

Finding Breast Cancer Early Quality Screening Programs Essential

It cannot be prevented. Even with all that cancer specialists and researchers are learning about breast cancer, its causes are still unknown. For the one in nine Nova Scotia women and the three per cent of Nova Scotia men who will develop breast cancer at some point during their life, early detection through knowing one's body and taking advantage of screening is the best defense. Family physicians can help by educating patients about the benefits of screening and by communicating to women that they can contact the Nova Scotia Breast Screening Program (NSBSP) directly for routine screening [see guidelines insert in this newsletter].

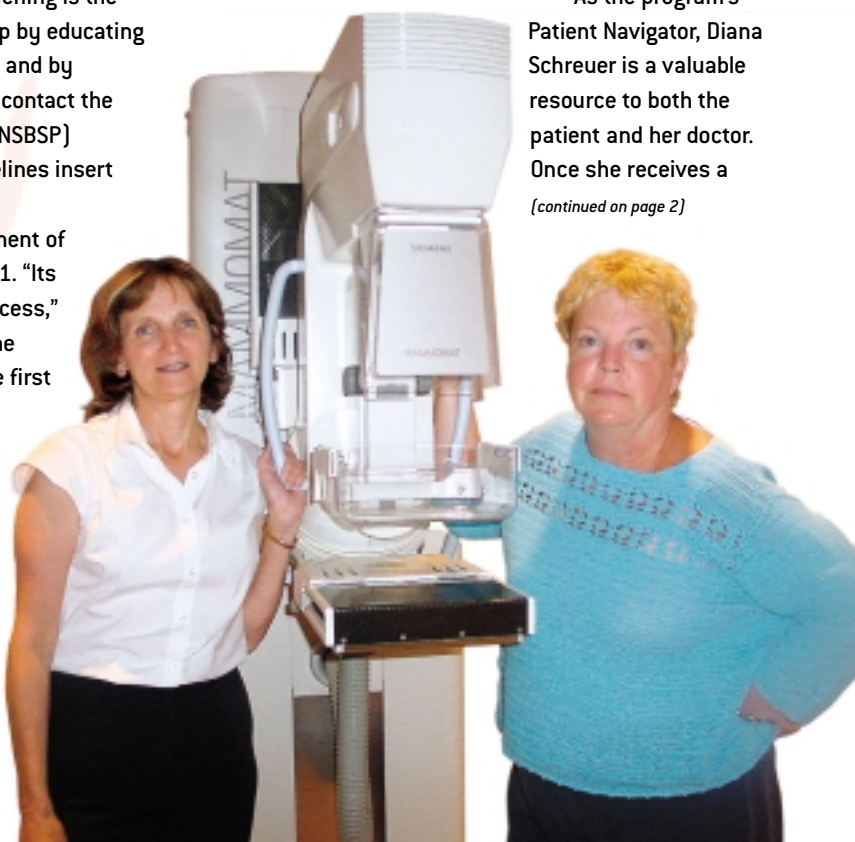
A provincial program of the Department of Health, the NSBSP was developed in 1991. "Its quality-driven approach is key to its success," said Dr. Judy Caines, a radiologist and the program's Medical Director. "We were the first in Canada to develop a database, which tracks each patient through the system. We were first to introduce diagnostic workup centers where women with a screening-detected abnormality go for a diagnostic mammogram, an ultrasound and if necessary, a core biopsy. We were also first to develop and implement physician-assisted referral [patient navigation]."

Dr. Jean Jim, a Halifax general practitioner, is very impressed with the

Nova Scotia Breast Screening Program. "It's a smooth riding machine. I remember the old days before the program existed and there were lots of cracks and many people fell through those cracks. That doesn't happen today. There are no delays. Everything is coordinated, through the navigator, from the time an abnormality is detected."

As the program's Patient Navigator, Diana Schreuer is a valuable resource to both the patient and her doctor. Once she receives a

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L-R: Theresa Foley, Manager, Nova Scotia Breast Screening Clinic; and Diana Schreuer, Patient Navigator, Nova Scotia Breast Screening Program.

Congratulations to Nova Scotia nurses who wrote the inaugural certification exam in palliative care.

As a result, the following nurses have earned the designation of Certified Hospice Palliative Care Nurse in Canada: Bonnie Sweet, Irene Hirtle and Cathy Siegrist, *South Shore Health*; Sheila D'Eon, *South West Health*; Gail Gordon and Lillian Cochrane, *Annapolis Valley Health*; Ann McKim and Cathy MacMillan, *Colchester East Hants*

Health; Ronalda Woodacre, *Pictou County Health*; Heather Jewers, *GASHA*; Brenda Yates and Sharon Barron, *Cape Breton District Health Authority*; Glenna Thornhill, Barbara Stewart, Susan Perrott, Monica Flinn, Ruby MacDonald, Francoise St. Denis-LeBlanc, Carol Smiley and Kim Widger, *Capital Health*; and Judy Simpson, *Cancer Care Nova Scotia*.

