

According to the latest statistics, 40 per cent of women and 45 per cent of men in Canada will be diagnosed with some form of cancer in their lifetime. And one in four Canadians will die of cancer. **Is enough being done about it?**

Cancer Care

STRATEGIES | SUPPORT | THERAPEUTICS

The statistics present the cold face of a killer disease, but for every Canadian the fight against

cancer is personal: we will all lose someone we know to one of the 200 types of the disease. While heartening progress

has been made, we have a long way to go, starting with prevention, say experts. "There is more to learn

about prevention, and more to do to encourage Canadians to change their behaviours to help reduce the cancer risk factors we already know about," says Canadian Cancer Society CEO Peter Goodhand.

He notes, for example, that the overall cancer death rate for Canadian women has not dropped significantly since 1980 primarily because of lung cancer – the leading cause of cancer death for women. "Smoking rates among women only began to decline in the '90s, therefore, declining lung cancer rates have yet to be seen," he says.

The good news: the number of smokers in Canada is falling, due in part to continuing lobby efforts by groups like the Cancer Society and the resulting impact of effective policies that support personal efforts to reduce risk.

One of the most significant advances in the fight against cancer in recent years is the adoption of a national cancer control strategy. "We know that Canadians are much better served than many people in the world in terms of cancer care," says Mr. Goodhand. "We've got great facilities, physicians and nurses and good systems. But we also know it's not consistent across the country. Our goal should be that the best practices are available to all."

That is also the goal of the Canadian Partnership Against Cancer, a federally-funded partnership of cancer experts, charitable organizations, governments, patients and survivors.

"The focus of our national

strategy," says Jessica Hill, CEO, "is to harness the best of what is happening in the country, so that the knowledge that exists can be shared in a way that benefits all Canadians – from prevention, screening and early diagnosis, to strengthening our approach to treatments through guidelines, standards and surveillance."

Mr. Goodhand adds, "So often, what we hear from patients is the need for emotional support – for information and communication – to feel that their humanity has been respected, and they're enabled and empowered to be able to take charge of their own care. To do that, they need resources."

Two of the many Partnership initiatives underway are aimed at providing those resources. For example, www.cancerview.ca is a web portal designed to help care professionals, patients and others access up-to-date and accurate information. The Partnership is also working with provincial care professionals in the first phase of a strategy to implement screening of patient pain and distress in order to connect patients with appropriate services.

New treatments are also improving the prognoses for the approximately two million Canadians expected to be diagnosed with cancer over the next decade. The first therapy directly targeted at cancer cells, Gleevec (Imatinib), was introduced in 2002 and was initially aimed at chronic myelogenous leukemia. "Before Gleevec, the prospects for these patients were very poor," says Francis

Bouchard, vice president, Oncology at Novartis. "Their median life expectancy was about five years. The drugs they had to take were very difficult to tolerate."

With Gleevec, which targets the specific protein causing the disease, the five-year survival rate for these patients is now 95 per cent. The drug has also since proven effective against a number of other rare cancers.

Other new therapies target proteins or agents that create new blood vessels, depriving cancer cells of blood supply. "If you reduce the blood that goes into the tumours, it will lead to stabilization or regression of the tumour, perhaps even reduce the size of the tumour substantially," says Mr. Bouchard. "Studies have shown that this type of approach had an impact on breast, colorectal and lung cancer."

The future of cancer treatment lies with drugs that will be very specific to patients, he says. "When you look at breast cancer, for example, something that works in one patient may not work with all patients with breast cancer. But the same agent can work in another patient with lung cancer or colon cancer that possesses the same defects."

"In the future, therapies will not only be targeted, but will be tailored to each specific patient based on their genetic profile. Novartis has recently established a molecular diagnostics global unit; we believe medicine will become increasingly personalized in the near future," says Mr. Bouchard. ■

New treatment relieves chemo's nerve pain

In 2006, at just 47 years old, an otherwise fit and healthy Mike Girard was diagnosed with colorectal cancer, joining some 22,000 other Canadians afflicted with this disease each year. Fortunately for Mr. Girard, fast and effective medical intervention saved his life.

Unfortunately, like other cancer patients, Mr. Girard's chemotherapy came with side-effects including neuropathy.

"My doctors told me to expect this side-effect," says Mr. Girard, noting that during his treatment and for about a year afterwards, "My palms and balls of my feet felt feverishly hot. They seemed so tender. It just felt like I shouldn't walk or use my hands."

According to Dr. Alexander McLellan, co-author of *The Numb Foot Book*, which focuses on the treatment of peripheral neuropathy, the condition is often experienced by cancer patients.

