CANCER CARE ONTARIO

Annual Report 08/09

cancer care ontario | action cancer ontario

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CANCER CARE ONTARIO IS THE PROVINCIAL AGENCY RESPONSIBLE FOR CONTINUALLY IMPROVING CANCER SERVICES. FORMALLY LAUNCHED AND FUNDED BY THE PROVINCIAL GOVERNMENT IN 1997, CANCER CARE ONTARIO IS GOVERNED BY *THE CANCER ACT*.

AS THE GOVERNMENT'S CANCER ADVISOR, CANCER CARE ONTARIO:

- Directs and oversees close to $700 million public healthcare dollars to hospitals and other cancer care providers to deliver high quality, timely cancer services;
- Implements provincial cancer prevention and screening programs designed to reduce cancer risks and raise screening participation rates;
- Works with cancer care professionals and organizations to develop and implement quality improvements and standards;
- Uses electronic information and technology to support health professionals and patient self-care and to continually improve the safety, quality, efficiency, accessibility and accountability of cancer services;
- Plans cancer services to meet current and future patient needs, and works with healthcare providers in every Local Health Integration Network to continually improve cancer care for the people they serve; and
- Rapidly transfers new research into improvements and innovations in clinical practice and cancer service delivery.

As an operational service agency of government, Cancer Care Ontario is accountable to the Minister of Health and Long-Term Care.

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.

LETTER FROM THE PRESIDENT AND THE CHAIRMAN OF CANCER CARE ONTARIO

On behalf of Cancer Care Ontario, we are pleased to submit our 2008–2009 Annual Report.

2008–2009 has been a year of significant achievement for Cancer Care Ontario. Highlights include:

- Launching the **2008–2011 Ontario Cancer Plan**;
- Launching the **2008–2011 Information Strategy**;
- Launching the **Ontario Health Study**, a long-term research project to better understand risk factors and early markets for cancer and other chronic diseases;
- Implementing ColonCancerCheck province-wide;
- Developing "*Healthy Eating, Healthy Weights and Physical Activity Guidelines for Public Health*" making Cancer Care Ontario the first cancer agency in Canada to establish public health guidelines for the primary prevention of cancer.
- Implementing **diagnostic assessment pilot projects** across Ontario;
- Establishing the **Molecular Oncology Task Force** and receiving its Report, "*Ensuring Access to High-quality Molecular Oncology Laboratory Testing and Clinical Cancer Genetic Services in Ontario*";
- Launch of Ontario's first occupational **Cancer Research Centre** in 2009; and
- Rolling out a provincial implementation plan for **multidisciplinary cancer conferences**.

In tandem with ensuring access to effective diagnosis and high-quality cancer care, Cancer Care Ontario continued to expand the capacity of Ontario's cancer system by investing in new facilities, equipment and information systems. This has brought services closer to home for people in communities such as Ottawa, Kingston, Barrie, Algoma, Newmarket, and Niagara. These investments have allowed us to improve wait times for radiation treatment, despite the continual increase in demand.

This progress could not have been achieved without the ongoing financial support of the Government of Ontario. The substantial and important investments made by the government into Ontario's cancer system over the past number of years have allowed more Ontarians to be screened, new facilities to be built for patients to access services closer to home and information systems to be modernized to better control and reduce waiting lists.

The fight against cancer doesn't happen in isolation. It takes more than one physician or clinic to treat and control cancer; it takes an entire healthcare team that includes among others public health professionals, family physicians, oncologists, nurses, pharmacists, therapists, care providers and community volunteers working in a variety of institutions and care settings. We are proud of the services offered by Ontario's skilled professionals and are humbled by the dedication and compassion they exhibit as they help patients at every stage of their difficult journey.

In 2008, Cancer Care Ontario celebrated its 65th birthday. We can be proud of the results we have achieved for Ontario cancer patients since 1943. As Cancer Care Ontario continues to plan for the future, we are ever conscious that over the next 10 years Ontario will see a 40 percent growth in the number of people living with cancer. We remain committed to moving Ontario's cancer system forward, working with our health care and government partners to bring services closer to home for patients and ensuring that the standard of care continues to be the best in the country.

Richard Ling
Chairman of the Board, Cancer Care Ontario

Terrence Sullivan, PhD
President and CEO, Cancer Care Ontario

BUILDING THE SYSTEM: THE 2008–2011 ONTARIO CANCER PLAN

Over the next 10 years, Ontario will see a 40 percent increase in the number of people living with cancer. One of the most important achievements of Cancer Care Ontario in 2008–09 was the creation of the second 2008–2011 Ontario Cancer Plan, a three-year roadmap for the province's cancer system. This plan builds on the framework set out in the first Ontario Cancer Plan in 2004 and adopts a lifecycle approach, addressing every phase of cancer. It details the actions that need to be taken to reduce the number of people diagnosed with cancer and improve the quality of patient care – no matter where in the province they are accessing cancer services.

There are six goals of the Ontario Cancer Plan that encompass all aspects of the cancer journey – from prevention and screening to diagnosis, treatment, recovery, and palliative and end-of-life care.

SIX KEY GOALS

Goal 1: Reduce the incidence of cancer

Goal 2: Reduce the impact of cancer through effective screening and early detection

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Goal 4: Improve the patient experience across the continuum of care

Goal 5: Improve the performance of Ontario's cancer system

Goal 6: Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

To achieve these goals, Cancer Care Ontario, through consultation with our healthcare partners, have identified four key initiatives:

1. Transform how we screen for cancer;
2. Streamline and speed up cancer diagnosis;
3. Continue to develop Regional Cancer Programs to deliver consistently high-quality services across the province; and
4. Prepare our services to respond to and make best use of the discoveries in molecular oncology.

The 2008–2011 Ontario Cancer Plan is designed to transform Ontario's good cancer system into a great cancer system that will give Ontarians – no matter where they live, what language they speak, and what income they make – access to high-quality, timely and patient-focused care. The Plan is aligned with Cancer 2020, Cancer Care Ontario's long-term action plan aimed at reducing cancer incidence and mortality in Ontario through prevention and screening activities by the year 2020.

Throughout this annual report, you will note that each achievement in 2008–09 is identified with the key goal(s) it is working to achieve.

PROMOTING AND EXPANDING CANCER PREVENTION AND SCREENING PROGRAMS

In 2007, 172 people in Ontario were diagnosed with cancer each day. By 2017, that number of newly diagnosed cases is expected to jump to 228 per day, unless Ontarians address their modifiable risk factors.

Cancer is a disease we can do something about. Experts agree that at least 50 percent of cancer cases and deaths can be prevented through responsible lifestyle choices including a healthy diet, maintaining a healthy weight, quitting smoking and getting regular exercise.

Along with these prevention measures, timely screening is also important for early detection of cancer or pre-cancerous conditions. In 2008–09, Cancer Care Ontario continued to enhance cancer screening programs for breast, cervical and implemented a new program for screening for colorectal cancer. Cancer Care Ontario also developed new tools to help promote healthier living.

IMPROVING ACCESS TO BREAST SCREENING

Goal 2: Reducing the impact of cancer through effective screening and early detection

Nearly twenty years ago, Cancer Care Ontario established the *Ontario Breast Screening Program* to provide women with improved access to regular, quality screening services that would lead to improved treatment of breast cancer. The program delivers high-quality mammography, automatic client recall, assistance to arrange follow-up tests or referrals, on-going quality assurance, and timely screening results while maintaining client and survival statistics. Breast cancer is the most common cancer in Ontario women. It is anticipated that in 2009 8,700 Ontario women will be diagnosed with breast cancer and 2,100 will die from it.

The success of the Ontario Breast Screen Program has been resounding; in early 2009 the program will reach the one million participants mark. As well, the death rate from breast cancer in Ontario women aged 50–69 has decreased 35 percent between 1989 and 2005, a result of both increased mammography screening and better treatment. However, there is still more to do. The rate of Ontario women participating aged 50–69 in mammography screening in 2005–06 remains at 63 percent for mammograms done within the OBSP or outside the program. The participation rates have remained fairly stable over the past nine years, and Cancer Care Ontario is committed to addressing the plateau of participation and reaffirmed its commitment to increasing the participation rate in breast cancer screening to 70 percent of eligible women by 2010. Looking ahead, Cancer Care Ontario would like to have 90 percent of eligible women participating in the OBSP rate by 2020; an ambitious goal but necessary if we want to further decrease the death rate from breast cancer by finding it in as early a stage as possible.

"Looking Ahead: Ontario Breast Cancer Screening Program Will Reach A Record One Million Participants"
In early 2009, it is anticipated that the *Ontario Breast Screening Program* will achieve a screening goal of one million participants from when the program administered its first mammogram in 1990. Cancer Care Ontario's efforts have worked to help protect Ontario's women from dying of breast cancer.

