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Ontario Cancer News

A message from Dr. Alan Hudson

Welcome to the first issue of Cancer Care Ontario's monthly electronic newsletter, Ontario Cancer News.

Cancer Care Ontario is changing, and so is the landscape of cancer care in Ontario. Ontario Cancer News is one of many initiatives that reflect the new Cancer Care Ontario, and it is the single most important tool we will use to keep cancer system stakeholders informed. Each issue will include a mix of articles about changes to Ontario's cancer system, about progress on Cancer Care Ontario's major initiatives, and news, facts and research related to cancer care in Ontario.

Let us know what you think of Ontario Cancer News. I encourage you to click here to fill out our one-minute survey

A new look for a new direction

Cancer Care Ontario is striving to create a quality-focused organization that is knowledgeable, relevant, evidence-based, and a trusted resource for cancer data. The "new" CCO will be partnership-oriented in supporting regional facilities in servicing patients and families, and will advocate for and act as the adviser on provincial cancer information and care practices.

A new visual expression of Cancer Care Ontario is a symbolic yet important part of changing our strategic direction. The first step was determining what the new brand-promise of CCO should be. Clearly, this is "quality in patient care."

Our graphic identity (shown at the top of the page) is made up of two parts - our name and our symbol. Both are simple, contemporary and approachable. They express our current reality as well as our aspirations about the future of Cancer Care Ontario. The pale green colour of our symbol conveys optimism, vitality and commitment. Our symbol, a variation of a circle, represents the full range of activities that form the cancer care network. It is our aspiration that this system be seamless and of the highest quality for patients, families, caregivers and communities. Using lower case letters for our name helps communicate a more collaborative and approachable image. At the same time, the deep purple projects a strong professional impression.

For more information or to send your comments about the Cancer Care Ontario logo, send e-mail to publicaffairs@cancercare.on.ca.

Cancer centres partner to operate after-hours radiation clinic

Cancer Care Ontario has announced a change in the management of the after-hours clinic currently operating at the Toronto Sunnybrook Regional Cancer Centre. As of September 2003, the contract with Canadian Radiation Oncology Services to manage the after-hours clinic will end. In its place, a jointly managed clinic of Toronto Sunnybrook Regional Cancer Centre and Durham Regional Cancer Centre will provide after-hours radiation therapy to patients with cancer.

The opening of this new evening clinic is now possible because of a number of changes over the last two years. One of the most important developments has been the successful recruitment of health professionals, including radiation oncologists, physicists and radiation therapists. In addition, evening clinics in Hamilton, London, Kingston and Ottawa have allowed more patients with cancer to receive radiation treatment.

"The CROS clinic served an important role in ensuring cancer patients received high-quality treatment closer to home. In addition, the clinic introduced management efficiencies that will be adapted and used in cancer centres across the province," says Dr. Alan Hudson. "A lot has changed since the CROS clinic opened. Today we have more funding for new equipment, additional professional staff as well as the capital funding for expansion of regional cancer centres in areas of high population growth. These initiatives would not have been possible without government investment."

In February 2001, Cancer Care Ontario opened the after-hours clinic to end the re-referral of patients with breast and prostate cancer requiring radiation treatment to clinics in the U.S. and elsewhere in Ontario. The clinic was managed by Canadian Radiation Oncology Services through a contractual agreement with Cancer Care Ontario. Re-referral of patients ended in October 2001.

This new evening clinic will be located at Toronto Sunnybrook Regional Cancer Centre and will operate from 6 to 10 p.m. Patients treated at the clinic will receive the same high-quality care as patients treated during the day. Initially, the evening clinic will treat 1,000 patients with breast and prostate cancer annually. The patients will be referred from Durham Regional Cancer Centre and Cancer Care Ontario's referral program.

The clinic is an important step in building the radiation therapy program at Durham Regional Cancer Centre, currently operating as an interim program at Lakeridge Health Oshawa. The new cancer centre is scheduled to open in 2005.

