



IN THIS ISSUE

New Wave of Drugs for Cancer

Your Voice is Important

Managing Growing Cancer Drug Costs

Wait Times Explained

News and Notes

Understanding Cancer Care Needs of First Nations People

Culture and life circumstances define us as individuals, and as a result impact on our needs and experiences of the cancer system.

In recognition of the important role of culture in defining individual and community needs, *Cancer Care Nova Scotia*, through Donna Smith, our Patient Navigation Community Liaison, commissioned the Mi'kmaq Health Research Group to explore the cancer experience of First Nations people in Nova Scotia. The purpose of the study was to find out about current experiences of cancer patients and caregivers in this community, pinpoint barriers to an optimal experience and identify and recommend ways to enhance their experience with the cancer system.

"There is a myth that cancer is not an issue for Mi'kmaq people; unfortunately, this is not the case," said Donna, who works with diverse communities to ensure their cultural values and beliefs are factored into cancer services. "Although cancer is primarily an issue of older persons and the Nova Scotia First Nations people tend to be younger, we know from Ontario statistics that First Nations people are impacted. But, they do not get diagnosed early enough and as a result, their survival rates are lower than those of other Canadians. Asking them about their current experience with the system and ways they believe we can improve it provides us with the necessary knowledge to enhance the future cancer

experience of First Nations people and ultimately improve their outcomes."

Dr. Charlotte Loppie, School of Health and Human Performance, Dalhousie University and a member of the Mi'kmaq Health Research Group and Dr. Fred Wien, School of Social Work, Dalhousie University, conducted the study with



(L-R): Dr. Charlotte Loppie and Donna Smith review report recommendations.

cancer patients and caregivers representing all 13 First Nations communities in Nova Scotia. The research included seven focus group discussions with cancer patients and/or caregivers and telephone interviews with 13 health professionals who care for First Nations cancer patients.

First Nations people who were surveyed underscored their belief that barriers to accessing cancer care are a result of the impact of long-standing systemic racism. Specific barriers identified include: distrust of the cancer

system and health professionals within it; a lack of knowledge about cancer and its impact; lack of appropriate information delivered in a manner which is easily understood; lack of resources to navigate through the cancer system; lack of cultural competency among health professionals; a focus on physical diagnosis, while overlooking emotional and social aspects of cancer; and a lack of understanding of and consideration for traditional medicine.

Key recommendations for consideration are: improving Mi'kmaq' communities' knowledge of cancer *(cont'd next page)*

Understanding Cancer Care Needs of First Nations People (cont'd)

and the cancer system; improving information to reflect various literacy levels and language barriers; supporting and encouraging health professionals to become culturally competent; and appointing a resource person to act as a liaison between *Cancer Care Nova Scotia* and the First Nations people of Nova Scotia.

“Based on our research, the most significant findings centre around the importance of having health professionals approach cancer treatment from a holistic perspective, which is consistent with indigenous world view,” said Dr. Loppie. “Time and again patients and caregivers told us that their treatment was focused on the physical diagnosis, with little or no emphasis on emotional and social aspects associated with cancer. They believe that providing emotional support during all phases of cancer care is one of the most important elements defining quality care.”

With this valuable information in hand, *Cancer Care Nova Scotia*, together with Drs. Loppie and Wien, will return

to the 13 First Nations communities to share and discuss study results. Then, in partnership with those communities and health professionals, *Cancer Care Nova Scotia* will work to address report recommendations.

Actions that have been successful in improving the cancer experience in other communities will be explored to see if similar programs might meet a need in these communities. *CCNS* developed the Lay Educator Program for African Nova Scotian communities to educate them about cancer prevention and early detection. This program may be adapted for Mi'kmaq communities as it would meet many of needs they identified.

In addition to reviewing successful programs that have worked elsewhere, *Cancer Care Nova Scotia*, through Donna Smith, will work with First Nations people to develop customized solutions to meet their unique needs. By addressing deficiencies in their cancer care experience through various measures, *Cancer Care Nova Scotia* hopes to improve cancer outcomes for First Nations people.



R E S E A R C H

Molecular Oncology- ‘New Wave’ of Drugs for Cancer

By Larry Broadfield, Manager, Systemic Therapy Program, Cancer Care Nova Scotia

Traditional cancer chemotherapy has been joined by a ‘new wave’ of drugs which target cancer cells far more precisely than ever before. Like the ‘smart bombs’ used in the Gulf War, these new drugs seek out very specific targets on cancer cells and attack them.

