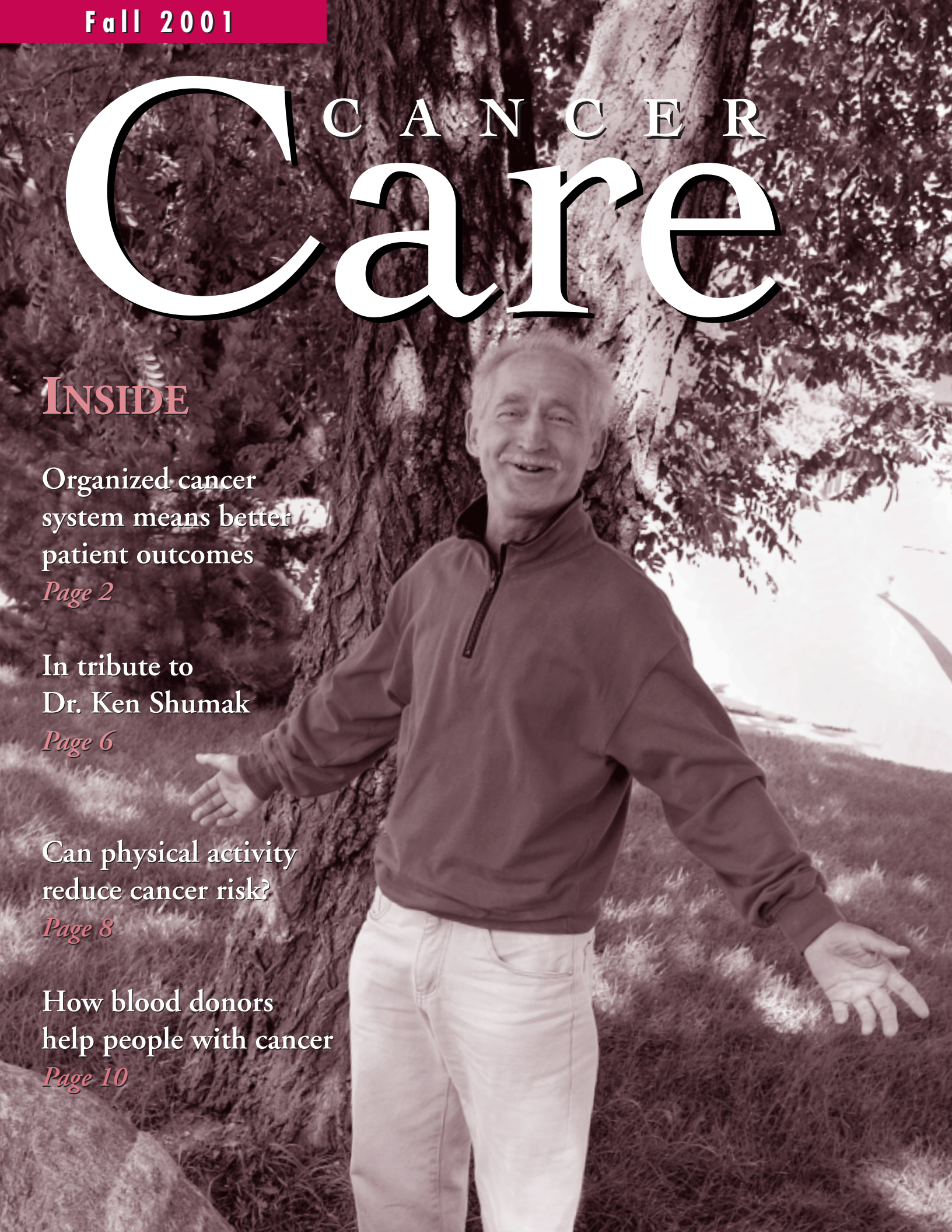
Fall 2001

CANCER Care



INSIDE

PATIENTS *benefit from an* ORGANIZED cancer system

Evidence from Canada and around the world shows that when cancer services are organized (that is, carefully planned and well coordinated with one another), cancer patients have better outcomes and there are fewer cases of cancer in the population as a whole.

This is because cancer is a disease that is both common—the Ontario Cancer Registry estimates that the number of Ontarians who are diagnosed with cancer will increase by 40% over the next 10 years—and complex.

"Cancer is complex because it is not one disease but over one hundred. What's more, diagnosis and treatment are complicated. Patients need many different services delivered by many different health care professionals," says Dr. Bill Evans, Cancer Care Ontario's executive vice-president of Clinical Programs. "And cancer is often like a chronic illness that can require medical visits several times a month over many years."

