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Canada poised for cancer crisis, The Vancouver Sun, Sat 22 Oct 2005

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OTTAWA -- Canada is lurching toward a crisis in cancer control and there is a "real and present danger" the country's health-care system will not be able to afford treatment for the tidal wave of patients who will get the disease in the decades ahead, says a major new report.

The warning is contained in a blueprint for action on a national cancer strategy prepared by the country's cancer experts.

The document, obtained by CanWest News Service, is more than five years in the making and has been presented to the federal government. It outlines how Canada's aging and growing population will create a steady rise in the number of people who get cancer and who die from the disease.

"Cancer has an ever-expanding impact on the lives of Canadians and on the economic interests of the country," says the report. "Yet, Canada is falling behind other developed countries in meeting this growing cancer burden."

There will be a "significant increase in the number of new cancer cases," says the report, adding this spike in demand for medical services "will cause inflationary pressures and put the sustainability of the health-care system at risk."

This year, it's estimated 149,000 Canadians will be diagnosed with cancer -- 3,500 more than last year. As well, 69,500 Canadians will die of the disease -- 1,200 more than last year.

On the basis of current trends, 38 per cent of Canadian women and 44 per cent of men will develop cancer during their lifetimes. As well, 24 per cent of women and 29 per cent of men will die from cancer.

Within the next five years, it will replace cardiovascular disease as the No. 1 killer in Canada.

Dr. Simon Sutcliffe, president of the B.C. Cancer Agency, says the most frequent question he gets by the driver when he gets into a taxi is: "So, you're a cancer doc. How are we doing?"

The answer is always the same: The glass is half full and half empty.

In recent decades, there has been "spectacular success" in lowering mortality rates for some diseases, such as Hodgkin's disease, testes cancer, childhood cancers and breast cancer.

"It's been due to improvements in radiation therapy, combination chemotherapy, introduction of new drugs, bone marrow transplantation, hormonal therapies. A whole raft of things have brought incremental improvements over time."

But, Sutcliffe says, that doesn't diminish the fact more people are getting the disease and dying from it than ever before, because of our aging and growing population.

"I think the demographics are so mind-numbing that people just throw up their hands and roll their eyes and say, 'It's too big to do anything about.' And yet, the reality is it isn't too big to do anything about. There is tremendous power to influence this problem."

Sutcliffe is a senior member of a coalition of experts pushing for a national strategy on cancer control. The coalition's report, prepared by experts ranging from provincial cancer agencies to researchers to the **Canadian Cancer Society**, projects costs over the next 30 years that are staggering. They include \$176 billion in direct health-care costs for cancer patients; \$540 billion in lost wage-based productivity as cancer patients temporarily or permanently leave their jobs; and \$248 billion in lost tax revenues because those patients are off work.

The coalition is calling for a \$260 million, five-year plan that would provide more consistent care nationwide in areas such as screening programs to catch the disease in its early stages; clinical practice guidelines on the most up-to-date treatment; the types of drugs that should be publicly insured; standards on how chemotherapy is practised, prescribed and administered; and guidelines for palliative care.

The government, however, plans to treat cancer as part of an "integrated disease strategy" with a \$300 million, five-year plan that attempts to persuade Canadians to lead healthier lives, reducing their risk of getting cancer, heart disease and diabetes.

Much of that money will be allocated to programs to attack all three diseases, but under details announced this week, part will be directed to "disease specific" efforts -- \$90 million for diabetes, \$59.5 million for cancer, and \$18.9 million to develop a cardiovascular disease "action plan."

That sparked criticism from Conservative MP Steven Fletcher and cancer experts, who said the new strategy falls far short of what is required to combat cancer.

On Sunday, cancer control experts begin meeting in Vancouver at the first international conference on strategies for fighting the disease, which the World Health Organization says kills six million people worldwide annually.

In Canada, there are millions of aging baby boomers who are entering the danger zone. This year, 44 per cent of new cancer cases diagnosed will occur in people over the age of 70; 25 per cent of cancer cases will come in those aged 60 to 69; 18 per cent will occur in those aged 50 to 59.

This increased cancer rate with age is probably due to a combination of increased and prolonged exposure to carcinogens and a weakening of the body's immune system.