COLONCANCERCHECK: GETTING INSIDE THE ISSUE

Goal 2: Reducing the impact of cancer through effective screening and early detection

In addition to our commitment to increase breast cancer screening, Cancer Care Ontario is working to aggressively increase colorectal cancer screening rates and reduce deaths from colorectal cancer – the second leading cause of cancer deaths in Ontario. When caught early through regular screening, there is a 90 percent chance colorectal cancer can be cured yet prior to the ColonCancerCheck program less than 20 percent of Ontarians over 50 were being screened for colorectal cancer with the Fecal Occult Blood Test (FOBT). In 2008, approximately 3,250 Ontarians died of this disease.

In response to these low screening rates, Cancer Care Ontario partnered with the Ontario Ministry of Health and Long-Term Care to launch ColonCancerCheck in April 2008, Canada's first ever, province-wide, population-based, colorectal cancer screening program. Through this groundbreaking initiative, eligible Ontarians obtain a colorectal cancer screening kit, called a Fecal Occult Blood Test (FOBT), from their primary care provider, and for those without a primary care provider, through a community pharmacist or Telehealth Ontario. Participants who have an abnormal (positive) FOBT result, or who are at increased risk because of family history of colorectal cancer in a first degree relative, are referred by their primary care provider for follow-up care, including having a colonoscopy.

The ColonCancerCheck program has already been very successful in its first year:

- More than 670,000 ColonCancerCheck FOBT kits were sent out across the province to primary care providers;
- Ontarians completed approximately 350,000 ColonCancerCheck FOBT kits, with laboratories identifying 15,000 positive (abnormal) results. Research shows that about one in 10 individuals with a positive FOBT will be found to have colorectal cancer after undergoing further investigation; and
- To support the program, an additional 37,000 colonoscopies were funded in 71 hospitals across Ontario.

Even as ColonCancerCheck is implemented province-wide, there is more to do if we are to achieve our goal of increasing colon screening to 55 percent in five years, and to 65 percent in 10 years. An immediate step is getting more primary care providers aware of and talking to their patients about ongoing screening. As patients primarily rely on their primary care providers for cancer screening information, 2008 saw the launch of CCO's Primary Care Program. A key component of this program is the recruitment of regional primary care leads in each of the Local Health Integration Networks (LHIN) who will act as local champions for colorectal cancer screening and as contacts for primary care providers and regional cancer programs in Ontario. This network of primary care providers brings the primary care perspective to cancer issues, and has an early focus on improving screening rates across the province.

COLONCANCERCHECK'S INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY SOLUTION

To support ColonCancerCheck (CCC), work has begun to develop and build an information management/information technology (IM/IT) solution that integrates many disparate data sets to create authoritative screening records for all Ontarians. This new solution, called InScreen, will enable the proactive identification, invitation, notification, and recall of screen-eligible Ontarians and track their status throughout their screening journey.

In 2008–2009, major accomplishments included:

- Collection and reporting of colonoscopy and FOBT activity and quality metrics;
- Publishing monthly reports for regions and labs; and
- Preparing to pilot InScreen and officially launch it in the Fall 2009.

CCC will pilot InScreen with approximately 120 primary care providers between March and December 2009. This pilot will test the data and technology as well as the logistics, long-term sustainability, and value of InScreen for primary care.

IMPROVING ABORIGINAL CANCER CONTROL

Goal 1: Reduce the incidence of cancer

Goal 2: Reduce the impact of cancer through effective screening and early detection

Ontario continues to experience cancer control challenges among First Nations, Métis and Inuit people. The overall rate for new cancer cases in Ontario's Aboriginal communities nearly doubled between 1968 and 2001. While cancer incidence rates for two of the most common cancers, breast and prostate, are still significantly lower for Aboriginal people, incidence rates for lung and colorectal cancer have risen to meet or exceed overall rates for Ontario.

Research conducted in 2006 and 2007 found that Aboriginal communities in general did not have enough information about colorectal cancer, including its causes and symptoms, and ways to prevent it. To respond to this information gap, Cancer Care Ontario's Aboriginal Cancer Care Unit established the *Let's Take a Stand Against…Colorectal Cancer* program in Fall 2008. This program provides a culturally relevant health education toolkit to help health service providers in Aboriginal communities promote awareness of colorectal cancer, and cancer screening and prevention.

Implementation is currently underway through multiple initiatives including the development of materials and resources, toolkit dissemination, distribution of healthcare materials, information and training sessions, stakeholder and aboriginal newsletter publications, and public service announcements, all designed to ensure Ontario's Aboriginal communities have equal access to cancer prevention and screening information.

The Aboriginal Tobacco Program engages Aboriginal communities in the creation of health promotion strategies to decrease and prevent the misuse of tobacco and to develop "tobacco wise" communities (i.e., respecting sacred tobacco use, while reducing commercial tobacco use). This includes efforts to support smoking prevention, cessation and protection activities. Capacity building, collaborative partnerships and knowledge exchange are key strategies of this program which is funded by the Ministry of Health Promotion's Smoke Free Ontario Strategy. The program mission is to reduce tobacco related illness and death in First Nation, Métis and Inuit communities in Ontario. The program objectives are to facilitate relationship building between the Aboriginal community and the Ontario tobacco control community to leverage current resources and inform development of future resources to better serve Aboriginal needs; build relationships and linkages with current Aboriginal programming and Aboriginal service providers to increase awareness of the link between tobacco use and cancer and other chronic diseases; and build capacity in Aboriginal communities to plan, implement and evaluate tobacco programming.

HEALTHY EATING, ACTIVE LIVING AND EVERYDAY PREVENTIVE CANCER MEASURES

Goal 1: Reduce the incidence of cancer

Goal 6: Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control

More than one-third of all cancers can be attributed to poor diet, obesity and physical inactivity. In Ontario, less than half of men and women eat the daily recommended servings of fruits and vegetables, and the percentage of men and women who are obese, is more than double the Cancer 2020 target of 10 percent. Cancer Care Ontario has continued to work with government and multiple stakeholders to address obesity, physical activity, and nutrition.

DEVELOPMENT OF HEALTHY LIVING GUIDELINES TO REDUCE CANCER RISKS

As part of the 2008–2011 Ontario Cancer Plan goals, Cancer Care Ontario made a commitment to continue reducing cancer risks through strategies that promote healthy eating, healthy weights and physical activity. Cancer Care Ontario developed the *Healthy Eating, Healthy Weights and Physical Activity Guideline for Public Health* – the first time a cancer agency in Canada has established public health guidelines for the primary prevention of cancer and other chronic disease. This guideline is aligned with the new Public Health Standards mandated recently by the Ministry of Health and Long-Term Care to address the primary prevention of chronic disease and cancer.

ONTARIO PUBLIC HEALTH STANDARDS GUIDANCE DOCUMENTS PROJECT

Cancer Care Ontario is working with Ministry of Health Promotion staff, local public health leaders, the Ontario Agency for Health Protection and Promotion, and other Ontario Government ministries to develop evidence-informed Guidance Documents for staff of local Boards of Health. Under the *Health Protection and Promotion Act*, the Minister of Health and Long-Term Care exercises her/his authority to determine Ontario Public Health Standards (OPHS) which specify the mandatory requirements for local Boards of Health to implement various programs and services.

The Ministry of Health Promotion (MHP) has delegated authority for oversight of several of these standards, specifically those pertaining to: child health, reproductive health, prevention of injuries and substance misuse, and chronic disease prevention. To develop the Guidance Documents, a Steering Committee and seven additional Working Groups have been convened in the following areas: (1) reproductive health, (2) child health, (3) prevention of injury, (4) prevention of substance misuse (including alcohol), (5) healthy eating, physical activity, and healthy weights, (6) comprehensive tobacco control, and (7) school health. Other Working Groups may be convened in future.

The purpose of the project is to provide guidance on practice pertaining to each of the requirements associated with each standard and also identify how efforts may be integrated with other OPHS related to health promotion and beyond (e.g., food safety, sexual health, hazard prevention) for optimal effectiveness. Final Reports are expected to be submitted to the Ministry of Health Promotion by the end of the year.

