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Ontario Cancer News

Creating a vision for Cancer Care Ontario

Working together to create the best cancer system in the world is the draft vision statement that will be presented to the Cancer Care Ontario Board of Directors for discussion next week. The development of this vision is the result of significant input from internal and external stakeholders and reflects the new focus of Cancer Care Ontario on improving the quality of the cancer system. Although our mandate is the 'system,' our vision is about people. It includes those we hope to prevent from ever getting cancer and those patients and families who are living with cancer today. In this way, the new Cancer Care Ontario will plan, advise and report on the entire cancer system, from prevention to palliation, from community to institution. And, to ensure our improvements are making a difference, we will invest in researching system change and outcomes. Our work continues to unfold as we further develop our mission and guiding principles to complement the vision statement.

Government's anti-smoking strategy an important step in preventing new cancers

Cancer Care Ontario applauds and supports the important tobacco control initiatives announced by the Ontario government in the Speech from the Throne.

“I am very encouraged by the initiatives announced in today’s Throne Speech,” said Dr. Alan Hudson, president and CEO of Cancer Care Ontario. “With this announcement, the Ontario government is demonstrating its commitment to the tobacco control priorities outlined in the Cancer 2020 plan."

The Cancer 2020 plan, released earlier this year by Cancer Care Ontario, the Canadian Cancer Society (Ontario Division) and several other partners, outlines a broad plan to tackle the slow epidemic of cancer through prevention and early detection strategies. One of the key priorities targets the reduction of tobacco use and second-hand exposure.

“Tobacco is the single most important cause of cancer in Ontario, responsible for approximately one-third of all cancers,” said Dr. Terry Sullivan, vice-president of cancer control and research at Cancer Care Ontario. "The government's initiatives are an important step in the creation of a comprehensive strategy to reduce tobacco use," said Dr. Sullivan, who is also chair of the Ontario Tobacco Strategy Steering Committee.

Cancer Care Ontario estimates that with a comprehensive plan in place, over 6,000 premature tobacco-related cancer deaths could be prevented between now and 2020.

Cancer 2020: Key priorities for tobacco use
(www.cancercare.on.ca/pdf/Cancer2020CCS-1513Report_summary.pdf)

	Teen smoking	Adult smoking	Quitting smoking	Exposure to second-hand smoke	Smoke-free space
Measure	Per cent of teens who are current cigarette smokers	(18 and older) Per cent of adults who are current cigarette smokers	Per cent of daily smokers who will make at least one attempt to quit smoking per year	Per cent of Ontarians who will be exposed to second-hand smoke in the home at in private vehicles	Per cent of public places (including bars, restaurants and gaming facilities) in Ontario that will be smoke-free

Most recent estimate	19%	26%	48%	18% (children) 25% (adults)	50% coverage in Ontario
Current trend	Holding steady	Holding steady	Slightly increasing	Slightly increasing	Slightly increasing
Cancer 2020 target	2%	5%	90%	Less than 1%	100%
Desired direction	Decrease	Decrease	Increase	Decrease	Decrease

Find Cancer Care Ontario's Tobacco or Health In Ontario at www.cancercare.on.ca/pdf/tobaccomon.pdf

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Introducing the Prevention & Screening Council

Released in May 2003, *Targeting Cancer: An action plan for cancer prevention and detection* detailed specific goals, targets and recommendations for action toward cancer prevention and early detection in Ontario. One key recommendation was the creation of a Provincial Cancer Prevention and Screening Council to move the plan forward.

This October, the Provincial Cancer Prevention and Screening Council met for the first time and reviewed its mandate and terms of reference. Its key objectives will be to:

- Advance a comprehensive plan to address Cancer 2020 targets, building on existing cancer prevention and screening activities in Ontario and engaging other relevant provincial and national chronic disease and cancer control initiatives;
- Seek and leverage funding and support to develop and implement effective strategies in all target areas identified in cancer 2020;
- Publish an annual public report on regional and provincial progress toward the Cancer 2020 targets.

Led by co-chairs Dr. Verna Mai, director of Preventive Oncology at Cancer Care Ontario, and Sylvia Leonard, senior director - Cancer Control at the Canadian Cancer Society, Ontario Division, the council members are:

- Mary Lou Albanese (Middlesex-London Health Unit)
- Carol Burke (Ontario Federation of Indian Friendship Centres)
- Dr. Roy Cameron (Centre for Behavioural Research and Program Evaluation, Canadian Cancer Society/National Cancer Institute of Canada)
- Lori Chow (Thunder Bay District Health Unit)
- Dr. Colin D'Cunha (Ministry of Health and Long-Term Care)
- Erica Di Ruggiero (Canadian Institutes of Health Research - Institute of Population and Public Health)
- Esther Green (Cancer Care Ontario)
- Ruth Grier
- Connie Innes (Canadian Cancer Society, Ontario Division)
- Moyez Jadavji (Windsor Regional Hospital)
- Beth Kapusta
- Larry Ketcheson (Parks and Recreation Ontario)
- Andrew King (United Steelworkers of America)
- Dr. Robert Kyle (Commissioner & Medical Officer of Health)
- Dr. Jack Lee (As of Nov. 17/03: David MacKinnon - Ontario Public Health Association)
- Maureen Murphy (City of Ottawa Health Department)
- Jane Pepino (Ontario Women's Health Council)
- Michael Perley (Ontario Campaign for Action on Tobacco)
- Dr. Bob Phillips (Ontario Cancer Research Network)
- Dr. Andrew Pipe (University of Ottawa Heart Institute)
- Dr. Diane Pross (Kingston Regional Cancer Centre)
- Carol Rand (Hamilton Regional Cancer Centre)
- Dr. Cheryl Rosen (University Health Network, Toronto Western Hospital)
- Dr. Walter Rosser (Department of Family Medicine, Queen's University)
- Dr. Terrence Sullivan (Cancer Care Ontario)
- Penny Thomsen (Canadian Cancer Society, Ontario Division)
- Ted Wheatley (Manulife Financial)

