

Planning for the future Good Data Results in Good Decisions



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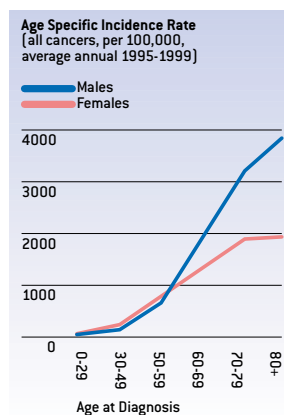
Supporting Healthy Lifestyles

District Cancer Program Update

Today and everyday in 2002, 14 Nova Scotians will be told they have cancer. They join 24,000 people in the province - our families, friends, co-workers and neighbours - already living with this disease. The good news is that, with improved early detection programs and treatments, more and more people are living longer with cancer. The challenge is that an increasing number of Nova Scotians are expected to be diagnosed in the coming years. Over the next ten years, the number of people diagnosed with cancer is expected to increase by 42 per cent. *Cancer Care Nova Scotia's* Surveillance and Epidemiology Unit (SEU) is well positioned to assist us in understanding these challenges and in helping us plan for the future.

"It's clear that cancer is and will continue to be a significant health issue for Nova Scotians," said Maureen MacIntyre, Director, Surveillance and Epidemiology Unit. "Managing this issue is directly related to how well we understand the problem and our ability to demonstrate that our interventions are effective. Our Surveillance & Epidemiology Unit collects cancer data and transforms it into information to support good decision-making."

In Nova Scotia, the operation of a cancer registry database is a key activity for the SEU and is a requirement within the provincial Health Act. A core team of ten individuals is assigned to the SEU, with additional information



systems support provided by Capital Health. The team includes data management, administrative, statistical and epidemiology members. Staff initially focus on data collection and processing using a variety of sources, including health information and pathology departments, from across the province. After coding and data entry a number of activities occur to

ensure the data is of high quality.

Once the information is complete for a specified time period, the statistical and epidemiology staff begin analysis. A range of measures is produced, starting with basic counts of all cancers to more complex statistics, such as survival. The data is also studied using age, gender, type of cancer, geography and year of diagnosis to better understand the cancer picture for this province. Trending over time provides insight into the relative success of screening and treatment programs and provides information necessary to develop targeted prevention strategies.

In addition to comparing data, within the province and its nine health authorities, epidemiology staff also compare Nova Scotia data with other provinces and with Canada as a whole. This assists in determining Nova Scotia's fit in relation to provincial and national averages and trends.

"The true value of registries lies in the degree of comparability they enable," said Maureen. "The standardized method by which the data is



Left to right: Ron Dewar, Maureen MacIntyre, Nathalie St-Jacques.

Good Data Results in Good Decisions (cont'd)

gathered and coded ensures an accurate starting point for analyses, comparisons and research projects provincially, nationally and internationally.”

A recent report from the Surveillance and Epidemiology Unit titled, “Cancer Statistics in Nova Scotia, A Focus on 1995 - 1999,” includes information on Nova Scotians diagnosed with cancer, the number of new cases each year and patterns of change in the types and number of cancers seen over time. It also offers projections for the future. In addition, the report provides an overview of the increasing number of Nova Scotians living with cancer and survival rates for major cancers in this province.

As the SEU continues to grow and evolve, staff will be working to improve their ability to streamline data collection

so that information, regarding the stage at which a cancer is diagnosed, is consistently available.

“Cancer is a huge challenge for everyone it touches,” said Dr. Andrew Padmos, Commissioner, *Cancer Care Nova Scotia*. “Through our Surveillance and Epidemiology Unit, we are monitoring and analyzing risk factors and evaluating screening, early detection and treatment options to ensure that Nova Scotians have access to quality, evidence-based cancer care.”

Led by Maureen MacIntyre, the surveillance and epidemiology team includes: Tamara Brownlee, Ron Dewar, Mary Gillis, Joanne Hamm, Grace Johnston, Karen Starratt, Nathalie St. Jacques, Rosalee Walker, and Gordon Walsh.

Cancer Statistics in Nova Scotia: An Overview 1995 - 1999 is available online at www.cancercare.ns.ca. Hard copies of the report are available upon request. Call us at 902-473-5172 or email us at epi.unit@ccns.nshealth.ca.

Data, collected and analyzed by SEU staff, is an important resource for a wide range of customers.

