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Association canadienne du cancer colorectal / Colorectal Cancer Association of Canada

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Last year, approximately 19,600 Canadians were diagnosed with colorectal cancer and about 8,400 people died from it.

COLORECTAL CANCER IS CANADA'S SECOND BIGGEST CANCER KILLER.

COLORECTAL CANCER

PREVENTABLE, TREATABLE, BEATABLE

BY JOHN ARDEN

The incidence and impact of colorectal cancer on the Canadian population are nothing short of alarming. Perhaps more shocking, however, is the lack of public awareness of the symptoms of the disease, lagging government support for screening programs and lack of timely access to diagnostics and treatments, all of which hobble progress in the battle against the disease.

Ironically, while colorectal cancer is the second leading cause of cancer death in Canada for both men and women combined, it is also among the most preventable.

Dr. Tony Fields, oncologist of Alberta's Cross Cancer Centre and past president of the National Cancer Institute of Canada, states, "Of all the cancers people face today, after lung cancer, this one offers the greatest hope for prevention. We can do something about it both individually and as a population. Through early detection, polyps in the colon can be removed even before they become cancerous."

Dr. Fields calls colorectal cancer research "One of the most exciting in terms of the progress made. Evidence that we can reduce deaths by screening is stronger than it is for breast cancer. It begs the question, why don't we have organized colorectal cancer screening in every province? Here's a disease that we can actually address and make a difference."

The prevalence of colorectal cancer rises with age. Those with a family history of colorectal cancer, benign colorectal polyps, inflammatory bowel diseases such as ulcerative colitis or Crohn's disease, are at higher risk.

Addressing this health threat, the National Committee on Colorectal Cancer Screening recommended as far back as 2002 that Canada adopt screening programs across the country.

Dr. Linda Rabenek, gastroenterologist at Sunnybrook Hospital and vice president at the Toronto Sunnybrook Regional Cancer Centre, says the committee recommended each province employ a fecal occult blood test (FOBT) every two years for every man and woman over age 50 of average risk."

FOBT is a simple test that screens for microscopic amounts of blood in your stool. "We have very strong evidence that it works," says Dr. Rabenek. "It's relatively cost-effective and meets the criteria quite well."

If an FOBT detects cancer, a sigmoidoscopy, barium enema or colonoscopy is used to confirm a diagnosis. While these tests may sound distressing, they actually are not, and they can be nothing short of life saving, says Mr. Barry Stein, president of the Colorectal Cancer Association of Canada (CCAC).

As he knows all too well, left unchecked the disease can level devastating, potentially lethal blows. Diagnosed with colorectal cancer 11 years ago and now without evidence of the disease, Mr. Stein went through years of surgeries, chemotherapy and other treatments in Canada and the U.S. to stave off the disease, which had spread from his colon to his liver and lungs.

Dr. Fields notes, "These are big treatments. If you are curable, you can come through them and then follow up with regular checkups." But, he says the uncertainty often remains in the patient's mind, although those who live without signs of the cancer more than five years after surgery "can draw a breath."

New technology will make screening even more convenient and accurate.

Virtual colonoscopy is a new form of diagnostic imaging. This procedure uses computers to construct 3D images of the bowel. While a colonoscopy is still required to confirm a diagnosis, its virtual cousin is less invasive and requires a shorter time commitment, and there is no anesthetic.

Dr. Rabenek adds that a DNA-based stool sample test is available in the U.S. It is showing promise that it may be better than an FOBT. "It's highly likely that more accurate and cheaper versions are to come – as with any new technology," she says.

Other exciting tests under development by two local companies include the evaluation of a mucus sample from the lining of the colon and collected from a routine digital rectal exam, and a blood-based test to identify sets of blood biomarkers to detect pre-cancerous polyps and cancer.

Healthy lifestyles can also make a difference," says Mr. Stein. "Our best information still suggests that exercising regularly, maintaining a healthy weight, eating a diet rich in fruits, vegetables and whole grains,

See **Progress** CCAC2

PHOTO: SUPPLIED

The Colorectal Cancer Association of Canada's "butt board" campaign, which hit streets in major cities across Canada earlier this month, is among the CCAC's bold efforts to draw attention to its cause.

CAUSE AND EFFECT

Colorectal cancer typically begins with the development of benign or non-cancerous polyps, which develop when cells lining the colon reproduce too quickly. These polyps can become cancerous, invading the colon wall and surrounding blood vessels and spreading to other parts of the body. While no symptoms may exist, the disease is most treatable at this stage, making regular screening vital.

Colorectal cancer is the second leading cause of cancer death in Canada for both men and women.

