



CAMEO – Helping make informed decisions about Complementary Medicine

CAMEO

Complementary Medicine Education & Outcomes Program

A new BC Cancer Agency research program is available to determine the best ways to help cancer patients, their families, friends and health care professionals make informed decisions about how to safely integrate evidence-based complementary medicine with conventional cancer care. This program, called CAMEO – the Complementary Medicine Education and Outcomes program, – is the first of its kind in Canada and is a collaborative effort between the Agency and the University of British Columbia’s School of Nursing.

“Up to 80% of cancer patients use complementary medicine (CAM),” states Tracy Truant, co-investigator and Regional Professional Practice Leader in Nursing at

the BC Cancer Agency, “and studies show that most are not discussing their decisions with their health care providers thus risking safety implications, interactions and potential missed benefits. Patients, their families and health care professionals struggle with making safe, informed decisions about these therapies and are looking for support in this increasingly complex, information-dense field.”

CAMEO, initiated in 2008, offers a variety of education and decision support strategies focusing on complementary medicine for cancer patients and their families as well as health professionals within a research program. The program provides education seminars and material, decision support, clinical tools, and decision aids. CAMEO also now offers group education to patients and family members at the Agency’s Vancouver Centre and is pilot testing one-on-one



decision support for patients and support persons. The CAMEO program does not offer clinical recommendations or endorse specific therapies, but focuses instead on supporting patients in making their own decisions by facilitating access to evidence-based information, and tools to guide their decision making that is inclusive of their personal values, beliefs, and goals.

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Planning Ahead: New BC Cancer Agency President, Dr. David Levy



Dr. David Levy joined the BC Cancer Agency as President last November.

Dr. David Levy, recently appointed President of the BC Cancer Agency, has a talent for seeing the big picture in cancer care while understanding the key role of a family physician in the life of every cancer patient. Originally from the United Kingdom where he served as Medical Director for the North Trent Cancer Network and Medical Advisor for Cancer to the Department of Health, Dr. Levy has extensive experience in cancer policy and strategy. He shares his insights here on the direction he sees the Agency heading and the importance he places on the contributions of family physicians and the Agency’s Family Practice Oncology Network.

What is your initial impression of BC’s cancer care system?

First, the friendliness of Agency staff and the pride that they take in their work is immediately apparent. I have visited each of our five Cancer Centres, plus the Centre for the North now under development in Prince George, at least twice since my arrival to understand the different challenges each is addressing and the slightly different cultures in which they operate. The geography of the interior, for example, includes small isolated communities with dedicated medical teams providing high quality local care. We need to better understand how we can best support

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Complementary medicine – CAM – is “a group of diverse medical and health care systems, practices and products that are not presently considered to be part of conventional medicine” (NCCAM, February 2007). The top CAM therapies used by patients at the Agency are natural health products, diet, massage, meditation, naturopathy, traditional Chinese medicine, therapeutic touch, and support groups.

CAMEO is a four-year research program that will:

- Determine how best to support people living with cancer in making evidence-informed CAM decisions;
- Evaluate how to improve health professionals’ knowledge and decision support skills related to CAM; and
- Facilitate the development and integration of new CAM and cancer research knowledge.

The long-term goal is that the programs and materials developed by CAMEO will enable cancer health care professionals to provide CAM support within their local communities.

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Patients and families can take part in the CAMEO program either through a recommendation by a health professional at the Agency or by contacting the program

directly. You can contact CAMEO:

- To ask questions about specific CAM therapies during cancer treatment and care;
- To learn about upcoming CAMEO educational events and research projects; and

- To receive updates through the CAMEO Newsletter.

The CAMEO Website also has a variety of resources including links to credible CAM and cancer websites and a list of current Agency CAM and cancer research projects looking for participants.

For more information, please call 604.707.5960 or visit www.bccancer.bc.ca/cameo.

The Society for Integrative Oncology’s guidelines (Deng et al., 2009) recommends that all patients should:

- Be asked about the use of CAM;
- Receive guidance about CAM in an open, evidence-based and patient-centred manner by qualified personnel; and
- Be advised to avoid therapies promoted as “alternatives” to mainstream care.

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them. This is essential to developing effective partnerships with the Health Authorities and primary care.

What are the highlights of the Agency’s new strategic plan now nearing completion?

Our plan for 2010-13 highlights provincial care and research throughout the patient continuum focussing on quality, partnerships and improving the patient journey. By quality, we are dedicated to providing safe, effective and efficient care for patients wherever they receive treatment. By partnerships, we will be strengthening our relationships not just with hospitals and health authorities, but also with primary care teams, patients, their families and caregivers. Such partnerships will enable us to improve the patient journey ensuring each step along the way is clearly communicated including what is going to take place, and when.

To this end, we are aspiring to develop a cancer control strategy with each of the Health Authorities building on the momentum for the Northern Health strategy already in place. We

are looking to achieve a greater understanding of the population needs throughout BC and to ensure our services are integrated with those of the Health Authorities.

How do you perceive the role of family physicians in cancer care?

Family physicians play a pivotal role in cancer prevention, screening, survivorship support and end-of-life care and we are working to develop much stronger partnerships with primary care teams in each of these areas and to share good practices across the province. The Family Practice Oncology Network is critically important serving as the link between family physicians and the Agency, and the family practice research community. The Network’s educational role and its development of cancer care guidelines for family physicians, for example, are already having a positive impact.

