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October 2004, Volume 2, Number 8

Ontario Cancer News

Provincial cancer planning on course

Aimed at improving the quality of cancer services and efficiency in the cancer system, the provincial cancer plan is in the final stages of development before its submission to the Ministry of Health and Long-Term Care on October 29.

On September 22, decision-makers from across the province convened to give their direction on the specific cancer system priorities for the next three years that will be proposed in the provincial cancer plan. Read more about the Ontario cancer plan summit in this issue of ***Ontario Cancer News***.

Ontario cancer plan summit

On September 22, decision-makers from across the continuum of cancer care convened to give their direction on cancer system priorities that will be proposed in the provincial cancer plan. The summit brought together integrated cancer program regional vice presidents and CEOs, Ministry of Health and Long-Term Care (MOHLTC) officials, RCAC chairs and decision-makers at key provincial stakeholder organizations, such as the Ontario Hospital Association.

Summit participants were asked to comment on the plan's proposed priorities for action to determine whether the priorities are on the right track, and to help identify what is required for the successful implementation of the proposed priorities for action, at both the provincial and regional levels. Proposed priorities related to:

- Implementing clinical guidelines and standards of care
- Deploying rapid access strategies
- Closing the demand-capacity gap
- Managing performance, and
- Building-in a strong accountability framework

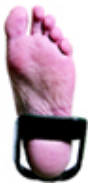
Comments from Assistant Deputy Minister Hugh Macleod, who is heading up the MOHLTC's transformation agenda, reinforced the need for localization, standardization over specialization, and quality improvements for the health care system that were reflected in the proposed priorities.

In addition to these Ontario perspectives, summit participants heard from Dr. Mark Elwood, director, National Cancer Control Initiative, Australia; Dr. Rick Greene, chair elect, Commission on Cancer, USA; and Dr. Ken Kizer, president & CEO, National Quality Forum, Washington, about how cancer care is approached in each of their jurisdictions. They also provided an analysis of the proposed cancer priorities for Ontario and provided suggestions for improving the plan, including:

- Placing a strong emphasis on prevention
- Building a social marketing component into the plan to help foster cultural change
- Building upon the data contained within the Ontario Cancer Registry
- Reviewing our vision for the plan to ensure consumers are strongly included
- Including performance measurement that surveys system users
- Maintaining a long-term focus

"We heard that for the most part, we are heading in the right direction," said Leslee Thompson, Cancer Care Ontario's vice-president, cancer system integration and performance. "We also came to recognize that in light of the upcoming announcements arising from the MOHLTC's transformation agenda, we will need to refine our approach to building relationships between care providers."

Comments heard at the summit will be incorporated into the Ontario Cancer Plan before it is submitted to the MOHLTC on October 29, 2004.



Cervical Cancer Awareness Week: October 24-30

From October 24–30, the Ontario Cervical Screening Program (OCSP) will be reminding Ontario women that cervical cancer can be prevented through regular screening with the Pap test.

During Ontario's first Cervical Cancer Awareness Week, the OCSP will promote screening among women of low literacy, newcomers to Canada and women living in poverty. Women in these groups often face a number of barriers that contribute to low screening rates for cervical cancer. The goal of the campaign is not only to encourage women to get screened but to help them better understand the effectiveness of regular Pap tests in preventing cancer of the cervix.

Using a range of health promotion materials, public health units around the province will encourage women in these three target groups—as well as all women—to have regular Pap tests. The OCSP has also produced a public service announcement television spot that features a number of Canadian celebrities.

The initiative will include an advertising campaign in select locations in Toronto's subway system. The posters will feature the message: Cancer of the cervix can be prevented with regular Pap tests. The subway campaign will run for six weeks beginning October 25.

The most recent estimates from the National Cancer Institute of Canada predict that 160 women will die of cervical cancer and 550 new cases will be diagnosed in this province in 2004. Regular screening with Pap tests detects abnormal cell changes before they develop into cancer, or detects cervical cancer in its early stages. The Ontario Cervical Screening Program recommends regular screening for all women who are or who have ever been sexually active, until at least age 70.

