Gwich’in Settlement Region Cancer Sharing Circle
September 10 & 11, 2015
Aklavik, NWT

Courage
Strength
Resilient
Inspire
Courage
Strength
Hope
Sharing
Love
Resilient
Spirit
Strength
Resilient
Inspire
Peace
Bravery
Love
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Report on the
Gwich’in Settlement Region
Cancer Sharing Circle
September 10 & 11, 2015
Aklavik, Northwest Territories
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Dedications

This report is dedicated to the Gwich’in of the Beaufort-Delta Region and to all those in the region whose lives have been affected by cancer. Although talking about cancer was new for many of the sharing circle participants, they openly shared their stories from various stages of their respective cancer journeys. Great respect was shown by all. With our new knowledge and connections we will continue to move forward, gathering strength from one another.

We’re hearing these stories, but there are many more out there. This is the pain we are living through. If we really care, we need to set up support groups. These are our people. We have to do it for them. These are things we have to do. Let’s not wait!

– Participant

Acknowledgements

The Gwich’in Tribal Council graciously thanks Aklavik Mayor Charles Furlong for acting as the primary facilitator of this sharing circle. We would like to express appreciation to Charles for sharing his own personal experiences and journey with cancer. His messages of prevention, screening, positivity, and hope deeply impacted those who participated in this circle.

Many thanks to the Alberta/Northwest Territories (NWT) Division of the Canadian Cancer Society for donating patient kits to all cancer sharing circle participants.

Most importantly, thank you to all the participants who traveled from across the Gwich’in Settlement Region to be part of this circle. Your stories, strength, and support for each other are inspiring.
Introduction

The Gwich’in Settlement Region Cancer Sharing Circle took place at Sittichinli Recreational Complex in Aklavik on September 10 and 11, 2015. Twenty-three elders, youth, cancer survivors, family caregivers, health professionals and community leaders from Aklavik, Tsiigehtchic, Inuvik, and Fort McPherson shared their experiences. They discussed successes in their communities and steps needed to address gaps and challenges in the cancer journey in the Northwest Territories (NWT).

The cancer sharing circle had three objectives:

1. To provide an opportunity for community members to voice their concerns and share their stories about cancer;

2. To enhance knowledge and awareness of cancer and how it impacts community members; and

3. To motivate community members to initiate their own activities to address barriers and gaps they face in cancer care and support.

Over two days, the facilitators led the participants through plenary discussions, presentations, small group brainstorming and analysis, and fun energizers in order to achieve these objectives. The event agenda is listed under Appendix A.
Opening the Discussion

Our Elder Eliza Greenland opened the first day with a prayer.

Following the prayer, Charles Furlong welcomed the group and shared some of his personal experiences. He reminded us about the importance of taking care of ourselves and getting screened for cancer. Regarding screening he said, “It’s 20 minutes out of your schedule. That’s not a long time. People need to go to the nursing stations to get tested.” With the right support, he said, we are united.

After setting a positive tone for the circle, Charles opened the sharing to all participants. Each participant introduced themselves and shared their own experiences. For many, cancer was not something that was talked about. Others were already open to sharing their stories. At first, some participants chose just to listen, but over the two days a respectful and supportive space was created and the willingness to share grew.

During this opening circle, participants raised many important themes:

1. Healthy living
   - We need to support our communities to eat the right food—not sugar.
   - As communities, we need to come together and figure out how to get positive messaging to the youth.
   - No one can make our choices for us. We must take steps to change our lifestyle, eat healthy, exercise, and choose traditional ways.
   - Being on the land can be an important part of cancer prevention and healing after cancer.

2. Community support systems
   - Community-level cancer awareness is a first step to building support for patients and their families.
   - People diagnosed with cancer do not have time to process or deal with the issue. Health care providers should take time with the patient.

All these sharing circles I have taken part in have similar messages. We all have the same concerns regardless of where we live. We are one voice in that.

– Mayor Charles Furlong
• Grieving is hard and some people do not know how to do it. We need grief counselling.

• There is no volunteering anymore; people expect honorarium for everything. We need to start taking care of each other without thinking of money, just like our ancestors did.

• The participants recognized Charlie as an important leader and champion in the community and region who is doing good things.

3. Caring for the caregiver

• Families need support as they support their loved one living with cancer. This support can be emotional and financial. Treatment costs can be a burden.

