Spring/Summer 2002

CANCER Care

INSIDE

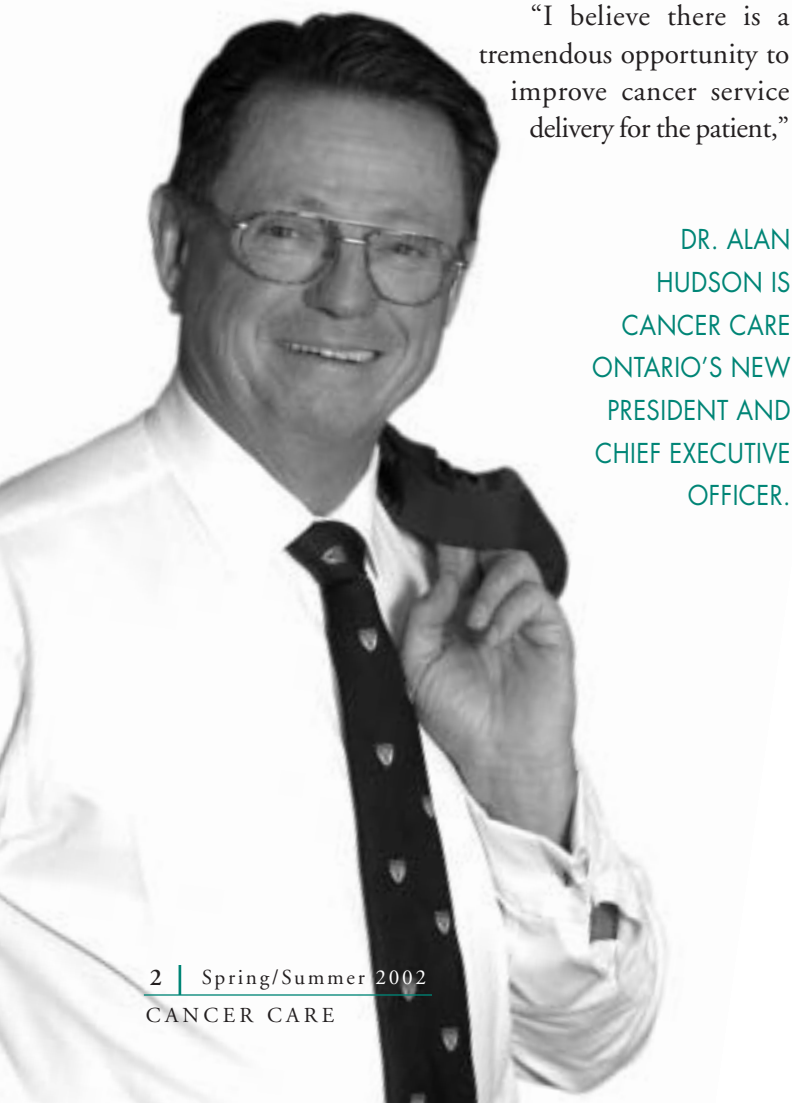
Doing what's

BEST *for* PATIENTS

Dr. Alan Hudson is a firm believer in keeping his eye on the ball. The ability to stay focused on achieving a goal is second nature to the renowned former hospital administrator and neurosurgeon, and that's good news for cancer patients.

As Cancer Care Ontario's new president and chief executive officer, Dr. Hudson's mandate is to accelerate and lead the integration of cancer services in the province to create a system that delivers high-quality, accessible care, and meets the needs of patients and their families. Evidence shows that when cancer services are carefully planned and well coordinated, cancer patients have better outcomes and there are fewer cases of cancer in the population as a whole.

"I believe there is a tremendous opportunity to improve cancer service delivery for the patient," says Dr. Hudson. "This is something that needs doing and something I'm very interested in.



DR. ALAN HUDSON IS CANCER CARE ONTARIO'S NEW PRESIDENT AND CHIEF EXECUTIVE OFFICER.

"Virtually everyone in the province has either had cancer, or a family member or friend has had cancer. It's so prevalent. While the individual interaction between health professionals and their patients is extremely positive, the linkages among many cancer services are not optimal. Despite our best efforts, patients often find that no real system exists, and they are left to navigate the complex patchwork of cancer care services on their own at a very anxious and worrying time in their lives."