From the patient's perspective, accessing services from many service providers can be daunting for someone who feels sick, especially when services are not well coordinated.

Provincial cancer agencies—organizations that are exclusively dedicated to reducing the burden of cancer—have been the Canadian model for making sure services are properly planned, delivered and coordinated.

Cancer Care Ontario is one of seven provincial cancer agencies in Canada. Though officially launched in 1997, Cancer Care Ontario's roots date back to 1943, when its forerunner, The Ontario Cancer Treatment and Research Foundation, was created.

Cancer Care Ontario is set up to ensure that all Ontarians have equitable access to a consistent standard of service as close to home as possible, no matter where they live.

Cancer Care Ontario operates the province's nine regional cancer centres, and is the Ministry of Health and Long-Term Care's principal adviser on cancer issues. Cancer Care Ontario delivers high-quality programs in cancer prevention, screening, treatment, supportive care, research and education. The agency also establishes policies, standards and guidelines for cancer service delivery across the province, and manages a number of

province-wide programs including the Ontario Breast Screening Program, the New Drug Funding Program and the Program in Evidence-Based Care.

"Not only does this comprehensive approach allow us to link a broad range of cancer services to make it easier for our patients," says Dr. Evans, "it also helps us make sure our patients are receiving the best care because research, standard setting and treatment delivery are linked together through the same organization."

At the regional level, eight Cancer Care Ontario regional councils bring together cancer service providers, patients and volunteer organizations who, through region-wide networks, work collaboratively to plan, improve and coordinate cancer services at the local level. Network members include patients, regional cancer centres, hospitals, family physicians, community surgeons, community care access centres, public health units, district health councils and volunteer agencies such as the Canadian Cancer Society.

At the centre of these networks are Cancer Care Ontario's regional cancer centres, which, because of their concentration of oncology expertise, provide the networks with leadership and infrastructure support.

The regional cancer centres deliver 75% of Ontario's radiation services—100% outside the Greater Toronto Area—and 50% of chemotherapy services, employ more than 2,500 people, and last year treated 113,000 patients. The cancer centres, located in Windsor, London, Kitchener, Hamilton, Toronto, Kingston, Ottawa, Sudbury and Thunder Bay, are not only responsible for cancer patients in the cities where they are located, but look after patients from right across their regions.

But an organized cancer system is not just about treatment. An important part of Cancer Care Ontario's mandate is to make cancer prevention and screening integral parts of the province's cancer control system.

Cancer prevention is one of the best ways to reduce cancer deaths because most cancer is preventable. Cancer Care Ontario's provincial prevention program is undertaking work in the areas of tobacco control, nutrition, physical activity, and occupational and environmental carcinogens.

Cancer screening detects cancer at an early stage, when it is more likely to be cured. Screening can have an important impact on the outcome of some cancers. The Ontario Breast Screening Program was established in 1990, and screens women age 50 and over every two years. There are now more than 80 screening facilities affiliated with the program. In June 2000, Cancer Care Ontario launched the Ontario Cervical Screening Program to reduce cervical cancer incidence and mortality.

Cancer research is also a key activity at Cancer Care

Ontario and includes laboratory, clinical and health services research. An extremely important area of cancer research is clinical trials—studies that test new therapies on humans. Supporting clinical trials and rapidly translating the results of these trials into patient care is how health care professionals are able to provide patients with leading-edge cancer care.

Provincial cancer agencies such as Cancer Care Ontario are particularly well suited to conduct clinical trials because of the large number of cancer patients treated at the regional cancer centres, and the availability of highly skilled physicians, nurses and clinical researchers to design and carry out the studies. And coordination of clinical trials among researchers is made easier because they are part of the same organization.

Last year, the provincial government announced a plan to double the number of clinical trials for cancer carried out in Ontario through the creation of the Ontario Cancer Research Network, and the regional cancer centres have been identified as vital to achieving this goal.

While much has been accomplished since Cancer Care Ontario was created four years ago, the cancer system in Ontario still has room for improvement. Services such as palliative care and cancer prevention need to be expanded. Waits for diagnosis and treatment need to be shorter. And coordination of the wide range of cancer services needs to be strengthened so patients get the kind of care they need when and where they need it.

Meeting these challenges requires changes in how cancer services are planned and organized. And solutions likely will need to focus on the local or regional level because this is where cancer patients receive their care and where they live with their disease.

Recognizing that cancer is a priority issue, in June the Ministry of Health and Long-Term Care established the Cancer Services Implementation Committee to make recommendations to improve the delivery of cancer services. The committee will submit a report to the ministry in December.