• Caregivers need help learning how to take care of their loved one, especially when it comes to medical tasks such as giving needles.

• Sometimes people do not want to ask for help or do not recognize how people can help. People need to know it is okay to ask for help.

4. Let’s talk about cancer

• We need to share our stories and our concerns about cancer. Doing this creates a bond between us and makes us stronger.

• Cancer sharing circles can generate feedback for the health system and MLAs.

• Cancer affects everyone no matter if you are rich or poor.

• Having a sense of humour is good for you!

• We can talk about it all the time, but we need to keep the momentum of sharing circles like this one going. As one participant said, “We need to keep taking action.” This work cannot end here. It is important for communities to work together to get what we want.

We have to put aside our differences and go back to our ways of sharing and being kind to one another.

– Participant
Participant Story

One participant shared a moving story.

She went to the health center because she felt a lump in her breast. She had seen two doctors before who told her it was nothing to worry about. This time when she went to the health center, it was a new nurse who decided to send her to Yellowknife. She had a biopsy done and then went home, where she found out that she had cancer.

“The first time when they told me I had cancer, I cried. But if I keep crying, that’s not going to work. So I think positively. Never give up,” she said.

Four days later, she was sent to Edmonton. They operated on her breast and gave her chemotherapy. She found it too difficult to do it alone in Edmonton, so she went home. She was able to do her chemotherapy in Inuvik and had treatments every two weeks.

After chemotherapy, she went for radiation in Edmonton. She was there 31 days. She was very sick with her last treatment, yet had to travel a lot. She found out the cancer had spread. This time she did not get chemotherapy or radiation; they gave her pills to keep it under control.

She explained that her grandchildren are what keep her going. Help offered by groups such as the Northwest Territories Breast Health/Breast Cancer Action Group is invaluable. The support they offered her allowed her to learn more about available programs, where to seek help, and how she could help others.

Today, she travels frequently to meet people. She said, “I feel bad because people get cancer and then are gone. I feel guilty because I’m still around. But I feel good. Every day I’m thinking positively.”

“There is strength in thoughts and prayers,” she said. “Pray for others.”

“I know it’s hard for some people to deal with their cancer. We just have to stay positive with ourselves. We have to be with others—laugh, and have a big smile on our face, and say hello.”

– Participant
Cancer in the Beaufort-Delta

Dr. André Corriveau, Chief Public Health Officer of the Northwest Territories, presented information on cancer in the NWT and among the First Nations population of the Beaufort Delta. The following is a summary of his presentation.

- Our bodies are made up of billions of cells that naturally divide and grow to repair any damage. These cells receive a signal to divide when something needs to be repaired—like a broken bone or a sunburn—and receive another signal when they need to stop dividing. Abnormal cells do not respond to the "stop" signal and continue to divide without control. These are cancer cells. There are more than 200 types of cancer that are named for where it starts in the body.

- There are still mysterious aspects to cancer. For example, some cancers are aggressive while others are easy to cure. Some healthy people develop cancer whereas others with lifelong unhealthy habits do not. Because the population is older in high-income countries like Canada, cancer is the number one cause of death.

- NWT residents are getting older: the NWT Statistics Bureau has statistics that show the number of NWT residents aged 60 years and older almost doubled between 2000 and 2014. Our risk of developing cancer increases as we get older.

Number of NWT Residents: Children Under 5 and Adults 60 and Older (2000-2014)

Source: NWT Statistics Bureau
• Screening programs are highly recommended for people who are 50 years and older. Everyone is at risk of developing cancer. Men and women have a higher risk if they are 50 years of age or older, are overweight, smoke, are not physically active, have high alcohol intake, and/or have close family members who have had cancer.

• A risk factor is something that increases our chances of getting cancer. These include things like family history, lifestyle, or environment. For example, not all smokers will get cancer. However, 90% of people with lung cancer smoked. Smoking is the biggest risk factor for many types of cancer.

• Family history is something we cannot control as a risk factor. However, there are ways to reduce your risk of cancer such as eating right and healthy cooking. For example, cooking at high temperatures and frying reduce the nutrients in food.

• Alcohol consumption is also a risk factor for many types of cancer. The NWT has higher rates of smokers and drinkers when compared to the rest of Canada. The sooner we can lower these rates by working together, the lower our rates of cancer will become.

