

PART SEVEN OF SEVEN

# CANCER

## A CODE RED PROJECT

CT scan continued from // BA7

In mid-September, a CT scan showed his tumour had started to grow again. His doctor decided to discontinue his chemotherapy treatment because his body had become immune to it.

Just after Thanksgiving, he was prescribed a new drug called erlotinib, a last-chance treatment for late-stage lung cancer used only after other chemotherapies have already failed.

"There's 30 in a box and he's got five repeats on them," McArthur said hopefully.

If there's good news, McArthur said his doctor hasn't yet told him he's down to his last few months, although he does confess the latest developments have left him angry and frustrated.

"All that chemo they pumped into me and it didn't do the trick," he said. "Now I'm on pills. Is this going to do the trick or not?"

"But you have to do what you have to do," he added.

"I gotta have a positive attitude, eh?"

**NELLY SINCLAIR** is a community outreach worker with the CASTLE project

Funded by the Public Health Agency of Canada, the goal of CASTLE — Creating Access to Screening and Training in the Living Environment — is to increase the woefully low cancer screening rates in three of Hamilton's inner-city neighbourhoods.

Since the start of the year, Sinclair has been to more church basement dinners, retirement homes, afternoon teas, group homes, seniors' aquatic programs and community meetings than she can count in the McQueen, South Sherman and Crown Point neighbourhoods.

"It's got to be the best job in the world because building relationships is a lot more fun than working," said Sinclair.

Gently, patiently, persistently, she's trying to persuade people to get screened for breast, cervical and colorectal cancer. At times, it seems like a person-by-person campaign.

"They've got the majority of the people who are easy to do," said Sinclair, who is 46 years old.

"I'm there to try to find the ones that aren't easy and to make change with them."

In some of the neighbourhoods she's responsible for, less than 30 per cent of eligible men had been screened for colorectal cancer and fewer than 40 per cent of eligible women had been screened for breast cancer prior to the start of the CASTLE project.

"People don't change just because you tell them they should," she added. "There are many good reasons why people are not doing cancer screening so my job is to find out what those reasons are and to get these people to the point where they're actually going to do the screening."

A pastor's wife, Sinclair, her husband and their four children moved to Hamilton two years ago from Alberta.

She's not a health care professional by training — in fact, she was hired precisely because she wasn't one.

For the people she's trying to reach, health care professionals can sometimes seem scary.

"When I talk with somebody, I start with where they're at and what their story is and where do we go from there," Sinclair explained. "The conversation's not finished if we're not talking about cancer."

"If they don't want to talk about cancer screening today, I'll be back next week," she said. "Whereas a health professional is providing a service, they let



GARY YOKOYAMA, THE HAMILTON SPECTATOR

*'The whole idea of screening for prostate cancer has been followed by some physicians and not by others.'*

**DR. THEO TSAKIRIDIS**  
RADIATION ONCOLOGIST,  
JURAVINSKI CANCER CENTRE

you know what the service is and then you come when you're ready.

"I go to where they are when they're not ready and try to work at that."

She tells the story of one man at a group residence who she convinced to take the fecal occult blood test after many weeks of effort. Along the way, she also had to help him navigate his way to finding a new doctor located closer to where he lives.

"When I first talked to him,

there was no way under the sun he was ever going to put his poop in the mail and he told me so in no uncertain terms," she said with a laugh. "So it's a process."

His case highlights some of the barriers she's found along the way — attitudes to screening, access to a health care professional, transportation.

She's also seen the barriers placed by mental health issues when it comes to screening.

Sinclair recalled the time she was in a convenience store and

ran into a man she'd been trying to convince to go for colorectal cancer screening.

"I asked him how he was doing and he said 'I had a really bad weekend,'" Sinclair said. "I was in the hospital, I tried to commit suicide."

"You learn that sometimes you have to back off with some people because their mental health issues flare up," she added.

"It's real life, it takes priority."

**IF GETTING PEOPLE** to cancer screening locations is part of the problem, then perhaps one solution is to bring the screening to the people.

That's the idea behind the Screen for Life coach, a community outreach initiative launched by Hamilton Health Sciences and the Juravinski centre in June.

The massive motor coach is outfitted with a mammography machine, an examination room to conduct Pap tests and a small office where a nurse can conduct cancer risk assessments with patients.

Since its launch, the bus has been parked at the East Kiwanis Community Centre at the end of Britannia Avenue in the east-end McQueen neighbourhood. No appointments are necessary and screening can be done the same day.

Staff on board can also provide FOBT kits for colorectal cancer screening and refer people for colonoscopies.

More importantly, if a patient is screened and doesn't have a family doctor, a physician from the Crown Point Family Health Centre on Kenilworth Avenue has agreed to act as a referral if followup care is required.

The bus will eventually move to other neighbourhoods in Hamilton that have low screening rates and then on to other communities in Niagara, Brant, Haldimand and Norfolk.

"We've built a wall between health care and people," said Patti-Ann Allen, manager of integrated cancer screening for the Juravinski centre. "Our goal is to provide what people need in these neighbourhoods."

There's been a learning curve along the way. When they first started, staff on the bus wore typical medical uniforms but they discovered some people felt intimidated. Now, they wear street clothes.

'Not easy' continues // BA9

## WOMEN: COLORECTAL CANCER SCREENING RATES 2009

