Dr Ross president-elect

Dr Kathleen Ross has been elected president-elect of Doctors of BC, and will serve as the association's president in 2019–20. A GP for more than 25 years, Dr Ross has spent a career building working relationships with generalist and specialist physicians, as well as with numerous other clinical and administrative health care stakeholders. Combined with her experience practising in multiple settings that include rural and urban, obstetrics, and surgical assists in cardiology, Dr Ross plans to use that experience to bring diverse groups together, to ensure that the many different opinions are counted, and to continue the hard work of defining and pursuing a common purpose. Congratulations Dr Ross.

Latent tuberculosis infection: Update on provincial treatment guidelines

Tuberculosis (TB) is an infectious disease that typically affects the lungs and is spread from person to person through the air by droplets expelled when coughing or sneezing. This disease poses a global public health threat.[1] In 2016, about 10 million people fell ill with TB, and about 1.7 million died worldwide from the disease.[2] Despite efforts to eliminate it, TB is now the leading infectious-disease killer globally and the leading killer of people living with HIV.[3]

Approximately one-quarter of the world's population has latent (or dormant) TB, which means that people have been infected with the TB bacteria but the infection has not progressed to active disease.[2] Those with latent TB infection (LTBI) do not present with illness or symptoms and are not infectious. For some individuals, the bacteria can overcome the immune system defences and begin to multiply, resulting in the progression from LTBI to active TB disease.[4] It is estimated that about 5% to 10% of those infected with TB will develop active TB at some point in their lives.[4] The likelihood of this occurrence increases considerably for those with weakened immune systems and other comorbid illnesses.

Treatment of LTBI can substantially reduce the likelihood of activation[5] and subsequent transmission, and is therefore a crucial component in preventing active TB disease. In BC, while treatment for LTBI is voluntary, an emphasis is placed on treating those infected within the previous 2 years, immigrants and refugees from high TB–prevalence countries, children under 5 years of age who've come into contact with TB, and those with risk factors that substantially increase the likelihood of progression to active TB disease—those with HIV infection or AIDS, chronic kidney disease, and organ transplants, and those taking high doses of immune suppressive therapy.

In BC, standard first-line treatment for LTBI has focused on 300 mg of daily self-administered isoniazid for 9 months. Alternatively, isoniazid can be given twice weekly through direct observed preventive therapy (DOPT) for 9 months as an option for vulnerable clients requiring intensive support to complete therapy. However, poor completion rates, in part due to the length of this treatment regimen as well as drug-induced liver disease, have been an ongoing challenge for some patients. An available but less widely used alternative to the isoniazid regimen has been 600 mg

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of daily self-administered rifampin for 4 months. Rifampin treatment of LTBI would typically be considered for those with intolerance to isoniazid, those exposed to an isoniazid-resistant organism, or those with medication interactions to isoniazid. A building evidence base suggests that rifampin treatment of LTBI is a safer and less-expensive alternative with excellent treatment completion rates. Rifampin treatment for LTBI will now be used as a first-line treatment regimen in BC.

A third regimen option for LTBI is a combination of isoniazid and rifapentine. Provincial TB Services at the BC Centre for Disease Control has been able to obtain a 1-year access to rifapentine through Health Canada's Exceptional Circumstances Access Program. Clients at the provincial TB clinics may be offered this once-weekly 12-week regimen of isoniazid (900 mg) and rifapentine (900 mg) (referred to as 3HP) as the newest LTBI treatment option. Currently, this regimen is only offered as DOPT to eligible clients receiving care at the Vancouver or New Westminster provincial TB clinics. Expanded use of 3HP to the rest of the province will be considered in the future. Updated LTBI treatment guidelines can be found in the TB manual put out by the BC Centre for Disease Control (www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/TB_Manual.pdf).

Treatment of LTBI is a crucial aspect in the global flight to eliminate TB. Clients with untreated or incompletely treated LTBI remain at risk for active TB disease. Rifampin as a first-line treatment regimen, or other LTBI treatment regimens, may help improve provincial LTBI treatment completion rates. This will aid in the fight to eliminate TB.

—Shaila Jiwa, BScN, RN, MScPPH
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BC Centre for Disease Control
—Victoria Cook, MD, FRCPC
Medical Head, Provincial TB Services
BC Centre for Disease Control

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Resource on insulin use helps Canadians with type 2 diabetes maintain healthy blood-glucose levels

An estimated 1.5 million Canadians living with diabetes can't achieve their glycemic targets. Sanofi Canada brought together a panel of Canadian experts—including GPs, nurses, nurse practitioners, endocrinologists, dietitians, pharmacists, and a psychologist—to address the common barriers people face in reaching

their target glucose levels. Their recommendations can be found in "Insulin matters: A practical approach to basal insulin management in type 2 diabetes," published in *Diabetes Therapy*.

