cancer care ontario | action cancer ontario

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Ontario Cancer News

Integrated cancer care launched in Ontario

The complex process of integrating cancer services in Ontario is now complete, thanks to a great cooperative effort among many cancer system partners. It is now time for Cancer Care Ontario to focus on our new vision: Working together to create the best cancer system in the world..

To help us stay on course, we have developed 10-year strategic goals for the cancer system: improve access, improve measurement and reporting, improve evidence-based decision making, improve effective use of resources and improve outcomes. A new mission and short-term strategic initiatives for Cancer Care Ontario are in development. We will share these with you in a future issue of *Ontario Cancer News*.

Read Alan Hudson's letter to Minister of Health and Long-Term Care George Smitherman

GTA partners to develop first regional cancer plan

Last fall, cancer stakeholders from across the Greater Toronto Area began developing the GTA 2014 Cancer Plan. The Plan will identify the range and distribution of cancer services that will be required to meet the needs of the GTA population to 2014. Cancer services include prevention and screening, pathology and labs, imaging and diagnostics, surgery, systemic therapy, radiation, and supportive and palliative care.

Over the past few months, the work has focused on obtaining information on the current and future incidence and prevalence of cancer, the demand for the full range of cancer services, and the distribution of these services across the GTA. In January, a series of expert panels were held, led by experts in each of the cancer service areas. The panels reviewed the methodology and data in their respective areas, identified the implications of the findings, and discussed innovative approaches to provide service. Further discussions will focus on how all the service areas can work together to improve the coordination of care for cancer patients.

The GTA report will be completed by March 2004. It is the first of 11 regional plans to be developed, ultimately leading to Ontario's first Provincial Cancer Plan. These plans will form the foundation for our advice to government on supporting local, regional and provincial initiatives and programs.

Watch future issues of *Ontario Cancer News* for updates on these plans.

Pilot project for HPV testing first of its kind in Canada

This spring, Cancer Care Ontario and the Ministry of Health and Long-Term Care will launch a pilot project that will use Human Papilloma Virus (HPV) testing in women with certain types of Pap test abnormalities.

The project will be the first of its kind in Canada and will reflect the new consensus guidelines on the management of women with cervical cytological abnormalities published by the American Society for Colposcopy and Cervical Pathology. These guidelines recommend testing for HPV in women with Pap smears with an ASC-US result. Women will be referred for colposcopy only when this secondary test shows positive HPV results. Women with negative results will be followed up with repeat Pap testing every 12 months.

Currently in Canada, no province routinely funds HPV testing as part of the cervical screening process. In Ontario, testing is offered through private laboratories at a cost to the patient.

"There's a growing body of research that shows a strong link between cervical cancer and specific strains of HPV," said Dr. Verna Mai, director of the division of preventive oncology at Cancer Care Ontario. "We're hoping that, as a result of this pilot, we can determine what is the most effective way to provide screening for women who may be at higher risk for developing cervical cancer and also prevent unnecessary colposcopy examinations of patients who are HPV negative."

The one-year pilot will examine the effectiveness and cost-effectiveness of HPV testing as a follow-up test, in the family practice setting, for women with specific abnormalities on their Pap tests. The pilot will also examine current evidence and feasibility of HPV self-testing as an alternative for women who cannot regularly have a Pap test due to geographic location.

Ontario family practitioners will be randomly assigned to a test group and control group. Test sites will have access to HPV-

DNA testing for follow-up of abnormal Pap tests. The pilot study will also review information needs of physicians and patients, as this is a new test not currently available for cervical screening.

There has been limited research on the effectiveness and cost-effectiveness of HPV testing in Canadian settings. Significant cost reductions may be possible by eliminating unnecessary colposcopy procedures. Findings from the pilot project will also be useful for the Ministry of Health and Long-Term Care in determining policy for HPV testing. The total cost of the project is $338,000, funded by the Ontario Women's Health Council.

Most recent estimates from the National Cancer Institute of Canada predict that 160 Ontario women will die of cervical cancer and that 550 new cases will be diagnosed in this province in 2004.

OCRN launches OntarioCancerTrials.ca

The Ontario Cancer Research Network has launched a Web site designed to boost participation in cancer clinical trials by linking patients and health care professionals with information on more than 200 clinical trials taking place across Ontario.

