Cancer Care Ontario

Annual Report | 2007–2008

cancer care ontario | action cancer ontario

Cancer Care Ontario is the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, Cancer Care Ontario works to reduce the number of people diagnosed with cancer, and make sure patients receive better care every step of the way.

VISION

Working together to create the best cancer system in the world.

MISSION

We will improve the performance of the cancer system by driving quality, accountability and innovation in all cancer-related services.

GUIDING PRINCIPLES

TRANSPARENCY

We will adopt a transparent approach to sharing performance-related information and foster a culture of open communication with colleagues, partners and the public.

EQUITY

We will ensure fairness across regions in the development of a strong provincial cancer system.

EVIDENCE-BASED

We will make decisions and provide policy advice based on the best available evidence.

PERFORMANCE ORIENTED

We will advance new ideas, promote change and take action toward quality improvements in the cancer system.

ACTIVE ENGAGEMENT

We will consult widely and collaborate with other organizations and service providers in order to achieve our goals.

VALUE FOR MONEY

We will use public resources wisely and promote the efficient use of these resources throughout the cancer system.

Message from the Chairman and the President

CANCER CARE ONTARIO'S (CCO) MISSION IS TO IMPROVE THE PERFORMANCE OF ONTARIO'S CANCER SYSTEM BY DRIVING QUALITY, ACCOUNTABILITY AND INNOVATION IN ALL CANCER-RELATED SERVICES ACROSS THE PROVINCE.

In 2005, CCO launched the 2005–08 *Ontario Cancer Plan* (OCP). The OCP is a three-year roadmap for how the stakeholders in the province can work together to help reduce the number of cancer cases and provide the best possible care for cancer patients. It was the first plan of its kind in Canada.

Over the past three years, Ontario worked hard and with considerable success to build up its capacity to meet the growing needs of cancer patients. Radiation wait times are down, as are wait times for cancer surgery. We have witnessed a number of firsts in cancer prevention and detection, among them the Smoke-Free Ontario Act and the province-wide colorectal cancer screening program, ColonCancerCheck. As well, Ontario now has a system for measuring, managing and reporting on the performance of the province's cancer system. This knowledge is transforming CCO's ability to plan and manage patients' treatment, and to keep the public informed about the quality of the cancer services they rely on.

CCO made significant progress in 2007–08 by meeting several important goals. That progress is outlined in this Annual Report 2007–2008.

Richard Ling
Chairman | Cancer Care Ontario

Terrence Sullivan, PhD
President and CEO | Cancer Care Ontario

Ontario Cancer Plan

THE 2005–08 ONTARIO CANCER PLAN SETS OUT SIX PRIORITIES

The 2005–08 Ontario Cancer Plan sets out six priorities for action:

1. Broaden the development and use of provincial standards and guidelines
2. Implement regional cancer programs
3. Close the gap by reducing demand for cancer services increasing capacity
4. Implement rapid access strategies
5. Invest in performance measurement and accountability
6. Advance the co-ordination and focus of cancer research efforts in Ontario

The actions taken and progress achieved in managing Ontario's cancer system during 2007–2008 are measured in five areas:

- Prevention and Screening
- Access
- Quality and Outcomes
- Reliable Accountable System
- Innovation and Research

This annual report provides a summary of Cancer Care Ontario's progress against the six priorities and activities in these five areas.

Prevention and Screening

IT IS ESTIMATED THAT UP TO 50% OF CANCERS CAN BE PREVENTED THROUGH TOBACCO CONTROL, APPROPRIATE FOOD AND NUTRITION, REGULAR PHYSICAL ACTIVITY, AND AVOIDABLE OBESITY, AND MOST TYPES OF CANCER CAN BE MORE EASILY BE TREATED AND EVEN CURED WHEN DETECTED EARLY.

In 2007–2008, Cancer Care Ontario (CCO) made significant progress towards meeting *Cancer 2020* targets, with programs to help prevent cancer, as well as programs designed to detect and identify cancer early enough to give treatment the best possible chance of success.

PREVENTION

Continued Work on Reducing Smoking Rates

Cancer Care Ontario continues to support the implementation of the Smoke-Free Ontario Strategy through the delivery of the Media Network for a Smoke-Free Ontario program and the Program Training and Consultation Centre (PTCC). The Media Network provides training, consultation and media tracking and analysis services to tobacco control advocates across the province.

In 2007–08, CCO through the PTCC coordinated the development of a web-based survey of tobacco control capacity in Ontario local public health agencies. We also began a new project with the Ontario Tobacco Research Unit to establish province-wide communities of practice to cultivate knowledge exchange and increase the use of research and practice-based evidence.

Working with Aboriginal Communities

Cancer Care Ontario continued its support of the province's Aboriginal Tobacco Strategy (ATS), which is designed to promote "tobacco wise" communities. A tobacco wise community knows the difference between traditional tobacco and commercial tobacco and has the knowledge, commitment, resources and skills to mobilize and implement strategies to protect the well being of its members. ATS seeks to eliminate tobacco related illness in Aboriginal communities through a public education campaign, community development, capacity building approach and knowledge exchange.

Among its 2007–2008 accomplishments, the ATS designed a public education campaign called "Do you know the difference?" and funded 12 Aboriginal communities and organizations to deliver projects which incorporated elements of the three major components of tobacco control prevention, cessation and protection.

SCREENING

Breast Screening

Cancer Care Ontario operates the Ontario Breast Screening Program (OBSP), which was introduced in 1990. In 2007–2008, the OBSP provided breast screening services to 381,664 women, an increase of 15.4% (51,026 screens) over the previous year. In addition, there were 15 new screening affiliates added to the OBSP network in 2007–08 bringing the total number of sites to 135 as of March 31, 2008.

