

CancerCare Manitoba
2010 Community
Health Assessment

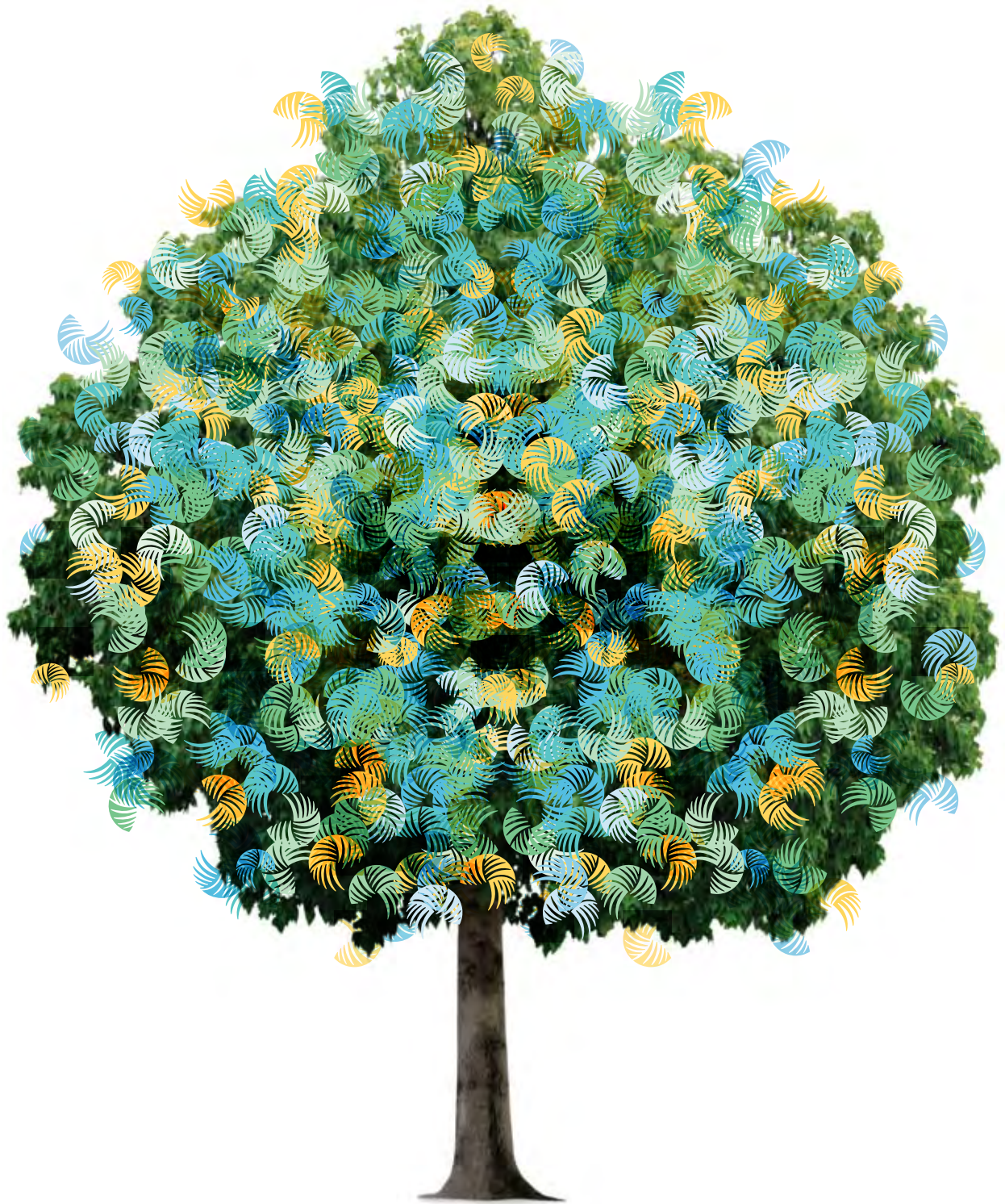




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Introduction

Changing the course of cancer is not a solitary endeavor. Together with our partners, CancerCare Manitoba (CCMB) aims to reduce the impact of cancer throughout the province. CancerCare Manitoba delivers comprehensive care to Manitobans living with cancer and support for their families. We continually strive to do better.

Like other cancer agencies in Canada and those around the world, CCMB is investigating how to best measure and present cancer control indicators for our population. For example, work done to advance the country's national cancer strategy identified over 600 possible indicators. However, a set of this size is too large to produce a meaningful summary of cancer control that would support its management and focus its activities.

Currently there is no single data system in place to answer all our cancer questions, but there is growing consensus regarding specific indicators that describe the cancer system's performance. We first introduced some of these indicators in the 2008-09 Annual Progress Report which included measures of:

- ▶ Prevention
- ▶ Screening
- ▶ Access (diagnosis and treatment)
- ▶ Outcomes

These indicators represent the key activities of the cancer system and were developed based on three guiding principles:

1. using reliable data that are already published or are routinely cited, wherever possible
2. using indicator definitions that are used by at least one other partner (provincial or national), wherever possible
3. providing an indication of whether CCMB is improving in a particular cancer-related area by indicating the trend

To produce the 2010 Community Health Assessment, we have extended the application of these principles and expanded the indicator list in consultation with our partners. We recognize that measurement is an essential part of good cancer system management. It allows us to focus on improving both the health of our community and the care we provide to Manitobans living with cancer.

The chosen indicators allow assessment of trends over time and by geography. Inspired by work done by colleagues in the U.K., Cancer Care Ontario and the Canadian Partnership Against Cancer, we recognize that indicator development is an ongoing progressive process to be improved and refined as CCMB learns more and as better information and measurement tools become available.

The information contained in this assessment examines cancer risk factors, screening participation rates, access to care and treatment, patient satisfaction and cancer trends over time. Where we present information on time trends, arrows summarize the patterns: increases of 10% or more (↑), little change (↔) or a drop of 10% or more (↓). Colour shows whether the trend is good (green), neutral (yellow) or needs to improve (red). Where we present information by region, areas that are significantly different from the overall provincial measure are noted. We have also presented regional data using the standard order the Manitoba Centre for Health Policy uses for its reports. It is based on the premature mortality rate - an indicator of the relative health of a population.