While there have been improvements in survival rates for some types of cancers, in total, cancer still kills nearly half of its victims.

The coalition's report notes that cancer takes the lives of more people in Canada than strokes, respiratory disease, pneumonia, diabetes, liver disease and HIV/AIDS combined.

Getting through the next three decades -- as the bulge of aging baby boomers gradually reaches a peak and then levels off -- will be more difficult than many might imagine. Productivity throughout the Canadian workforce will be severely hampered.

Over the next 30 years, an estimated 2.4 million Canadian workers will get cancer and 872,000 of them will die of it.

All this will have a dramatic impact on economic growth and the ability of governments to raise sufficient revenues to properly treat cancer patients, warns the report.

"There exists the real and present danger that the increasing cost of health care and the higher volume of cancer cases will place severe pressures on the sustainability of the health-care system in Canada."

The report says the current cancer system is already undermined by "serious and ongoing cancer workforce shortages" that "threaten patient safety and service quality (and) generate longer wait times."

The fight against cancer figures prominently in a potential political showdown brewing between Prime Minister Paul Martin's government and the provinces.

At the top of the agenda this weekend at the annual meeting of Health Minister Ujjal Dosanjh and provincial health ministers is whether the provinces will fulfil their pledge -- made when they were given \$41 billion in federal funds last year -- to devise standards by Dec. 31, 2005 for how long patients should have to wait for key medical services, including cancer. Provinces are suggesting they might not make that deadline and that, ultimately, standards might vary from province to province.

But Martin and Dosanjh have declared they expect provinces to deliver on their pledge. With a federal election sometime in the next few months, it's critical for the Liberals that voters are assured waiting lists will get shorter -- not longer.

For cancer, however, the harsh truth is that rising caseloads will make it increasingly challenging to provide quality care.

Terry Sullivan, chief executive officer of Cancer Care Ontario, the provincial government's cancer advisory agency, says the growth of cancer cases is like a "slow epidemic" -- making it different from other health threats, like bird flu, that grab attention.

"This is not a sudden threat," Sullivan says. "This is a certain threat. "

"More people will have died of cancer in Ontario from the time you and I got up this morning than have died from avian flu, SARS and West Nile Virus to date.

"That's why it's more like a glacier moving slowly with a destructive force. It's not an avalanche, but it's a certain force moving forward in time."

KILLER CANCERS

Four types of the disease that claim the most Canadian lives every year:

LUNG CANCER

The leading cause of cancer deaths for both men and women, greater than breast and prostate combined.

New cases in 2005 22,200

Males 12,000 Females 10,200

Projected deaths for 2005 19,000

Males 10,700 Females 8,300

- One in 11 men is expected to develop lung cancer during his lifetime and one

in 12 will die of it. One in 17 women is expected to develop lung cancer during her lifetime and one in 20 is expected to die of it.

- Lung cancer rates continue to climb among women.

BREAST CANCER

The most common cancer among Canadian women.

New cases in 2005 21,750

Females 21,600 Males 150

Projected deaths for 2005 5,345

Males 45 Females 5,300

- One in nine women is expected to develop breast cancer during her lifetime. One in 27 will die of it.

PROSTATE CANCER

The most common cancer among Canadian men.

New cases in 2005 20,500

Projected deaths for 2005 4,300

- One in seven men will develop prostate cancer during his lifetime, mostly after age 70. One in 26 will die of it.

- Mortality rates due to prostate cancer are dropping.

COLORECTAL CANCER

The second leading cause of cancer death.

New cases in 2005 19,600

Males 10,600 Females 9,000

Projected deaths for 2005 8,400

Males 4,500 Females 3,900

- One in 14 men is expected to develop colorectal cancer during his lifetime and one in 28 will die of it. One in 16 women is expected to develop colorectal cancer during her lifetime and one in 31 will die of it.

Illustration:

- Colour Photo: (Canada's War on Cancer)
- Photo: "I think the demographics are so mind-numbing that people just throw up their hands and roll their eyes and say, 'It's too big to do anything about.'" - Dr. Simon Sutcliffe, Oncologist and cancer agency president
- Photo: Killer cancers: Four types of the disease that claim the most Canadian lives every year. (See hardcopy for complete text)
- Chart/Graph: (See hardcopy for complete text)