With regard to screening, we are working with family physicians to increase the percentage of women, especially those ages 50-69, who take part in our screening mammography program. We are also evaluating a pilot colorectal screening program, now underway

in two communities, to test the potential for a province-wide, population-based screening program (see story on page 11).

Further, patients are telling me that they need more post-treatment, survivorship support, including help establishing a new “normal” life. We are also striving on the other end of the spectrum to ensure palliative patients are aware of their prognosis in the last six months of their life, that they are assessed using appropriate clinical tools and that advanced care plans are prepared wherever possible to ensure appropriate treatment. We are determining now how best we can reach out and support family physicians and Health Authorities in these important areas.

What emphasis do you place on research?

Research continues to remain an important part of the Agency not just in the lab, but also at the patient bed-side. We are focussing on population based outcomes all along the patient continuum and throughout BC.

And life outside of the Agency?

Full-out Dad – my wife and I have five children between the ages of 4 and 18.

Mark your calendars: Annual Cancer Conference and Family Practice CME Day

Please join us at this year's BC Cancer Agency Annual Cancer Conference to be held November 25-27 at the Westin Bayshore Hotel in Vancouver. As part of this event, the Family Practice Oncology Network is presenting its annual Family Practice CME Day to be held 9:15 a.m. – 3:15 p.m. on Saturday, November 27. The theme for both events is Interdisciplinary Cancer Control for the 21st Century.

The Family Practice CME Day will include sessions on the Network's new palliative care guidelines for family physicians, updates on hormone therapy for breast cancer, discussions on lung, gastrointestinal and ovarian cancer, and a special insight into cancer care in Brazil.

To learn more about this event or to register please contact Network Manager, Gail Compton @ 604.707.6367 or gcompton@bccancer.bc.ca.

The annual conference overall features more provincial oncology professional sessions including Nursing, Nutrition, Psychosocial Oncology, Pharmacy, Radiation Therapy, Pain & Symptom Management and Pediatric Oncology. One of the main highlights this year is an engaging plenary



session featuring recent breakthroughs in research and innovation at the Agency, a keynote speaker and the Lloyd Skarsgard and Terry Fox Medal award recipients.

More information will be available soon on the BC Cancer Agency's Website at www.bccancer.bc.ca, under Health Professionals' Information. Registration will open early June 2010.

Tamoxifen and antidepressant interactions

By Lynne Ferrier, MBA, BSc. Pharmacy, Pharmacy Educator, Communities Oncology Network, BC Cancer Agency Fraser Valley Centre

Expanded information about antidepressants and their potential for interaction with tamoxifen has been prepared by the BC Cancer Agency. This information can be found after the Reference Section in the BCCA Tamoxifen Professional Monograph (www.bccancer.bc.ca/HPI/DrugDatabase/DrugIndexPro/Tamoxifen).

Why is this important?

Antidepressants that inhibit the metabolism of tamoxifen to its active metabolite, endoxifen, have the potential to decrease the effectiveness of tamoxifen. Two commonly used selective serotonin reuptake inhibitors (SSRIs), fluoxetine (PROZAC®) and paroxetine (PAXIL®) have been shown to decrease endoxifen levels when given concurrently with tamoxifen.¹ SSRIs and the serotonin norepinephrine reuptake inhibitor (SNRI) venlafaxine (EFFEXOR®) are used for treating a variety of conditions in breast cancer patients, including hot flashes, depression and anxiety. This raises the question of which antidepressants could be recommended for patients receiving tamoxifen.

Mechanism of Interaction

Tamoxifen must undergo hepatic metabolism to become active. The formation of active metabolites, primarily endoxifen, is catalyzed by the cytochrome P₄₅₀ 2D6 (CYP2D6) enzyme in the liver. Therefore, coadministration of drugs that inhibit CYP2D6 function may decrease the effectiveness of tamoxifen and lead to an increased recurrence of breast cancer. Antidepressants vary in their ability to inhibit the CYP2D6 enzyme; those with moderate to strong inhibition being of the most concern.

Paroxetine (PAXIL®) and fluoxetine (PROZAC®) are strong CYP2D6 inhibitors and have been shown to interact with tamoxifen and should be avoided when possible. Citalopram (CELEXA®) and venlafaxine (EFFEXOR®) are weak inhibitors and can be used more safely with tamoxifen. A table of the CYP2D6 activity of various antidepressants (strong, moderate or weak) is provided in the BCCA Tamoxifen monograph.

Evidence

In theory, inhibition of CYP2D6 could result in the decreased anti-estrogenic activity of tamoxifen and lead to inferior clinical outcomes. This was investigated in two

retrospective database studies presented at ASCO last year, with conflicting results reported.^{2,3} Although both studies have relatively small sample sizes and limited follow-up, Aubert et al. has shown that the possibility exists for this interaction to lead to an increase in breast cancer recurrence. A recent retrospective study from Ontario also suggests that the greater risk of breast cancer recurrence with paroxetine may be associated with increased cancer death.⁴

Conclusion

Until further evidence is provided, the clinical application of this information is to balance the benefit vs. risk of using a moderate or potent inhibitor of CYP2D6 in patients taking tamoxifen, and to consider the use of an alternative.

Contact Lynne Ferrier at lferrier@bccancer.bc.ca.