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 and unexplained anemia

SCREENING FOR BETTER HEALTH

THE FOLLOWING TESTS ARE USED TO DETECT COLON CANCER

TODAY'S SCREENING STANDARDS INCLUDE:

Colonoscopy: A thin, flexible tube with a camera at its tip allows a physician to view the entire colon and remove any polyps that are found.

Flexible sigmoidoscopy: A soft, flexible lighted tube is used to inspect the rectum and lower colon for the presence of polyps or tumours.

Barium enema: The colon is filled with a liquid containing barium to enable the capture of X-ray images.

Fecal Occult Blood Test (FOBT): This test looks for blood in the stool – an indication of possible precancerous polyps.

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.

Mucus from the interior of the colon based tests: These tests identify a cancer-associated sugar in a mucus 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 pre-cancerous polyps (advanced adenomas) and colon cancer. This simple test could potentially become part of routine annual physical exams.

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

New hope for colorectal cancer patients

BY WENDY HAAF

Not so long ago, doctors would have regretfully informed Gisela Bonanno of Montreal that they had run out of weapons to beat back the cancer that threatened to advance throughout her body.

When Ms. Bonanno was diagnosed with rectal cancer seven years ago, surgeons had only recently adopted a new technique that reduces the odds of local tumour recurrence by half compared to an older operation. The then-29-year-old subsequently underwent six months of conventional chemotherapy, which kept the disease at bay more than four years. By the time it returned two and a half years ago, treatment had progressed still more – helping to prevent the cancer from encroaching any further.

"I don't feel like I have cancer," Ms. Bonanno says. "I have more energy than my husband!"

Colorectal cancer treatment has evolved rapidly in recent years, according to Dr. Jean Maroun, a medical oncologist at the Ottawa Hospital Regional Cancer Centre. "From a period where there was nothing to offer these patients, we now have several drugs that have definitely improved results."

The first breakthrough occurred in the early 1990s, when doctors discovered a medication called leucovorin calcium that significantly increased the cancer-fighting power of the conventional chemotherapy Fluorouacil (5FU). Around 1998, new-generation agents like irinotecan (Camptosar) and oxaliplatin (Eloxatin) were added to the anti-colorectal cancer arsenal and an oral chemotherapy, Xeloda (capcetabine), arrived. About two years ago, still-newer 'biologics' arrived: unlike standard chemotherapy drugs, targeted therapies like Avastin (bevacizumab) and Erbitux (cetuxamab) home in on factors that foster tumour growth, without harming healthy cells. (Avastin, for example, locks in on a protein that nurtures new blood vessel formation, thus starving tumours of nutrients.) Other medications such as Eprex (epoetin alfa) help patients to stay on their treatment longer keeping their red blood cell count up.

With the integration of these newer drugs into treatment regimens for patients with metastatic disease (cancer that's spread beyond the original site), "Median survival rates have essentially doubled," notes Dr. Daniel Rayson, a medical oncologist at the QEII Health Sciences Centre in Halifax.

But these therapies appear to hold even greater promise in adjuvant treatment – preventing recurrences of cancers caught at an earlier stage. "In the 1980s, your chances of being cured were 45 per cent, and now they're about 70 per cent," says Dr. Felix Couture, director of the haematology/oncology service at the CHUQ/L'Hôtel-Dieu de Québec in Quebec City. "That's what we've done in the adjuvant treatment of colon cancer."

Unfortunately, not all Canadians who could benefit from admittedly costly new therapies are able to access them outside of clinical trials,or special access programs. Some provincial formularies won't pick up the tab for newer drugs, and regulatory roadblocks have delayed others from entering the Canadian marketplace – two things the Colorectal Cancer Association of Canada is trying to change.

"These therapies are not for everybody, or for every situation," acknowledges Dr. Rayson, "but when they may provide meaningful benefit, everyone should be able to access them equivalently, no matter where they live." ■

This report was produced for the advertising department of The Globe and Mail, Richard Deacon, project manager • e-mail: rdeacon@globeandmail.ca

COLORECTAL CANCER

Prevent it or treat it. Canada has no other sensible choice.

BARRY D. STEIN
President, Colorectal Cancer Association of Canada

Faced with the death of approximately 700 men and women every month of the year or 8,400 deaths annually, Canadians should be outraged knowing that most of these deaths could have been prevented.

Any other disaster of such a magnitude that sustained equivalent losses year after year which were also preventable would certainly have called for a parliamentary inquiry. And Canadians would have demonstrated in the streets demanding to hold those responsible accountable for the unacceptable human loss and suffering and insisting on immediate action. Can you imagine the reaction of losses of this nature to our troops in Afghanistan on a monthly basis or perhaps the loss of more than two wide-bodied jets every month?

