

Skyrocketing Costs Mean Difficult Choices



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There are no black and white decisions in the complex world of cancer treatment and care. With new knowledge gained through research and the resulting 'new and improved' treatments, the decisions about how to treat patients become more difficult. Each decision comes at a cost and nowhere is this more evident than in the area of new and emerging cancer drugs, many of which carry very high price tags.

In a perfect world, cancer health professionals would have complete information about the benefits and harms of a particular drug. In a perfect world, patients would know whether Drug A would result in a better outcome for them than Drug B, along with the side effects of each. In a perfect world, government would have an endless cash flow and approve and fund all new cancer drugs. Unfortunately, we do not live in a perfect world.

"In the 1990's new cancer treatments on the Canadian market cost thousands of dollars per patient," said Mr. Larry Broadfield, Manager, Systemic Therapy Program, *Cancer Care Nova Scotia*. "Ten years later, the cost of new cancer drugs has skyrocketed to tens of thousands of dollars per patient. In a system where drugs are publicly funded and it is often unclear which of many drugs may be the best for a particular patient, the decisions are difficult. Our challenge is to gather all the information available, work within the reality of our fiscal limitations and make decisions in a socially responsible manner."

In recognition of this challenge, district health authority CEOs asked Department of Health to form a



committee to explore the benefits and costs of new cancer drugs and provide advice, recommendations and rationale for approving or denying public funding on a drug by drug basis.

The membership of the Cancer Systemic Therapy Policy Committee includes representatives from Department of Health, *Cancer Care Nova Scotia*, DHA CEOs, clinicians from cancer specialist disciplines including

medical oncology, nursing and pharmacy, a pharmacoeconomist and health care ethicists. With the use of a new values- and evidence-informed decision making framework, the committee examines comprehensive information on new drugs, based on a bio-ethical model which considers clinical data, relative and total costs and values that should guide decision making.

This approach tackles such questions as: survival rates and quality of life of the patient taking the drug; and budget impact for the cancer system both in terms of drug costs and supporting costs related to drug administration and follow-up patient care. Committee members also explore the question about benefit

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Mr. Larry Broadfield, Manager, Systemic Therapy Program, CCNS.



Skyrocketing Costs (cont'd from front page)

versus risk or harm (toxicity of the drug). Based on all these factors, the committee provides a recommendation to the Deputy Minister of Health about whether a new and emerging drug should be funded by government.

“Our committee discussions are never easy,” said committee member Dr. Jeff Kirby, a physician and ethics consultant with the Department of Bioethics at Dalhousie University. “There are always competing obligations and tensions: the obligation to care (well) for individual patients, while using scarce health resources efficiently; and the tension in knowing that the need always exceeds the money available. In exploring these issues with an ‘ethics lens’, committee members are weighing each of the possible funding options in terms of

both individual and societal benefits and harms. The decision making framework developed by the committee has been designed to facilitate the use of a fair and equitable approach to making some very difficult, but necessary, choices.”

Nova Scotia is the first jurisdiction in Canada to use such an innovative framework to make recommendations regarding the public funding of drugs. As the cost of new and emerging cancer drugs continues to spiral at a cost far greater than even heating fuel and certainly more than any other health expenditure, the pressure on public purse will continue to grow. While we live in a world of difficult choices, Nova Scotians can be confident that the best interests of patients and families are at the heart of every difficult decision made.

Preventing Cervical Cancer

Having a Pap test is probably not among the top ten things on a woman's ‘to do’ list, but it should be.

Regular Pap tests can prevent up to 90 per cent of deaths from cervical cancer and being a woman puts one at risk for the disease. All women, who have ever had sex, need to have a regular Pap test.

But, what does regular mean? The rules about when to start having Pap tests, how often to have them and when to stop having them have changed. Until recently, *Cancer Care Nova Scotia's* Cervical Cancer Prevention Program recommended annual Pap tests for all women as soon as they became sexually active.

This past year, however, a group of cancer specialists, family doctors and others reviewed these guidelines, which had been in place since the program was established in 1991. They researched evidence about the development of cervical cancer and consulted with other screening programs.

As a result of this work, there are new guidelines. The guidelines very much depend on the results of a woman's previous Pap tests, however; they in no way lessen the importance of regular Pap tests.

The guidelines are as follows:

- Women should begin having Pap tests within three years of first vaginal sexual activity. This includes vaginal intercourse, vaginal-oral and/or vaginal-digital (digital = fingers) sexual activity and use of shared sex toys/devices.

- Women should have regular Pap tests if they are in a same sex relationship. Pregnant women should have Pap tests according to the same guidelines as women who are not pregnant.