Colorectal Screening

The first year of Cancer Care Ontario's ColonCancerCheck Program focused on developing an overall project plan and detailed work plans in the areas of Information Management (IM) and Information Technology (IT), communications and stakeholder engagement, as well as beginning regional implementation. The five-year project, the first of its kind in Canada, will increase access to colorectal cancer screening for Ontarians 50 years of age or older.

Though still in the early stages of implementation, 2007–2008 saw some important developments in the ColonCancerCheck program. CCO contracted with 54 hospitals to purchase 34,000 additional colonoscopies for 2007–08. In addition, CCO developed colonoscopy standards and published them in the Canadian Journal of Gastroenterology, and implemented a Colonoscopy Interim Reporting Tool (CIRT) to measure 80% of Ontario-wide colonoscopy volumes, wait-times and selected performance indicators.

CCO also launched an extensive Provider Awareness Campaign and held regional information sessions in each of the 14 Local Health Integration Networks (LHIN).

Cervical Screening

Approximately 30% of women in Ontario are seldom or never screened for cervical cancer. 2007–2008 saw Cancer Care Ontario redouble its efforts to increase the number of girls and women in the province who are screened for this disease.

A broad array of evidence-based materials were developed. These include: *Human Papillomavirus: Clinician Fact Sheet* and two new down-loadable factsheets, *Human Papillomavirus (HPV)* and *Cancer of the Cervix* and *Human Papillomavirus (HPV) Vaccine: Helping you make an informed decision*.

Starting with the 2007 school year, Ontario established an HPV vaccination program for Grade 8 girls as part of the voluntary school-based immunization program. The vaccine can prevent infection from two of the main cancer-causing HPV types. The program reinforces the important message that although receiving HPV vaccine is an important part of Ontario's efforts to prevent cervical cancer, the vaccine does not protect against all types of HPV so it is important to continue with regular Pap tests.

Access

WHEN ASKED WHAT IS MEANT BY ACCESS TO CANCER SERVICES, MOST PEOPLE WOULD PROBABLY SAY WAIT TIMES. AND INDEED, WAIT TIMES ARE AN EXTREMELY IMPORTANT BAROMETER IN THE PUBLIC'S MIND FOR HOW WELL OUR CANCER AND OTHER HEALTH CARE SYSTEMS ARE DOING. HOWEVER, AT CANCER CARE ONTARIO WE BELIEVE ACCESS ENCOMPASSES A WIDE RANGE OF ISSUES, FROM WAIT TIMES TO PALLIATIVE CARE TO CAPITAL INVESTMENTS IN EXPANDED CANCER FACILITIES. IN 2007–2008, CCO MADE PROGRESS ON ALL THOSE FRONTS.

RADIATION TREATMENT WAIT TIMES

Since April 2007, Cancer Care Ontario (CCO) has been reporting radiation treatment wait time data in a way that measures the nature of radiation therapy waits more precisely so that they can be better understood. CCO reports not only whether radiation wait times are improving, but also how many patients are being treated within the recommended timeframe or targets, according to two intervals:

- **Referral to consultation:** the time between referral to being seen by a specialist, and
- **Ready to treat to start of treatment:** the time between being ready for treatment and receiving treatment.

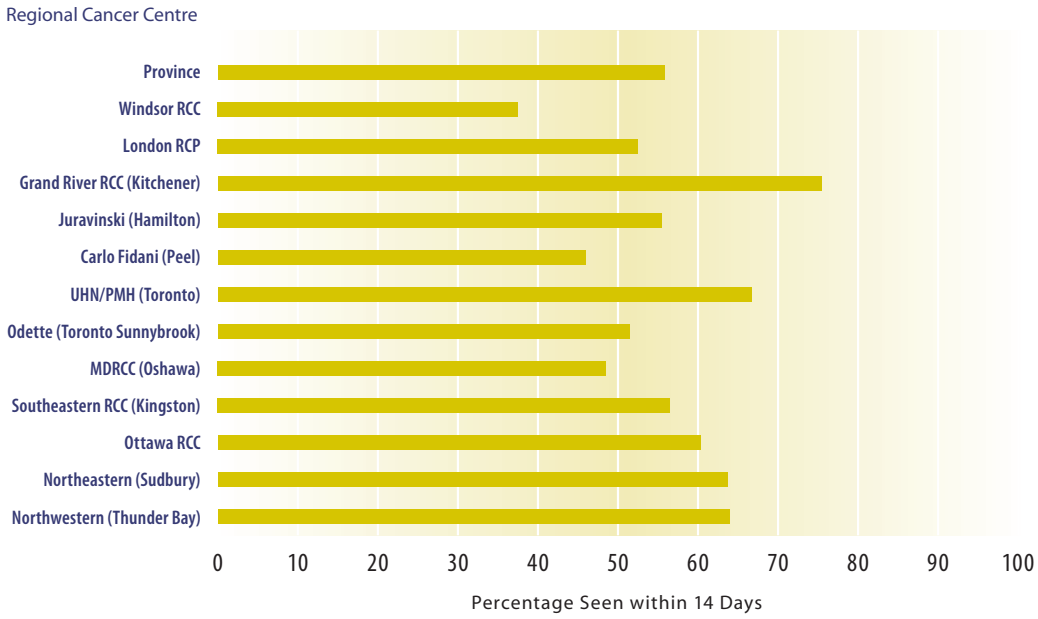
The target wait times for the interval "ready to treat to start of treatment" vary from 1 to 14 days depending on the priority category, which is determined based on the patient's condition.