% of Population with Major Cancer Risk Factors (Canada vs. NWT)

- Alcohol: 16% in Canada vs. 31% in NWT
- Smoking: 20% in Canada vs. 34% in NWT
- Obesity/Overweight: 52% in Canada vs. 54% in NWT
- Active Lifestyle: 56% in Canada vs. 57% in NWT
- Healthy Eating: 38% in Canada vs. 37% in NWT

Source: Statistics Canada (2013), CCHS

• Overall in the NWT, cancer is the leading cause of death: 30% of women and 22% of men in the NWT die from cancer.

• In the NWT, most cancer deaths are from lung and colorectal cancers because of smoking, drinking, and finding the cancers too late. Men are more likely to avoid seeing the doctor or getting screened, which may result in a cancer being found late.
Between 2001 and 2010, the NWT had 1,107 new cancer cases; roughly 111 new cases per year. However, more people today are surviving cancer because we are able to find cancers earlier and provide quick access to treatment.


New Cancers Among Gwich’in Populations in the Beaufort-Delta (2000-2011)

Source: NWT Cancer Registry, Department of Health and Social Services, Government of the Northwest Territories
• Between 2000 and 2011, the Beaufort Delta had 256 new cancer cases. 75 of these cases were among residents of Dene descent, the majority of which occurred in people aged 65-74.

• Between 2000 and 2009, there were 20 cancer related deaths among the First Nations of the Beaufort Delta.

• There were approximately 256 new cases reported between 2000 and 2011. While the rates for the most part are on par with the rates for other NWT regions, there were slightly higher numbers recorded for the communities of Tsiigehtchic and Aklavik.

• The Department of Health and Social Services is developing a new cancer strategy that will be tabled in the Legislative Assembly in October 2015. This strategy will focus on the whole cancer pathway. Resources are currently being developed to support the cancer strategy.

Cancer Screening in the NWT

<table>
<thead>
<tr>
<th>BREAST CANCER</th>
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<tbody>
<tr>
<td>WHO</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Most women aged 50-74</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CERVICAL CANCER</th>
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<tbody>
<tr>
<td>WHO</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Most women aged 21-69*</td>
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</table>

<table>
<thead>
<tr>
<th>COLORECTAL CANCER</th>
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<tbody>
<tr>
<td>WHO</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Most men and women aged 50-74</td>
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</tbody>
</table>

* Or 3 years after becoming sexually active
** Until 3 consecutive normal Pap smears, then every 2 years
Questions and Answers with Dr. Corriveau

Q: What causes H. pylori?
A: H. pylori, also called Helicobacter pylori, is a bacteria that infects the lining of the human stomach. Over time the bacteria begins to irritate the stomach lining, causing ulcers and gastritis. Sometimes it is possible to have the bacteria without having signs or symptoms. Most people get H. pylori infection during their childhood. H. pylori can be detected through a breath test or stool test.

Q: Are drugs a risk factor for cancer?
A: Yes. Marijuana, hash, or any drug that is smoked can cause cancer. The smoke from these drugs causes damage to the lungs and can increase your cancer risk just as other types of smoke do. This includes cigarettes and smoke from poorly ventilated woodstoves. Smoked foods can also be harmful if eaten in large quantities. Limit your intake of these foods to a couple times a week.

Q: What is worse: smoked foods, or cigarettes?
A: Smoking cigarettes is a lot worse because the smoke goes directly into your lungs and many of the harmful chemicals then go straight into your blood and can travel to other parts of the body. All smoke is damaging to our lungs, even smoke from campfires and wood burning stoves is harmful but short term or occasional exposure is less likely to cause lasting harm because our bodies can also repair a lot of damage. Your body will start healing after quitting smoking and some people heal better than others. However, on average, people who smoke are more likely to get cancer than those who do not.

Q: What is our risk for cancer from nuclear exposure?
A: We have seen that the atomic bombs in Japan, or disasters like at Chernobyl, are linked to disease. The types of cancer caused by nuclear exposure are different from the cancers we usually see. They include blood and bone cancers. The majority of cancers we see today in our NWT communities are not caused by radioactive fallout but rather tobacco, alcohol, lack of exercise, nutrition, and other lifestyle risk factors.

