

Martinuk: One tool every cancer patient should know about

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Cancer is the leading cause of premature death in Canada and it is estimated that 82 per cent of Canadians are affected by cancer in some way; whether through a friend or family member or their own illness. That means a lot of people are making their way through the cancer care system — making major decisions about their treatment options at multiple junctures.

A report was released this week that all those affected by cancer need to know about.

The title is a mouthful: The Use of Positron Emission Technology (PET) in Cancer Care Across Canada: Time for a National Strategy. Most people's eyes probably glazed over at the mention of "positron" and never got to the main point — cancer care. Surprisingly, the report is not so much about technology, as it is about optimal cancer care and patient-centred care for Canadians by providing them with the most information possible to make decisions about their treatment.

The technology that can provide patients and doctors with the most information for decision-making is PET imaging — and far too few Canadians know about it.

PET is a diagnostic tool, not a treatment. Its unique capability is that it can detect active cancer cells before they undergo the anatomical changes that create a tumour or mass that can be identified by a CT or MRI scan. That means PET can detect cancer cells at a much earlier stage than CT or MRI and, as we all know, early detection prompts more timely treatment and greatly improves the probability of a successful outcome.

Studies show that PET imaging changes patient management plans in anywhere from 36.5 to 50 per cent of cases. That means a PET scan would change the doctor's treatment plan for a patient in one-third to one-half of all cases. It also means that doctors who don't utilize PET may be following a sub-optimal or even wrong treatment path in those cases.

Other studies show that a PET scan can eliminate the need for a surgical biopsy in 70 per cent of cases and eliminate the need for further testing and procedures in up to 90 per cent of cases. That suggests PET could save our health-care system a significant amount of money.

As a result, PET is the most powerful diagnostic tool we have to detect cancer and manage cancer treatment.

So why do so few Canadians know about it? Even more importantly, why do so few doctors recognize its capabilities? Many of them have trained in PET-free environments and have yet to adjust their protocols to this new diagnostic tool. I've personally dealt with oncologists who don't understand the added value of PET over a CT scan. In fact, the report, which I prepared in my role as an independent medical research consultant, identifies a lack of physician education and low awareness of PET among the public as key factors that are preventing the utilization and growth of PET in Canada.

While many Canadian doctors view PET as experimental and unproven technology, PET is revolutionizing cancer care in Europe, the United States and other western nations. The U.S. has about 2,100 PET scanners; Europe will have about 750 scanners by next year. In contrast, Canada has 29 clinical, publicly funded PET scanners. Of those, 12 are in Quebec and nine are in Ontario.

The one exception to the Canadian story is Quebec. It carries out more than one-half of all PET scans in Canada and has a network of PET scanners throughout the province. In many cases, a PET scan is the first diagnostic tool used if cancer is suspected and thoracic/oncologic surgeons won't touch a patient until they have seen a PET scan. If PET changes treatment regimes in up to half of cases, there is a clear implication that Quebec cancer patients have a different standard of cancer management than their counterparts in other provinces.

Alberta probably has the second best PET program in Canada. It has three clinical PET scanners and an active PET research program at Cross Cancer Clinic in Edmonton. But it's not enough to provide optimal care for this province's cancer patients. Costs, a lack of national policies and a divided medical community are some of the factors holding back access to PET. But the one thing we can all do is educate ourselves about this technology — you never know when you might need it or have to advocate for it.

PET is not a miracle tool and changes in patient management don't always benefit the patient. In many cases, PET reveals cancer to be at a more advanced stage. But it always provides the patient and doctor with the most information available to make the best treatment decisions, or to decide to cease treatment and undergo palliative care. Every cancer patient deserves that much, no matter what province they live in or what doctor they have.

The report was commissioned by TRIUMF, Canada's centre of excellence for particle and nuclear physics, and Advanced Applied Physics Solutions, a centre of excellence for commercialization and research in the physical sciences.

Susan Martinuk's column appears every second Friday.

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