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Ontario Cancer News

Invitation to attend the second annual State of the Union address: Driving quality, accountability and innovation throughout Ontario's cancer system

You are invited to Cancer Care Ontario's second annual State of the Union address, featuring President & CEO Dr. Alan Hudson, and COO Terrence Sullivan. The event takes place on April 29 at 8:30am at Hart House, University of Toronto. The presentation, Driving quality, accountability and innovation throughout Ontario's cancer system, will focus on the progress made in the cancer system, and the next steps, including highlights from the Cancer Quality Council of Ontario, and efforts to improve quality, accountability and innovation throughout the province.

RSVPs are requested by April 22. Send e-mail to karen.ramlall@cancercare.on.ca. Click here for the invitation and directions.

Provincial Cancer Plan

In the last issue of *Ontario Cancer News*, we described the goals, activities and timelines leading to the development of a Provincial Cancer Plan. The Provincial Cancer Plan will comprise 13 regional cancer plans and provincial cancer system priorities. It will be completed by October 2004.

Last month, Cancer Care Ontario hosted a planning workshop, which brought together approximately 60 people from across the province, all of whom are involved in the development of the Provincial Cancer Plan. The session was successful in achieving a common level of understanding of the planning process and the work ahead. It also provided valuable input into an early draft of the regional planning workbook.

At their April 2 meeting, members of the Provincial Leadership Council received the workbook and a CD-ROM with regional planning data. This workbook provides a common framework for regional planning. It asks regions to:

- Conduct a regional assessment in four key areas—activity, quality, accountability and innovation
- Identify regional priorities
- Develop five to seven regional action plans for those priorities
- Document the planning process
- Identify and document key learnings from the regional planning process

To help with these tasks, the workbook sets out a series of planning questions and includes a number of electronic templates and a list of resources and reference materials.

The CD-ROM contains data about the activities and quality of Ontario's cancer system. Data elements include regional population figures and forecasts as well as current and projected cancer incidence and mortality data. It also includes data related to cancer risk factors, screening programs, cancer surgery, systemic therapy, radiation therapy, pathology, medical imaging and supportive care. The Provincial Cancer Plan quality indicators are a sub-set of those identified by the Cancer Quality Council of Ontario and include those related to each of the five cancer system goals for Ontario. For the first time, these data were prepared using a common format and were shown at the county, regional and provincial levels, wherever possible.

Over the coming month, the regional vice presidents (RVPs) will be convening their regional planning task forces and will begin the regional assessment of activity, quality, accountability and innovation. Cancer Care Ontario staff will be working with the RVPs and their staff as they complete the workbook.

New role for regional cancer advisory committees

The role of Cancer Care Ontario's regional cancer advisory committees has been re-defined with a new terms of reference recently approved by the CCO Board. These advisory committees have a mandate to provide a voice for communities across the province, advise the regional cancer program VPs, and serve as a regional communications vehicle for cancer plans and reports. The councils consist of a broad range of community stakeholders interested in cancer care in the region, and are chaired by a member of the CCO Board.

Over the next year, RCAC key activities will include providing input into the regional cancer plans that will be feeding in to the provincial cancer plan (link to provincial cancer plan article); reporting to the CCO Board on regional cancer issues; and participating in the provincial cancer plan summit planned for this fall.

If you have questions about the regional cancer advisory committees, send e-mail to feria.bacchus@cancercare.on.ca.

Automated cancer pathology reporting—PIMS at CCO

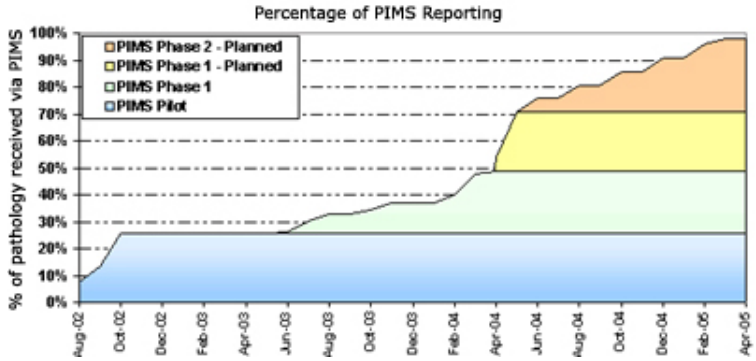
Since 1998, Cancer Care Ontario has been developing and implementing the “PIMS” project—Pathology Information Management System. Funded by the Ministry of Health and Long-Term Care, this project is an excellent example of the contribution of technology to the management of cancer data in the province. Over the past three years, PIMS has been adopted as a key component of Cancer Care Ontario’s Information Management Strategy and is now being implemented across the province as a method for automating the transfer of cancer pathology data to CCO.

