Fall 2000

CANCER Care

Inside

New CENTRES *bring care* closer to *HOME*

Dr. Ethan Laukkanen, CEO of Windsor Regional Cancer Centre, at the site of the new Centre

Between now and 2005, Cancer Care Ontario will build at least four new regional cancer centres and a satellite radiation unit, and rebuild, expand or renovate its eight existing cancer centres. New and expanded facilities valued at $293-million have already been approved by the Ministry of Health and Long-Term Care. Another group of projects totalling $95-million is being proposed.

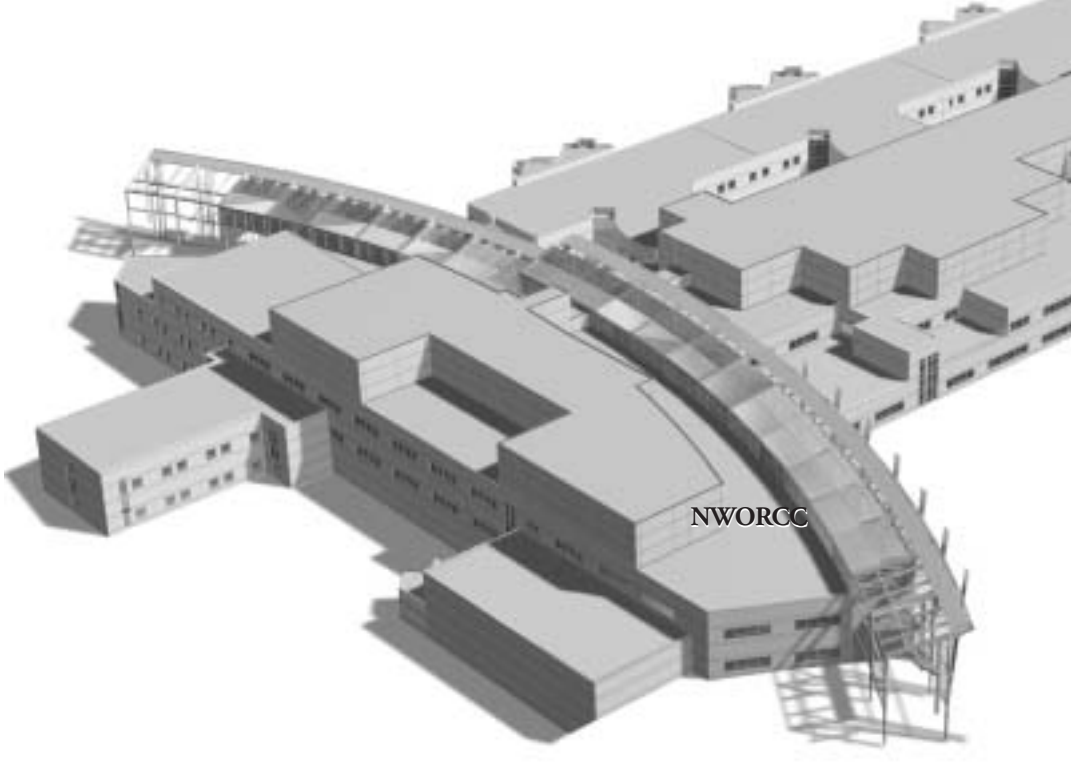
New and expanded centres will dramatically increase cancer treatment capacity in Ontario. Regional cancer centres are being designed for patient comfort and convenience, and will include the most sophisticated technology available for the treatment of cancer.

"There's no constituency anywhere that I'm aware of where this many centres are being developed at the same time," says Dr. Don Cowan, a senior consultant to Cancer Care Ontario. "What this allows is treatment closer to home, which is one of the driving forces behind the development of the new centres."

This unprecedented period of facility expansion is designed to meet the growing need for cancer care in the province. Over the past decade, the number of new cases of cancer in Ontario has increased by about 3% each year, mainly due to growth and aging of the population. The number of new cases seen by Cancer Care Ontario's eight regional cancer centres has risen by an average of more than 9% annually for the past four years due to the availability of new treatments.

