cancer care ontario | action cancer ontario

May 2003, Volume 1, Number 6

Ontario Cancer News

Targeting Cancer: An action plan for cancer prevention and detection (Cancer 2020)

In a landmark report released last week by Cancer Care Ontario and the Canadian Cancer Society, Ontario cancer experts outline a broad plan to tackle the slow epidemic of cancer through prevention and early detection strategies. The report details specific goals and targets for cancer prevention and early detection, and sets an ambitious five-year timeframe to put specific interventions into place.

Without further development of organized and comprehensive prevention and early detection programs, the number of new cancer cases in the province will increase from 52,700 in 2003 to 91,000 in 2020, according to Cancer Care Ontario. More than half of these cancers that will be diagnosed over the next 20 years can be prevented. This includes some of the deadliest cancers such as lung, stomach and esophageal cancer, for which treatments are less effective.

"The targets we have set in this report are linked to a wide range of harmful behaviours and exposures that have a clear relationship to cancer incidence and mortality," says Dr. Terry Sullivan, vice-president of research and prevention at Cancer Care Ontario. "For example, research shows that 25% to 30% of all cancer deaths are related to tobacco use. If we were to implement the kind of comprehensive tobacco control program recommended in this report, we could prevent over 6,000 premature deaths due to cancers caused by tobacco between now and 2020."

The Cancer 2020 report—titled *Targeting Cancer: An action plan for cancer prevention and detection*—identifies prevention targets aimed at reducing behaviours that increase risk, and screening targets aimed at early detection. The prevention targets include:

- Reduction of tobacco use,
- Increased consumption of fruits and vegetables,
- Reduction of obesity,
- Increased physical activity,
- Reduction of alcohol consumption,
- Reduction of ultraviolet exposure, and
- Reduction of exposure to occupational and environmental carcinogens.

Screening targets include increasing participation in Cancer Care Ontario's breast and cervical screening programs, as well as determining the best approach for colorectal and prostate cancers.

The report has received support from Minister of Health and Long-Term Care Tony Clement. "This report will be a very important resource as we move forward in our battle against cancer," he says. "Caring for Ontario's cancer patients means not only treating their cancer, but also doing all that we can to detect cancer early and prevent it altogether. This report is truly an action plan that will help us set targets to achieve these goals. The provincial government is in full support of the directions set out in this document."

In addition to the prevention and screening targets, the report also calls for the establishment of a provincial cancer prevention and screening council. This group would focus exclusively on cancer prevention and screening, and would lead the implementation of Cancer 2020.

Cancer 2020 proposes that its prevention and screening initiatives be put in place over the next five years as the foundation for reaching the Cancer 2020 targets. The report also proposes ongoing monitoring of emerging cancer control measures to ensure the Cancer 2020 efforts evolve along with progress in technology and cancer prevention. In addition to identifying specific actions, the report also provides a framework to monitor the progress in reducing cancer incidence and mortality.

For more information, read the summary or full report online at http://www.cancercare.on.ca or http://www.cancer.ca, or send e-mail to christine.lyons@cancercare.on.ca.

Cancer 2020 report

Cancer 2020 summary report

Cancer 2020 slide show

Cancer 2020 slide show, printable version

Integration Update

Integration continues to move forward, and is on target to have all Cancer Care Ontario / Host Hospital agreements in place by the end of June 2003. In April, integration talks progressed from the broad consultation and working group phase to a more focused negotiation phase during which the details of the new arrangement will be determined. Although specific details are not yet available, Cancer Care Ontario officials say that discussions are progressing well. There is a strong desire on the part of both Cancer Care Ontario and hospitals to complete the agreement. This way, everyone can work together in new ways to improve the quality of care for cancer patients.

Cancer Care Ontario wishes to recognize the amount of time and energy everyone has been able to put into this enormous task, especially given the SARS situation. A comprehensive communication strategy will be developed once decisions about the agreement are finalized, and mechanisms will be put in place for feedback and enquiries. Watch future issues of *Ontario Cancer News* for more updates on the integration of Ontario's cancer services.

Introducing the Information Management Strategy Council

A critical component of Ontario's cancer system is the Cancer Information Management Strategy, developed through extensive consultation with a broad range of cancer system stakeholders. The strategy has a five-year time horizon, and and estimated incremental cost of about $98-million to implement over that timeframe.