The Ontario Cancer Registry was established in 1964 and given a mandate and legislative authority to record and compile information on all cancers in the province. While a variety of data are collected, pathology reports are key as 95% of cancers are definitively diagnosed by histologic examination. PIMS replaces the traditional paper-based methods of report collection with an automated system that filters for only those cancer pathology reports that are relevant to the registry.

The immediate benefits of PIMS include:

- Enhanced timeliness, completeness and quality of data,
- Faster cancer case identification,
- Labour savings at the laboratory through the elimination of the manual selection of reports, as well as at CCO where paper report sorting and data entry is no longer required.

In the longer term, this will lead to a higher quality registry that will enhance Cancer Care Ontario’s role in epidemiology, research and system planning activities. As the graph below indicates, over 60% of all cancer pathology in the province will be submitted via PIMS by the end of April, 2004. The remaining cancer pathology reporting will be automated through PIMS over the course of the upcoming fiscal year with a target of 98% by March 31, 2005.



For more information, send e-mail to carole.herbert@cancercare.on.ca or melissa.tamblyn@cancercare.on.ca.

Study finds screening provides higher breast cancer detection rates

Researchers at Cancer Care Ontario and the Samuel Lunenfeld Research Institute of Mount Sinai Hospital found that women at higher risk for breast and/or ovarian cancer have higher detection rates using either clinical breast examinations or mammography screening, compared to women with no family history. Overall, women with either a moderate or strong family history were approximately 40% more likely to have a breast cancer detected.

Results from earlier randomized controlled trials have shown that regular breast screening—including clinical breast examinations and mammography—detects cancers early and does reduce mortality rates among women 50 and over. However, few studies have evaluated screening practices regarding appropriate ages, screening intervals and screening methods for women at different levels of risk due to family history.

The current study included 143,574 women screened at the Ontario Breast Screening Program, the majority of whom had no family history of breast cancer or ovarian cancer. The researchers found that, compared to women without a family history, women with either a moderate or strong family history of either or both of these cancers had higher cancer detection rates using clinical breast examination (CBE) and/or mammography. The study also found that breast cancer is not only detected at a higher rate in women with a family history, but that a high proportion of early-stage tumours are detected similar to women without family history.

Information on family history was based on self-reported information collected at the beginning of a screening visit during a personal interview with a nurse examiner. In this study, strong family history is defined as having two or more first-degree relatives diagnosed with breast and/or ovarian cancer at any age, one first degree relative with breast cancer below the age of 50 or one first-degree relative with both breast and ovarian cancer at any age. Moderate family history was defined as having one first-degree relative diagnosed with breast cancer at 50 or older or one first-degree relative with ovarian cancer but not breast cancer, at any age.

"It's important that we identify the best screening approaches for women who are at higher risk of developing breast cancer. This study has suggested a couple of things, that screening appears to be beneficial for women at higher risk and that we may be able to identify breast tumours at an earlier stage, when we can treat them more effectively," said Erika Halapy, a research associate at Cancer Care Ontario and the study's lead researcher.

The study also found that, among women with a family history, cancer detection rates were lower for current users of hormone replacement therapy (HRT) than for women who did not use HRT. The rates in women with a family history currently using HRT were similar to women without family history also using HRT.

This is the first Canadian study of its kind to examine the benefit of screening for women with a family history of breast cancer. It reflects the findings of similar studies conducted in the United States. Unlike the American studies, this study also looked at HRT as a factor in breast cancer detection .

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

Latest issue of Insight on Cancer now available

Insight on Cancer: news and information on colorectal cancer is the third in a series of publications developed by the Canadian Cancer Society (Ontario Division) and Cancer Care Ontario to provide the most current information on cancer and cancer risk factors in Ontario.

