



**Cancer and  
First Nations Peoples in BC**  
A COMMUNITY RESOURCE



First Nations Health Authority  
Health through wellness

**BC  
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Provincial Health Services Authority



First Nations Health Authority  
Health through wellness

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## INTRODUCTION

**Cancer is a disease that impacts all walks of life regardless of age, gender, sexual orientation, ability or race. This document is intended to be a resource for First Nations community health professionals, leadership and community members to better understand cancer and its impact on health and wellness.**

In this document, you'll find the following information:

- The First Nations Health Authority's (FNHA) approach to health and wellness
- Overview of cancer incidence and survival rates for First Nations people in BC
- Information on preventing cancer
- Cancer-related community resources

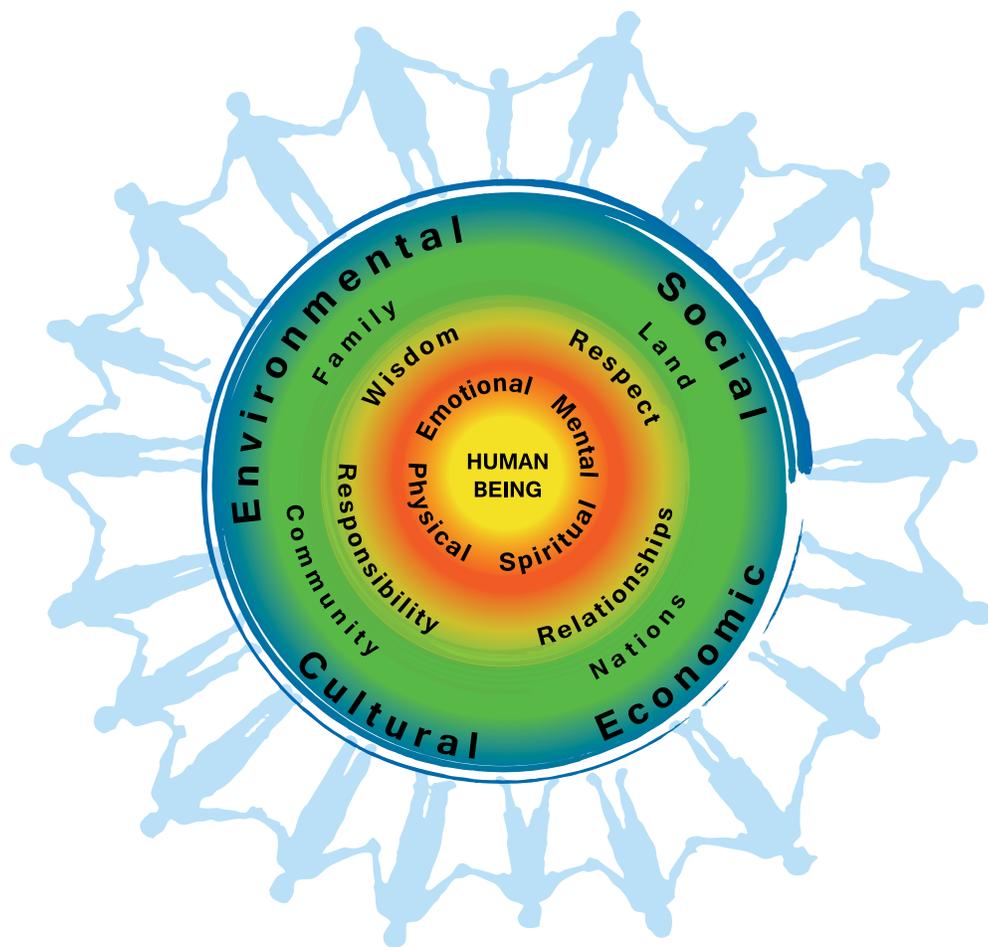
For more information on resources, please consult the back of this document. A glossary of terms commonly used for cancer screening can also be found at the end of this document.

In December 2017, the FNHA, in collaboration with BC Cancer, Métis Nation British Columbia and BC Association of Aboriginal Friendship Centres, published *Improving Indigenous Cancer Journeys in BC: A Road Map* to improve the Indigenous cancer journey in British Columbia (BC).

