



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*