The information found in this report was carefully developed to reflect the most current, complete data. Data sources for this report include:

- ▶ Canadian Community Health Survey (CCHS)
- ▶ Manitoba Health
- ▶ NRC Picker's Ambulatory Oncology Survey
- ▶ CCMB, specifically the Manitoba Cancer Registry, Screening Programs and Radiation Therapy Program

We are grateful for the analysis performed by CCMB staff (Epidemiology Unit, Screening, Patient Navigation) as well as our colleagues at the Manitoba Centre for Health Policy who analyzed the CCHS data and NRC Picker Institute who analyzed the patient satisfaction survey data.

We have provided additional epidemiological data which are not indicators but are useful planning tools: projection of cancer cases and cancer deaths to 2026, and an analysis of the contributions of the main drivers for the number of new cancer cases – population aging, population growth and risk.

Measures can be defined and calculated differently, which is why it is important that comparisons be made to similarly-defined and calculated indicators - hence the need to provide the direction and meaning of a trend in the indicators in this report. Often national benchmarks are not readily available, but where possible, we have incorporated information to appropriately compare Manitoba with other provinces. However, until standardized measurements are adopted across provinces (ultimately also international jurisdictions), readers are cautioned that comparisons to data from other sources are not always valid and should be avoided.

In closing, though mandated by Manitoba Health to prepare this report, CCMB also has a moral obligation to measure the performance of the cancer system and share this information openly with partners in order to improve the system and reduce the burden of cancer in Manitoba.



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CancerCare Manitoba's 2010 Indicators: An Overview

CancerCare Manitoba's Community Health Assessment measures the performance of the cancer system in Manitoba by examining over 20 health indicators. The indicators used in this report span the cancer spectrum from prevention to palliation and even provide a look into the future.

To be truly meaningful and interpreted appropriately by the reader, health indicators must be clearly defined. The following is an overview of the measures presented in this report; further details are provided in the Glossary and Technical Appendix at the back.

Prevention

Risk factors for cancer include lifestyle, environmental factors and family history. For this report, we have focused on lifestyle, including obesity, smoking, alcohol consumption, poor diet and physical inactivity. These behaviours have been addressed using data from the Canadian Community Health Survey (CCHS) using cycle 1.1 (2000-2001) data as baseline and cycle 3.1 (2005) data to measure current status, except for fruit and vegetable consumption which was not asked in the 2005 CCHS, so cycle 2.1 (2003) was used. These data were analyzed for CancerCare Manitoba (CCMB) by the Manitoba Centre for Health Policy.

Readers should note that we have used crude rates of risk factors which are consistent with data shown by Statistics Canada and the Canadian Partnership Against Cancer. While others have used age-adjusted rates (the Manitoba Centre for Health Policy's *Manitoba RHA Indicator Atlas* for example), we found that the adjustment made little difference. Therefore, for ease of interpretation, we have used the more straightforward crude rates (a simple percent).

Additionally, the measure of physical activity for this report includes all activity (work, travel and leisure), not strictly leisure time activities. This is consistent with the definition used by the Manitoba Centre for Health Policy, but not our national partners who typically use leisure time measures of physical activity only.

Access

Screening

Screening rates for cervical and breast cancer are based on information routinely collected by CCMB's well-established Manitoba Breast Screening Program and Manitoba Cervical Cancer Screening Program. The newest screening program, ColonCheck Manitoba, is too new to have such data, so self-report from a baseline survey administered by CCMB (with funding support from the Canadian Partnership Against Cancer) in 2007-2008 has been used here. The more established breast and cervical programs use measures that are consistent with definitions used by national screening networks. Similar standards for colorectal cancer screening are currently under development. The indicators all reflect participation rates in the target populations in a specified timeframe.

Wait times

Two wait time indicators are presented in this report representing two points along the cancer journey – diagnosis (breast assessment after an abnormal screen) and treatment (radiation therapy).

Breast assessment waits

The Manitoba Breast Screening Program follows national standards and records the time to final diagnosis for women who have an abnormal mammogram. Only participants of the screening program are included in the analysis. This report uses 2004-2006 information as baseline with current measures based on 2006-2008 data.

Radiation therapy waits

CancerCare Manitoba's Radiation Therapy Program uses national standard definitions from the Canadian Association of Radiation Oncologists to report the time between "ready to treat" to start of radiation therapy. This report uses patient data collected about five years ago (2005-2006) and from a more recent timeframe (2007-2008).

Treatment utilization

This report used data from the Manitoba Cancer Registry to determine the percentage of patients who underwent surgery (excluding biopsies), radiation therapy and systemic therapy (chemotherapy or hormone therapy) for their cancer. Figures show treatment utilization changes from patients diagnosed in 2000-2002 to those diagnosed five years later.

The utilization measures shown in this report can be used to aid in the planning for services because they indicate the number of patients who will require specific services. However, the treatment rates do not always indicate appropriateness and should not be over-interpreted (for example, more is not necessarily better). Many factors contribute to treatment including the specific cancer diagnosis, its stage (how far it has spread), a patient's medical fitness and patient choice. Our data may also miss treatment occurring outside of Manitoba.

Radiation therapy after breast conserving surgery in women with early stage breast cancer is considered standard of care, other than in exceptional circumstances, and may be used as a measure of appropriate care: women who do not have radiation therapy after this surgery are at a high risk of recurrence. But as with all treatment measures used in this report, women with early stage breast cancer who have breast conserving surgery without radiation therapy may still be receiving appropriate care due to specific clinical factors or patient choice.

Accessing the cancer system

The proportion of patients diagnosed at a late stage (stage IV, when metastasis or distant spread of the cancer has already occurred) is an overall indicator of effectiveness of early detection and access to the cancer system. In the case of breast cancer, where the public is aware of signs and symptoms, and early detection is possible through population-based screening, this percentage is very low and survival is very good. The same circumstances do not exist for most other types of cancer. Data for these measures are available starting in 2004 from the Manitoba Cancer Registry – the first cancer registry in Canada to collect stage at diagnosis for all cancer types on a population-wide basis. For this report, data are shown for patients diagnosed in 2005-2007.

End-of-life care

The current measure, Manitobans dying of cancer who have an acute care hospital stay in the last two weeks of life, shows that many cancer patients currently need hospitalization near end-of-life. These data are shown for patients dying of cancer in 2000-2002 (baseline) and 2005-2007 (current). As with the other treatment utilization indicators, this is a helpful measure for planning services, but does not show appropriateness of care.