In October 2017, FNHA, in partnership with BC Cancer, released the study, "Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010," on the rates of cancer in First Nations people in BC.<sup>1</sup> This manuscript provides important information about the current state of cancer in First Nations people in BC, and will be described in detail later in this document.

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<sup>1</sup> McGahan, C. E., Linn, K., Guno, P., Johnson, H., Coldman, A. J., Spinelli, J. J., & Caron, N. R. (2017). Cancer in First Nations people living in British Columbia, Canada: an analysis of incidence and survival from 1993 to 2010. *Cancer Causes & Control*, 28(10), 1105-1116. <https://link.springer.com/article/10.1007/s10552-017-0950-7>.



The First Nations Perspective on Health and Wellness (FNHA, 2017)

## WELLNESS INTERRUPTED - COLONIZATION AND FIRST NATIONS HEALTH

**The First Nations Perspective on Health and Wellness (previous page) is a visual depiction of First Nations peoples' collective philosophy that the mind, heart, body and spirit (i.e., mental, emotional, physical and spiritual aspects of health) are all connected and are supported by culture, relationships, and responsibility to family, community and the land.**

In Canada, colonialism introduced devastating impacts to First Nations peoples' health through introduction of deadly infectious agents, forcible displacement from the land, disconnection from culture, family, community, ceremony, language, knowledge and traditions, and policies and legislation intended to disempower and assimilate Indigenous peoples.<sup>2,3</sup> The Indian Residential School system and 60s Scoop are two examples of major Canadian policy initiatives that forcibly removed children from their communities, culture and lands over many generations. The resulting loss and intergenerational trauma continue to be reflected in higher rates of early loss of life, disease and other health disparities for First Nations peoples.

Racism is another major contributor to health inequities faced by First Nations peoples. Racism that First Nations peoples experience includes internalized (acceptance of racist beliefs into one's worldview), interpersonal (person-to-person) and systemic (societal and institutional).<sup>4</sup> Systemic racism is a recognized barrier to accessing appropriate care that disproportionately affects First Nations.<sup>5,6,7</sup> Both interpersonal and internalized racism result from systemic racism and directly harm the health of individuals through

2 FNHA. (2015). FNHA's Policy Statement on Cultural Safety and Humility. <http://www.fnha.ca/Documents/FNHA-Policy-Statement-Cultural-Safety-and-Humility.pdf>.

3 Aguiar, W. & Halseth, R. (2015). *Aboriginal peoples and Historic Trauma: The processes of intergenerational transmission*. Prince George, BC: National Collaborating Centre for Aboriginal Health. [https://www.ccsa-nccah.ca/495/Aboriginal\\_Peoples\\_and\\_Historic\\_Trauma\\_The\\_process\\_of\\_intergenerational\\_transmission.nccah?id=142](https://www.ccsa-nccah.ca/495/Aboriginal_Peoples_and_Historic_Trauma_The_process_of_intergenerational_transmission.nccah?id=142).

4 Paradies, Y. C. (2006). Defining, conceptualizing and characterizing racism in health research. *Critical Public Health*, 16(2), 143-157. <https://doi.org/10.1080/09581590600828881>.

5 Allan, B. & Smylie, J. (2015). First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: the Wellesley Institute.

6 Baker, A., & Giles, A. (2012). Cultural Safety: A Framework for interactions between Aboriginal patients and Canadian family medicine practitioners. *International Journal of Indigenous Health*, 9(1), 15-22.

7 Loppie Reading, C. & Wien, F. (2009). Health Inequalities and Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health. Prince George, BC: National Collaborating Centre for Aboriginal Health.

psychological, social, behavioural and physical processes, such as the mental and physical effects of stress, and negative coping mechanisms (e.g., self harm, unhealthy diet, substance use).<sup>8,9</sup>

In a study of 26 Community Health Representatives based in rural and remote Indigenous communities, all indicated that decreased access to environmental resources and shifting culture contributed to the reduction in the quality of the health determinants of balance (physical, emotional, mental and spiritual health); life control; education; and access to economic and social resources. This has led to more sedentary lifestyles, and limited food choices and security that can lead to an increase in the rates of chronic diseases, including cancer.<sup>10</sup>

More specifically, the disruption of self-governance, self-determination and Nationhood, and disconnection from traditional territories, have led to significant losses for Indigenous communities and continue to be major sources of stress. Connection to the land not only contributed to physical health, but was also a key part of mental, emotional and spiritual health. In fact, for Indigenous peoples, the health of the land is part of the health of the community.<sup>11</sup> While Indigenous cultures are diverse, a common quality communities share is that traditional languages and social, economic and traditional governing systems are intimately connected to the land. Thus, the protection of and access to traditional lands are key to First Nations wellness.