Canadians with type 2 diabetes may need to take insulin to achieve their target glucose levels and to reduce their risk of complications such as heart disease, kidney disease, loss of vision, and amputation of the lower limbs. Since insulin introduction (initiation) and dose increase (intensification) are important factors in the management of diabetes, the panel's goal was to help break down and address barriers people may face regarding insulin—to demystify insulin and its use, and acknowledge the fear of needles and potential undesirable effects. Insulin initiation can help patients lead a healthy life along with the help of their health care team.

A health care team is a vital resource to learn about the tools available for managing diabetes. Canadians can learn about their target glucose levels, healthy eating, and exercise plans and the best treatment options, including their insulin initiation plan.

Insulin is a natural replacement hormone therapy that can be used when the pancreas can't produce enough on its own, due to the progressive nature of type 2 diabetes. A new generation of long-acting basal insulins makes it possible to lower the amount of glucose in the blood. This includes insulin glargine 300 U/mL (Gla-300, Toujeo, Sanofi), which was approved by Health Canada in 2015 and studied in a large clinical program. This insulin needs to be taken only once a day, helping Canadians maintain a healthy and active lifestyle, not limited by their medication.

"Insulin matters: A practical approach to basal insulin management in type 2 diabetes" can be found at https://link.springer.com/article/10.1007%2Fs13300-018-0375-7.

Goodbye, Bob. Hello, David

Dr Robert Vroom

As the saying goes, "time waits for no one," or something like that. I wish it had waited a little longer as, not without a little sadness, the *BCMJ* Editorial Board is saying goodbye to Dr Robert Vroom. Dr Vroom has retired and given up his seat at our esteemed table. He will be sorely missed because Dr Vroom knows something about everything and shares this wisdom with grace and humility. We wish him the very best as he enjoys his family and runs the hills of the Sunshine Coast.

Dr David Esler

We are excited to welcome Bob's replacement, Dr David Esler, to our Editorial Board. Dr Esler has practised emergency medicine in and around Vancouver since 1988. He is also a medical reviewer for the College of Physicians and Surgeons of BC. This jazz-playing animal-lover has a special interest in health law, bioethics, risk management, and patient safety. The *BCMJ* Editorial Board is sure to benefit from Dr Esler's valuable contributions in the years ahead.

—DRR

Sensitivity of early colon cancer screening tests

BC Cancer and its Laboratory Services have identified an issue with the test used to screen for colon cancer. Recent fecal immunochemical test (FIT) results show an increase in the number of positive screens—more patients are testing positive than is typical. This higher rate was detected by the improved monitoring put in place last year.

A problem with the reagent used to test the fecal samples in the labs has been identified. A new reagent has been in use since mid-December 2017, when testing resumed after a 3-month suspension due to similar issues. The new reagent was performing to expected standards until very recently.

Testing will continue; however, physicians and patients are being informed that there will be a higher-than-normal percentage of patients who are referred for a follow-up colonoscopy. The provincial colon screening program recommends all patients with abnormal FIT results have a follow-up colonoscopy.

A positive FIT result is common and does not mean that the patient has cancer. On average, 15% of patients screen positive and require further testing. It is expected that an additional 5% of patients will now screen positive, whereas previously, they would have had a borderline negative result.

BC Cancer, Laboratory Services, and the Ministry of Health are exploring all options to address this situation.

Quick facts about colon cancer and screening:

- Screening can save lives by detecting noncancerous polyps and cancer early.
- Colon cancer is easier to treat when found at an early stage. When it's detected at its earliest stage, survival rates are approximately 90%.
- FIT is a routine screening test recommended for people between the ages of 50 and 74 at average risk of colon cancer. It detects blood in the

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Prince George, Terrace, Vancouver, Vernon, and Williams Lake.

—Peter Rothfels, MD
Chief Medical Officer and Director of Clinical Services, WorkSafeBC

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stool, which can be an early sign of colon cancer.

- Screening is only recommended for people who are not experiencing symptoms of colon cancer. Symptoms can include blood in the stool, abdominal pain, change in bowel habits, or unexplained weight loss. Anyone experiencing these symptoms should talk to their doctor about diagnostic testing they may need.
- Factors that put people at greater risk include having a first-degree relative (parent, sibling, or child) diagnosed under the age of 60, two or more first-degree relatives diagnosed at any age, and a personal history of adenomas.

For more information on the colon screening program, visit BC Cancer's screening website at www.screeningbc.ca.