Spring/Summer 2000

# CANCER Care

## INSIDE

# Creating a CANCER


*Dr. Ken Shumak is president of Cancer Care Ontario.*

People with cancer who live in Northern Ontario can now receive chemotherapy treatment much closer to home than ever before. Through the work of Cancer Care Ontario regional councils (called CCORs), 35 community cancer clinics in the North have been established. Family physicians and nurses in these communities have been trained to administer chemotherapy and to care for patients undergoing cancer treatment. With remote supervision by cancer doctors from the Northeastern Ontario Regional Cancer Centre, in Sudbury, and the Northwestern Ontario Regional Cancer Centre, in Thunder Bay, patients receive quality care without travelling great distances to the cancer centres.

"These are outstanding examples of what can be accomplished when people work together to identify cancer care needs in their regions and come up with solutions," says Dr. Ken Shumak, president of Cancer Care Ontario (CCO).

"Before the creation of CCO three years ago, there was no way to coordinate all the different types of services that an individual cancer patient can require. There was no mechanism to establish province-wide standards for care or to ensure that all Ontarians have access to high-quality services, no matter where they live. Until we had a structure like the CCORs in place, it would have been wishful thinking that

# care *system*

we could really have an impact on cancer care right across the province."

CCORs are at the heart of a new approach to the creation and organization of a province-wide cancer care system. Through the eight regional councils, providers of cancer care can avoid duplication of services, identify and fill service gaps, better organize and integrate cancer care, and ensure that patients receive high-quality care based on the latest evidence available.

Each regional council is made up of about 25 members, including providers of cancer care, community service representatives, patients and their families. Councils are supported by networks of people with expertise and special interest in systemic therapy (drug treatment for cancer), radiation, cancer surgery, supportive care, cancer prevention and education. CCORs make recommendations to CCO, which in turn provides advice and recommendations to the Ministry of Health and Long-Term Care.

CCO's mandate is to lead the integration and coordination of cancer control services, and to be the Ministry's principal adviser on cancer issues. A Memorandum of Understanding was finalized recently; it details the roles and responsibilities of the Ministry and Cancer Care Ontario. CCO also recently updated its strategic plan, which will guide the agency in the early years of the new millennium.

### Highlighting CCO's progress

Three years into its mandate, Dr. Shumak is encouraged by CCO's progress. "Most of our goals are long-term, but we've made a very good start," he says. While the structure of the agency was taking shape, advances continued in many areas of cancer control.

Funding was obtained for the creation of a Prevention Unit to work toward the elimination of the causes of cancer. "Cancer kills about 25,000 people each year in our province," says Dr. Shumak. "Cancer prevention is the best opportunity to reduce cancer deaths because the majority of cancer is preventable."

The Prevention Unit will focus its efforts in areas such as tobacco control *(see page 6)*, diet, physical activity, and occupational and environmental causes of cancer.

Coupled with a focus on prevention is a major effort to expand existing cancer screening programs and to develop new ones. The Ontario Breast Screening Program *(see page 8)* celebrates its 10th anniversary in 2000. CCO launched the Ontario Cervical Screening Program in June, and is working with the Ministry to develop a pilot project for an organized colorectal screening program for Ontarians age 50 and over.

As part of CCO's Program in Evidence-Based Care, the Ontario Practice Guidelines Initiative (www.cancercare.on.ca/ccopgi), continues to produce guidelines for the treatment of cancer patients. "We're expanding the guidelines initiative into surgical treatment, radiation treatment and supportive care," says Dr. Shumak. "Each time we develop a guideline, we set a very high standard. Once people buy into these guidelines, it helps to

*"These are outstanding examples of what can be accomplished when people work together to identify cancer care needs in their regions and come up with solutions."*

ensure that the same quality of treatment occurs everywhere in the province."

