Alberta gets new weapons in cancer fight

Later this year Edmonton's Cross Cancer Institute will unveil a new centre and an arsenal of new weapons in the war on cancer, with the latter including equipment that “sculpts” radiation to the precise shape of a tumour.

This helical tomotherapy unit will deliver precise radiation treatments from multiple positions and angles and will let doctors use higher dosages because it significantly reduces the amount of radiation hitting healthy tissue adjacent to tumours. Because the unit simultaneously performs a CT scan during treatment, it can make automatic, on-the-fly adjustments in response to any movement by the patient, further reducing the risk of damage to noncancerous areas.

“It’s a simple process, really,” says Dr. Gino Fallone, codirector of the new centre. “You have a target you’re trying to hit but you don’t want to hit anything else. Now we will be able, with confidence, to increase the dosage we can use because we’ll be more in control of where it’s going. We’re limited now because of the risk of side effects and damage to healthy tissue.”

The $21-million tab for the new Centre for Biological Imaging and Adaptive Radiotherapy and its highly specialized equipment will be shared by the federal and provincial governments and the Alberta Cancer Foundation.

Slated to be operating by October, the centre will also be home to Western Canada’s first (and Canada’s third) whole-body positron emission tomography (PET) scanner and the cyclotron that produces the short-life radioisotopes used in PET imaging.

Fallone says that by bringing all the technology together under one roof, staff hope to harness “the full curing potential from radiation.” — Greg Basky, Saskatoon

Profession seeks prescription for solving pharmacist shortage

Heather Palmer has completed only her first year in pharmacy at Dalhousie University, but unless conditions in the industry change drastically over the next 3 years there will be plenty of jobs waiting when she gets graduates.

In Canada there are currently more than 1000 openings for pharmacists, says Debbie Saltmarche, director of pharmacy for the Canadian Association of Chain Drug Stores. Saltmarche says university enrolment has remained static even though the number of pharmacies has grown by 3% over the past 5 years and the number of prescriptions filled has grown by almost 20% during that time.

In this same period, there has been only a 1% increase in the number of new pharmacists. According to the Canadian Pharmacists Association, the country’s 9 schools of pharmacy now graduate about 800 new pharmacists each year. The country has more than 18 000 practising pharmacists.

Claudia McKeen, owner of the Glebe Apothecary in Ottawa, attributes the current shortage, at least in part, to the proliferation of pharmacies in supermarkets and other nontraditional areas. For instance, Costco, the giant retailer, opened its first pharmacy in a Canadian outlet this year.

In New Brunswick, the shortage became so severe this summer the Miramichi Regional Hospital stopped accepting new patients requiring chemotherapy because there were not enough pharmacists to prepare their drugs. In July, 20% of hospital pharmacist positions in that province were unfilled. — Natalie Scollard, Ottawa

Canada’s only pediatric cardiovascular surgeon east of Montreal has pulled up stakes and moved to Alberta. However, Dr. David Ross will remain only a heartbeat away from the IWK Health Centre.

A contingency plan put in place by the Halifax hospital calls for pediatric cardiovascular surgeons from across the country to fly to Halifax and perform surgery from September to November. Ross, now with the Pediatric Cardiac Surgery Program in Edmonton, is one of the specialists involved. The plan also calls for high-risk pediatric patients from the Maritimes to be treated at the Montreal Children’s Hospital and the Toronto Hospital for Sick Children, says Dr. Ken Wilson, the IWK’s chief of surgery. This summer, emergency situations were being handled locally by nonpediatric cardiovascular surgeons.

Wilson is optimistic that a new pediatric cardiovascular surgeon will soon be found. The IWK, with a helping hand from the provincial Department of Health, is actively recruiting, and Wilson says there are at least 6 interested candidates. Ross had been performing 110 to 115 open-heart operations annually at the hospital.

Ross, who joined the IWK in 1993, is not the only pediatric specialist to leave Nova Scotia for Alberta this summer. Dr. Vivek Mehta, a pediatric neurosurgeon at the IWK, has announced that he too is leaving for Edmonton. However, his position will not be filled. Dr. Bill Howes, head of the IWK’s Division of Neurosurgery, will now treat all patients.

The latest moves point to Alberta’s growing financial clout, which allows the province to recruit doctors across the country (see CMAJ 2001;164[11]:1607). — Donalee Moulton, Halifax