cancer care

MANY HEARTS MANY MINDS ONE GOAL

Volume IV, Issue One, March 2003

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# Weighing the Options

The evidence supports it. Screening through Fecal Occult Blood Testing (FOBT) and colonoscopy could reduce colorectal cancer mortality by 15-33 per cent in a population of 50-74 year olds. This means that over a ten-year period colorectal cancer screening could save the lives of 7,740 Canadians. Based on this evidence, the National Committee on Colorectal Cancer Screening recently recommended that colorectal cancer screening be made available to Canadians through organized programs.

As the provincial cancer agency responsible for cancer control, *Cancer Care Nova Scotia (CCNS)* advocates and supports evidence-based decisions around prevention, early detection, care and treatment of cancers. For this reason, *Cancer Care Nova Scotia* and its GI Cancer Site Team has invited stakeholders to attend a one-day symposium to discuss the priorities for Nova Scotians around colorectal cancer screening.

The benefits of screening for any cancer include identifying cancers earlier to decrease mortality, as is possible with breast screening and identifying and removing precancerous lesions to decrease incidence, as is possible with Pap testing for cervical cancer.

"We agree there is data to indicate that screening for colon cancer will decrease mortality," said Dr. Geoff Porter, Surgical Oncologist and co-chair of *Cancer Care Nova Scotia's* GI Cancer Site Team. "The question is, what kind of screening? For example, should those at higher risk of developing colorectal cancer be screened differently than average risk individuals? We need to examine the issue fully to ensure we develop a program that will be successful."

Currently, there is no organized colorectal cancer screening program in Canada. Some people are being screened, but it is being done in an ad-hoc manner. On the outside, it seems simple enough. The evidence says there is benefit in screening for colorectal cancer, so it would follow that a screening program should be developed. However, as with the development of any screening program, there are many issues that need to be considered and addressed.

*Dr. Geoff Porter, Surgical Oncologist*

Ensuring standardized procedures for testing and follow-up of both average risk and high risk Nova Scotians; implementing a systematic means for tracking and evaluation; providing detailed information to patients and physicians about risks, benefits and how the test is administered and allocating resources to accommodate demand are essential components of any successful screening program.

"One of the major issues with colorectal screening, is what to do once FOBTs are processed," said Dr. Des Leddin, a

*(continued next page)*

**The National Committee on Colorectal Cancer Screening recommends:**

- Colorectal Cancer screening be made available to Canadians in an organized and structured environment
- Screening be offered to adults 50-74 years, using unrehydrated Hemoccult II or equivalent as entry test
- Individuals be screened at least every two years
- Positive tests be followed up with colonoscopy, with options of barium enema and flexible sigmoidoscopy where appropriate

Weighing the Options (cont'd)

gastroenterologist and Head of the GI Division at Capital Health. "While the vast majority of people who test positive won't have cancer, they still need to be followed up. It's a huge issue, with significant implications for both health professionals and patients."

Family doctors will need to explain to patients that their test has come back positive. They will need to arrange for follow-up and be prepared to respond to questions and fears from the patient and their relatives. Depending on the follow-up deemed appropriate (colonoscopy, flexible sigmoidoscopy, barium enema) radiology, GI, pathology, diagnostic imaging, oncology and surgery may also be involved, which will place additional strain on already overburdened programs.

Dr. Des Leddin, Gastroenterologist

A colorectal cancer screening program for Nova Scotia will cost about three million dollars each year. It is estimated that such a program would reduce the number of people dying from colon cancer by approximately 17 per cent after 10 years and would save as many as 40 deaths each year. These numbers are based on 67 per cent of 50-74 year olds participating in the program, as was evident in research from randomized control trials available. The percentage of Nova Scotians who are likely to participate is an issue to consider. For example, *CCNS'* cervical cancer screening program, which is ten years old, has a participation rate of less than 40 per cent.

Are the cards stacked against colorectal cancer screening? Dr. Porter says, "no."

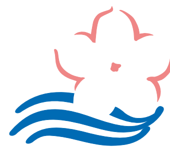
"The benefits (of colorectal cancer screening) are similar to, if not better than breast cancer screening," said Dr. Porter. "From a population health point of view, we have information we can work with to decrease the number of people dying with colorectal cancer. However, we must recognize and address specific issues, some which may be relatively unique to Nova Scotia, before any colorectal cancer screening program can be considered."

