

PART ONE OF SEVEN

CANCER

A CODE RED PROJECT



PHOTO BY JOHN BENNING, THE HAMILTON SPECTATOR

Janice McFadyen helps celebrate daughter Rachel's 20th birthday. Says Rachel: 'I think about the time we can be doing things.'

Genetic continued from // BA5

Janice was just 35 when she was first told she had breast cancer.

She would discover later that she was a carrier of one of the breast cancer genetic mutations that astronomically increases a

woman's risk of developing cancer. In those cases, when it does strike, it tends to be earlier in life and more aggressive.

Women with the so-called BRCA1 mutation have up to a 65 per cent chance of developing breast cancer by age 70.

Rachel was right, however —

her mom did get better for a while.

The cancer went into remission for several years. "But I always had a feeling it would come back," Janice said.

Genetics aside, when it comes to the risk factors raised by The Spectator's cancer investigation, Janice ticks off a lot of the boxes.

She lived in Hamilton's inner core, she's a smoker and she scraped by on a low income, which in recent years consisted of disability payments. In addition to her long fight with cancer, Janice also has epilepsy.

She grew up in Binbrook,

then Burlington, then Brampton before settling down in an apartment on Jackson Street West near Hess Village.

As the cancer spread throughout her body this summer, staying at the apartment was no longer possible.

Besides, Rachel said, it was becoming dangerous. Janice is a smoker and her heavy-duty painkillers made her sleepy.

The family feared the combination of Janice's grogginess, a lit cigarette and her oxygen tank would lead to an explosion.

With the help of her doctor, Janice landed one of the 10 beds at the Dr. Bob Kemp hospice.

"I'm so grateful for this place," she said.

One of the dozen or so birthday well-wishers to show up is Al Shaw, Janice's 42-year-old brother who lives in Gravenhurst. The smile he's wearing on this afternoon is betrayed by the sadness in his eyes.

"It's been difficult watching her deteriorate," Shaw said. "It's a very helpless feeling. It's something where all the money in the world can't help.

"I certainly never expected to be saying goodbye to my sister in our 40s."

When Shaw was told his sister had five weeks left, he started the clock on his iPhone "and

it's still running now," he said.

"I looked at it this morning, and I think it was at about 450 hours," he said. "I like that it's counting in hours and not weeks or days.

"But it is down to literally the final days," he added. "Every time the phone rings, I really think it could be the one."

Does he think there could still be a miracle left for his sister? Does he even allow himself to think that way?

"I think the miracle has probably happened for her," he said quietly.

"I think the fact that she beat the initial bout of breast cancer with chemotherapy and surgery, that was the miracle — that she gained another eight years or so."

Back in her room, Janice exchanges her portable oxygen tank for the permanent air tubes that stretch out from the machine in the washroom beside her bed.

She slips off her pink Crocs and settles back into her pillows.

For someone who recognizes the end is near, she seems remarkably composed. Over the course of several interviews, neither Janice nor her daughter shed a tear.

"I'm pretty open about all this, same as my daughter," she said. "You don't have to worry about upsetting her either.

"She comes to all my appointments with me. She's heard it all including how much time I have left."

Don't you get sad sometimes? "I'm sad all the time about it," Janice said.

She turns her head and looks at her daughter sitting beside the bed. Her daughter smiles back at her.

"Look at the child I'm going to be missing and her beautiful friends and my son," she said. "I'm afraid of leaving them.

"I want to be here to see my grandchildren, their graduation. I just want to be here for so much.

"I worry about her health, my son's health, and I want to be here for them if they ever need me," Janice said.