The plan is for regional cancer centres, host hospitals, community hospitals, community care access centres (which operate home care and other services), physicians, surgeons, community oncologists and other providers of cancer care to coordinate their services in a way that helps patients and families navigate the cancer system easily and seamlessly.

"Right now, we're a series of cottage industries," explains Dr. Hudson, "and we need to make a system with only one focus—and that's patient care."

Before joining Cancer Care Ontario, Dr. Hudson spent most of last year chairing the Cancer Services Implementation Committee, established by the Ontario Ministry of Health and Long-Term Care to review the organization and delivery of the province's cancer services.

The committee concluded that "cancer care is fragmented and needs to be better coordinated. Information systems are fragmented and unable to support and monitor improvements in access, care and outcomes at the provincial, regional and local levels." The committee's report also stated that "a quality bar needs to be set and supported by standards to ensure that all patients receive the same quality care no matter where they live in the province."

Recommendations included integrating cancer services of the province's regional cancer centres and their host hospitals, developing a cancer information system that will be the backbone for the integrated cancer system, and establishing a quality council to monitor, assess and improve cancer services.

ON TOUR AT NORTHWESTERN ONTARIO REGIONAL CANCER CENTRE IN THUNDER BAY

All three of these elements are essential to an integrated cancer delivery system, Dr. Hudson says. "This is an acceleration of Cancer Care Ontario's policies of integration. That's why I call it evolutionary change versus revolutionary change.

"There is no cookie cutter model for integration between cancer centres and host hospitals," Dr. Hudson adds. "Given the uniqueness of each region of the province, the model may look slightly different from region to region. Timing will also vary depending on the readiness for change."

"Right now, we're a series of cottage industries and we need to make a system with only one focus—and that's patient care."

An integrated cancer program between a regional cancer centre and a host hospital allows patients to move smoothly between in-patient and out-patient cancer services. Patients have a single chart, and the integrated cancer program is managed by one person who reports both to the president of Cancer Care Ontario and to the president of the host hospital. The same person is responsible for leading the coordination of cancer services across the region. Toronto Sunnybrook Regional Cancer Centre is an example of an integrated cancer program of Cancer Care Ontario and Sunnybrook and Women's College Health Sciences Centre. Northeastern, Grand River and Durham regional cancer centres are operating under a single leadership model as well.

Plans also call for the establishment of a quality council of experts "who will monitor cancer services across the province and guide us toward improvement," says Dr. Hudson.

Integration of cancer services will rely on the ability to access and analyze data. "We need an enhanced information technology system that can provide accessible information so that we can govern and manage effectively at both the local and central levels," explains Dr. Hudson.

Another recommendation of the Cancer Services Implementation Committee is the formation of regional cancer advisory bodies made up of volunteer representatives from a broad range of cancer service providers and community representatives. They would plan and oversee the integration of regional cancer services and give advice to the board of Cancer Care Ontario.

Just a few months into his new job, Dr. Hudson has travelled around the province to meet with Cancer Care Ontario staff, host hospital CEOs and other stakeholders.

"Conceptually, integration is not hard to understand but there are always barriers to change," he says. "However, I've been very impressed with everyone I have met, and it is clear to me that there exists a genuine commitment to improving the cancer system for patients and their families. We are already hard at work along with the Ministry of Health and Long-Term Care and our partners who provide cancer services across the province.

"What the patient wants is what we need to respond to," Dr. Hudson adds. "I believe that together with the ministry and our partners in the system, we can and will achieve our goal to ensure that Ontarians receive accessible, high-quality cancer services as close to home as possible."

Dr. Alan Hudson, OC: What makes him tick?

DR. HUDSON WITH TWO-WEEK-OLD GRANDSON, LUKE

The ability to contribute to new knowledge, pass that knowledge to the next generation, and mostly, to improve care for patients and families is what keeps Alan Hudson in health care at a time in his life when he could be relaxing with his 12 grandchildren.

While he is committed to making time for his family, he has devoted himself to reshaping Ontario's cancer delivery system in cooperation with government and health care providers across the province.

"Alan brings substantial experience as a leader in Canadian health care, and from his work chairing the Cancer Services Implementation Committee last year, he also has a unique appreciation of Cancer Care Ontario's potential to lead a cancer system that is among the best in the world," says Peter Crossgrove, chairman of the agency's board of directors.