"The challenge will be to find sufficient trained staff for our centres," says Dr. Tom McGowan, executive vice-president of Cancer Care Ontario. "We are building and expanding the cancer centres to ensure we have all the physical infrastructure in place to allow us to treat patients. To successfully open the centres, we need to continue to aggressively recruit staff and to train people in Ontario." Cancer Care Ontario is working with government and partners in the education and health care fields to expand training programs and to recruit cancer care professionals.

The new cancer centres are partnerships between Cancer Care Ontario and the hospitals at the locations where the centres are being built. Each regional cancer centre will offer the full range of in-patient and out-patient cancer care



Rendering of the new Northwestern Ontario Regional Cancer Centre (NWORCC) and Thunder Bay Regional Hospital

services, including cancer prevention, treatment (medical, surgical and radiation), supportive care, education and research. While the new centres will not be involved in basic laboratory research, they will be active in clinical trials and health services research.

The new regional cancer centres will work with communities and partners in the cancer care system through the Cancer Care Ontario regional councils. Eight councils across the province plan and coordinate regional cancer services.

Construction of Grand River Regional Cancer Centre in Kitchener-Waterloo will be completed by the spring of 2002 (an interim centre opens this fall). Durham Regional Cancer Centre in Oshawa is scheduled to open in August 2002. Design work is beginning on Peel Regional Cancer Centre in Mississauga, which is set to open in November 2003. Plans are also under way for a regional cancer centre in St. Catharines, with a projected opening of 2005. The ministry is studying a proposal for one additional regional cancer centre.

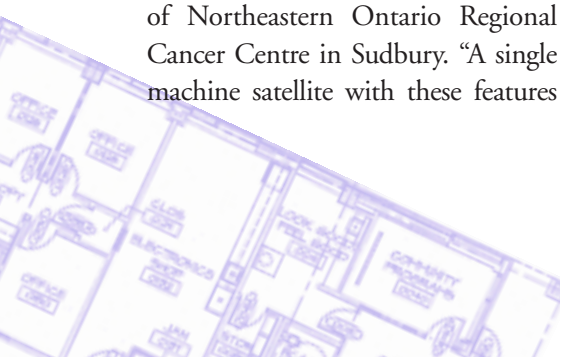
The ministry has already approved the construction in Sault Ste. Marie of a one-machine radiation treatment unit, which will operate as a satellite of Northeastern Ontario Regional Cancer Centre in Sudbury. "A single machine satellite with these features is unique in Canada," according to Dr. Randy Bissett, CEO of the cancer centre. "We're convinced it's going to improve patient care."

The benefit to patients from Sault Ste. Marie and area is that travel to Sudbury for radiation treatment will be reduced or eliminated altogether. "A great deal of the treatment planning can take place in Sault Ste. Marie by making use of the CT scanner there to do a lot of the simulation work," explains Dr. Bissett. Radiation treatment planning using the conventional simulator in Sudbury is required for patients with certain types of cancer, such as breast cancer. However, over time, Dr. Bissett believes more planning will be done using the CT scanner. Patient information from a CT scan will be electronically transferred to the cancer centre in Sudbury, where a treatment plan will be put together for the patient and transmitted back to Sault Ste. Marie.

This unprecedented period of facility expansion is designed to meet the growing need for cancer care in the province.

This pilot project could serve as a model for other single-machine satellite units. "If this works, there are a couple of other communities in the province where this kind of model may benefit patients," Dr. Bissett adds.

In addition to the new centres, Ontario's eight existing regional cancer centres are also undergoing changes.



Above: Elizabeth Witmer, Minister of Health and Long-Term Care, at groundbreaking ceremony for Grand River Regional Cancer Centre
Below: Rendering of the new Grand River Regional Cancer Centre

A replacement for Windsor Regional Cancer Centre will open in February 2001. A new Northwestern Ontario Regional Cancer Centre and Thunder Bay Regional Hospital are being built at the Lakehead University campus in Thunder Bay and will open in 2002. London Regional Cancer Centre just completed a major expansion, and at Toronto-Sunnybrook Regional Cancer Centre, work continues on renovations and replacement of three radiation machines. Northeastern Ontario Regional Cancer Centre and Hamilton Regional Cancer Centre will undergo major expansions. Proposals are being developed for an expansion of Kingston Regional Cancer Centre, and consolidation of Ottawa Regional Cancer Centre from two sites to one.