BUILDING CAPACITY ON TOBACCO CONTROL: THE PROGRAM TRAINING AND CONSULTATION CENTRE (PTCC)

The Program Training and Consultation Centre (PTCC) at Cancer Care Ontario (a partnership between CCO, Region of Waterloo Public Health, Sudbury and District Health Unit and the Centre for Behavioural Research and Program Evaluation at the University of Waterloo) provides province-wide support services to the Ministry of Health Promotion's Smoke-Free Ontario strategy to attain its prevention, cessation and protection goals. The strategy is based on a public health lead agency model and the capacity of this system is critical to the successful implementation of the strategy. As a resource centre, PTCC plays a lead role in improving the capacity of the Tobacco Control Area Networks (TCANs – regional level) and Ontario public health agencies (local level) to address tobacco control issues and plan and deliver comprehensive tobacco control programming through training and consultation, knowledge exchange, and facilitating innovation and evidence-informed decision making.

To further support the capacity building efforts of PTCC, the Media Network merged to become part of the Program Training and Consultation Centre (PTCC) in 2008. The Media Network for a Smoke-Free Ontario (Media Network) is a unique program that was established in 2000 under the Ontario Tobacco Strategy to increase positive media coverage around tobacco control issues at local and provincial levels. The program provides media relations expertise, training and knowledge exchange to tobacco control practitioners in Ontario.

THE MEDIA NETWORK FOR A SMOKE-FREE ONTARIO

Between November 2007 and January 2008, the Media Network for a Smoke-Free Ontario, a program of the Program Training and Consultation Centre, provided support to local public health agencies' social marketing campaign (through Tobacco Control Area Networks [TCANs]).

The Program helped raise awareness through TCANs by coordinating on-line, print and radio advertisement-buys and increasing earned media on the negative effects of second-hand smoke in motor vehicles.

On January 21, 2009, a new law prohibiting Ontarians from smoking in motor vehicles with passengers under 16 came into effect.

ENSURING TIMELY ACCESS TO CANCER SERVICES

Prevention and screening measures are only effective when quality and accessible healthcare services are in place. This is why Cancer Care Ontario worked hard in 2008–09 to support the Ontario government's strategic priority of reducing wait times for priority healthcare services in the province. We are also completely open and transparent about waiting lists for cancer services; wait times for radiation and systemic treatment are published on Cancer Care Ontario's website (www.cancercareontario.ca), while wait times for cancer surgery are published on the Ontario government's Wait Times website (http://www.health.gov.on.ca/transformation/wait_times/wait_mn.html).

MEASURING AND REDUCING WAIT TIMES

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Despite growing demand for cancer services in Ontario, wait times for treatment are, overall, improving steadily.

	Volumes	Wait Times
Surgery	↗	↙
Radiation Treatment	↗	↙
Systemic Treatment	↗	→

All types of cancer are different. Cancer Care Ontario understands the importance of having appropriate wait time protocols in place since some cancers are more aggressive than others and need to be treated more quickly. While some waiting may be clinically appropriate for the treatment plan, we recognize that waiting is extremely stressful for patients and their support network. We are working to ensure that no matter the type of cancer, all treatment is provided within the recommended timeframe to ensure the best clinical outcomes.

Wait times serve as an indicator for how well the cancer system is working as a whole, providing valuable insight to assist in resource allocation and future system planning. As a partner in Ontario's Wait Time Strategy, Cancer Care Ontario is responsible for directing and managing the investment in additional cancer surgeries. In addition, we were contracted by the Ministry of Health and Long-Term Care to develop and operate the Wait Time Information System (WTIS) for the government's entire Wait Time Strategy.

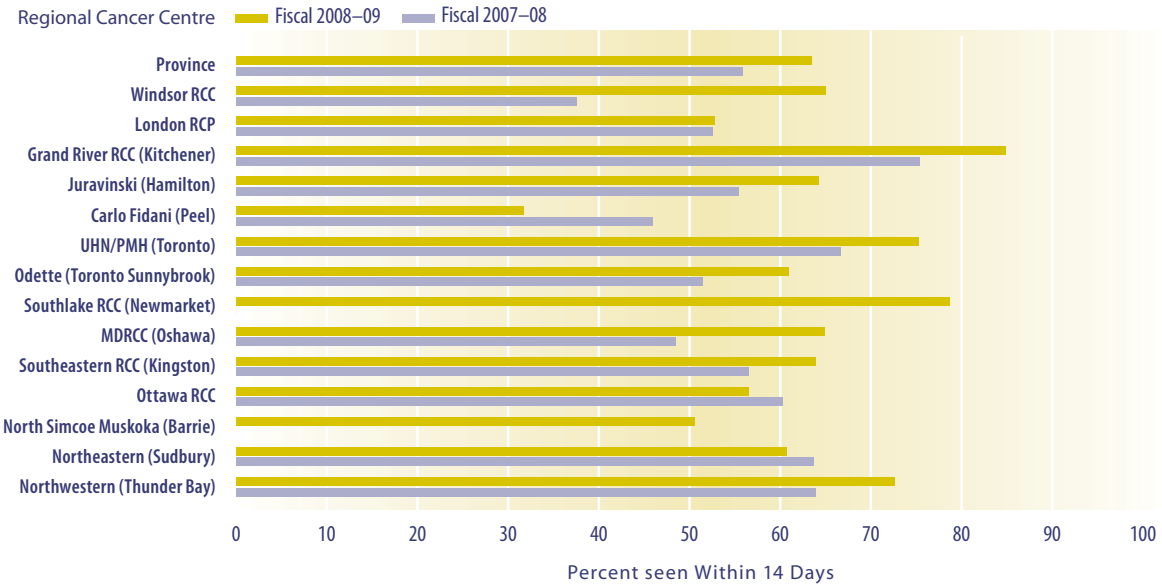
i. Radiation Wait Times

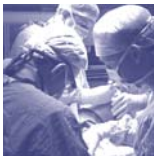
Cancer Care Ontario has been publicly reporting radiation treatment wait times since 2004. Since then, provincial wait times for radiation treatment have steadily and significantly improved as the result of better planning and greater investments in cancer centres, radiation equipment replacement and healthcare human resources. In three short years, these investments have resulted in the median provincial radiation wait times (from the time a patient is referred to a specialist to when they received treatment) dropping a very significant 31 percent, from 42 days to 29 days. (Source: http://www.cancercare.on.ca/ocs/wait-times/wthighlights/)

Improving waits for all cancer-related services is an ongoing priority for Cancer Care Ontario and for the Government of Ontario. In 2008–09, 66 percent of cancer patients were treated within the target timeframe for their cancer, a 13 point increase over the previous year; this improvement is encouraging and we are working hard to reduce wait times even more as we look to the future.
http://www.cancercare.on.ca/cms/one.aspx?pageId=37430