Q: What is the DHSS doing about NWT nurses not believing their patients? Will nurses have more training to recognize the signs and symptoms of cancer?
A: The Department of Health and Social Services is leading a project titled Dialogue and Storywork in Support of First Nations, Inuit and Métis Cancer Patients throughout Oncology and Primary Care Transition Experiences, funded by the Canadian Partnership Against Cancer. In this project, we document and learn from cancer patient stories. A series of videos will be created and made available to NWT residents, caregivers, and communities across...
the NWT and Canada. The DHSS will continue to support and assist in hosting sharing circles throughout the NWT.

Currently the DHSS is working to develop a cultural capabilities program for health care providers that will act as an orientation to providers new to the NWT. We are aware of the cultural differences faced by southerners coming north for the first time. Through this orientation program we hope to improve cultural sensitivity among our health care providers. For example, we have brought the new Cancer Care Coordinator from Stanton Territorial Hospital with us to this cancer sharing circle. This event is an important component of her orientation.

Ongoing dialogue—for example, through sharing circles—is crucial for the Department. It keeps us aware of our challenges and also provides the opportunity to learn about potential solutions in each community.

**Q:** How does a person get bone marrow cancer?

**A:** We most often don’t know. We know that large amounts of exposure to radiation, similar to exposure levels at Chernobyl or Nagasaki, can cause bone marrow cancer. This, however, is a rare risk factor. Bone marrow cancer more frequently occurs in people with Paget’s disease or who have a family history of bone cancer.

**Q:** How is alcohol related to cancer?

**A:** The link between alcohol and cancer is still not well understood, but the amount of alcohol you drink is linked to your risk of cancer. Recent studies have shown that the risk of breast cancer, which is the most common in NWT women, increases even with small amounts of alcohol when taken daily. The damage done to your body by alcohol is cumulative over time. If you quit drinking, your body has time to heal itself and your risk goes down.
Q: Are microwaves safe?

A: Microwaves produce minimal radiation and are very safe. The wavelength heats water in food and creates steam at a microscopic level only. As long as the microwave components and protective barriers are not damaged and in good working order, there is no risk to your health or increased risk for cancer.

Q: We are told to eat more fruits and vegetables but by the time they get to the store they are rotten. The prices are so high, people can't afford to buy it. For people with kids, especially those on income support, it's almost impossible. What is being done about this?

A: The government is working to support improvement in this area. There are several actions in the government’s Anti-poverty Strategy that try to address this important issue. Specifically around food, more and more communities are implementing community gardens to combat food security issues. There are also other ways to ensure you get enough fruits and vegetables, you don’t always need to eat fresh produce. The produce we get here in the NWT has traveled a long distance but buying frozen fruits and vegetables is a good option. They have excellent nutritional content because they are picked and “flash frozen” so all their nutrients are well preserved.

Cancer Care Coordinator

The Cancer Care Coordinator for the NWT attended this sharing circle to listen and learn from the experiences of the participants. The Cancer Care Coordinator is a nurse with oncology experience. The position is based in Yellowknife at Stanton Territorial Hospital but is available to all cancer patients throughout the NWT and Kitikmeot Region of Nunavut.

The Coordinator provides patient and family education, assists patients in seeking out resources, supports and assistance in navigating the cancer care system in the NWT. Patients can be referred to the Cancer Care Coordinator through their health care team (physician, community health nurse, nurse practitioner) or patients can self-refer to access this service.

The Cancer Care Coordinator can be reached by phone or email:

867-669-43110
Cancer_care_coordinator@gov.nt.ca
Patient Resources

The Department of Health and Social Services is developing patient navigation resource material. It will be available to both patients and health care professionals. The resource will outline information on diagnosis, treatment, travel and helpful tips for patients including questions to ask your health care provider and a section for patients to take notes.

The resource will be plain language and will include images of the various clinics, hospitals, and machines a patient may encounter in their cancer journey.

To complement the patient navigation material, the Department is also developing short videos outlining different stages of the cancer journey including:

- Screening,
- Diagnosis, and
- Active treatment.

These resources will be made available online and in health centers across NWT.

The Northern Health Services Network is an AHS program that helps NWT residents to coordinate their care and support while in Edmonton. NHSN has significant experience coordinating treatment and discharge care as well as access to equipment and supplies for cancer patients, and liaises with the Cross Cancer Institute, Stanton Territorial Hospital, and the patient’s community health center. All NHSN staff members have nursing experience in Canada’s north and can advocate on behalf of northern clients to meet their linguistic, cultural, and spiritual needs.

