



Camp Trillium's Marci Shea-Perry at Waterford cabins. She went from helping young cancer patients and their families to having breast cancer herself.

PHOTOS BY GARY YOKOVAMA, THE HAMILTON SPECTATOR

*'So she told me over the phone that it was breast cancer. You don't really think those words are for you.'*

**MARCI SHEA-PERRY**  
EXECUTIVE DIRECTOR, CAMP  
TRILLIUM  
BREAST CANCER SURVIVOR

the inner city from the suburbs is the significant difference that exists in cancer screening rates across the city.

Neil Johnston is an epidemiologist and faculty member in McMaster University's department of medicine. He was a collaborator on The Spectator's original Code Red series in 2010 and the 2011 followup series, BORN.

Johnston helped analyze the cancer data for this project as well. He's not surprised with the findings because, he said, they're "absolutely consistent with everything we've seen before."

"This disparity, it disgusts me," said Johnston. "What this should do and will do is engage the community in debate, and the debate is about social justice and what we will tolerate in our community."

"This is unfair, unreasonable, inequitable — all of those kinds of words come to mind."

"If people are dying at a higher rate from cancers in poorer areas of the community," Johnston said, "what it strongly suggests is that programs that have been developed for the early detection of treatable cancers are somehow not being used to their best advantage in those areas."

But that's just one part of the problem, Johnston noted.

"In the middle of that, the process of dying becomes far more expensive," he said.

Later detection means more advanced tumours, which require more advanced and complex surgery, more hospital time and more people involved in the patient's care.

"All of that is taking resources away from elsewhere in the system," Johnston said. "It's an issue of social justice but it's also an issue of efficiency and how we spend our tax dollars on health care."

"And we could be spending them a great deal better if there was a way to even out these statistics."

Dr. Bill Evans, the recently retired head of the Juravinski centre, believes the new frontier for cancer is addressing the social and economic disparities that exist across communities.

"The health sector can only do so much because a lot of it is like horses out of the barn," said Evans. "Clearly if we can detect cancers early, we can at least save people from more advanced disease and probably have much better outcomes in terms of cures or longer-term survival."

"But the root causes are more around education and socioeconomic status," said Evans. "I often say that to have health, you need wealth."

"I once told a colleague that people like (businessman) David Braley, who are making jobs for people, were more important than she was as a medical oncologist."

**MARCI SHEA-PERRY** is executive director of Camp Trillium.

For pretty much all her adult life, cancer has been a constant companion; Camp Trillium, with its head office on Hamilton's east Mountain, provides vacation experiences for kids with cancer and their families.

Camps continues // BA8

Outcomes continued from // BA6

Aren't these cancer statistics just telling the same story all over again?

Yes — and no.

Overall, more men and more women are getting cancer in the poorer parts of Hamilton than the richer parts of Hamilton.

Not a staggering amount more, however, and that's not completely surprising.

Aside from behaviour-related cancers, such as the vast majority of lung cancer cases caused by smoking, cancer is still a disease that strikes people somewhat indiscriminately.

Here's what's most worrisome about The Spectator's cancer investigation.

While more men and women are getting cancer in the poorer parts of the Hamilton, far more people are dying of cancer in the poorer parts of the city compared to the richer parts.

The much larger variation in death rates between rich and poor suggests that surviving cancer is not nearly as random as getting cancer.

"It's extremely alarming to see that there are significantly higher mortality rates in certain neighbourhoods and those neighbourhoods are low-income, vulnerable people," said Dr. Barbara Strang, a radiation oncologist and head of the breast cancer site group at Juravinski Cancer Centre.

"We're all so proud of our Canadian health care system and equal access and portability so if people can't access appropriate health care because they're poorer than that's absolutely



Dr. Barbara Strang: 'so much misery in a person's life ... things I can't change.'

## BREAKDOWN

"I've had women who can't get through their treatment because of their mental illness. Or a woman who has a bunch of kids and **HER HUSBAND'S JUST LEFT HER** and **SHE HAS A CANCER** and **WE KNOW SHE'S GOING TO DIE FROM IT** and she's worried about what's going to happen to her kids. That's the worst."

**DR. BARBARA STRANG**

unacceptable," Strang said.

The Spectator's findings offer strong evidence that dozens, if not hundreds, of people in poorer parts of the city are dying unnecessarily from cancer each year.

The question is why is this happening?

There are a number of reasons, all of which will be explored in detail in next Saturday's concluding piece of Cancer: A Code Red Project.

Smoking is a huge factor, perhaps the single most important reason for the differences between Hamilton's rich and poor neighbourhoods.

The rate of smoking in the lower-inner city is vastly higher than it is in Hamilton's suburbs, as some exclusive Spectator data will show next Saturday.

Smoking is associated with about 80 per cent of lung cancer cases but smoking is also connected to an increased risk of colorectal cancer.

More than one-third of the difference in overall death rates between the former City of Hamilton and the five suburbs can be attributed to lung cancer alone.

But that still leaves a lot of room for other explanations.

Access to primary health care is another reason. Education and basic health knowledge are others. So, too, are factors such as language and immigrant status, willingness to seek medical care and the ability to understand or follow treatment programs after a diagnosis of cancer.

But next to smoking, one of the biggest factors separating