



**COLORECTAL CANCER.** If nothing changes, it will kill one of every 28 Canadian men and one of every 31 Canadian women. This year alone, about 20,000 of us will find out that we have it. Worse yet, 8,500 of us will die prematurely of the disease, devastating families and robbing Canada's economy.

# Love life? Get screened.

Colorectal cancer is one of the most lethal of all cancers, but it is also the most preventable. Tragically, however, up to 90 per cent of colorectal cancer deaths occur because, as a society, we are not applying the prevention, screening and treatment breakthroughs medical science has already achieved.

The Colorectal Cancer Association of Canada (CCAC) is determined to change that. Barry Stein, the association's president and a colorectal cancer survivor, says, "We know we can prevent it if we catch it early, and the way to catch it early is through timely screening. Clinical trials have proven we can save lives

through simple Fecal Occult Blood Tests (FOBT) followed by colonoscopy when the test shows positive."

While most European countries have some form of colorectal screening program, until recently, Canada's pace of program development has been slow. In 2002, a National Commission on Colorectal Cancer Screening, chaired by Dr. Heather Bryant, vice president and CIO of the Alberta Cancer Board, recommended that every province introduce a screening program.

While Mr. Stein is pleased that Ontario recently announced Canada's first provincewide screening program, he laments that during the

time the provinces have deliberated acting on the commission recommendations, thousands of people have been diagnosed with incurable, Stage IV cancers, which could have been detected at more curable stages with screening. He notes, thankfully, that a screening program is now in its early stages of development in Manitoba, and Alberta and then B.C. "are likely to announce any day now." He is further encouraged that Nova Scotia and Quebec may be next to follow suit.

One of the reasons the provinces have been slow to introduce screening programs, says Mr. Stein, is the capacity to facilitate timely follow-

up colonoscopies has been lacking. "Infrastructure investment is important," he says, noting it's also cost-effective. In addition to the medical, palliative and economic costs of this potentially fatal disease, newer and very expensive biologics emerging in the battle against cancer are challenging provincial policy-makers to find funds.

"Provinces knew since at least 2002 that we could prevent colorectal cancer with timely screening, and they did nothing about it," says Mr. Stein. "As a result, we believe they owe an extra duty of care to ensure that patients receive treatment in accordance with treatment guidelines. One of these treat-

ments is the drug Avastin, which B.C. and Newfoundland and Labrador provide, but other provinces do not. We need uniform guidelines and national leadership. This inequity of treatment across the country is unconscionable. Lowering the bar, so everyone has access to equally lacking treatment, is not acceptable."

Dr. Bryant says that for people in the target age group of 50 to 74, it's important to recognize that screening is now available by request. "They should go to their family doctor now and ask for an FOBT."

Dr. Jean Maroun, an oncologist at the Ottawa Regional Cancer Centre, says over the last five years there

has been great advancement in the management of colorectal cancer, especially in the case of metastatic cancer, where median survival has improved from six months to over 22 months through a combination of chemotherapy and targeted biologic therapy.

"For many countries," he says, "this has become the standard of care. Though Avastin has been approved in Canada, various provinces have not been funding it, so patients have to pay for it themselves (which is often beyond their means if they don't have private insurance coverage). Patients who can't afford it are deprived of this treatment."

## Cause & effect

COLORECTAL CANCER typically begins with the development of benign or non-cancerous polyps, which develop when cells lining the colon reproduce too quickly. Should these polyps turn cancerous, they invade the colon wall and surrounding blood vessels, and can spread to other parts of the body. While no symptoms may exist, the disease is most treatable at its earliest precancerous stage, making regular screening vital. Colorectal cancer is the second leading cause of cancer death in Canada for both men and women.

### Know these symptoms:

Colorectal cancer may include:

- Change in bowel habits
- Alternating diarrhea and constipation
- Blood in the stool
- Narrower than normal stools consistently
- Feeling that the bowel does not empty completely
- Rectal bleeding
- Persistent abdominal bloating, feelings of fullness, and cramps
- Unexplained weight loss
- Constant tiredness

looks for blood in the stool — an indication of possible precancerous polyps.