"The committee is providing us with the opportunity to address the barriers that are preventing patients from receiving seamless, timely care," says Graham Scott, Cancer Care Ontario's president and CEO. "Through this process Cancer Care Ontario hopes to find effective ways to fix what isn't working, while at the same time building on the successes we've achieved over the past four years."

While Cancer Care Ontario is a work in progress, and there is still much work to be done, Ontario's organized cancer system has already established itself as a valuable resource for cancer patients and their families, the health care system and the province as a whole.

Key Cancer Care Ontario Accomplishments

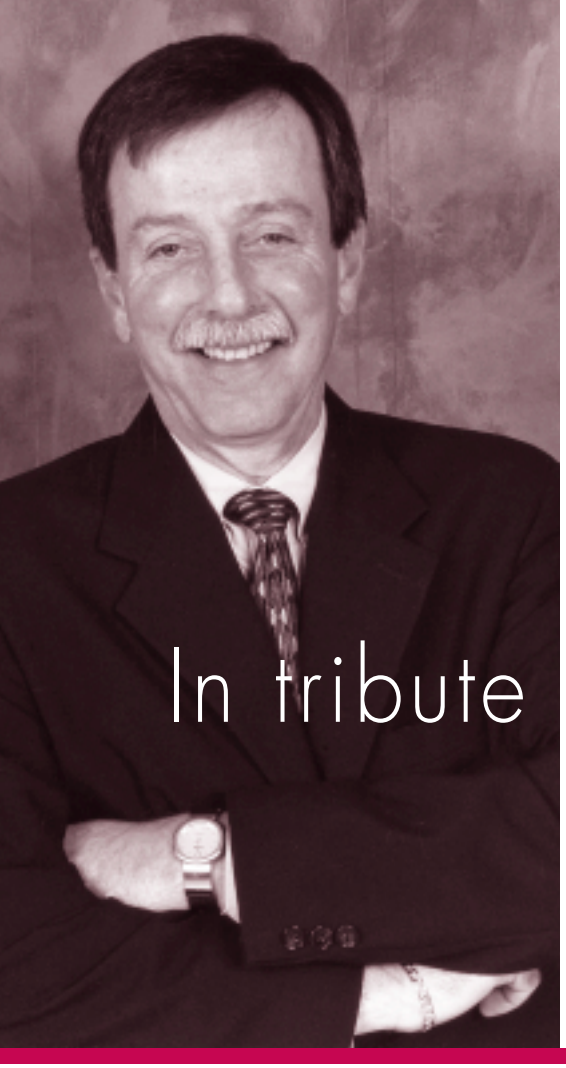
- The **New Drug Funding Program** reimburses Ontario hospitals and regional cancer centres for selected new, expensive cancer drugs when the drugs are used according to evidence-based guidelines. Before the program was started in 1995, many of these hospitals would not have been able to provide new, expensive cancer drugs, and patients would have travelled for treatment. During 2000–2001, $37.5-million was invested in 14 drugs with 24 indications, and 8,000 patients benefited from the program. Fifty percent of the funding went to regional cancer centres and Princess Margaret Hospital. The remainder went to 80 community hospitals.

- The **Program in Evidence-Based Care (PEBC)** plays an important role in ensuring that patients benefit from the most up-to-date technology through the development of evidence-based guidelines. The program's guidelines also help ensure standards are consistent across the province. The program uses scientific methods to determine what is best practice, gets this information to doctors, planners and patients, and evaluates how practice benefits patients. Unlike other guideline initiatives, PEBC's guidelines are supported and used by physicians. This is because front-line physicians are extensively involved in guideline development. Over 80% of physicians surveyed about the PEBC said that they were in agreement with the guidelines and would use the recommendations.

- The **Ontario Breast Screening Program (OBSP)** is progressively linking Ontario's mammography screening facilities. Since 1997, more than 50 facilities have joined the OBSP. The program is also improving the quality of equipment and the competency of screening staff, as well as evaluating overall performance through province-wide data collection. The OBSP is now expanding its network to include breast assessment—the process that follows the detection of an abnormality—which will link screening more closely with diagnostic and treatment services, and in doing so, reduce the time between detection of an abnormality, and diagnosis and treatment. Over the past two years, six hospitals providing breast assessment have affiliated with the OBSP.