Cancer Care Ontario has established a Cancer Information Management Strategy Council to guide the implementation of this province-wide strategy. The council met for the first time last month. The group's key roles are:

- Recommend and set priorities among the projects within the cancer IM Strategy.
- Ensure that the Cancer IM Strategy and individual projects within the strategy remain aligned, and where possible integrated, with other initiatives in the Ontario health care system and the Canadian cancer control system.
- Assess the feasibility of plans and adequacy of resourcing for each project within the Cancer IM Strategy.
- Recommend to the organizations providing a project's resources whether or not that project plan is ready to proceed to implementation.
- Monitor overall progress of the strategy's implementation.
- Guide the annual revision of the Cancer IM Strategy.
- Encourage stakeholder participation in projects.
- Work with participating organizations to identify and secure project resources.
- Advocate to government and funding organization for policy change, resourcing or other actions needed to further implementation of the Cancer IM Strategy.
- Provide leadership and sound advice to stakeholders on any other issues or events affecting the success of the strategy and its implementation.
- Receive advice and recommendations from the PMO and other groups such as the IM Architecture Alignment Committee.

Former deputy minister of Health for Ontario Margaret Mottershead chairs the council. Members include:

- Matt Anderson, University Health Network
- Diane Beattie, London Health Sciences Centre
- Glenn Holder, Ministry of Health and Long-Term Care – e-Physician project
- Glen Kearns, Grand River Hospital
- Sam Marafioti, Sunnybrook & Women's Health Sciences Centre
- Sandy Nuttall, Ministry of Health and Long-Term Care – Hospitals Branch
- Lorelle Taylor, Ministry of Health and Long-Term Care – Toronto
- Ian Brunskill, CIO and VP, Planning, Cancer Care Ontario
- Angie Heydon, director President's Office, Cancer Care Ontario
- Alan Hudson, president & CEO, Cancer Care Ontario
- Susan Brien, regional VP, Integrated Cancer Services (Windsor)
- Peter Dixon, regional VP, Integrated Cancer Services (Durham)

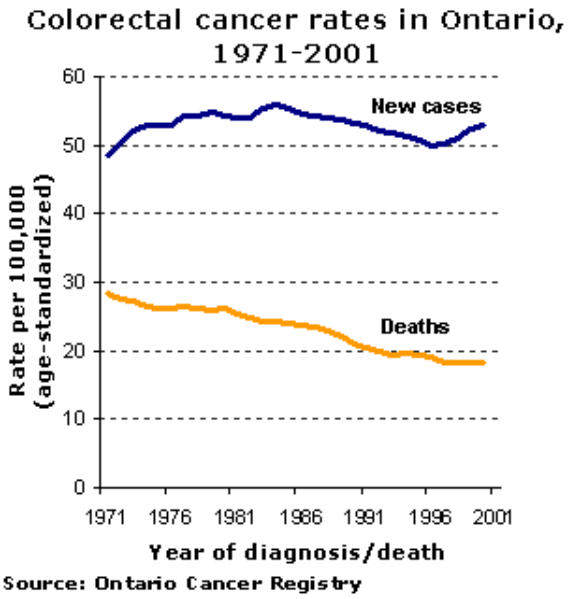
Cancer Information Management Strategy Summary

Cancer Information Management Strategy

Ontario Cancer Facts

The rate of new colon and rectum cancers in Ontario went down from the mid 1980s to the mid 1990s. This downward trend has stopped. This may be because more people are being screened for early cancer. More screening means that more cancers are found, so rates go up at first and later go down again. People whose cancers are found through screening often do better because their cancers are usually treated earlier.

The death rate for colon and rectum cancers continues to go down. This is probably because of early detection and better treatment.



Source: Ontario Cancer Registry

The Canadian Task Force on Preventive Health Care suggests screening every year or two for people over 50 who have no bowel problems or family history of colorectal cancer. The tests they recommend are called fecal occult blood testing, and sigmoidoscopy. Fecal occult blood testing checks the stool for signs of blood. Sigmoidoscopy involves examining the bowels with a flexible tube.

Other ways to lower your risk of colorectal cancer are:

- be physically active,
- stay at a healthy body weight,
- eat at least five servings of vegetables and fruit every day.

