Reversing heart problems goal of unique Vancouver clinic

A new program at Vancouver's St. Paul's Hospital that aims to reverse atherosclerosis through rigorous lifestyle changes is believed to be the first of its kind in Canada. The project is the brainchild of Dr. Andy Ignaszewski, medical director of the hospital's Healthy Heart Program, and his colleagues. A drive to recruit 150 people aged between 35 and 65 for the 2-year program has already been launched. Funding is provided by Merck-Frosst Canada.

The approach taken by the atherosclerosis reversal clinic (ARC) represents “the ultimate in risk-factor reduction,” says Dr. Jiri Frohlich, one of the clinic's creators. Most trials only test the impact of medication, but the ARC team wants to find out how practical and cost-effective a program that depends heavily on patient motivation can be. Frohlich says the per-patient cost will be $2 a day.

He says all the participants will have symptomatic cardiovascular disease, with symptoms ranging from angina to multiple infarcts. Patients may refer themselves, but their family doctor's permission is sought before they join the program. So far, says Frohlich, physicians have been “very supportive.”

Participants are screened for metabolic risk factors and undergo stress and skin-fold testing. A crucial measurement is an ultrasonic carotid artery test, considered a solid predictor of atherosclerosis, which will be repeated after 2 years. Participants also complete a questionnaire to determine how realistic their chances will be for making the challenging lifestyle changes demanded by the project. Weekly stress-management sessions with a psychologist help support the patients, who must commit to a diet with a maximum fat content of 20%, which is monitored by a dietitian. A personalized exercise program, which most members have to perform daily, is created with an exercise specialist. Members record their progress and visit the clinic monthly. Their lipids are retested every 6 weeks, skin-fold testing is done monthly and stress testing is repeated after a year.

The bottom line for success is “motivation and understanding the rationale for lifestyle changes,” says Frohlich. For all of the current emphasis on genetics, he says, “80-90% of the causes of cardiovascular disease can be traced to lifestyle factors. The public seems to have received the message — 100 people reserved a seat for one of the first information meetings.” — Heather Kent

Cancer fight may get $60-million war chest

The Alberta Cancer Board (ACB) may have a unique way of ensuring adequate, sustained funding for cancer research. The board's foundation is raising $30 million and lobbying the government for matching dollars to create a research fund. Interest from the $60-million fund — $1 to $4 million a year — will be used to ensure the future of cancer research in the province. “It’s frustrating for scientists when the money runs out and they have to pack up their bags and go away,” said David Kirkham, the board's communications director. “We want to keep the talent here.”

Thus far the Conquering Cancer Campaign has raised $22 million, and Kirkham is optimistic the rest will be collected by year's end. Although the province has yet to agree to provide matching funds, Kirkham said its response has been encouraging. If successful, it will be the largest cancer research fund of its kind in Canada.

Dr. Randy Johnston, director of the Southern Alberta Cancer Research Centre in Calgary, said the fund would allow Alberta's researchers to maintain and expand their efforts. ACB's research is now funded by an annual $2.8 million grant from Alberta Health, but it needs an additional $3 million annually for core programs. The ACB operates the Cross Cancer Institute, Tom Baker Cancer Centre and regional clinics and programs throughout the province. “Ten years ago this campaign wouldn’t have happened,” said Johnston. “The public perceived that the government would pay. That mentality has now changed and people are buying into the need for funding.” — Barbara Sibbald