



**Health Matters Newsletter**

**June 20, 2014**

**Today’s Health Matters Includes:**

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* Meeting Schedules
* Community Meetings and Events
* Our Cowichan Small Grants Available
* Big Data it has never been easier to seek out better outcomes for patients (Linkedin)
* Skin Cancer in BC on the Rise

Sometimes you need to stop and sigh and capture a moment.

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**Our Cowichan- Network Member Meetings-**

* **Next Communications Committee Meeting-** Wednesday June 25, 9:00 am CVRD Room to be announced
* **Next Our Cowichan Network Meeting –Thursday July 10,** CVRD Board Room. Light dinner at 5:30 pm – Meeting starts at 6:00 pm
* **Next Admin Committee Meeting-** Wednesday July 16, 5:30 pm CVRD Committee Room 2
* **Next Grant Committee Meeting-** Wednesday October 1, 9 am to 11 am CVRD – Room to be announced

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Calls for Proposals

Cowichan Valley

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Our Cowichan recognizes the health and well -being of our citizens is impacted by the 12 Key determinants of health within the context of healthy and supportive communities, organizations, families and relationships.

Our Cowichan has the opportunity to make a positive and meaningful contribution to our communities’ future. OCCHN is committed to helping all citizens of the Cowichan Communities enjoy good health.

**Project focus:**

Applications whose priorities for action respond to demonstrated community needs, gaps and priorities and that are evidence based and focus on the determinants of health will be accepted for review.

Application templates are available on our website [www.cchn.ca](http://www.cchn.ca) or contact Cindy Lise at [cindylisecchn@shaw.ca](mailto:cindylisecchn@shaw.ca) . Applications will be accepted up to October 1, 2014. Funding announcements will be made by October 15, 2014 or sooner.

* 1 copy must be submitted by email to: cindylisecchn@shaw.ca
* 1 hard copy must be mailed to:

Our Cowichan

PO Box 20106

Duncan BC,

V9L- 5H1

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**Big Data: It's Never Been Easier to Seek Out Better Outcomes for Patients**

June 16, 2014

Open any business publication today and you will find a story about rumored corporate activity in the pharmaceutical and biotechnology sectors. One of the reasons behind these companies looking at an M&A approach is that the industry is at a fundamental inflection point. The economic reality of rising healthcare costs in most countries coupled with the loss of patent exclusivity of many blockbusters over the past four years is causing governments and private payers to question the need for high reimbursement rates across the globe. This change in the top line coupled with unproductive R&D pipelines and the need for specialist treatments to distinguish outcomes is forcing many companies to change where they focus and how they operate.

So how is this manifesting itself? In some cases, we are seeing newer market entrants working on developing illness prevention, such as a [new blood test to detect bowel cancer](http://www.huffingtonpost.co.uk/2013/12/02/bowel-cancer-blood-test-detection_n_4370725.html). For the established players, the pressure is on to maximize the impact that their treatments can have. They need to identify the patient populations where their products can have the optimal effect, they need to be flexible on pricing and supply to reach the target patients and they need to provide services around their product on an ongoing basis to ensure the efficacy of the product on the disease. In essence there is much more pressure on Life Sciences companies today to take end-to-end responsibility for the patient outcomes in order to achieve and sustain reimbursement.

The good news is that with the availability of data and analytics today, the task is easier than it has been in the past.

Over the past five years there has been a significant investment in implementing electronic medical records (EMR) for patients. The data has now reached a maturity that makes it highly valuable to pharmaceutical companies because of the impact it can have on patients. When you combine it with other data sources, it starts to create powerful insights into the way patents can be treated to maximize the impact that treatment can have.

The real power behind this wave of data is coming from analyzing EMR and other data for R&D and commercial patient care coordination services in order to create a more comprehensive picture of the patient treatment and experience to identify care gaps and barriers. Pharma companies can then addresses these gaps to improve patient access to care and the effectiveness of treatments.

Take, for example, diabetes. [The WHO estimates that 347 million people worldwide have diabetes](http://www.who.int/mediacentre/factsheets/fs312/en/). In the US alone [25.8 million children and adults](http://www.diabetes.org/diabetes-basics/statistics/?loc=db-slabnav) or 8.3% of the population have diabetes. It is a leading cause of death and disability and results in a total annual economic cost of $245 billion. The human and economic costs are significant. In 2004, an estimated 3.4 million people died from consequences of high fasting blood sugar and more than 80% of diabetes deaths occur in low- and middle-income countries. Current projections have diabetes as the seventh leading cause of death in 2030.

Using a big data analytics platform, companies have started to measure the effectiveness of changes in diabetes management protocols being piloted. This is important because it combines for the first time big data analysis, clinical informatics, and life sciences expertise. The aim is to better understand patient needs, identify high-risk patients, and evaluate the effectiveness of treatment protocols in improving patient outcomes. Clearly a data-driven approach to develop better management and prevention strategies can have a huge impact.

But is not just diabetes that can benefit from this insight. Earlier this year, [Project Data Sphere](http://www.outsourcing-pharma.com/Commercial-Services/SAS-platform-used-to-share-big-pharma-cancer-trial-data) was launched by the CEO Rountable on Cancer’s Life Sciences Consortium to pool results from Phase III cancer trials across all tumor types. Key to these initiatives is the rapid measurement of the effectiveness of solutions so that real-time adjustments can be made to continually improve the outcome. It is also able to inform clinical research based on the gaps and barriers identified in patient needs and populations.