"Chemo drugs are designed to kill cells. The nerve cells are collateral damage," he says, noting that damage to peripheral sen-

sory nerves brings pain, burning sensations, numbness and allodynia – "a feeling of pain from sensations that aren't normally painful – the pressure of sheets on toes, for example."

While Mr. Girard had to live with his discomfort, Dr. McLellan says Neuragen, a new over-the-counter therapy, offers a solution for cancer patients now dealing with neuropathy.

The product – made by Halifax-based Origin BioMed from a complex blend of natural, aromatic oils and homeopathic ingredients – provides relief rapidly and has no side-effects.

"With cancer recovery, we want people to return to a healthy lifestyle as soon as possible, eating well and exercising to restore their immune system," says Dr. McLellan. "Neuragen is a safe, natural topical treatment. It can help people to maintain their daily function during waking hours by alleviating the sensations of pain, and at night help them get a restful sleep."



Think what's possible

Breakthrough medicines that answer an unmet medical need are our priority. Novartis Oncology is dedicated to discovering, developing and making broadly available novel therapies that improve and extend the lives of patients.

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Expert opinion

Citizens hold the key to controlling cancer

By Pat Kelly, CEO
Campaign to Control Cancer
Go Public

Cancer is the global health concern of the 21st century. More people die from cancer than from HIV/AIDS, TB and malaria combined. By 2030, it is estimated that more than 12 million people will die of cancer every year and countless more will be touched by the disease.

It doesn't have to be this way. We can control cancer and cut the rate of cancer deaths by as much as half over the next generation, because we know how to prevent, find and treat cancer. But we're not doing enough, fast enough.

It's time to change who that "we" is. Moving forward, ordinary citizens everywhere will play a new, larger, transformational role in shaping and supporting a new response to controlling cancer.

Today, with the number of cancer organizations and donors growing at a rapid rate worldwide, the cancer community has a tremendous opportunity to shape a better future for all citizens – but only if we can transform our goodwill into results.

Imagine a world focused on high-impact investment, where NGOs collaborate with governments and business to harness forces for extending cancer control into the community and workplace and leverage policy-makers and business people for planning



and operational excellence. Imagine executives and boards thinking beyond individual branded needs, collaborating with competitors to share scarce investment dollars and developing a network of active engaged supporters who can transform cancer control in communities, schools and workplaces. Imagine a cohort of leaders geared toward innovation, prepared to adapt their organizations to changes in the cancer control marketplace and able to refresh their operating structures with constant creativity.

Recent public engagement efforts have demonstrated the positive role that simple, scalable, affordable efforts like community conversations about cancer can have in educating and inspiring the public to take action – whether that action was small (i.e. eating better) or large (i.e. engaging in public advocacy efforts). There is convincing evidence community conversations about cancer can increase knowledge, change perspectives about cancer and inspire some action.

Businesses, governments and concerned citizens are

open to working with the cancer community to become forces for change in cancer control. Donors and funders are shifting expectations of what it means to be a great cancer organization towards those groups that have the greatest impact.

Without heeding this call to action, we are doomed to plod along with incremental change. We'll continue to make the mistake of focusing too much on inputs and processes rather than outcomes and results.

We'll barely make a dent in the millions of preventable deaths from cancer. It doesn't have to be this way.

We don't have time for incremental change – we need dramatic change if we are to solve the complex global problems of chronic disease and cancer. The stakes are high on all sides, and we must rise to the challenge. Doing anything less would squander this momentous opportunity to advance all of our efforts.

When Lance Armstrong was diagnosed with cancer, he didn't hide under a rock. He went public. Just like Canada's Terry Fox. And the support they got was bigger and more inspiring than anything they'd ever experienced. Going public mobilized people everywhere to stand with them and go public themselves, making a huge difference in individual lives and in society's response to cancer.

Controlling cancer is everyone's fight. And with the people in our corner, there's no way we can lose. ■

Think-tank joins health and industry groups calling for reform

Improved access to medications needed

There are about 800 new cancer drugs under development worldwide, but when and – more importantly – if, depending on where they live, Canadians will ever have access to them are questions very much up in the air, says Russell Williams, president of industry association Rx&D, which represents Canada's Research-Based Pharmaceutical Companies.

"Canada ranks among the lowest of industrialized nations when it comes to providing public access to new drug therapies," he says. "Especially at risk are our most vulnerable people – the elderly and the poor; men and women who are provided subsidized medications under provincial public drug plans."

The situation is especially dire among those with rare disorders, says Dr. Durhane Wong-Rieger, president of the Canadian Organization for Rare Diseases (CORD).