Customer	Why is SEU data important?
Government	Informs policy development; ensures evidence-based decisions
Public	Understanding risk factors
Patients and families	Understanding chances of survival; making informed decisions about treatment options
District Health Authorities	Staffing and program needs
Statistics Canada	Contributes to national cancer statistics
Researchers	Examine specific questions related to the cancer challenge
Students	Work closely with SEU staff in developing and writing their theses



Mini Bone Marrow Transplants at Capital Health First Program East of Montreal

Maritime patients with multiple myeloma, Hodgkin’s disease, non-Hodgkin’s lymphoma and leukemia who require bone marrow transplants now have another treatment option to consider. Until recently, maritime patients receiving bone marrow transplants were hospitalized for the procedure. It involved high doses of chemotherapy to destroy the immune system and the cancer and an infusion of a donor’s stem cells, followed by a lengthy recovery period.

Since the end of September, Dr. Stephen Couban, Bone Marrow Transplant Director for Capital Health, has been offering non-myeloablative (mini) transplants to patients who meet pre-determined criteria. This procedure relies on lower doses of chemotherapy, followed by a stem cell transplant from a sibling.

“It may be the best of both worlds,” said Jane Palmer, Bone Marrow Transplant Coordinator, Capital Health. “This procedure is a lot less toxic, gets rid of the cancer and the faulty immune system and replaces it with healthy stem cells.”

Non-myeloablative transplants are provided on an outpatient basis, but patients require close follow-up three

times a week to monitor side-effects. The main concern with this procedure is to manage the severity of Graft vs. Host Disease. This occurs when donor cells realize they are not in their own body and they attack the patient’s tissues. At the same time, they attack the cancer cells. For this reason, Graft vs. Host Disease does have some benefit, if managed carefully. Other side effects include liver dysfunction, skin rash and severe diarrherria.

The decision to provide non-myeloablative transplants in Halifax was made following positive outcomes of similar programs at the Maisonneuve-Rosemont Hospital in Montreal, Princess Margaret Hospital in Toronto and other centres across North America. Halifax uses the same protocol as Maisonneuve-Rosemont.

To qualify, patients must be under 65, are required to stay within metropolitan Halifax during the procedure and follow-up, and be able to meet with the Bone Marrow Transplant team three times a week.

For more information on non-myeloablative transplants, please contact Jane Palmer at 902-473-2122.



Supporting Healthy Lifestyle Choices

Most would agree that exercising regularly, eating a balanced diet, scheduling regular medical check ups, and working and living in a smoke-free environment are ways we can optimize our health. These choices are not always easy to make, or even possible, given personal circumstances.

However, communities throughout Nova Scotia are finding innovative ways to support people in making healthy lifestyle choices. This is the first in a series of articles, which will highlight ways district health authorities and their communities are supporting people in making the right choices.

Kimberly-Clark, Community Leader

Kimberly-Clark's Pictou County office is a great example of a company's contribution in supporting health and wellness among their employees. The company holds an annual on-site health screening day for their male employees, measuring such things as cholesterol, vision, hearing, cardio-vascular fitness and fecal occult blood tests to screen for colorectal cancer.

At Kimberly-Clark's first annual Well Woman Clinic, 37 of 40 women on staff participated. Through the use of a portable examination table, a female doctor provided Pap tests and clinical breast examinations. Mammograms were also available through the Mobile Breast Screening van.

"We're showing our employees that we're concerned about their health," said Sheila Mossman, Health Services Supervisor, Kimberly-Clark's Pictou County office and Kimberly-Clark Nurse Consultant for Canada. "The response has been very positive. It's convenient for people and there's an opportunity for us to address their health concerns and questions."

As part of the recent Well Woman Clinic, Joanne Cumming, Patient Navigator for Pictou County District Health Authority, was invited to teach the correct technique for breast self examination. She also provided information and answered questions related to cancer prevention and early detection programs. Because of issues and questions raised during the day, Sheila is working with Joanne to plan an education session on Hormone Replacement Therapy.

In addition to coordinating employee wellness days, Kimberly-Clark ensures that each employee has a follow-up appointment to discuss test results and next steps, if necessary. At this time, employees are asked to sign a consent form, authorizing Kimberly-Clark to forward test results and recommendations on to their family doctor for inclusion in their health file and future follow-up.

Kimberly-Clark is a global manufacturer of tissue, personal care and health care products.

