



Physicians *for a* Smoke-Free Canada

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Wendy Mesley
CBC News: Marketplace
P.O. Box 500
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An open letter to Wendy Mesley

Dear Wendy,

I very much admire your willingness to share your private tragic story of your recent diagnosis of breast cancer with Canadians on *Marketplace*, and to use your own private story to achieve a valuable public good – informing Canadians of the importance of cancer prevention. Your documentary was powerful and most certainly did attract widespread public attention to the importance of cancer prevention. Regrettably, however, in the less than half an hour available to you to tell the story of cancer and cancer prevention, you were not able to tell the whole story. Many key facts about cancer and cancer prevention were not included, and the end result was that Canadians' concern about cancer prevention was heightened, but rather than being informed, Canadians were left misinformed by only a partial telling of the story.

Like many Canadians, I have been touched personally by cancer. I watched my own mother die slowly and painfully of cancer of unknown origin when she was just 66 years old. Here at Physicians for a Smoke-Free Canada, we are very proud of our volunteer, Heather Crowe, a waitress who never smoked. Now, I must watch as her life ebbs away day by day from incurable fourth stage lung cancer caused by second-hand smoke at work. Wendy, cancer is a terrible disease. Cases like yours are tragic and make me more determined than ever to do all that I can to prevent cancer.

Risk communication is an important part of cancer prevention and it has been an important part of my work since the 1970s, first in Health Canada, then at the World Health Organization and now at Physicians for a Smoke-Free Canada.

To finish telling the story about cancer so that Canadians are fully informed, might I suggest that you and your colleagues devote more programming time to tell the whole story about cancer prevention? There are many experts in the Public Health Agency of Canada, at universities, at the National Cancer Institute of Canada and in non-governmental organizations like ours that could provide you with technical advice to help you construct the rest of the story.

Here are some of the key pieces of additional information that need to be communicated about cancer and cancer prevention to complete the story.

What causes cancer?

Most cancer experts agree with estimates published in 1998 by Sir Richard Doll of the proportion of avoidable cancer deaths caused by different factors, and they have concluded that his estimates for the United Kingdom would also apply to other industrialized countries like the United States and Canada. He estimated the causes of avoidable cancer to be as follows:

Causes	Percent of cancers (1998, UK)
Tobacco	29-31
Diet	20-50
Medicines	<1
Infection: parasites, bacteria, viruses	10-20
Ionizing and UV light	5-7
Occupation	2-4
Pollution: air, water, food	1-5
Physical inactivity	1-2

According to the US National Cancer Institute, an additional 2-5% of all cancers are of genetic origin and unavoidable. Inherited cancers account for small proportions of some cancers, mainly cancers of the colon, breast and ovary.

In the *Marketplace* segment, you focussed on the dangers of cancer-causing chemicals in the environment – in the air, water, food and in consumer products. Such chemicals are indeed present in the environment, but, as you can see from the table, account for only 3% to 10% of all cancers, in the categories of medicines, occupation and pollution. In recent decades, some progress has been made in reducing cancer risk from all of these environmental sources.

Perhaps because of lack of time, your report dealt barely at all with the major causes of cancer, tobacco and diet, together responsible for 49% to 81% of all cancer. Tobacco use – including both active and passive smoking – remains a leading cause of cancer, even though we have made good progress in reducing smoking prevalence. Those who are dying today of tobacco-related cancers are those who began smoking or were exposed to tobacco smoke 20-50 years ago, when smoking was far more widespread than it is today. Cancers of dietary origin are not so well understood, but leading dietary risk factors are excessive alcohol consumption (especially if combined with smoking), excessive salt consumption, too much red meat, too few fruits and vegetables, and obesity.

Should we be worried about the ubiquity of cancer-causing chemicals?

You shared the results of your own blood tests with us that showed that there were small amounts of a large number of cancer-causing chemicals in your blood. You also correctly pointed out that many people your age would have similar results from the same blood tests. Because our understanding of the mechanisms by which chemicals cause cancer is incomplete, it is hard to know what the significance is of these blood test results. I did note, however, that many of the chemicals present in your blood are also present in tobacco smoke. Even non-smokers who have been exposed to tobacco smoke would be expected to have many of the 69 cancer-causing substances in tobacco smoke present in their bloodstream.