For more information, call 780-735-5761.
Our Vision for Community Health

Participants had the opportunity to work in groups to address some of the key themes raised during the circle. Participants agreed on a shared vision of healthy, cancer-free communities. This requires action in all four areas of holistic health (emotional, mental, physical, and spiritual).

Cancer prevention and healthy living
The group agreed that being healthy is the best way to avoid cancer and made the following recommendations.

- Improve collaboration between community leadership and the Northern Store to provide healthy, affordable food options.
- Take advantage of community gardens. Organize as a community to make sure we make the best of a short growing season. The Northern Store could bring in more seeds and garden supplies.
- Healthy leadership should set a positive example for all community members. These people can influence the choices of the people around them with their knowledge and experience, especially younger generations.
- Encourage traditional ways, community hunts and sharing of traditional foods, especially with the Elders.

Early detection and screening
There is mistrust that stops people from seeking care. People do not get screened for cancer because they are afraid. Participants called for enhanced trust between community members and health care providers, making the following recommendations.

- Orient new medical staff to the communities and regions to help improve relationships. This could be done through a mentorship or a buddy system between Elders/community people and new health workers to the community.
- Encourage health care providers to participate in community events.
- If health care providers are not from the community, they should receive training in historical trauma.
- Make better use of community-based people. Community health representatives, wellness workers, and personal support workers could also help raise awareness but they need cancer-specific education and training first.
Support and navigating the cancer journey

We still have a lot of work to do when it comes to supporting patients. We have the following recommendations.

- Take this information from the cancer sharing circle back to the communities in the region. The more people know about this disease and understand how to help, the better things will be for patients.
- Establish community support groups for patients, families and caregivers. Give an opportunity for people to share and learn from each other. Have specific groups for those who are grieving loss. They need a place to heal.
- Pay for non-medical escorts for patients when they travel. It is important for the patient to have a familiar face when they leave the community. This would solve some of the financial issues patients and escorts face when they must travel for long periods of time.
- Improve the referral system between the Beaufort Delta, Stanton Territorial Hospital, and Edmonton. When patients are required to travel, everything should be coordinated to save the patient’s time and money.
- Improve language services for patients who do not speak English. Increases in the number of trained translator/interpreters and having these positions available on-call would be a great benefit to patients.

Emotional support and quality of life

Participants called for more work done to support the quality of life of cancer patients, survivors, and their families.

- Use traditional medicines to improve the quality of life for patients.
- Create more opportunities for patients to connect with their home while they are away, e.g. provide iPads for Skype or cover people’s phone bills so they can call home as much as they want.
- Conduct community fundraising to help patients cover bills while they are away or sick.
- Take better care of one another if you know someone is sick. Cook for them, visit, offer to clean their house, come together as a community.
- Establish regular cancer sharing circles or support groups run by local people in our communities.
The Tree of Hope

At the end of the two days, participants created a tree of hope.
Appendix A: Agenda

Cancer Sharing Circle in the Gwich'in Settlement Region
Sittichinli Complex, Aklavik - September 10 & 11, 2015

OBJECTIVES

- To give community members the opportunity to voice their concerns and share their stories about cancer
- To enhance community knowledge and awareness of cancer and how it impacts community members
- To motivate community members to initiate their own activities to address barriers and gaps they face in cancer care and support

AGENDA

**September 10, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9:00</td>
<td>Opening prayer</td>
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<tr>
<td>9:15</td>
<td>Welcome from the Gwich’in Tribal Council</td>
</tr>
<tr>
<td>9:30</td>
<td>Introductions</td>
</tr>
<tr>
<td>10:00</td>
<td>Participant expectations and stories</td>
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<tr>
<td>10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:45</td>
<td>Cancer in the Beaufort Delta</td>
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<tr>
<td></td>
<td><em>NWT Chief Public Health Officer Dr. André Corriveau</em></td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>1:30</td>
<td>Support in the cancer journey</td>
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<tr>
<td>2:30</td>
<td>Break</td>
</tr>
<tr>
<td>2:45</td>
<td>Small groups: What is our vision for cancer and community health?</td>
</tr>
<tr>
<td>4:00</td>
<td>Reflections</td>
</tr>
<tr>
<td>4:30</td>
<td>Close</td>
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**September 11, 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>9:00</td>
<td>Opening prayer &amp; welcome</td>
</tr>
<tr>
<td>9:30</td>
<td>Reflections from Day One</td>
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<tr>
<td>10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:45</td>
<td>Small groups: How do we achieve our vision?</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
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<tr>
<td>1:00</td>
<td>Video presentation</td>
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<tr>
<td>1:30</td>
<td>Small group presentations</td>
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<tr>
<td>2:30</td>
<td>Break</td>
</tr>
<tr>
<td>3:30</td>
<td>Tree of hope</td>
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<tr>
<td>4:00</td>
<td>Close</td>
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</table>
Appendix B: Glossary