- The **Ontario Clinical Oncology Group (OCOG)** designs and coordinates province-wide clinical trials through Cancer Care Ontario's network of regional cancer centres. The group has conducted trials on new drugs, radiation therapy, surgical procedures and combination therapies for many different types of cancer. Last year, a landmark OCOG-led study on radiation therapy following a lumpectomy for breast cancer found that three weeks of radiation was just as effective as five weeks. The three-week schedule is easier for women, and it allows cancer centres to treat more patients sooner. This clinical trial is an outstanding example of OCOG's many research achievements that have resulted in improved care for people with cancer.

Read more about Cancer Care Ontario's achievements in the 2000–2001 annual report. For a copy call 416-971-5100, ext. 1605, send an E-mail to publicaffairs@cancercare.on.ca, or visit the Web site at www.cancercare.on.ca



Over a distinguished 35-year career, Ken made valuable and enduring contributions to the health of Canadians as president and CEO of Cancer Care Ontario, chair of the National Blood Safety Council, president of the Medical Council of Canada, CEO of Toronto-Sunnybrook Regional Cancer Centre, physician-in-chief of Women's College Hospital, associate dean and professor of medicine at the University of Toronto, and as an internationally recognized hematologist.

He is remembered for his leadership, decency and courage.

Memorial donations can be made to the Dr. Kenneth H. Shumak Endowment Fund, c/o Canadian Cancer Society, 416-488-5400, or 1-800-268-8874.

In tribute to Dr. Ken Shumak

1942–2001

THE BOARD AND STAFF OF CANCER CARE ONTARIO

Changes in Cancer Care Ontario leadership

Graham Scott

This July, Graham W.S. Scott, QC, managing partner of the law firm McMillan Binch and former deputy minister of Health for Ontario, was appointed interim president and CEO of Cancer Care Ontario.

"Graham has significant experience with the Ontario health care system and great knowledge of Cancer Care Ontario," says Peter Crossgrove, the organization's chairman. "Graham's leadership and expertise will be invaluable as we work to further integrate cancer services across the province."

From 1996 to 1997, Graham Scott chaired the transition team that was responsible for establishing Cancer Care Ontario. "I strongly believe that Cancer Care Ontario, including its network of regional cancer centres, is an important resource for our health care system and the province as a whole," he says.

Dr. Bill Evans

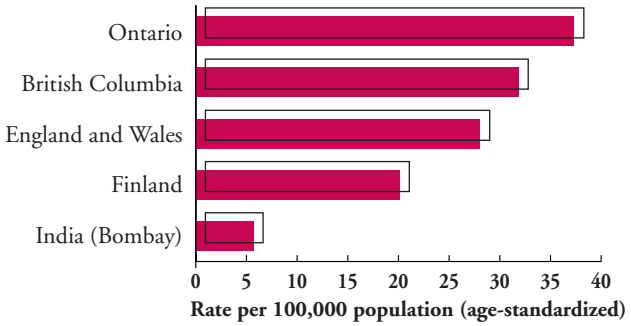
Also in July, Dr. Bill Evans became the organization's executive vice-president of Clinical Programs. He is responsible for managing day-to-day operations and also provides leadership in the development and implementation of Cancer Care Ontario's clinical programs. In particular, he is responsible for the quality, performance and outcomes of the regional cancer centres, provincial and regional care programs and networks, and the development of provincial disease site groups.

Ontario Cancer Fact: Does Ontario have high rates of colorectal cancer?

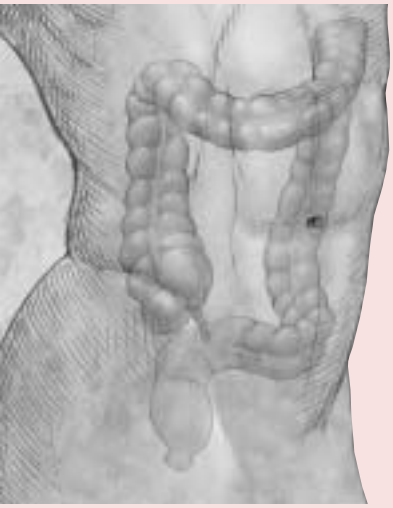
Ontario has among the highest rates of colorectal cancer in the world. The occurrence of colorectal cancer varies greatly worldwide. Variation among countries is not due to genetic differences. This means that most colorectal cancers in Ontario may be preventable. The best ways to reduce the risk of colorectal cancer are to eat plenty of vegetables and to keep physically active.

For more information, talk to your health care provider or call Cancer Information Service (1-888-939-3333).