From 1991 to 2000, Dr. Hudson was president and chief executive officer of Toronto's University Health Network. From 1989 to 1991, he served as McCutcheon Chair and surgeon-in-chief at The Toronto Hospital. During the 1970s and 1980s, Dr. Hudson was a leading neurosurgeon at St. Michael's Hospital, where he co-founded a laboratory that garnered an international reputation for innovation in neurosurgery research. He and his colleagues at St. Michael's performed the world's first sciatic nerve transplant in 1988.

A leading authority on the peripheral nerve, Dr. Hudson has co-authored two texts on the subject, published more than 130 articles and lectured in many parts of the world. An award winner for excellence in teaching, he was chairman of neurosurgery at the University of Toronto from 1979 to 1989, directing one of the world's top training programs. He still teaches, presenting the Alan R. Hudson Faculty Teaching Award and the Resident Teaching Award named in his honour. Dr. Hudson also provides advice to the Alan and Susan Hudson Chair in Neuro-Oncology at the University of Toronto.

Born in South Africa, Dr. Hudson attended the University of Capetown, University of Toronto, Oxford University and Harvard Business School. In 2000, he was named an Officer of the Order of Canada for service to health and medicine.

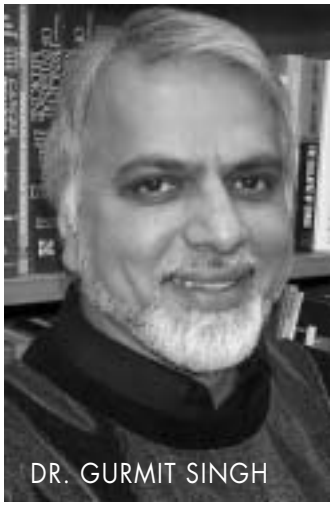
"A typical immigrant, $100 in pocket and no job" is how he describes himself in 1962 when he arrived in this country. He never contemplated moving to the United States, he says, because in Ontario, he found "a home to raise my family, and every professional opportunity."

OLD *drug, new* hope?

Cancer Care Ontario researchers have shown that a common antibiotic drug used to treat acne can reduce—by 70% in mice—the spread of some types of human tumours to the bone. Doxycycline, a form of tetracycline, not only shrunk breast and prostate tumours that had metastasized (or travelled) to the bone, but it also showed an ability to prevent the spread of cancer in the first place, says Dr. Gurmit Singh, director of Research at Hamilton Regional Cancer Centre and a professor at McMaster University.

Human clinical trials are now being planned. A prostate cancer trial of the tetracycline drug should begin this fall, followed by a breast cancer trial starting next spring. "If we can decrease bone metastases by even 10%, this would be a major step forward," says Dr. Singh. "For anyone who gets bone metastasis, the quality of life goes down considerably."

Since doxycycline is already proven to be safe and has relatively little toxicity, early stage trials are not required. "Our clinical trials will run for three years and compare doxycycline to existing treatments," Dr. Singh explains. "If the trials prove the drug to be successful, this could then become normal therapy."



DR. GURMIT SINGH

Just how does doxycycline work? Bone tumour cells produce an enzyme called matrix metalloproteinase, which eats up the bone and allows the tumour to spread. In the lab research with mice, doxycycline—using its non-antibiotic properties—prevented the enzyme from attacking the bone tissue.

The research team had an additional surprise: doxycycline not only reduced bone tumours and stopped bone loss, but it actually promoted the growth of new bone tissue. "This might be very useful for breast cancer patients because they get a lot of fractures when the disease goes to the bone," says Dr. Singh.

> ***"If we can decrease bone metastases by even 10%, this would be a major step forward."***

Breast and prostate cancer are among the most common forms of cancer in Canada. For unknown reasons, between 70% and 80% of breast cancer metastases and 70% of prostate cancer metastases go to the bone. It is these secondary tumours that often cause pain and death.

"People give up hope and the will to live when they are in so much pain," says Dr. Singh. "I think there is something to be said for the will to live, and this drug may actually provide pain relief, which in turn might even increase the survival of individuals."

While the research is very exciting, Dr. Singh is quick to point out that rigorous human clinical trials need to be conducted before this new therapy should be adopted. Dr. Singh presented his research findings to the World Congress on Breast Cancer held in Victoria early in June.