One large group of these drugs, known as monoclonal antibodies or mAbs, are entering routine clinical practice. These large molecules, similar to those made and used by our bodies for immunity against infections, are programmed to recognize a particular antigen, such as a molecule on the surface of a bacterium. We make countless different mAbs throughout our lifetime to attack various infections. Scientists have now learned how to build mAbs, which can look for other antigens associated with cancers.

The first step in using mAb therapy is to find an antigen associated with cancer cells, but not normal host cells. These antigens tend to be proteins or other macromolecules from patients, which through mAb treatment can be programmed to attack the cancer cells, leaving the normal cells unharmed.

The antigen HER-2/neu, found in large quantities in some women with breast cancer, is one example of mAb treatment. The mAb agent, called Trastuzumab (or Herceptin®), is a ‘smart bomb’ type of cancer treatment.

When given to patients who are HER-2 positive, it zooms in to those breast cancer cells, which produce this particular antigen. Alone, Trastuzumab can kill many breast cancer cells, but this agent works best in concert with other cancer treatments, such as chemotherapy. Another mAb in common clinical use is Rituximab (Rituxan®) for non-Hodgkin’s lymphoma.

Some newer mAbs have also recently been approved for use in Canada. Bevacizumab (Avastin®) and Cetuximab (Erbix®) have been approved for treatment of colorectal cancer. Tositumomab with Iodine 131 (bexxar®) and Ibritumomab Tiuxetan with Yttrium 90 (Zevalin®) are other examples of two mAbs with a radioisotope attached, for collateral cell kill when they attach to non-Hodgkin’s lymphoma cells with the CD20 antigen.

While the advances in cancer chemotherapy using monoclonal antibodies are promising, a thorough examination of large, randomized clinical trial results is necessary to ensure that each of these new drugs performs positively. Ongoing research is essential to determine the degree to which these new agents work alone or in combination with other therapies. Still, the development of monoclonal antibodies will be an important area of focus as cancer treatment evolves over the next few years.



Your Voice is Important

If you are reading this newsletter, it is likely that you have been affected by cancer in some way – through a neighbour, a co-worker, a family member, or a friend. Perhaps you are one of the 25,000 Nova Scotians who are living with cancer or maybe someone close to you has just been diagnosed. In fact, one in three Canadians has been impacted by cancer in some way. With improved early detection, an aging population and better treatments, leading to people living longer and better with cancer, the number of people impacted by this family of diseases will continue to grow.

Now, more than ever before, we need to collectively take action to advocate for the implementation of the Canadian Strategy for Cancer Control (CSCC). This blueprint for a sustained, collaborative, comprehensive approach to cancer control was developed in 2002. It addresses all components of the cancer care continuum: care and treatment of cancer patients; cancer prevention; psychosocial and palliative services to support patients and families; and cancer research.

Very recently, The Honourable Ujjal Dosanjh, Federal Minister of Health, announced \$59.5 million to implement some components of the strategy. This news is a good start and was the result, in part, of the hard work of the National Cancer Leadership Forum (NCLF), created to lobby

governments, especially Health Canada, to establish ongoing funding to implement and sustain the CSCC. Its members include 49 cancer-related organizations and many interested individuals from across Canada.

In an effort to increase its efficacy, the NCLF is: training local supporters in each province to advocate for strategy implementation; encouraging Canadians, through a media campaign, to speak with local business and community leaders about the importance of cancer control; and is harnessing the leadership of passionate community members who have the clout to get the cancer control issue in front of people who can make a difference.

Locally, Charlene Dill, Chairperson of the Canadian Cancer Advocacy Network; Kathleen Barclay from Breast Cancer Action Nova Scotia and Andrea Caven from the Canadian Cancer Society - Nova Scotia Division, lead this charge.

“The NCLF is an avenue for people to come forward and be heard,” said Charlene. “It takes the right people, who have passion and drive to get results and make things happen. It’s an ongoing effort, but we are making progress. Minister Dosanjh’s recent announcement is proof of this.”

To learn how you can lend your voice to this very important issue, contact Charlene Dill at 902-444-9228.

Managing Growing Cancer Drug Costs

Each and every day, through research, we gain additional knowledge about cancer, which often leads to new treatment options for patients. While any development in cancer treatment is promising for cancer health professionals and their patients, a number of factors need to be considered in determining which drugs should be funded.

The Department of Health, in collaboration with *Cancer Care Nova Scotia*, has struck a Cancer Systemic Therapy Policy Committee (CSTPC) to advise government and recommend policies on new cancer drug therapies. The committee, chaired by Bruce Saunders, Board Chair of Cumberland Health Authority and a *CCNS* board member, reports to the Deputy Minister of Health. Members include representatives from oncology health professionals, Department of Health, and district health authority CEOs.