Highlights of the report include:

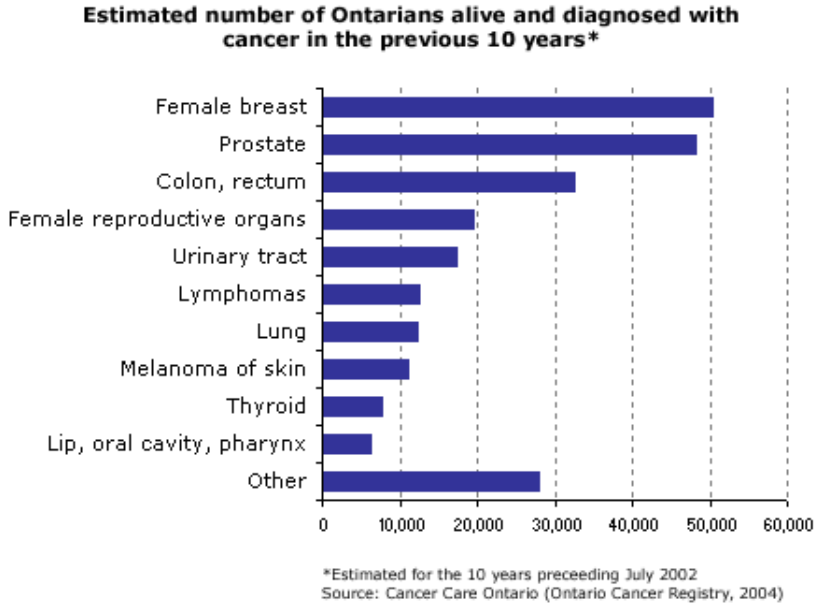
- Colorectal cancer is second only to lung cancer as a cause of cancer deaths in Ontario
- Ontario's incidence of colorectal cancer is among the highest in the world
- Men have higher rates of colorectal cancer incidence and mortality than women
- Incidence of colorectal cancer has risen slightly since 1997, while mortality continues to fall
- Survival for colorectal cancer has improved steadily since 1981
- Colorectal screening in Ontario is at low levels for every screening method. Cancer Care Ontario is leading an evaluation of the best way to recruit people for screening
- Risk factors include physical inactivity, obesity, smoking and family history

Insight on Cancer is posted on the Cancer Care Ontario and Canadian Cancer Society (Ontario Division) Web sites. For a hard copy, call the Canadian Cancer Society's Cancer Information Service at 1.888.939.3333.

Insight on Cancer: news and information on colorectal cancer PDF

Ontario Cancer Fact

An estimated 246,000 Ontarians (2% of the population) have been diagnosed with cancer sometime in the past 10 years and are still alive. Most were diagnosed with cancer of the breast (21%), prostate (20%), or colon or rectum (13%).



The numbers for each type of cancer depend on how common that type of cancer is and on how long people tend to live after being diagnosed with it. For example, lung cancer is the second most common cancer diagnosed in Ontario, but because it has poor survival, it makes only a small contribution (about 12,000 people) to the numbers shown here. While most people diagnosed with melanoma or thyroid cancer live for many years, numbers for these cancers are low because of lower numbers of new cases.

These numbers include people with a new cancer diagnosis, people diagnosed in the previous 10 years who still have cancer, and people whose cancers have been cured or are in remission. This information helps policymakers decide how health care resources should be used. Although many people with cancer recover and live long lives, they may still need follow-up visits and tests, rehabilitation and other kinds of support.

Coming this spring...
Canadian Oncology Nurses Day, April 20

The Canadian Association of Nurses in Oncology (CANO) has announced the first annual Canadian Oncology Nurses Day, to be celebrated on April 20. This is the first time that such an event is being held in Canada to recognize the contribution of oncology nurses to patients and their families. Events will be focused on the theme, "A compassionate vision. A knowing voice."

The launch of Canadian Oncology Nurses Day celebrates 2004 as the year of CANO's 20th Anniversary, and provides an opportunity for oncology nurses in Canada to be recognized through special educational events and celebrations of accomplishments, and to raise public awareness of oncology nursing.

National events include a webcast that will include a presentation from Cancer Care Ontario's Chief Nursing Officer Esther Green. Local chapters of the association also have planned events during the week of April 19. A Toronto Chapter event on April 19 features talks on international, national and provincial issues by Marg Fitch, CCO's head of Supportive Care, and president of the International Society of Nurses in Cancer Care; Pamela Baker, president of CANO; and Esther Green.

For more information on Canadian Oncology Nurses Day, send e-mail to the CANO Head Office at cano@malachite-mgmt.com or call 604-874-4322.

First issue of *Clinical Focus* publication series to be released

Cancer Care Ontario presents a new series of publications for health care practitioners and managers. *Clinical Focus on Lung Cancer*, the first monograph in the series, is expected to be released next month. The report provides a snapshot of lung cancer for Ontario health care providers and managers and is meant to be used as an aid to guide treatment and policy decisions that affect the care of lung cancer patients. The monograph will be distributed directly to specialists involved in the care of lung cancer patients, and will be available next month on Cancer Care Ontario's Web site.

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