The creation of a Surgical Oncology Network (www.son.on.ca) "is another major step forward," according to Dr. Shumak. "When CCO started, there wasn't much in the way of coordination of cancer surgery, or even an opportunity to influence surgical practice throughout the province." The goals of the network are to promote sharing of knowledge among general, specialty and cancer surgeons and, through research, to develop decision-making resources to ensure that patients receive quality information, support and surgical services close to home. If complex surgery is needed, patients will be referred to a cancer centre.

Under Cancer Care Ontario, a pilot project has expanded into a program that funds new and expensive cancer drugs for people across the province. In 2000-2001, plans call for the New Drug Funding Program to cover 13 drugs at a cost of $33-million.

Cancer research continues to thrive in CCO's eight regional cancer centres. The board of directors recently approved the creation of the Charles H. Hollenberg Translational Research Fund in honour of CCO's founding president. "Translational research is the research that is designed to take basic scientific discoveries into the clinical sphere, where they can be used to benefit patients," explains Dr. Shumak.

Exciting research is occurring in cancer genetics, with CCO's Ontario Cancer Genetics Network playing a major role on an international level. "There's every reason to think that, in time, we will be able to tailor cancer treatment to individual patients on the basis of the genetic causes of a patient's cancer," says CCO's president.

Another promising area of CCO cancer research involves inhibiting the blood supply to tumours *(see page 5)*. "There's exciting work in mice to suggest that inhibiting the blood supply may control or even eradicate the tumour," explains Dr. Shumak. "It's very important to test this out in humans now."

The provision of cancer information is an area the president would like to see become a key service of CCO. "I would like to think that CCO will be an important source of quality, accurate information about cancer—for health professionals, patients and members of the public," says Dr. Shumak. Computerized information systems will play a key role in the collection, organization and dissemination of cancer information.

## Reducing wait for radiation treatment

Dr. Shumak believes that the public has an important role to play in the success of Ontario's cancer care system. "An informed and concerned public is our best protection against problems in the delivery of cancer services in the province," he says.

One of Cancer Care Ontario's early challenges has been to plan and deliver a temporary re-referral program for radiation treatment of some patients with cancer. Growing demand for radiation, combined with a worldwide shortage of radiation professionals, means that waiting times for treatment often exceed the recommended four-week maximum. To help reduce waiting times, CCO and the Ministry have worked closely to implement a program to refer some patients to other parts of Ontario or to the United States for treatment of early stage breast and prostate cancer.

Dr. Shumak emphasizes that patients with certain cancers that are known to require very prompt radiation—such as head and neck cancers—continue to be treated at the nearest Ontario cancer centre on an urgent basis. "The fact is that for patients with certain types of cancer, we do have information that waiting really does compromise outcome. Those patients are not waiting."

Patients who have gone to other parts of Ontario or the U.S. for treatment have reported a positive experience *(see page 11)*. "They get timely care, they get good care, and they also contribute to reducing the waiting lists at home for other patients," says Dr. Shumak.

CCO is actively recruiting radiation professionals from around the world, and the Ontario training program for radiation therapists has been expanded. Three new cancer centres in Oshawa, Mississauga and Kitchener will open in 2002. Expansions are either under way or in the planning phases for cancer centres in Windsor, Sudbury and Hamilton; a centre is planned for St. Catharines and a satellite centre will be built in Sault Ste. Marie.

*For further information about Cancer Care Ontario, visit the Web site at www.cancercare.on.ca*

# *Of* MICE and *men*

The innovative research of Dr. Robert Kerbel is based on a deceptively simple concept first put forward by Harvard Medical School researcher Dr. Judah Folkman. If a tumour is cut off from its blood supply, it will stop growing and, eventually, may wither away. That is because cancer cells, like all cells, need the oxygen and nutrients they get from blood in order to survive.

Dr. Kerbel and his research colleagues at the Toronto-Sunnybrook Regional Cancer Centre and Sunnybrook & Women's College Health Sciences Centre have been exploring this theory in a novel way.