Outcomes

Incidence, mortality and survival

Information on the number of new cancers (incidence), mortality and five-year relative survival (a way of comparing survival of people who have cancer with those who don't - it shows how much cancer shortens life*) is based on data from the Manitoba Cancer Registry.

Incidence, mortality and survival are classic cancer surveillance measures. The numbers have been age-standardized to the 2001 Manitoba population to support comparisons with other disease rates calculated by Manitoba sources (Manitoba Health and the Manitoba Centre for Health Policy for example). However, readers are cautioned not to compare these rates to those in other reports such as those produced by Statistics Canada; these reports may use *other* standard populations which, by definition, mean the statistics are not comparable.

Patient experience

Results recorded in this section come from a standardized patient satisfaction survey used by many Canadian cancer centres administered by NRC Picker. For Manitoba, this survey has been used twice, first in 2004 and most recently in 2008. The survey measures many aspects of patient satisfaction including overall satisfaction, emotional support and pain management.

Projections

The number of new cancer cases and deaths expected in the next 20 years have been estimated using historical data from the Manitoba Cancer Registry applied to population projections.

While not an indicator of cancer system performance, this information is essential for planning future cancer programs and services.

* From the National Cancer Institute (www.cancer.gov), Dictionary of Cancer Terms, *relative survival rate*.



Key Findings

Based on these system indicators, the overall picture of cancer care and control in Manitoba is satisfactory, but has room for improvement. Variations are shown by service, geography, and type of cancer, as well as over time. Some regions show challenges in many aspects of cancer control, particularly those in the North.

Prevention

- ▶ Risk factors for cancer (and many other chronic diseases) show considerable variation by region and are frequently higher in the North. If unaddressed, there could be serious implications for cancer rates and need for service delivery in the future.

Access

- ▶ Screening is an important part of a healthy lifestyle. Some Manitoba communities have embraced testing more than others. Higher uptake is found in the southwest corner of the province, with lower participation rates in the North. Colorectal cancer screening is the newest provincial screening program and, not surprisingly has a lower rate of uptake than the more established breast and cervical programs; still, Manitoba's colorectal screening rates are the highest in the country
- ▶ Wait times can be improved. Of the components measured along the cancer journey (wait times from mammogram to final diagnosis and ready to treat to start of radiation therapy), women in the North wait almost twice as long for a final diagnosis after an abnormal mammogram. Radiation therapy waits have reduced considerably over time and in the time since data were analyzed for this report, have reached the national benchmark of 100% treatment within four weeks of being ready to treat.
- ▶ Data show CancerCare Manitoba is responsive to updated clinical guidelines and new treatments. For example, radiation therapy treatment for rectal cancer has increased substantially because of a change in standard management of the disease. At the same time, it has decreased for prostate cancer, likely due to an increased (and appropriate) use of the watch and wait management strategies.

- ▶ Radiation therapy use is the lowest in the southwest corner of the province. This is expected to change with the opening of the Western Manitoba Cancer Centre in Brandon in 2011.
- ▶ The Manitoba Breast Screening Program is well established and the community is aware of signs and symptoms of breast cancer. The rate of late stage breast cancer is low – around 5% - and that corresponds with the survival rate approaching 90%.
- ▶ The highest proportion of people diagnosed with late stage colorectal cancer and prostate cancer are in the North, which corresponds inversely with cancer mortality rates.

Outcomes

- ▶ Outcomes are the ultimate measures of cancer control, and while Manitoba outcomes (incidence, mortality and survival) are remaining fairly stable, overall there is little positive progress.
- ▶ Cancer rates in the rural south are relatively low, consistent with lower risk factor prevalence (for example smoking and alcohol consumption rates are low).
- ▶ The ultimate measure of overall cancer system success is a lower mortality rate. As an early indicator of success, there is a lower proportion of late stage diagnosis in areas where screening programs, for example colorectal cancer screening, have become part of the population's regular health care routine. Unfortunately, not all cancers can be screened for.
- ▶ Overall, patients report they are satisfied with care they receive throughout the province. However, when the components of care are separately categorized, there is room for improvement.

Projections

- ▶ Most of the increase in new cases of cancer over the last 20 years is due to Manitoba's aging population. Looking ahead another 20 years, if the risk factor prevalence in Manitoba does not change, we expect there will be over 8,000 cases of cancer diagnosed every year, an increase of almost 50% compared to current numbers.



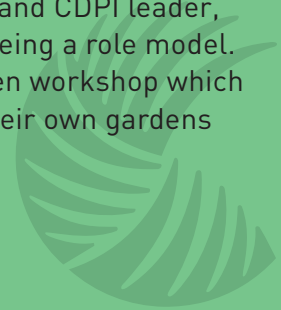
Prevention

Eugennie Mercredi started the Blue Light Project in November 2007. With funds from the Chronic Disease Prevention Initiative (CDPI), she bought blue light bulbs, then she and her partner Reg Mercredi went door-to-door asking people if they were smoking in their house. If the house was smoke-free, she gave them a blue light bulb. "People were pretty excited about it," she said. By the time Christmas rolled around, there were a lot of blue lights in Cross Lake and "it really looked awesome."




Mercredi quit smoking three years ago. As an aboriginal diabetes worker and CDPI leader, she has become aware of practising healthy eating and active living and being a role model. In conjunction with Manitoba Foods, she helped set up a community garden workshop which attracted 21 participants. A lot of people at Cross Lake are now making their own gardens with free seeds from Manitoba Hydro.