**Caregiver**
A caregiver is defined as a spouse, adult child, other family member or friend who provides unpaid care to someone living with cancer, allowing them to remain in their home and community.

**Cancer journey**
The cancer journey is the full experience of cancer in all its stages, either first-hand or through a loved one.

**Carcinogen**
A carcinogen is any substance, which can directly cause cancer.

**Circle of care**
The circle of care is a model where the patient is at the center of care and a team of health professionals works collaboratively toward the patient’s holistic health and wellness.

**Commercial tobacco use**
Commercial tobacco use is the use of tobacco as a drug that causes damage to your health over time, including smoking cigarettes or using chew.

**Community health representative**
A community health representative is a community member who links the community with the formal health system through the delivery of health promotion, treatment, and surveillance programs.

**Continuum of care**
The continuum of care is a concept to describe the delivery of health services throughout all stages of an illness from diagnosis to the end of life.

**End-of-life care**
End-of-life care is a range of clinical and support services with the focus on relieving suffering, ensuring respect, and maximizing quality of life for the patient who is dying, their family, and loved ones.

**Fecal immunochemical test**
The fecal immunochemical test (FIT) is a simple stool test that is used as the primary colorectal cancer screening test in the Northwest Territories for individuals aged 50-74 years who are at average risk of the disease. The test is available in all health centers, can be done at home, and does not have any dietary restrictions.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genes</td>
<td>Genes are instructions that tell our body how to function. Some of our genes are shared between family members. Shared genes are what cause physical and behavioural similarities between family members.</td>
</tr>
<tr>
<td>Heavy drinking</td>
<td>Heavy drinking is defined as the consumption of five or more drinks in a single sitting at least once a month for the past 12 months.</td>
</tr>
<tr>
<td>Holistic care</td>
<td>Holistic care focuses on all aspects of an individual’s life, including his or her physical, emotional, spiritual, and social needs. Healing the person as a whole is the goal of holistic care.</td>
</tr>
<tr>
<td>Home support workers</td>
<td>Home support workers are community-based workers who provide support services to patients in their homes and collaborate with community health representatives.</td>
</tr>
<tr>
<td>Incidence</td>
<td>Cancer incidence refers to the number of new cancers that occur in a specific population in one year. Cancer incidence is usually expressed as the number of cancers per 100,000 individuals at risk in the population.</td>
</tr>
<tr>
<td>Lymph node</td>
<td>A lymph node is an organ in the body’s immune system that contains cells responsible for fighting disease and infections. Lymph nodes can be found in many locations of the body.</td>
</tr>
<tr>
<td>Mammogram</td>
<td>A mammogram is a specialized x-ray of the breast that is used as the primary breast cancer screening test in the Northwest Territories for women aged 50-74 years who are at average risk of the disease. Mammograms are available in Yellowknife, Hay River, and Inuvik.</td>
</tr>
<tr>
<td>Mortality rate</td>
<td>A cancer mortality rate is the number of deaths due to cancer that occurs in a specific population in one year. Cancer mortality is usually expressed as the number of deaths due to cancer per 100,000 individuals in the population.</td>
</tr>
<tr>
<td>Negative diagnosis</td>
<td>A negative diagnosis concludes the absence of cancer.</td>
</tr>
<tr>
<td>NWT Cancer Registry</td>
<td>The NWT Cancer Registry is the collection of data on tumours and cancer screening tests among NWT residents. It is an important tool for evidence-based, data-driven decision-making.</td>
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<tr>
<td><strong>Oncologist</strong></td>
<td>An oncologist is a doctor who is an expert in cancer knowledge and treatment.</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>Oncology is the field of study and medicine devoted to cancer.</td>
</tr>
<tr>
<td><strong>Organic</strong></td>
<td>Organic farming is a form of agriculture that does not rely on pesticides and other chemicals to grow food.</td>
</tr>