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

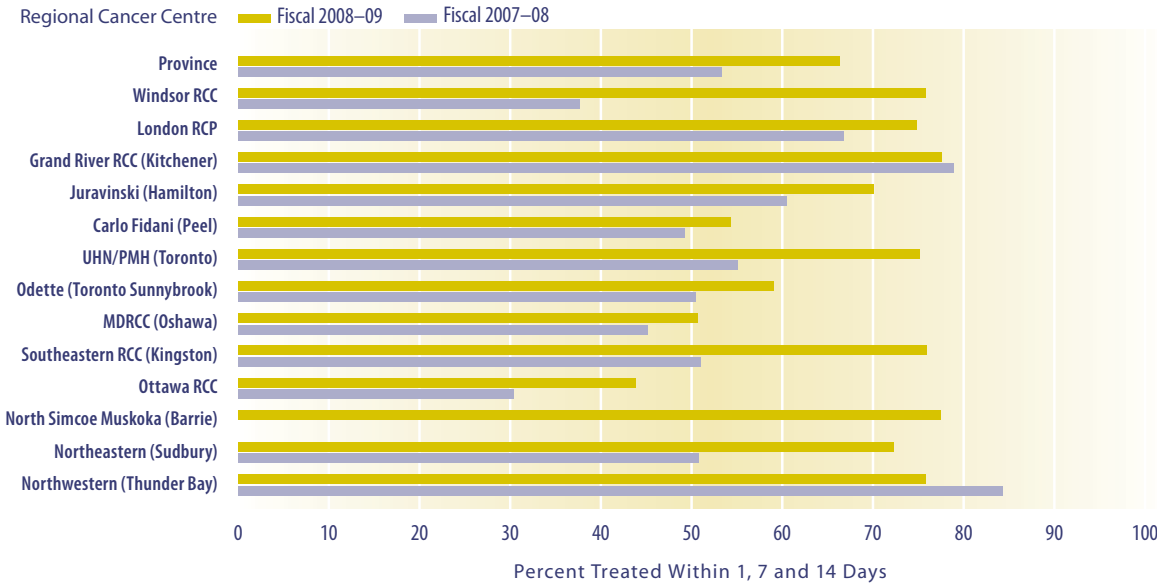
Fiscal 2007–08 vs. 2008–09





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

Fiscal 2007–08 vs. 2008–09



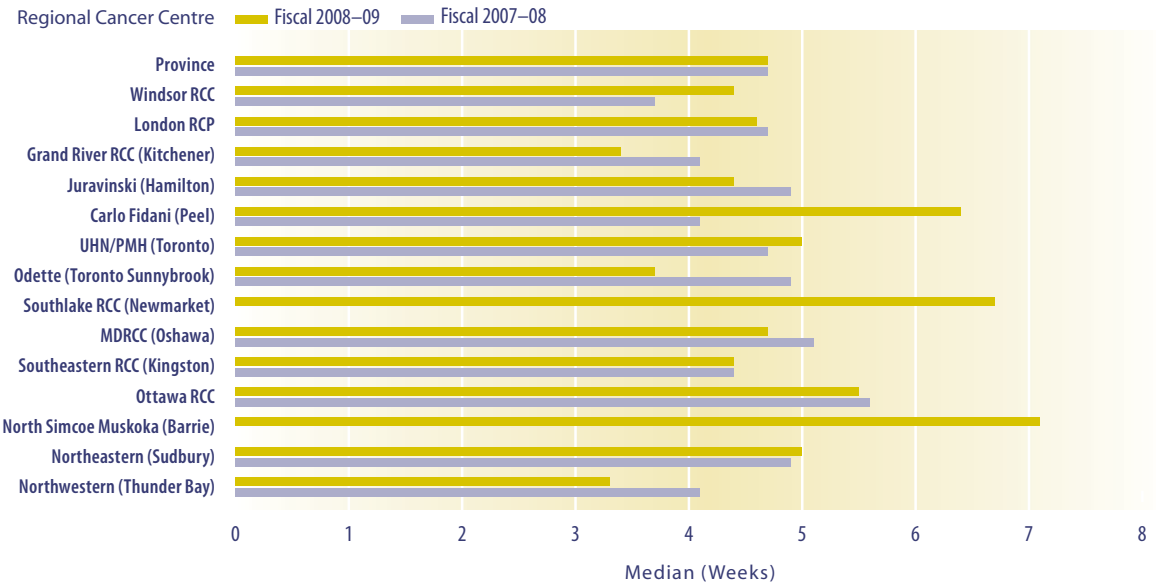
ii. Systemic Treatment Wait Times

While the median wait time from the initial referral to a medical oncologist to the first chemotherapy treatment remained stable in 2008–09 at 4.7 weeks, the number of patients requiring systemic treatment services in Ontario grew three percent. Ontario requires more resources – particularly medical oncologists and other oncology professionals – and infrastructure to keep pace with the growing number of patients requiring systemic treatment. We also need to improve the way we distribute and organize chemotherapy services so that more patients have more access to high-quality chemotherapy close to home.

Anticipating that the increasing need for systemic treatment will continue, Cancer Care Ontario took immediate action in April 2008 to help control treatment waiting lists through better system measurement and a controlled expansion. We began by establishing the *Referral to Consult* Interval. This involved Cancer Care Ontario beginning to report systemic treatment wait time's information that is more current, comprehensive and specific by introducing the *referral to consult* reporting interval (referring to the time from when a patient is referred to a specialist to the time that specialist sees the patient).

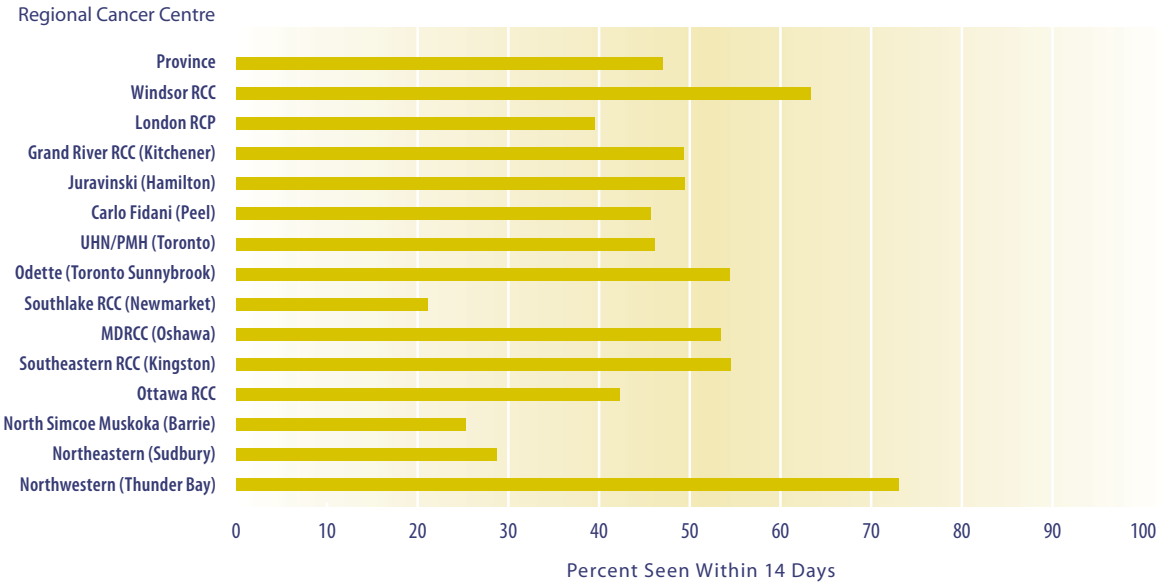
Systemic Referral to Treatment Wait Time – Median (Weeks)

Fiscal 2007–08 vs. 2008–09



Systemic Referral to Consult Wait Time – Percent Seen Within 14 Days

Fiscal 2008–09



Looking Forward: Establishing the Consult to Treatment Interval

In 2009, Cancer Care Ontario will also begin reporting on the *Consult to Treatment* interval. This refers to the time from the patient's first consultation with a specialist, to their first treatment.

In addition to the introduction of these new wait time measurement intervals; Cancer Care Ontario is continuing to report systemic treatment wait times from *referral to treatment* as a three month rolling median for each Regional Cancer Centre across the province. Referral to treatment is the time from when a Regional Cancer Centre receives a referral for a patient to receive systemic treatment, to the time patients receive their first treatment.

Looking Forward: reating a Provincial Plan for Systemic Treatment

In the coming months, Cancer Care Ontario will finalize a Provincial Plan for Systemic Treatment which will make recommendations for the ongoing implementation of the standards for systemic treatment and for funding growth in activity at community hospitals that provide systemic treatment. It will also include a proposed new funding model for systemic therapy, which will be critical to expanding chemotherapy capacity in community hospitals.

iii. Reducing Cancer Surgery Wait Times

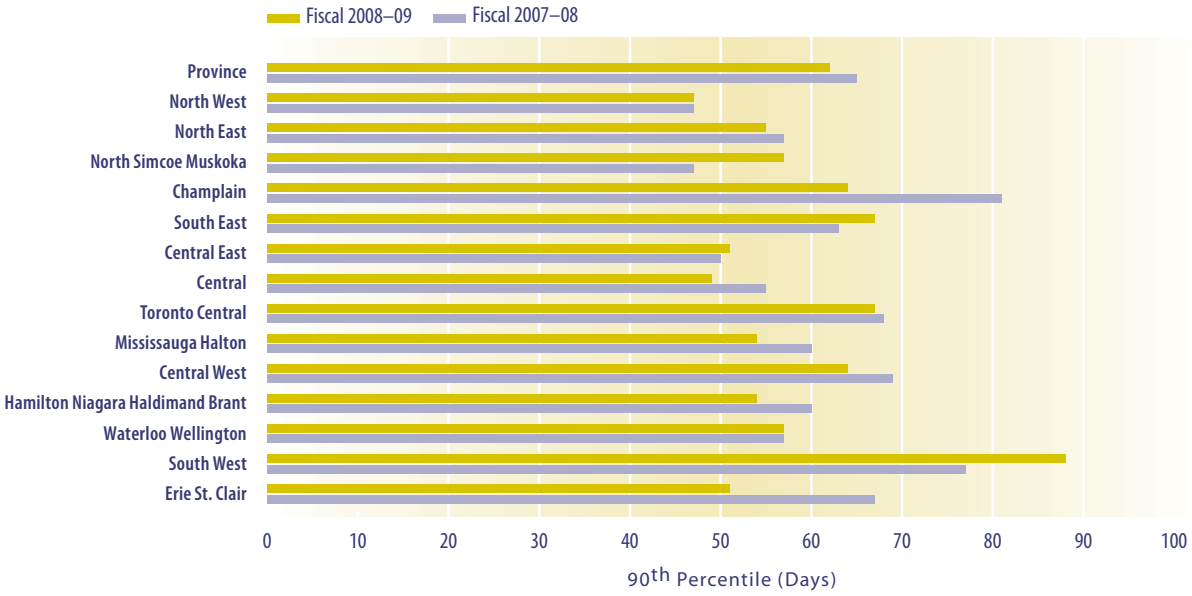
With four-in-five cancer patients requiring surgery, Cancer Care Ontario and the Government of Ontario are working in partnership to implement the province's Wait Time Strategy. Through targeted investments in cancer surgeries to increase the number of procedures performed, significant progress has been made managing cancer surgery waits since August 2005, when the province began publicly reporting wait times on the Wait Times Strategy web site. This additional funding means we are able to support more lower-complex, common cases such as breast and colorectal cancer surgeries as we work to aggressively reduce wait time targets for more high-complex and urgent cases.