Cross Lake, Blue Lights for Smoke-Free Homes

MANITOBA STORIES, CHRONIC DISEASE PREVENTION INITIATIVE (CDPI)



Prevention

INCREASE YOUR RISK		Past Estimate	Current Estimate	Time Trend	Range of Current Estimates <i>(Lowest RHA - Highest RHA)</i>
	Obesity percent of adults (ages 18+) with Body Mass Index classified as "obese". Based on self-reported height and weight. ^a	18.2%	18.4%	→	16.0% - 27.2%
	Smoking percent of daily current or occasional smokers (ages 12+) ^a	24.9%	20.6%	↓	14.2% - 37.1%
	Alcohol percent consuming five or more alcoholic drinks on one occasion, at least once a month in the past year (ages 12+) ^a	18.0%	17.1%	→	12.1% - 27.9%

REDUCE YOUR RISK		Past Estimate	Current Estimate	Time Trend	Range of Current Estimates <i>(Lowest RHA - Highest RHA)</i>
	Fruits and Vegetables: percent consuming fruits and vegetables five or more times a day (ages 12+) ^a	30.8%	36.1%	↑	25.5% - 40.3%
	Total Physical Activity percent of employed residents at moderate or active physical activity (ages 15 - 75) <i>(Note: Includes work, travel/ and leisure time activity.)</i> ^a	61.3%	67.2%	→	64.8% - 77.6%

Source: ^aCanadian Community Health Survey Cycles 1.1 (2001), 2.1 (2003), and 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

Note: Trend arrow is based on + or - 10% of the past value. Colour indicates if the trend is good (green), neutral (yellow) or needs to improve (red).

RHA refers to Regional Health Authority.

What does this tell us?

More can be done to reduce personal risk.

- ▶ In Manitoba, obesity rates and alcohol consumption have remained similar over the past two years while smoking has decreased slightly.
- ▶ At the same time, Manitobans are doing more to prevent the occurrence of cancer by increasing their consumption of fruits and vegetables and being fairly active.

The results tell us that:

- ▶ 20.6% of Manitobans 12 years of age and older are smokers.
- ▶ The majority of all Manitobans are active in their daily routine.
- ▶ Risk factors vary by region.

Why is this important?

Prevention can help to reduce cancer risk.

- ▶ The combination of risk factors including smoking, alcohol and poor eating habits increases the risk of developing some cancers.^{1,2}
- ▶ Research shows that up to 50% of cancer could be prevented through lifestyle changes.^{2,3}

How do we compare?

- ⊗ Obesity and alcohol rates are slightly higher in Manitoba than the Canadian average.⁴
- ⊗ Fruit and vegetable consumption is lower in Manitoba than the Canadian average.⁴
- ⊖ Total physical activity in Manitoba is similar to the national average.⁴
- ⊖ Smoking rates in Manitoba are similar to the national average.⁴

What is CancerCare Manitoba doing to help prevent cancer?

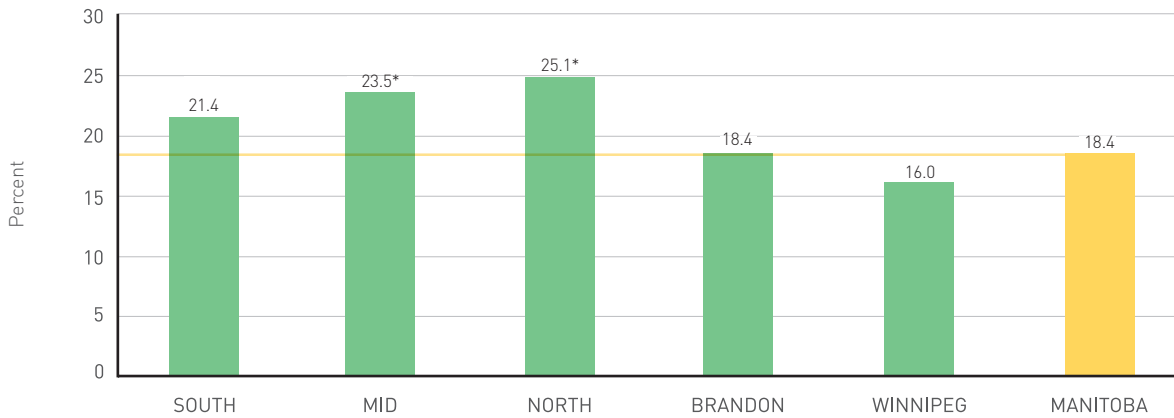
With our partners we are working to raise awareness about healthy living as a way to prevent chronic diseases including cancer.

- ▶ CancerCare Manitoba supports healthy living efforts including:
 - ▶ working with a variety of partners to fulfill our role of preventing cancer, particularly measuring risk factors at a community level and supporting healthy public policies. Our partners in these efforts include the Alliance for the Prevention of Chronic Disease, Partners in Planning for Healthy Living, the Regional Health Authorities and government departments who share the common mandate of preventing chronic diseases.
 - ▶ involvement in special projects working with particular populations and communities, including the Youth Smoking Survey and the CCMB-Norway House Cancer Services Adaptation Initiative.
 - ▶ the three provincial screening programs partnering with the CancerCare Manitoba Foundation to develop the *Reduce Your Risk* DVD with voice-overs in 16 languages. The DVD includes information about prevention as well as screening. Available to view online in many languages or to order, it has been distributed to over 1,000 health workers, clinics and community volunteers in Manitoba.
 - ▶ CancerCare Manitoba Foundation supports healthy lifestyles through the promotion of the five steps everyone can take to reduce their cancer risk as well as through the Challenge for Life fundraising event, which encourages participants to set lifestyle goals in addition to fundraising goals.

Obesity

Figure 1.1

Percent of adults (ages 18+) with Body Mass Index classified as “obese”, by regional groupings

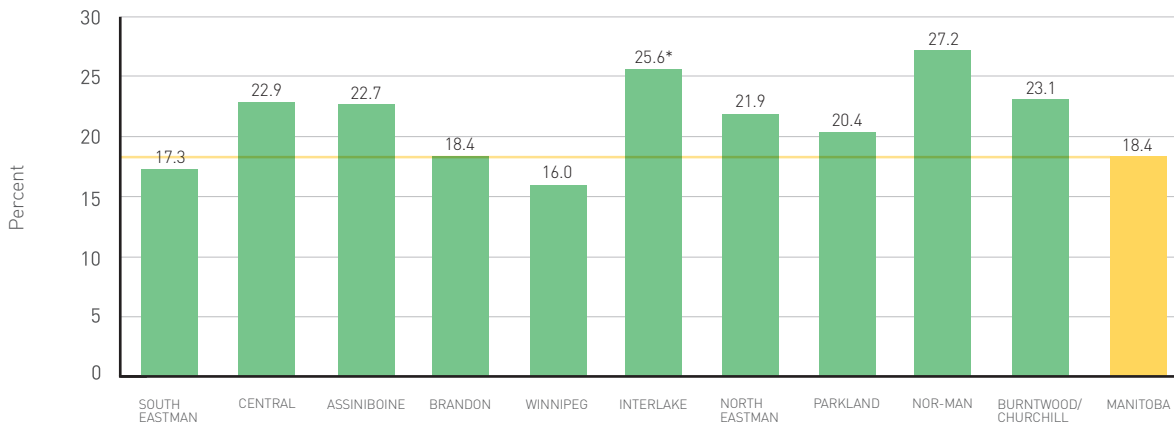


Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 1.2

Percent of adults (ages 18+) with Body Mass Index classified as “obese”, by Regional Health Authority



Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

Obesity rates in many health regions in Manitoba are above the provincial average.