During the first meeting, the council agreed to the terms of reference for its work, reviewed the history regarding planning for

Cancer 2020, and discussed strategies and tactics to achieve Cancer 2020 targets. The council agreed to proceed with its effort and provide advice and guidance in four areas:

- Network/coalition building
- Policy development
- Media relations
- Knowledge exchange

The council is set to meet again in February 2004. For more information, send e-mail to Hélène Gagné, senior planner, Prevention Unit at helene.gagne@cancercare.on.ca.

CCO research sheds light on breast cancer issues

False positive results discourage women from re-attendance in breast screening programs, study shows

Comprehensive breast centres—offering both screening and follow-up assessment—are the best way to ensure women continue to re-attend regular breast screening after a false positive result.

In a study of re-attendance in the Ontario Breast Screening Program (OBSP), researchers at Cancer Care Ontario found that women who received a false positive result were less likely than women with a normal result to return for screening at an OBSP screening centre without an assessment program. However, at the OBSP centre with an assessment program, women who received a false positive result were just as likely to return for rescreening as women with normal results.

"Research has shown that regular attendance in breast screening programs can reduce breast cancer deaths among women 50 to 69 years of age," said lead researcher Dr. Anna Chiarelli, a scientist in Cancer Care Ontario's division of preventive oncology. "That makes it very important to understand how we can ensure that these women continue to participate in regular screening."

OBSP screening centres provide screening mammograms and clinical breast examinations which detect breast abnormalities. The result of this initial screen can be either normal or abnormal.

In this study, all abnormal results were considered false positives. Women with an abnormality that was later diagnosed as breast cancer—or true positives—were excluded from this study.

Typically, follow-up assessment of breast tissue abnormalities is coordinated by family physicians and women are assessed through community diagnostic facilities. However, during the time period of this study, the OBSP operated an integrated comprehensive assessment program at its Hamilton screening centre, which includes a multidisciplinary team of radiologists, surgeons and pathologists.

Regular breast screening can find cancer when it is small and, therefore, offers a better chance of treating the cancer early and, ultimately, reduces breast cancer mortality. Currently, the OBSP is implementing a number of initiatives to integrate the breast screening program with assessment services throughout the province. Currently, there are 13 OBSP breast assessment affiliates around the province, in addition to the Hamilton centre.

The study is published in the current issue of the *Journal of Medical Screening*.

Hormonal factors may increase breast cancer risk, study shows

Research from Cancer Care Ontario shows that some hormone-related factors may increase breast cancer risk and that this association is strongest for a subgroup of breast cancers that carry estrogen receptors among premenopausal (younger) women.

Breast cancers can be classified according to whether or not the tumours have receptors for estrogen or progesterone. The causes of breast cancer may vary depending on whether tumours have these hormone receptors present or not since the ability of hormones to influence breast cell growth is mediated by these receptors.

The presence of estrogen and progesterone receptors may mean that breast cancer cells are more influenced by the amount of these hormones in the body. Distinguishing between these two receptor subgroups may help shed light on the causes of breast cancer. The prognosis of breast cancer is known to vary by the estrogen and progesterone status of the tumour and it has been suggested that the causes of breast cancer may also depend on the tumour’s receptor status.

In a study of several thousand women diagnosed with breast cancer in Ontario and several thousand healthy controls, the Cancer Care Ontario researchers looked at risk associated with several factors—both hormone-related and non-hormonal—according to estrogen and progesterone tumour status. Through information available from Ontario laboratories, the Cancer Care Ontario team was able to determine the receptor status for 87% of the cancers, much higher than in previously published research. Previous studies have been inconclusive because of small numbers or lack of information about whether

the breast cancers were hormone receptor positive (ERPR+) or negative (ERPR-).

The Cancer Care Ontario research team found:

- Among premenopausal (younger) women, late age at start of menstruation (puberty) was associated with a large reduction in ERPR+ breast cancer risk;
- Having more than two children reduced one's risk for ERPR+ breast cancer among women of all ages;
- A later age at menopause was associated with an increased risk of breast cancer (regardless of receptor subgroup);
- Among postmenopausal (older) women, obesity was associated with an increased breast cancer risk (for both receptor subgroups);
- Additionally, benign breast disease and a family history of breast cancer were associated with an increased risk of both ERPR+ and ERPR- breast cancer, among women of all ages.