OntarioCancerTrials.ca allows anyone with Internet access to quickly and easily access information by cancer type or geographic location, free of charge. The site also offers a "Trial Alerts" service for those who wish to be notified of future cancer trials for particular types of cancer.

"For the first time, cancer patients have access to a comprehensive list of trials taking place in Ontario and can search for information on promising new therapies being tested for their specific type of cancer," said Dr. Bob Phillips, CEO, OCRN. "They can also locate trials being conducted closest to their home and determine if they might be eligible to enroll in a trial."

The OCRN has collaborated with the Canadian Cancer Society to provide telephone support for people viewing the site. Visitors can call the society's Cancer Information Service at 1-888-939-3333 for answers to general questions about clinical trials as well as guidance on how to search the site. "Quick code" numbers from the site will allow both parties to simultaneously view and discuss the same information.

Despite the potential benefits of a clinical trial, only about 5% of cancer patients take part in clinical trials, mainly because they are unaware of the opportunity.

For more information, go to OntarioCancerTrials.ca.

InterChange project cancelled

In the December 2003 issue of *Ontario Cancer News*, you read about InterChange, a new electronic tool for information creation, collaboration, storage and dissemination. The tool was to be the basis of a new intranet and extranet for Cancer Care Ontario.

With the first phase of cancer service integration now complete, and the change in direction for Cancer Care Ontario, a review of the InterChange project was undertaken to determine its fit with the organization's new focus.

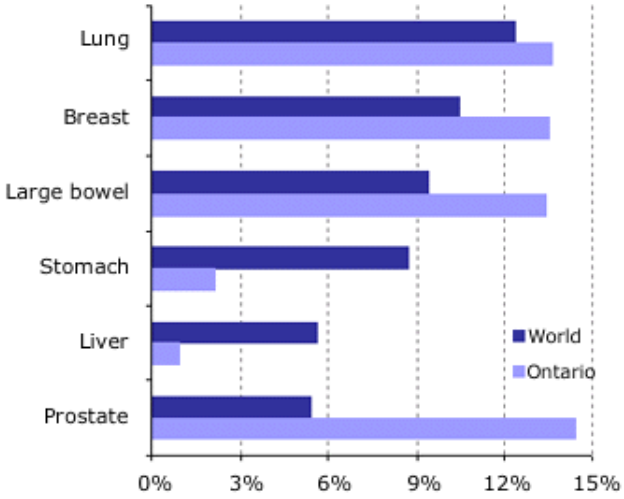
A thorough assessment of the project showed that the scale and the cost to maintain the InterChange technology did not fit Cancer Care Ontario's new role. As a result, the project was cancelled. In its place, the organization will be working to upgrade both its intranet and extranet services.

As Cancer Care Ontario moves into the next phase of its new role, a number of projects will be implemented to will help enhance the delivery of cancer services in Ontario. Reports on these projects will appear in future issues of *Ontario Cancer News*.

Ontario Cancer Fact

The six cancers with the most new cases in the world are:
1. Lung
2. Breast
3. Large bowel (colon and rectum)
4. Stomach
5. Liver
6. Prostate

Most comon cancers in the world:
as a % of all new cases of cancer* in the world and in Ontario
(year 2000)



* not including most skin cancers
Source: GLOBOCAN 2000
Cancer Care Ontario (Ontario Cancer Registry, 2004)

Lung cancer is common everywhere because of widespread smoking. Breast and bowel cancers are common in wealthier areas of the world such as Ontario.

Stomach and liver cancers affect a large number of people in the world, but are much less common in Ontario. Stomach cancer rates in Ontario fell as refrigeration became common. Being able to refrigerate food means that people can eat less food preserved with salt. A diet high in salt increases the risk of stomach cancer. Stomach infections with bacteria called H. pylorus also seem to increase the risk of stomach cancer. These infections are especially common in countries where stomach cancer rates are high: East Asia, South America and Eastern Europe.

Most liver cancers are found in Africa and Asia. They are mainly caused by hepatitis B, a virus that damages the liver. Hepatitis B is rare in Ontario.

Prostate cancer is now the most commonly diagnosed cancer in Ontario, but it is far less common in the world as a whole. This may be in part because wealthier areas, such as Ontario, use PSA testing. PSA testing finds many prostate cancers that otherwise would not be diagnosed in a man's lifetime.

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