The resiliency of First Nations people is continuously being demonstrated and is seen every day through the incredible ability of individuals, families and communities to withstand the harmful effects of colonization and their intergenerational impacts. First Nations people have found ways to maintain cultural teachings and practices, use the court system to fight for acknowledgment of rights, and maintain and rebuild family connections and personal wellness. It is this resiliency that continues to drive First Nations health and wellness achievements.

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8 Paradies, Y. C. (2006). Defining, conceptualizing and characterizing racism in health research. *Critical Public Health*, 16(2), 143-157. <https://doi.org/10.1080/09581590600828881>.

9 Paradies, Y. C., & Cunningham, J. (2012). The DRUID study: racism and self-assessed health status in an indigenous population. *BMC Public Health*, 12, 131. <https://doi.org/10.1186/1471-2458-12-131>.

10 Richmond, C. A. M., & Ross, N. A. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place*, 15(2), 403-411. <https://doi.org/10.1016/j.healthplace.2008.07.004>.

11 Richmond, C. A. M., & Ross, N. A. (2009).

## WHAT IS CANCER?

- A benign tumour is one that does not spread or invade nearby tissues, and does not usually cause life-threatening health issues.
- A malignant tumour is one that can grow quickly and affect nearby tissues. It can also spread to other parts of the body, interfering with the proper functioning of an organ or body system.

Cancer is a disease that can start anywhere in the human body, which is made up of trillions of cells. Normally, human cells grow and divide to form new cells and keep our bodies healthy. However, occasionally things go wrong for a variety of reasons. Cells may start to grow and reproduce into an unorganized lump or tumour and invade surrounding healthy tissues. Tumours are classified as either *benign* or *malignant*.

Cancer is the leading cause of death in Canada, ahead of heart disease and stroke, accounting for almost 30% of all deaths.<sup>12</sup> Nearly one in every two Canadians is predicted to be diagnosed with cancer in their lifetimes, largely due to Canada's aging population. However, not every type of cancer is the same. Many forms of cancer are very treatable and have high rates of survival, if detected early. Many other forms can be prevented almost entirely, if the right proactive steps are taken.<sup>13</sup>

12 Statistics Canada. (2017). "Leading causes of death, by sex". <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/hlth36a-eng.htm>.

13 Canadian Cancer Society. (2015). Canadian Cancer Statistics, Special Topic: Predictions of the future burden of cancer in Canada. <http://www.cancer.ca/~media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2015-EN.pdf?la=en>.



COLORECTAL



CERVICAL



LUNG



BREAST



PROSTATE

## CANCER AND FIRST NATIONS IN BC: NEW FINDINGS

FNHA and BC Cancer recently conducted a study comparing cancer trends among First Nations people to non-First Nations people living in BC. The goal of the study was to better understand the burden of cancer faced by First Nations people in BC. This was the first study comparing differences in cancer incidence (new diagnoses of cancer in a specified time period) and survival rate (survival of cancer diagnosis over a one-year period and five-year period) between First Nations and non-First Nations in BC.

### WHO WAS INCLUDED IN THE STUDY?

The study was done by linking data from the BC Cancer Registry, which contains information on all cancer diagnoses in BC, with the First Nations Client File, a dataset of First Nations people in BC registered with Indian Status and their children who may be eligible to be registered with Indian Status under the *Indian Act* that is linked to their BC Ministry of Health Personal Health Number. Status First Nations members (or “Status Indians”) are individuals who are eligible to be and are registered by Bands or Indigenous and Northern Affairs under the *Indian Act*. The First Nations Client File does not include Métis or Inuit people in BC. The linked dataset contains information on cancer diagnoses and survival following cancer diagnoses of Status First Nations residing in BC between 1993 and 2010.

### WHAT WAS FOUND?

A total of 4,106 First Nations people were diagnosed with cancer between 1993 and 2010 in BC, which represented 1.2% of all cancer diagnosed in all British Columbians during this time period.

