Leadership has a cascading effect. Like water moving from one level to another, picking up speed and rolling faster, sharing expertise and knowledge through leadership has many benefits beyond the obvious and very quickly takes on an energy all its own.

Judy Purcell, Prevention Coordinator for *Cancer Care Nova Scotia*, has over 20 years experience in health promotion and cancer prevention, and has first-hand knowledge of the value and momentum leadership can bring.

“I’ve had the privilege of working with some extraordinary people in Nova Scotia and across Canada,” said Judy. “I’ve learned from the best and it’s exciting to put that knowledge into practice.”

For the past three years, Judy has been an active member of the National Skin Cancer Prevention Committee and recently assumed the role of co-Chair. In this role she is sharing her knowledge, becoming better informed, ensuring the Nova Scotia voice is heard, helping to move priorities forward, and discussing how issues such as recent evidence about Vitamin D and its role in risk reduction of various cancers should factor into policy development to support skin cancer prevention.

The committee’s goal is to decrease the burden of skin cancer in Canada by reducing overexposure to the sun and other sources of ultraviolet radiation.

In working toward this goal the committee has developed four strategic directions that are guiding its work and recently administered its second national knowledge, attitude and behaviour study on sun safety. Results, which will be available in the fall, will help to finalize a five-year national action plan.

“The work of the national committee dovetails nicely with *Cancer Care Nova Scotia’s* provincial commitment of providing leadership to address skin cancer prevention,” said Judy. “Although skin cancer is almost entirely preventable, Nova Scotia has one of the highest rates in the country. About 2,500 Nova Scotians will be diagnosed with some form of the disease this year.”

A strong proponent of sun safety, Judy also coordinates the work of Sun Safe Nova Scotia, with leadership provided by Dr. Jennifer Klotz, Professor of Dermatology, Dalhousie Medical School and Chair of the coalition. Spearheaded by *Cancer Care Nova Scotia* in

2006, the coalition of like-minded individuals and organizations are dedicated to reducing skin cancer in Nova Scotia.

To date, Sun Safe Nova Scotia has researched, developed and presented a case document to government recommending restrictions on access to artificial tanning equipment in the province. Other projects have included work with daycares and recreation programs to develop and implement sun safety policies, as well as the development of an on-line continuing education module on skin cancer for health professionals through *Cancer Care Nova Scotia’s* Interprofessional Core Curriculum. Most recently, members worked with Community Recreation Services, Halifax Regional Municipality and the Town of Windsor Recreation Departments in collaboration with the Capital Health’s District Cancer Committee to develop *Summer Sun Safety – A How-To Guide for Sport and Recreation Programs*.

In addition to advancing the work related to skin cancer prevention, Judy has held leadership roles to advance the cause for tobacco control, healthy eating and physical activity. She has chaired partnership committees to build community capacity in these areas and continues to advocate for and support ongoing work at the provincial level.

Judy believes that collaborative efforts at the national and provincial level are essential to influencing change in cancer prevention. “Being inclusive and collaborative in our approach has been key to our success, both in Nova Scotia and in our country as a whole,” she said. “Collectively, our continued efforts will result in more health promoting policies and programs to support behaviour and attitudinal change about sun exposure in the same way that we [collectively] are changing attitudes toward smoking, and promoting the importance of healthy eating and physical activity. Preventing cancer and promoting health is always our end goal.”

*Judy Purcell, Prevention Coordinator, Cancer Care Nova Scotia and Co-chair, National Skin Cancer Prevention Committee.*



## Summer Sun Safety Guide Launched

Those lazy days of summer conjure up wonderful memories: picnics in the park, trips to the beach, swimming lessons at the community pool, day camps and more. Many of us also have the memory of the odd sun burn. Not so long ago this was considered a rite of passage of summer.

Today we know that over-exposure to the sun causes skin cancer.

We also know that sun burns during childhood increase the risk of skin cancer. This knowledge prompted *Cancer Care Nova Scotia* and the Sun Safe Nova Scotia coalition members to work with a number of individuals and organizations to develop *Summer Sun Safety – A How-to Guide for Recreation and Sport Programs*.

"The Summer Sun Safety guide takes a common sense approach to reducing skin cancer risk for children and employees who are spending long periods in the summer sun when the UV index is high, said Dr. Jennifer Klotz, Chair, Sun Safe Nova Scotia and Professor of Dermatology, Dalhousie Medical School. "It's about having safeguards in place to avoid sun burn and skin damage while enjoying the outdoors."

The guide has two main goals: to encourage sport



L-R: Monika Drozdowska, Administrative Assistant, Prevention, CCNS; Haley McInnis, Health Education Graduate and Summer Sun Safety Project Officer, CCNS; and Mary Angela Munroe, Halifax Regional Municipality Recreation Department.

and recreation programs to integrate sun safety into their programs; and to provide information and resources that will help make sun safety easier and more successful.


"The evidence tells us that policy and education programs in recreation and sport settings make a big difference in improving sun safety practices," said Theresa Marie Underhill, Chief Operating Officer, *Cancer Care Nova Scotia*. "Helping sport and

recreation programs by making this guide, with its proven approach, available will help achieve our shared goal of fewer Nova Scotians being diagnosed with skin cancer."

The Summer Sun Safety Guide is based on successful summer sun safety programs implemented in 2006 by Community Recreation Services, Halifax Regional Municipality and the Town of Windsor Recreation Departments. This work was done in collaboration with Capital Health's District Cancer Committee. The guide includes sample policies and support materials suitable for adaptation and use within both sport and recreation settings.

For more information on the guide, contact Judy Purcell, Prevention Coordinator, *Cancer Care Nova Scotia* at judith.purcell@ccns.nshealth.ca or 902-473-6063.

## News and Notes

 *Cancer Care Nova Scotia* is pleased to announce that its Nova Scotia Cancer Registry was recently awarded Gold Certification by the North American Association of Central Cancer Registries (NAACCR). Established in 1987, NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America.

The NAACCR certification program has been in place since 1997. Member registries can be reviewed annually for their ability to produce complete, accurate, and timely data using pre-determined certification criteria established by the organization's members. In 2006, cancer incidence data from 73 population-based cancer registries were evaluated as part of the certification program. Seven Canadian and 56 U.S. registries were certified. In Canada, Nova Scotia, Alberta and Manitoba achieved gold level certification. Certification is one measure that the registry can use to assure stakeholders that high quality data is being collected and maintained for surveillance and research use in Nova Scotia.