- ▶ Figure 1.1 shows the highest prevalence of obesity is in the North at 25.1%.
- ▶ Figure 1.2 shows the highest percentage of obesity is in the NOR-MAN region at 27.2% and the lowest percentage is in Winnipeg at 16.0%.

What else do we know?

- ▶ Obesity rates have remained constant over the past five years.
- ▶ In Manitoba, the proportion of obesity is higher among men than women.⁴

Why is this important?

Obesity is linked to many health conditions including cancer.

- ▶ Obesity is one the leading factors related to cancer development.¹
- ▶ The World Health Organization estimates that diet is directly related to 30% to 40% of cancer cases in men and up to 60% of cancer cases in women.⁵
- ▶ Nationally, obesity rates are on the rise and research is linking the rise to increased risk of cancer.^{1,6}

How do we compare?

More improvements could be made in Manitoba.

- ✘ Prevalence of obesity in Manitoba is higher than the national average by about 2%.⁴
- ✘ The lowest obesity rate in Canada is found in British Columbia. The rate is about 5% lower than observed in Manitoba.⁴

What is CancerCare Manitoba doing to help reduce obesity?

With our partners we are raising the profile of healthy living including maintaining a healthy weight.

- ▶ CancerCare Manitoba, in partnership with CancerCare Manitoba Foundation, launched the risk reduction campaign to promote the five steps we can all take to reduce our cancer risk including eating well and shaping up.
- ▶ The Foundation also tied a healthy lifestyle component to the Challenge for Life fundraising event. In addition to raising funds to support all cancers, the Challenge asks participants to set a personal health and fitness goal.
- ▶ Patients can access nutritional counselling through Patient and Family Support Services to discuss topics such as unwanted weight gain or general questions about healthy eating or a healthy diet after cancer treatment.

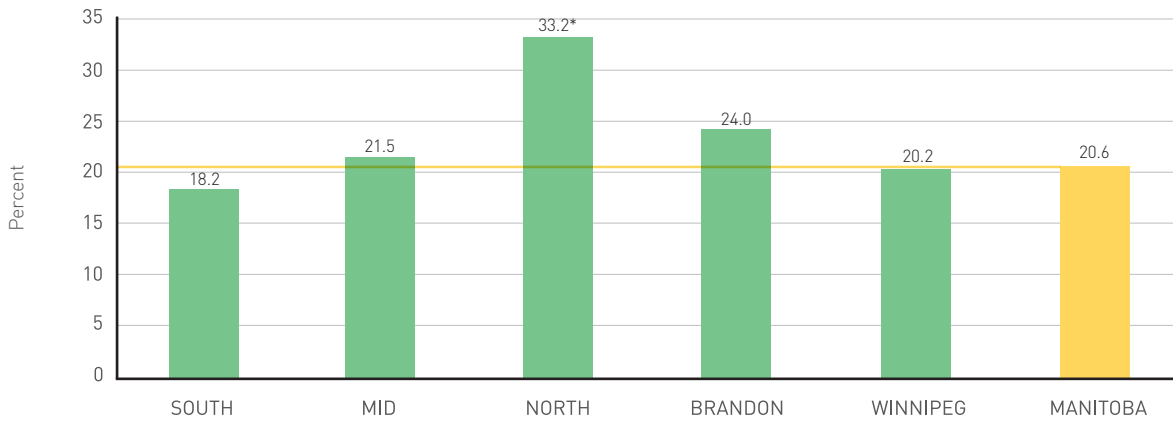
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Smoking

Figure 1.3

Percent of current daily or occasional smokers (ages 12+), by regional groupings

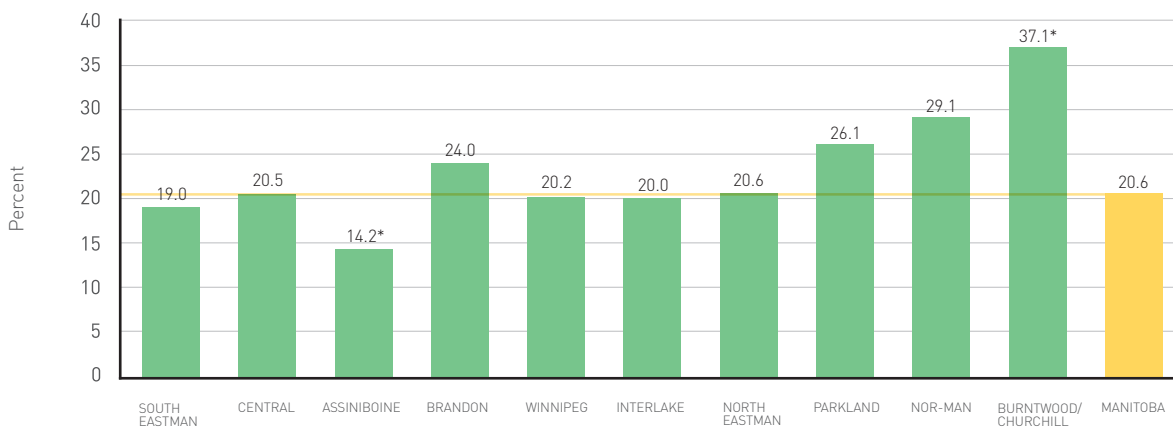


Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 1.4

Percent of current daily or occasional smokers (ages 12+), by Regional Health Authority



Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

Smoking continues to be a health issue in Manitoba.

- ▶ Figure 1.3 shows smoking rates are highest in the North at 33.2%.
- ▶ Figure 1.4 shows the highest percentage of smokers is in the Burntwood/Churchill regions at 37.1% and the lowest percentage is in the Assiniboine region at 14.2%.