"The first step towards the prevention of breast cancer is to fully understand the causes of breast cancer. We evaluated many hormonal factors thought to be involved in the development of breast cancer. Unfortunately, some of these factors are not easily modifiable (for example, age at puberty). However other factors, such as obesity, are potentially modifiable," said Dr. Michelle Cotterchio, lead researcher and a scientist with Cancer Care Ontario's division of preventive oncology.

This study is published in the current issue of *Cancer Epidemiology Biomarkers and Prevention*, a peer-reviewed journal of the American Association of Cancer Research.

TSRCC first in Canada to have PET/CT simulator

Toronto Sunnybrook Regional Cancer Centre is the first cancer center in Canada to have a combined Positron Emission Tomography (PET) and Computed Tomography (CT) simulator.

A PET/CT simulator is a single device with an integrated control panel that allows combined scanning of PET and CT images. It also allows for single mode scanning, PET or CT. It adds physiologic information (PET) of the tumour to the anatomic details that CT images provide.

The PET/CT simulator will be used exclusively in a joint TSRCC and S&W oncology research program to evaluate of the role of PET/CT in radiation oncology. This team has already been recognized as an emerging leader in this research area.

This initiative was funded by Cancer Care Ontario and through a generous donation to the cancer program from Edmond G. Odette, prominent local philanthropist.

PET has been shown to be more sensitive and specific for many cancers than current imaging technologies. "The PET/CT simulator will offer enormous opportunities for imaging and oncology research at TSRCC and S&W," said Dr. Shun Wong, Chief of the Department of Radiation Oncology at TSRCC. "The added capability of metabolic imaging will allow radiation oncologists to better define the tumor to target the radiation treatment. Our research has the huge potential to help improve the quality of patient care."

The CT simulator portion will be used for normal radiation therapy planning to help improve quality of patient care. The simulator is installed in the radiation therapy planning area of the cancer centre and is fully operational.

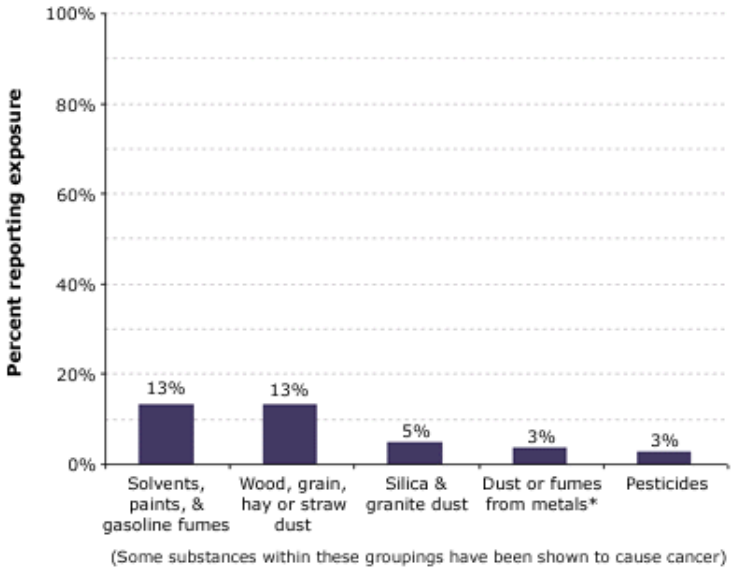
"This initiative has been a joint effort between the radiation oncology program at TSRCC and the nuclear medicine program at Sunnybrook & Women's," said Dr. Carol Sawka, Vice President, Regional Cancer Services, TSRCC. "Neither party would have been able to accomplish this alone. This is a wonderful example of how significant achievements can be realized by integrating our resources."

Ontario Cancer Fact

Youth exposed to harmful substances at work

People may come in contact with substances at work that can cause cancer. Because cancer often takes many years to develop, an early exposure may result in cancer diagnosed much later in life.

Youth 16-24 reporting harmful workplace exposures, Ontario, 1990



*Metals include lead, mercury, chromium, nickel and cadmium
Source: Ontario Health Survey, 1990

The 1990 Ontario Health Survey included questions about several workplace substances that could be harmful. A number of young workers between 16 and 24 years old reported exposure to the groups of substances shown in the graph. Some substances within each of these groups have been shown to cause cancer.

Both workers and employers need to learn about the risks of exposure to harmful substances in the workplace. Workplace health and safety organizations have identified three steps employers can take to reduce these risks.

1. Once a harmful substance is identified, measure the exposure.
2. Try to replace the harmful substance with a safer substitute.
3. Control exposure using tools such as special ventilation systems.

If these steps are not working, employees should use protective equipment, such as face masks and special clothing.

The Occupational Cancer Research and Surveillance Project, a new program jointly supported by Cancer Care Ontario and the Workplace Safety and Insurance Board, is studying cancer-causing substances in the workplace.

For more information, go to one of these Web sites:

- Canadian Centre for Occupational Health and Safety
- Canadian Health Portal (Youth and Occupational Health)
- Workplace Safety and Insurance Board: Young Worker Awareness Programme

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