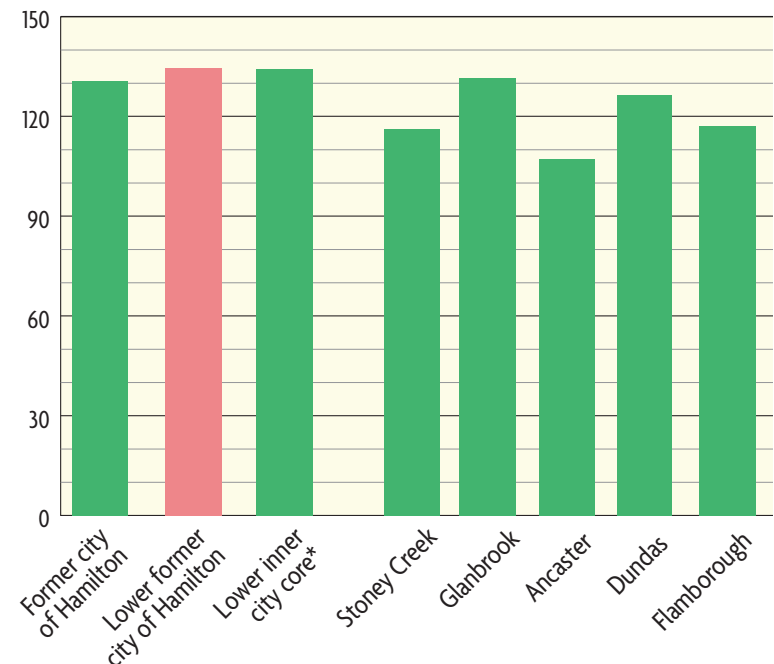
There was a time she was spiritual about her fate but now she's not so sure.

"I look at very sick people and I wonder how can this be?" she asked.

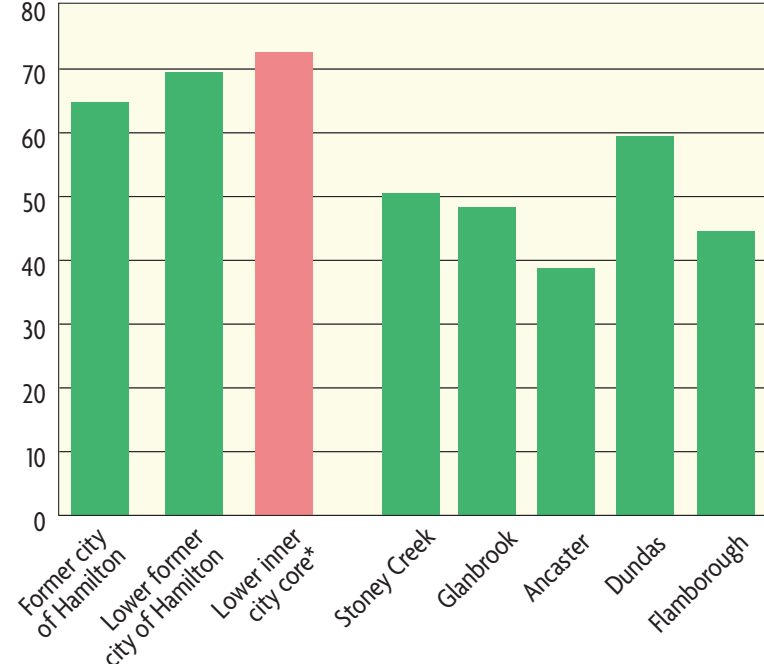
"I'm spiritual in the sense that I believe in a higher power but I also believe that higher power wouldn't make us suffer, because I'm suffering. It's a conflict."

Since the original Code Red project was published in 2010, there's been a growing awareness of the connections between the health of people and the wealth of people.