Colorectal cancer is highly preventable through regular screening and early detection.

So why are we silently accepting these losses? Why are we not screening our population? Why have our provincial health ministries not created programs similar to those that exist for breast cancer or prostate cancer?

In 2002, the National Committee on Colorectal Cancer Screening (NCCCS), comprised of an expert panel and key organizations from across the country, released its recommendations calling for population-based screening at least every two years with a fecal occult blood test (FOBT) for those between the ages of 50 and 74 years old.

It was estimated that FOBT screening could reduce colorectal cancer mortality from 15 to 33 per cent. As new technology emerges, ultimately FOBT could be substituted for even more effective tests resulting in even lower mortality rates.

Several provinces have conducted studies coming to similar conclusions. Ontario has even carried out a pilot project to examine FOBT testing in limited regions of the province to learn how to best implement such a program. Yet today, despite the thousands of lives that could have been saved since the release of the NCCCS recommendations, not one province has implemented such a program.

Last year, approximately 19,600 people were diagnosed with colorectal cancer in Canada. Had screening programs been implemented we could have prevented thousands of these Canadians from having developed colorectal cancer. With early detection and treatment, the cure rate approaches 90 per cent. Detected in later stages, the cure rate falls to approximately 10 per cent.

To date, the Canadian experience in the treatment of colorectal cancer often lags behind other G7 countries that have already introduced colorectal cancer screening and primary prevention programs.

Until such prevention programs are in place, our governments owe patients an even higher duty of care to ensure that they receive equal and timely access to treatment including, but not limited to, the latest medications that constitute the standard of care in the treatment of this disease.

With long waiting lists to see general practitioners, gastroenterologists, surgeons and radiologists, lack of diagnostic and imaging equipment, a spotted experience across the country in the reimbursement of standard therapies and limited psycho-social support, Canadian patients are not obtaining the standard of care we are entitled to.

The shameful fact is that when it concerns colorectal cancer in Canada, we are faced with unacceptable and preventable loss of life, unwarranted pain and suffering, and an escalating and staggering financial cost in the treatment of the disease.

Common sense dictates that screening programs coupled with primary prevention programs must immediately be implemented to combat these inequities while at the same time addressing the desperate problems in the treatment of patients. ■

SUPPORT GROUPS

Monique Corbin and Barb Wyatt may not be able to prevent others from going through what each of them endured after being diagnosed with colorectal cancer - but they're determined to do what they can to offer help and hope for people who are faced with the disease.

Ironically, while colorectal cancer is the second leading cause of cancer death in Canada for both men and women, it is also one of the most preventable cancers.

Ms. Corbin's involvement with a Colorectal Cancer Association of Canada-run patient support group in Montreal is her way of 'paying forward' what she received from fellow members back in 2003: information and resources to help navigate through treatment options, practical tips and the kind of short-hand communication that can only be achieved between people who have shared a similar experience.

"When someone has gone through the same illness, there's no holding back - you can go straight to the heart of the matter," Ms. Corbin explains: there's no need to don a strong, fearless mask, as there might be with friends and family. Fellow members reassured Ms. Corbin her extreme fatigue wasn't laziness but a side-effect of chemotherapy, and referred the avid golfer and tennis player to specialized yoga classes when she was ready to resume gentle exercise.

In Nanaimo, B.C., where Ms. Wyatt lives, no such support group yet exists - a situation she hopes to remedy after a CCAC-sponsored public information evening planned for this year. "I figured I'm still here fighting, so I've got to do something for others who are still fighting, so we can stand together. Just seeing someone who's been living with the disease for four years gives people hope that it's not necessarily a death sentence," she says.

CCAC patient information evenings increase public awareness of the disease and offer patients the opportunity to be better informed while conversing with doctors on an informal basis. The CCAC has already started five support groups in Ontario and Quebec is developing a strategy to have at least one in every province.

- by Wendy Haaf

Novel awareness campaigns appeal to public

BY MARIE PATTERSON

Canadians aren't generally known for shaking their booty. So when squads of people take to the streets of the nation's cities this month wearing "butt boards" attached to their derrières, they'll stand out from the crowd.

The boards – variations on the traditional sandwich board – say things like "Do you know the symptoms of colorectal cancer?"

The innovative campaign was developed by Cossette Communication-Marketing Montréal. "In this category of awareness campaign… the dramatic tone is often used," explains Martin Gosselin, the agency's creative director who helped develop the promotion. "And I thought that maybe making it a little lighter was a good way of breaking through."