These two intervals pose different challenges for patients and healthcare providers. By measuring each step separately, we can better understand and more quickly resolve the bottlenecks at each step. In future years, we will be able to extend the baseline measure for the two intervals and provide time-trend information.

Wait times for radiation treatment in Ontario continued to decline in 2007–08, despite increasing treatment volumes. Provincially, more patients overall are being seen within the recommended timeframes for radiation treatment.

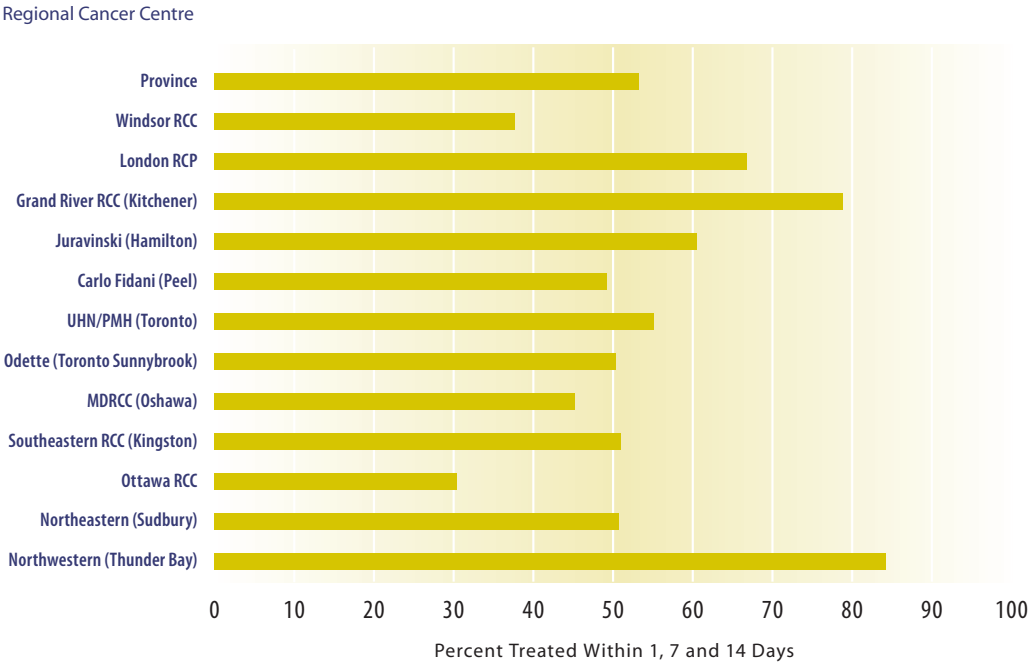
Radiation Referral to Consult Wait Time – Precent Seen Within 14 Days

Fiscal 2007–08



Radiation Ready to Treat to Treatment Wait Time – Precent Treated Within 1, 7 and 14 Days

Fiscal 2007–08



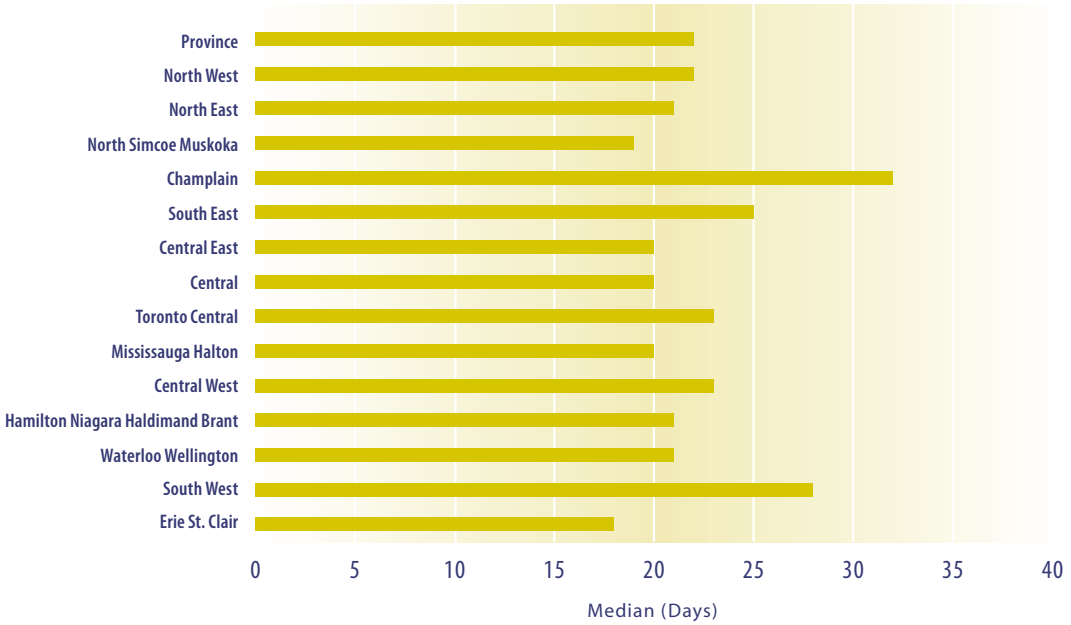
CANCER SURGERY WAIT TIMES

The overall improvement in cancer surgery wait times that we have seen since 2005 began to level off in mid–2007.

Surgery is most often the first point of entry into the cancer treatment system, so waits for surgery affect the entire patient journey. About 80% of cancer patients will have surgery.