<tr>
<td><strong>Palliative care approach</strong></td>
<td>The World Health Organization defines palliative care as an approach that improves the quality of life of patients and their families facing life-limiting illness, through the prevention and relief of suffering and pain, and other physical, psychosocial, and spiritual challenges. Palliative care includes, but is not limited to, end-of-life care.</td>
</tr>
<tr>
<td><strong>Papanicolaou test</strong></td>
<td>A Papanicolaou (Pap) test is used as the primary cervical cancer screening test in the Northwest Territories. Women should have an annual Pap test starting at age 21 years or three years after becoming sexually active, whichever comes earlier. Following three consecutive tests with normal results, the Pap test can be taken every two years.</td>
</tr>
<tr>
<td><strong>Positive diagnosis</strong></td>
<td>A positive diagnosis indicates the presence of cancer.</td>
</tr>
<tr>
<td><strong>Primary prevention</strong></td>
<td>Primary prevention of disease includes actions to reduce or avoid disease before it occurs. Examples of primary prevention include maintaining a healthy diet, exercise, not smoking, and immunization.</td>
</tr>
<tr>
<td><strong>Risk factor</strong></td>
<td>A risk factor is any behaviour or thing that increases the likelihood of developing a disease. Risk factors that we can control, such as smoking and exercise, are referred to as modifiable risk factors.</td>
</tr>
<tr>
<td><strong>Screening</strong></td>
<td>Cancer screening involves simple tests that are used to find early signs of cancer. Screening is for healthy people who do not have any symptoms of illness.</td>
</tr>
<tr>
<td><strong>Secondary prevention</strong></td>
<td>Secondary prevention of disease includes actions to detect and treat a disease early, prior to the appearance of symptoms. Cancer screening is an example of secondary prevention.</td>
</tr>
<tr>
<td><strong>Definition</strong></td>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Self-advocacy</strong></td>
<td>Self-advocacy is a term to describe the actions of individuals or groups to represent their own needs or interests.</td>
</tr>
<tr>
<td><strong>Social determinants of health</strong></td>
<td>The social determinants of health are the economic and social conditions that influence the health of individuals or groups.</td>
</tr>
<tr>
<td><strong>Social marketing</strong></td>
<td>Social marketing is an approach to develop activities that aim to change or maintain certain behaviours for improved health of individuals and communities.</td>
</tr>
<tr>
<td><strong>Staging</strong></td>
<td>Staging is a term that describes the measurement of the development of cancer.</td>
</tr>
<tr>
<td><strong>Survivorship care</strong></td>
<td>Survivorship care involves regular medical check-ups to identify and monitor changes in a person’s physical and psychosocial health after completing cancer treatment. Survivorship care may also be called follow-up care, after care, or discharge care.</td>
</tr>
<tr>
<td><strong>Tertiary prevention</strong></td>
<td>Tertiary prevention of disease includes actions to reduce the damage of disease through rehabilitation and treatment. Surgery and palliative care are examples of tertiary prevention.</td>
</tr>
<tr>
<td><strong>TNM staging</strong></td>
<td>TNM staging describes different kinds of tumours. Letters and numbers are used to describe the type of cancer in detail.</td>
</tr>
<tr>
<td><strong>Traditional medicine</strong></td>
<td>The World Health Organization defines traditional medicine as the sum of knowledge, skills, and practices based on the theories, beliefs, and experiences of Indigenous cultures that are used to maintain health and treat illness.</td>
</tr>
<tr>
<td><strong>Traditional tobacco use</strong></td>
<td>Traditional tobacco use is the use of tobacco as part of ceremony or other sacred, healing practices part of certain Indigenous cultures. When tobacco is used in this way, people are exposed to very little smoke.</td>
</tr>
</tbody>
</table>
Appendix C: **Cancer Resources**

**NWT Breast Health/Breast Cancer Action Group**
http://www.breasthealthnwt.ca

For nearly two decades, the NWT Breast Health/Breast Cancer Action Group has worked to improve breast health and breast cancer information, services, and support available to NWT women. They implement a number of initiatives such as Healing Through Art workshops, survivor retreats, and a project to determine survivorship care planning needs.