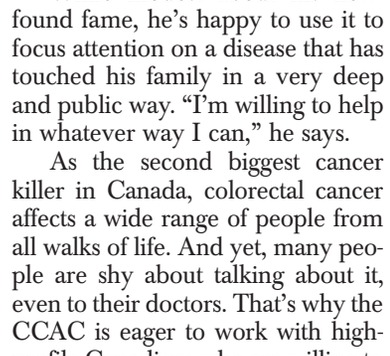
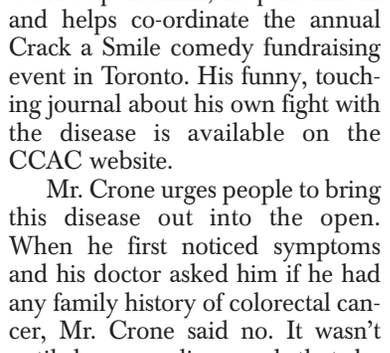
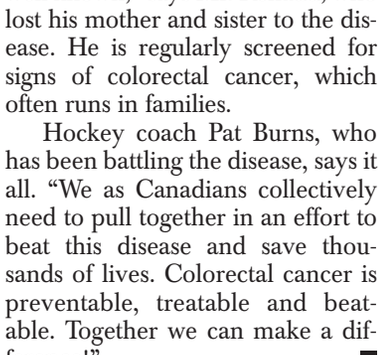
The butt boards are the latest in a series of bold efforts by the Colorectal Cancer Association of Canada (CCAC) to draw attention to its cause. Last fall, the CCAC took a giant inflatable walkthrough colon on tour to four Canadian cities. You may also have seen a TV spot with the CCAC's Green Lady shaking her butt reminding you to get screened.

But even if people know about colorectal cancer, they may be reluctant to get tested. After all, a colonoscopy involves inserting a long tube into unseemly places. So Cossette also developed a funny radio PSA as well.

The ad starts with a patient chattering to his doctor about his fears. When the doctor interrupts him to tell him his test is finished, the patient replies, "Really? But I'm not done being nervous yet!"

The CCAC tries to get people to laugh when the words "colorectal cancer" come up. "If we can do this, then we can get people to talk about it," says CCAC president Barry Stein. "That's really the bottom line – no 'butts' about it." ■

Celebrities Neil Crone, Gilles Renaud and Brad Gushue join the cause

L to R: Neil Crone, Gilles Renaud and Brad Gushue help raise awareness of colorectal cancer.

BY MARIE PATTERSON

While Brad Gushue was leading his curling rink to victory at the Winter Olympics in Turin, he also had another major battle on his mind. Back home in St. John's, his mother Maureen was undergoing chemotherapy for colorectal cancer.

So when the Colorectal Cancer Association of Canada (CCAC) approached Mr. Gushue recently to ask if he would be willing to help raise awareness of the disease, he jumped at the chance.

While modest about his newfound fame, he's happy to use it to focus attention on a disease that has touched his family in a very deep and public way. "I'm willing to help in whatever way I can," he says.

As the second biggest cancer killer in Canada, colorectal cancer affects a wide range of people from all walks of life. And yet, many people are shy about talking about it, even to their doctors. That's why the CCAC is eager to work with high-profile Canadians who are willing to put a face to the condition.

The CCAC's website (www.ccac-accc.ca) features a letter from Canada's consul-general in New York, Pamela Wallin, a colorectal cancer survivor. In it, she highlights the need for public education to diminish misconceptions about the disease. "In my own case, I thought it was a 'man's' disease and believed only the elderly suffered from it. I was mistaken," she writes.

Actor and comedian Neil Crone has also lent his support to the cause. As well as serving as a CCAC spokesman, he performs in and helps co-ordinate the annual Crack a Smile comedy fundraising event in Toronto. His funny, touching journal about his own fight with the disease is available on the CCAC website.

Mr. Crone urges people to bring this disease out into the open. When he first noticed symptoms and his doctor asked him if he had any family history of colorectal cancer, Mr. Crone said no. It wasn't until he was diagnosed that he learned his grandfather had died of it. It was a classic case, he says, of a general reluctance to discuss such issues.

"That's part and parcel of our society, I guess. We just don't talk about a lot of stuff," he says. "That has to change."

Quebec actor Gilles Renaud, another CCAC spokesman, agrees that many people are reluctant to discuss bowels and colons, even though doing so could save their lives. "[People] know about brain cancer, lung cancer, breast cancer…but colorectal cancer is not well known," says Mr. Renaud, who lost his mother and sister to the disease. He is regularly screened for signs of colorectal cancer, which often runs in families.