All Cervical Cancer Awareness Week materials will be available on the Cancer Care Ontario Web site starting October 24.

Screening reduces deaths from breast cancer

Breast cancer mortality rates in Ontario women age 50 to 69 decreased 29% between 1989 and 2002, according to new statistics from Cancer Care Ontario. This dramatic decrease is attributed to increases in the number of women attending breast screening and improvements in treatment.

Since 1990, Ontario women have benefited from the Ontario Breast Screening Program (OBSP). To date, the program has screened over half a million women. There are 101 OBSP breast screening sites across the province plus a mobile coach that travels to 29 communities in remote areas of Northwestern Ontario.

"Research studies show that screening women age 50 to 69 reduces breast cancer mortality," said Dr. Verna Mai, director of preventive oncology at Cancer Care Ontario. "An organized program makes it that much easier for women to get screened."

Regular breast screening can find cancers early, when they are small and less likely to have spread. Three-quarters of the women diagnosed with cancer following OBSP screening have small cancers that have not spread to the lymph nodes. The smaller the cancer, the easier it is to treat, Mai said.

"Current treatments for breast cancer have improved survival rates substantially," said Dr. Carol Sawka, vice-president, regional cancer services at Sunnybrook and Women's College Health Sciences Centre. "Future treatments now being studied—such as those targeted to seek out and destroy cancer cells, leaving healthy cells alone—show promise in reducing the mortality rate even further."

In all of the 101 OBSP screening sites, women have access to high-quality facilities and expert staff. The program meets Canadian and international standards for the early detection of small invasive breast cancer.

The OBSP makes screening easily accessible. Women with or without a family physician can be screened through the OBSP. Women can book their own appointments and are reminded by letter when they are due for their next screen.

At the OBSP, women with abnormal screens are followed through to diagnosis. OBSP clients have ready access to knowledgeable and supportive staff as they go through their assessment process. The OBSP offers breast assessment services in 17 communities across the province for clients with abnormal screens.

"The benefits of an organized screening program are clear," Mai said. "By ensuring very high standards for all aspects of the program, we can ensure the best outcomes possible for women that attend regular screening."

By 2010, the OBSP hopes to increase participation in the program to 70%. The program has grown steadily since it was introduced in 1990 and its current participation rate is 24%.

Researchers find antidepressants not linked to increased non-Hodgkin lymphoma risk

A new study from Cancer Care Ontario has found no association between long-term use of antidepressants and risk for non-Hodgkin lymphoma.

Previous animal and observational studies have shown that there may be an association between non-Hodgkin lymphoma and antidepressants. Based on these findings, and together with the increase in rates of non-Hodgkin lymphoma and the use of antidepressants, Cancer Care Ontario researchers investigated this relationship using a population-based case-control approach. They found no association between the use of antidepressants and non-Hodgkin lymphoma.

“While our study found no association, future studies may consider investigating individual antidepressants, especially those in the selective serotonin reuptake inhibitor (SSRI) class,” said Saira Bahl, a researcher with Cancer Care Ontario’s division of preventive oncology. “SSRIs have now been on the market for more than 10 years and researchers will have a larger pool of people exposed to this class than was available in our study.”

Cancer Care Ontario researchers investigated the effect of antidepressant medication by comparing 638 Ontarians diagnosed with non-Hodgkin lymphoma (cases) to 1,930 individuals randomly selected from the Ontario population (controls). Participants completed a self-administered questionnaire that asked about use of antidepressants and other potential cancer risk factors.

While the researchers found no association between antidepressant use and non-Hodgkin lymphoma, they found the case subjects were more likely to consume high levels of dietary fat, were more likely to be previous smokers, and were less likely to be current smokers. Consistent with other studies, the researchers also found that chemical exposures are associated with increased risk for non-Hodgkin lymphoma. However, this can only explain some of the overall rise in this disease.