New colorectal cancers 1988–1992 (both sexes combined)



Colorectal cancer screening recommendation



A report published recently in the *Canadian Medical Association Journal* supports Cancer Care Ontario's recommendation for a colorectal cancer screening program. The Canadian Task Force on Preventive Health Care report states that, for people at normal risk, "There is good evidence to include annual or biennial fecal occult blood testing…in the periodic health examination of asymptomatic people over 50 years of age."

Fecal occult blood testing is a simple, non-invasive test that detects blood in a person's stool, one of the signs of cancer. Individuals can use the test in the privacy of their own home. Studies have shown that the test can reduce colon cancer by as much as 20%.

In April 1999, the Ontario Expert Panel on Colorectal Cancer Screening recommended that Cancer Care Ontario develop and introduce an organized provincial colorectal screening program for people age 50 and older. The panel called for the use of fecal occult blood testing as the primary method of screening, with follow up of abnormal test results with either a colonoscopy (a procedure in which a small camera takes pictures of the entire length of the colon) or flexible sigmoidoscopy (where a small camera takes pictures of the lower third of the colon). Cancer Care Ontario is now working closely with the government to develop a pilot screening program.

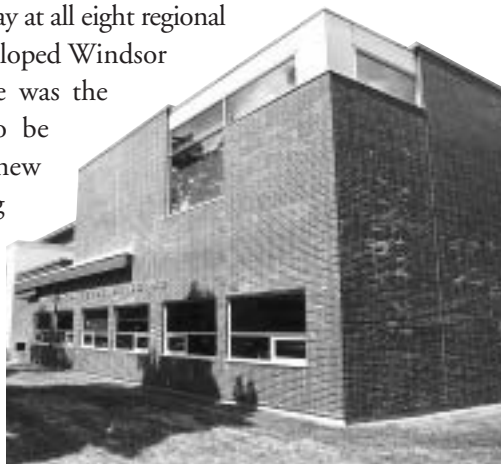
The chance of curing colorectal cancer is 90% when it is detected early compared to just 10% for advanced-stage disease. Ontario has one of the highest rates of colorectal cancer in the world. In 1999, 6,700 Ontarians were diagnosed with colorectal cancer, and 2,100 people died from the disease.

New regional cancer centre opens in Windsor

This spring, Windsor Regional Cancer Centre opened a new $22-million facility. The cancer centre boasts three new high-energy linear accelerators, and expanded research capabilities and supportive care programs. The Windsor community donated an additional $4-million for building enhancements such as stained-glass ceiling panels in the radiation treatment bunkers, and wood trim throughout the Centre.

In recent years, the provincial government has invested $293-million in capital expansions at cancer centres across the province, making this an unprecedented period of growth in cancer services.

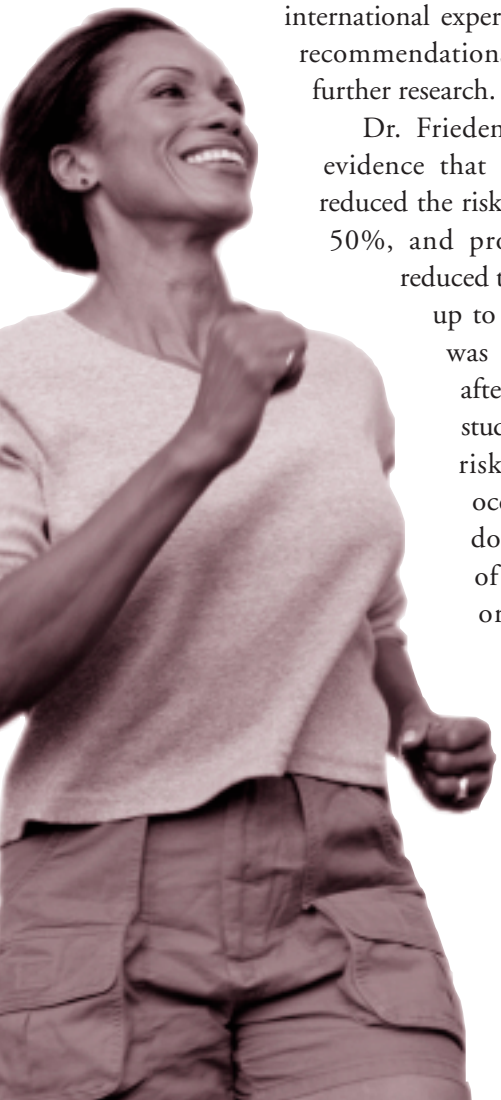
Cancer Care Ontario now has expansions or redevelopment under way at all eight regional cancer centres. The redeveloped Windsor Regional Cancer Centre was the first of these projects to be completed. In addition, new cancer centres are being built in Mississauga, Kitchener, Oshawa, St. Catharines and Sault Ste. Marie.



