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Ontario Cancer News

Pilot project to track surgery wait times

A new pilot project will collect data on the waits experienced by patients requiring cancer surgery, and will lead to the development of an ongoing process to collect surgery wait times data across the province. Cancer Care Ontario will work with surgeons and hospitals across the Greater Toronto Area to undertake the project.

The data are expected to:

- Identify where in the process delays are occurring by measuring over time:
  - Median wait time between three events—first consultation, decision to operate and date of surgery; and
  - The number and/or percentage of patients waiting more than a specified time period.
- Identify the potential causes of these delays, e.g., diagnostic capacity, operating room capacity, availability of ICU beds, number of medical professionals;
- Ultimately lead to recommendations to government and hospitals on policy and capacity issues affecting access to care and efficiency of the system.

In collaboration with surgeons, surgeons' staff and hospital staff, Cancer Care Ontario will develop, test and implement the data collection process. To minimize the burden on all concerned, Cancer Care Ontario will seek funding for data collection staff to carry as much of the load as possible.

The pilot will be limited to surgeries carried out by:

- General Surgeons – breast & colon cancers only
- Gynecologists – all cancer-related surgeries
- Thoracic Surgeons – lung cancer only
- Urologists – prostate cancer only

As a result of the increase in delays for surgery, caused by the recent SARS infection, the government has announced that they will provide $25-million to alleviate surgical backlogs across the GTA. When it comes to allocating the funding for cancer surgery, however, the government is impeded by the lack of information available on the number of cancer patients waiting for surgery or the length of time they are waiting. This prompted the MOHLTC to ask Cancer Care Ontario to lead the pilot project.

Phase 1 of the pilot will focus on a representative sample of 10 hospitals across the GTA, with the approval of the CEO and surgeon-in-chief of these institutions. Phase 2 will focus on a similar sample outside the GTA, and will subsequently lead to implementation across the province.

The Cancer Surgery Wait Times Project is a component of Cancer Care Ontario's overall Referral Management and Wait List Reporting Project.

For more information, send e-mail to angie.heydon@cancercare.on.ca.

Quality Council hosts first annual signature event, June 23

On June 23, the Cancer Quality of Ontario will host its first annual signature event on quality improvement in cancer control. The intent of each annual meeting is to provide a forum for practice leaders, policy makers, managers, researchers, and patient advocates to flesh out an action plan for a critical area of cancer control. This year's signature event—Colorectal Cancer in Ontario: Opportunities for Quality Improvement—is set to take place in Toronto.

Dr. Ole Kronborg, chairman of the Danish Colorectal Cancer Group, is keynote speaker for this year's event. Dr. Kronborg led the Danish randomized trials on Hemoccult-II, a fecal occult blood test to screen for colorectal cancer. The keynote presentation will set the tone for the event, which is to have a special focus on screening for colorectal cancer. The all-day meeting will also include working sessions on prevention, surgery, radiation therapy, systemic therapy and supportive care.

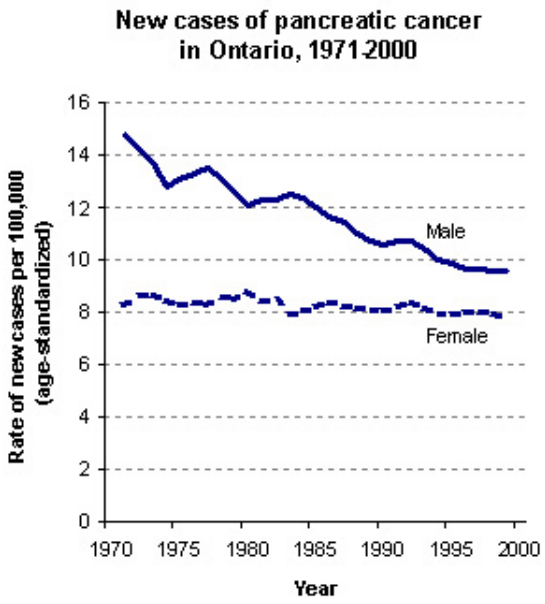
Colorectal cancer was chosen as the initial topic of concern for three principle reasons. First, it is the third most common cause of cancer death for both men and women. According to the Canadian Cancer Society's publication *Canadian Cancer Statistics 2002*, an estimated 17,600 Ontarians were newly diagnosed with colorectal cancer, and approximately 6,600 Ontarians died from the disease, in 2002. Colorectal cancer will affect 1 in 16.3 Canadian women and 1 in 15 Canadian men in their lifetime.