A recent survey [Why Pharma Companies Can’t Ignore Patient Services](http://www.accenture.com/us-en/Pages/insight-great-expectations-why-pharma-companies-cant-ignore-patient-services-survey.aspx) highlighted the opportunity for pharmacy companies to ‘become more engaged’ with the patients they treat and better understand how to deliver an improved patient outcome. What we are seeing is the emergence of new combinations of data to create new insights. These can help determine the precise combination of treatments and services that can lead to better patient, provider, and economic outcomes.

This change is the result of the rise of consumerization, the change in global economic reality and the bifurcation of the industry into specialty and generic product bases. This inflection is driving the resultant change in strategy, focus and operations in the global players. The winner is the patient with more targeted therapies, better pricing, more services and more choice.

*Photo: Shutterstock*

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# Rate of melanoma skin cancer on the rise in B.C.

**Be Sun Safe- Slip on a shirt, slap on a hat and slop on some sunscreen!**

By [Amy Judd](http://globalnews.ca/author/amy-judd/)  Global News6What is this?

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##### VANCOUVER – Twenty-three-year-old Sarah Merrill never expected to be dealing with a cancer diagnosis when she was in her second year of university.

When she was in Grade 12, the Saskatchewan native noticed a mole on her knee had become raised, turned pink and would bleed if she bumped it on anything.

[Story continues below](javascript:void(0);)

“I never noticed it up until that point,” said Merrill. “My friends and I would joke about it and even nicknamed it ‘Frank’ because it was really big.”

Her mole was about the size of the top of a pencil eraser when Merrill went to the doctor to get it removed. However, she was told by multiple doctors that it was only cosmetic and didn’t need to be removed.

She did end up getting it removed in 2012 in Saskatchewan and thought nothing more of it. But later that year she received a call from her family doctor telling her she had stage 3, invasive malignant melanoma.

“It was pretty overwhelming because my mom passed away from cervical cancer,” said Merrill. “As soon as someone drops the ‘cancer’ word, ‘oh my gosh what are you going to do?’”

While Merrill had some lymph nodes removed, she said luckily the cancer had not spread there and in December Merrill had a baseball-sized section of tissue removed from her knee.

Now she is totally cancer-free, but she wants to warn others about the dangers about melanoma skin cancer, one of the fastest rising of all cancers in B.C.

<img class="story-img" src="http://vipmedia.globalnews.ca/2014/05/sarah-2014.jpg?w=512&#038;h=288&#038;crop=1" alt="Sarah is now totally cancer-free."> 

Sarah is now totally cancer-free.

According to Canadian Cancer Statistics 2014 released by the Canadian Cancer Society, in partnership with the Public Health Agency of Canada and Statistics Canada, British Columbians need to do more to protect themselves from damaging ultraviolet (UV) radiation.

Skin cancer is the most common cancer in Canada, with an estimated 6,500 new cases of melanoma and another 76,100 cases of non-melanoma skin cancers expected to be diagnosed in 2014. Of the skin cancers, melanoma is the deadliest form, with 1,050 Canadians expected to die from it this year.

In 2012 there were an estimated 910 cases of melanoma in B.C., but it is estimated that there will be 970 new cases of melanoma in 2014. In B.C. it is expected 140 people will die from it this year.

Skin cancer, including melanoma, is also one of the most preventable types of cancer. The main risk factor is UV radiation from overexposure to the sun and other sources, such as indoor tanning beds. UV radiation is responsible for up to 90% of melanoma cases. With about half of all cancers being preventable, the Canadian Cancer Society actively advocates for better policies to make healthy choices easier – for example, working with the government to implement indoor tanning legislation banning youth from using tanning beds.

“In October 2012, the BC government banned the use of indoor tanning equipment for youth under the age of 18. While it’s still early, we hope to see a reduction in the number of cases of melanoma in the future because of this,” said Kathryn Seely, Director of Public Issues, Canadian Cancer Society, BC and Yukon. “In addition to our advocacy efforts, we’re doing everything we can to educate British Columbians about how they can reduce their risk of developing melanoma in the first place.”

However, according to the current report, melanoma has been increasing significantly in both men and women since 1986.

Merrill said she had only been in a tanning bed three times in her life, but she was often outdoors playing sports and while she tried to wear sunscreen all the time it was hard to stay covered.

“In my mind that’s totally where it came from,” she said.

She now wants to get the message out to young people that there should not be any pressure to be tanned and if you want a golden glow, turn to the bottle variety instead.

“There is a lot of pressure to be tanned,” said Merrill. “Because I’m a melanoma skin cancer survivor, I feel very strongly about prevention and the power to encourage behavioural change among young people.”

Overall, B.C. continues to have the lowest estimated new cancer cases in all of Canada. In B.C. in 2014, an estimated 12,900 men and 11,400 women will receive a cancer diagnosis. Of these newly diagnosed cases, more than half will be prostate, breast, lung and colorectal cancers. B.C. also has the lowest estimated cancer death rate in Canada, with an estimated 9,900 deaths in 2014.

Merrill, who now volunteers with the Canadian Cancer Society and speaks to young people about melanoma, said the best thing people can do is be their own advocate.

“Nobody knows your skin as well as you do,” she said.

Canadian Cancer Statistics 2014 was prepared through a partnership of the Canadian Cancer Society, the Public Health Agency of Canada, Statistics Canada and provincial and territorial cancer registries. For more information about Canadian Cancer Statistics 2014, visit [cancer.ca](http://www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication/?region=on)

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Do you have a resource, event or information you would like to share?

Send it to [cindylisecchn@shaw.ca](mailto:cindylisecchn@shaw.ca) and it will be included in the weekly Health Matters Newsletter