The province's centralized Wait Times Strategy has created an Ontario that now has defined wait times and targets, as well as publicly available data tracking the number of cancer surgeries being performed and the wait times for these surgeries. We have been working hard to increase the number of facilities submitting cancer surgery data into the Wait Time Information System; currently 71 facilities provide information, accounting for 78 percent of cancer surgeries throughout the province.

Priority 1, Skin and Lymphoma cases are excluded as well as unavailable days Data is presented by LHIN.

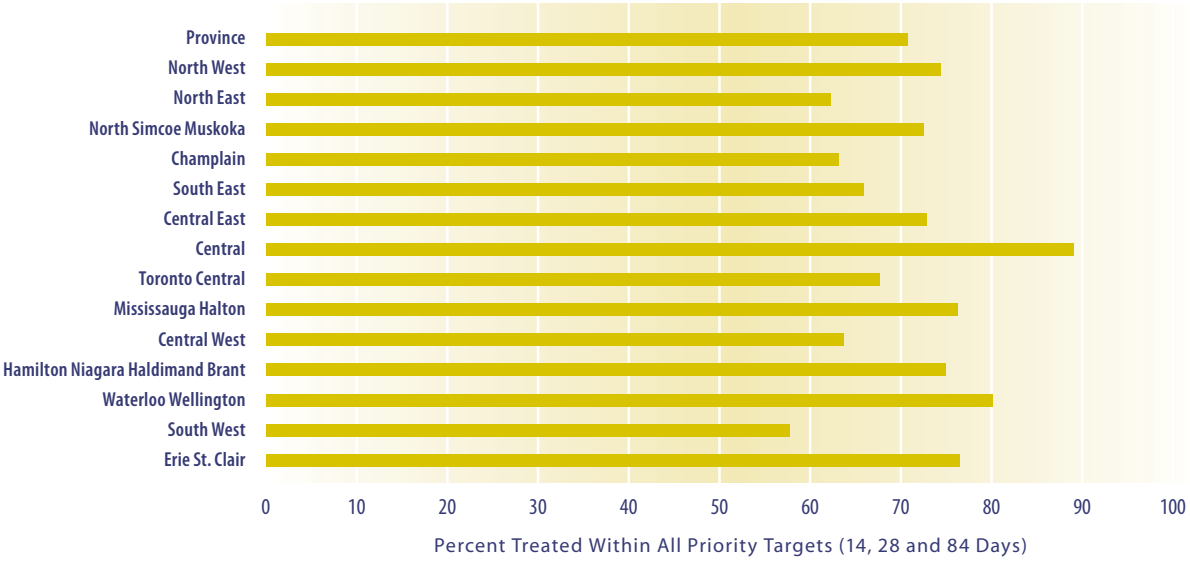
Cancer Surgery Wait Time – Decision to Operate to Operation Date 90th Percentile (Days)

Fiscal 2007–08 vs. 2008–09



Cancer Surgery Wait Time – Decision to Operate to Operation Date – Percent Treated Within All Priority Targets (14, 28 and 84 Days) 2008-09

Fiscal 2008–09



LAYING THE FOUNDATION FOR MODERN CANCER INFRASTRUCTURE

Goal 4: Improve the patient experience across the continuum of care

Ensuring Ontarians have timely access to effective diagnosis and high-quality cancer care means building modern treatment facilities, acquiring advanced medical equipment, and enhancing overall patient support. In 2008–09, Ontario continued its commitment to delivering timely, quality cancer services, in every region of the province by making significant investments in cancer infrastructure and services including the construction of four new regional cancer centres and the expansion of two existing centres. The effectiveness of these investments is evident in improvements like decreasing wait times for radiation treatment, despite the increasing number of patients requiring this procedure.

In 2008–09, Cancer Care Ontario helped oversee numerous capital investment projects, enhancing cancer services in high population areas and bringing cancer services closer to home in rural and remote locations. The projects included:

- Two new radiation machines at the Carlo Fidani Peel Regional Cancer Centre in Mississauga;
- A new radiation machine at the R.S. McLaughlin Durham Regional Cancer Centre in Oshawa;
- The opening of portable radiation treatment facilities in Barrie and Ottawa, with both locations capable of delivering intensity modulated radiation therapy (IMRT);
- Ongoing construction of a cancer treatment facility in Kingston;
- Overseeing the ongoing construction in Ottawa region at the Ottawa General Hospital and Queensway Carleton;
- Overseeing ongoing construction for a new cancer treatment centre in Newmarket;
- Overseeing the design and tendering for a new cancer treatment centre in Barrie;
- Ongoing construction for the cancer treatment centre at the hospital in Algoma; and
- Reviewing and selecting submissions for the new cancer centre in Niagara.

Looking Ahead: Planned Capital Investment Projects & Priorities for 2009–2010

As Cancer Care Ontario looks towards the future and prepares for meeting the treatment needs of Ontarians in 2009–2010, further capital projects planned include:

- Securing funding for additional radiation treatment units in Durham and Grand River;
- Ensuring all approved capital investments remain on schedule to provide new treatment facilities in Algoma, Barrie, Newmarket, Niagara, Kingston, and Ottawa;
- Review radiation treatment capacity for the western GTA;
- Upgrading older radiation equipment with more advanced units at 11 Regional Cancer Centres across the province;
- Implementing a *Universal Cancer Treatment Room* protecting the ability to install future equipment from a variety of healthcare providers thereby reducing future costs on machine replacements and bunker retrofits; and,
- Revising and monitoring provincial plans related to projected demand for investments in radiation facilities over the next 3 years, as new technologies (imaging) and new techniques (IMRT) are introduced.

LAUNCHING PROVINCE-WIDE DIAGNOSTIC ASSESSMENT PILOT PROJECTS

Goal 3: Ensure timely access to effective diagnosis and high-quality patient care

Cancer Care Ontario recognizes that the time between initial symptoms and diagnosis is extremely stressful for patients and families as they wait for test results. This is why Cancer Care Ontario has prioritized cutting diagnosis wait times, reducing the need for repeated tests and improving the patient experience, making them central themes in the ongoing goal to improve the diagnostic assessment process at cancer centres across the province. Cancer Care Ontario supported four diagnostic assessment demonstration projects designed to improve the assessment process:

1. **The Credit Valley Hospital Diagnostic Assessment Unit at the Carlo Fidani Peel Regional Cancer Centre:** This facility has reduced the median time of suspected cancer to biopsy examination from 38 days to 15 days – a remarkable 60 percent decrease. They also reduced the average time from initial suspicion to diagnosis by 53 percent. They accomplished these improvements by creating a multidisciplinary team of healthcare and diagnostic services providers and establishing a central point of contact and referrals for patients with suspected breast cancer.
2. **The Streamlined Centre for Out-Patient Endoscopy (SCOPE) at Sunnybrook Health Sciences Centre:** This project coordinates the scheduling of colonoscopies by bringing together facilities including North York General Hospital, Sunnybrook Health Sciences Centre and Toronto East General Hospital. This new process have resulted in a 78 percent reduction in wait times from family physician referral to colonoscopy for patients with positive (abnormal) FOBT results, and an over 81 percent reduction for patients with a family history of colorectal cancer.
3. **The Grand River Regional Thoracic Diagnostic Assessment Unit at Grand River Regional Cancer Centre:** To improve care and reduce wait times for patients in Waterloo Region with suspected lung cancer, this unit implemented a streamlined process model that included creating an integrated diagnostic clinic space within the cancer centre and a providing a nurse navigator to work directly with patients and their families. Within the first 16 months of operation, this facility reduced the time between referral and diagnosis by 44 days.
4. **The Erie St. Clair Lung Diagnostic Assessment Program at Windsor Regional Cancer Centre:** In 2006, Windsor area residents had to wait an average of 120 days to learn whether or not they had lung cancer. With Cancer Care Ontario's help to establish a centralized referral process and a patient database to control patient flow, the Erie St. Clair Lung Diagnostic Assessment Program reduced its median wait time from suspicion of cancer to diagnosis, down to 44 days.