**Fecal Immunochemical Test (FIT):** This test detects blood in the globin portion of hemoglobin found in stool.

### EMERGING SCREENING MEASURES INCLUDE:

**Virtual colonoscopy:** This non-invasive screening technique uses X-rays and computers to produce 3D images of the colon. It can be performed using computed tomography (a CAT scan).

**DNA-based tests:** These tests are designed to detect DNA alterations in stool that have been associated with clinically significant colorectal neoplasia (invasive cancer and advanced adenomas). DNA-based tests are not intended to replace colonoscopy.

**Mucous from the interior of the colon based tests:** These tests identify a cancer-associated sugar in a mucous sample collected through a digital rectal exam.

**Blood-based molecular diagnostics:** This blood-based test analyzes a single tube of blood to identify sets of blood biomarkers to detect precancerous polyps (advanced adenomas) and colon cancer. This simple test could potentially become part of routine annual physical exams.

Advocates for better treatment, care

## CCAC fighters march on!

Across Canada, a small battalion of cancer patients is fighting for access to medical care most Canadians think they already have. They'd like your help.

When **Suzanne Aucoin** of St. Catharines, Ontario, was diagnosed with Stage IV colorectal cancer in 2003, she knew she was facing a fight for her life — but she had no idea she would also end up spending many precious hours in the years ahead fighting for treatment for herself and thousands like her across the country.

Asked what she'd like to achieve on behalf of Canadians with cancer, Ms. Aucoin says, "I'd like to see Canada get on par with other G8 countries. We're currently the last among them to approve new cancer treatments." While her recent \$76,000 victory against the Ontario Ministry of Health (reimbursement for treatment she had to seek in the U.S.) has probably made Ms. Aucoin one of the best-known of Canada's colorectal cancer advocates, she is not alone.

Alain Gourd, former executive vice president of **Bell Globemedia**, found that the combined colon and hepatic surgery he needed wasn't available in his home province of Quebec. "Luckily, I was working in Toronto at the time, so I was able to have it there. Then I began chemotherapy in Toronto, but when I tried to transfer my chemo treatment after moving back to Quebec, I was told the drug wasn't available in Ontario." At the end of 2005, he was diagnosed with colon cancer metastasis to his lung. In order to get the

drug he needed, Mr. Gourd had to take the train to Montreal every two weeks. "It's available in Montreal, but not across Canada."

Today, his mission is to identify inequalities in treatment across Canada and reduce those inequalities.

Jim Connors, a former alderman in Dartmouth, Nova Scotia, stands beside Mr. Gourd in that mission. "What struck me is that it's really two-tier health care at its worst. If you can't afford the drugs, which are beyond the means of most people, you'll die sooner. It's as simple and immoral as that. We have this gross inequity — people in some provinces have access to drugs that people in

other provinces don't. British Columbia funds 20 of the latest cancer drugs; Nova Scotia funds four. It's staggering, and it's not right."

The solutions that save lives when it comes to this kind of cancer are prevention, early detection and access to treatment. "Prevention is everyone's responsibility," says Mr. Connors, "and implementing a widespread early-detection program will also significantly reduce the number of cases. Early detection saves lives, and for policy-makers looking for ways to fund these very expensive cancer drugs, screening programs will generate literally millions of dollars in savings through reduced hospital stays and lower

demand for chemotherapy, radiation treatment and palliative care as the number and severity of cancer cases decreases due to early detection."

In Saskatoon, Saskatchewan, Terry and Marj Rak have also become reluctant activists. Told in 2004 that he had 18 months to two years to live, Mr. Rak decided it wasn't enough. "One of Terry's goals was to celebrate our 40th wedding anniversary last year," says Mrs. Rak, "and he made it. He wants to see all of our children married, and to see our grandchildren."