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BC health professionals sign on to promote the HPV vaccine



Network Chair and Medical Director, Dr. Philip White (left), Interior Health's Joanne Smrek and Medical Health Officer Paul Hasselback at Kelowna event.

Collaboration between the Family Practice Oncology Network and the BC Centre for Disease Control has led to an increase in the number of health professionals in BC who say they feel more confident talking to parents and their daughters about the HPV vaccine.

Over 70 five doctors, nurses, pharmacists and students attended ImmunizeBC Booster events titled 'HPV Vaccination in BC – What Happened, What's Next?' in Prince George, Dawson Creek and Kelowna in late March.

Dr. Linda Wilson, Dr. Stephen Ashwell and Dr. Philip White added their oncology expertise to the events by headlining presentations providing information on the HPV disease

burden and the safety profile of the HPV vaccine. In addition, local medical health officers and public health nurses provided a British Columbian context for the event and tips for communicating the benefits of the HPV vaccine to parents and their daughters.

"HPV causes cervical cancer, which kills 50 women in BC each year. We now have a safe, effective, government-funded vaccine so it's important health care providers know the facts and promote the vaccine as much as possible," says Stephen Ashwell, Dawson Creek GPO.

British Columbia launched its HPV immunization program for girls in grades 6 and 9 in 2008 and uptake is at just 66%. The BC Centre for Disease Control chose

to educate health professionals because research by Dr. Gina Ogilvie shows advice from a trusted health professional is an important influence in their decision making about vaccinating their daughter.

"The events were very successful with 88% of health professionals saying they feel more confident initiating discussion with patients about the HPV vaccine. They also committed to talking to people about the vaccine with one nurse saying she'd talk to 50

Chair and Medical Director and Kelowna GP, says we all need to work together to promote the HPV vaccine and increase coverage.

"More than 90,000 women in BC have received the vaccine with no serious side effects," says Dr White. "It's important to raise awareness of the safety of the vaccine to parents and ensure they have enough information to make an informed choice. This safe and effective vaccine will help dramatically decrease cervical cancer in BC."



ImmunizeBC Booster Events

people this month!" says Brittany Deeter, BCCDC Vaccine Educator.

Dr. Phil White, Family Practice Oncology Network Network

Planning is underway for events in other Health Authority areas in June. Go to www.immunizebc.ca for more information.

HPV VACCINATION FEE CODE

In 2008, the Human Papilloma Virus Immunization using Gardasil was approved for public funding for girls in grade 6 ongoing and those in grade 9 until March 2012. Effective October 1, 2009, when this immunization has been missed at school, the parents may obtain the vaccine from public health and these girls may be immunized in a physician's office. Under this circumstance, the correct billing for the physician is the office visit fee plus the P10028 for the HPV immunization. Girls outside these ages are not publically funded and therefore this service is to be privately paid by the patient.

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Role of palliative radiation therapy

By Dr. Mike Mamacos, GPO in Radiation Oncology at the BC Cancer Agency. Kindly edited by Dr. Ivo Olivotto, Provincial Program Leader, Radiation Oncology, BC Cancer Agency.

As a family physician, I was not aware of the role of palliative radiation in the management of cancer pain. It may be surprising to learn that current statistics show that approximately 50% of all Radiation Treatment (RT) is given for palliation.

The basis of palliative treatment is for symptom relief and improved quality of life with minimum disruption, due to treatment-related side effects.

RT is very effective for symptom relief especially in the following circumstances – bone metastases pain, spinal cord compression, superior vena cava obstruction and bleeding associated with stomach, oesophagus, bladder, head and neck, cervical and uterine cancers among others. As an example, External Beam Radiation in lytic bone lesions can give pain relief in up to 75% of treated cases, due to healing and re-ossification of non-fractured bone.

The most common malignancies that are treated with palliative RT are: Lung Cancer, Bone Mets, Brain Mets, Advanced Pelvic Mets, Lymph Nodes Mets and Spinal Cord Mets.

RT given for palliation usually involves fewer treatment visits and a lower total dose than when RT is used for curative intent. A common dose schedule for palliation is 8 Gray (Gy, the unit of Radiation Therapy) in one treatment or 20 to 25 Gy in five treatments. There have been a number of randomized clinical trials comparing single fraction versus multi-fraction regimes for palliation of bone pain. The results show good response to both, but the re-treatment rates for single fraction was 20% and for multiple fractions only 8%. The shorter treatments are more convenient, an important consideration when dealing with patients with advanced cancer.

RT can be given in various forms ie: External Beam Radiation, Brachytherapy, Stereotactic or by Radioactive Drugs given intravenously.

Complications of Palliative Radiation treatment include skin reactions and gastro-

intestinal symptoms such as nausea/vomiting and diarrhoea. If the brain is being treated there will be hair loss and occasionally some headache from increased oedema. When treating bone metastases, there can be a “Pain Flare” which is due to temporary oedema or lysis of cancer cells. The pain flare can be treated with a short course of dexamethasone (2mg twice a day x 3 days) and often predicts a good response to the RT.

Contact Dr. Mike Mamacos at mmamacos@bccancer.bc.ca

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Dr. Mike Mamacos shares his knowledge on the use of palliative radiation in the management of cancer pain.