Cancer Care Ontario is building a more comprehensive program in assessment for patients with suspected cancers. In addition, certain surgeries are often complex and therefore Cancer Care Ontario continues to implement strict thoracic guidelines.

ESTABLISHING A PSYCHOSOCIAL ONCOLOGY PROGRAM

Goal 4: Improve the patient experience across the continuum of care

A diagnosis of cancer and the subsequent treatment does not just affect a patient physically; it causes significant emotional stresses for patients, families and loved ones. In 2008–09 Cancer Care Ontario established the Psychosocial Oncology Program with a mandate to develop activities and initiatives that support patients throughout their cancer journey by enhancing their experience and that of their families and support network. The Psychosocial Oncology Program has initially focussed on two main projects:

1. The creation of the **Ontario Cancer Symptom Management Collaborative** which brings together health experts from across the province to promote earlier identification, documentation and communication of patient symptoms; and
2. The development of **evidence-based resources**, including *Provider-Patient Communication: A Report of Evidence-Based Recommendations to Guide Practice in Cancer*; and *Advance Care Planning with Cancer Patients: Guideline Recommendations*.

Looking Forward: Psychosocial Oncology Program

In 2009–10, the Psychosocial Oncology Program will focus on increasing interprofessional collaboration amongst healthcare providers. Cancer Care Ontario will also work to implement the standards set out in our evidence based documents, becoming the first Canadian jurisdiction to do so.

ENHANCING SERVICE QUALITY AND IMPROVING OUTCOMES

As the provincial agency responsible for continuously improving cancer services, Cancer Care Ontario has committed itself to ensuring that all Ontarians receive quality care leading to the most positive treatment outcomes. At Cancer Care Ontario we are working to advance new and innovative scientific research into different types of treatments, and fostering collaboration by bringing our province's brightest healthcare practitioners together to find solutions.

LEADING THE WAY WITH INTENSITY MODULATED RADIATION THERAPY (IMRT)

Goal 3: Ensure timely access to effective diagnostic and high-quality cancer care

Doctors and caregivers know that cancer patients require timely access to effective diagnosis and high-quality cancer care. This is why Cancer Care Ontario has made expanding the usage of intensity modulated radiation therapy (IMRT) treatment a leading priority. IMRT is an advanced form of high-precision radiotherapy using computer-controlled X-ray accelerators to deliver high doses of radiation to a cancer while significantly decreasing damage to surrounding healthy tissues and minimizing side effects.

At the launch of the 2008–2011 Ontario Cancer Plan in March 2008, only six radiation programs throughout Ontario administered IMRT. This is expected to significantly expand by 2009 with a goal of at least doubling the number of Ontario radiation programs providing some form of IMRT. In December 2008, the Ontario government joined Cancer Care Ontario's efforts in expanding the use of IMRT treatment by committing financial support to accelerate expansion of services through the introduction of an IMRT quality assurance program and the creation of clinical coaching teams designed in helping regional cancer centres meet the quality and safety criteria laid out in the standards first put forward by Cancer Care Ontario.

With support from the provincial government, Cancer Care Ontario has begun conducting comprehensive IMRT training courses, with a goal to train 160 care providers over the next 18 months. These providers will come from diverse medical backgrounds including radiation oncologist, radiation therapists and medical physicists.

The IMRT expansion will be supported by Cancer Care Ontario's publication, "*Organizational Standards for the Delivery of Intensity Modulated Radiation Therapy (IMRT) in Ontario*." This document (available through Cancer Care Ontario's website), includes a set of new provincial standards designed to guide the implementation and organization of IMRT services, ensuring the protection of public safety throughout the process.

SUPPORTING BEST PRACTICES FOR MULTIDISCIPLINARY CANCER CONFERENCES

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

The fight for a cure takes the efforts of many health professionals; no one person or organization can shoulder the burden of improving patient treatment. In keeping with our ongoing commitment to ensuring timely access to effective diagnosis and high-quality care, Cancer Care Ontario is helping bring medical experts together through the creation, and ongoing revisions of a set of standards and guidelines to be used during multidisciplinary cancer conferences (MCC).

MCCs serve as forums for exchanging knowledge between healthcare professions from radiation, surgery, chemotherapy and other health disciplines, allowing them to collaboratively discuss the diagnosis and treatment of individual cancer patients. MCCs encourage best practice dialogue, leading to improved patient experiences and better outcomes.

Cancer Care Ontario is working to ensure that MCCs become a standard component of cancer care in all cancer centres across the province. In support of that goal, in 2008 Cancer Care Ontario launched an internal review to determine how to make MCCs more effective and relevant to cancer patients. The results were very informative, revealing that only a small proportion of cancer patients have access to MCCs. In addition, many conferences are not meeting the criteria established by CCO as the provincial standard.

Cancer Care Ontario moved to immediately address these issues. To increase patient participation, Cancer Care Ontario is working with Regional Cancer Programs to set ambitious but achievable targets for the expanded use of MCCs. A current state assessment and technology scan was completed to identify enablers and barriers to implementation, and a strategy has been developed to get more Ontario cancer centres using MCCs as a tool to improve patient care. In support of this work, Cancer Care Ontario piloted the use its *Online Tracker* system, an internet based tool that collects information to enable the province-wide measurement of MCCs. Going forward, the *Online Tracker* will enable Cancer Care Ontario to measure and track the compliance of all MCCS against existing best practice standards to immediately identify site-specific system challenges.

Looking Forward: MCC Best Practice Example: Kitchener-Waterloo's Grand River Regional Cancer Centre Staff
Kitchener-Waterloo's Grand River Regional Cancer Centre was one of the first facilities to respond to Cancer Care Ontario's call for greater collaboration between health professionals, hosting a number of the inaugural MCCs in full compliance with provincial standards. In 2008, they held an incredible 112 MCC meetings reviewing 532 cancer cases – an incredible 24 percent increase in case reviews over previous years. To increase participation Grand River is using videoconferencing technology to enable healthcare providers from other hospitals in Waterloo Wellington to participate in the MCCs. Participants are now focusing on five disease sites including breast, lymphoma, thoracic, gastrointestinal, and genitourinary, with plans to assess the impact of MCCs on treatment outcomes.

"Multidisciplinary cancer conferences are a great way for physicians to get input from practitioners in other disciplines and to explore options they might not have thought about themselves."

Paulette Gienow, MCC coordinator for the Waterloo Wellington Regional Cancer Program

ENSURING QUALITY SYSTEMIC TREATMENT FOR ALL ONTARIANS

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Over the next three years, the demand for systemic treatment (chemotherapy) in Ontario is expected to grow by 17 percent – an increase spurred by the emergence of new cancer drugs, drug combinations, and the growing number of cancer patients requiring treatment. Targeted government healthcare investments have enabled Cancer Care Ontario (CCO) to successfully manage the increase in demand for systemic treatments in 2008, without patients having to experience an increase in wait times.

It is estimated that between 30 and 60 percent of Ontario cancer patients receive some form of chemotherapy. Systemic treatment (chemotherapy) is complex to manage and has a narrow therapeutic range. Yet despite this complexity, chemotherapy and other systemic treatments have been largely managed by paper-based systems which are more vulnerable to errors. Cancer Care Ontario and the province of Ontario have been forerunners in the use of electronic technologies to reduce the likelihood of prescription errors, and improving patient safety and care.

In partnership with Ontario physicians, CCO initiated a project to develop a Computerized Physician Order Entry (CPOE) solution. In 2008, CPOE was transitioned to the Systemic Treatment Information Program (STIP) within CCO to reflect its evolution from a project to a clinically driven program. Through STIP, CCO continues to collaborate with clinicians across the province to develop a Systemic Treatment Computerized Physician Order Entry (ST CPOE) called the Oncology Patient Information System (OPIS 2005). OPIS 2005 provides clinicians with an additional decision support tool that increases the efficiency of chemotherapy drug management orders and standardizes processes. Among the benefits realized by implementing OPIS 2005 are the elimination of harmful drug errors due to illegible handwriting or incorrect dosage calculation; an increase in continuity of care through improved communication among physicians, nurses and pharmacists; and a reduction in interval times between order placement and the time a patient receives treatment. All of these benefits contribute to the ultimate and most important goal – to increase patient safety.