Food and cancer:

What *you* need to *know*

We all know the old adage "An apple a day keeps the doctor away," but many people don't realize how their eating habits affect their health.

According to the "5 to 10 a day" public awareness campaign, only 7% of Canadians are aware that eating fruits and vegetables can reduce their risk of cancer.

A report published by the American Institute for Cancer Research and the World Cancer Research Fund (*Food, Nutrition and the Prevention of Cancer: A Global Perspective*; see sidebar on page 8) concluded that "…consumption of five servings or more of a variety of vegetables and fruit could, by itself, decrease overall cancer incidence by at least 20%." In Ontario, that's 10,000 people each year.

Cancer Care Ontario's Prevention Unit has just completed a survey on nutrition and cancer prevention. In telephone interviews, researchers asked 3,200 Ontario adults about their eating habits; height and weight; knowledge, attitudes and beliefs about diet and cancer prevention; and what motivates them to change their diet. A follow-up study will look at what people eat and how often they eat certain foods. The results of these studies, says Melody Roberts, manager of the Prevention Unit, will provide "some really good information on which to base programming."

"…only 7% of Canadians are aware that eating fruits and vegetables can reduce their risk of cancer."

By programming, she means initiatives like the fruit and vegetable behavioural intervention, a pilot project that will be launched this September through 12 public health units and community health centres across the province. "The pilot will build on the 5 to 10 a day campaign to help women monitor what they and their families are eating, increase their knowledge about a healthy diet, and support them in changing their eating habits," she says. "You can make some reasonably small changes, like eating five servings of vegetables and fruit a day, to help reduce your risk of cancer."

But what if you already have cancer? There's good news for you too: patients who eat well during cancer treatment are better able to cope with treatment side effects. Eating well can help give you strength, prevent body tissues from breaking down, rebuild tissues harmed by cancer treatment, and help maintain and improve the performance of your immune system.

Patients at Cancer Care Ontario's regional cancer centres have access to the services of registered dietitians, say Karen Biggs and Christine Palframan, co-chairs of the agency's Dietitian Professional Advisory Committee. The committee has



developed standards of care to help dietitians "assess each patient's risk of malnutrition and ensure that patients receive timely nutritional intervention," says Karen Biggs. "It's much easier to prevent malnutrition than to correct it," explains Christine Palframan.

Cancer can cause metabolic changes that affect how the body uses nutrients and may put patients at risk of malnutrition. "One of our main challenges is to maintain or improve lean body mass when the body is not using nutrients in the normal way," says Karen Biggs.

During an assessment, dietitians consider diet, weight changes, lab results, body composition, and secondary medical conditions such as diabetes, as well as reasons why people may be eating less—whether it's anorexia or pain related to cancer, or side effects from chemotherapy and radiation, such as food aversions, swallowing difficulties, nausea, vomiting, diarrhea and constipation. This information is used by the dietitian to develop an individual nutrition care plan.

"When people don't have enough energy to prepare food or to eat or drink, that has a significant effect on their activities and ability to tolerate treatment," says Karen Biggs. "We give practical advice to help patients deal with those issues on a day-to-day basis."

Adds Christine Palframan, "as part of the patient care team, we work very closely with physicians, nurses and other health care professionals to ensure that patients receive comprehensive care."

One important part of comprehensive care is ongoing research. Physicians at the Hamilton and London cancer centres are involved in a National Cancer Institute of Canada clinical trial using an appetite stimulant called Megace and/or an enriched nutritional supplement containing eicosapentanoic acid (an omega-3 fatty acid) to stimulate weight gain and lean body mass.

A goal of the Dietitian Professional Advisory Committee is to develop reliable clinical care paths and patient education material based on documented research and sound clinical practice. Research is needed to explore whether "specific nutrients or combinations of nutrients can be used in ways we never thought of to benefit patients," says Christine Palframan.

What's most important, both women agree, is that patients and their families know that dietitians are available to help them throughout the cancer experience. "There probably is something that can be done to alleviate their symptoms or side effects," says Karen Biggs. "People with cancer can take back some control in their life by nourishing themselves, and we're here to help them find ways to do that."