"We face level after level of challenges," she says. "First, there is the challenge of getting pharmaceutical companies to develop medications to treat diseases that may not affect a great number of people. Then there is the challenge of getting Health Canada approval for use in Canada for those that are developed. And finally, there is the very great challenge of getting provincial governments to add those drugs to their formularies – the list of medications provincial health care plans will pay for."

Third party medical plans immediately cover new drugs approved by Health Canada, but about 10 million Canadi-

ans rely on provincial public drug plans to treat life threatening diseases such as cancer, heart disease, diabetes, osteoporosis, mental illness, HIV/AIDS and many others, Mr. Williams says.

Citing a 2008 study by Wyatt Health Management, Mr. Williams says Canada ranks 17 out of 18 countries studied when it comes to public money spent on pharmaceuticals. When the study looked at which of those countries approved 36 new drugs for reimbursement by public health plans, Canada was third from the bottom, just ahead of Australia and New Zealand.

In a report released in

August, international think-tank the Fraser Institute found that in 2007 Health Canada took an average of 453 days to approve a new drug for sale and another 314 days for approval to cover those same drugs under provincial health care plans, if they were approved at all.

"We found that on average only 10.1 per cent of new drugs approved by Health Canada in 2007 were being fully or partially covered under provincial drug insurance as of December 2008," says Dr. Brett Skinner, director of bio-pharma and health policy at the Fraser Institute.

By the end of 2008, only 20 per cent of new drugs



Russell Williams, president of industry association Rx&D, which represents Canada's research-based pharmaceutical companies, is among those calling for greater patient access to new therapeutics.

approved for use in Canada in 2004 were actually being covered, he says. Rates ranged from a high of 37 per cent in Quebec to lows of about 15 per cent in Ontario and British Columbia.

"Our current approach to ensuring access to new drugs is extremely shortsighted," says Mr. Williams. "If you are old or poor and ill, your quality of life and treatment depend on what part of the country you live in."

Rx&D, CORD and the Fraser Institute all suggest dramatic reforms to speed the drug approval process, including reaching agreements with U.S. and European regulatory authorities that would allow

speedy Canadian approval for drugs found safe and effective in those countries.

Mr. Williams also says the system should be changed so that once a drug receives federal approval it immediately becomes available under provincial drug care plans.

"There is so much at stake," he says. "Look at cancer alone. About 40 per cent of women and 45 per cent of men in Canada will get some form of cancer over a lifetime. They will need those 800 new drugs under development and need them as quickly as they can get them."

"This should be a huge area of concern to all Canadians."

Relay for Life continues to raise hopes and research dollars

In April 1996, while his dad was running the Boston Marathon, 12-year-old Michael Robinson was diagnosed with leukemia. In 1997, a year into his treatment, he asked his father, Duncan, if he would consider putting his running skills to work in support of a fundraising initiative of the Canadian Cancer Society.

"I said, 'Absolutely,'" says the senior Mr. Robinson today. "Michael had acute lymphoblastic leukemia, and he'd relapsed at this point, which meant his cancer was stronger than the combination of steroids, radiation and chemotherapy could manage."

Mr. Robinson didn't just put together one team; he assembled five teams to raise money. "I had to do everything and anything I could."

'Michael's Team,' as it came to be called, included 60 people that first year and raised \$20,000 for cancer research.

"People still think it won't happen to them – until it does. In 2008, in B.C. alone, there were

20,600 new cases of cancer and 9,400 people died," says Mr. Robinson. "I lost my son to cancer, and that's why I do this. But I'm also doing this for me, because I know that I may also be diagnosed with cancer one day."

This year was the 13th anniversary of Michael's Team; together, the effort has raised over \$130,000. Mr. Robinson, who, following Michael's death, went on to become an impassioned financial advisor and life insurance representative with Freedom 55 Financial in Surrey, B.C., also participates in a local annual cycling fundraiser, 'Ride to Survive,' which has raised almost \$1 million over the last five years.

In 2008, Relay For Life's more than 200,000 participants, including 36,415 cancer survivors, raised more than \$50 million in 451 community events across Canada.

"Relay for Life enables us to bring together the survivor community," says Peter Goodhand, president and CEO of the Canadian Cancer Society. "I

was at the Relay in Regina this year, where 440 people took part. The first lap is always the survivor lap. Each person's name is read out along with the time since their cancer diagnosis. In one case it was four days; at the other end of the scale, 58 years.