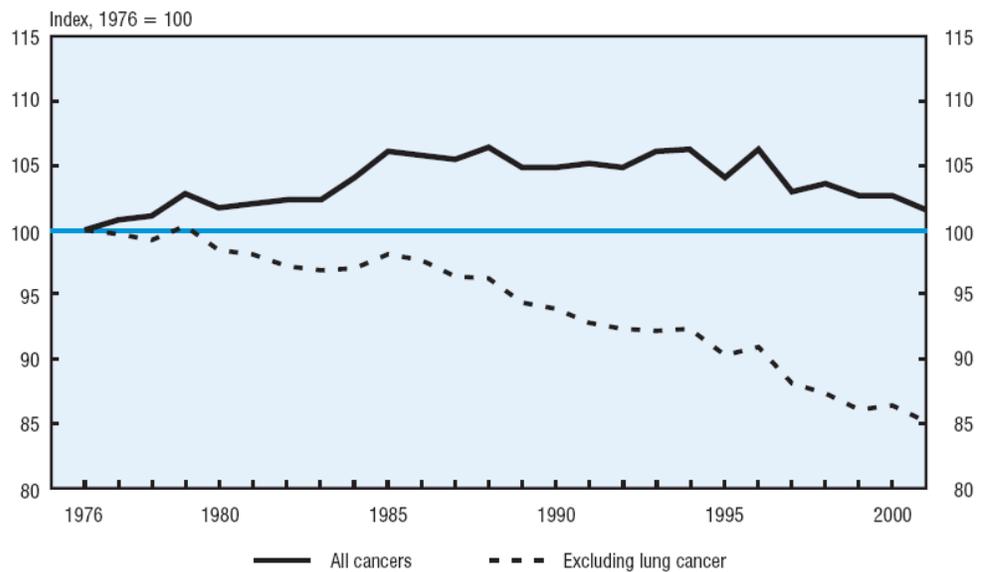
Ideally, we would like to prevent all cancers. Measures have been taken over the past few decades to reduce potential cancer-causing exposures due to industrial processes and from contaminants in air, water, food and consumer products. Undoubtedly, more could be done to prevent cancer from these sources. The big gains in cancer prevention, however, will come from dietary improvements and from getting rid of tobacco use.

Is there a cancer epidemic?

The *Marketplace* show informed us that there is more cancer now than there used to be. That is most certainly true, but once again, it is not the whole story. Over the years, the Canadian population has grown and, because of progress in the control of many diseases, many more people are living longer. So our population has gotten larger, and older. The increase in the number of cancer deaths is almost entirely due to population increases and changes in the age structure of the population. In fact, if it weren't for increases in smoking-related cancers such as lung cancer over the last thirty years, the overall rate of death from cancer would be going down. This is illustrated clearly in this graph, published by the Canadian Cancer Society, which shows the trends in cancer rates in women since 1976. The small increase in the overall cancer rate among women is almost entirely due to smoking-related cancers. **When we look at the trend for all cancers except lung cancer (which is almost entirely caused by tobacco smoke), we see that the cancer rate for women in 2001 was 85% of what it was in 1976.**

What people have perceived as a “cancer epidemic” is really a smoking epidemic. When lung cancer is excluded, the cancer death rate among women has been declining, to the point where, by 2001, it was 85% of what it was in 1976.

Index of age-standardized cancer mortality rates for women, including and excluding lung cancer, Canada, 1976-2001



What's new in breast cancer research?

The most important new finding on breast cancer is that environmental tobacco smoke has now been clearly identified as a cause of breast cancer, particularly in premenopausal women. This was the conclusion of the California Air Resources Board that recently conducted an exhaustive scientific review of the health effects of passive smoking.

A leading researcher in the world on breast cancer and tobacco smoke is Dr. Kenneth Johnson of the Public Health Agency of Canada. His research, and other similar research, leads us to strongly suspect that both active and passive smoking are causes of both premenopausal and post-menopausal breast cancer.