Whether it's a new regional cancer centre or the expansion of an existing centre, one of Lisa Favell's jobs is to ensure that each facility is welcoming, home-like and comfortable for patients and families. "We're creating a patient-friendly, relaxing atmosphere. We're trying to create the feeling of community and an environment where patients feel comfortable to move around," explains Cancer Care Ontario's director of Capital Projects and Purchasing.

From carpeting, colour schemes, natural light and gardens, to doorless radiation treatment rooms and quieter radiation machines, every aspect of patient care and comfort is considered by the teams planning the centres. Former patients are recruited to join user groups, and public meetings are held at every major planning stage for a new centre.

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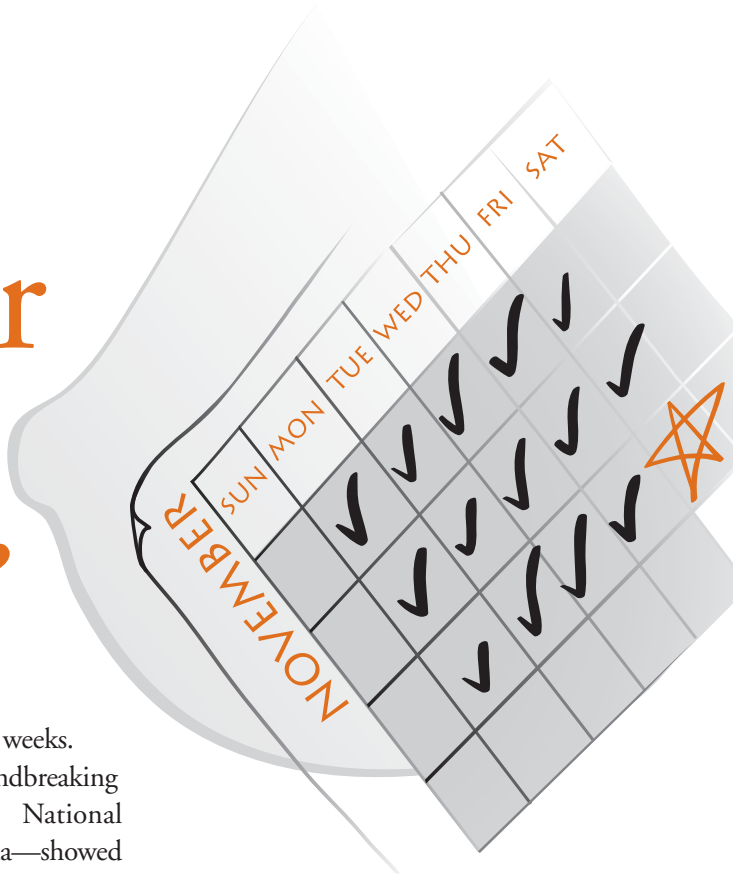
Dr. Brian Dingle, CEO of Grand River Regional Cancer Centre, believes the new facility being planned in Kitchener-Waterloo will help set the tone for the important work that will go on inside. "It is my hope that this cancer centre will be known and respected for the caring and empathetic way by which we guide our patients through the cancer life experience—with wisdom, sensitivity, kindness and respect.

"The overriding principle should be that in everything we do, every brick that we lay, every mortar that we trowel, every document we produce, every care path we map out, we should focus on creating the potential for everyone involved—patients, staff, visitors and volunteers—to be provided the opportunity to open their hearts to others."

Shorter treatment *effective*



Fran Dowhaniuk needed radiation treatment for her breast cancer, but she wanted to be well for her daughter's upcoming wedding. After discussing her options with Dr. Tim Whelan, she agreed to join a clinical trial that would reduce the length of her treatment. "I thought, if this helps me get back on my feet quicker, I'm willing to take the chance," she says.

For years, cancer specialists have debated how long radiation treatment should last for breast cancer patients who have had surgery to remove the tumour (called a lumpectomy). Dr. Whelan, a radiation oncologist at Cancer Care Ontario's Hamilton Regional Cancer Centre, worked with colleagues from the Ontario Clinical Oncology Group, and from Quebec, to compare the outcomes for 1,234 women, 612 who received the standard five-week treatment, and 622 who received a slightly higher daily dose of radiation for three weeks. The results of this groundbreaking study—funded by the National Cancer Institute of Canada—showed for the first time in a randomized trial that a shorter treatment schedule is just as effective as a longer one for women with early stage breast cancer.