Along the way, the Raks have fought every step of the way for timely access to diagnosis and treatment. "We've had to be so aggressive. After he had to wait more than a year for his colonoscopy, we started fighting. It's been exhausting."

These are only a few examples of the CCAC fighters who are striving to make a difference, offering hope to those faced with similar circumstances and all Canadians affected by this disease.



PHOTO: SUPPLIED

Across the country, people affected by colorectal cancer have joined the Colorectal Cancer Association of Canada's fight for better screening and care. Their personal legal victories and successful lobby efforts are providing hope to millions of other Canadians affected by this pervasive, lethal disease.

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Colorectal Cancer Association of Canada

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**SIGNS OF THE TIMES:** For the first time ever, three provinces – Ontario, Manitoba and Alberta – will soon implement colorectal cancer screening programs. Others appear to be following suit. Yet amazing inequities in access to treatment in Canada are also emerging as provinces struggle to find ways to deal with the cost of care.

## A remarkable start to the year

BY BARRY STEIN  
President, Colorectal Cancer Association of Canada

This year is already the most remarkable year we have ever witnessed in both the prevention and treatment of col-

orectal cancer in Canada.

For the first time ever, three provinces – Ontario, Manitoba and Alberta – are leading the way and will soon implement colorectal cancer screening programs. British Columbia is not far off and others are interested as well. Primary prevention is the new buzzword in

health, and the country is singing the praises of the new Canada Food Guide.

It is also a year in which we are witnessing amazing inequities in access to treatment in Canada. As new targeted and expensive therapies emerge in the battle against cancer, provinces are struggling to

determine whether or not they should cover the cost of these treatments. To pick up where our governments have failed to cover the costs of certain essential medications in the treatment of colorectal cancer, we are now witnessing the growth of private infusion clinics across the country.

These are also exciting times for the Colorectal Cancer Association of Canada (CCAC) as we roll out programs in awareness, education and support for patients and their families and touch more Canadians than ever before. As we reach out to patients and their families, I am always struck by the similarity of the stories of those touched by cancer.

The stories are filled with hope and the will to survive. They are filled with the desire to prevent others from facing the same fate as those touched by the disease and the affirmation that all Canadians should have timely access to the most effective treatments.

One such example is the story of Mike Girard. Mike came to my attention following the publication of our supplement in this very paper last year. He is the brother-in-law of Randall Mang, who coinci-

dentally was assigned by The Globe and Mail to produce our supplement.

Randall didn't know what he was getting into when I began to inform him of our work and about colorectal cancer in general. No member of Randall's family had been touched by colorectal cancer, so you can imagine his surprise when shortly after our supplement was published, his brother-in-law Mike was diagnosed with it.

Mike was 48 years old at the time and otherwise healthy and leading a healthy lifestyle. A family man with two young adult children, he owns and operates a wood remanufacturing business in British Columbia. Colorectal cancer was the furthest thing from his mind when, to his surprise, he found blood in his toilet bowl one day.

Randall immediately grabbed his copy of our last year's supplement and put Mike in touch with the CCAC to find out more about his disease, learn of possible treatment options and how to cope with it all.

We were able to provide Mike with the most current information available to help him and offer him support. As a result, he was able to remain positive and upbeat throughout his treatment, factors he feels helped him to heal.

Just as important, Mike then pushed his three siblings to be screened as well. Lo and behold, his

otherwise fit and healthy sister was found to have a benign polyp, which she immediately had removed, thereby preventing her from getting colorectal cancer.

Mike is grateful for the treatment that he did receive, and that he was able to afford part of the treatment that was not covered by B.C. health-care program. He wishes, however, that "medications and new treatments could be approved more quickly and that patients not have to face the extra burden of paying for them."

