

News Release Embargoed until Monday, March 2, 2020, 12:01 a.m. ET

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CMAJ headlines:

- **Number of cancer cases in Canada will increase in 2020 as population ages**
- **Indigenous-led health care partnerships flourishing in Canada**
- **Drug interactions with cannabinoids: 5 things to know**

Number of cancer cases in Canada will increase in 2020 as population ages

As Canada's population grows and ages, the cancer burden will remain high and even increase in 2020, according to a study on projected cancer rates published in *CMAJ (Canadian Medical Association Journal)*.

Nearly 1 in 2 Canadians are expected to receive a diagnosis of cancer in their lifetime, and cancer is the leading cause of death in the country. With an aging population, deaths from cancer and the numbers of new cases are increasing, as are cancer-related costs. For example, cancer care costs rose from Can\$2.9 billion in 2005 to Can\$7.5 billion in 2012.

"The overall burden of cancer remains high in Canada and, owing to the growing and aging population, the number of cases and deaths will likely continue to increase," writes Dr. Leah Smith, Canadian Cancer Society, St. John's, Newfoundland, with coauthors.

The researchers estimate there will be 225 800 new diagnoses of cancer in 2020 in Canada — with cases of lung cancer (29 800), breast cancer (27 700), colorectal cancer (26 900) and prostate cancer (23 300) accounting for almost half (48%) of new cancer diagnoses.

Highlights:

- Lung cancer will be the leading cause of death, responsible for about 1 in 4 of the estimated 83 300 deaths from cancer expected in 2020.
- The number of new cancer cases is expected to be about 5% higher in men than in women.
- More men than women are expected to die from all forms of cancer except for breast and thyroid.
- In men, prostate cancer will be the most commonly diagnosed cancer, accounting for about 1 in every 5 diagnoses.
- Breast cancer is expected to be the most commonly diagnosed cancer in women, accounting for about 1 in 4 new cases.
- Deaths from breast cancer have decreased by nearly half since the mid-1980s, largely owing to improved treatment.

- Colorectal cancer deaths are also declining, which may be partly because of decreasing tobacco use and improvements in detection and treatment. Between 2007 and 2016, the Yukon territory and all provinces except Quebec introduced organized screening programs.
- While the death rates for lung, breast, prostate and colorectal cancers have declined, deaths from pancreatic cancer have remained stable; this means pancreatic cancer is expected to surpass breast cancer as the third leading cause of cancer death in Canada.

“Although estimates for the number of cancer diagnoses and deaths in 2020 are higher than in 2019, the declining rates indicate progress is being made,” says Dr. Smith. “This is largely due to prevention programs like smoking cessation and improvements in screening and early detection practices.”

“Additional efforts to improve uptake of existing programs, as well as to advance research, prevention, screening and treatment, are needed,” the authors conclude.

The research team included researchers from the **Cumming School of Medicine, University of Calgary; Centers for Disease Control and Prevention; Public Health Agency of Canada; Statistics Canada; Canadian Partnership Against Cancer; Canadian Cancer Society; CancerCare Manitoba; and BC Cancer.**

The Canadian Cancer Society, the Public Health Agency of Canada and Statistics Canada supported the study.

“Projected burden of cancer in Canada in 2020” is published March 2, 2020.

MEDIA NOTE: Please use the following public link after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191292>

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Indigenous-led health care partnerships flourishing in Canada

Innovative, Indigenous-led health care partnerships and cultural healing practices have shown improved health outcomes and access to care, and have become important features of the medical landscape in Canada, according to a new analysis in *CMAJ (Canadian Medical Association Journal)*.

Indigenous-led health care partnerships incorporate traditional Indigenous knowledge as key in their approach to treatment and healing for Indigenous patients.

The article reflects a collaboration between Elders David Courchene and Burma Bushie, community physician Dr. Sabina Ijaz, and health researchers Dr. Andrew Hatala and Ms. Lindsay Allen from the University of Manitoba's Rady Faculty of Health Sciences.

“Addressing health inequities requires a deeper understanding of the diversity within and across First Nations, Inuit and Métis communities, as well as how different models of Indigenous-led health partnerships can respond to context-specific service needs,” write the authors.

Canadian physicians often lack training in how to support the holistic cultural, emotional and spiritual dimensions of Indigenous patients' illnesses and well-being. Healers, Elders and others skilled in Indigenous cultural worldviews and experiences are therefore needed in medical partnerships, decision-making and patient care.

“A largely biomedical approach to health fails to address Indigenous patients' myriad, unique needs in an integrated, holistic manner,” say Elders and coauthors David Courchene, founder of the Turtle Lodge Central House of Knowledge and cofounder and member of the Elders' council, along with Elder Burma Bushie and other community leaders, of Giigewigamig Traditional Healing Centre.

Turtle Lodge and the Giigewigamig Traditional Healing Centre have pioneered Indigenous-led approaches to health care, which are described along with examples of other health service partnerships in Canada and other countries.

“If the swell of efforts of Elders, Knowledge Keepers and healers can be supported by the larger medical community, and if barriers to full health care rights for Indigenous Peoples can be lessened or removed,” the authors conclude, “then systemic racism can be overpowered and health equity can be more easily approached.”

“Indigenous-led health care partnerships in Canada” is published March 2, 2020.

MEDIA NOTE: Please use the following public link after the embargo lift:

Analysis: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.190728>

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Drug interactions with cannabinoids: 5 things to know

A practice article provides 5 things to know on how drugs can interact with cannabinoids in *CMAJ (Canadian Medical Association Journal)*.

1. The antifungal drug ketoconazole was shown to nearly double cannabinoid levels. Similar effects might be seen with commonly used drugs, such as macrolide antibiotics, increasing the chance of cannabinoid-related adverse effects.
2. Cannabinoids can affect levels of other drugs, increasing levels and the risk of adverse effects.
3. Smoking marijuana regularly can increase clearance of some drugs.
4. Marijuana can have additive effects with certain drugs, and may cause tachycardia (rapid heartbeat), high blood pressure and depression of the central nervous system.
5. Although more research is needed, potentially serious interactions with marijuana can occur with the blood thinner warfarin and specific drugs used for asthma and seizure control.

Patients and physicians should be aware of these potential interactions and effects.

MEDIA NOTE: Please use the following public links after the embargo lift:

5 things: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191097>

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