Run for your Life

A Cancer Care Ontario report published in the journal *Chronic Diseases in Canada* earlier this year shows that regular physical activity can significantly reduce the risk of colon and breast cancer, and possibly lower the risk of prostate cancer too.

Dr. Christine Friedenreich, a research scientist at the Alberta Cancer Board and a recognized expert on the links between physical activity and cancer, reviewed and evaluated many existing studies for Cancer Care Ontario. Her findings were then assessed by an international expert panel, which developed recommendations for public health and further research.



Dr. Friedenreich found convincing evidence that regular physical activity reduced the risk of colon cancer by up to 50%, and probable evidence that it reduced the risk of breast cancer by up to 30%. (The latter finding was upgraded to convincing after a review of several recent studies.) "The most significant risk reductions seemed to occur for people who were doing at least 30 minutes of vigorous activity, four or more times a week," she says. "But we do see risk reductions even at moderate levels of activity, such as brisk walking."

"Cancer Care Ontario recommends 30 to 45 minutes of moderate to vigorous activity on most days of the week," says Dr. Loraine Marrett, senior epidemiologist in the agency's Division of Preventive Oncology. Dr. Marrett is involved in an Ontario-wide survey of 3,200 adults to collect baseline data about diet and physical activity.

"Cancer Care Ontario recommends 30 to 45 minutes of moderate to vigorous activity on most days of the week."

"People already know what they need to do to prevent heart disease and stroke," says Melody Roberts, manager of the Prevention Unit at Cancer Care Ontario, "but we now know that being active and eating a healthy diet will also reduce your risk of cancer." The Prevention Unit is working with multiple partners on a pilot project in 12 Ontario communities, looking at what motivates people to make healthy lifestyle changes. The results of the pilot are expected next spring.

"We don't have all the answers yet," says Dr. Friedenreich. "But we do know enough to say that it's important to be active in all parts of your life, throughout your lifetime. Occupational, recreational and household activity all count. And it's never too late to start."

If you haven't been active since your grade school gym class, where do you start? Try walking to work, suggests Dr. Friedenreich. Take the stairs instead of the elevator. Use a push lawn mower. Or run—for your life.

For a copy of Health Canada's Physical Activity Guide, call 1-888-334-9769 or go on-line to www.hc-sc.gc.ca/hppb/paguide/index.html

Behind the Headlines

Waiting *for cancer* surgery

One-third of cancer patients treated by surgeons affiliated with Ontario regional cancer centres experienced an inappropriate wait for surgery, according to a new study published in the *Canadian Medical Association Journal*. The study—the first to examine cancer surgery waiting times in Ontario—looked at 1,456 cancer patients who had surgery between January 31 and May 31, 2000, and included patients with breast, gynecologic, colorectal, head and neck, thoracic and prostate cancer.

"This study is a first step in developing reliable methods to track cancer surgery waiting times," says Dr. Marko Simunovic, lead investigator and a surgical oncologist at Hamilton Regional Cancer Centre.

Patients had a median wait of 37 days from referral to surgery, and 63% of patients experienced an appropriate wait, the study found. A median wait of 37 days means that 50% of patients received surgery within 37 days, and 50% of patients waited longer than that. Twenty percent of patients waited more than 60 days from referral to surgery.

Waits were determined by asking surgeons to provide dates for key events in the surgical management of cancer patients—initial referral, first visit, decision to treat, surgery, and receipt of a pathology report. Although there is only limited evidence that treatment delays cause worse outcomes, there is good evidence that delays can increase psychological stress for cancer patients.

The 62 surgeons who participated in the study were asked to assess whether waits between these five events were appropriate, and to identify reasons for inappropriate waits. For the 37% of patients who experienced an inappropriate wait, the surgeons identified lack of operating room time and lack of access to other resources such as diagnostic imaging, as the most common contributing factors.

The study was coordinated by Cancer Care Ontario's Surgical Oncology Network. "Ontario is a leader in the work that is being done to improve the coordination and quality of cancer surgery," says Dr. Denny DePetrillo, the network's provincial coordinator. "While this study is just a first step, it does indicate that surgery, like radiation treatment and chemotherapy, must be a priority for cancer system planning."

A more comprehensive study of cancer surgery waiting times in Ontario is being planned in conjunction with the Institute of Clinical and Evaluative Sciences. This retrospective study will include all patients who undergo cancer surgery in the province.