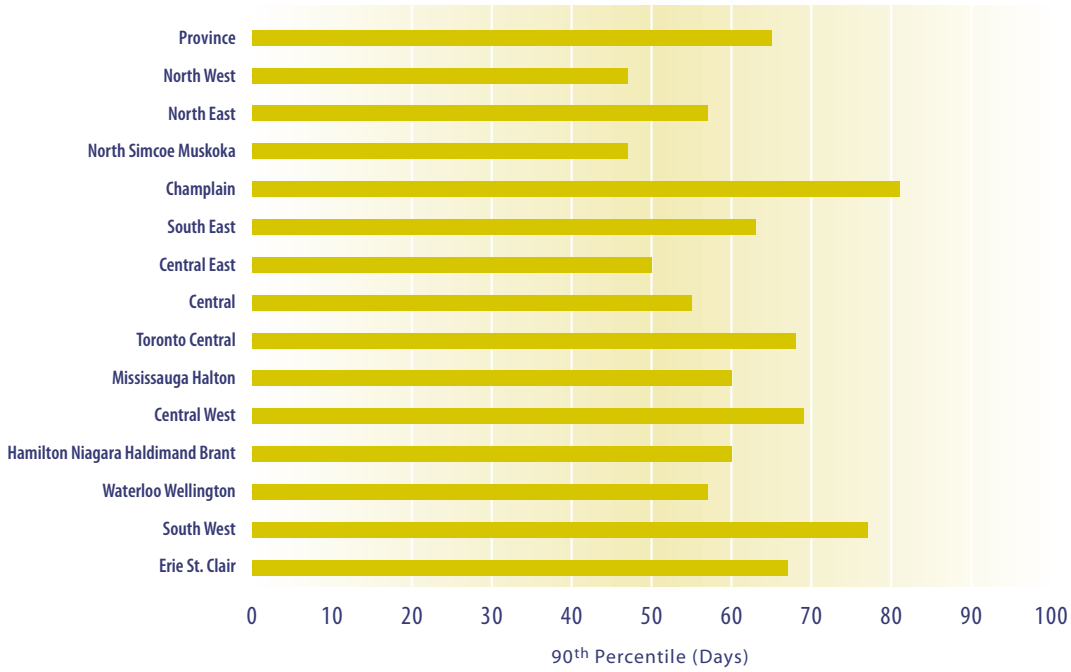
Cancer Surgery Wait Time – Decision to Operate to Operation Date Median (Days)

Fiscal 2007–08



Cancer Surgery Wait Time – Decision to Operate to Operation Date 90th Percentile (Days)

Fiscal 2007–08



SYSTEMIC THERAPY TREATMENTS

Systemic treatment patients are those receiving intravenous chemotherapy, hormones, oral cancer treatments and take-home oral cancer treatments.

Over the last four years, systemic treatment wait times have remained largely unchanged, a significant accomplishment in itself given the growing number of patients requiring systemic treatment. Ontario requires more resources – particularly medical oncologists and other cancer professionals – as well as more infrastructure to keep pace with the ever-growing demand for systemic treatment.

Referral to Treatment data is the only data available as Referral to Consult data was not publicly reported in 2007–08.

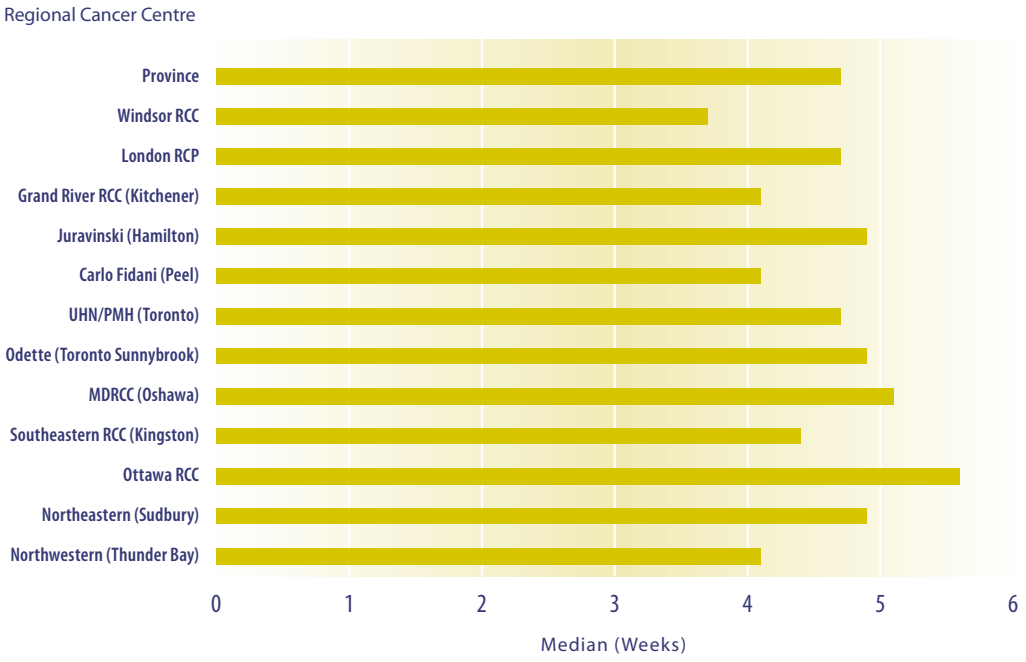
WAIT TIME INFORMATION SYSTEM (WTIS)

Reducing wait times for key health services is one of the Ontario government's top priorities and an important part of its strategy to transform the province's healthcare system.