New video available: a women-centered approach to cervical cancer screening

A new educational video for all health care providers who perform Pap smears is available for viewing at www.bccancer.bc.ca/PPI/Screening/Cervical/professionals.htm. The video, called *A Women-Centred Approach to Cervical Cancer Screening*, covers the technical aspects of collecting and preparing a quality sample for the lab, as well as how to respectfully interact with women of

various backgrounds. It features women and health care providers sharing their approaches for making the experience more comfortable for women.

The video is divided into five chapters with a total playtime of 32:16. College of Family Physicians of Canada members and non-members may claim 0.5 Mainpro-M2 credits for this program.

Message from the chair

By Dr. Phil White, Chair and Medical Director of the Family Practice Oncology Network and family physician in Kelowna



The Network and the Agency are alive with energy and activity these days and it's my role to highlight those of particular value and currency to family physicians. First, is our Family

Practice CME Day which is part of the Agency's Annual Cancer Care Conference Nov. 25-27 at the Westin Bayshore in Vancouver. Our CME Day will be held on Saturday, November 27 (see full details on page 3) and will feature a series of brief oncology presentations to meet the practical needs of family physicians. This event also provides an excellent opportunity to establish useful relationships with your oncology colleagues at the Agency and I encourage you to join us.

Another upcoming customized resource is the Network's initiative to develop and publish brief cancer care guidelines for family physicians. The first of these, focussing on palliative care, pain and symptom

management and grief and bereavement will be available at BCGuidelines.ca (and on our Website – www.bccancer.bc.ca/HPI/FPON) in early summer and we are starting work now on the next set covering breast, colorectal and prostate cancer.

The Network is also working with the BC Centre for Disease Control to encourage family doctors to better promote the HPV vaccine to the parents of girls in and approaching the grade six to nine cohort (see story on page 4). We can play a deciding role in influencing parents on the value of this vaccine addressing their concerns and boosting uptake of this important immunization to that of regular childhood vaccines. Unfortunately the uptake of this immunization has

only been around 62 to 65% vs. closer to 90% for most of the other immunizations that we provide so a fair amount of education of parents of grade 6 and 9 girls is required. We can all help here and the story on page 4 provides information on much of this.

Finally, we are developing relationships across Canada with other provincial groups dedicated to family practice oncology. This will add to the knowledge and insight we bring to the Agency's new strategic plan 2010-13 which emphasizes the valuable role of family practice in cancer care.

Contact Dr. Phil White at drwhitemd@shaw.ca

Resources and tips from the Hereditary Cancer Program

The BC Cancer Agency's Hereditary Cancer Program offers numerous resources of benefit to family physicians and their patients. Here's an update on the latest:

- **Living with Lynch Syndrome: An Update for Families and their Care Providers** will be held Saturday, June 12 at the BC Cancer Agency's Research Centre in Vancouver with Dr. Steven Gallinger, Senior Investigator with the Samuel Lunenfeld Research Institute at Mount Sinai Hospital in Toronto as the keynote speaker. Family physicians who attend this event will receive the most current information regarding Lynch syndrome (also known as hereditary non-polyposis colorectal cancer, HNPCC.) Approval of accredited group learning activity (Section 1) by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada is pending. Visit www.bccancer.bc.ca/PPI/Prevention/Hereditary/lynchday.htm or call 604.877.6000 x 2325 for further details.

- **Counting polyps is critical.** Any person with 10 or more histologically confirmed colorectal adenomas over their lifetime should be referred to the Hereditary Cancer Program. Pathology reports should be attached to the referral for review, along with the patient's family history, to assess for Familial Adenomatous Polyposis or other hereditary polyposis syndromes.
- A new brochure, **Has anyone in your family had colon cancer?**, can be ordered for use in your practice through the Hereditary Cancer Program's website. This brochure addresses common misunderstandings about hereditary colorectal cancer and facilitates appropriate referrals.

- **Genetic counselling by video-conference** is offered to patients living in rural and remote regions of BC and the Yukon to ensure that eligible families with a strong history of cancer can access

appropriate genetic services no matter where they live. Referrals are received at the Vancouver, Victoria and Abbotsford Centres with in-person appointments offered in Vancouver, Surrey, Abbotsford, Kelowna and Victoria as well as outreach clinics to other sites.

For more information please visit www.bccancer.bc.ca/hereditarycancer or contact Nurse Educator, Mary McCullum at 604.877.6000 x 2325, mmccullum@bccancer.bc.ca.



Reliable cancer nutrition information ... as simple as calling 8-1-1

By Andrea Holmes, RD, Tele-Dietitian,
Oncology Dietitian Services, HealthLinkBC



“Drink green tea, eat foods with omega 3 fats, avoid sugar, don’t eat meat, include whole grains, eat blueberries, broccoli, yams, red peppers, but don’t drink milk...”

Making sense of food and nutrition information can be a challenge at the best of times, and can become even more so after a diagnosis of cancer. With so much nutrition information out there, it can be confusing for individuals who have been diagnosed with

cancer to know what they should eat, and if there are foods they should avoid.

For many cancer patients, nutrition and eating may feel like the one aspect of their life they can control. They want to make wise nutrition choices and often turn to the internet or other publications for information but, without assistance, it’s difficult to determine which information is correct and reliable. With so much misinformation available, people can invest large amounts of time, energy and money into making dietary changes that may be of no help and, sometimes, might even be harmful.

