cancer care ontario | action cancer ontario

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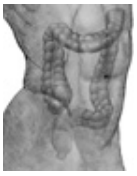
Ontario Cancer News

Ontario launches colorectal cancer screening pilot

Cancer Care Ontario has announced the launch of Canada's first large colorectal cancer screening pilot. Ontario has one of the highest rates of colorectal cancer in the world. However, when colorectal cancer is detected early, it has a 90% cure rate.

The pilot program, implemented by Cancer Care Ontario in partnership with the Ontario government and the Institute for Clinical Evaluative Sciences, will target men and women of average risk, aged 50 and over, using the fecal occult blood test. Read more in this issue of *Ontario Cancer News*.

***Ontario Cancer News* will be on hiatus for the month of August. Look for our next issue in mid September.**



Screening program first in Canada

With one of the highest rates of colorectal cancer in the world, Ontario is an ideal location for Canada's first colorectal cancer screening pilot program.

"With this pilot project we hope to take the first step towards determining what's the most effective way to get Ontarians screened for this disease and to begin to get the message out about this largely preventable cancer," says Dr. Terry Sullivan, vice president of research and prevention at Cancer Care Ontario.

Colorectal cancer is the most common cause of cancer-related deaths in non-smokers. Only lung cancer takes more lives. Each year in Ontario, colorectal cancer is responsible for over 6,000 new cases and 2,200 deaths.

Randomized controlled trials have proven that the fecal occult blood test, or FOBT, can prevent cancer deaths. FOBT may detect invisible amounts of blood in the stool, which may be an indication of asymptomatic colorectal cancer. If blood is detected, the patient would undergo a secondary test — such as a sigmoidoscopy or colonoscopy — to detect pre-cancerous polyps or tumours. These polyps or tumours are the start of the cancer cycle and increase a person's cancer risk. Removing them greatly reduces that risk.

"The Ontario government understands that detecting cancers early is a very important part in our ongoing battle against these devastating diseases. This screening pilot is another crucial step towards winning that battle. We welcome this opportunity to, once again, work with Cancer Care Ontario to continue to enhance the quality of cancer care for all Ontarians," says Tony Clement, minister of health and long-term care.

When detected early, colorectal cancer has a 90% cure rate. The current recommendation from scientific experts is that men and women over the age of 50 speak to their doctor about getting screened for colorectal cancer. Individuals younger than 50 but with a family history of colorectal cancer should also speak to their doctors about their screening options.

"It's important that we start talking more openly about this disease and what we can do to prevent it," said Dr. Verna Mai, head of the division of preventive oncology and director of screening at Cancer Care Ontario. "This initiative will help us to begin that dialogue in Ontario."

The pilot project will compare whether eligible patients are more likely to participate in FOBT testing through contact with their primary care physician or their local public health unit. The project will also examine the variation in participation rates among various geographic, sociodemographic and linguistic communities and will also describe attitudes about FOBT screening..

Backgrounder

Fast facts on colorectal cancer screening

For more information, send e-mail to karen.ramlall@cancercare.on.ca.

Integration update

June 30, 2003 marked an important step forward in our efforts to create a seamless system for cancer patients and their families. Integration was identified as top priority for Cancer Care Ontario this year, and we have been working closely with the 11 hospitals hosting cancer centres across the province to establish a new Cancer Program Integration Agreement. Building on the Cancer Services Implementation Committee Report, the agreements are intended to be a framework for how the newly integrated cancer programs will be created, and how they will evolve into the future. Leslee Thompson, Cancer Care Ontario executive lead for integration, has brought people together from across the province to forge an agreement that will change the landscape of how cancer care is planned, delivered and funded into the future.

After considerable effort on the part of many people across the system, the new Cancer Program Integration Agreement has been now been approved by the boards of all 11 hospitals, and by the Cancer Care Ontario Board. The 11 hospitals are: Credit Valley Hospital, Grand River Hospital, Hamilton Health Sciences Centre, Kingston General Hospital, Lakeridge Health Corporation, London Health Sciences Centre, Sudbury Regional Hospital, Sunnybrook & Women's, The Ottawa Hospital, Thunder Bay Regional Hospital and Windsor Regional Hospital. A number of other organizations, such as the Ontario Hospital Association, provided helpful advice as the agreement took shape, and CCO will continue to work with the OHA and other key stakeholders on issues of common interest in the future.

"The signing of this agreement is significant because 11 separate health care organizations have voluntarily come together to agree on a common vision for cancer care," says Dr. Alan Hudson. "Ultimately, it creates an environment to create strong links between the various parts of the cancer care system, moving us closer to our goal of creating a seamless journey for cancer patients and their families." The agreement has also been praised by Minister of Health and Long-Term Care Tony Clement. This "…historic agreement between Cancer Care Ontario and the 11 host hospitals…will result in the improvement of the quality of cancer care across the province," the Minister recently wrote in a letter to Dr. Hudson. The Minister also restated his government's support of the costs of integration.

With this agreement, Cancer Care Ontario is essentially transferring its direct responsibility for patient care within the regional cancer center and Ontario Breast Screening Program hub site to the hospital according to specific terms and conditions outlined in the agreement. The hospital is adding in-patient services, and in some cases additional ambulatory and diagnostic services, to the newly created integrated cancer program, which will all come together under single leadership of a regional vice president (RVP) for cancer services. The RVP will be responsible for the management of the integrated cancer program at the hospital, as well as for providing provincial leadership through Cancer Care Ontario.

Cancer Care Ontario will continue to oversee the funds that will be transferred to partner hospitals for cancer care based on quality, performance and reporting requirements. By shifting its attention from the day-to-day resource management of the regional centres to a more performance oriented management model, CCO will have the opportunity to broaden its role as the principal advisor to the government on cancer issues. These activities will include acting as a provincial resource for planning, performance improvement and system change. To that end, the CCO provincial office will also be restructured shortly to reflect this new direction.