STIP saw significant accomplishments in 2008–2009:

- 100 percent physician adoption rate in Ontario among users where OPIS 2005 has been deployed.
- OPIS 2005 has prevented approximately 8,500 adverse drug events; 5,000 physician office visits; 750 hospitalizations, and 57 deaths in Ontario.
- OPIS 2005 solution is used by over 1,000 physicians, 750 nurses and 250 pharmacists across Ontario.
- There was a 65 percent increase in the overall number of ST CPOE orders made electronically in Ontario.
- OPIS 2005 solution encompasses over 50,000 patients and 250,000 drug orders placed in Ontario annually.
- By 2008–2009, OPIS 2005 was implemented in 33 centres providing chemotherapy in Ontario (including satellite centres).

Looking Ahead: Provincial Plan for Systemic Treatment

In 2009, Cancer Care Ontario will finalize the *Provincial Plan for Systemic Treatment*, which will make recommendations for the ongoing implementation of standards for systemic treatment and for funding community hospitals that provide these services. Our plan will further address issues of human resource challenges by fostering a coordinated, multidisciplinary team approach in providing treatment.

ENHANCING THE NEW DRUG FUNDING PROGRAM

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Goal 4: Improve the patient experience across the continuum of care

More Ontarians living with cancer means greater demand for cancer services and treatments. Historically, each hospital paid for its own intravenous (IV) cancer drugs, which led to unequal access at different hospitals across the province. The New Drug Funding Program (NDFP) was established in 1997 and is now one of four public drug programs funded by the Ministry of Health and Long-Term Care. Administered by Cancer Care Ontario, the NDFP funds new and expensive cancer drugs supported by evidence from clinical guidelines and helps ensure that Ontario cancer patients have equal access to high-quality IV cancer drugs, no matter where in the province they live. In 2008–09, the NDFP invested approximately $185 million to reimburse 29,200 cases for a total of 24 drugs and 53 indications for use.

In 2008–09 Cancer Care Ontario made significant improvements in access, pricing and NDFP program development:

- Added three new drugs/indications as well as one new generic drug;
- Continued work to support a Joint Oncology Drug Review (JODR), in partnership with the Ontario Ministry of Health and Long-Term Care and other provinces, with a long-term objective of harmonizing care drug review processes across the country;
- Initiated regular meetings with pharmaceutical manufacturers and the MOHTLC to improve forecasting around new drugs and indications; and
- Provided expert advice to the Ministry on potential designs for a *Compassionate Access Program* for NDFP drugs, which will support greater access to necessary drugs under exceptional circumstances.

Looking Ahead: Cancer Care Ontario has equally ambitious plans for the NDFP in 2009–2010 which includes:

- Launching a *Compassionate Access Program* for NDFP-funded drugs;
- Further integrating the work of Cancer Care Ontario's pharmacoeconomics unit into the review process to improve the quality of submissions and the review of new cancer drugs;
- Addressing barriers that result in differences between clinical guidelines and access through NDFP;
- Enhancing support for Disease Site Group-led requests for drug funding;
- Driving enhancements to the current claims reimbursement and claims adjudication system as part of Cancer Care Ontario's computerized physician order entry system.
- Enhancing the way NDFP drug utilization data is used to measure and drive improvments in systemic cancer treatments.
- Increasing the number of NDFP- and systemic-treatment related indicators included in the Cancer Care Ontario Cancer System Quality Index.

UNDERSTANDING & IMPROVING THE PATIENT'S JOURNEY THROUGH DISEASE PATHWAY MANAGEMENT

Goal 5: Improve the performance of Ontario's cancer system

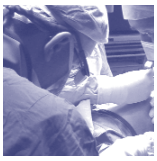
No cancer journey is the same. Patients continue to transition between services and providers. In an attempt to better control the system, Cancer Care Ontario launched *Disease Pathway Management* as part of the 2008–2011 Ontario Cancer Plan. Disease Pathway Management is a new and innovative approach for setting priorities for cancer control, planning cancer services and improving the quality of care in Ontario.

As practical application of this system Cancer Care Ontario brought together leading experts from across the colorectal continuum in 2008–09 and tasked them with mapping the patient journey and measure performance at each step of the process. Their results led to the development of a practical framework for measuring and evaluating performance along the patient journey – from prevention and diagnosis, to palliative and end-of-life care for specific cancers. Based on this framework, Cancer Care Ontario developed the *Priorities for Action* plan for disease pathway management for colorectal cancer.

Through this work, Cancer Care Ontario was able to identify three steps that could have a significant positive impact on a patient's cancer journey:

1. Improve the colorectal cancer screening process so that it is more accessible for Ontarians;
2. Develop tools for measuring and supporting the patient experience across the colorectal cancer journey; and
3. Measure and reduce the time between suspicion of disease and diagnosis of colorectal cancer.

FOSTERING A RESEARCH AND INNOVATION CULTURE



Ontario has one of the most innovative and technologically advanced cultures in the world; nowhere is this more typified than at Cancer Care Ontario. At the core of the Cancer Care Ontario mandate is an unwavering commitment to advancing scientific research and promoting collaborative innovation. 2008–2009 saw a continuation of our priority investments in capital, operating and research infrastructure that will lead to medical and scientific breakthroughs – and one day a cure for cancer.

BUILDING THE SYSTEM: THE 2008–2011 INFORMATION STRATEGY

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Goal 5: Improve the performance of Ontario's cancer system

Goal 6: Strengthen Ontario's ability to translate cancer research into improvement in cancer services and control

The 2008–2011 Ontario Cancer Plan identifies information management, information technology and eHealth as critical enablers for accomplishing the Plan's key goals. Building on the successes of the 2002–2007 Information Management Strategic Plan, the 2008–2011 Cancer Care Ontario Information Strategy presents a clear plan for how information management, information technology and eHealth will support the Ontario Cancer Plan in transforming Ontario's healthcare system. Like the Ontario Cancer Plan, the Information Strategy will deliver tangible and specific results that will make a positive difference in the lives of Ontarians.

The Information Strategy's progress in 2008–2009 includes:

- Launching IM/IT operations in support of the ColonCancerCheck provincial colorectal cancer screening program.
- Transitioning the sponsorship of the Access to Care Information Programs to CCO including the Emergency Department Reporting System and the Surgical Efficiency Target Program.
- Developing an Emergency Room/Alternate Level of Care (ER/ALC) Information Strategy in support of the government's ER/ALC Wait Time Strategy. CCO's Access to Care Program is responsible for implementing key elements of the ER/ALC Wait Time Strategy including public reporting of emergency department wait times. The next step is to capture near real-time data on patients waiting for a more appropriate level of care at hospitals and post acute care facilities.
- Expanding the Wait Time Information System (WTIS) to new hospitals and capturing wait times for eight additional adult surgical areas, as well as paediatric surgery across the province. As a result, over 3,000 clinicians at 86 hospitals can submit wait time information to the WTIS, capturing approximately 85 percent of all surgical cases in the province.
- Continued expansion and enhancement of *iPort*™, Cancer Care Ontario's health information reporting platform supporting healthcare providers and system planners.
- Migrating the Ontario Cancer Registry to CCO's Enterprise Data Warehouse to create an automated cancer registry that aligns to North American registry standards, and increases reporting and business intelligence capabilities.
- Interactive Symptom Assessment and Collection Tool (ISAAC).

Building a leading cancer system means creating an information management system that can support a province-wide initiative capable of keeping up with the ongoing and changing demands of cancer care. That is why in 2008–09 Cancer Care Ontario, in conjunction with the Ministry of Health and Long-Term Care, developed a comprehensive information strategy addressing the needs of cancer patients as well as the needs of the Ontario government's *Access to Care* program.

The 2008–2011 Cancer Care Ontario Information Strategy is a comprehensive, foundational plan that will guide our information, information technology and eHealth activities in support of the *Ontario Cancer Plan* and the *Access to Care* priorities in association with e-Health Ontario.

CONTRIBUTING TO IMPROVED CARE THROUGH NEW CLINICAL STANDARDS IN PATHOLOGY REPORTING AND STAGE CAPTURE

Goal 3: Ensure timely access to effective diagnosis and high-quality cancer care

Goal 5: Improve the performance of Ontario's cancer system

The Stage Capture and Pathology Reporting project is a multi-year provincial initiative with the goal of improving the quality and completeness of cancer stage and pathology reporting data through implementation of nationally endorsed data and reporting standards. This initiative supports cancer system improvement and enhanced quality of patient care by providing new information to cancer system providers, researchers, and other decision-makers on cancer stage and pathology for all Ontario cancer patients.