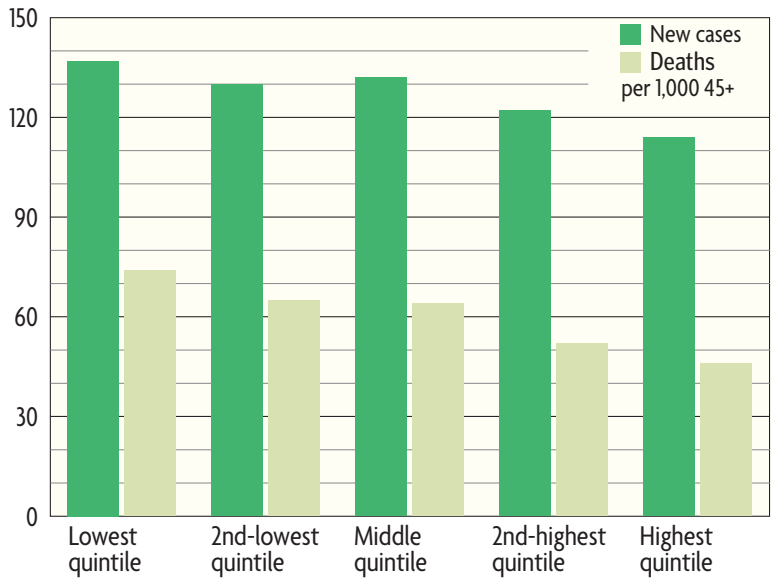
Cancer incidence per 1,000 45+



Cancer deaths per 1,000 45+



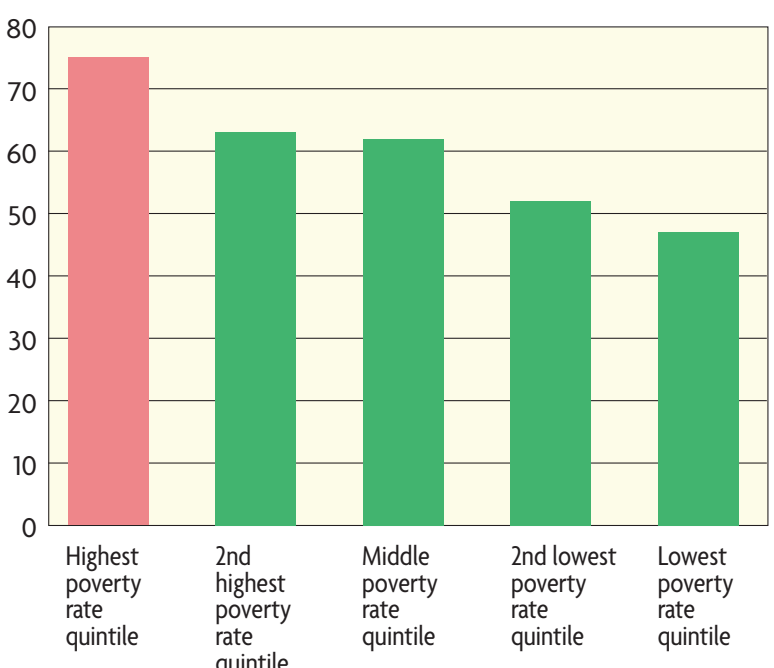
Cancer rate comparison for Hamilton by income quintiles



Total incidence/deaths per 1,000 people age 45+

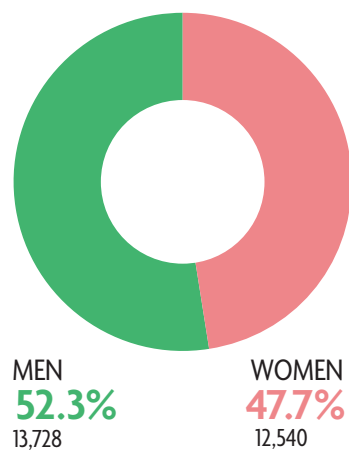


Cancer mortality rate, Hamilton, per 1,000 45+ by poverty quintile



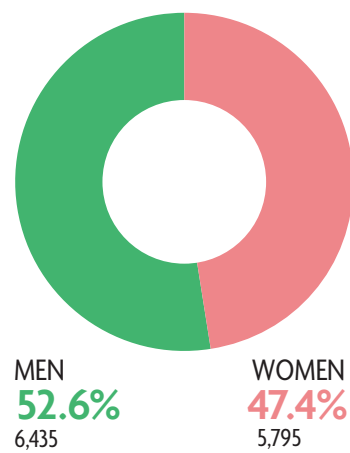
INCIDENCE

New cancer cases in Hamilton 2000-2009 by gender



MORTALITY

Cancer deaths in Hamilton 2000-2009 by gender



* Lower inner city core represents Queen Street to Parkdale Avenue from Main Street to the waterfront

YES, YES, you're thinking. Haven't we heard all this before?

Since The Spectator's original Code Red project was published in 2010, there's been a growing awareness of the connections between the health of people and the wealth of people.

From public health departments to poverty-fighting groups to the Canadian Medical Association, it seems everyone's now talking about the social determinants of health — the notion that your health is dependent on so many things that don't immediately seem connected to health.

Code Red showed that some Hamilton neighbourhoods were living with Third World health outcomes — a 21-year difference in life expectancy between the best and worst neighbourhoods, a 22-year difference in the average age of a person showing up in the ER with signs of a heart attack or stroke, rates of psychiatric-related ER visits that were over 30 times higher in the worst neighbourhood than the best one.

Code Red also showed that those neighbourhoods with the worst health outcomes had the lowest incomes, the highest rates of poverty and less education.

Outcomes continues // BA7