The WTIS initially focused on wait times for five key service areas outlined in the province's Wait Time Strategy (cancer surgery, cardiac surgery, cataract surgery, hip and knee replacement, and MRI and CT scans). Building on this initial success, CCO began work to augment the system to report on all surgical procedures on behalf of the MOHLTC. WTIS Expansion Group 1 captures all adult and paediatric surgical procedures including: all adult oncology, ophthalmic, orthopaedic and general surgery procedures. Future expansion plans include capturing the remaining adult surgical specialties, which include neurological, vascular, thoracic, otolaryngic, gynecological, cardiovascular, and urologic surgical procedures by spring 2009.

In addition, in 2007–08 a Paediatric Pilot was deployed at two facilities to capture all paediatric surgical procedures. Wait 1 functionality was also developed and deployed in the Toronto Central LHIN Hip and Knee Replacement Program to measure how long patients are waiting from the date they are referred to a surgeon to the date they actually see the surgeon.

Systemic Referral to Treatment Wait Time – Median (Weeks)
Fiscal 2007–08



By March 2008, approximately 2,600 clinicians in 82 hospitals were capturing data for over 1.6 million surgical and diagnostic imaging cases.

The WTIS team has been a leader in eHealth, delivering projects effectively and efficiently. These achievements have been recognized with awards of excellence by national organizations including the Canadian Information Productivity Award (CIPA) and the Institute of Public Administration of Canada (IPAC).

CAPITAL PROJECTS

In 2007–08, Cancer Care Ontario worked with hospitals, the Ministry of Health and Long-Term Care and Infrastructure Ontario in the following major areas:

- Redevelopment projects for expansion of existing Cancer Centres.
- Development of new Cancer Treatment Centres.
- Management of the provincial radiation treatment equipment replacement grant.

Redevelopment projects for expansion of existing Cancer Centres

- Commenced construction of expanded facilities in Ottawa.
- Planning for redevelopment in Kingston.

Development of new Cancer Treatment Centres

- Completed construction of new centre in Durham.
- Construction started for the new center in Newmarket.
- Planning and design underway for new centre in Barrie.
- Construction for cancer components of the new hospital in Algoma began.
- Developed output specifications for the new project procurement model for new cancer centre in Niagara.
- Planned and constructed demountable radiation treatment facilities in Barrie and Ottawa.
- Developed Generic Output Specifications (GOS) for Radiation Treatment. facilities to be incorporated into Provincial GOS document for constructing health care facilities.
- Draft capital provincial cancer capital investment plan developed in conjunction with affected ICP Hospitals.
- Approval of 5th and 6th Linac machine in Peel.
- Approval of the 4th Linac machine in Durham.

RADIATION EQUIPMENT

Management of the provincial radiation treatment equipment replacement grant

- Reorganized the funding allocation process to align with provincial standards and benchmarks to ensure equitable distribution of funding based on impact to access and quality of care.
- Implemented a provincial database for the management of information related to provincial equipment assets.
- Negotiated and updated provincial pricing contracts with equipment vendors.
- Ensured that a systematic process is in place to routinely and systematically replace all aging radiation equipment in the province.
- Provided assessment of new radiation technologies in consultation with radiation oncologists and physicists across the Province and seek funding for those that add to better patient care.

PALLIATIVE CARE

A key initiative in 2007–08 of the Palliative Care Program was the Provincial Palliative Care Integration Project. All 14 Regional Cancer Centres and CCACs participated in the project and are now implementing standardized symptom screening, symptom management and care planning tools, in order to facilitate patients receiving appropriate services in a timely way. The number of patients benefiting from the symptom assessment tool increased from 769 to close to 5,000 during 2007–08. In order to improve the patient's ability to report and track symptoms, CCO developed an easy to easy to use, standardized, secure web tool called ISAAC (Interactive Symptom Assessment and Collection) that is accessible to both patients and clinicians.

With support from a MOHLTC grant the Palliative Care Program is also increasing access to high quality palliative services through a mentorship initiative that pairs primary health providers in each LHIN with palliative care specialists.

Quality and Outcomes

THE LINK BETWEEN QUALITY OF CARE RECEIVED BY PATIENTS AND QUALITY OF THE OUTCOMES THEY EXPERIENCE IS A CLEAR AND OBVIOUS ONE. IT ALSO MAKES IMPERATIVE THE NOTION THAT APPLYING THE BEST AND MOST CURRENT KNOWLEDGE, AS WELL AS THE HIGHEST TECHNICAL AND CLINICAL SKILLS MUST AT ALL TIMES BE OUR HIGHEST PRIORITY. IN 2007–2008, CANCER CARE ONTARIO CONTINUED TO EMPHASIZE BETTER TREATMENT AND ORGANIZATION STANDARDS THROUGHOUT THE SYSTEM, IN ORDER TO ENSURE THAT PATIENTS RECEIVE THE HIGHEST QUALITY AND MOST EFFECTIVE METHODS OF CARE.

CLINICAL AND ORGANIZATIONAL STANDARDS

In 2007–08, Cancer Care Ontario continued to improve the quality of cancer surgery in the province and to foster an overall culture of quality improvement by implementing new evidence-based guidelines and standards. In 2007–08, CCO:

- Supported implementation of thoracic standards through ongoing engagement with Ontario thoracic surgeons;
- Facilitated the implementation of the Laparoscopic Colon Mentoring Program and transferred the program to the Ontario Association of General Surgeons (OAGS), and
- Initiated the multidisciplinary Cancer Conference Standards Project initiated to support the implementation of provincial standards.

In addition, CCO assisted cancer surgeons in identifying knowledge gaps and problems in individual health care organizations and delivery of services, and helped resolved issues through collaborative efforts in the translation of evidence into practice. CCO also held workshops for Communities of Practice of surgeons in the specialties of HPB, gastric, urology and thoracic surgery to determine new quality work projects.