- Women should have three yearly Pap tests in a row. If all three of those tests are negative (normal), they then only need to have a Pap test every two years. If it's been more than five years since their last Pap test, they need to have three yearly Pap tests in a row, until there are three consecutive negative test results. Then, they can have a Pap test every two years. Women who are on the birth control pill and have had three consecutive annual negative tests, should have a Pap test every two years.

- Women who have ever been treated (by LEEP, laser, cone, cryotherapy, cautery, or hysterectomy) for cervical dysplasia, should have Pap tests every year for life. Those who are immuno-suppressed (HIV positive, transplant patients), should have yearly Pap tests for life.

- Women may stop having Pap tests at age 75 only if they have an adequate negative screening history over the previous 10 years (at least three negative tests). Those who have undergone a total hysterectomy (removal of the uterus AND cervix) and who have no history of cervical dysplasia/cancer, probably do not need to have Pap tests.

While the above guidelines are somewhat



complicated, the bottom line is clear. For all women, who have ever had sex, regular Pap tests are a must. Women are encouraged to talk with their family doctor about what the new guidelines mean for them.

For more information about Pap testing or to learn about the results of your previous Pap tests, call the

Cervical Cancer Prevention Program (CCPP) at 1-888-480-8588. The CCPP maintains a confidential registry of all Pap tests performed in Nova Scotia since 1978.

This month, *In Practice*, a supplement to the *CCNS* newsletter, shares detailed information, about the new guidelines, for Pap test providers.

Life after Prostate Cancer: A Workshop for Men and their Partners

Prostate cancer is the most common cancer among men. This year alone, about 730 Nova Scotia men will be diagnosed with the disease. While prostate cancer is highly treatable, erectile difficulty, a common treatment side effect, is one of the challenges that many prostate cancer survivors and their sexual partners face.

“Research indicates that as many as 80 per cent of men experience erectile difficulties following prostate cancer treatment,” said Dr. Deborah McLeod, Clinician Scientist and advanced practice nurse with the Capital Health Cancer Care Program. “It’s not an issue for everyone, but for those with difficulties, it places a tremendous strain on relationships and affects emotional health, sense of self and overall well-being of both survivors and their partners.”

Dr. McLeod, a member of the Nova Scotia Cancer Centre’s Psychosocial Oncology Team, counsels families and couples who are coping with the challenges of all kinds of cancer. She believes that the best solutions for the challenges patients and their partners face are good information and counseling, along with the more commonly provided medical and technical solutions.

“Men who experience erectile problems following prostate surgery are often prescribed Viagra, vacuum pumps or injections, and these will, for the most part, resolve their physical difficulties,” said Dr. McLeod. “However, research shows that long-term, these solutions are less than satisfactory. My colleagues and I believe a broader approach to sexual rehabilitation would be more beneficial for men and their partners.”

She said that while many people hesitate to contact counselors, studies have repeatedly demonstrated the value of counseling in dealing with the stress of cancer. “Counseling can increase hope, coping skills and general well being. It can strengthen relationships and help people to solve problems, as well

as address other issues like depression, anxiety and uncertainty. Group programs are especially effective in gaining support from others going through similar experiences.”

For these reasons, Dr. McLeod and her team host a number of groups and workshops. An educational workshop for men (and their partners), who have been affected by prostate cancer, will be held on October 21st between 9:30 a.m. and 4 p.m. in Halifax (location to be finalized). Through presentation and discussion, patients and their partners will learn about the latest research on the impact of prostate cancer treatments, including hormone treatments such as Zoladex, Lupron and Casodex. Workshop facilitators, Dr. McLeod, and Dr. Wassersug, a research scientist and prostate cancer patient, will also provide information on how to overcome sexual issues and what to do when conventional treatments for erectile difficulty don’t work. The workshop is free of charge.

Capital Health’s Psychosocial Oncology Team also offers other groups for coping with all kinds of cancer including: a group for people living with advanced or metastatic cancer (ongoing group); a living well with cancer group for persons living with cancer who want to learn about strategies for coping and staying well during cancer treatment (begins Oct. 19) and a Mindfulness Meditation Group for patients and partners (begins Sept. 21).

For more information about these groups or to register for the Prostate Cancer Workshop, call Dr. McLeod at 902-473-2964.





