

PART SEVEN OF SEVEN

CANCER

A CODE RED PROJECT

'You're not a good screening program if you're just picking up big cancers. People are already well advanced at that point.'

CAROL RAND
DIRECTOR OF SYSTEMIC TREATMENT AND REGIONAL CANCER PROGRAMS, JURAVINSKI CANCER CENTRE

Promote continued from // BA2

"We promote it in Chatelaine magazine," he said, speaking about breast cancer screening programs. "Guess what? The folks down in north Hamilton aren't reading Chatelaine."

The disparities in screening rates are another sign of the strong connection between health outcomes and social factors, Evans noted.

"It goes back to an awareness of what are the healthy behaviours, including going for screening, having your Pap tests, having your colorectal screening and breast screening," Evans said. "All of those things are partly determined by your level of knowledge and understanding."

"If you're in less well-off circumstances, you might not know those things or you might not know how to find them or you can't afford to get to them," he added.

It's important to note screening programs don't change the incidence of cancer.

But they should ultimately improve the outcomes for those who are screened and found to have cancer.

"As you keep going in the breast screening program, you expect that you're going to pick up smaller and smaller cancers," said Carol Rand, director of systemic treatment and regional cancer programs at Juravinski. "That's the definition of being a good screening program."

"You're not a good screening program if you're just picking up great big cancers," she said. "People are already well advanced at that point."

OUT OF TREATMENT options and with time — and hope — evaporating, Steve Rudaniecki signed up in late spring for the medical equivalent of a Hail Mary pass.

For 10 years, he's been living with stage IV chronic lymphocytic leukemia. After exhausting all available chemotherapy, the 61-year-old North End resident was told he was down to his last few months.

There was, however, a new clinical trial recruiting patients at Juravinski. At the urging of his wife Susi, he agreed to sign up, even though he was told that death was one of the potential side-effects.

"We've talked about it a lot — do you want to throw in the towel?" Rudaniecki said. "Then after you've had a good night's sleep or a couple of days of arguing and crying, you decide let's go try it again."

It's a wonder he hasn't given up already. The past 10 years living on cancer's death row haven't been easy for Rudaniecki.

He'd already had a minor heart attack — that's how they discovered his advanced case of leukemia back in 2003.

A year ago, he had open heart surgery to replace a faulty valve. Two years ago, he had his spleen removed. He's had two other stints in the hospital for pneumonia.

Some of his chemotherapy



GARY YOKOMAMA, THE HAMILTON SPECTATOR

treatments reduce the amount of calcium in his bones; and last year he broke his back bending over to pick up a hose.

It's also caused several of his teeth to snap off at the roots. He can't get those fixed until he finishes with the clinical trial.

"I can wait," he said. "I can be a redneck and have one tooth here and one tooth there."

"I had a sandwich the other day, just eating bread and 'click.' Everybody in the room went 'What the hell is that?' and I spit out a tooth."

And if that's not enough, Susi suffered a heart attack two years ago and underwent open heart surgery herself.

"She died twice on the operating table and they brought her back," Rudaniecki said.

"We're hard to get rid of."

He's certainly hard to get off Caroline Street North. Much of Rudaniecki's life has been spent in the same house on the small block that juts up from Barton Street near the old Rheem factory.

Nobody knows why Rudaniecki developed cancer, a point that even he freely acknowledges.

Pinpointing the exact cause of one specific case of cancer can be very difficult.

For one thing, there are over 200 types of cancer and there are many different sparks that get them started.

Genetics play a role, as does diet and certain behaviours, such as smoking.

Absorb continues // BA5



TWO NEW CODE RED WEB FEATURES

Check out two exciting web-based features

Interactive cancer map for Hamilton

The Spectator's Pete Smaluck has developed a cutting-edge interactive map that provides readers with a wide range of options to sift through the cancer data that was used as the basis for Cancer: A Code Red Project. The interactive graphic includes cancer incidence and mortality rates at a neighbourhood level as

well as filters that show how cancer rates are connected to indicators such as family income, education levels and visible minority levels.

View the interactive map online: THESPEC.COM

New Code Red website

The Spectator has developed and is unveiling a Code Red website that provides access to all

Code Red-related projects and content that has been published since April 2010.

The new site provides free access to the original 2010 Code Red project, 2011's BORN series, this year's Barton Street project, the new cancer project as well as other Code Red-related articles and editorials.

The new Code Red website: THESPEC-CODERED.COM

CERVICAL CANCER SCREENING RATES 2009