The most commonly diagnosed cancers among First Nations women in BC were:

- breast cancer
- colorectal cancer
- lung cancer
- cervical cancer

The most commonly diagnosed cancers among First Nations men were:

- prostate cancer
- colorectal cancer
- lung cancer

***NOTE:** There are some limitations to this study. First, the analysis of incidence rates does not include severity of cancer at time of diagnosis, participation in cancer screening programs, type of cancer treatment, or differences due to risk factors (such as lifestyle, environmental or socioeconomic risk factors). This information would be important to know in future studies in order to best understand why differences exist between First Nations and non-First Nations populations.*

The data showed us that **First Nations in BC had a lower overall incidence of cancer** compared to the non-First Nations population in BC. However, differences in incidence rates were observed when looking at specific cancers. Cancer incidence refers to the number of people who are newly diagnosed with a cancer over a set period of time.



- **Colorectal cancer** incidence rates were observed to be significantly higher in First Nations men and women compared to non-First Nations men and women



- **Cervical cancer** incidence rates were observed to be significantly higher in First Nations women compared to non-First Nations women



- **Lung cancer** incidence rates were lower for First Nations men and women; however, a worrying trend appears to show rates increasing, whereas rates for non-First Nations people are decreasing (men) or plateauing (women)



- **Breast cancer** was the most commonly diagnosed cancer in First Nations and non-First Nations women, and no differences were observed in incidence rates



- **Prostate cancer** incidence rates were observed to be significantly lower in First Nations men compared to non-First Nations men

A lower **survival rate** of cancer among First Nations was found in most cancers reviewed. Cancer survival refers to the number of people still alive for a set period of time after being diagnosed with cancer:

- Among First Nations women, a lower survival rate was found in 10 of the 15 cancer types reviewed
- Among First Nations men, a lower survival rate was found in 10 of the 12 cancer types reviewed

Seeing a difference in survival rates between First Nations and non-First Nations could be caused by a combination of differences in underlying risk of each specific cancer, access to or utilization of screening programs and primary care and/or high quality, timely, appropriate and effective cancer treatment.



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## IMPROVING KNOWLEDGE OF FIRST NATIONS CANCER JOURNEYS

**The FNHA and BC Cancer study is the first of its kind on cancer incidence and survival among First Nations people in BC, and is an important step in understanding more about cancer in our communities. However, more research is needed. As part of the Indigenous Cancer Strategy, FNHA and BC Cancer will continue to work together to better understand the reasons for the differences in cancer incidence and survival rates seen between First Nations and non-First Nations people.**

FNHA-supported research will be guided by BC First Nations interests and cancer priorities. This includes engagement with communities, and capturing the stories of First Nations cancer patients, survivors and family members. It also includes partnering with communities and individuals to help interpret and report on new knowledge, and ensuring that space is made available to connect First Nations communities and organizations with those who conduct research and develop new cancer knowledge. FNHA sees knowledge development, including research, storytelling and surveillance, as a key enabler to improving First Nations cancer journeys and supporting FNHA activities to improve health service delivery for First Nations people in BC.

### A NEW CHAIR IN CANCER AND WELLNESS

FNHA and the University of British Columbia (UBC) have created a faculty position dedicated to improving cancer outcomes and overall wellness among First Nations and Indigenous people. The FNHA Chair in Cancer and Wellness at UBC will work to conduct much needed research on First Nations cancer and wellness issues to properly inform the development of health policy and programming related to chronic disease prevention and control.

## PREVENTING CANCER

**Cancer affects all communities around the world. Some cancers are preventable while others are not. There are several ways BC First Nations can improve First Nations cancer journeys and help prevent cancer.**

A good way to improve health is for community members to pursue wellness as a lifelong journey. Wellness is not simply the absence of disease, but a lifelong journey taking care of one's body, mind and spirit. FNHA wellness streams—Being Active, Eating Healthy, Nurturing Spirit and Respecting Tobacco—are approaches that can help improve health and play a major role in preventing some of the most commonly diagnosed cancers. In fact, approximately one third of all cancers can be prevented through being active, eating healthy, and maintaining a healthy body weight. And, if your community members use commercial tobacco, quitting can be one of the best ways to improve your overall physical health and help reduce the chance of developing cancer.