For more information about nutrition and cancer, ask the dietitian at your cancer centre to recommend some reliable resources, call Cancer Information Service at 1-888-939-3333, or visit the 5 to 10 a day Web site at www.5to10aday.com/eng/index.htm, or the Canada Health Network Web site at www.canadian-health-network.ca

15 ways to reduce your risk of cancer

1. Choose predominantly plant-based diets rich in a variety of vegetables and fruits, legumes and minimally processed starchy staple foods
2. Avoid being underweight or overweight, and limit weight gain during adulthood to less than 5 kg (11 pounds)
3. If occupational activity is low or moderate, take an hour's brisk walk or similar exercise daily, and also exercise vigorously for a total of at least one hour in a week
4. Eat five or more servings a day of a variety of vegetables and fruits all year round
5. Eat more than seven servings a day of a variety of cereals, legumes, roots, tubers and plantains. Prefer minimally processed foods. Limit consumption of refined sugar
6. Alcohol consumption is not recommended. If consumed at all, limit alcoholic drinks to less than two drinks a day for men and one for women
7. If eaten at all, limit intake of red meat to less than 80 grams (3 ounces) daily. It is preferable to choose fish, poultry or meat from non-domesticated animals in place of red meat
8. Limit consumption of fatty foods, particularly those of animal origin. Choose modest amounts of appropriate vegetable oils
9. Limit consumption of salted foods and use of cooking and table salt. Use herbs and spices to season foods
10. Do not eat food which, as a result of prolonged storage at ambient temperatures, is liable to contamination with mycotoxins
11. Use refrigeration and other appropriate methods to preserve perishable food as purchased and at home
12. When levels of additives, contaminants and other residues are properly regulated, their presence in food and drink is not known to be harmful. However, unregulated or improper use can be a health hazard, and this applies particularly in economically developing countries
13. Do not eat charred food. For meat and fish eaters, avoid burning of meat juices. Consume the following only occasionally: meat and fish grilled (broiled) in direct flame; cured and smoked meats
14. For those who follow the recommendations presented here, dietary supplements are probably unnecessary, and possibly unhelpful, for reducing cancer risk
15. Do not smoke or chew tobacco

This advice was extracted from the World Cancer Research Fund and American Institute for Cancer Research report Food, Nutrition and the Prevention of Cancer: a global perspective. *The executive summary is available on-line at www.aicr.org/exreport.html*

Acknowledging unconventional therapies

In recognition of cancer patients' increasing interest in and use of unconventional treatments, Cancer Care Ontario has published a position paper on unproven and complementary therapies.

The statement does not endorse or exclude any specific therapies, but "simply recognizes the use and pursuit of these therapies by patients, and offers them an opportunity to have their concerns heard and responded to," says Dr. Shailendra Verma, a medical oncologist at Cancer Care Ontario's Ottawa Regional Cancer Centre, and one of the authors of the statement.

Unconventional therapies are those that are outside of the standard treatments recommended by cancer specialists, and include such therapies as acupuncture, chiropractic, therapeutic touch, massage, chiropody, traditional Chinese medicine, aromatherapy, homeopathic medicine and others.

A study by the Fraser Institute estimates that up to 50% of Canadians use complementary and alternative therapies and products, spending billions of dollars each year. "We accept that people use, pursue and are fascinated by unproven and complementary therapies, but we encourage them to learn as much as possible before adopting them, and to inform their physicians about them," says Dr. Verma.

This last point can be critical. A study widely reported this spring showed that St. John's wort, an herbal supplement, could reduce the effectiveness of chemotherapy by 40%.

And the Fraser Institute reported that only 44% of people using unconventional therapies discussed them with their doctors.

"Cancer Care Ontario's commitment to patients is to offer treatments they can expect some result in. We remain grounded in therapies that have some legitimacy," explains Dr. Verma.

He recommends patients be cautious about unproven therapies. Many come at a high cost and, in the case of many natural remedies, there is often little control over their manufacture and sale. Health Canada has recognized the problem by establishing the Natural Health Products Directorate to develop a new regulatory framework for natural health products. A total of $10-million has been allocated over three years to set up the directorate and to fund research into natural health products.

"We believe that healing takes many forms, not just chemotherapy, radiation and surgery," says Dr. Verma. "We believe that patients can be healed in many ways, and we are interested in exploring this with them compassionately, yet scientifically and objectively."

