

PART SEVEN OF SEVEN

CANCER

A CODE RED PROJECT



PHOTOS BY JOHN RENNISON, THE HAMILTON SPECTATOR

Bill McArthur got bad news in mid-September, his tumour had started to grow again. He's now immune to chemo and is on a last-chance treatment. 'I gotta have a positive attitude, eh?'

Income continued from // BA5

Originally from Thunder Bay, Forbes came to Hamilton to attend McMaster's medical school then decided to stick around.

He has no shortage of work here. Between 2000 and 2009, about 3,250 people in Hamilton were diagnosed with colorectal cancer, and more than 1,400 people died of the disease.

The Spectator's landmark cancer analysis shows there's a notable income gradient in colorectal cancer mortality rates across Hamilton.

The death rate from colorectal cancer in Hamilton's east end between Parkdale Avenue and the Stoney Creek border was about 80 per cent higher than the colorectal death rate in Flamborough.

The numbers are sobering, Forbes said.

"The way our health care system is set up is a universal system and everybody should have equal access," said Forbes. "But these numbers would suggest otherwise.

"Unfortunately, there is no one individual marker or test or indicator of socioeconomic status that encompasses the entire problem," he added. "If only there was a single marker that could say, OK, this is a population that is at risk."

Screening rates for colorectal cancer lag behind those for breast and cervical cancer, and again, there's a significant difference across income levels.

There's also a notable gender difference — women take advantage of colorectal cancer screening more than men.

In one inner-city neighbourhood, just one in five eligible men were screened in 2009.

The good news is that colorectal screening rates through fecal occult blood tests (FOBT) rose dramatically in the amalgamated city of Hamilton between 2005 and 2011. (FOBTs are done at home with the sample mailed to a lab.)

The bad news is that even with the increase, just 30 per cent of Hamilton's eligible population completed the test.

It's important, Forbes said, to remember the fundamental reasons for having cancer



GARY YOKOYAMA, THE HAMILTON SPECTATOR

screening programs such as FOBTs and colonoscopies.

"We screen because a disease is common," he said. In the case of colorectal cancer, it's the third most common type of cancer in men and women in Hamilton. "We also screen for colon cancer and a number of other cancers because we can modify the outcome and that's the big deal.

"If screening didn't affect the outcome, then we wouldn't screen. But we know that if we catch colon cancer early, we can modify the outcome and improve survival rates."

When colorectal cancer is diagnosed at stage I, the five-year survival rate is 93 per cent, according to the American Cancer Society.

But stage IV colorectal cancer? The five-year survival rate is less than 10 per cent.

"We know that stage is the biggest predictor of mortality," said Forbes.

One of the questions he's been helping research recently is whether or not there are differences in tumour stages based on a patient's socioeco-

'People don't change just because you tell them they should. There are many good reasons why people are not doing cancer screening.'

NELLY SINCLAIR
COMMUNITY OUTREACH
WORKER
CASTLE PROJECT

omic status.

"If there are more advanced-stage tumours coming out of the core or those with lower socioeconomic status, then it has to do with diagnosis," said Forbes. "Are these people not getting screened as aggressively as people of greater wealth?"

One of the barriers to colorectal screening is the stigma that comes with the disease. For some people, it's a squeamish and uncomfortable topic they'd rather avoid.

"Even when they come to me — and this is all I do, this is all I talk about — you can see they're embarrassed," said Forbes.

"There's nothing embarrassing about it. This is your life, this is your health we're talking about.

"We're here to help," he added. "There's a reason we're doing this."

THE NEXT QUESTION is why are screening rates for breast, cervical and colorectal cancer so much lower in the poorer parts of Hamilton.

Cost isn't a factor. All three screening programs are cov-

ered by OHIP.

The barrier is even earlier in the process.

You have to know you need the tests in the first place, then you might need someone to send you for the tests and then you have to get yourself there.

And that's where the system could be breaking down, according to the results of an exclusive telephone survey conducted by The Spectator. The poll was designed to find out how and where people in Hamilton obtain basic health care.

The telephone poll of 3,900 Hamilton households shows the rate of people reporting they don't have a family doctor is twice as high in the lower city compared to Ancaster, Dundas, Flamborough and Westdale.

In postal codes beginning with L8L, covering the urban core between James to Ottawa streets from Main Street to the waterfront, nearly 10 per cent of respondents reported they didn't have a family doctor. By contrast, just 1 per cent of respondents living in the L8T postal codes on east Mountain had no family physician.

Survey continues // BA7