"What we have demonstrated is that laboratory mice who have large, established tumours can be treated successfully this way," says Dr. Kerbel. "The big question is, will this work in humans? There are reasons why this may not work in people, but it certainly merits further experimental study, as well as human clinical trials. Clinical trials are being designed and will be implemented at this cancer centre and other treatment centres."

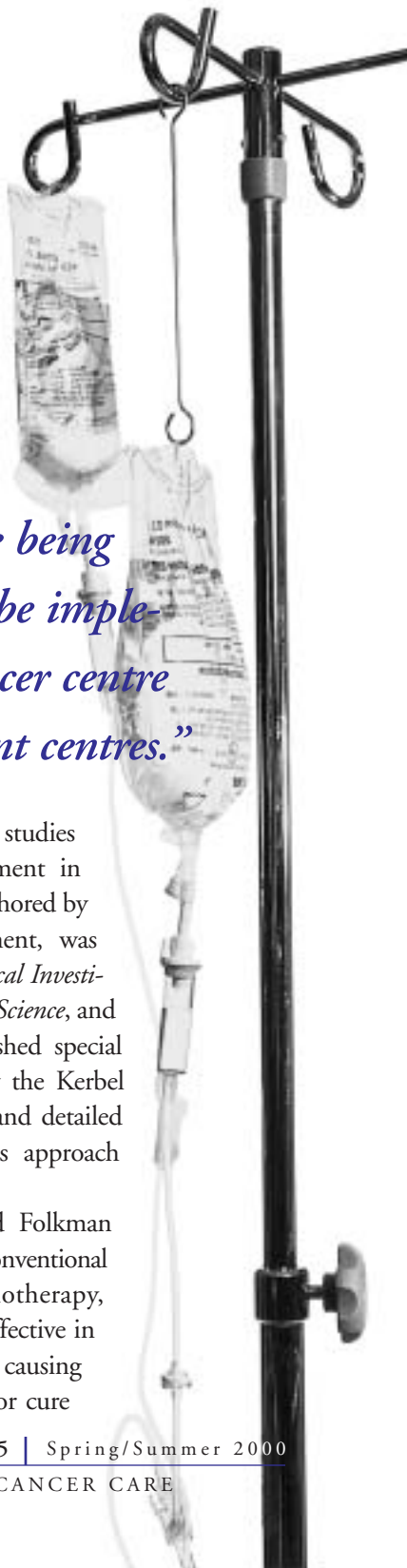
Dr. Kerbel's findings suggest that using a combination of old drugs and new drugs may be the most effective way of inhibiting new growth in the blood vessels that feed tumours. The old drugs are conventional chemotherapy drugs (e.g. Taxol, vinblastine) that have traditionally been administered in high doses over short periods, typically three to four weeks. The new drugs are called anti-angiogenic drugs (e.g. DC101). They have been developed to prevent or disrupt the properties that permit tumours to switch on the process of forming new blood vessels.

In the mice studies, these old and new medications used together have two key advantages over standard chemotherapy. Tumours do not develop resistance to the new combination therapy the way they do to traditional treatments. Because the standard chemotherapy drugs are used at very low doses over a long period of time, the researchers expect patients will tolerate this new treatment much better than high-dose chemotherapy.

Both Drs. Kerbel and Folkman recently published articles in scientific journals describing similar, encouraging results from studies testing this new type of treatment in mice. (Dr. Kerbel's article, co-authored by colleague Dr. Giannoula Klement, was published in the *Journal of Clinical Investigation* on April 15. This journal, *Science*, and *Nature Medicine* have all published special commentaries on the papers by the Kerbel and Folkman labs.) Only time and detailed clinical trials will tell how this approach works in people.

*"Clinical trials are being designed and will be implemented at this cancer centre and other treatment centres."*

Meanwhile, Drs. Kerbel and Folkman emphasize the need to continue conventional schedules and dosing of chemotherapy, which are known to be highly effective in reducing tumour size and even causing long-term remissions of disease or cure in certain cancers.