An important finding of this research is that even limited exposure to tobacco smoke early in life can be a cause of breast cancer later in life.

Wendy, unfortunately, we may never know for sure what caused your breast cancer. But you are widely known in Canada as an excellent communicator. You could do great service to breast cancer prevention by clearly communicating to Canadians this important new information about tobacco smoke as a cause of breast cancer. It is now more important than ever that people not smoke and that non-smokers be protected from exposure to tobacco smoke.

Is the Canadian Cancer Society doing a good job at cancer prevention?

No one doubts that much more remains to be done in cancer prevention. There were 69,500 deaths from cancer last year, most of them at least theoretically preventable. You pointed to the "Seven steps to health" brochure of the Canadian Cancer Society and correctly described it as what people can do themselves to help prevent cancer. However, it is not correct to imply that that is the sum total of efforts by the Canadian Cancer Society to prevent cancer. Like Physicians for a Smoke-Free Canada, the Canadian Cancer Society recognizes that cancer prevention is a complex undertaking, requiring social and legislative change, in addition to behavioural change.

The Canadian Cancer Society has been at the forefront of advocacy for social and legislative change in favour of tobacco control. They are an intervener in favour of the government's defence of the *Tobacco Act*, and they have successfully championed legislation to create smoke-free workplaces across Canada.

They have argued forcefully for social and legislative change in favour of many other areas of cancer prevention as well. For example, the Cancer Society has argued strongly for the elimination of cancer-causing agents from industrial processes. They have also argued for proper labelling of carcinogens on food and consumer products. Regrettably, to date, governments have not chosen to act on these Cancer Society recommendations.

Physicians for a Smoke-Free Canada values its collaboration with the Canadian Cancer Society. We are partners in cancer prevention. Much more remains to be done, and we hope that you and your colleagues at the CBC will join with us in this endeavour.

What remains to be done in cancer prevention?

The cancer problem is big and complex, necessitating a strategic approach to cancer prevention. This means that most of our effort should go to where the potential for payoff is largest. And that means much more work on prevention of cancers caused by tobacco and poor diets.

The measures you proposed to ensure better control and better labelling of carcinogens on food and consumer products are important ones that should be supported. But we would do a disservice to all if we abandoned existing programs and policies of cancer control aimed at reducing tobacco use and improving diets. On the contrary, these programs need to be strengthened and made more comprehensive. Like you, we do not favour cancer control through blaming the victims. This is both inappropriate and ineffective. Rather, we need multifaceted approaches that involve a judicious mix of education, lifestyle change and changes to economic, social, legislative, taxation and built environments.

On tobacco, we have set our sights on nothing less than a complete phase-out of tobacco use over the next two decades ("Smoke-free" is our middle name!). We believe that goal is feasible, but it will require more and stronger tobacco control measures than we have seen to date. It requires that existing educational, promotional, taxation and legislative measures be continued and made even stronger. It will also likely require that our armamentarium of tobacco control measures be extended to include measures to better control the supply of tobacco in the interests of public health.

Canada is very much in need of a much more comprehensive set of measures to improve the Canadian diet and physical activity of Canadians. We need to extend our actions beyond educational measures. We need to undertake more actions in the areas of making sure that healthy food choices are more available and that unhealthy ones are less available, and of building more opportunities for moderate and vigorous exercise into daily life. We also need better strategies to limit alcohol consumption. Changes to corporate behaviour, changes to the urban built environment, and changes to legislation and taxation are some of the tools that can be used to effect these health improvements.

Other measures will yield less payoff in terms of cancer prevention, but they should be pursued too. These would include continued efforts to limit exposure to the sun to healthy levels and more effective control of known carcinogens in industrial processes, air, water, food and consumer products.

In summary, we appreciate the work that *Marketplace* has started to draw attention to the importance of cancer prevention. We hope that you and your colleagues at the CBC will be able to finish the job by airing more programs that will tell the whole story of cancer prevention.

Yours sincerely,



Neil E. Collishaw
Research Director