Finding Breast Cancer Early (cont'd)

report from the radiologist indicating an abnormal mammogram, she books an appointment for a core biopsy and phones and faxes the information to the doctor. Within a week to ten days the core biopsy is performed and the patient has a better understanding of her situation.

“With cancer, the time between not knowing and knowing exactly what you’re dealing with is arguably the worst time a person goes through,” said Diana, who as a breast cancer survivor, knows first-hand the emotional toll of the disease. “I’m available to both doctors and patients who have questions or concerns.”

The NSBSP has six fixed sites: Halifax, Dartmouth, Sydney, Yarmouth, Amherst and Truro and three mobiles that travel the province. Staff actively recruit and screen women between 50 and 69 years through reminder letters and community presentations. They accept, but do not recruit women between 40 and 49 years.

Women looking for information about breast screening or those who want to schedule a mammogram can do so directly by calling the Nova Scotia Breast Screening Program at 1-800-565-0548.

How does NSBSP Compare?

	Nova Scotia	Canada
Participation rate*	32 %	30 %
Retention rate**	78 %	77 %
Invasive cancer detection		
(initial screen per 1,000)	4	5
(rescreen per 1,000)	3	3
In Situ cancer detection		
(initial screen per 1,000)	2	1
(rescreen per 1,000)	1	1

*refers to the percentage of women who were screened.

**refers to the percentage of women who return for screening within 30 months of their previous screen.

The above data refers to women aged 50-69 for 1999 and 2000 screening years. It was taken from the 1999 and 2000 Report of the Organized Breast Screening Programs in Canada, produced by Health Canada.

Dorothy's Story

At 44, Dorothy M. Fenn had no symptoms when she scheduled her first mammogram. In fact her doctor had told her that she had no need to worry about a mammogram until she was 50. Still, as a former nurse, Dorothy believed in the value of baseline information. When she learned from a friend that she could call the Nova Scotia Breast Screening Program herself she did so and an appointment time was scheduled for about three months later.

About ten days before her appointment, she noticed discharge from one of her nipples. She mentioned this to her family doctor, but since the timing coincided closely with the mammogram she had scheduled, a decision was made to wait for the appointment.

Dorothy had the mammogram and didn't think about it again until a month later when she received a letter indicating there was an abnormality. The letter went on to say that 85 per cent of the time the abnormality does not mean anything, but that she would require a diagnostic mammogram. She had the second

“I’m so glad I went for that mammogram. It’s not the most comfortable procedure, but it definitely saved my life.”

mammogram and still the abnormality was present. She then had a biopsy, which confirmed she had ductal carcinoma in situ (DCIS) or non-invasive cancer where the cancer is confined to the milk ducts.

“I was pretty floored when I learned I had cancer,” said Dorothy. “But, I’m so glad I went for that mammogram. It’s not the most comfortable procedure, but it definitely saved my life. I’m constantly telling my friends to go

regularly for a mammogram. I even encourage casual acquaintances to have mammograms.”

Dorothy went on to have surgery, which was challenging since the cancer had not advanced to the stage of a lump. The pathology following the surgery, however, revealed that the cancer was invasive. It also indicated that more surgery would be needed and Dorothy, for a number of reasons, chose to have a double mastectomy.

Thankfully, it was caught early and doctors were confident that the cancer had not spread. “That’s how I live my life,” said Dorothy, who at 47, goes for regular checkups. “I’m fine and I’m just glad to be here.”



Advancing Knowledge in the Treatment of Prostate Cancer

Furthering the knowledge in treating men who have locally advanced prostate cancer is the focus of a three-year research study, LHRH Agonists in the Treatment of Patients with Hormone Independent Prostate Cancer, which is being led by Capital Health doctors, Dr. Ricardo Rendon, Urologist, and Dr. Lori Wood, Medical Oncologist.

“Testosterone fuels prostate cancer,” said Dr. Wood. “In treating men diagnosed with prostate cancer outside the prostate gland, we have two options: either remove the testicles or treat them with an injection of an LHRH [luteinizing hormone releasing hormone] agonist every two to four months. Both of these treatments decrease the majority of a man’s testosterone. The LHRH agonist works well for some time, but eventually the cancer becomes hormone independent.”

“Currently, men with advanced prostate cancer stay on hormone therapy for life, but there is no evidence that this therapy is necessary or helpful once the cancer becomes hormone independent. We want to determine if men can come off hormone therapy safely once their cancer has become hormone independent.”

Physicians will begin recruiting 80 Nova Scotia men to participate in the study in Fall 2004. Half the men will continue receiving the LHRH agonist and the other half will stop taking the hormone. The testosterone levels of the men in both groups will be monitored and compared every two months. If the testosterone levels increase in the men who have not been taking the hormone, they will be placed back on therapy.

“If the research shows no elevation in testosterone in at least 75 per cent of men in the study, we feel it may be safe for men whose cancer has become hormone independent to have their testosterone levels monitored and no longer receive LHRH agonists,” said Dr. Wood. “For men, this means not having to have an injection every three or four months. For the health system, it means a savings of approximately \$5,000 per year per patient. These savings could be redirected to make greater gains in prostate cancer.”