ORGANIZATIONAL STANDARDS FOR SYSTEMIC THERAPY

In 2007–08, Cancer Care Ontario developed evidence and consensus-based standards for regional systemic treatment (chemotherapy) programs. These standards will improve access, patient safety, and coordination of care for patient receiving systemic therapy in Ontario. CCO began working collaboratively with the Regional Cancer Programs to implement the standards.

COMPUTERIZED PHYSICIAN ORDER ENTRY

Cancer Care Ontario's internationally recognized Computerized Physician Order Entry (CPOE) system was custom designed to meet the specific needs of the province's oncologists and their patients.

CPOE has been instrumental in supporting overall patient safety by transforming and standardizing the process of ordering chemotherapy drugs in Ontario. It continues to significantly reduce errors in medication dosage, route or frequency and improving communication among health providers.

The momentum of CPOE increased as the system was enhanced and physician adoption continued to climb. During the 2007–2008 fiscal year, CPOE was implemented and adopted by physicians and clinicians in the four additional facilities of Kingston General Hospital, South Lake Regional Health Care Centre, North York General and Royal Victoria hospitals, bringing the total number of hospitals to 15, including 8 Regional Cancer Centers. Sixty-five per cent of all cancer drug orders in Ontario are now being placed electronically. No other jurisdiction in Canada has successfully used electronic health record technologies to achieve this level of CPOE adoption. Our ultimate objective is to implement CPOE in all of Ontario's chemotherapy health care settings by the year 2012.

CLINICAL GUIDELINES FOR PATHOLOGY AND STAGE CAPTURE REPORTING

New clinical standards in pathology reporting and stage capture are contributing to improved care.

In 2007–08, CCO has made significant progress working with Ontario hospitals and pathologists to implement quality standards for cancer-related pathology reporting. Over 90% of current pathology reports are submitted to CCO in an electronic format. Standardized pathology reporting increases the availability and consistency of cancer pathology information, and leads to better planning of patient care and improved outcomes.

CCO's Pathology Reporting project team also successfully engaged and began the implementation process with early adopter hospitals to implement synoptic pathology reporting in discrete data fields, and has updated the Pathology Information Management System (PIMS) so that it accepts synoptic pathology data in discrete data fields for the five main disease sites. The new data standard will allow centralized Cancer Registry pathology data to be stored in a structured and consistent format (discrete data fields), thereby ensuring enhanced use of this information for cancer system planning, evaluation, research and surveillance.

To support this initiative the Pathology Reporting project also launched a vendor certification process to determine if a vendor's synoptic pathology reporting solution meets or can be enhanced to meet the new data reporting standards set by the Pathology Reporting project. The data reporting standards set by the Pathology Reporting project align to the College of American Pathologists cancer checklists and other North American cancer data standards organizations. These data standards were published in the CCO's 2007–08 Data Book.

Staging (determining the stage of progression of a patient's cancer) is critical for physicians to make diagnosis and treatment decisions as well as for cancer centres to coordinate services and resources. This year, Cancer Care Ontario intensified its efforts to improve the capture rate and validity of stage data reported to Cancer Care Ontario and to develop and implement the optimum stage capture program for Ontario. The goal is to obtain stage information on 90 per cent on all new cancer cases in Ontario by 2011.

In 2007–08, the Stage Capture project collaborated with Ontario's 14 Regional Cancer Centres to improve the quality and completeness of Tumor, Node, Metastasis (TNM) stage data submitted to Cancer Care Ontario. They also worked with hospitals to plan for TNM expansion to include the collection of TNM stage data on cancer patients who were diagnosed and/or received surgery at the host hospital but were never referred to the cancer centre.

The Stage Capture project piloted the automation of Collaborative Staging data collection, leveraging electronic synoptic pathology reports with three cancer centre hospitals. This led to the development of a strategy for Collaborative Staging data collection across the province. The project team started to engage Ontario hospitals and Collaborative Staging data collection was initiated in the LHIN 7 hospitals before year-end.

Reliable Accountable Cancer Care System

AS THE AGENCY THAT STEERS AND COORDINATES OUR PROVINCE'S CANCER SERVICES AND PREVENTION EFFORTS, CANCER CARE ONTARIO IS RESPONSIBLE NOT ONLY FOR IMPROVING BUT CONSTANTLY EVALUATING THE CANCER SYSTEM AND MAKING IT MORE ACCOUNTABLE TO THE GOVERNMENT AND PEOPLE OF ONTARIO. IT IS ONLY WITH A RELIABLE AND ACCOUNTABLE CANCER CARE SYSTEM THAT WE CAN PREVENT CANCER, DIAGNOSE IT SOONER AND TREAT PEOPLE FASTER AND BETTER.

CANCER SYSTEM QUALITY INDEX

Cancer Care Ontario's Cancer System Quality Index (CSQI) is the first of its kind in North America. In 2007–08 the CSQI reported on 32 evidence-based quality measures covering every aspect of cancer control, from cancer prevention to end-of-life care, the CSQI allows us to track Ontario's progress in fighting cancer and see where quality and performance improvements are needed.

In 2007–08, improvements were made to the way in which indicators were presented on the web-based tool. The area of prevention was highlighted in its own special section and LHIN/regional high level reports were produced.

IPORT™: INSTANT, RELIABLE CANCER INFORMATION

When fully developed, iPort™ will provide "one window" access to authoritative information on every aspect of the activities being carried out in the Ontario cancer system continuum, from prevention activities through palliative care (All individual linked information is securely maintained and protected to the highest levels of patient confidentiality rules).

