

## Welcome New Participants

Welcome to the new participants from Calgary and Edmonton who were recruited to *The Tomorrow Project* in the summer and fall of 2003. Close to 3,000 people have already returned their first Health and Lifestyle Questionnaire. If you would still like to join the study, but have not returned your questionnaire, it is not too late. Please call us if you have questions or need a replacement questionnaire.

## Study Update

With the addition of the most recent participants, enrollment in *The Tomorrow Project* is now approaching 15,000. The information from over 30,000 questionnaires has been entered and data analysis is ongoing.



Within the next few months, the results of the first group of Diet History and Physical Activity Questionnaires will be available. With these results in hand, cancer epidemiologists will have important data never previously available about eating patterns, nutrient levels and physical activity in Albertans. Many areas of cancer research focus on these aspects of lifestyle and the opportunity to work with the data is already attracting the attention of scientists. Watch for reports in upcoming newsletters.

## What's Coming Up?

Survey 2004 will be arriving in your mailbox this spring. If you joined *The Tomorrow Project* between 2000 and 2002, you will be asked to update your health history and to contribute new information about two timely topics of concern in cancer research:

- The impact of obesity in the development of cancer
- The use of hormone replacement therapy among women

Participants in Survey 2004 will have the *option* to complete the questionnaire on a computer and send the information electronically over the Internet. Many people have asked for this option and the software will be in place to provide a highly secure method to do so. If you would rather complete the paper version, don't worry—everyone will receive a questionnaire and return envelope. *The choice will be yours.*



## Thanks For Your Feedback

We received a lot of comments following the article on Body Mass Index (BMI), in the last issue of *Tomorrow's News*. Some people questioned the usefulness of this internationally used measure and others provided ideas for alternate measures. Engineers seemed to have the most interesting alternatives!

A point of clarification—the BMI weight classification system is useful to monitor patterns and risk in *populations* (like adults in the province of Alberta). At the individual level however, the system should be only one part of an overall assessment of health risk. It may not apply as well to people who are naturally very lean or heavily muscled or are over 65 years of age. If you have questions about your weight, check with your doctor.

### Need To Contact Us?

email: tomorrow@cancerboard.ab.ca  
toll free: 1.877.919.9292  
outside Canada: 403.944.4122  
(call collect)  
mail: *The Tomorrow Project*  
Alberta Cancer Board  
c/o Tom Baker Cancer Centre  
1331 - 29 St. NW, Calgary AB T2N 4N2  
website: www.thetomorrowproject.org

A research initiative of the Alberta Cancer Board



## Who's Who In The Tomorrow Project

Meet Bill Jackson. Bill, a 70-year-old, semi-retired pastor from Whitefish Lake Reserve #128, is one of almost 15,000 participants in *The Tomorrow Project*.

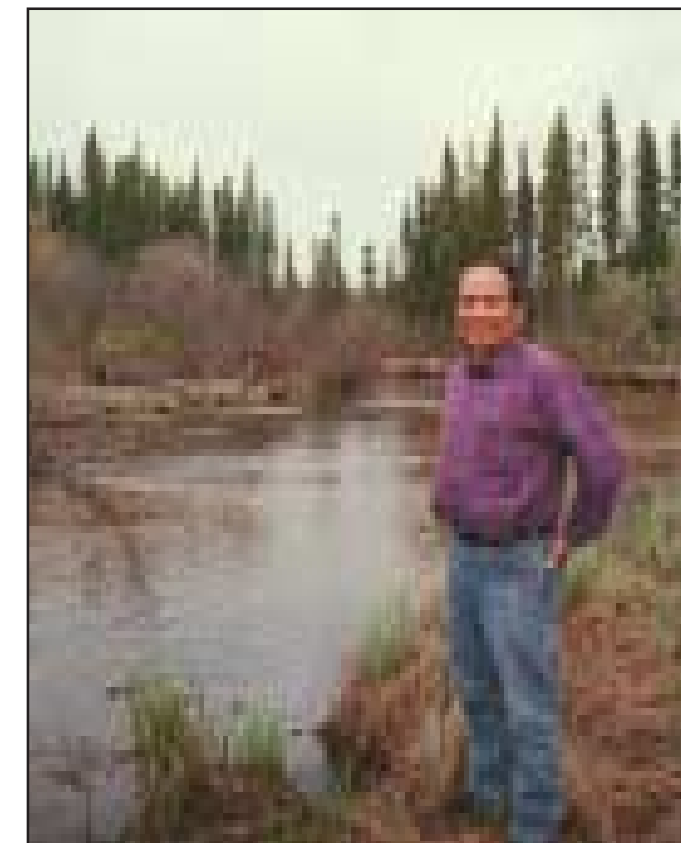
Bill has worked as a pastor for over 40 years in northern Alberta communities and currently lives on the Whitefish Lake Reserve, which is situated east of St. Paul, a community 200 kilometres northeast of Edmonton.