Angels *on* EARTH

They don't have wings, but to Lorie Gontier, people who donate blood products are "angels on earth." Diagnosed with Hodgkin's disease in 1997, at 35, she has been through chemotherapy, radiation, heart surgery, a bone marrow transplant, and surgery to drain blood from her brain. Now battling myelodysplasia (abnormal cells in the bone marrow), she receives regular blood transfusions.

Many cancer patients require blood products such as platelets, tiny disc-shaped structures in the blood. Platelets allow the blood to clot, explains Dr. Jeannie Callum, a hematologist and director of Transfusion Medicine at Sunnybrook and Women's College Health Sciences Centre. "If the presence of cancer cells or the effects of chemotherapy prevent the bone marrow from producing enough platelets, the risk of bleeding increases."

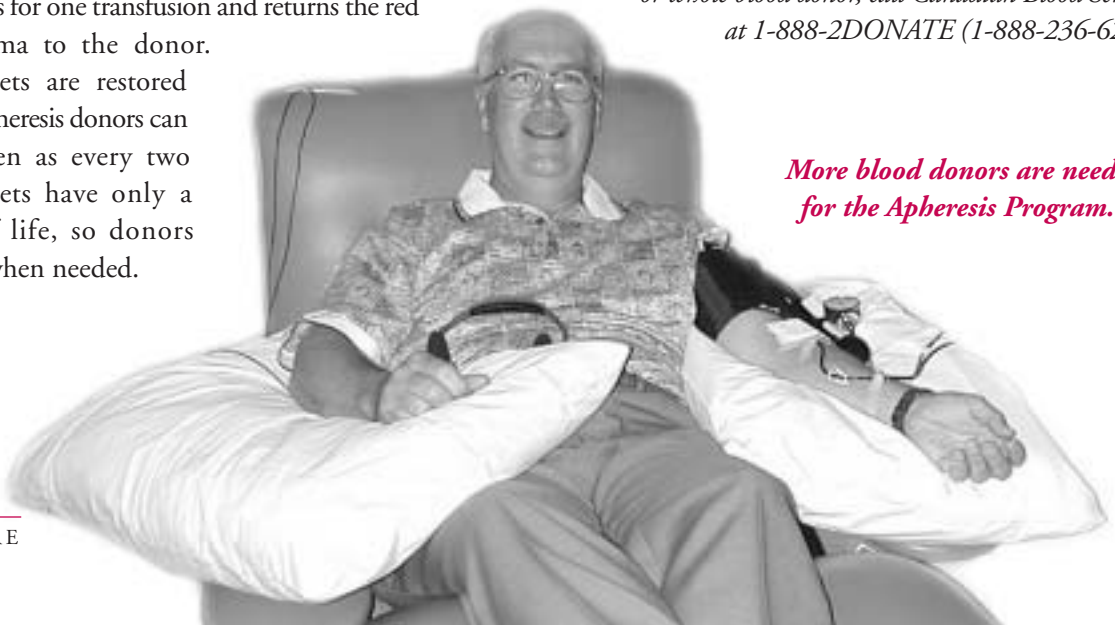
Lorie Gontier, a graphic artist and mother of two, first learned of Canadian Blood Services' Apheresis Program when she had a bone marrow transplant and her platelet count dropped to two. A normal count is between 150 and 400. "Apheresis is a specialized blood donation, where the blood is separated as it is being donated," explains Janine Armstrong, the program's coordinator. "The blood passes through a cell separator, which extracts enough platelets for one transfusion and returns the red cells and plasma to the donor. Because platelets are restored very quickly, apheresis donors can donate as often as every two weeks." Platelets have only a five-day shelf life, so donors are called in when needed.

Some cancer patients respond to random-donor pooled platelets, which are extracted from blood donated by multiple donors. Others need single-donor platelets, collected through apheresis and matched by both blood type and protein markers on the white blood cells (HLA-matched). Lorie Gontier required single-donor HLA-matched platelets. "Apheresis platelets provide more platelets than random-donor platelets," says Dr. Callum. "And fewer exposures to other people's blood may reduce the risk of both viral and bacterial infections."

In Ontario, the Apheresis Program collects an average of 4,000 units each year from 1,800 active donors, but more donors are needed. "We're chronically short of random-donor platelets," adds Dr. Callum. "To get enough platelets to allow us to continue aggressive treatment for cancer patients, we need the Apheresis Program."

Over the course of her illness, Lorie Gontier has received platelets—sometimes as often as three times weekly—from 37 apheresis donors. "I call them angels on earth because it's something they're doing with their whole heart," she says. "They really are my heroes."