“We have the difficult task of making recommendations on new

and emerging drug therapies,” said Larry Broadfield, CSTPC member and Manager, Systemic Therapy, *Cancer Care Nova Scotia*. “In determining our funding recommendations, we must balance clinical evidence with safety and value, as we consider new drugs.”

In particular, the CSTPC will examine how these new drugs may be safely given as close to home as possible, and how to manage the funding challenges for both the province and individual health districts. The committee is also working to set up systems for drug funding to follow the patient in this complex health care system.

Currently, the CSTPC is providing advice and recommendations to government regarding the funding of Herceptin for patients with early-stage breast cancer. As this newsletter goes to print, Herceptin is available to patients who qualify on a case-by-case basis.

For further information about the CSTPC, please contact Larry Broadfield at (902) 473-5845 or larry.broadfield@ccns.nshealth.ca



Wait Times Explained

Recently, the issue of wait times for health care services has received considerable media attention. While the information reported by the media is accurate, it only provides one side of the wait time story.

For example, when does the wait begin? If you are a cancer patient, you might consider that your wait began when you first had symptoms that something was wrong. However, it would be impossible to track a wait time from this perspective. Cancer wait times are measured from the time that the referral reaches the referral office until the first appointment with the specialist is made. They are also tracked from the time of that first appointment until treatment begins.

"The length of time an individual waits to see a cancer specialist or to begin treatment is different for every patient," said Dr. Andrew Padmos, Commissioner, *Cancer Care Nova Scotia*. "This is because it takes time to schedule certain tests, time for results to be processed, and healing time from surgery. Even though each of these steps and the wait times associated with them are emotionally difficult for patients, they are essential to ensuring an accurate diagnosis and the best treatment, based on evidence."

While these medically necessary waits are understandable, system-induced waits are not and must be


addressed. This is a challenge for our country as a whole. It is the rationale for a concentrated effort on developing common wait time definitions to assist in comparing wait times across provinces to pinpoint areas of concern and develop strategies to address them.


Last month, the Nova Scotia Department of Health launched its Wait Time Website, which provides average wait times for a number of tests, treatments and services. The cancer wait times reported include: the average number of calendar days to see medical, radiation and gynecologic oncologists and the average number of calendar days a patient waits for gynecological cancer surgery and radiation therapy.

It is worth noting that wait times are constantly fluctuating and the figures on this website represent an average wait time. Some people are not waiting as long and some are waiting longer. The length of time an individual waits depends on such things as: the kind of cancer, the tests that need to be done to determine how to treat it, the time needed for surgery to heal and the patient's general health.


Patients who have concerns about the length of time they are waiting for treatment should speak with their family doctor.

News and Notes

 Leslie MacLean, Clinical Nurse Specialist and Research Project Officer in the Cancer Care Program at the Queen Elizabeth II Health Sciences Centre, was recently presented with a Women of Excellence award in the category of Health, Sport and Fitness. Leslie was one of 18 women who were recognized for outstanding contributions in one of six categories: arts and culture, communications and public affairs, corporate management and the professions, education and research, entrepreneur / innovator, and health, sport and fitness. These women were honoured for their role in "influencing, excelling, leading and teaching by example." Congratulations Leslie, on this well deserved recognition.

 Health professionals are invited to refer their patients to the Canadian Cancer Society's Peer Support and Cancer Information Services (CIS). The CIS is a national, bilingual, toll-free service offering comprehensive, credible information about all aspects of cancer and related community resources. Its Peer Support programs match cancer patients

with trained volunteers who have had a similar cancer experience. A health professional can refer patients to either of these services by completing a fax referral form. The form is available on the Canadian Cancer Society's website at www.cancer.ca. It is also available on the CCNS website at www.cancercare.ns.ca. For more information about either of these services, contact Meg McCallum, Director of Programs, Canadian Cancer Society – Nova Scotia Division by email at meg.mccallum@ns.cancer.ca

 Brenda Whittle of Caring for Cancer Patients was the winner of a national contest held by Canadian Living Magazine, the Me to We organizations and the Western Union. Brenda was selected for the "In the Community" category and has been recognized for her outstanding commitment to helping those affected by cancer. This includes organizing an annual retreat for breast cancer survivors and her ongoing work as a volunteer in the Sunshine Room as part of the Capital Health Cancer Care Program.