Bill was born on the reserve and attended a residential school just north of Edmonton for eight years. "I got a little education, and it wasn't all that bad there," says Bill who left school at 14 to work as a labourer on farms and in the logging camps at Whitefish Lake. When the jobs ended, he always returned to the reserve.

In the mid-1950s, at age 17, Bill headed south to study at a Bible college in Calgary. During the summers, Bill returned to the reserve and translated religious messages from English to Cree. "Not everyone spoke English then," says Bill. "So this was a way to get the word out."

In 1957, the same year he finished his Bible studies, Bill married Shirley and the two worked actively in northern ministries in such communities as Lac La Biche.

Now Bill provides pastoral care over the phone, travels to surrounding communities and appears on *Tribal Trails*, a First Nations television program about spirituality. Although he's semi-retired, Bill is still



Study participant Bill Jackson is a semi-retired pastor from Whitefish Lake who provides spiritual guidance and counselling to people in northern Alberta communities.

active in the church. He gives lectures and writes about issues such as suicide and young people, and the importance of spirituality for First Nations people. Bill has also written his life story.

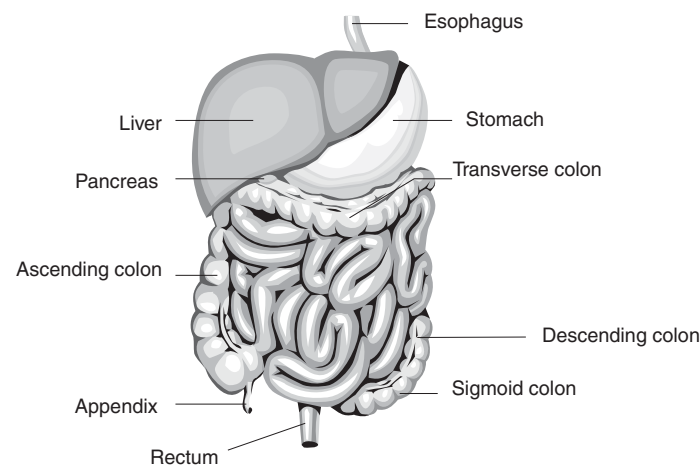
Bill and Shirley have five children and 16 grandchildren. In their free time, they travel to visit their family. Bill decided to participate in the study because he thought, "it was something that could help other people and help in cancer research."

# Colorectal Cancer: Detection and Prevention

As a participant in *The Tomorrow Project*, you have provided valuable information about the colorectal cancer (CRC) screening tests you may have had. Who should consider screening and why? Are Albertans being screened? What have we learned about preventing colorectal cancer?

## Quick facts about colorectal cancer

The colon, or large intestine, is the lower part of the bowel that connects the small intestine to the rectum; the rectum is the last part of the colon. Most colorectal cancers start as small precancerous growths (polyps) on the lining of the bowel wall.