What else do we know?

Some groups are smoking more than others.

- ▶ Smoking is slightly more common among men than women.⁴
- ▶ Adults between 20 and 34 years old have the highest smoking rates.⁴
- ▶ Smoking prevalence has decreased slightly over the past five years.
- ▶ Smoking rates in the Burntwood/Churchill regions have declined slightly over the past five years.

Why is this important?

Smoking is linked to mortality and chronic diseases.

- ▶ One in five deaths in Canada is due to tobacco use and 22% of all deaths in Canada are due to smoking.^{7,8}
- ▶ Smoking causes chronic diseases including cancer, heart disease, emphysema, and ulcers.⁹
- ▶ Smoking is linked to cancer of the lung, larynx, and esophagus.^{1,5}
- ▶ Quitting smoking at any age helps, but the earlier you quit, the greater the benefit.
- ▶ The incidence and mortality rates of lung cancer decrease to 30-50% within 10 years after quitting.¹⁰

How do we compare?

The smoking rates are average in Manitoba.

- ⊖ The Manitoba smoking rate is similar to the national rate.⁴
- ✖ The lowest smoking rates in Canada are in British Columbia. The rates are about 5% lower than in Manitoba.⁴

What is CancerCare Manitoba doing to help reduce smoking?

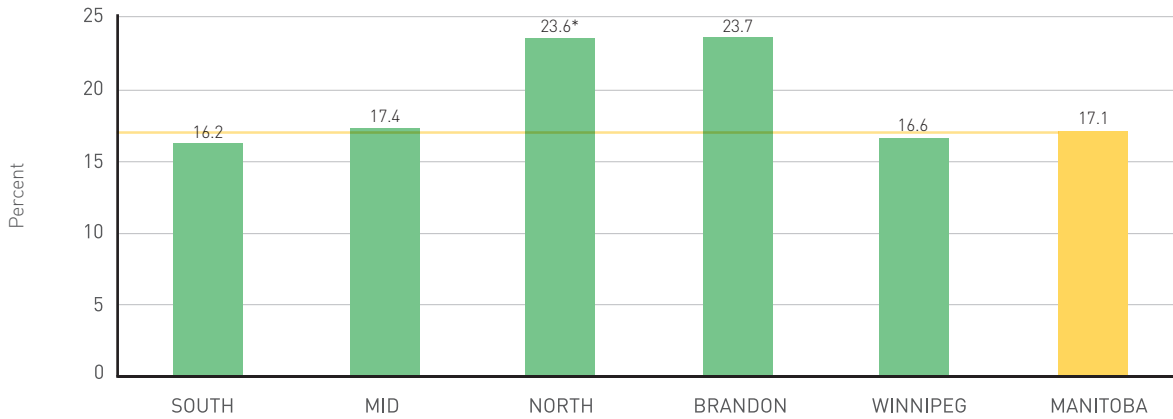
CancerCare Manitoba supports tobacco reduction policies and activities.

- ▶ CancerCare Manitoba Foundation is promoting the "Be Tobacco Free" campaign. The campaign focuses on teaching the public, particularly young people, about the ill effects of smoking.
- ▶ To help reduce this risk factor, CCMB partners with a number of organizations including MANTRA (Manitoba Tobacco Reduction Alliance) and the Alliance for the Prevention of Chronic Disease.
- ▶ CancerCare Manitoba was the provincial coordinating centre for the most recent national Youth Smoking Survey with the University of Waterloo. The survey records youth smoking behaviour and trends, providing information for program managers and policy makers.

Alcohol

Figure 1.5

Percent consuming five or more alcoholic drinks on one occasion, at least once a month in the past year (ages 12+), by regional groupings

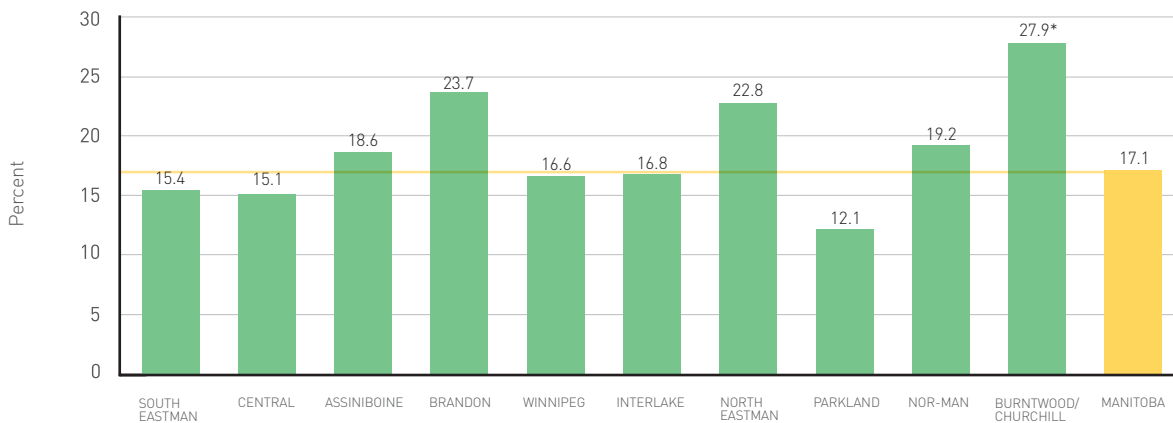


Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 1.6

Percent consuming five or more alcoholic drinks on one occasion, at least once a month in the past year (ages 12+), by Regional Health Authority



Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

Excessive alcohol consumption, described as five or more drinks on one occasion at least once a month in the past year, has slightly decreased in Manitoba.

- ▶ Figure 1.5 shows excessive alcohol consumption rates are highest in Brandon at 23.7% and the North at 23.6%.
- ▶ Figure 1.6 shows the highest rate of excessive alcohol consumption is in the Burntwood/Churchill regions at 27.9% and the lowest rate is in the Parkland region at 12.1%.

What else do we know?

- ▶ In Manitoba, excessive alcohol consumption among men is almost double that of women.⁴
- ▶ Excessive alcohol consumption is highest in 20 to 34 year olds.⁴

Why is this important?

Excessive alcohol consumption leads to increased risk for cancer.