A Registered Dietitian is the best source of current evidence-based nutrition information. In British Columbia, residents and healthcare providers can call Dietitian Services at HealthLink BC’s 8-1-1 for free-of-charge nutrition advice on a variety of nutrition topics. A dietitian who specializes in oncology is available to address questions about cancer prevention, nutrition before, during and after cancer treatment, reducing the risk of cancer recurrence and improving quality of life. She, or he, can also answer questions about dietary supplements.

The Oncology Nutrition Service at HealthLink BC works in partnership with the BC Cancer Agency to provide care to cancer patients, their families and cancer survivors who

are not under the care of a Cancer Agency dietitian. Other BC residents and health professionals are also encouraged to call. The Oncology Nutrition Service requires no referral and most clients wait less than one business day to speak with the oncology dietitian. Your patients can call from the convenience of their own home, your office or any location that suits their needs, at a time that works for them.



For on-line cancer nutrition information, as well as other nutrition topics, visit the Dietitian Services website at <http://www.healthlinkbc.ca/dietitian/>. Our web-based cancer information includes: the ‘Eating After a Cancer Diagnosis’ factsheet series, the ‘Eating for Cancer Prevention’ factsheet series along with links to recommended cancer websites.

The Call Centre at Dietitian Services is open Monday to Friday, 9 a.m. to 5 p.m. Interpreter services are available in more than 130 languages. Please remember, Dietitian Services are not meant to replace medical counsel and other healthcare services available in the caller’s community.

Biomedical optical technology for cancer screening

By Dr. Calum MacAulay, Head, Integrative
Oncology, BC Cancer Agency Research Centre

Biomedical optical technology developed at the BC Cancer Agency is finding utility in the clinic in BC as well as in the developing world. Early detection of cancer dramatically improves survival. Researchers in the BCCA have developed systems which can automatically scan cytological material (cells scraped, washed, brushed, or sloughed off from tissue) looking for early cancers and pre cancers. This technology has been specifically optimized to work as part of lung cancer, oral cancer or cervical cancer screening programs.

Through its Technology Development Office, the BCCA has partnered with a local company, Perceptronix Medical Inc., to take this technology through the Health Canada approval process and make these devices available for clinical use for lung cancer screening and the screening of oral brushing samples. A similar collaboration with a company in China has resulted in the technology’s approval for cervical screening in that country and it has been used to screen over 250,000 women to date as part of regular clinical practice. Further, this technology may have a role in a China wide cervical screening program.

While more than 1/3 of North Americans can expect to be diagnosed with cancer at some time in their lives, and the cost of dealing with these cancers exceeding \$219 billion, the situation is even worse in the developing world. There, even less resources are available and the human costs of cancer can be even higher. In Africa, cervical cancer is the major cancer killer of women of child bearing age. With collaborators at Drexel University, MD Anderson Cancer Center and Rice University, we have begun to introduce this technology into Nigeria to see if it can be used to help address their cervical cancer problem.

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Preceptors bring oncology expertise to Haida Gwaii

Cancer patients the Haida Gwaii communities of Queen Charlotte and Masset previously had to make some tough choices when they required chemotherapy. They could make the long, expensive journey to Vancouver or Prince Rupert where they would have to manage the logistics of their stay and treatment without the support of their tightly knit community; they could have a local physician who is untrained in chemotherapy administer treatment from a corner in Queen Charlotte's Hospital emergency room, or they could decline treatment altogether.

This situation improved considerably in the past few years, however, as three local family physicians – Drs. Tracy Morton and Jamie Chrones of the Village of Queen Charlotte and Dr. Michele Leslie of Masset – completed the Family Practice Oncology Network's Preceptor Program where they gained the skills and confidence to strengthen the oncology services provided in Haida Gwaii including the development of an efficient, safe chemotherapy program. Their insight, and those of Queen Charlotte oncology nurse Robin Pozer, on the benefits to their communities and patients follow:

Dr. Tracy Morton

We used to administer chemotherapy very much under the radar doing the best job we could for patients who cannot afford to leave the island. Certainly, there were some safety issues, however, and nurses regularly refused to be involved. The Preceptor training, which our administration encouraged and supported, provided the most compact education I've received since medical school including a great amount of cancer care and chemotherapy information and a useful knowledge base. The most important benefit, though, is the connections strengthened with the Vancouver Centre where we worked together with the oncologists and established relationships. It's invaluable to put a face to the name.

It's well known in the community now that we provide chemotherapy here and people come up to us and express their appreciation. Personally, being able to provide more comprehensive cancer care has made my practice more interesting. Treating complex cancer care patients is challenging and very

satisfying in a way that you don't often experience in family medicine. We can now more comfortably discuss options and better inform patients and families regarding their health decisions.

The Preceptor Program was critical to our being able to establish an accredited community oncology site which would not have happened otherwise. We are very grateful to our administration for encouraging this designation, for funding our oncology nurse and supporting our participation in the program.

My advice to others considering this training is to have a clear vision of how you will incorporate the training into your practice. Ours was to establish a community oncology site fully integrated with the BC Cancer Agency.

Dr. Jamie Chrones

Our chemotherapy program has really developed and become a fulfilling aspect of our work. As GPOs (General Practitioners in

Oncology), we now have the time and ability to help patients navigate the side effects and discuss in detail the decisions they need to make following a visit with the specialist. The most important benefit is that patients here can now receive chemo where they are supported by their community, where they can perhaps work, and access their family physician – one who knows them and who can address side-effects right away.

