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Ontario Cancer News

Second annual state of the union on cancer in Ontario

More than 100 cancer system partners and stakeholders attended this April 29 to hear Dr. Alan Hudson and Dr. Terrence Sullivan present *Driving quality, accountability and innovation throughout Ontario's cancer system*, the second annual state of the union address on cancer in Ontario. The presentation focused on progress over the past year, and goals for the coming year.

Slide show: Driving quality accountability and innovation throughout Ontario's cancer system

Prime Minister and Premier visit PMH

Cancer Care Ontario's President and CEO Dr. Alan Hudson was at the table when Prime Minister Paul Martin, Premier of Ontario Dalton McGuinty, and Minister of Health and Long-Term Care George Smitherman got together earlier this week at Princess Margaret Hospital to discuss health issues following a tour of the facility. Also present were University Health Network President and CEO Tom Closson, and Princess Margaret Hospital VP and COO Dr. Bob Bell and Head of Radiation Physics David Jaffray.

The round table discussion focused on how Canada and Ontario can use centres such as Princess Margaret Hospital to develop innovative approaches to patient care, and organizations such as Cancer Care Ontario to move those approaches out to the larger health care system.

Provincial Cancer Plan update

Led by regional vice presidents and planning task forces, assessments of the current and future state of cancer services in each of the 13 regions are well under way. Cancer Care Ontario has provided regional planners with data and benchmarks against which each region's cancer services can be assessed and a list of major priorities developed.

Each region is currently assessing cancer services in the areas of activity, quality, accountability and innovation.

Assessments of **activity** are aimed at determining how a region fares in comparison to provincial averages and other regions. Each region is also reviewing what key trends, issues and gaps are present relating to several factors such as incidence, mortality, screening, pathology, supportive care, systemic therapy, radiation therapy and surgical oncology. From this data, regions will be providing their thoughts on how resources should be distributed to tackle the variety of cancer service needs across the region.

Each region will review their performance against a number of **quality** indicators including, stage capture, radiation utilization, waiting times and colorectal screening, among others. Many regions already have initiatives that are addressing quality concerns. These will be captured as part of the planning process along with other factors that may cause a shift in quality.

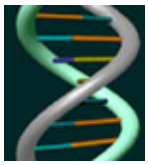
Structures, systems and processes currently in place to support the delivery of cancer services in each region will be assessed according to their ability to promote **accountability**. Guided by the *Attributes of a Well Organized and Accountable Regional Cancer Program*, adapted from American College of Surgeons, Commission on Cancer, Cancer Programs Standards, 2004, each region will provide an overview of the strengths and weaknesses of regional structures that promote accountability.

With limited resources available in the health care system, **innovation** is critical to the delivery of cancer services. To capture what innovations are in place in the support of cancer services, regions have been provided with three target areas—human resources, process/structural improvement and new technology—against which to assess their region.

These regional assessments will provide the foundation upon which strategic initiatives for cancer services in each region are determined and must be aligned with cancer system strategic goals.

In the upcoming month, regional planners will be convening to share ideas, brainstorm strategies and possible solutions and hear from experts.

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



CCO's Brent Zanke to receive $9.6-million for genomics research

Cancer Care Ontario's head of Systemic Therapy Dr. Brent Zanke will receive $9.6-million from Genome Canada, through the Ontario Genomics Institute, for his research project called the Assessment of Risk for Colorectal Tumors in Canada (ARCTIC) program. The funding, part of a total of $123-million awarded to Canadian genomics and proteomics researchers, was announced at a news conference held at CCO in April.

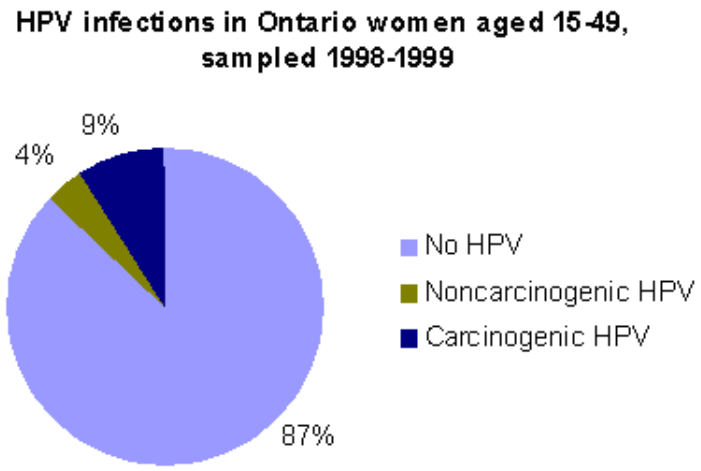
The ARCTIC program, co-led by Dr. Zanke and Dr. Tom Hudson of the McGill University and Genome Quebec Innovation Centre, will develop a test to predict people's genetic susceptibility to colon cancer. By better understanding the key genetic factors linked to colorectal cancer, researchers will be able to create tests to identify individuals at risk, and save many of the 6,000 people who die from colon cancer each year in Canada.

For more information, go to the Genome Canada Web site at http://www.genomecanada.ca.

Ontario Cancer Fact

The main cause of cervical cancer is the human papilloma virus (HPV), spread mainly by sexual contact. Studies have shown that genital HPV infections of all types are common. Most women who have ever been sexually active will likely have had at least one HPV infection, usually without symptoms.

Although there are many different types of HPV, only a few types are associated with cervical cancer — types 16 and 18 in particular. Cancer risk is higher with persistent infection. An Ontario study of women under 50 years old found that 87% of women had no HPV virus. Just 9% had carcinogenic HPV (including types classified as probably or possibly carcinogenic), while 4% had other types.



Source:
Data from Sellors et al. (Survey of HPV in Ontario women (SHOW) Group), CMAJ 2000;163(5):503-8, weighted to reflect population distribution for the age groups tested. Retest results on a sample reported in Sellors et al., CMAJ 2003;168(4):421-5.

Infection status with HPV can change in a relatively short time. Retesting a sample of those women previously infected with carcinogenic HPV, nine to 21 months later, found no carcinogenic HPV in over half. Of women with no initial HPV detection of any type, retesting revealed carcinogenic HPV in 11%.

Pap tests examine cervical cells and can detect changes caused by HPV. These can be treated so cancer does not develop. Pap tests also find cervical cancer early. The Ontario Cervical Screening Program recommends that women who have had sex should have regular Pap tests. For more information, talk to your health care provider, go to http://www.cancercare.on.ca/prevention_cervicalScreening.htm, or call one of the following: your local public health unit, the Canadian Cancer Society's Cancer Information Service (1-888-939-3333), or the Ontario Cervical Screening Program (416-971-9800, ext. 1144).

Contact Us
All enquiries and article suggestions should be directed to:

Christine Naugler
Public Affairs
Cancer Care Ontario
620 University Avenue
Toronto, ON M5G 2L7
phone: (416) 971-9800 x 1605
fax: (416) 217-1249
e-mail: publicaffairs@cancercare.on.ca

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