- Colorectal cancer is the fourth most common cancer diagnosed in Canadian men and women, accounting for more than 12% of cancer cases.
- There is no single known cause but there are factors that increase the risk of developing colorectal cancer:
  - A family history of colorectal cancer in close relatives, especially if onset was before age 60
  - Heavy alcohol consumption
  - Ulcerative colitis or Crohn's disease
  - Obesity
  - Diabetes
  - Physical inactivity
  - Age 50 or over

□ Common signs that could indicate CRC include

- A change in bowel movements
- Stools that are narrower than usual
- General abdominal discomfort
- Weight loss with no known reason
- Constant tiredness
- Blood in the stool
- Diarrhea, constipation
- Vomiting

□ Colorectal cancer does not usually have symptoms in its early stages; screening tests are an important tool for early detection.

## Early detection saves lives

Good news—colorectal cancer is one of the most treatable types of cancer, *if found early*. In 2001, The Canadian Task Force on Preventive Health Care stated that there is good evidence to include a fecal occult blood test (FOBT) and fair evidence to include a sigmoidoscopy as part of the regular health examination of people with no symptoms who are age 50 and over.

**Fecal occult blood test (FOBT):** In the privacy of your home, you collect small samples of stool, usually three days in a row, using a kit with special slides. The samples are examined in a laboratory for hidden blood, which *may* indicate early signs of cancer.

**Sigmoidoscopy:** A thin flexible tube is inserted into your rectum and colon. A tiny camera on the end of the tube allows your doctor to see the lower third of your colon, where about 70% of polyps are found. If a polyp is found, a colonoscopy is usually done to examine the entire colon and remove all polyps.

**Colonoscopy:** A colonoscopy is similar to a sigmoidoscopy but the tube examines the entire colon. The test is slightly more risky and more expensive. However, because the whole colon is examined, fewer polyps are missed. There is still debate among physicians about the routine use of this test and, at present, colonoscopy is not widely recommended in Canada as a routine screening test for people with no symptoms.

## Should you be tested?

### Which tests are best for you?

Don't be embarrassed—bring up the subject of testing even if your doctor does not. Ask your doctor to assess your personal level of risk, discuss the advantages and disadvantages of the various tests and advise you how often you should be screened.



## Colorectal cancer can be prevented

More good news—there is good evidence that people can reduce their risk of colorectal cancer by managing risk factors in their *lifestyle*. The best advice is to



- Eat 5 to 10 daily servings of vegetables and fruits and lots of whole grain foods.
- Limit your intake of high-fat foods and red meats.
- Limit the amount of alcohol you drink.
- Get at least 30 minutes of physical activity 5 or more days a week.
- If you are overweight, lose weight.
- If you smoke, stop.

These recommendations may sound familiar—they are the same ones that can help reduce the risk of other types of cancer as well as heart disease and diabetes.

Some studies have also shown a protective effect against colorectal cancer from certain dietary supplements or medications:

- Taking a multivitamin with folic acid or a calcium supplement *may* have a protective effect.
- Use of over-the-counter anti-inflammatory medications like aspirin or ibuprofen *may* also have a protective effect against colorectal cancer. However, regular use of these medications may cause side effects. Be sure to discuss these ideas further with your doctor before starting.

## Learn more about colorectal cancer

To learn more about colorectal cancer, visit these websites:

- Health Canada: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) Click on Diseases and Conditions and follow the links to Cancer, then Screening for Colorectal Cancer
- Canadian Cancer Society: [www.cancer.ca](http://www.cancer.ca) Click on Cancer Information then Colorectal



## Colorectal cancer screening among participants of *The Tomorrow Project*

The data from the first *Tomorrow Project* survey provides a look at lifetime tests among 11,866 participants from across the province. The information was collected around the time that colorectal screening recommendations were first made by the Canadian Taskforce on Preventive Health Care.



- 29% of participants reported a FOBT at some point in their lives and 13% said the last test was done for cancer screening.
- 12% of participants reported a sigmoidoscopy at some time in their lives and 2.2% reported screening as the reason for their last sigmoidoscopy.

Colorectal screening practices will be measured over time among participants in *The Tomorrow Project*. The information will be valuable for monitoring the impact of the new recommendations on the number of people who start using these screening tests. Although the number of people who are currently screened is low, over time we hope to see the numbers increase and the risk of cancer decrease.