More than 300 cancer planners, managers and providers from across the province have direct online access to iPort™. This provides them access to a variety of information and tools enabling them to review or generate a combination of pre-canned or ad hoc reports. 2007–08 was the development of iPort™ first performance related dashboard in support of CCO's regional performance management program.

iPort™ provides historic, current and year 2017 projected data on cancer incidence and prevalence rates, mortality and survival statistics, patient treatment activity and new drug funding information. It also provides access to a number of quality assurance reports specifically used by cancer centres to assist with the monitoring and improvement of data reported to CCO.

NEW DRUG FUNDING PROGRAM

The New Drug Funding Program (NDFP) is Ontario's intravenous (IV) cancer drug formulary, administered by CCO on behalf of MOHLTC. The program was established in 1997 to ensure that all Ontario cancer patients have equitable access to new and expensive IV cancer drugs closer to home.

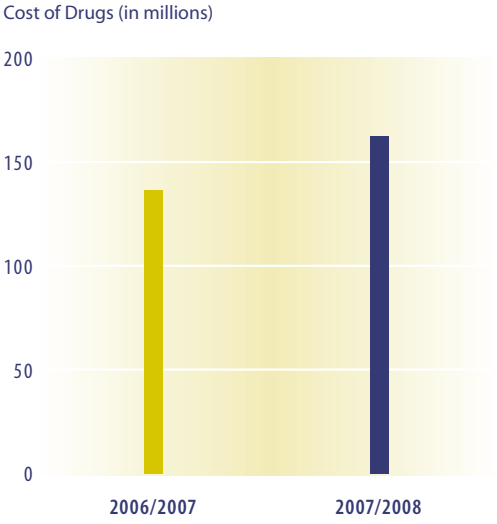
Through the NDFP, approximately 84 hospitals across the province are reimbursed for the cost of new and expensive drugs recommended by a provincial expert committee, the Committee to Evaluate Drugs (CED). The CED decision-making process for the NDFP considers both clinical and pharmacoeconomic evidence in making recommendations about funding for new drugs.

CCO is working closely with other provinces (except Quebec) in developing a Joint Oncology Drug Review (JODR) in an effort to harmonize the oncology drug review process across Canada. An interim step allows other provinces to participate in the established CED-CCO review process.

CCO has established a process that lists new multisource oncology drugs to the NDFP formulary at the best available price, resulting in significant savings for the program. In addition, as of 2007, new generics must be priced no higher than 50% of the original brand name product.

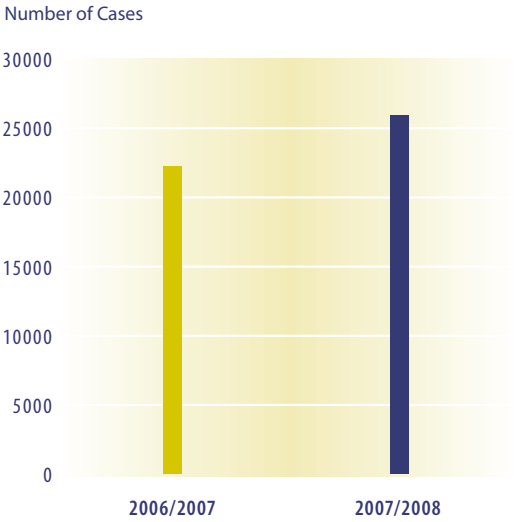
Two new drugs were added in 2007–08 to the NDFP providing coverage for a total of 21 drugs reimbursing 25,926 cases under the Program. In addition four new indications were added.

Costs of Drugs Reimbursed through the New Drug Funding Program



Increase of 19.05%

Number of Cases who benefited from the New Drug Funding Program



Increase of 3704 Cases = increase of 16.67%

Innovation

IN 2007–08, CANCER CARE ONTARIO CONTINUED TO EMPHASIZE DRIVING INNOVATION IN THE DELIVERY OF CANCER SERVICES THROUGHOUT THE PROVINCE.

In 2007–08, Cancer Care Ontario continued to emphasize driving innovation in the delivery of cancer services throughout the province. Highlights include:

QUALITY AND INNOVATION AWARDS

In their third year, the Quality and Innovation Awards recognize significant contributions to quality or innovation in the delivery of cancer care. The awards are hosted by the Cancer Quality Council of Ontario in partnership with Cancer Care Ontario and co-sponsored by the Canadian Cancer Society – Ontario Division. In 2007–08 four awards bestowed went to:

- Jeffrey Richer for the Radiation Therapy Wait Time Reduction Strategy at Windsor Regional Cancer Centre;
- Edward Chow for the Rapid Response Radiotherapy Program (RRRP),Odette Cancer Centre;
- Yvette Matyas, Gail Elliott, Holly Krol, and Oliver Tsai as the leads of the eSheet project – A Computer Application Designed to Improve Order Communication and Patient Care In An Ambulatory Oncology Setting, Odette Cancer Centre;
- Garth Matheson, Linda Rabeneck, and Michael Sherar as the leads of joint project on Canada's First Portable Radiation Treatment Unit;
- Royal Victoria Hospital, Simcoe Muskoka Regional Cancer Centre, Sunnybrook Health Sciences Center and CCO.

ADVANCED PRACTICE RADIATION THERAPISTS

Cancer Care Ontario carried out a two year study to assess and determine possible advanced roles for radiation therapists. This initiative may reduce waits for treatment by adding roles/skills and knowledge to the radiation treatment team. In 2007–08 CCO moved this pilot program to the demonstration phase, placing advanced practice radiation therapists under full supervision in five sites.