The Preceptor Program really hit home about how much we need to know about chemotherapy including research and how to seek and find the information we require. I am now more focussed and competent in this regard.

Our cancer program is also developing on the preventative side including broadening the access and appeal of screening programs for colorectal and cervical cancer.

Dr. Michele Leslie

I wanted to build on Tracy and Jamie's efforts through the Preceptor Program



Dr. Jamie Chrones (left), together with oncology nurse, Robin Pozer (centre) and Dr. Tracy Morton are key players on the Village of Queen Charlotte's cancer care team.



Dr. Michele Leslie (with daughter Priya) is also part of the Haida Gwaii cancer care program providing oncology expertise in Masset.

and to serve as an oncology resource for physicians and cancer patients in Masset – one hour's drive away from Queen Charlotte. I was keen to take the training in chemotherapy, but also to learn more about end-of-life care and pain and symptom management. Chemotherapy is administered in Queen Charlotte where they have a chemo trained pharmacist and nurse, but I can support the continuity of the program and can follow my colleagues' patients when they are away. I plan to meet with patients the day before their treatment to review blood work and write up chemo orders. I can also be responsible for handling delayed reactions. Overall, we are building our cancer care capacity on the Island and collaborate a great deal.

There is so much to learn in oncology and it is really interesting to take part in the clinics at the Agency, to meet the oncologists and build that collegiality. I can see Alaska from the beach in Masset, but I can call my colleague at the Agency in Vancouver and know the person at the end of the line. In fact, they encourage us to "just pick up the phone and call" and are happy to hear from us and to serve as resources.

Learning to effectively use the Agency Website was another really helpful part of the training. I wasn't aware of this amazing resource and can now navigate it expertly to find information, protocols, pre-printed orders and more. I am also more aware of the breadth of clinical trials underway and the options these might provide for some patients.

I find that, in Haida Gwaii, people either choose to adopt the Islands as their home or are First Nations who really appreciate being able obtain services at home. People with a terminal diagnosis often want to stay in their community in their final weeks. I now have the palliative care tools to help support patients who choose to die at home. Ours is a wonderful community and people are really grateful for the services we can provide as rural physicians.

Oncology Nurse Robin Pozer

Since joining the BC Cancer Agency family, we have won the confidence of the community in a huge way. We are now facilitating a much healthier and quicker recovery for patients who can have their treatments in the community and be medically, spiritually and financially supported. Building a more proactive local profile for cancer care is also well received including the provision of more information on screening, on cancer support and greater community involvement. I now have the time to provide supportive care, to create survivorship plans to and monitor patients in the community. They know someone is with them all the way.

Contact Dr. Tracy Morton at Tracy.Morton@northernhealth.ca, Dr. Jamie Chrones at James.Chrones@northernhealth.ca or Dr. Michele Leslie at mleslie66@gmail.com.

Next preceptor course begins September 27

The Preceptor Program exists to enhance the oncology skills and knowledge of rural physicians enthusiastic to take on increased cancer care responsibilities in their communities and whose communities are supportive of them. The Program is eight weeks in duration including a two-week introductory module offered every September and February at the BC Cancer Agency's Vancouver Centre. The remaining modules can be completed over a six-month period at the Agency Centre where the participant's patients would normally be referred and training is tailored to best meet his or her community's needs.

52 family physicians have completed the program from 34 different communities.

Participants who complete the program are eligible to receive credits from the College of Family Physicians of Canada and those from rural communities (REAP eligible) will receive a stipend and have their travel and accommodation expenses covered. First-year membership in the Canadian Association of General Practitioners in Oncology is also included. For more information please visit www.bccancer.bc.ca/HPI/FPON.

Biomedical optical technology for cancer screening continued from page 7

The BCCA developed and introduced the first clinical use of tissue autofluorescence for the detection of pre-cancer and cancers and has worked at reducing the cost of this technology (initial systems were ~\$150,000). The cost and size of these devices are now such that battery powered systems for the management of cancer in the oral cavity can cost as little as \$2,500. Through collaboration

with industry these devices are now clinically available and have shown the ability to not only enable the detection of clinically occult lesions, but have demonstrated improved determination of surgical fields which has changed clinical practice in BC. Pilot data suggests this approach can radically reduce local recurrence rates for surgically resected oral cancer.

Contact Dr. Calum MacAuley at cmacula@bccrc.ca.

Fast track referral system provides faster assessment for women with abnormal mammography results

The BC Cancer Agency's Screening Mammography Program (SMP) recently expanded its Fast Track Referral System (Fast Track) to provide all physicians in BC with access to the program designed to reduce the time between an abnormal screening mammography result and access to further diagnostic investigation.

While SMP is a screening program designed for women without any apparent symptoms of breast problems, about 7.2 per cent of screening mammogram results will be abnormal.

"An abnormal result does not necessarily mean cancer, but a woman with such a result may fear it is cancer until she receives further tests," said Dr. Andy Coldman, Vice President of Population Oncology. "The waiting is hard and Fast Track helps to shorten the wait."

Initially, general practitioners had to explicitly enrol in the Fast Track Referral System or women needed to choose a Fast Track clinic to benefit from facilitated referrals to diagnostic imaging following an abnormal mammography result. Now all doctors and

SMP participants will automatically have access to Fast Track. The change has been endorsed by the BC Medical Association.