# Tobacco *control:* Turning up the HEAT

Young Zach sits on the bed, his legs crossed. He squirms a little as he recalls times with his dad—riding on his shoulders, helping him with outdoor work, watching "a cool movie" together. Cigarettes killed Zach's dad, you are told. It's a true story. "I miss him with all my heart," says Zach. "And I miss him a lot."

Tobacco. The truth hurts. That's the hard-hitting message of this TV ad, which airs across the province until the end of July. It is part of a $3.2-million mass media campaign "to target the 28% of Ontarians who feel that tobacco is socially acceptable," says Diane Black of the Heart and Stroke Foundation.

The media campaign is among a group of initiatives funded by a new $10-million investment in the Ontario Tobacco Strategy (OTS), a public health program of the Ministry of Health and Long-Term Care. OTS goals are to prevent smoking, protect people from second-hand smoke, and provide help for those who want to quit smoking.

"Through our renewed Ontario Tobacco Strategy, we are working with leading health organizations and local groups to reduce tobacco use in Ontario, especially among young people and women," says Elizabeth Witmer, Minister of Health and Long-Term Care. "With the help of our partners, we are raising awareness of tobacco-related issues, as well as reducing the burden of tobacco use on our health system and our society."

A toll-free Smokers' Helpline was launched in April by the Canadian Cancer Society, Ontario Division, to offer information, support and advice about smoking cessation (call 1 877 513-5333 Monday to Thursday from 9 a.m. to 9 p.m. and Friday from 9 a.m. to 5 p.m.). The Ontario Lung Association is revising a school-based smoking prevention program. A media network has been launched by Cancer Care Ontario's Prevention Unit to enhance media coverage of tobacco control issues. Other province-wide and community-based tobacco control programs also have been funded through OTS.

Last year, Minister Witmer received 29 recommendations from an expert panel that she appointed to provide advice for a revitalized Ontario Tobacco Strategy. OTS is working to address the recommendations of the expert panel in the areas of price; public education; marketing (packaging, labeling, information disclosure on tobacco packages); retail controls; smoke-free spaces; cessation; finance and infrastructure; research, monitoring and evaluation; and cost recovery litigation.

The Tobacco Control Act will be reviewed, and the province is taking legal action against the tobacco industry in the United States to recover health costs resulting from tobacco use. Ontario could be awarded as much as $40-billion U.S.—money that the government says would be used in part for tobacco control and to enhance programs to help tobacco growers find alternative livelihoods.

California, Massachusetts, Oregon and Florida are among the American states that have reduced smoking rates dramatically by implementing comprehensive tobacco control programs. These programs include public education, mass media campaigns, smoking cessation pro-

grams, and strong public policies to reduce sales of tobacco to young people and to reduce exposure to second-hand smoke.

"The evidence is clear that comprehensive, sustained tobacco-control programs work," says John Garcia, senior adviser for OTS and director of the Prevention Unit at Cancer Care Ontario. "There's consensus now and agreement about what needs to be done. It's a matter of following through on the government's commitments and implementing the changes. We have every reason to believe that this public/private partnership is going to work."

There are compelling reasons why Ontario is moving ahead with a renewed tobacco control strategy:

- Tobacco is the leading cause of preventable illness and premature death in the province, killing 12,000 people a year—four times more than die from motor vehicle accidents, suicide, homicide and AIDS combined.
- Smoking and exposure to second-hand smoke are major causes of heart and lung diseases, stroke and cancer. Smoking causes one out of every four cancer deaths in the province.
- One-quarter of Ontario's adult population still smoke. Smoking continues to increase among children and youth.
- Lung cancer has overtaken breast cancer as the number one cancer killer of women.
- The treatment of diseases caused by tobacco use in the province requires more than one million hospital days each year. The annual social and economic cost of tobacco is about $3.7-billion.