For help in finding reliable information, start with a reputable source such as Health Canada (613-952-2558, or www.hc-sc.gc.ca/hpb/lcdc/bc/uncon_e.html) or the U.S. National Institutes of Health's National Centre for Complementary and Alternative Medicine Clearinghouse (nccam.nih.gov).

Cancer Care Ontario's position statement on unproven therapies is available at www.cancercare.on.ca/treatment/sept01positionpaperunproventherapies.html

Cancer Care Ontario launches Translational Research Fund

Dr. Charles H. Hollenberg

Dr. Robert Gryfe

Dr. Annie Huang

Cancer Care Ontario's number one research objective is to move new knowledge from the laboratory to the clinic as quickly as possible. To do this, Ontario requires a cadre of highly qualified scientists who can translate research discoveries into improved clinical care.

The **Charles H. Hollenberg** Translational Research Fund has been established to provide awards to outstanding scientists engaged in translational cancer research. The fund is named after Dr. Charles H. Hollenberg, Cancer Care Ontario's founding president, and a distinguished Canadian physician, educator, scientist and academic administrator.

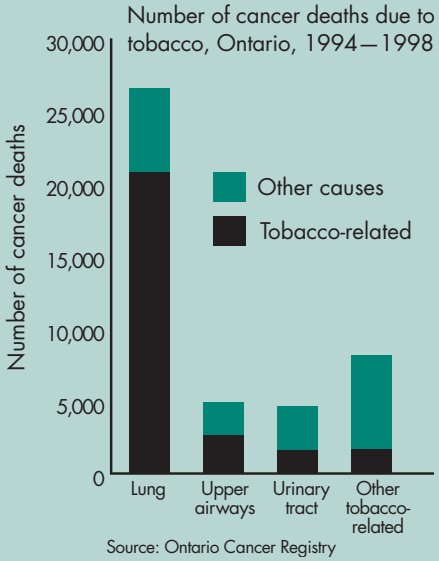
The fund's first award is the Eli Lilly Canada–Cancer Care Ontario Senior Fellow/Clinician Scientist Award, offered in partnership with the Canadian Institutes of Health Research. Recipients will receive salary and research support for up to five years, and will be supported in the transition from clinical fellow to independent clinician scientist.

The first two award recipients were announced this June in Toronto. Working with Drs. Linda Penn and Jeremy Squire, both of the Ontario Cancer Institute, **Dr. Annie Huang** will study tumour-causing genes in neuroblastoma, a common childhood cancer of the nervous system. **Dr. Robert Gryfe** will work with Dr. Steven Gallinger of Mount Sinai Hospital's Samuel Lunenfeld Research Institute, to study how different genetic profiles affect progression of colorectal cancer.

The ultimate recipients of the Charles H. Hollenberg Translational Research Fund will be the cancer patients in Ontario, across the country and around the globe, who stand to benefit from the accelerated application of exciting new laboratory discoveries to effective patient care.

Ontario Cancer Fact:

Tobacco is #1 cause of cancer



Tobacco is the single most important cause of cancer. In Ontario, one quarter of cancer deaths (more than 5,000 each year) are due to tobacco. It causes most lung cancers and many upper airway (mouth, throat, larynx) and urinary tract (bladder and kidney) cancers, as well as some cancers of the stomach and pancreas. All forms of tobacco—smoking, chewing and second-hand tobacco smoke—can cause cancer. A 50-year-old smoker is three times more likely to die of cancer than a non-smoker. Tobacco is also the most important cause of death from other common conditions, such as cardio-vascular and lung diseases.

People who stop smoking substantially reduce their chances of dying from cancer or cardiovascular disease. For help with quitting, call the **Smokers' Helpline** at **1-877-513-5333** and/or talk to your health care provider.

For more information, talk to your health care provider or call **Cancer Information Service** at **1-888-939-3333**.

Esther Green

Nurses: a vital part of cancer care team

Nurses are an essential part of a dedicated team of health professionals who work together to provide timely, coordinated and comprehensive care for people living with cancer. Along with others on the team, oncology nurses require specialized knowledge, clinical skills and an understanding of the unique needs of patients and their families.