Improving the Health of Women in Pictou West

The Well Woman Clinic at Sutherland Harris Memorial Hospital is another success story in Pictou County. The clinic is part of the Strengthening Primary Care Initiative, which has four demonstration sites in Nova Scotia: Pictou West, Caledonia, Spring Hill and north-end Halifax. A Nurse Practitioner was hired, in each of those communities, to work with a local physician under a collaborative practice agreement.

In Pictou West, the Nurse Practitioner has two roles: to work collaboratively with Dr. Gordon Young and patients in his established practice in Lyons Brook and to work on community initiatives like the Well Woman Clinic.

Nurse Practitioner, Sandra Storey, operates the clinic, performing Pap tests, pelvic exams and clinical breast examinations. She also provides instruction on breast self examination and general women's health information.

The clinic's goal is to increase the number of unscreened or under-screened women accessing cervical cancer screening. Transportation, lack of female providers and fear are among the reasons women do not schedule regular Pap tests. Sandra is working with women to address these barriers.

With the use of a portable examination table Sandra borrowed from the Eastern Region RN Pap Community Educator Pilot, she held a Well Woman Clinic in River John. The clinic was well received and many women told her they would not have been able to access the service had she not come to their community. Sandra has an open invitation to return to River John on a regular basis.

Between May 2001 and May 2002, 153 women between the ages of 15 and 86 attended one of 38 Well Woman Clinics in Pictou West. Almost 49 per cent of these women were from the under-screened category.

Clinics at the Sutherland Harris Memorial Hospital are usually held on Wednesday afternoons. For more information please contact Nancy Skinner, Project Coordinator, at 902-485-5416.





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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*.

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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 III, Issue Six is December 10, 2002.

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.

District Cancer Program Update by Jill Petrella

Nearly 60 health professionals and community members from across the district attended the launch of Southwest Nova District Health Authority's District Cancer Committee (DCC) in September. Organizers showcased their contingency planning skills and ability to cope with stress, as they escorted guests to the meeting room, by flashlight, compliments of a town-wide power failure. Fortunately, power was restored just before the meeting started. After opening remarks from their Chief Executive Officer, Blaise MacNeil, a number of *CCNS* staff, in partnership with district staff, spoke about our collective initiatives.

During the launch participants were invited to become committee members or to play a supportive role in their DCC. Almost twenty people volunteered to become members of the committee. Another twenty agreed to be a resource for focus groups. Congratulations to Brenda Burgess, Chair of Southwest Nova's District Cancer Committee, and her committee for their innovative launch and hard work.

Other district news includes a recent meeting between

CCNS and the South Shore district's senior team to discuss next steps in implementing their District Cancer Program. Capital Health is also in the early stages of planning for integrated district cancer services. District Cancer Committees in Colchester-East Hants, Guysborough Antigonish Strait and Pictou County have also met this fall. In keeping with their goal of being action-oriented, all are in process of setting priorities.

As the newsletter goes to print, *CCNS* is busy preparing for the second provincial meeting of District Cancer Committees on November 22. This is a follow up from the May meeting. It is an opportunity for us to collectively discuss: ways in which *CCNS*' Surgical Oncology Network, Systemic Therapy and Patient Navigation can be incorporated into services the districts provide; development of continuing professional education programs, offered in partnership between *CCNS* and the districts; and the value of developing common provincial cancer indicators to measure quality.

News and Notes

This month *CCNS* has a lot to be proud of. Our small, dedicated team continues to do great things. We want to congratulate those who have excelled and been recognized by their peers for their recent accomplishments.

Tamara Brownlee, Joanne Hamm and Rosalee Walker, from the *Surveillance and Epidemiology Unit* successfully passed national exams. Tamara and Joanne received certification as a Tumour Registrar, which is organized through the National Cancer Registrars Association. They are the first health record staff in Nova Scotia to complete the exam, which is a standard requirement for most registry work in the United States. Rosalee recently received certification as a Clinical Research Professional through the Society of Clinical Research Associates.

Anne Murray, Education Coordinator, was awarded second place for her poster presentation from the North American Association for Cancer Education. The poster was titled, "Oncology Education Needs Assessment for Family Physicians and Community Specialists."

Judy Simpson, Palliative and Supportive Care Coordinator, was awarded the Queen's Golden Jubilee Medal, in recognition of outstanding Canadian contribution to excellence in Palliative Care. The award is given to those "who tirelessly dedicate their professional and voluntary effort to the care of the dying and for their unique contributions to Canadian society".