There are also the human costs of tobacco use—the suffering of those who develop diseases, the toll on families and friends, and the loss experienced when a loved one dies from a tobacco-related illness.

While there is much to be done, John Garcia believes that the Ontario Tobacco Strategy and its partner organizations can produce results. "I'm very excited about Minister Witmer's leadership and the direction that she has provided," he says. "I think we're going to see major changes in tobacco consumption, but this is going to take some time. We have a sense of movement within tobacco control that really could make the Ontario Tobacco Strategy a model for others around the world to follow."

# *Saving* through BREAST

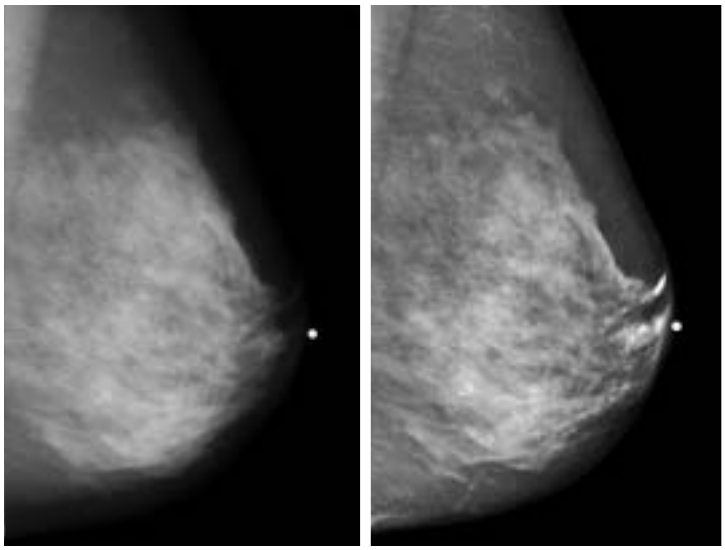
When Sharon Bukovy walked through the door of the Ontario Breast Screening Program (OBSP) van in the fall of 1997, she had a premonition. "I had this sudden feeling, 'I wonder if I'll be okay this time?'" she recalls. "Sure enough, six days later I found out that my X-ray was not normal."

She has since undergone treatment for breast cancer and is doing well. The 57-year-old's message to women who may be hesitant to be screened: "Go. Just go! It may be a little uncomfortable, but it could save your life."

Sharon Bukovy's experience is typical of women who are diagnosed through OBSP. Her tumour couldn't be detected in a physical examination. It only showed with mammography—a special, low-dose X-ray of the breast. Over the past 10 years, OBSP has screened more than 300,000 women, most of them more than once. Cancers were detected in 3,300 of these women—cancers that otherwise could have been overlooked.

As OBSP celebrates its 10th anniversary, the director of Screening Programs for Cancer Care Ontario, Dr. Verna Mai, envisions the next decade. "I would like to see women routinely go for screening starting at age 50, much the same way as children receive immunizations on a standard schedule. It should become part of their health care routine—something women simply expect to do every two years."

Dr. Mai and other experts agree that mammography is the best way to detect breast cancer early, when it can be treated most effectively. Women benefit from OBSP's highly organized approach to screening. All sites are accredited by the Canadian Association of Radiologists and have met stringent technical standards. OBSP also has specially trained nurses at most sites who do physical breast exams and teach women how to do their own monthly breast self-examinations.