One of Cancer Care Ontario's main priorities is to expand radiation treatment capacity in Ontario to ensure that all patients have timely, high-quality care as close to home as possible. In addition to Durham Regional Cancer Centre, over the next few years new cancer centres will open in Kitchener, Mississauga and St. Catharines.

Partners in care: Building a quality improvement coalition

In the fall of 2002, dozens of cancer care partners got together to begin the development of an information management strategy that will help improve the way cancer care is delivered in Ontario. A central theme of the strategy is that it can be accomplished only through the combined efforts of the many organizations and individuals involved in cancer care in Ontario. This coalition concept is the foundation for a coordinated approach for cancer care to improve quality and access.

This strategy will be driven by new integration approaches, improved application of information management, and a fundamental change in the roles and responsibilities of participants involved in cancer care.

Over the next four years, a variety of information management initiatives will be implemented across the province. These are grouped into five strategic directions:

1) Improving access to cancer care
2) Enhancing cancer system performance
3) Enabling optimal clinical decisions
4) Building research capacity
5) Facilitating integrated delivery of cancer care

Initiatives will be carried out on a project-by-project basis, and may be managed by hospitals, other agencies, or Cancer Care Ontario. Cancer Care Ontario's Project Management Office will coordinate the projects and work with all stakeholders to secure project funding. The estimated incremental cost of implementing this strategy is $98.5-million over 4.5 years. About one-third of this funding is already in place.

For an eight-page summary of the Information Management Strategy, go to http://www.cancercare.on.ca/ontariocancernews/documents/PartnersInCare.pdf. For more information about any of the Information Management Strategy initiatives, send e-mail to pmo@cancercare.on.ca .

What is cancer services integration?

Integration of cancer services will bring together the services provided by the regional cancer centres, radiation therapy, for instance, and those provided by host hospitals, such as surgery and diagnostic services. The goal is to help create a seamless journey for cancer patients as they access services.

In the current cancer system, patient care is fragmented and difficult to navigate. As patients move from inpatient to outpatient services, they experience different staff, different medical records and different policies - all under the same roof. By creating stronger links between all components of care, integration will improve coordination of and access to care. This linking of services also will make it easier to monitor the quality of care and identify opportunities for improvement.

The first and most important step toward a seamless system of cancer care is the creation of an Integrated Cancer Program (ICP) at every hospital that has a regional cancer centre. The aim is to promote a smooth journey for cancer patients through the inpatient and outpatient portions of their care.

The head of the ICP will report through both the CEO of the hospital and the CEO of Cancer Care Ontario. This joint leadership model will help strengthen cancer services both locally and provincially.

The establishment of the ICPs means that Cancer Care Ontario is transferring responsibility for the direct management and delivery of patient services to the host hospitals. However, as a provincial government agency and the Ministry of Health's chief adviser on cancer issues, Cancer Care Ontario, in partnership with the host hospitals, will continue to oversee those funds that are transferred to the ICPs. Recently, Cancer Care Ontario and the host hospitals agreed to a set of principles that will guide the creation of a new contractual arrangement between the host hospitals and Cancer Care Ontario for the operation of the ICPs.

The creation of the Integrated Cancer Programs is just the first step in bringing together a full range of cancer services and an integrated team of cancer specialists at the local level.

The Integrated Cancer Program will become the hub of a Regional Cancer Program. The Regional Cancer Program (RCP) is the next step in achieving a seamless cancer services system and will bring together all cancer services at a regional level. The RCP will, ultimately, link regional cancer service providers such as community cancer clinics, family physicians, community care access centres and volunteer organizations. This will build on the strong relationships many regional cancer centres already have with cancer care providers in their region.

Cancer Care Ontario will work to support the needs of the Integrated Cancer Programs and Regional Cancer Programs and will also take advice from these local and regional experts as it advises the provincial government.

Over the last few weeks, the CEOs of the host hospitals have shown their strong support for integration and have signed a letter of commitment to the Minister of Health and Long-Term Care in support of the creation of the Integrated Cancer Programs. In turn Cancer Care Ontario has received a very positive letter from the Minister of Health declaring his support for integration and his commitment to work with the agency on the funding details associated with the change.