- ▶ Drinking alcohol causes cancers of the oral cavity, pharynx, larynx, esophagus, and liver.^{1,11}
- ▶ Research now shows that alcohol consumption is also linked to breast cancer and colorectal cancer.^{1,13}
- ▶ According to the results from the Million Women Study in the United Kingdom, even low to moderate alcohol consumption increases risk for cancer.¹⁴
- ▶ Alcoholic drinks are now classified as a Group 1 carcinogen by the International Agency for Research on Cancer.

How do we compare?

Excessive alcohol consumption is higher in Manitoba than in other parts of Canada.

- ✘ Data from national surveys show that the excessive drinking rate in Manitoba is higher than the national rate by about 2%.⁴
- ✘ Ontario and British Columbia generally have the lowest rates of excessive alcohol consumption in Canada, about 3-4% lower than found in Manitoba.⁴

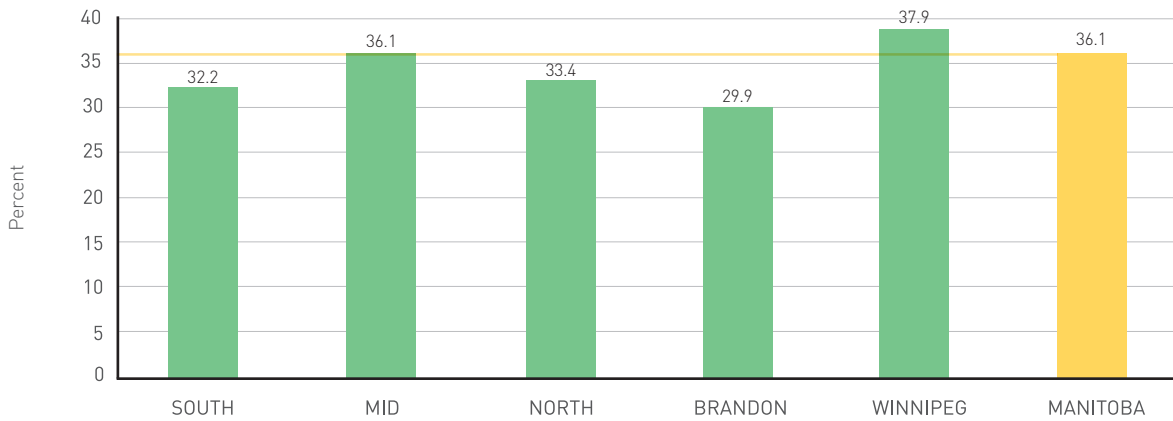
What does CancerCare Manitoba do to help reduce excessive alcohol consumption?

- ▶ In Manitoba, our understanding of the scientific literature on the effects of alcohol needs to be communicated to target populations.
- ▶ More strategies with a wider range of organizations and community partners are needed to reduce excessive alcohol intake among younger age groups and high risk populations.

Fruits and Vegetables

Figure 1.7

Percent consuming five or more fruits and vegetables a day (ages 12+), by regional groupings

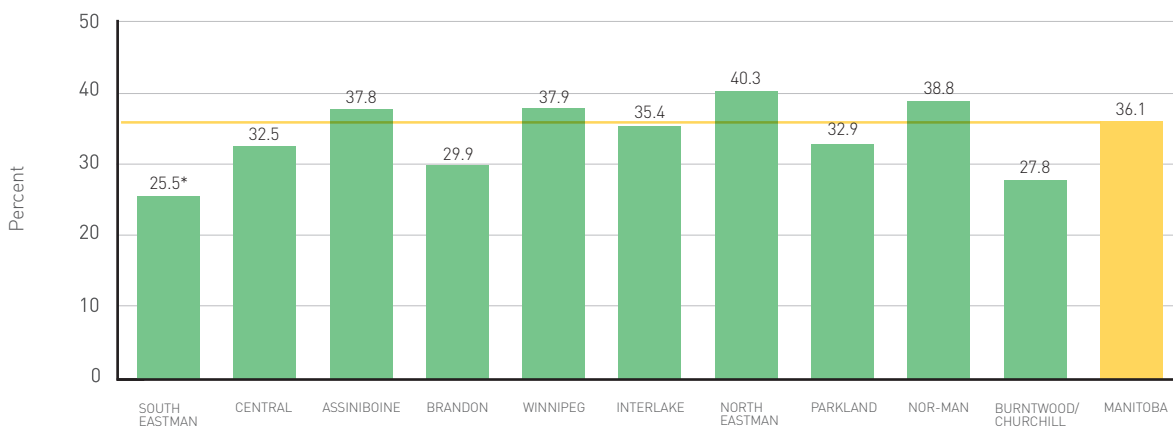


Source: Canadian Community Health Survey cycle 2.1 (2003) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 1.8

Percent consuming five or more fruits and vegetables a day (ages 12+), by Regional Health Authority



Source: Canadian Community Health Survey cycle 2.1 (2003) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

In Manitoba, the majority of the population does not consume the recommended number of fruit and vegetable servings.

- ▶ Figure 1.7 shows that when looking at RHA groupings and major urban areas, the lowest fruit and vegetable consumption is in Brandon at 29.9%.
- ▶ Figure 1.8 shows that among the RHAs, the highest percentage of fruit and vegetable consumption is in the North Eastman region at 40.3% and the lowest percentage is in the South Eastman region at 25.5%.

What else do we know?

- ▶ Women eat more fruits and vegetables daily than men.⁴
- ▶ Vegetable and fruit consumption is lowest among Manitobans aged 35 to 44 years old.⁴
- ▶ Vegetable and fruit consumption has increased over the past five years.⁴

Why is this important?

Eating well can reduce overall cancer risk.

- ▶ A high intake of green and yellow vegetables and fruits is linked to a reduced risk for lung, colon, esophagus and stomach cancers.^{5,15}
- ▶ Diets high in plant foods can protect against cancers of the endometrium and colon.¹⁵

How do we compare?

More could be done to encourage good eating habits.

- ✘ Fruit and vegetable intake in Manitoba is 5-10% lower than the national average.⁴
- ✘ Quebec has the highest fruit and vegetable consumption in Canada. The rates are over 10% higher than Manitoba's.⁴

What is CancerCare Manitoba doing to encourage vegetable and fruit intake?