Cancer Care Ontario and the hospitals will start to implement the terms of the agreement as of June 30, 2003. However, the actual date for transfer of staff from CCO to hospitals will not take place until the "transfer date," which is targeted to be December 31, 2003. During the period between June 30, 2003 and the transfer date, current CCO staff will remain as CCO employees. A human resources transition plan will be put in place locally as a joint effort with hospital and regional cancer center to guide everyone through this next period of transition.

If you are CCO staff member with questions about the new integrated cancer programs, please contact the office of your regional vice-president of cancer services. Public presentations will be made in the fall to explain in more detail how Cancer Care Ontario will work in the future, and how the integration agenda will evolve over time within various regions to help to improve the quality of cancer care across Ontario.

Urgent cancer surgery referral program opens

Cancer Care Ontario has set up a centralized referral office to facilitate access to care for patients who require urgent cancer surgery, but who face inappropriate delays as a result of SARS containment or acute resource shortages. The referral office will provide cancer surgeons with information, by cancer disease site, about which hospitals can accept patients for urgent referral or surgery when the patient's responsible surgeon has determined that such referral is required. With the support of the chief surgeons of participating GTA hospitals, Cancer Care Ontario Referral Office staff have collected the name of the lead surgeon by cancer disease site at each hospital. Disease sites are: breast, colorectal & abdominal, hepato-biliary & pancreas, gynecology, head & neck, thoracic, and urology.

Referring surgeons who need to refer a patient who requires urgent cancer surgery will phone the referral office at 416.217.1261. They will be given the name and phone number of the lead surgeons for the relevant cancer disease site for the available accepting hospitals. Once contact information is provided to referring surgeons by Referral Office staff, subsequent communication with the accepting surgeon is managed by the referring surgeon. The referring surgeon will usually have completed the patient's work-up prior to referral.

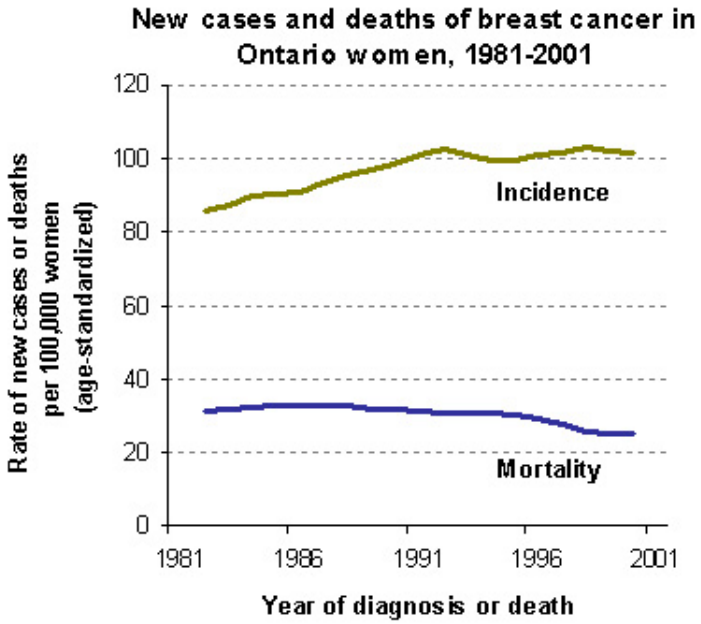
Every Tuesday, the Referral Office will contact the lead surgeon for the cancer disease site(s) for each hospital providing urgent referral service, to confirm their continued availability for referrals. As referrals are made, the lead surgeon will assign referrals among appropriate surgeons within the hospital. If the status of a receiving hospital changes during the week, the lead surgeon will report that to the Referral Office.

With the set-up of the Urgent Cancer Surgery Referral Program, and the strongly supportive response received to date, the Referral Office could ramp up very rapidly to meet needs should we face further acute resource shortages due to SARS or any other reason.

For more information, send e-mail to marilyn.raby@cancercare.on.ca.

Ontario Cancer Fact

The rate of new breast cancers in women rose between the early 1980s and the early 1990s. Since then it has stayed much the same.



These patterns are probably the result of many changes over the past few decades: in number of children and age at first birth, breastfeeding, physical activity and body weight. All of these lifestyle changes affect a woman's chance of getting breast cancer. In addition, more breast cancers were found earlier during this period. In the 1980s, more women became aware of screening with mammography (x-ray of the breast), which allows some cancers to be found sooner that would otherwise only be noticed later. The Ontario Breast Screening Program, which offers mammograms to women over 50, began in 1990.

Breast cancer death rates have been falling since the mid 1980s. This may be explained by improvements in treatment and more screening. Screening with mammography finds breast cancers earlier, when treatment has a better chance.

For more information, talk to your health care provider or call the Ontario Breast Screening Program (1.800.668.9304) or the Canadian Cancer Society's Cancer Information Service (1.888.939.3333).

New Web site reflects the new Cancer Care Ontario

Today Cancer Care Ontario launches the first phase of its revamped Web site, reflecting the organization's new visual identity and mandate. Go to http://www.cancercare.on.ca to view the new site.

In addition to updating existing information, we've added new information (such as radiation wait times), documents, links, and a search function, and consolidated the Web sites of our programs under one Internet address.

Phase 2 of this project will use a portal system to tailor the information presented to users. Visitors to the site will be able to select a "role" – such as patient, health care professional or researcher – and then will see a view tailored for that role, ensuring the most relevant information is easily accessible for that user. Phase 2 is expected to be launched this fall.

We want to know what you think of our new Web site. Send your feedback to publicaffairs@cancercare.on.ca.

Contact Us

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