*Cancer Care Nova Scotia* and members of its GI Cancer Site Team are hosting a one-day symposium in Halifax on March 28, 2003 to explore issues surrounding the development of a colorectal cancer screening program for Nova Scotia. In addition to representatives from *Cancer Care Nova Scotia*, the GI Site Team and Division, participants will include gastroenterologists from across the province, Medical Officers of Health and Vice Presidents of Medicine from all health districts; laboratory medicine and technicians; GI nurses, family doctors, diagnostic imaging, as well as representatives from the Canadian Cancer Society, Colon Cancer Support Group, Department of Health and Office of Health Promotion.

***You may not be attending the March 28 symposium, but you can participate in the dialogue and discussions about the development of a Colorectal Cancer Screening Program in Nova Scotia. Log on to our Web site at www.cancercare.ns.ca before April 30, 2003 and express your opinion about the best option(s) for Nova Scotia.***

## Methods of Colorectal Cancer Screening

- ***Fecal Occult Blood Testing*** (FOBT) requires patients to provide a stool sample for testing in a laboratory for the presence of invisible (to the naked eye) amounts of blood. For the one in 50 patients who test positive, further testing will be required. These tests may include a colonoscopy, a flexible sigmoidoscopy or barium enema.
- During a ***colonoscopy***, a colonoscope is inserted into the bowel and passed the whole way around. The purpose of the test is to see if there is anything present, which might be bleeding. If a cancer is present, it can almost always be detected. Most often, however, hemorrhoids or veins are the cause of the bleeding. The benefits of colonoscopy include earlier detection of cancer and the removal of growths called polyps, which can become cancerous if left alone. *Risk: About one in 3000 people who undergo the test will develop a tear in the bowel, which can require surgery. A smaller number could even die as a result of test complications.*
- A ***flexible sigmoidoscopy*** allows a doctor to look at the lining of the rectum and the lower part of the colon, take biopsies and remove polyps. *Risk: Although rare, sigmoidoscopy, like colonoscopy, can lead to a tear in the bowel (one or two per 10,000).*
- A ***barium enema*** is an X-ray of the large intestine, which is helpful in determining if polyps exist. *Risk: Biopsies cannot be taken during this test.*



RESEARCH

# Continuity of Care by Family Doctors Results in Better End-of-Life Care

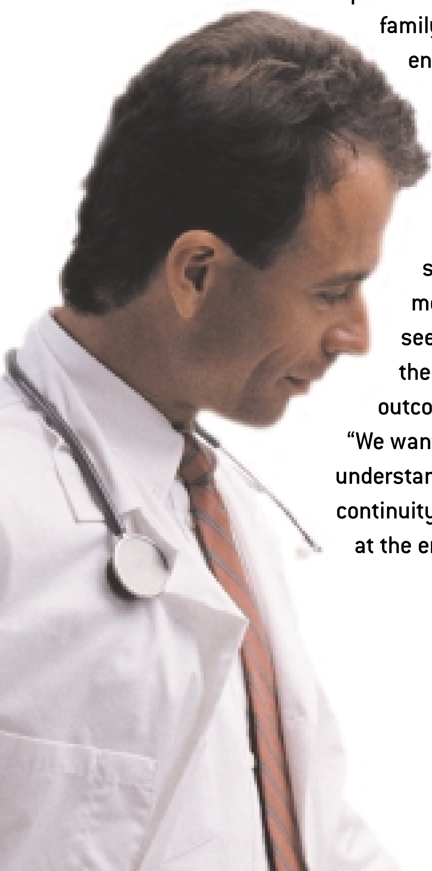
Relational continuity of care is the focus of a research study led by Dr. Fred Burge, Associate Professor and Research Director, Family Medicine and Clinical Research Scholar, Dalhousie University.

"Relational continuity refers to the continuity of care over time between a care provider and a patient," said Dr. Burge. "In our study, the care provider is the family doctor. Family physician continuity of care is not limited by the types of illnesses that a patient experiences and is enhanced by the provider's prior history with that patient and his or her family."

**"Family physician continuity of care... is enhanced by the provider's prior history with that patient ..."** *Dr. Fred Burge*

Dr. Burge, together with Beverley Lawson, Research Associate, Family Medicine and Dr. Grace Johnston, Associate Professor, School of Health Services Administration, Dalhousie University and Senior Epidemiologist Consultant, *Cancer Care Nova Scotia (CCNS)*, recently completed a two-year study on the impact of this aspect of the family doctor's role on end-of-life care in cancer patients.

"Research evidence, for specific diseases like asthma, suggests that the more often a patient sees the same doctor, the better their health outcomes," said Dr. Burge. "We wanted to better understand the role of continuity for cancer patients at the end-of-life."



Using data from physician billing claims, hospitals and *CCNS'* Surveillance and Epidemiology Unit, Dr. Burge and the team developed continuity scores for patients by using the number of times a patient visited a family doctor and the total number of family doctors they saw. A high score indicated greater continuity of care and a low score indicated lesser continuity of care.