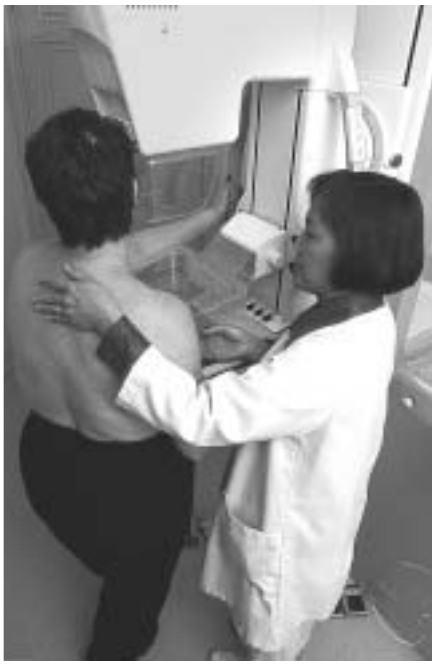


*Left and centre, digital mammograms from research project. Left, normal processing of digital mammogram. Limitations of display device (monitor or film) make it impossible to show simultaneously all detail of the breast image with good contrast. Centre, using a technique called "peripheral equalization," the detail of the breast can be shown all at once with good contrast. The ability to enhance image contrast is one of the potential benefits of digital mammography. Right, patient has mammogram at an OBSP screening site.*

The breast screening program offers excellent follow-up. A letter is sent to both the woman and her doctor about the screening results. And, for women ages 50 to 74, a second letter is sent one or two years later (depending on the frequency recommended), reminding them that it is time for another mammogram. Staff are diligent in their attempts to contact women who are overdue for screening. They notify family doctors and follow up by telephone if necessary.

"At the time a woman is first screened, we impress on her that she will need to come back," says OBSP administrator, Sylvia Shedden. "Some people think that once

# lives SCREENING



is enough, but it's not. Our bodies change from year to year and a mammogram is still the best way to discover breast cancer early."

As of June 1, 2000, there are 59 Ontario Breast Screening Program sites in the province, with 20 more scheduled to join this year. Many are based in hospitals, but some are in community clinics. The Northwest region of the province is served by a mobile van operated from Thunder Bay. Women like Sharon Bukovy visit the van for their mammograms when it comes to their towns. In 1999-2000, OBSP screened 120,000 women, a 13% increase over the previous year. The goal is to expand the program to screen 350,000 women annually.

*"Our bodies change from year to year and a mammogram is still the best way to discover breast cancer early."*

A few critics have recently received media coverage when they questioned the usefulness of mammograms. They point to the fact that sometimes mammograms fail to detect tumours. Other times, women receive "false positive" reports. That is when the radiologist sees something on the X-ray that could be cancer. The woman is sent for more tests, when in fact there is no tumour. The reality is that, like all screening tests, mammograms are not perfect.

"However, we at Cancer Care Ontario strongly believe that screening is one of the best approaches we have in the fight against breast cancer," says Dr. Mai. "While the incidence of breast cancer is rising, death rates for breast cancer have been declining in Canada since 1985 and more noticeably since 1990. At least part of the reason for the decline is thought to be the impact of early detection through screening."

Meanwhile, research continues to find ways of improving mammography. Investigators at Toronto-Sunnybrook Regional Cancer Centre are world leaders in the development of digital mammography, which generates images electronically rather than on film. These images are of better quality and have improved contrast. They can be assessed with the help of computers and transmitted over the Internet for remote consultations.

Dr. Martin Yaffe, OBSP's physics consultant, is one of the investigators involved. "We must carefully evaluate any new technology before we start using it routinely," he says. "However, we're excited about its potential and we're working hard to do the testing that needs to be done."

## Fast facts

- Women ages 50 to 74 can be referred to OBSP by their doctors, or they can make their own appointments. To find your nearest OBSP centre, call 1 800 668-9304.
- Women referred to a facility that is not affiliated with OBSP have the right to ask whether the facility is accredited by the Canadian Association of Radiologists.

# *Linking* cancer patients *by* PHONE

When her father was diagnosed with terminal stomach cancer in 1998, Maureen Philippe was devastated. But the long-time Canadian Cancer Society volunteer knew just where to turn for help. She called CancerConnection, a service that, since 1996, has been connecting cancer patients and their caregivers by telephone with trained volunteers who have had similar experiences. "It was so helpful to talk to someone who had already been through it," she says.

