

'Not easy' continued from // BA8

"We're asking people to get on a bus and take their clothes off," said Allen. "For some people, that's not easy."

The launch of the screening bus was the last big initiative presided over by Evans before he retired from the Juravinski's top position.

It's a good start, he noted, and an important one, but more needs to be done to significantly move the needle in parts of Hamilton.

"It isn't just good enough to drive a big bus into a neighbourhood and open your doors and say 'Here we are, come on in,'" said Evans. "It's going to be how do you connect with people who may be distrustful because they're recent immigrants and don't understand health care in North America, how are we going to connect with people who are poor or undereducated."

"But it's got to be done," he added. "The screening rates down there are so low that if you ever want to get to 70 or 80 or 90 or 100 per cent of women, we've got to focus on the ones that aren't coming at all or don't know they should be coming."

THEOS TSAKIRIDIS is a radiation oncologist who specializes in the treatment of prostate cancer.

It's the one common cancer where there has been significant debate over the merits of large-scale screening because of the unique characteristics of prostate tumours.

Five out of six cases of prostate cancer are low-risk, slow-growing tumours that will have little impact on a man's health as he ages. "You die with it, you don't die because of it," Tsakiridis said.

But one in six cases will be a fast-growing, potentially lethal tumour that behaves more like the other cancers found throughout the body.

The challenge is distinguishing between the two types.

The PSA screening test measures the level of prostate-specific antigen found in blood but there's now debate about the test's usefulness.

The higher the level of PSA, the greater the chance prostate cancer is present. But there are no agreed-upon values for PSA levels, and the test doesn't necessarily distinguish between slow-growing and fast-growing tumours.

"PSA is a marker of prostate activity, not prostate cancer only," said Tsakiridis. "The rate of change in PSA is an indicator that something is happening."

"Prostate cancer cells produce more PSA than normal tissues so basically we use that as a marker for further investigations."

Some doctors argue the PSA test leads to unnecessary biopsies and treatments that can result in lifelong consequences, such as incontinence or impaired sexual functions.

Ontario's health insurance plan will only pick up the cost of a PSA test for men who have already been diagnosed with prostate cancer or when a doctor suspects the disease is present.

Tsakiridis, however, is a proponent of the PSA test. He believes the problem stems from the misinterpretation of how to use PSA results and the fact that a PSA test is just one of the tools used by specialists to determine the best course of treatment.

"The whole idea of screening for prostate cancer has been followed by some physicians and not by others," said Tsakiridis. "The PSA test has been dropped by a number of physicians and it hasn't even been instituted by a number of older physicians."



GARY YOKOYAMA, THE HAMILTON SPECTATOR

'Every school in the city has a minimum of five cigarette vendors within a kilometre. Some have over 50.'

KEVIN MCDONALD
MANAGER, TOBACCO CONTROL PROGRAM
HAMILTON PUBLIC HEALTH UNIT

"Probably in a number of situations that has led to people being diagnosed late."

AND FINALLY, there's the issue of smoking, the single most important behaviour that's skewing the disparities in cancer incidence and mortality rates between the poorer and richer parts of Hamilton. Of the 3,000 people who died of lung cancer in the amalgamated city of Hamilton between 2000 and 2009, nearly half of the deaths occurred in the lower part of the former City of Hamilton.

At a neighbourhood level, the lung cancer death rate along the Hamilton waterfront between Sherman Avenue and Wellington Street was nearly 15 times higher than it was in one Ancaster neighbourhood just east of Sulphur Springs Road.

Just how much of an effect does smoking have on cancer incidence across the city?

Between 2000 and 2009, the rate of all new cancer cases was about 14 per cent higher in the lower part of the former City of Hamilton compared to the five suburbs.

But if the lower city had the same rate of lung cancer incidence as Ancaster, that 14 per cent difference in overall cancer incidence between the lower city and the suburbs would drop to less than 2 per cent.

It's long been recognized that there's a strong association between income and smoking. Poorer people smoke more than richer people.

The Spector's telephone survey this summer shows just how massive the differences are between these two extremes.

Smoker continues // BA10

MEN: COLORECTAL CANCER SCREENING RATES 2009