For more information, talk to your health care provider or call the Canadian Cancer Society's Cancer Information Service at 1 888 939-3333.

People news

Michael Sherar, PhD, has been appointed vice president of the Integrated Cancer Program in Southwestern Ontario (London). Dr. Sherar holds a PhD in medical biophysics from the University of Toronto. He is a leading scientist and an associate professor, and has recently held a key clinical leadership role as the head of the Department of Radiation Physics at Princess Margaret Hospital in Toronto. He currently holds a leadership role at the University Health Network on program development in the field of Medical Technology Innovation. Dr. Sherar has worked with a number of public and private sector partners to advance reesarch and development in the field of oncology. One of the most successful and innovative partnerships has been the creation of the Ontario Consortium for Image Guided Therapy and Surgery. In addition, he and his research team were the first in the world to develop microwave thermal therapy for recurrent prostate cancer. Recently, Dr. Sherar received Canada's "Top 40 under 40" award for his research and clinical leadership, and innovation in oncology.

Michael Power has been appointed vice president of the Integrated Cancer Program in Northwestern Ontario (Thunder Bay). He first joined Northwestern Ontario Regional Cancer Centre in 1997 as manager of Regional Operations and Communications. For the past three years has been the cancer centre's regional director of Planning and Administration, leading the day-to-day management services functions of the cancer centre. He holds a masters degree in International Management from the University of St. Thomas, in Michigan.

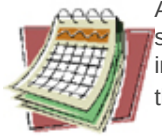
In an effort to consolidate provincial research efforts in anticipation of the provincial announcements of $1-billion for cancer research, **Terry Sullivan,** PhD, has assumed new responsibilities as vice president, Research and Prevention. In assuming

this role, he will work closely with **Roger Deeley,** PhD, who will continue as divisional head, focusing on basic research. This will allow Cancer Care Ontario to strengthen its research priorities over the next year, and to position the organizaiton most effectively to deal with the new provincial commitments in cancer research. Drs. Sullivan and Deeley will work closely with the evolving Institute for Cancer Research to ensure the optimal alignment of Cancer Care Ontario's research activities with this new initiative. Dr. Sullivan's new role includes three active portfolios: research, prevention and quality.

Leslee Thompson, who has been consulting with Cancer Care Ontario on integration issues, will join the organization this June to assume responsibility for ongoing development and performance of cancer programs across the province, and to manage the new contractual relationships between Cancer Care Ontario and the hospitals. Previously, she was executive vice president at Sunnybrook and Women's Health Sciences Centre.

Professor Bernard Langer has been appointed senior consultant in Surgery for Cancer Care Ontario. He will work closely with Dr. Hartley Stern to lead and implement the organization's surgical oncology strategies. Professor Langer was the R. McLaughlin professor and chairman of Surgery at the University of Toronto, and recently stepped down as president of the Royal College of Physicians and Surgeons of Canada.

Long-time Cancer Care Ontario staff member **Dr. Donald Cowan** has been recognized by the Canadian Cancer Society as the 2003 recipient of Society's Award for Excellence in Medicine and Health. This prestigious national award is given to only one individual or organization each year for outstanding contributions in assisting the Society to advance its mission of reducing the burden of cancer in Canada.



Coming this month...

A revamped Cancer Care Ontario web site will better reflect the organization's new visual identity and strategic direction. The site, to be launched later this month, will include new content such as detailed information about progress on all of the information management strategy projects. A search function is also new to CCO's site. Watch http://www.cancercare.on.ca/ for these changes later this month.

Watch for the first in a new series of publications called Insight on Cancer. Cancer Care Ontario has partnered with the Canadian Cancer Society, Ontario Division to produce the series, which will focus on current cancer trends, news and information. The first issue, Insight on Cancer, News and Information on Prostate Cancer, is expected in mid May. Look for it on Cancer Care Ontario's web site at http://www.cancercare.on.ca/.

Contact Us

All enquiries and article suggestions should be directed to:

Christine Naugler
Public Affairs
Cancer Care Ontario
620 University Avenue
Toronto, ON M5G 2L7
phone: (416) 971-9800 x 1605
fax: (416) 217-1249
e-mail: publicaffairs@cancercare.on.ca