Men who are interested in participating in the study can contact Dr. Rendon or Dr. Wood at 902-473-6067.

Funding for this research is provided by the Nova Scotia Health Research Foundation.

RESEARCH



Cancer Survivorship focus of Cape Breton Cancer Symposium

Cancer survivorship is the theme of the seventh annual Cape Breton Cancer Symposium. Scheduled for Friday, October 22, 2004 at Centre 200 in Sydney, the symposium will offer a variety of perspectives and a range of content knowledge on cancer survivorship.

The psychosocial aspects of survivorship, coping strategies and pediatric cancer survival in Cape Breton are among the issues that will be discussed.

Children diagnosed with childhood leukemia today have better than a 70 per cent chance of survival. This is promising news and Dr. Andrew Lynk, a consultant pediatrician in Cape Breton with an interest in pediatric oncology, will share the past experience, present burden and future of pediatric cancer in Cape Breton.

Dr. Mark Greenberg, Director of the After Care Program at Toronto’s Hospital for Sick Children and Medical Director of the Pediatric Oncology Group of Ontario, will speak about the challenges and long-term implications of childhood cancer survivors.

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L-R: Beverly Braumiller, Sydney VP, Canadian Cancer Society, presents the Cape Breton Cancer Centre Community Service Award 2003 to Colleen Kingsbury, cosmetologist/hair stylist, Ronnie’s Hairline and Ronnie Martin, owner and cosmetologist/hair stylist, Ronnie’s Hairline.



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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 V, Issue Five is October 8, 2004.

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Cape Breton Cancer Symposium *cont'd from page 3*

Cancer is typically a disease of older persons and understanding the survivorship implications for seniors is critical. Dr. Paula Creighton, a former school teacher and today a specialist in geriatric medicine at the Cape Breton Regional Hospital, will speak about lessons that can be learned from survivor seniors. Dr. Tom Kouroukis of McMaster University will further explore geriatric oncology and the issues of seniors. Dr. Kouroukis' research interests include the management of older patients with haematologic malignancies, the influence of age and co-morbidity on the choice of chemotherapy, its outcomes and toxicity, and the participation of older patients in clinical trials.

Psychosocial oncology is a term for a range of issues, including pain and symptom management, psychological and spiritual counseling, psychiatric assessment and treatment and assistance with social and financial difficulties. These issues will be addressed at the conference by a range of specialists in their respective areas.

Dr. Judith Rolls, professor in Communication at the University College of Cape Breton, will explore the impact of support groups on cancer survivors.

Dr. Gillian Graves, professor of Obstetrics and Gynecology, Dalhousie University, will speak about sexual issues faced by cancer survivors.


Brenda Emanuele, Certified Integrative Yoga Therapy teacher, will discuss the benefits of yoga for cancer survivors.

Dr. Hayden Bush, a former medical oncologist who retrained in psychiatry, will, together with a cancer patient, discuss the many connotations that the word "cancer" elicits. Dr. Bush is currently Site Chief of Psychiatry in London, Ontario and Associate Professor of Psychiatry at University of Western Ontario.


The Symposium registration fee is \$50 for delegates and \$70 for physicians who register for Continuing Medical Education (up to 5.5 CME credit hours). Registration forms are available on the CCNS website, www.cancercare.ns.ca (events calendar) or by calling Debra MacDonald at 902-567-8074.

The conference is presented by the Cape Breton Cancer Centre, the Cape Breton Health Care Complex, Cancer Care Nova Scotia and Continuing Medical Education at Dalhousie University.


News and Notes


 CCNS is pilot testing interactive, evidence-based education modules for community-based, primary care health professionals under the program name, Interprofessional Core Curriculum (ICC). Topics include: pain management, symptom management, treatment and side effects. Pilot tests begin this fall in various health districts.

If you are interested in helping us test this exciting new program, visit our website at www.cancercare.ns.ca and click on News and Events for registration information.

 Regular Pap tests can prevent cervical cancer. Communicating this message is the goal of Pap Test Awareness Week (PTAW), held each year in October. CCNS' Gynaecological Cancer Screening Program partners with communities, and organizations across the province to promote PTAW. This year, it is scheduled for October 24-30.

For information about Pap testing, visit the CCNS website at www.cancercare.ns.ca and click on "Patients and Families". You can also call 1-888-480-8588 or speak with your family doctor or public health nurse.

 Dr. Sheilagh Leahey, South West Health, was awarded The Doctor Ina Cummings Education Bursary at the Nova Scotia Hospice Palliative Care Association Conference held in May. This bursary will further her knowledge in palliative care pain and symptom management. Congratulations Dr. Leahey.

 Mark October 15-17 on your calendar today for the Skills for Healing Retreat 2004. Join us in Halifax and learn about: cancer and its treatment; the role of nutrition and complementary therapies; stress reduction; mind-body connection; and meditation.

Free lodging, travel and childcare, based on need and availability. The retreat is free to all who have experienced a diagnosis of cancer, their accompanying family members or caregivers (\$30 refundable deposit).

For more information call 902-461-0624 or visit www3.ns.sympatico.ca/robrutledge

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