Second, there is significant potential for primary and secondary prevention efforts to stem the tide of colorectal cancer. Among the risk factors for colorectal cancer is a diet high in fat and meat and low in fibre, vegetables and fruit. Change in diet may present the best available approach to prevention. Mass screening for colorectal cancer may also play a significant role in disease prevention. Most colorectal cancers develop from benign adenomatous polyps. If these polyps are detected and removed while still benign, the onset of colorectal cancer can be prevented. The earlier colorectal cancers are detected the greater the effectiveness of the available treatments.

Third, even while the burden of disease and the potential for its prevention are high, public awareness of the disease and its risk factors is relatively low. The signature meeting is intended both to set an agenda for improvement and to raise public awareness of the disease.

Ontario Cancer Fact

Over the last 30 years, the rate of new cases of pancreatic cancer in men has decreased. This may be the result of declining smoking rates in Ontario men. Women's rates are lower than men's and have remained relatively steady.



Pancreatic cancer is highly fatal, with less than 10% of people diagnosed still alive after five years. It is the fifth most common cause of cancer deaths, even though it is the eleventh most common cancer in Ontario. Smoking is the main known cause of pancreatic cancer. Maintaining a healthy body weight and eating a lot of vegetables may lower the risk of the disease. Women who have their first child at age 20 or younger appear to have a lower risk of pancreatic cancer, suggesting that female hormones may affect risk. Chronic pancreatitis (chronic inflammation of the pancreas) increases risk, but it is not clear if the condition leads directly to pancreatic cancer or just shares some of the same causes.

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

Insight on Cancer

The first issue of the new publication series *Insight on Cancer* has been published. *News and Information on Prostate Cancer* reports:

- Prostate cancer is the most common cancer in Ontario men.
- Many more men are diagnosed with prostate cancer than die of it.
- Thirty to 45 minutes of moderate to vigorous activity most days of the week is a general recommendation for reducing the risk of prostate cancer.
- Incidence rises rapidly after age 50 while the median age at diagnosis was 70.
- Survival for prostate cancer has improved; almost 90% of men are still alive five years after being diagnosed.

The series, a collaboration between Cancer Care Ontario and the Canadian Cancer Society (Ontario Division), offers the expertise and knowledge of epidemiologists and researchers at Cancer Care Ontario in a format that's easy to use and easy to understand. The series is published and distributed by the Ontario Division of the Canadian Cancer Society.

Insight on Cancer can be found on the Web sites of both the Canadian Cancer Society (http://www.cancer.ca/) and Cancer Care Ontario (http://www.cancercare.on.ca/). To order copies of *Insight on Cancer*, contact the Canadian Cancer Society's Cancer Information Service at 1 888 939-3333 or the webmaster at webmaster@ccsont.org.

CQCO to launch inaugural report

This summer, the Cancer Quality Council of Ontario will release a two-volume book on the quality of cancer services in Ontario. The report, *Reconstructing Cancer Care: A Baseline Report on the Quality of Cancer Care Services in Ontario*, is edited by Dr. Terrence Sullivan, Dr. William Evans, Dr. Alan Hudson and Ms. Helen Angus.

Opening with an introduction by Quality Council Chair Michael Decter and Cancer Care Ontario President and CEO Dr. Alan Hudson, the first volume covers the quality challenges of each domain of cancer control, including prevention, surgery, systemic therapy, radiotherapy, and supportive and palliative care. The second volume focuses on methods of quality improvement including the development and dissemination of clinical practice guidelines, and strategies for enhancing cancer informatics. The members of the Quality Council, each one an authority in a particular domain of cancer control, along with other prominent experts in the field, authored the chapters included in the book.

Watch upcoming issues of *Ontario Cancer News* for the publication date and information on how to get your copy of *Reconstructing Cancer Care*.

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