

## Choice of treatment, standard of care

The government of Newfoundland and Labrador must improve its standard of care for patients with gynecological cancers

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The government of Newfoundland and Labrador must improve its standard of care for patients with gynecological cancers. Working in a province with the country's highest mortality rates for cervical and ovarian cancer, the three gynecological oncologists who resigned last month appear to have had good reason to be frustrated by their inability to provide the latest therapies.

Cancer patients are always hoping for new drugs or new means of administering drugs. A spot in a clinical trial offers new hope, and often the last hope, to a patient with advanced cancer. So it is upsetting to learn that a lack of basic resources meant that advanced cervical cancer patients in Newfoundland could not take part in a national clinical trial.

The report submitted to the Newfoundland and Labrador health ministry says that Newfoundland “has the highest incidence and mortality from cervical cancer and for this reason had the most to contribute and benefit from through participation in this study. We did not have access to the necessary chemotherapy beds, pharmacy and nursing care to be able to offer our patients access to this opportunity.”

According to the report, certain advanced ovarian cancer patients have also been denied what the oncologists call “the new standard of care.” The therapy, called intraperitoneal chemotherapy, has been found to extend the survival time of some later-stage ovarian cancer patients by more than 15 months. (The early symptoms of ovarian cancer are quite common. Many diagnoses are made only after the cancer has begun to spread, or has reached Stage 3.)

While each cancer patient must make her own choice about how aggressively she wants to be treated, it is the obligation of the government to give her a choice of treatments roughly comparable to what other provinces offer. Obviously, provincial governments are not bound to provide any treatment for any gain in length of survival at any cost. But in the case of Newfoundland's 1,200 cervical and ovarian cancer patients, among them mothers of young children who might well embrace a therapy – proven or unproven – that could prolong their lives, the treatment is not available because the province has failed to supply sufficient resources such as equipment, chemo or ICU beds and staff.

Newfoundland's government has deprived these patients of readily available treatments, settling for last place and forcing patients and oncologists to do the same.