"Fast Track helps women by shortening the time between an abnormal screening result and the start of diagnostic investigation," noted Dr. Linda Warren, Provincial Chief Radiologist, SMP. "The median time between an abnormal screening report and the first assessment procedure is reduced by one-and-

a-half weeks for Fast Track patients. This is important because approximately 60 per cent of women with abnormal screening results will have a definitive diagnosis after their first assessment procedure."

More information on the SMP and the Fast Track Referral System can be found on the BC Cancer Agency's website at www.bccancer.bc.ca.

Overview of the Fast Track process:

- At the time of screening, women are told that if further tests are needed, they will be contacted by a diagnostic facility to book an appointment.
- If further tests are needed, the woman is booked at the closest FastTrack diagnostic clinic, generally the same location as the screening site.
- Every effort is made to provide follow-up appointments within one week.
- The SMP films and radiologist's recommendation for further imaging work-up are sent to the diagnostic office before further tests are conducted.
- The woman's doctor is advised where the further imaging tests are being conducted and the results of the testing.
- The SMP has 37 fixed locations and three mobile services covering more than 120 communities across BC.

New radiation and brachytherapy facilities at Centre for the Southern Interior

The BC Cancer Agency's Centre for the Southern Interior opened a new, state-of-the-art radiation therapy treatment unit and brachytherapy suite in February to help more patients from the Interior get better cancer care, closer to home.

These new facilities enable oncologists to implant radiation sources directly into or around tumours and represent the completion of the first phase of the Province's \$23.7-million investment in cancer care and treatment in the Southern Interior. The second phase will include the replacement of all four of the centre's existing radiation therapy machines with new radiation therapy equipment by 2011.

The first of five new radiation machines is

now operational. Once all five machines are up-and-running, the centre will increase treatment capacity by approximately 25 per cent. These new machines are capable of providing intensity-modulated radiation therapy (IMRT), a special technique which allows radiation therapy to be delivered in a manner that conforms to a specific tumour shape, while better sparing surrounding tissue.

The new brachytherapy suite enables patients to receive their care and treatment at this Centre for the first time. In the past, fewer patients were able to be treated with brachytherapy as the procedure was done at the Kelowna General Hospital with limited operating room time. Brachytherapy



Dr. Ross Halperin (left), Provincial Practice Leader, Radiation Oncology at the Centre for the Southern Interior and BC Cancer Agency President, Dr. David Levy, tour the Centre's new brachytherapy suite.

involves the implantation of radiation sources directly into or around a tumour. This type of treatment is particularly effective for localized prostate and cervical cancer. More than 150 brachytherapy procedures will be now done in the new suite each year.

Colon check shows important initial results



Five days after Marlene Hird (shown here with husband Alan) returned her completed Colon Check test kit to her doctor's office in Penticton, she met with the community nurse navigator to discuss abnormal test results. She underwent a colonoscopy two days later where an advanced adenoma was identified that requires ongoing monitoring. "I tell people that if you have the chance to be screened through Colon Check – do it! The program and nurse navigator rate 10 out of 10."

Initial results from the BC Cancer Agency's pilot colorectal cancer screening program – Colon Check – demonstrate strong support for expanding this three-year, \$3.8 million program especially from the numerous individuals who had early or pre-cancerous conditions detected and resolved through their participation. Colon Check was launched in Penticton in January 2009 and in Powell River in October to establish and test the systems and infrastructure for a potential population-based, province-wide screening program for colorectal cancer, the second leading cause of cancer death in BC. Another small program extension is likely to be added in the Vancouver area soon.

Colon Check would ultimately parallel the

Agency's screening mammography and cervical cancer screening programs and aims to significantly increase the early detection of colorectal cancer which, if diagnosed at its earliest stage, has a five-year survival rate of 90%. The program provides an organized approach ensuring patients have appropriate screening and follow-up. It also includes a framework of agreed policy, protocols, quality management, monitoring and evaluation to improve consistency of follow-up and future screening proven to decrease colorectal mortality and incidence more effectively than a usual patient care model.

Colon Check encourages eligible participants – men and women ages 50 to 74 with no symptoms – to register for the program and

submit two stool samples which are then analysed for the presence of human blood using a relatively new, highly sensitive fecal immunochemical test.

Participants with abnormal test results are contacted within two weeks by a community nurse navigator who discusses recommendations for follow-up, usually arranging a colonoscopy and subsequent treatment and/or monitoring. Participants with a first-degree family history are referred directly to the navigator for assessment for colonoscopy. Colon Check then tracks all results and related procedures to ensure follow-up requirements are met and participants' family doctors receive complete and timely reporting.

Pathology findings from the first 303 colonoscopies include:

Pathology Findings	Participants with an Abnormal FIT (n= 138)	Participants with a First Degree Family History of Colorectal Cancer (n= 165)
Normal colonoscopy	46	108
Other Findings	14	13
Low risk adenoma(s)	31	33
Multiple low risk adenomas	6	5
High risk adenoma	36	6
Adenocarcinoma	5	0

Pathology findings are reported based on the most advanced lesion identified.

Dr. Glen Burgoyne, Penticton family physician and Colon Check advocate comments: "Colon Check makes screening for colorectal cancer easier and more consistent for both the physician and the patient. The program reduces the physician's workload and ensures

regular patient follow-up while providing a superior test that is more accurate and encourages patient compliance."