NURSE-PERFORMED SIGMOIDOSCOPY

Cancer Care Ontario rolled out a Nurse Flexible Sigmoidoscopy Project that is piloting nurse-performed endoscopy in six sites, expanding access to colorectal cancer screening in these communities. Nurse flexible sigmoidoscopy also helps nurse recruitment and retention by offering nurses additional skills and training.

Research

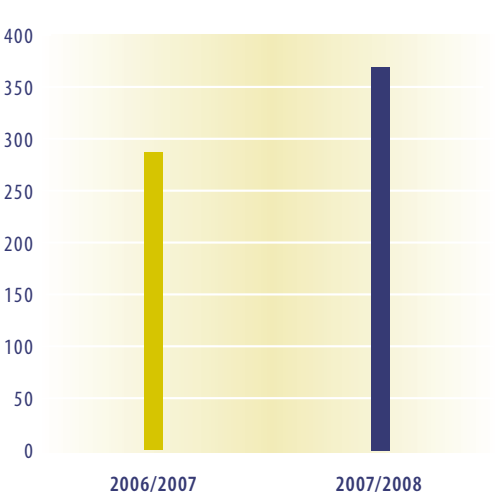
THE FIGHT AGAINST CANCER DEPENDS ON RESEARCH. IN 2007–08, CANCER CARE ONTARIO CONTINUED TO PROMOTE COORDINATION OF CANCER RESEARCH IN ONTARIO BY PARTNERING WITH ORGANIZATIONS SUCH AS THE CANADIAN INSTITUTE OF HEALTH RESEARCH, THE CANADIAN CANCER SOCIETY AND THE ONTARIO INSTITUTE FOR CANCER RESEARCH.

SUPPORTING RESEARCH

In 2007–08, Cancer Care Ontario:

- With the Ontario Institute for Cancer Research, jointly developed a health services research program that builds on Cancer Care Ontario's existing strengths in data management and analysis, and will position Ontario to become an international leader in cancer health services and health economics research;
- Worked with the Ontario Institute for Cancer Research to support common priority research themes;
- The Division of Preventive Oncology led a provincial consortium in completing the design of the Ontario Health Study, a major new initiative that will serve as a research platform for future population studies of cancer risk factors and predictive biomarkers of cancer incidence;
- Coordinated restructuring of our research program to ensure it complements research initiatives launched by the Ontario Institute for Cancer Research;
- Established a Research Chairs program aimed at expanding Ontario's research capacity in each of the four priority research areas.

Total Staff



Program in Evidence-Based Care (PEBC)

Number of PEBC guidelines completed in 2007–08 – 25

Number of PEBC guidelines published in peer-reviewed journals in 2007–08 – 25

Capital Development to Improve Access To Treatment – Projects completed in 2007–08

Projected Radiation Treatment Machine Outlook

(Number of Radiation Treatment Machines in Ontario and Treatment Capacity)

Centre	Number of RT Machines as of March 31, 2007	Number of RT Machines as of March 31, 2008
Algoma	0	0
Kingston	4	4
Peel	4	6
Grand River	4	4
Hamilton	11	11
London	8	8
Durham	3	4
Sudbury	5	5
Thunder Bay	2	2
Niagara	0	0
Toronto – Odette	13	13
Ottawa	9	9
Toronto – PMH	16	17
Barrie	1	1
Southlake	0	0
Windsor	3	3
Total	**83**	**87**
Treatment Capacity (patients)[1]	**34,362**	**36,018**

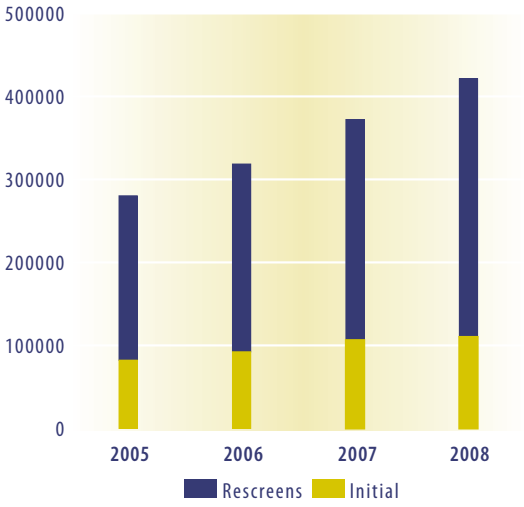
1 Each treatment unit is capable of treating 421 patients per annum based on:
20 treatment visits per patient
10 hour operating day for 240 days/annum
3.7 patient visits per hour
95% utilization for service

Increase of treatment capacity from April 1, 2007 to March 31, 2008 – 4.82 %

ONTARIO BREST SCREENING PROGRAM (OBSP)

In 2007–08 there were 134 OBSP screening sites

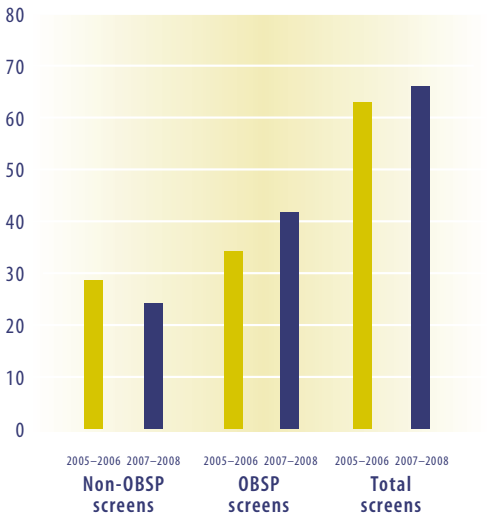
Number of OBSP screens, 2005–2008



Breast cancer screening

Percentage of non-OBSP and OBSP breast cancer screens for Ontario, by year

Percentage



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