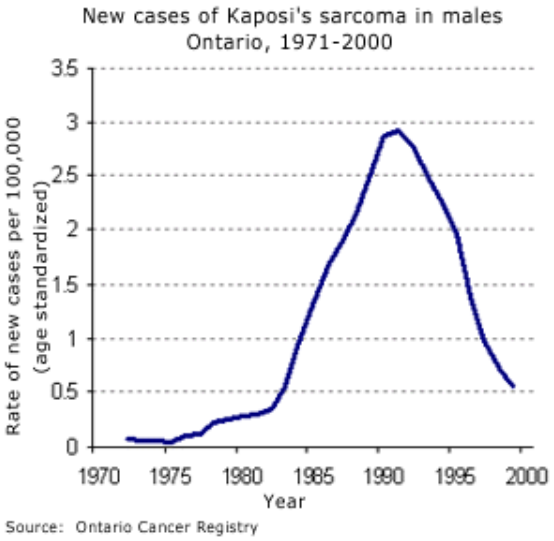
Cancer is one of the most important health issues facing Ontario. More than 50,000 Ontarians are diagnosed with cancer each year and one out of every three Ontarians will be diagnosed with cancer at some point in their lives. The scope of this health problem demands that patients have access to a coordinated system.

That's the goal of these changes - a high-quality, coordinated, accessible cancer care system. In collaboration with its partners, Cancer Care Ontario is working to build a seamless, high-quality cancer services system throughout Ontario.

Ontario Cancer Facts

The Kaposi's sarcoma epidemic is over. Kaposi's sarcoma usually develops as groups of cancer cells below the skin's surface or in the mouth, nose or anus. These groups of cells appear as raised blotches. Until the early 1980s, Kaposi's sarcoma was a rare cancer in Ontario. The people who usually got it were elderly men of east European or Mediterranean origin, or people who had organ transplants.

With the onset of the AIDS epidemic, rates rose sharply as homosexual men with HIV (the AIDS virus) developed Kaposi's sarcoma. The rate of Kaposi's sarcoma fell sharply during the 1990s. The decline was due to two reasons: during these years, infection rates fell for the AIDS virus, and treatments became better at preventing those infections from developing into AIDS.



Source: Ontario Cancer Registry

As advances in HIV prevention and treatment continue, the rate of Kaposi's sarcoma is likely to remain low in men. It has always been extremely rare in women.

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

What's new?

Does delay in starting treatment affect the outcomes of radiotherapy? A group of Ontario researchers has found evidence that it does. In their study published in the February 1, 2003 issue of the Journal of Clinical Oncology, the Cancer Care Ontario affiliated researchers concluded that, "there is evidence that delay in initiating RT has an adverse effect on local control in breast and head and neck cancer, and no good evidence that delay is without risk in other situations."

The researchers - Jenny Huang of Kingston Regional Cancer Centre, Lisa Barbera of Toronto Sunnybrook Regional Cancer Centre, Melissa Brouwers of Cancer Care Ontario's Program in Evidence-Based Care, George Browman of the Program in Evidence-Based Care and Hamilton Regional Cancer Centre, and William J. Mackillop of the Queen's Cancer Research Unit and Kingston Regional Cancer Centre - undertook a systematic review of world literature to identify studies that described the association between delay in radiation therapy and the probability of local control, metastasis, and/or survival. They identified 46 relevant studies involving more than 15,000 patients.

Analysis of these studies revealed a consistent association between delay in starting radiation therapy and increased rates of local recurrence in breast cancer and head and neck cancer, the only two cancers for which a substantial body of information was available. The five-year local recurrence rate was significantly higher in breast cancer patients treated with adjuvant radiation therapy more than eight weeks after surgery, and for head and neck cancer patients who received postoperative radiation more than six weeks after surgery.

The researchers caution that their results should be interpreted carefully because they are based primarily on observational studies, and because of the potential for publication bias in the literature. Read the full article in the Journal of Clinical Oncology, Vol 21, No 3 (February 1), 2003: pp 555-563, or request a reprint from william.mackillop@krcc.on.ca.

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