### BEING ACTIVE

Being active is an important part of wellness. Encourage your community members to be as active as possible on a daily and weekly basis.



### EATING HEALTHY

Nutrition is the foundation of maintaining good health. Encourage your community to learn more about nutrition and healthy foods.



### NURTURING SPIRIT

A nurtured spirit is vital for overall wellness. Promote drumming, dancing, connecting with ancestors and mother nature as ways to nurture spirit in your community.



### RESPECTING TOBACCO

Natural tobacco has been an integral part of First Nations and Indigenous culture in many parts of BC and Canada for thousands of years. Commercial tobacco causes many diseases. Seek ways to decrease commercial tobacco use.

A glossary of common terms and definitions related to cancer screening and treatment is available at the back of this booklet (page 20).



#### COLORECTAL



#### BREAST

## SCREENING SAVES LIVES

When we screen for cancer, it means we are trying to detect cancer before we have any symptoms. Screening means that we are being proactive at detecting cancer early and it can even mean that we are preventing cancer before it starts. British Columbia has three population-based cancer screening programs—for colon, breast and cervical cancer.

### COLORECTAL CANCER

- Everyone between 50-74 should get screened for colon cancer. Depending on your risk of developing the disease, the test used to screen for colon cancer is either a fecal immunochemical test (FIT) or colonoscopy. Your risk is assessed by a healthcare provider.
- Encourage your community members who are between 50-74 to talk to their healthcare providers about getting screened for colon cancer.

### BREAST CANCER

- Women between the ages of 40 and 74 with a family history of breast cancer are recommended to have a mammogram every year.
- Women between the ages of 40 and 49 without a family history of breast cancer are recommended to talk to their healthcare provider about the benefits and limitations of mammography.
- Women between the ages of 50 and 74 without a family history of breast cancer are recommended to have a mammogram every two years.
- Encourage your community members to talk to their healthcare providers about breast cancer screening. Community members between 50-74 can make an appointment to be screened for breast cancer at: 1-800-663-9203.



## CERVICAL

### CERVICAL CANCER

- Most cervical cancers are caused by the Human Papillomavirus (HPV). Most cervical cancers can be prevented by getting the HPV vaccine; however, Pap tests are still necessary after getting the vaccine to screen for possible changes to a cervix due to HPV and ensure overall health.
- People between 25 and 69 who have a cervix should get regular Pap tests.
- Encourage your community members who are between 25 and 69 to speak to their healthcare providers about the HPV vaccine and about getting screened for cervical cancer.
- The HPV vaccine is provided free to girls and boys in grade six.

Immunize BC: [www.immunizebc.ca/hpv](http://www.immunizebc.ca/hpv)

### PATH TO SCREENING

Screening BC: [www.bccancer.bc.ca/screening](http://www.bccancer.bc.ca/screening)

- BC Cancer. "Is Cervical Cancer Screening Right for You?" [http://www.bccancer.bc.ca/screening/Documents/CCSP\\_BrochurePromo-CervicalScreeningFactSheetEnglish.pdf](http://www.bccancer.bc.ca/screening/Documents/CCSP_BrochurePromo-CervicalScreeningFactSheetEnglish.pdf)
- BC Cancer. "Is Colon Cancer Screening Right for You?" [http://www.bccancer.bc.ca/screening/Documents/COLON\\_BrochurePromo-ColonScreeningFactSheetEnglish.pdf](http://www.bccancer.bc.ca/screening/Documents/COLON_BrochurePromo-ColonScreeningFactSheetEnglish.pdf)
- BC Cancer. "Is Screening Mammography Right for You?" [http://www.bccancer.bc.ca/screening/Documents/SMP\\_BrochurePromo-ScreeningMammographyFactSheetEnglish.pdf](http://www.bccancer.bc.ca/screening/Documents/SMP_BrochurePromo-ScreeningMammographyFactSheetEnglish.pdf)

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## SUPPORTING PEOPLE ON A CANCER JOURNEY

Many people diagnosed with cancer can be successfully treated, especially when diagnosed early. We achieve better care for people on a cancer journey by enabling supporting networks and increasing culturally safe supports for patients and their families. In order to ensure the highest possible quality of life, people on a cancer journey should have control over major decisions related to their care. This might include decisions around alleviating pain or the type of treatment being received. It also includes family decisions on following cultural perspectives and practices related to end-of-life journeys.