Oncology nurses work in many different settings, for example, in-patient units in hospitals, regional cancer centres and affiliated cancer clinics, in the community, in screening programs, or in cancer genetics programs.

Nurse-examiners in the Ontario Breast Screening Program perform breast examinations and educate women on breast health, screening and cancer prevention. Oncology nurses are involved in cancer risk assessment and genetic counseling. Nurses in cancer centres and clinics educate patients and their families, manage complex treatments, and provide strategies for self-care.

They help ease symptoms and treatment side effects, support patients and families, help plan and conduct clinical trials, and follow-up and monitor patients after treatment has been completed. Nurses assess the physical and psychosocial needs of patients and their families, and help them find the support they need to live well with cancer.

Nurses must keep abreast of current knowledge and clinical expertise as research rapidly introduces new technologies and treatment options. They are continually learning in the workplace, but they also can participate in specialty training after their basic nursing education, or take the initiative to direct their own continuing education.

"...oncology nurses require specialized knowledge, clinical skills and an understanding of the unique needs of patients and their families."

As a specialty practice, oncology nursing has its own professional designation, Canadian Certified Oncology Nurse, CON(C). Many of our nurses have achieved this distinction by working in the specialty for a minimum of two years, and passing a certification exam administered by the Canadian Nurses Association.

As our nursing workforce ages, we are helping nurses new to oncology learn about cancer care. One initiative is the development of on-line learning, with opportunities to work with experienced oncology nurses. Nursing practice is guided by standards, policies and protocols, and we are revising policies and developing protocols to incorporate new research findings into practice.

Some of our cancer centres have advanced practice nurses working in pain and symptom management. With their advanced knowledge and skill, gained through a Master's degree with a focus on a specialty such as oncology, advanced practice nurses have an expanded scope of practice that allows them to manage complex care situations. In addition, these nurses coach others through teaching, and influence the adoption of evidence-based practice. We continue to identify areas where advanced practice nurses can be effective and best used to help care for people affected by cancer.

Esther Green is Cancer Care Ontario's chief nursing officer.

On the Cover

Doug and Charlene Cowan: Detouring

They've been dealing with cancer for the past 14 years, but Doug and Charlene Cowan, of River Canard, refuse to let the disease run their lives. "We looked at our cancers as an interruption in our lives. We pull from each other's strengths, from the strength of family and friends, and our faith," says Charlene. "Our cancers are just detours," adds Doug. "So we go around the detours to get to our destination."

Facing a fourth lumpectomy at age 49, Charlene made the difficult choice to have both breasts removed. Her mother had died of breast cancer at age 61. "I did my research, and I made my decision," Charlene says. "Doug was totally supportive of me." Five years later, she is healthy.

But last year, routine screening showed Doug had early stage prostate cancer. Following his wife's example, Doug spoke to cancer care professionals at Windsor Regional Cancer Centre, and to others who had experienced his disease. He opted for brachytherapy, a new treatment involving the permanent insertion of radioactive seeds into the prostate.

The Cowans made their detours and they are back on track. Retired for five years, Doug is passionate about his role as special events coordinator for The Hospice of Windsor and Essex County. He is also the community representative on the cancer centre's radiation oncology committee preparing for accreditation. Charlene volunteers with hospice, the Canadian Cancer Society and the Ontario Breast Screening Program coalition. The Cowans are advocates of cancer education, the benefits of physical fitness, and cancer prevention and early detection. "Bottom line," says Charlene: "You are in control of your body."

To contact Cancer Care Ontario in your region, call:

Central East Region
Toronto Sunnybrook Regional Cancer Centre: 416-480-4566

Central West Region
Hamilton Regional Cancer Centre: 905-387-9711, ext. 63060

Eastern Region
Ottawa Regional Cancer Centre: 613-737-7700, ext. 5-6857

Northeast Region
Northeastern Ontario Regional Cancer Centre: 705-522-6237, ext. 2084

Northwest Region
Northwestern Ontario Regional Cancer Centre: 807-343-1572

South Region
Windsor Regional Cancer Centre: 519-253-5253, ext. 58540

Southeast Region
Kingston Regional Cancer Centre: 613-544-2631, ext. 4517

Southwest Region
London Regional Cancer Centre: 519-685-8615
Grand River Regional Cancer Centre: 519-749-4370, ext. 5710

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