*The CCAC public awareness campaign has touched millions of Canadians through national television commercials, radio and print ads, and informational materials, all of which are distributed free of charge across Canada to patients, physicians, clinics, hospitals and cancer centres. The CCAC hosts patient information and educational forums across the country, establishes support groups, and provides online and telephone support to patients.*

*This month, the CCAC will also host the first Canadian Round Table Conference in Montreal in partnership with the Canadian Partnership Against Cancer (CPAC) (formerly the Canadian Strategy for Cancer Control) and the Public Health Agency of Canada (PHAC) to discuss screening and access to treatment in Canada. For more information on these events and others, see [www.colorectal-cancer.ca](http://www.colorectal-cancer.ca).*

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## Advocacy messages, celebrities raise disease profile

For George Thurston, participating in a colorectal cancer awareness campaign is therapeutic. The Quebec-based, 1970s pop music icon known as "Boule Noir" was diagnosed with an advanced case of the disease a year ago. "Music is a therapy. Helping is a therapy," says the singer.

For the rest of Canada, however, a colorectal cancer awareness campaign could be more than just therapeutic. It could be life-saving.

Mr. Thurston is working with the Colorectal Cancer Association of Canada (CCAC) and Montreal-based Cossette Communications to produce a series of public service announcements (PSAs). "He sang his hit song 'Aimes-tu la vie,' which was originally a very light, bubbly song. But, when sung a cappella, it adds another dimension that has so much impact and allows for the discovery of those words; do you love life?" says Martin Gosselin, Creative Group head at Cossette Communications.

At the end of the PSA the words "Love Life? Get Screened" appear.

"I was not even aware of that cancer," says Mr. Gosselin, whose company was doing pro bono awareness campaign work for CCAC before he found out his mother had colon cancer. "I was also surprised to find that it is 90 per cent curable. That's why screening is important."

Mr. Thurston agrees; "Prevention is so important. If I would've only known..."

The George Thurston campaign and other CCAC PSAs are being distributed across Canada in conjunction with complementary print and radio awareness campaigns.

Celebrities such as Quebec actor Gilles Renaud and colorectal



PHOTO: SUPPLIED

**Quebec pop singer George Thurston is among the high-profile Canadians who have been afflicted with colorectal cancer and who now lend their celebrity to CCAC efforts to raise awareness of the disease and lobby for better screening and treatment.**

cancer survivor actor Neil Crone, of Little Mosque on the Prairie, are helping promote awareness about colorectal cancer screening.

Many of the ads address the issue with humour, such as the "Watch Your Butt" television campaign, encouraging people over 50 to watch their butts and get screened.

Dr. Huiming Yang, medical lead with the Colorectal Cancer Screening Program at the Alberta Cancer Board, says colorectal cancer is the second leading cause of death from cancer, but that many people aren't aware of how common and deadly the disease is because they are uncomfortable talking about it.

"When colorectal cancer is diagnosed at an early stage, over 90 per cent of people survive," says Dr. Yang. "When it is diagnosed at the advanced stage, the five-year survival rate is less than 10 per cent."

Dr. Yang says colorectal cancer screening is important because people are symptom-free until the disease is advanced.

"You can have it without know-

ing it for several years," says Mr. Thurston. "My tumour started out small, but was the size of an orange by the time it was diagnosed."

Symptoms include changes in bowel habits, tiredness, abdominal discomfort, unexplained weight loss and visible blood in the stool.

Dr. Yang says regular, annual screening for women and men between the ages of 50 and 75 is essential, but that the uptake rate of colorectal cancer screening is very low. For example, only 15 per cent of Albertans in the target age range, who are at average risk, get screened regularly.

The screening is as simple as taking a stool sample in for analysis, and Dr. Yang says people have to get over the mental barriers that prevent them from doing so.

He also says people can reduce their risk of developing colorectal cancer by eating a balanced diet (high in fibre, fruit and vegetables, and low in animal fats), increasing physical activity (incorporating activity into daily routines) and controlling weight. ■

**Neil Crone** | Actor/Writer, Colorectal Cancer Survivor

"When detected early, colorectal cancer is 90% curable. Had I been screened earlier, I might well have avoided my little dance with surgery, chemo and radiation. But still, I got treated soon enough, and now I'm fully healthy."

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