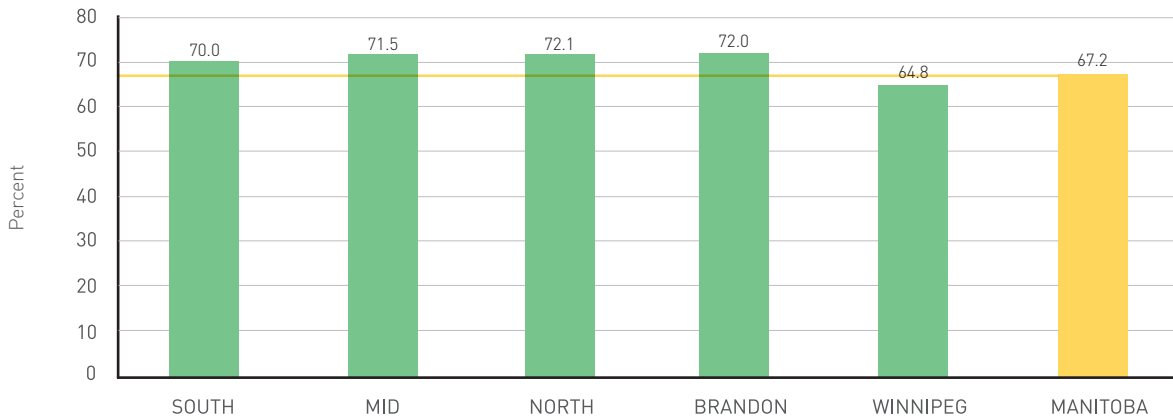
CancerCare Manitoba supports policies and messaging advocating a good diet as part of a healthy lifestyle.

- ▶ Many health organizations including CCMB, have come together under the Chronic Disease Prevention Initiative to help develop activities such as community gardens throughout Manitoba.
- ▶ CancerCare Manitoba has also partnered with the Alliance for the Prevention of Chronic Disease to encourage healthy eating.
- ▶ CancerCare Manitoba Foundation is actively promoting the risk reduction campaign which includes the Eat Well! message - *"It's as easy as following Canada's Food Guide to Healthy Eating!"*

Physical Activity

Figure 1.9

Percent of employed residents reporting moderate or active physical activity (ages 15 - 75), by regional groupings



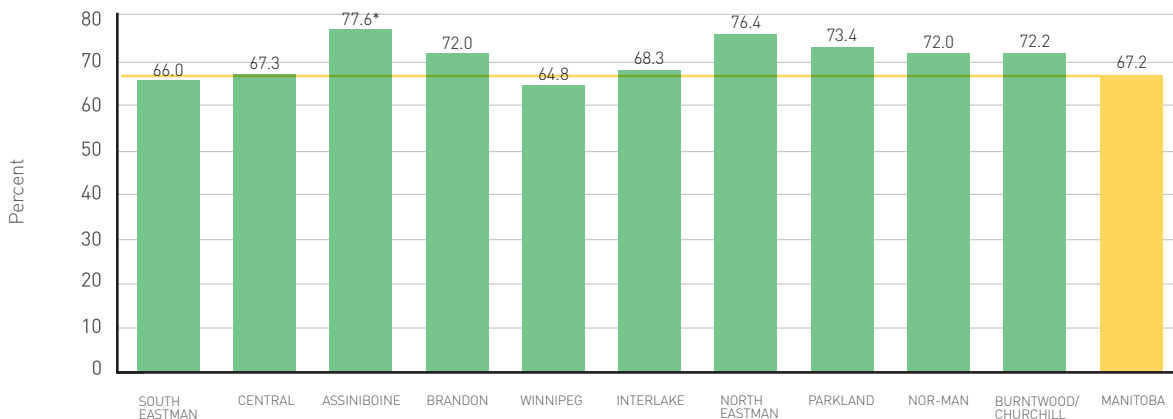
Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Note: Measure combines work, travel and leisure time activity.

Figure 1.10

Percent of employed residents reporting moderate or active physical activity (ages 15 - 75), by Regional Health Authority



Source: Canadian Community Health Survey cycle 3.1 (2005) analyzed by the Manitoba Centre for Health Policy, 2009.

*Significantly different from Manitoba rate ($p < 0.05$).

Note: Measure combines work, travel and leisure time activity.



What does this tell us?

Over half of Manitobans are physically active.

- ▶ Figure 1.9 shows that among the RHA groupings, physical activity is lowest in Winnipeg at 64.8%.
- ▶ Figure 1.10 shows that among the RHAs, the highest rate of physical activity is in the Assiniboine region at 77.6% and the lowest rate is in Winnipeg at 64.8%.

What else do we know?

- ▶ Most population-based reports of “physical activity” have focused only on leisure time activity, which does not include exercise rates among people whose work is physically labour-intensive.
- ▶ Even using these measures, the majority of men and women are physically active during their daily routine.⁴
- ▶ Physical activity rates have increased in Manitoba between 2001 and 2005.

Why is this important?

Regular exercise can decrease the risk of developing cancer.

- ▶ Physical activity lowers the risk of developing colon cancer and may lower the risk for breast, prostate and endometrial cancers.¹⁶
- ▶ Some research suggests that moderate to high levels of activity have been found to lower the risk for stomach, lung and liver cancers.^{17,18,19}

How do we compare?

Manitobans are fairly active, similar to other Canadians.

- ⊖ The proportion of Manitobans who are physically active in their leisure time is similar to the national rate,⁴ but incorporating work (and travel) exercise increases this rate substantially.
- ✖ British Columbia is the most active population in Canada. The leisure time physical activity rates are about 5% higher than Manitoba's.⁴

What is CancerCare Manitoba doing to encourage active living?

CancerCare Manitoba supports policies and messaging emphasizing physical activity as an important part of a healthy lifestyle and supports chronic disease prevention policy.

- ▶ CancerCare Manitoba partners with the Alliance for the Prevention of Chronic Disease to encourage active living.
- ▶ CancerCare Manitoba Foundation actively promotes exercise through its risk reduction campaign and the *Shape Up!* message - just 10 minutes 3 times a day can help protect against colon and breast cancer.
- ▶ CancerCare Manitoba Foundation supports physical activity through the Challenge for Life fundraising event which encourages participants to set lifestyle goals as well as fundraising goals.