"This is going to lessen the burden of treatment for women who are fighting this disease," says Dr. Whelan. "It also will increase our ability to treat more women with breast cancer by reducing waiting lists and the need to refer patients away from Ontario for radiation."

"This is going to lessen the burden of treatment for women who are fighting this disease."

Breast cancer patients in British Columbia have received the shorter treatment for about 20 years. "We're very comfortable with the shorter treatment schedule," says Dr. Lorna Weir, a radiation oncologist at the British Columbia Cancer Agency. "We aren't surprised at the results." The agency now treats about 75% of its breast cancer patients using the shorter schedule.

Most cancer centres in Ontario have switched to the shorter schedule. Cancer centres in the United States are beginning to adopt the practice—some centres treating Canadian patients have already changed, and others are considering it. Researchers in the United Kingdom recently began a similar study of breast cancer patients there.

Dr. Himu Lukka, deputy director of Radiation Oncology at Hamilton Regional Cancer Centre, and Dr. Charles Hayter, a radiation oncologist at Toronto-Sunnybrook Regional Cancer Centre, are leading an Ontario Clinical Oncology Group and National Cancer Institute of Canada Clinical Trials Group study comparing shorter and longer radiation schedules for more than 1,000 prostate cancer patients. They expect to report the results in the next two to three years.

POGO: A *VOICE* *for* kids *with* cancer

Kids and cancer. It's a sad and sometimes tragic combination, but it's relatively rare compared to cancer in adults. Each year in Ontario, 400 children get cancer while about 49,000 adults are diagnosed with the disease.

Yet children with cancer have very special needs. Cancer in children is much more aggressive because cancer cells in children grow faster. While this makes the cells more sensitive to treatment, it also requires more aggressive treatment, which has more side effects. As a result, cancer therapy for children is intensive and usually requires in-hospital care.

The long-term implications of cancer are also more significant as many children—about 70%—will be cured and go on to live long lives. While that's great news, it also means that treatment options have to be selected carefully to minimize harmful, long-term side effects.

Parents carry a great emotional burden as they try to do all they can for their sick child and maintain a home life for their other offspring. In most cases, one parent quits work. This puts financial stress on the family. Children with cancer also need specialized support as they try to understand and cope with what is happening to them.

In 1983, a group of health care professionals realized that children with cancer needed their own representation. They established POGO, the Pediatric Oncology Group of Ontario. "The role of POGO is to ensure that the voice of children with cancer is heard clearly," says Dr. Mark Greenberg, medical director of POGO and former head of Oncology at The Hospital for Sick Children. "Only those who have experienced caring for a child with cancer are able to articulate their particular needs."

POGO has grown from an informal, grassroots alliance to become the official adviser to the Ontario Ministry of Health and Long-Term Care on the development of strategies for pediatric cancer care. A network of childhood cancer specialists, POGO includes representation from the five major pediatric oncology programs at the Children's Hospital of Eastern Ontario in Ottawa, the Children's Hospital of Western Ontario in London, the Children's Hospital of the Hamilton Health Sciences Corporation, Kingston General Hospital and The Hospital for Sick Children in Toronto.

POGO brings together all groups involved in childhood cancer—pediatric oncologists, nurses, psychologists, pharmacists, child life specialists, social workers, patients, parents, survivors, community caregivers and volunteer organizations. Its goal is to

Above: Dr. Mark Greenberg and 7-year-old patient, Jessie, master the pogo stick. Left: Daniel, who is being treated for leukemia, cuddles his mom, Jeanne.

"Only those who have experienced caring for a child with cancer are able to articulate their particular needs."

improve care for children by addressing gaps in service and developing new programs. This means that no matter where children are treated in the province, they receive the same care, and benefit equally from the latest information and most up-to-date strategies.

"We all have true respect for our colleagues in other disciplines," says Dr. Ronald Barr, president of POGO and the head of Pediatric Oncology at the Children's Hospital of Hamilton. "By seeking meaningful input from all stakeholders, we can be more responsive to the needs of children and families."