Hockey coach Pat Burns, who has been battling the disease, says it all. "We as Canadians collectively need to pull together in an effort to beat this disease and save thousands of lives. Colorectal cancer is preventable, treatable and beatable. Together we can make a difference!" ■

ABOUT THE CCAC

The Colorectal Cancer Association of Canada (CCAC) is Canada's best known and largest non-profit organization dedicated to supporting people with colorectal cancer, their families and caregivers.

Its mission is to improve the quality of life of patients, increase awareness and educate the public about prevention and treatment of the disease.

The CCAC provides patient information packages free of charge as well as information both online and through its telephone hotline.

Support and networking groups are established for patients and their families to address the psycho-social and informational needs of patients.

Monthly meetings are held in Ottawa, Montreal, Toronto, Oshawa and now in Kingston where patients are frequently "buddied" up with other cancer survivors to best address their needs.

Establishing new groups is a priority. Free patient information evenings with expert panels are also held free of charge across Canada.

Healthy lifestyles

BY LORI BAMBER

While there are many things we don't understand about cancer, this much is clear: one-third of all cancer-related deaths in Canada can be prevented with healthier lifestyle choices.

GET MOVING!

It's easy to forget that everything in our busy lives is contingent on our physical health. Make exercise an inviolate component of your schedule by blocking out time on your calendar. Remember that all physical activity helps. If you can't make it to the gym four times a week, take a brisk walk around the neighbourhood each evening with your spouse or a friend. Just 150 minutes of moderate to vigorous exercise a week provides significant protection against illness.

CHOOSE HEALTHY, WHOLE FOODS

Busy lifestyles also make it tempting to reach for high-fat, low-nutrient convenience foods. While we don't yet know how the cancer-fighting mechanisms in food work, research has proven that a diet rich in cereal fibre, fruits and vegetables – and low in red meat – helps prevent cancer and other diseases. (For further protection, talk to your doctor about supplementing selenium, folic acid, vitamin D and calcium intake.)

DON'T SMOKE, DRINK ALCOHOL IN MODERATION

Tobacco use significantly increases the risk of colorectal and other cancers. It's a tough addiction to overcome, but quitting as part of a whole-life wellness plan can help you beat the cravings. Use the time and energy you reclaim to prepare delicious, healthy meals and find physical activities you enjoy – celebrate your new freedom!

Research also indicates that excessive use of alcohol may increase your risk for colorectal and other gastrointestinal cancers. Men shouldn't have more than two drinks a day; women should limit intake to no more than one drink per day.

Every healthy choice you make improves your odds of avoiding disease in the future, while enjoying vibrant wellness today. ■

Progress

From CCAC1

and limiting red meat consumption can help prevent the disease. Avoiding smoking and drinking alcohol also reduce the risk."

While the CCAC is buoyed by recent advances, Mr. Stein's optimism is guarded, citing the failure to implement screening programs. "We are now paying the very high price of treating this disease in its advanced stages when in many instances it could have been prevented through simple and timely screening," says Mr. Stein.

Worse yet, Mr. Stein says access to certain treatment options for late stage disease are limited or unavailable due to certain provincial governments' decisions not to cover the cost of these treatments.

One example is oxaliplatin (Eloxatin) a drug used in the systemic treatment of the disease in combination or alternatively with other drugs. While regarded as a standard colorectal cancer therapeutic worldwide, a data protection issue has complicated the drug's approval for distribution in Canada.

As a result, the manufacturer has been subsidizing the drug's cost in provinces where drug reimbursement programs do not pay for it. Ontario and Alberta have refused to cover the cost of the drug, leaving patients to pay for this therapy, at least in part.

New targeted therapies are posing a special problem. While forming part of the standard therapy for advanced disease in many other countries, provincial governments worried about their drug budgets have been debating the coverage of life prolonging biologics such as bevacizumab (Avastin) and cetuximab (Erbitux).

The Government of Saskatchewan says, 'it's too expensive,' says an exasperated Mr. Stein, who fears other governments may follow suit to the detriment of patients. "They have refused to support the cost of Avastin, and the CCAC considers this decision to be unacceptable. These systemic therapies are about prolonging the lives of patients with advanced disease. If we call colorectal cancer a chronic disease, we must treat it as such and offer treatments that afford long-term survival."

While commending provinces that have stepped up to the plate to cover the cost of these important treatments, Mr. Stein says, "Those who haven't will have to look their constituents in the eye knowing that they are depriving them of the standard of care that all Canadians should be entitled to." ■

KEY CONTRIBUTORS

"We gratefully acknowledge our volunteers, directors, advisors, staff and supporters, without whom we could never accomplish our dreams."

- Barry D. Stein, CCAC President