The booklet titled *Living with Cancer: Everyone Deserves Support* has been developed by FNHA and its partners and includes information on patient rights, gathering support, navigating treatment, and cancer survivorship. The booklet presents tips, reflective questions, and stories from cancer survivors and family members. It also has a glossary of terms, calendar for recording appointments, and space to reflect and take notes.

Booklets are available at regional FNHA and BC Cancer offices as well as online:

[www.fnha.ca/wellnessContent/Wellness/Living-With-Cancer.pdf](http://www.fnha.ca/wellnessContent/Wellness/Living-With-Cancer.pdf)

Every BC Cancer Centre has patient and family counselling services, and various support programs. People on a cancer journey are encouraged to contact their local cancer centre and make an appointment. There are no fees for these services.

The services provided can support people on a cancer journey in:

- Assessing emotional/mental wellness
- Creating a wellness plan to support emotional/mental wellness
- Reviewing and identifying supports and resources that may be useful on a cancer journey



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## CULTURAL SAFETY AND HUMILITY

### WHAT IS CULTURAL SAFETY?

- **Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving healthcare.**
- **Efforts to improve cultural safety are being pursued across the province, including the creation of specific committees at the regional health authorities and in hospitals.**

In July 2015, all BC Health Authorities and the Ministry of Health signed a Declaration of Commitment to advancing cultural humility and cultural safety within their health service organizations. In June 2016, 23 health regulatory bodies in BC declared their commitment to making the health system more culturally safe for First Nations and Aboriginal people.

Since then, more partners have signed on to this movement. This health system commitment to the declaration gives all health professionals a mandate to advance cultural humility and safety in their practices with First Nations in BC.

When healthcare professionals engage with First Nations and Aboriginal peoples from a place of cultural humility, they are helping to create safer environments where individuals and families feel respected.

In December 2017, FNHA and partners released an Indigenous Cancer Strategy, the first of its kind in BC. The strategy aims to improve Indigenous cancer outcomes by addressing all steps of the cancer journey, from prevention through to survivorship and end-of-life, including the enabling factors of partnerships and knowledge development.

The strategy provides a comprehensive road map for FNHA and partner organizations to work together in alignment with existing and emerging structures and opportunities, and invites all health system and community organizations to lead in providing culturally safe care.

The FNHA cultural humility web portal contains educational materials, webinars and presentations, case studies, social media posts, and much more.

Find out more at: [www.fnha.ca/culturalhumility](http://www.fnha.ca/culturalhumility)

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## WHAT IS AVAILABLE TO MY COMMUNITY TO PROMOTE BETTER CANCER JOURNEYS

### BC CANCER RESOURCES

#### WHAT TO EXPECT FROM VISIT

- BC Cancer. "Your First Visit." <http://www.bccancer.bc.ca/our-services/patient-guide/first-visit>

#### WHAT TO ASK YOUR DOCTOR:

- BC Cancer. "Questions for your Doctor."  
<http://www.bccancer.bc.ca/our-services/patient-guide/questions-for-your-doctor>

### FNHA WELLNESS RESOURCES

- **TRADITIONAL FOODS FACT SHEET:**  
[http://www.fnha.ca/wellnessContent/Wellness/Traditional\\_Food\\_Facts\\_Sheets.pdf](http://www.fnha.ca/wellnessContent/Wellness/Traditional_Food_Facts_Sheets.pdf)
- **HEALTH AND WELLNESS DIARY:** [http://www.fnha.ca/wellnessContent/Wellness/Wellness\\_Diary.pdf](http://www.fnha.ca/wellnessContent/Wellness/Wellness_Diary.pdf)
- **HEALTHY FOOD GUIDELINES:**  
[http://www.fnha.ca/Documents/Healthy\\_Food\\_Guidelines\\_for\\_First\\_Nations\\_Communities.pdf](http://www.fnha.ca/Documents/Healthy_Food_Guidelines_for_First_Nations_Communities.pdf)
- **NURTURE SPIRIT:** The Wellness Diary has many examples and ideas for nurturing spirit:  
[http://www.fnha.ca/wellnessContent/Wellness/Wellness\\_Diary.pdf#page=7](http://www.fnha.ca/wellnessContent/Wellness/Wellness_Diary.pdf#page=7)
- **RESPECT TOBACCO:** FNHA has several resources available to promote respecting traditional tobacco on its website: [www.fnha.ca/respectingtobacco](http://www.fnha.ca/respectingtobacco)