CancerConnection is only one of many services offered by the Canadian Cancer Society, Ontario Division, a long-time partner of Cancer Care Ontario. "We have a long and solid history of providing programs in cancer control," says Penny Thomsen, the Ontario Division's executive director. "The Society's activities complement those of the health care professionals of Cancer Care Ontario." The agencies are represented on each other's board of directors and on relevant committees. They work together to bring services to cancer patients and their families.

Cancer Information Service, a toll-free number for information about cancer, is jointly funded in Ontario by the two agencies. The Society's many volunteers help patients in the regional cancer centres and lodges, drive cancer patients to their appointments, and raise money—more than $50-million in 1998-99—for cancer support services and research. Through its research partner, the National Cancer Institute of Canada, the Society contributes more money to cancer research in the country than any other organization.

Maureen Philippe became a volunteer with two of the Society's peer support programs, CanSurmount and Reach to Recovery, following her own experience with breast cancer 15 years ago, at the age of 34. "When I was diagnosed, I didn't know anyone who'd had cancer and lived," she says. And she soon found out that there were few support services in her isolated Northern Ontario community.

***"It was so helpful to talk to someone who had already been through it."***

"CancerConnection is free, confidential, and accessible anywhere in the province to anyone who can get to a telephone," says the program's coordinator, Asha Croggan. "We match callers with a volunteer based on their individual needs, and they usually get a call within 48 hours.

"People call us back to let us know we've made a difference in their lives," she says. "It is a powerful message to hear."

*Call 1 800 263-6750 for more information about CancerConnection. For information about other programs of the Canadian Cancer Society, call your local Society office, or Cancer Information Service at 1 888 939-3333, or visit the Web site at www.cancer.ca*

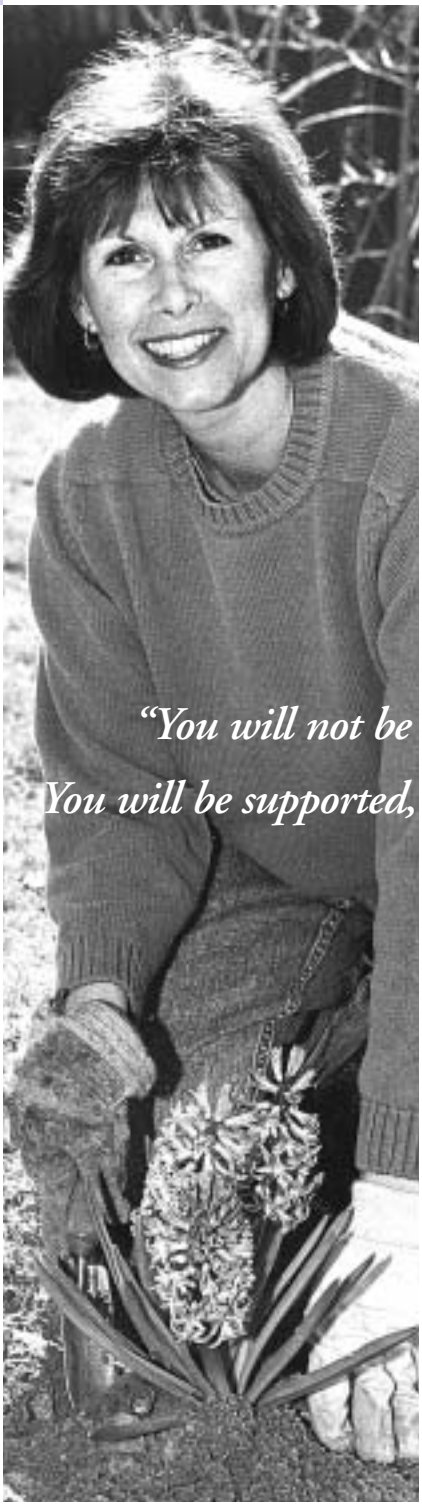
Janice Farrow

# Travelling for quicker radiation treatment

When I first learned that I would travel to Buffalo for a course of radiation therapy following my lumpectomy for breast cancer, I was upset. I would be away from my children, husband, parents and friends. It was disappointing to think that the Ontario health care system couldn't treat me at home without a long wait. But I agreed to travel because it was important to me to begin my radiation therapy as soon as possible.