POGO plays a key role in initiatives to improve cancer care across Ontario. For 15 years, POGO has kept a comprehensive database of information on the occurrence and treatment of childhood cancer. This information has been valuable in tracking trends and predicting the need for resources. In 1998, POGO spearheaded the establishment of a provincial system of satellite clinics, where children can receive care from a specially trained team of professionals associated with one of the five provincial centres. The clinics are located in Orillia, Kitchener-Waterloo, Sudbury, Metro Toronto and Windsor.

The ministry responded to POGO's recommendation to increase staffing levels to address critical shortages at the five centres. Instead of carrying an optimum caseload of 85 patients, pediatric oncologists were caring for 170 to 245 patients each. In 1998, $6.3-million was designated to fund more physicians, nurses, pharmacists, social workers, psychologists, child life specialists, nutritionists and other professionals.

Dr. Ronald Barr and clinical nurse specialist Amy Hunter at the Children's Hospital of Hamilton with 4-year-old Daniel

POGO promotes professional development for cancer specialists—most significantly, the Pediatric Oncology Nursing Curriculum that was implemented at McMaster University in 1994. POGO also established a Centre for Comprehensive Research on Childhood Cancer to promote research that can influence the development of policies, programs and patient care initiatives. This enhances the active research programs of the five major pediatric oncology programs. A POGO Childhood Cancer Control Chair has also been created to ensure that new knowledge moves quickly into practice. The chair holder (Dr. Mark Greenberg) will develop new policies that take a big-picture, evidence-based approach to allocating scarce health care resources, developing research programs, preventing cancer and helping families to cope with a cancer diagnosis.

Perhaps the most meaningful perspective on the effectiveness of POGO's efforts to represent children comes from parents who have watched their own children battle cancer. Susan Kuczynski's daughter, Alexis, was diagnosed with kidney cancer five years ago. She was treated successfully and is now a healthy, active teenager.

"I think it's great that parents and survivors are involved in POGO," says Susan Kuczynski. "By listening to us and by making the needs of our kids known, POGO is helping to save and improve the lives of hundreds of children."

Improving care for people *with*

Healthy mouths—that's what Dr. Bob Wood and his dental colleagues are working hard to achieve for people with cancer. "We want to make sure that patients' mouths are in absolutely healthy condition before patients undergo radiation therapy, chemotherapy or stem cell transplantation," says Dr. Wood, who coordinates Dental Oncology for Cancer Care Ontario.

Poor dental health combined with treatment for cancer can result in a host of problems for patients—from tooth decay and loss, mucositis (mouth ulcers), eating and swallowing problems, and poor healing of oral wounds, to major infections that can be dangerous when the immune system is suppressed.

However, good oral health can help people avoid infection and other dental-related side effects of cancer treatment. Through assessment and preventive dental work before cancer treatment begins, dental oncologists—specialists in the dental care of people with cancer—also can help to ensure patients will have healthy teeth and gums in the future.

This preventive care includes dental assessment of the patient, and dental work including X-rays, filling cavities, treating gum disease, extracting hopeless teeth and providing daily fluoride treatments for patients at high risk of dental complications from cancer therapy. (Many dental oncologists also care for patients with complex medical conditions and provide a range of specialized services, including prosthetics for patients who are missing portions of their jaws.)

"The idea to is to protect patients, prevent dental side effects of treatment, and help patients with any complications that do occur during cancer treatment," explains Dr. Wood. If the patient's community dentist is comfortable doing follow-up, the patient is transferred back to their care when cancer treatment is complete. "I have found that many community dentists are happy to do the follow-up care, once they're given the proper information."

Earlier this year, Dr. Wood brought together an advisory committee of general dentists and dental specialists who treat cancer

DENTAL CANCER

"We want to make sure that patients' mouths are in absolutely healthy condition before patients undergo radiation therapy, chemotherapy or stem cell transplantation."

patients across the province. Now called the Ontario Dental Oncology Group—a sub-group of Cancer Care Ontario's Surgical Oncology Network—they met to discuss the level and type of dental and oral care required for cancer patients.

The group developed a strategic plan framework for a dental oncology program and recommendations for consideration by Cancer Care Ontario. These recommendations have been supported by management and the eight regional cancer centres, says Dr. Denny DePetrillo, coordinator of the Surgical Oncology Network.