The Stage Capture Project

The goal of the Stage Capture Project is to develop data collection processes and tools that enable timely access to accurate, complete and comparable information on cancer stage and other important prognostic factors for all Ontario cancer patients. This initiative allows Cancer Care Ontario to achieve its vision of collecting the data elements required to determine stage at diagnosis for adult cancer patients, using the Collaborative Staging methodology for surveillance purposes.

Since 2007, Stage Capture in Ontario has increased from 33 percent to 68 percent and Collaborative Staging (CS) data collection has seen increased completeness and quality of stage being reported by the 14 Regional Cancer Centers. Additionally in 2008, CS data collection was successfully implemented in 35 of Ontario's largest cancer-treating hospitals and in 2009–10 implementation of Collaborative Staging data collection is planned in an additional 35 hospitals throughout the province.

The Pathology Reporting Project

The goal of the Pathology Reporting Project is to receive synoptic cancer pathology reports in discrete data field format from all Ontario hospitals that are electronically submitting pathology reports to the Cancer Care Ontario central cancer registry. This will allow cancer pathology data to be stored in a structured and consistent format to support enhanced reporting of pathology data quality and facilitate the enhanced use of pathology data for automated stage capture, tumour registration and other analytic indicators and measures.

In 2007–08, 8 early adopter hospitals successfully implemented and transmitted synoptic pathology reports in discrete data field format for five common cancer resections/surgeries (i.e., breast, lung, colorectal, prostate and endometrium) to Cancer Care Ontario and 13 additional hospitals are expected to complete implementation of synoptic pathology reporting by April 1, 2009.

PLANNING FOR THE ONTARIO HEALTH STUDY

Goal 6: Strengthen Ontario's ability to translate cancer research into improvement in cancer services and control

Over the past year, Cancer Care Ontario, the Ontario Institute for Cancer Research, and the Canadian Partnership Against Cancer have been working collaboratively to launch the Ontario Health Study, a longitudinal research project designed to gather primary data to better understand risk factors and early markers for cancer and other chronic diseases.

In early 2009, a sample of communities across Ontario will be selected to serve as pilot sites, with the goal of recruiting up to 30,000 volunteer participants over the subsequent year.

CREATING AN OCCUPATIONAL CANCER RESEARCH CENTRE

Goal 6: Strengthen Ontario's ability to translate cancer research into improvement in cancer services and control

Exposure to carcinogens in the workplace is a preventable cause of cancer. Ontarians continue to be subjected to workplace carcinogens and suffer the lingering effects of past exposures, as demonstrated by the rising rates of mesothelioma, a form of cancer caused by exposure to asbestos, primarily found among male workers. To fully understand and reduce this risk, Ontario must develop a comprehensive surveillance strategy and undertake greater research in this area.

In 2009, Cancer Care Ontario, the Canadian Cancer Society (Ontario Division) and the Workplace Safety and Insurance Board pledged a million dollars annually to create the province's first Occupational Cancer Research Centre in partnership with United Steelworkers, business leaders, the Ontario Ministry of Labour and the research community. The Centre, launched in March 2009, has appointed Dr. Aaron Blair, former Chief of Occupational and Environmental Cancer at US NCI, as Interim Director. Research undertaken by the Centre will help to prevent occupation cancer by identifying and eliminating exposures to carcinogens in the workplace.

SUPPORTING RESEARCH COLLABORATION IN CCO'S PRIORITY AREAS

Goal 6: Strengthen Ontario's ability to translate cancer research into improvement in cancer services and control

Ontario has a strong research environment that produces findings recognized at the highest levels of research in Canada and on the global stage. The Cancer Care Ontario Research Chairs program, funded by the Ministry of Health and Long-Term Care, is designed to attract leading new scientists to Ontario and support outstanding scientists already working in the province.

The Program focused on four important areas – cancer imaging, health services research, population studies and experimental therapeutics. It links researchers across Ontario and supports scientific efforts to translate research findings into clinical practice, including clinical trials.

The seven Cancer Care Ontario Research Chairs selected in 2007–08 were:

Cancer Imaging
Dr. Kristy Brock,
Princess Margaret Hospital
Thunder Bay Regional Research Institute – Recruitment License*

Patterns of Care
Dr. Christopher Booth,
Queen's University

Dr. David Hodgson,
Princess Margaret Hospital
McMaster University – Recruitment License*

Population Studies
Dr. Rayjean Hung,
Mount Sinai Hospital

Dr. Scott Leatherdale,
Cancer Care Ontario

*A recruitment license allows an institution to enhance its research environment in a priority area by recruiting a new scientist.

These investigators will be leaders in CCO's future research efforts. In addition, a research network in Experimental Therapeutics was established as a joint effort between CCO and the Ontario Institute of Cancer Research.

LEADING ADVANCEMENTS IN MOLECULAR ONCOLOGY

Goal 6: Strengthen Ontario's ability to translate cancer research into improvement in cancer services and control

Recent advances by Cancer Care Ontario in molecular oncology and genetics-based testing now make it possible to better predict the risk of cancer, patient diagnosis and prognosis, along with response rates to personalized treatments. Although Ontario currently boasts more than 40 laboratory testing and clinical services sites established for cancer risk assessment and genetic counselling, additional work needs to be done if we are to meet the growing demand for these services while ensuring high quality and safety for patients.

In 2008, Cancer Care Ontario established a Molecular Oncology Task Force to examine the challenges and opportunities in this new frontier, and make recommendations on how to best deliver molecular oncology-based programs in Ontario. The task force's Report, *Ensuring Access to High-quality Molecular Oncology Laboratory Testing and Clinical Cancer Genetic Services in Ontario* has been released at the beginning of 2009 and is available on Cancer Care Ontario's website.

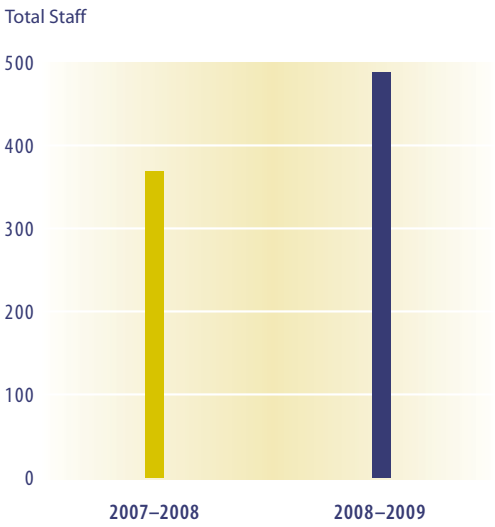
Molecular Oncology Task Force Report Recommendations

The Task Force's recommendations focus on:

- Oversight of test approvals;
- Enhancing performance measurement and reporting;
- Building System capacity and planning;
- Ensuring quality and safety through the consistent application of practice guidelines and standards;
- Improving access to meet the growing demand for such tests; and
- Creating a sustainable system for evaluating and funding new cancer tests.

MEASURING OUR PROGRESS

Total Staff



New Drug Funding Program (NDFP)

In 2008–09 the number of new drugs added to NDFP – 3

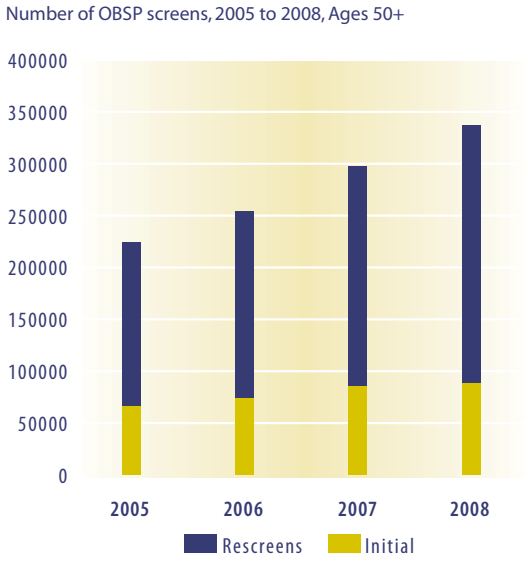
In 2008–09 the number of new or expanded indications – 3

Program in Evidence-Based Care (PEBC)

In 2008–09 the number of PEBC guidelines completed – 26

In 2008–09 the number of PEBC guidelines published in peer-reviewed journals – 14

Ontario Breast Screening Program



Number of women screened for breast cancer through the OBSP, 2008–2009

Total volume: 433,186

Number of mammography facilities affiliated with the OBSP

As of March 31, 2009, there were 145 Breast Screening facilities affiliated with the OBSP.

Number of breast assessment sites affiliated with the OBSP

As of March 31, 2009, there were 29 Breast Assessment Affiliates with the OBSP.

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Maureen Trudeau,
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Padraig Warde,
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Tony Whitton,
Provincial Head, Radiation

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