The research concluded that patients with high family physician continuity of care were less likely to end up in an emergency department. They were also less likely to die in hospital. Research indicates that up to 70 per cent of people with cancer prefer to die at home. If patients were admitted to hospital, they spent less time there if they had higher continuity of care scores.

"Based on these findings, it's important that we try to ensure continuity of care for those dying of cancer. We need to convey this message more clearly to family doctors and health program planners," said Dr. Burge. "We also need to help patients understand the very important role that the family doctors can have in patient care at the end-of-life."

Initial funding for the project was provided by Cancer Research and Education (CaRE) in Nova Scotia. Additional funding from the Canadian Institutes of Health Research (CIHR) and the QEII Health Sciences Centre Foundation has allowed further investigation of the use of health services for those dying of cancer.

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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 IV, Issue Two is April 10, 2003.

*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.

NOVA SCOTIA
Department of Health

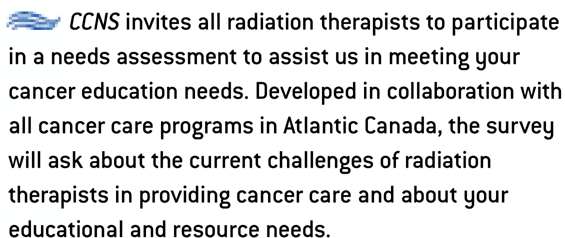
## Support for Cancer Patients

On October 1, 2002, the Canadian Cancer Society – Nova Scotia Division (CCS-NSD) launched CancerConnection, a program aimed at supporting cancer patients, their family members and/or caregivers through their cancer journey.

CancerConnection is a one-to-one, telephone-based, support service that matches Nova Scotians diagnosed with cancer, or their family members and/or caregivers, with trained volunteers who have experienced cancer themselves, either as a survivor or a family member/caregiver. CancerConnection is a free and confidential program that matches callers with volunteers who have had a similar experience with cancer and who, where possible, are of a similar age, marital and family status. CancerConnection offers the hope that only comes from speaking with "someone who's been there." You can reach CancerConnection by calling 1-800-263-6750. No referrals are required.

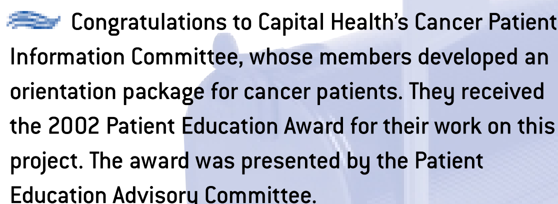
There are also opportunities to volunteer with CancerConnection. Training and ongoing support are provided to all CancerConnection volunteers. If you are a cancer survivor, or a family member or caregiver of someone who has had cancer, and you are interested in becoming a CancerConnection volunteer, or if you would like more information about CancerConnection, contact Cheryl Beesley, Supportive Care Coordinator, CCS-NSD at 902-423-6183 or 1-800-639-0222 Ext: 236, or by email at cheryl.beesley@ns.cancer.ca.

## News and Notes

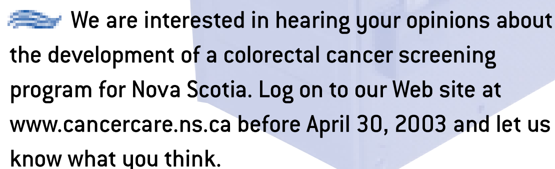


*CCNS* invites all radiation therapists to participate in a needs assessment to assist us in meeting your cancer education needs. Developed in collaboration with all cancer care programs in Atlantic Canada, the survey will ask about the current challenges of radiation therapists in providing cancer care and about your educational and resource needs.

The questionnaire will be mailed in early April to all radiation therapists in the Atlantic Provinces. Please take the time to complete it, as it will ensure that we have the best information possible to assist in planning education programs for radiation therapists.



Congratulations to Capital Health's Cancer Patient Information Committee, whose members developed an orientation package for cancer patients. They received the 2002 Patient Education Award for their work on this project. The award was presented by the Patient Education Advisory Committee.



We are interested in hearing your opinions about the development of a colorectal cancer screening program for Nova Scotia. Log on to our Web site at www.cancercare.ns.ca before April 30, 2003 and let us know what you think.

## Your opinion is important

*Cancer Care Nova Scotia's* newsletter is three years old and we'd like to hear from you. Are we meeting your needs for timely information? Is it the kind of information that you are looking for? Are there other subjects we should be covering?

Take a moment to complete the short survey enclosed and mail it back to us. For your convenience, the survey card is addressed and the postage has been pre-paid.

We look forward to hearing from you.