

Protect-your-prostate message delivered on Parliament Hill



Charlotte Gray

In brief

IN MARCH CHARLOTTE GRAY attended a luncheon on Parliament Hill where a message on prostate cancer was served along with the meatballs. Thirty MPs attended the event, and organizer Ted White hopes the prevention message delivered by Dr. Martin Gleave will eventually trickle down to politicians in other levels of government.

En bref

CHARLOTTE GRAY A ASSISTÉ EN MARS à un déjeuner sur la colline du Parlement où on a servi un message sur le cancer de la prostate en accompagnement du ragoût de boulettes. Trente députés participaient à l'événement. L'organisateur, Ted White, espère que le message de prévention du D^r Martin Gleave atteindra éventuellement les politiciens de tous les échelons du gouvernement.

“**W**hat do Norman Schwartzkoff, Bob Dole, Frank Zappa, François Mitterrand, Arnold Palmer and the Ayatollah Khomeini have in common?” That question was a conversation-stopper for about 30 male members of Parliament in Ottawa a few weeks ago.

Until then the lunchtime crowd on Parliament Hill had appeared more interested in the meatball buffet and political chatter about Jean Charest's future than in the presentation by Dr. Martin Gleave, a consultant with the British Columbia Cancer Agency and urologist at the Vancouver General Hospital. But as he delivered that catalogue of big names, forks were set aside and heads lifted. The thing the 6 men had in common, of course, was prostate cancer — a disease that has already killed 3 of them.

Ted White, the Reform MP for North Vancouver, organized the lunchtime event because of a voter he met a couple of years ago. That constituent, who had prostate cancer, asked him why so little money was being spent on research into the disease. After lung cancer, it is the leading cause of cancer death among men; in 1998 it will account for an estimated 12.7% of cancer-related deaths among men; lung cancer will make up 31.5% of these deaths. Prostate cancer is also predicted to account for a quarter of all new cancer cases among Canadian men, compared with 18.4% for lung cancer.

So why aren't we spending more on research? In 1995–96, the federal government invested only \$560 000 in prostate cancer research, compared with the \$7.4 million it spent studying breast cancer; that disease is expected to kill 5300 Canadian women this year, according to the National Cancer Institute of Canada's *Canadian Cancer Statistics 1998*, while prostate cancer will claim 4300 men.

White was intrigued by his constituent's comment and decided to attend a prostate cancer awareness meeting. There he learned about the prostate specific antigen (PSA) test that is useful in early detection of the disease, and wondered why it was not in routine use. [PSA testing is not routinely funded by provincial health plans when used as a preventive test because physicians remain divided over its efficacy. — Ed.]

“I was overwhelmed by the number of anecdotes about people who had been

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diagnosed too late because they didn't know about the test, or whose lives had been saved because they had insisted on a PSA test and paid for it themselves," said White.

He decided to use his public office to promote awareness and invited Gleave, who specializes in prostate cancer research and treatment, to deliver his down-to-earth presentation on the Hill.

Gleave discussed the risk factors associated with prostate cancer and the diagnostic tools and treatments available. Meanwhile, at the back of the room technicians from Abbott Diagnostics were available to administer free PSA tests for any interested guests.

At least 10 Liberal MPs attended, along with roughly 20 of White's Reform Party colleagues. Several members of the Conservative and Bloc Québécois caucuses also accepted the invitation but did not turn up, perhaps because they were too distracted by the country's political health to focus on their own. (Jean Charest discussed

his impending switch to Quebec provincial politics the same day as White's luncheon gathering.)

Why did White organize the lunchtime seminar? As he acknowledges, "I won't get onto Question Period with this issue." Besides, the question of insurance coverage for the test comes under provincial, not federal, jurisdiction. However, White is convinced of the need for public education about prostate cancer because Canadian men have a 1-in-8 risk of developing it sometime during their lives and its incidence has been increasing by 6.6% annually since 1990.

White would like the Medical Research Council of Canada to direct more funding toward the fight against prostate cancer, and hopes that increased awareness on Parliament Hill might have a "trickle-down effect" on provincial decision-making.

"We've got to do for prostate cancer what women have done so successfully for breast cancer." ?

Latest data from the war on cancer

Canadian Cancer Statistics 1998, published by the National Cancer Institute of Canada (NCIC), will move physicians from the heights of elation to the depths of despair. The 74-page booklet, released Apr. 7, does contain encouraging news:

- The overall cancer mortality rate is declining slowly because of decreased mortality rates for lung, colorectal and other cancers.
- There are steady declines in cancer mortality rates for all age groups under age 60.
- Great advances are being made in fighting colorectal cancer, particularly among women.
- Improved treatments mean testicular cancer and Hodgkin's disease are claiming fewer lives.

Now for the bad news.

- There will be 129 200 new cases of cancer in Canada this year and 62 700 cancer-related deaths, compared with 100 000 new cases and 50 600 deaths a decade ago.
- The increasing popularity of smoking among women means that rates for lung cancer incidence and mortality for women are now 4 times higher

than in 1969. The Canadian Cancer Society says overall cancer deaths rates for women would have dropped by 15% since 1971 if lung cancer death rates were excluded.

Dr. Barbara Whyllie, director of medical affairs and cancer control at the NCIC, says cigarette smoking accounts for about 80% of lung cancer and 30% of cancer's total burden. "Reducing the use of tobacco products is the single most important way to prevent cancer," she says.

For the first time, the 1998 statistics also contain international comparisons. "These reveal similarities or differences that may provide the first step in developing ideas about what causes certain types of cancers," says Dr. John McLaughlin, who chaired the multiagency working group that oversaw development of the 1998 booklet. "Examples of this include realizing that dietary fat may be a risk factor for colorectal cancer and that other dietary factors are associated with stomach cancer."

These international comparisons will be studied in the Pulse column in a future issue of *CMAJ*. — *Patrick Sullivan*