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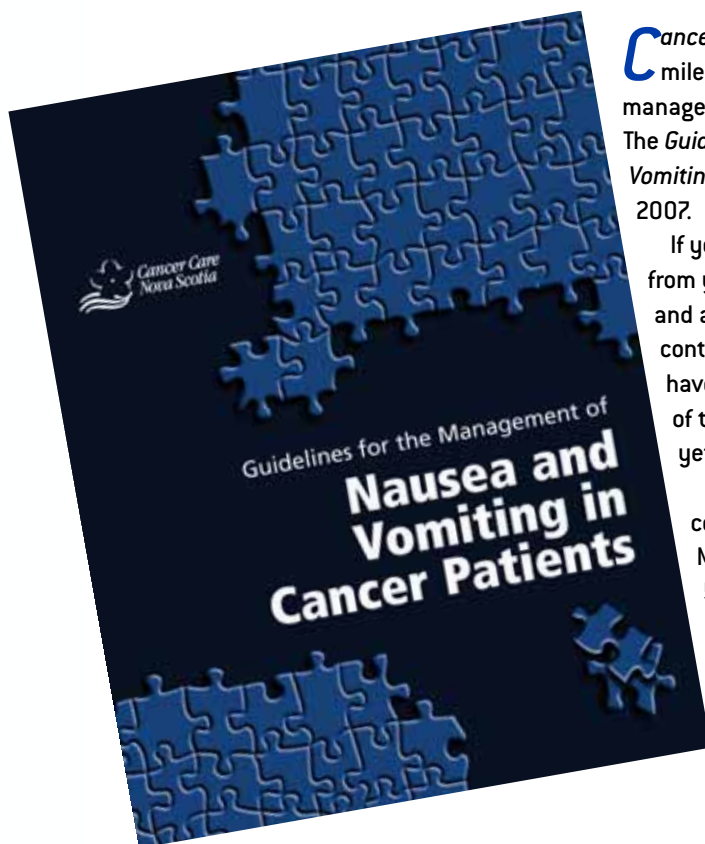
If you want to be added to our mailing list, or if you want to regularly receive additional copies of this newsletter for your office or waiting room, please contact us at the above address with the number of newsletters you need.

The deadline for articles and story ideas for Volume VII, Issue Five is October 6, 2006.

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Health Professional Feedback Requested





Cancer Care Nova Scotia has reached another milestone. The first disease and symptom management guidelines are coming due for review. The *Guideline for the Management of Nausea and Vomiting in Cancer Patients* will be due for review in 2007.


If you have used this guideline, we'd like to hear from you. We'd like to know how you have used it and any suggested changes you have regarding the content and format. We'd also like to know if you have changed your practice in any way as a result of the guideline. The consultation process has not yet been confirmed, but it will occur this fall.


If you would like to be involved in the consultation process, please contact Michele Moore by phone at (902) 473-3152 or 1-866-599-2267 or by email at michele.moore@ccns.nshealth.ca. Please indicate if you would prefer to complete a brief written survey, a telephone interview or participate in a focus group.

News and Notes

 On August 26 and 27, 2006, the Nova Scotia Breast Screening Program and Clinic, located at the Halifax Shopping Centre, moved to a new location within the mall. It is now located between Fairlanes Bowling and Sears on the bottom level. The new address is 7001 Mumford Road, Unit 603L, Halifax, NS B3L 2H8. Phone and fax numbers remain the same. The phone numbers are: 902-473-3960; and 1-800-565-0548. The fax number is 902-473-3959.

 Colorectal Cancer – the latest in early detection and treatment – is the topic of the next *'Cancer Answers Public Lecture Series'*. It will be held on October 12 between 7 and 8:30 p.m. The session will be video-conferenced to all health districts in Nova Scotia from the Royal Bank Lecture Theatre, Halifax Infirmary site of the Queen Elizabeth II Health Sciences Centre. This lecture is jointly sponsored by Cancer Care Nova Scotia and the Colorectal Cancer Association of Canada. For more information, visit the Calendar of Events on the CCNS website at www.cancercare.ns.ca or call 1-866-599-2267.

 The ninth annual Cape Breton Cancer Symposium will be held on Friday, November 3, 2006 at the Membertou Trade and Convention Centre in Sydney. The theme is Gastro-intestinal malignancies: prevention, screening and treatment. The keynote speaker will be Dr. Tony Fields, Head of the Alberta Cancer Program. The registration fee is \$30 for students, \$60 for delegates and \$80 for physicians and pharmacists who register for continuing medical education credits. Those interested in participating are asked to register on or before October 20, 2006. Registration forms are available on the CCNS website at www.cancercare.ns.ca or by calling Debra MacDonald at 902-567-8074.

 Congratulations to Nancey Roach, Cancer Patient Navigator for Annapolis Valley Health, who recently earned Canadian Association of Nurses in Oncology (CANO) certification.