There is the *Tobacco Timeout Challenge* ([www.TobaccoTimeout.ca](http://www.TobaccoTimeout.ca)) and the *Tobacco Podcast Series* with Smokestack Sandra (<https://soundcloud.com/firstnationshealthauthority/sets/smokestack-sandra>, <https://soundcloud.com/firstnationshealthauthority/sets/tobacco-nation>).

- **LIVING WITH CANCER:** Everyone Deserves Support resource:  
<http://www.fnha.ca/wellnessContent/Wellness/Living-With-Cancer.pdf>
- **FNHA PREVENTION:**  
<http://www.fnha.ca/what-we-do/healthy-living/chronic-disease-prevention-and-management>
- **PHARMACARE PLAN W INFORMATION:** [www.fnha.ca/pharmacare](http://www.fnha.ca/pharmacare)

To order these resources in print, email: [resources@fnha.ca](mailto:resources@fnha.ca)

## GLOSSARY OF COMMON TERMS RELATED TO A CANCER JOURNEY<sup>14, 15</sup>

### SCREENINGS AND TESTS

<b>Biopsy</b>	The surgical removal of a piece of tissue from a patient for microscopic examination in order to determine if cancer is present.
<b>Colonoscopy</b>	Colonoscopy is a procedure where a doctor uses a flexible tube with a miniature camera attached to view the inside lining of your rectum and colon.
<b>Fecal Immunochemical Test (FIT)</b>	The FIT test looks for blood in your stool (i.e., poop) that can be an indication of colorectal cancer. Your healthcare provider will tell you how to complete the test.
<b>Mammogram</b>	Mammograms are X-ray of the breasts that are done in complete privacy by a specially trained female technologist.
<b>Pap smear, Pap test</b>	A test that examines cells from the cervix under a microscope to see if abnormal cells are present.

### TYPES OF THERAPY

<b>Chemotherapy</b>	Treatment of disease by chemical compounds.
<b>Hormone therapy</b>	A treatment in which hormones (as well as anti-hormones and other factors which regulate the endocrine glands) are used to fight some cancers of the breast, endometrium and prostate.
<b>Immunotherapy*</b>	Treatments that use the body's immune system to fight cancer. This is done by boosting the patient's own immune system or giving man-made versions of the immune system.
<b>Palliative care*</b>	Treatment that relieves symptoms, such as pain, but is not expected to cure disease. Curative treatment can be used at the same time as palliative treatment, but the main purpose of palliative care is to improve the patient's quality of life.
<b>Radiation therapy</b>	The use of radiation (high-energy rays) to kill or shrink tumour cells. Used to treat some, but not all cancers.

14 BC Cancer Agency. (2017). "Glossary of Terms." via <http://www.bccancer.bc.ca/our-services/patient-guide/glossary-of-terms>.

15 \*American Cancer Society. (2017) "Glossary: Definitions & Phonetic Pronunciations." <https://www.cancer.org/cancer/glossary.html>.

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## TECHNICAL TERMS

<b>Benign tumour</b>	An abnormal swelling or growth that is not a malignant or spreading cancer and is usually harmless.
<b>Carcinogen</b>	Any substance that causes cancer.
<b>Colorectal cancer*</b>	Colon or rectal cancer. Since colon cancer and rectal cancer have many features in common, they are often referred to together as colorectal cancer.
<b>Malignant tumour*</b>	A mass of cancer cells that may invade nearby tissues or spread (metastasize) to distant areas of the body.
<b>Human papillomavirus (HPV)*</b>	A common virus with many types, some of which can cause changes in the body's cells that can grow into cancer.
<b>Oncology, oncologist*</b>	The branch of medicine concerned with the diagnosis and treatment of cancer; a doctor with special training in the diagnosis and treatment of cancer.
<b>Pathologist*</b>	A doctor who specializes in diagnosing and classifying diseases in the lab by testing and looking at cells under a microscope. The pathologist determines whether a tumour is benign (not cancer) or cancer, and if cancer, the specific type.





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