"What I hope this will achieve in the future is that when a patient comes to a cancer centre, the dental oncologist will be part of the assessment team, when appropriate, along with physicians, nurses, supportive care staff and others," says Dr. DePetrillo. "The dental oncologist should be an integral part of the assessment and care of patients whose treatment could have an effect on their dental health, or whose dental health in combination with treatment could affect their overall health."

One of the main recommendations of the Ontario Dental Oncology Group is to set up dental oncology clinics at cancer centres where patient numbers warrant. In some cases, dental clinics already exist at cancer centre host hospitals. Time could be set aside specifically for cancer patients, and dental oncology staff could be hired by the cancer centres to provide care.

"We have to attract and retain the right type of people because if you don't really love this work, you won't be doing it for very long," says Dr. Wood. Several days a week, he provides dental care for cancer patients at Toronto's Princess Margaret Hospital. "It's challenging work. Every case is different and every patient is different. But I enjoy treating cancer patients. They're just wonderful people and they have their priorities in order."

Highlights:

Dental oncology program goals

- Ensure that cancer patients receive appropriate care in the proper setting;
- Ensure that cancer patients have access to expert dental consultation, appropriate radiographic examination, and treatment planning prior to cancer treatment;
- Participate in the development of care paths for patients at Cancer Care Ontario and be part of the care plans of patients receiving head-and-neck radiation treatment, cytotoxic chemotherapy or bone marrow/stem cell transplantation;
- Conduct research in dental and oral cancer prevention and treatment;
- Provide education and support to cancer patients and practitioners.

For further information, visit the Web site at www.son.on.ca/dental

No Big Deal?

An older couple in combat helmets crouch behind sandbags as battle sounds erupt around them.

"How are we supposed to fight if we don't know where we are, where the enemy is, and what we're fighting with?" the frustrated woman demands of her partner.

As those watching these scenes soon learn, prostate cancer is war. Frank, touching and often humorous, *No Big Deal?* is a new theatrical production based on information drawn from interviews with 34 men with prostate cancer and their wives. The show is the result of a study conducted by researchers at Toronto-Sunnybrook Regional Cancer Centre and funded by the National Cancer Institute of Canada. Study results were published in *Cancer Practice*, the *Journal of Health Psychology* and *Psycho-Oncology*.

Following on the success of *Handle With Care?*, a play about metastatic breast cancer (see the Winter 1998/99 issue of *Cancer Care*), the researchers turned again to theatre to share their latest research with patients, their families and health care professionals. "This method has been very successful in getting the word out," says Dr. Ross Gray, co-director of the cancer centre's Psychosocial and Behavioural Research Unit and an actor in the play. "People with cancer have responded enthusiastically to seeing their issues portrayed in a way that can help their friends and family understand what they're going through."

No Big Deal? dramatizes the different ways men and their partners deal with a diagnosis of prostate cancer and the consequences of treatment—issues such as incontinence and impotence, topics many people avoid.

Health professionals have reacted positively to the performance. "They accept the credibility of research being presented on the stage, and it helps them stay in touch with what their patients are going through," explains Dr. Gray.

The researchers worked with Act II Studio, a theatre program for older adults at Ryerson Polytechnic University in Toronto, to develop and perform the production. The lead sponsor is the Canadian Cancer Society, Ontario Division.

No Big Deal? tours Ontario and parts of Canada through June 2001. To enquire about show dates or video copies of the show, call Fran Turner at Toronto-Sunnybrook Regional Cancer Centre at (416) 480-6100, ext. 1656, or visit the Web site at www.nobigdealdrama.com

As those watching these scenes soon learn, prostate cancer is war.

Dr. Charles H. Hollenberg

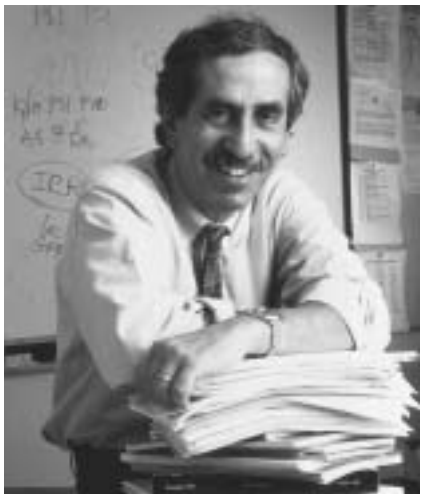
A new era for health research in Canada

The Canadian Institutes of Health Research (CIHR) is a bold and exciting initiative devoted to the study of issues that affect the health of Canadians. Through CIHR, funding for the full spectrum of health research will increase dramatically over the next few years, and health researchers of many disciplines and from across the country will collaborate as never before.