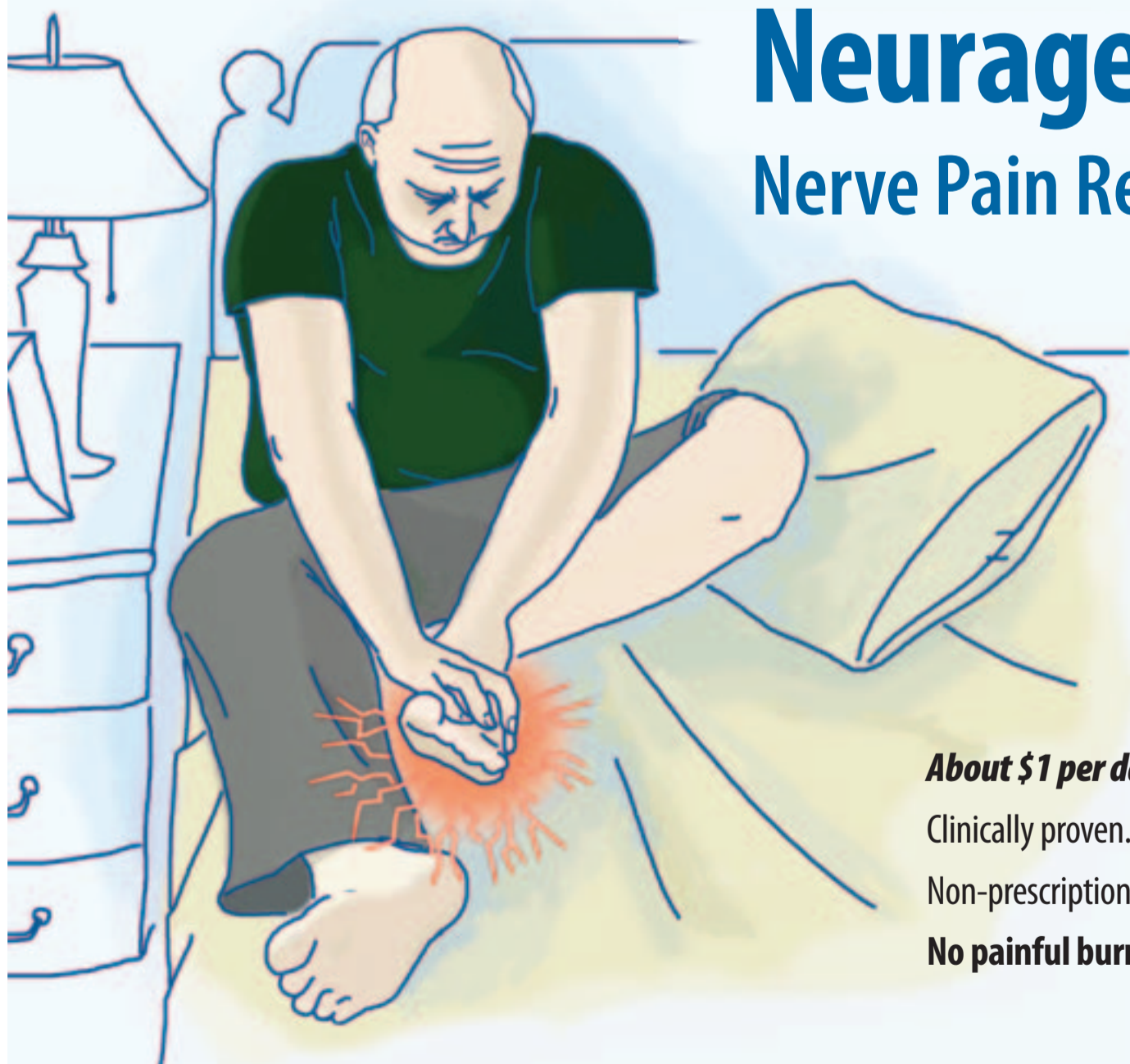
"Our three themes are celebrate, remember and fight back. Relay enables us to engage Canadians in celebrating survivorship and remembering, together, those who have lost their battle."

Mr. Goodhand says Relay works anywhere there is a sense of community. "I can see people who participate in elementary school now participating as adults 30 or 40 years in the future. Hopefully there will be far less need 40 years from now, because we are making tremendous progress. But I know personally that statistics don't count for a lot when it's your brother, your mother, your wife, your child."

"Relay lets you live your cancer experience with support of your team and the broader community. It's a remarkable experience."

This report was produced by RandallAnthony Communications Inc. (www.randallanthony.com) in conjunction with the advertising department of The Globe and Mail. Richard Deacon, National Business Development Manager, rdeacon@globeandmail.com.

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