For more information, or to become an apheresis or whole blood donor, call Canadian Blood Services at 1-888-2DONATE (1-888-236-6283).



More blood donors are needed for the Apheresis Program.

Joseph Witalis

I depend on the cancer care system

The presence of a central provincial cancer agency has been an essential part of my survival.

In 1993, I was diagnosed with a stage III-B multiple myeloma, a cancer of the immune system. My doctor referred me to Cancer Care Ontario's Toronto-Sunnybrook Regional Cancer Centre, where my diagnosis was confirmed and treatment was recommended.

As chemotherapy began to relieve some of my symptoms, I was able to reflect upon my cancer experience. It dawned on me that, in the midst of my fear and emotional tumult, I depended upon the system of cancer care for a sense of stability, predictability and strength.

The oncologists at the cancer centre functioned not only in the context of the doctor–patient relationship, but were also connected to the larger world outside through Cancer Care Ontario, an umbrella organization that could ensure up-to-date and innovative strategies to help me. This fact promoted confidence when I had none.

I understood the cancer centre as a place of healing, and not subject to the changing political winds of society. It was a place of peace and long-term predictability. That predictability gave me a sense of security when I had none.

I was aware that there were other cancer centres, all brought together under one umbrella organization, and because of that, I assumed that the cancer centre was providing me with the same quality of care that I would have had in any area of the province, and independent of my socio-economic status or position in society. This was reassuring when I needed reassurance.

In 1996, my cancer recurred. Because specialists at the cancer centre were connected to research programs that were recruiting patients for clinical trials, I was able to take part in a clinical trial in intensified stem cell transplantation. I had the transplant that November, and am free of active disease to this day.

I believe that the sense of safety, security, confidence and reassurance of an organized cancer system were important factors in my ability to cope with and survive this incurable cancer. Statistics at the time of my diagnosis showed a median survival of 23 months following the first treatment for a person with my diagnosis. It is now 102 months since my initial treatment.

Joseph Witalis is a member of the Cancer Care Ontario Regional Council for Southeastern Ontario, and a member of the Cancer Care Ontario Research Advisory Committee. He has been a long-time participant in four peer support groups for cancer patients in Central Ontario and in Toronto. Below, Joseph Witalis and partner, Sheila Foster, enjoy a recent holiday in Barbados.

"I believe that the sense of safety, security, confidence and reassurance of an organized cancer system were important factors in my ability to cope with and survive this incurable cancer."

On the Cover

Dieter Ehrenberg: no place like home

In a lifetime of travel, I've stood in awe of many wondrous sights—from the Himalaya Mountains and Victoria Falls, to the temples of Bangkok. But the world never looked as beautiful as the day late last year when I left my doctor's office in Kitchener, stunned by the news that I had advanced colon cancer. The blue sky, the trees, the sound of a bird singing: I was home, and there was no better place to be.

The cancer had already spread from my colon to some lymph nodes and my liver. In the new year, I had surgery to remove a foot of bowel. I began chemotherapy at the interim Grand River Regional Cancer Centre in Kitchener. There's a 40% chance that my tumours will shrink. So far, things are looking good. I'm happy that I can get my care near to home. The doctors, nurses and other staff are excellent, and very kind. And there are social workers to support me emotionally, which is important because I live alone.

When I first came to the cancer centre, I didn't speak much with other patients. Then, a woman who had completed cancer treatment and was in for a follow-up appointment approached me. It felt good to share our experiences, and to see how well she was doing. Now I talk with other patients to encourage them. My travels and experience with people of many cultures have taught me how important it is to have a positive attitude. It really can be a healer.

To contact Cancer Care Ontario in your region, call:

Central East Region
Toronto-Sunnybrook Regional Cancer Centre: 416-480-4566

Central West Region
Hamilton Regional Cancer Centre: 905-387-9711, ext. 63060

Eastern Region
Ottawa Regional Cancer Centre: 613-737-7700, ext. 5-6857

Northeast Region
Northeastern Ontario Regional Cancer Centre: 705-522-6237, ext. 2084

Northwest Region
Northwestern Ontario Regional Cancer Centre: 807-343-1572

South Region
Windsor Regional Cancer Centre: 519-253-5253, ext. 58540

Southeast Region
Kingston Regional Cancer Centre: 613-544-2631, ext. 4517

Southwest Region
London Regional Cancer Centre: 519-685-8615
Grand River Regional Cancer Centre: 519-749-4370, ext. 5710

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