The objective of the new federal agency is to "excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system."

This will be achieved through the work of 13 institutes, each dedicated to a specific area of focus, linking and supporting multidisciplinary researchers pursuing common goals. These institutes will not be bricks and mortar but "virtual" organizations that will support and link researchers located in universities, hospitals and other research centres across the country. Advances in electronic communication systems will allow research teams to form without regard to distance or geographic boundaries.

Dr. Charles Hollenberg



Dr. Alan Bernstein

"…health researchers of many disciplines and from across the country will collaborate as never before."

Institutes have been created to conduct research in the following areas:

- Aboriginal People's Health;
- Cancer Research;
- Circulatory and Respiratory Health;
- Gender and Health;
- Genetics;
- Health Services and Policy Research;
- Healthy Aging;
- Human Development and Child and Youth Health;
- Infection and Immunity;
- Neurosciences, Mental Health and Addiction;
- Musculoskeletal Health and Arthritis;
- Nutrition, Metabolism and Diabetes;
- Population and Public Health.

Biomedical research, clinical science, and health systems and services are the cornerstones of CIHR, along with social, cultural and environmental factors that affect the health of Canadians.

In its inaugural year, 2000–2001, CIHR's base budget is $367-million. Next year, it will rise to $477-million. While this dramatic increase is welcome, levels of funding reaching $1-billion by 2005 would help to secure a dynamic future for health research in Canada.

Dr. Alan Bernstein, former director of the Samuel Lunenfeld Research Institute at Mount Sinai Hospital in Toronto and a member of Cancer Care Ontario's inaugural board of directors, has been named president of CIHR. The ability to attract a scientist so highly regarded across the country and internationally is a positive indicator that the Canadian Institutes of Health Research is off to a promising start.

Dr. Hollenberg retired as founding president of Cancer Care Ontario in 1999. He now serves as senior consultant.

On the Cover

"…if it helps the children get through the course of their treatments a little more comfortably, then that's a good thing."

Pierre-Alexandre and Karen: Fast friends!

"This is an act of generosity by someone who likes kids." That's how Isabelle Plante describes the handiwork of Ottawa Regional Cancer Centre radiation therapist Karen Champagne. Earlier this year, Karen custom painted Star Wars character Darth Maul's face on the plastic mask that Isabelle's 6-year-old son Pierre-Alexandre Bélanger was to wear during 17 radiation treatments for Hodgkin's disease. The mask was such a hit with the youngster that he wore it out for Halloween!

Karen, who also holds a fine arts diploma, began to paint children's radiation masks on her own time about five years ago. She asks children who will undergo head-and-neck radiation treatment for cancer to name their favourite superheroes or characters.

"I enjoy painting the masks, and if it helps the children get through the course of their treatments a little more comfortably, then that's a good thing," Karen explains. She has painted about 25 masks including various Sesame Street characters, Ninja Turtles, Barney, Spiderman and now Darth Maul. Each mask takes up to four hours to paint.

Pierre-Alexandre was diagnosed with early stage Hodgkin's disease in the spring after a lump appeared behind his right ear. A special type of lymphoma or abnormal growth of cells in the lymphatic system, Hodgkin's disease usually occurs between ages 20 and 50. Pierre-Alexandre underwent two months of chemotherapy at the Children's Hospital of Eastern Ontario followed by radiation treatments this summer at Ottawa Regional Cancer Centre. For each of his 17 treatments, he wore his Darth Maul mask.

His clear plastic mask with removable painted face is actually an immobilization device—a custom-made item designed for patients who need radiation treatments in the area of the head and neck. The device keeps the patient from moving during treatment. Markings are also made on the mask to define the area to be treated. This avoids placing treatment marks on the patient's skin.

Pierre-Alexandre returned to school this fall and is happy to be among his friends in grade 2. Although he and Karen only met for the first time to have their photo taken for *Cancer Care*, they became fast friends.

"I was happy to meet her," beamed the youngster whose cancer is now in remission. "She made me laugh!"

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