For more information on Colon Check please visit bccancer.bc/coloncheck.

New patient & family counselling resources

The BC Cancer Agency's Patient & Family Counselling Services is offering a number of new resources to assist family physicians, cancer patients and their families.

Chief among these for patients and caregivers are *Online Information and Support Groups* designed to increase access to psychosocial support and the benefits gained from sharing experiences with others travelling the same

path. There is no cost to participate in these private, counsellor-led chat groups available to patients and their caregivers anywhere in Canada. For more information call toll-free 1.800.663.3333 ext. 4966 or visit <http://canadachatcancer.bccancer.bc.ca>.

A new *Navigation Guide for Chinese-Speaking Cancer Patients and Their Families* is also available to help Chinese speaking patients

learn about the Vancouver Centre including how to access resources and services. This guide is meant for people who are more comfortable reading in the Chinese language, but is also presented in English to help English speaking family members and health care professionals understand its contents.

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CME webcasts available live and recorded

The Family Practice Oncology Network's monthly CME Webcasts provide an easy and innovative way to gain useful, current knowledge on oncology subjects and a great opportunity for physicians and oncologists to interact online. Held from 8-9:00 a.m., the fourth Thursday of every month, these Webcasts include a 40 minute presentation followed by opportunity for discussion and questions. The presenter is live on camera, the presentation is on screen and participants can interact online. Participants also receive one Mainpro-M1 credit for each session attended.

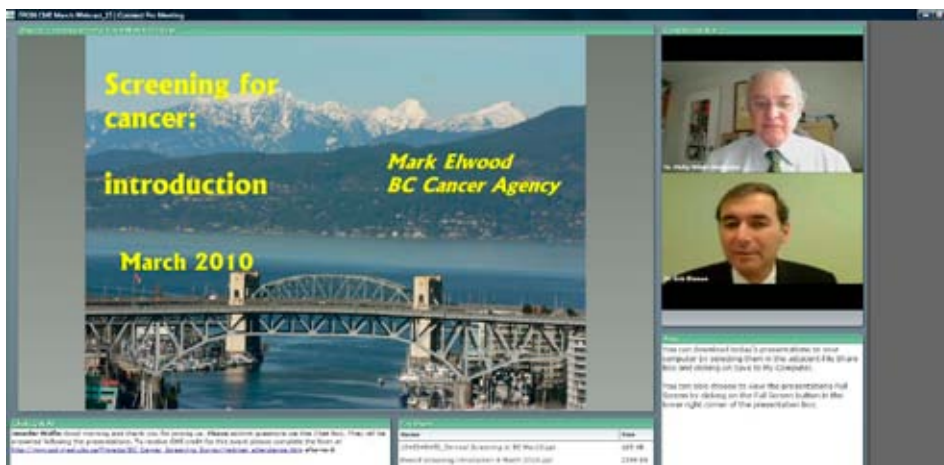
All Webcasts are recorded and available for non-credit viewing on the Network's Website

under CME Initiatives at www.bccancer.bc.ca/hpi/fpon. Those available to date include:

- An Expert Update on HPV Vaccination in BC;
- Oncology in the Primary Care Setting: Detection, Education and Improving Outcomes; and
- Cancer Screening Guidelines: Current Evidence, Issues and Recommendations for Colorectal and Cervical Cancer (abbreviated version)
- Current Evidence, Issues and Recommendations for Colorectal Cancer Screening and When, Why, and How to Refer to the Hereditary Cancer Program

These last two sessions were presented in partnership with the University of British Columbia, Faculty of Medicine's Division of Continuing Professional Development.

To have your name added to the distribution list for emails promoting upcoming CME Webcasts, please send your name and email address to Jennifer Wolfe, jawolfe@telus.net.



To participate in a CME Webcast, enter <http://chier.acrobat.com/fpon/> into the address bar of your Internet browser and join the meeting as a Guest. We hope you will join us.

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New patient & family counselling resources continued from page 11

The guide is available at www.bccancer.bc.ca/PPI/InfoforNewPatients/default.htm

Patient & Family Counselling Services is also working to increase awareness and participation in *Cancer Transitions*, a program developed by The Wellness Community and the Lance Armstrong Foundation to help cancer survivors manage their life after treatment. For more information please contact Joanne Magtoto at jmagtoto@bccancer.bc.ca or visit www.bccancer.bc.ca/RES/ResearchPrograms/SBR/cancertransitions.htm.

Finally, this group also offers *Telehealth* Vocational Rehabilitation Counselling Clinics for cancer survivors with concerns regarding long-term disability insurance issues, loss

of employment, return to work, dealing with employers about possible changes to employment or finding other work. Maureen Parkinson, MEd (Counselling), CCRC (Canadian Certified Rehabilitation Counsellor) is the clinician counsellor offering these services in-person at the Vancouver and Fraser Valley Centres and in other parts of BC over the phone or through Telehealth. If you would like to know more about this program or refer a patient please contact Maureen at 1.800.633.3333 ext. 218.

For full details on the resources provided by Patient & Family Counselling Services, including the recently launched Website for children, www.cancerinmyfamily.ca, please visit www.bccancer.bc.ca/PPI/copingwithcancer.

FOR MORE INFORMATION

To learn more about the Family Practice Oncology Network or become involved please contact: Gail Compton
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Visit the Network Website:
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