**NWT Quitline**
1-866-286-5099

The NWT Quitline is a toll-free, confidential telephone helpline for people who want to quit smoking. Services include:

- Tobacco cessation counselling;
- Personalized call-back program;
- Information material;
- Translation services for all NWT languages; and
- Telephone helpline 24 hours a day, every day.

**Canadian Cancer Society**
http://www.cancer.ca

The Canadian Cancer Society is a community organization that supports cancer research, provides information on all cancer types, organizes community programs, and leads initiatives in cancer prevention. The Canadian Cancer Society website contains information about the following services and more:

- Cancer Information Service (1-888-939-3333 or info@cis.cancer.ca)
- Peer Support Service (1-888-939-3333 or info@cis.cancer.ca)
- An online community at cancerconnection.ca
- Smoker’s Helpline (www.smokershelpline.ca)

**CancerControl Alberta**
http://www.albertahealthservices.ca/cancer.asp

CancerControl Alberta is the agency within Alberta Health Services responsible for cancer care. The majority of NWT cancer patients end up receiving care at the Cross Cancer Institute in Edmonton, run by CancerControl Alberta. The agency is involved in cancer prevention, diagnosis, treatment, survivorship, and palliative care, and research.
Northern Health Services Network
1-780-735-5761

The Northern Health Services Network helps NWT residents to coordinate their care and support while in Edmonton. They have significant experience coordinating treatment and discharge care as well as access to equipment and supplies for cancer patients, and liaises with the Cross Cancer Institute, Stanton Territorial Hospital, and the patient’s community health center. All staff members have nursing experience in Canada’s north and can advocate on behalf of northern clients to meet their linguistic, cultural, and spiritual needs.

CancerView Canada
http://www.cancerview.ca/cv/portal/Home/FirstNationsInuitAndMetis

CancerView Canada is a site that connects Canadians to cancer services, information and resources. There is a Community of Information page with resources on cancer control for First Nations, Inuit, and Métis peoples. On this page, there are videos where people share their personal cancer journeys as well as a knowledge circle with links to publications and research on cancer prevention, testing, treatment, and living with cancer.

@YourSide Colleague
www.atyourside.ca

One of the key initiatives of the Saint Elizabeth First Nations, Inuit, and Métis Program is @YourSide Colleague, a secure web-based learning and knowledge-sharing program that provides many internet-based health courses (including Cancer Care) to First Nations communities. All of the courses were developed in collaboration with community-based health care providers from participating First Nation communities and are offered at no cost to the communities.
## Appendix D: NWT Cancer Posters

### CANCER SCREENING

**CANCER SCREENING**

- **Saves Lives!**

**BREAST CANCER**

- **WHO**
  - Most women age 50 - 74
- **WHAT TEST**
  - Mammogram
- **WHEN**
  - Every 2 years
- **WHERE**
  - Yellowknife
  - Hay River
  - Inuvik

**CERVICAL CANCER**

- **WHO**
  - Most women age 21 - 69*
  - *21 years after becoming sexually active
- **WHAT TEST**
  - Pap test
- **WHEN**
  - Every 2 years**
  - **After 3 consecutive annual normal pap tests**
- **WHERE**
  - Community Health Centres

**COLORECTAL CANCER**

- **WHO**
  - Most men & women age 50 - 74
- **WHAT TEST**
  - Fecal immunochemical test
- **WHEN**
  - Every 1-2 years
- **WHERE**
  - Community Health Centres

**CANCER SCREENING**

- Is for people with no symptoms of cancer
- Helps to find cancer early and improve your chances of full recovery

You could be eligible for a different screening test, or screening at an earlier age. If you have family cancer history, personal cancer history, or are experiencing any unusual signs or symptoms, see your health care provider.

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If you would like this information in another official language, call us at (867) 920-3367
Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 867-920-3367

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Let’s Talk About Cancer

For more information, talk to your health care provider or visit www.cancer.ca
10 WAYS TO REDUCE YOUR CANCER RISK

- Quit Tobacco
- Maintain Healthy Diet
- Be Sun Safe
- Get Vaccinated
- Get Screened
- Achieve Healthy Body Weight
- Limit Alcohol
- Breastfeeding
- Be Physically Active
- Know Your Family History

Let’s Talk About Cancer
For more information, talk to your health care provider or visit www.cancer.ca

Choose A

A Network for...