In late January, my husband and I checked into the Pillars Hotel in Buffalo, following the instructions given to us by Cancer Care Ontario. Then, and for each subsequent week on arrival, I received an envelope outlining the week's activities in the hotel, and the sights to be seen in Buffalo. We met with my radiation oncologist at the Roswell Park Cancer Institute to discuss my 28 regular and five booster radiation treatments.

Once I was settled, my husband left for home and I sat in my hotel room—alone for the first time since my cancer ordeal had begun. I felt quite desolate. I needed people to talk to. That night at a breast cancer support meeting, I met 15 women like me from Ontario. We shared stories, and I immediately felt better.



Because I was in Buffalo, I was able to come home every weekend to spend time with my family. Some of the patients even car pooled. The weeks in Buffalo were full of activities organized by the hotel, the patients and the pastoral care team at the cancer centre.

Whenever we felt lonely in our rooms, all we had to do was go to the lounge in the hotel. There was always someone there to talk to. I began to feel as if I were at camp! The hotel staff went out of their way to be helpful; nothing was too much to ask. I will truly miss the folks in Buffalo and the healing experience I had there.

*"You will not be alone. You will be supported, and you will meet some exceptional people."*

My advice to anyone facing the decision to travel for radiation treatment is that it is a positive experience. You will not be alone. You will be supported, and you will meet some exceptional people. Just reach out and someone will be there for you.

Right now I'm concentrating on my return to normal life and work, enjoying the warm weather and my garden. It's time to move forward with my life.

***Janice Farrow and her family live in Mississauga, where she is a school teacher.***

# On the Cover

## Andrew Williams and fiancée, Aliya Sagheer

"Why me?"

When my bowel cancer came back in the spring of 1999—only a short time after I had finished six weeks of radiation therapy and six months of chemotherapy—I needed an answer. Wise words came from my 83-year-old grandmother, Virginia. I call her Moms. "God has chosen you to be an inspiration," she said.

At age 38, I felt very uncertain about my future. But Moms gave me hope, courage, and words to live by!

Those words paved the way for me to face another round of chemotherapy, which I completed this past February at the Toronto-Sunnybrook Regional Cancer Centre with the support of my fiancée, Aliya. She and my circle of friends—Moms; my mother; my doctor; and the wonderful nurses in the chemotherapy unit, who have become part of my extended family—helped me through the months of intensive treatment. I always tried to have a smile on my face to lift the spirits of other patients.

Aliya has been with me every step of the way—through surgeries, hospitalization, cancer treatment and trips to emergency for treatment of bowel obstructions. Together we have learned to welcome each new day with enthusiasm and joy. Aliya is working with me to launch a charitable foundation to provide financial support for cancer research. Our marriage has been delayed twice because of my health. But now I feel strong, and we're very excited about our wedding this fall.

I feel blessed. I am a happy man.

*"I always tried to have a smile on my face to lift the spirits of other patients."*

## Cancer Care Ontario

Cancer Care Ontario (CCO) is the province's leader in the integration and coordination of cancer control services, and the Ministry of Health and Long-Term Care's principal adviser on cancer issues. CCO's work includes cancer prevention, screening, treatment, supportive care, research, education and the development of treatment guidelines. Eight Cancer Care Ontario regional councils (CCORs) plan and coordinate regional cancer services. CCO manages Ontario's eight regional cancer centres, the Ontario Breast Screening Program, the Ontario Cervical Screening Program, the Ontario Cancer Genetics Network and the Ontario Cancer Registry.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