To date, research into some of the risk factors—including dietary fat, vegetable and fruit intake, alcohol consumption and smoking—has shown weak or inconsistent associations with this cancer. Viruses, such as Epstein-Barr and HIV, and immunosuppression related to organ transplantation explain only small proportions of the increase in this cancer.

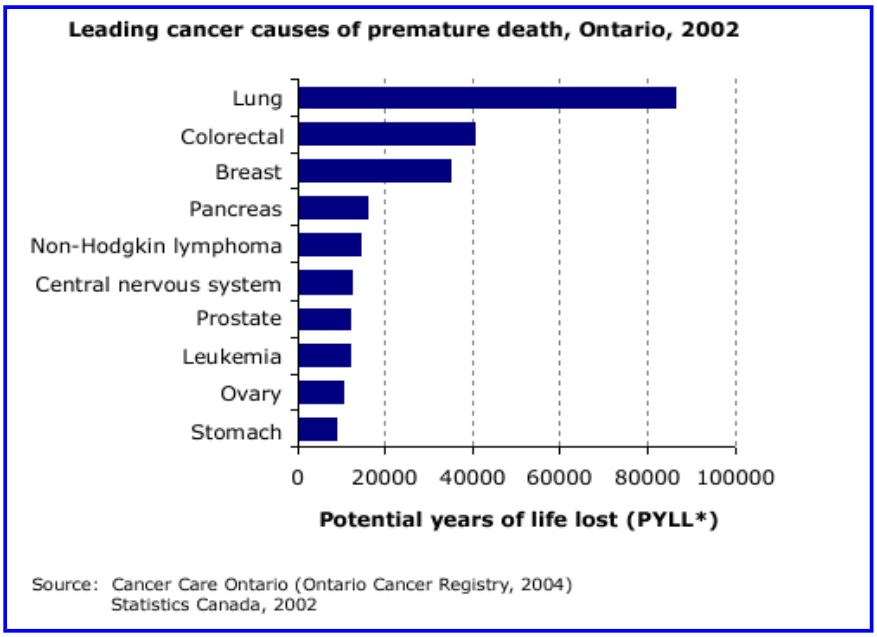
“The changes in non-Hodgkin lymphoma over the past few decades are perplexing, in that this cancer went from a relatively rare disease to one of the most common cancers in Ontario with little to no risk-factor information to explain the dramatic change,” Bahl said. As a result, researchers feel that attention must be directed toward other potential risk factors.

In Ontario, non-Hodgkin lymphoma represents the fifth most common cancer diagnosed in men and the sixth most common in women. Very little is known about the causes of this disease.

This study is published in the September 2004 issue of the *American Journal of Epidemiology*.

Ontario Cancer Fact

Cancer is the leading cause of premature death in Ontario, accounting for 354,070 potential years of life lost (PYLL*) in 2002. PYLL due to specific types of cancer shows that lung cancer was responsible for 86,860 PYLL, representing 25% of the premature mortality due to cancer, followed by colorectal cancer and female breast cancer accounting for 12% and 10%, respectively.



PYLL is high for cancers that are more common, have an earlier age of onset, and are more fatal; that is, have poor survival. Lung cancer is at the top because it is both common and has poor survival. Colorectal cancer is higher on the list than breast cancer because fewer people survive it. Although prostate cancer is the most commonly diagnosed cancer in Ontario, it ranks lower because, on average, survival is very good.

Pancreatic cancer accounts for more years of potential life lost than some cancers that are diagnosed more commonly because it is highly fatal, with only 23% of diagnosed individuals surviving one year after diagnosis. Although far fewer people are diagnosed with leukemia or cancers of the central nervous system (CNS), ovary, and stomach, early age of onset and poor survival for all four types of cancer put them among the top 10 causes of premature death from cancer. Non-Hodgkin lymphoma is intermediate for all three aspects of PYLL: frequency, age at onset, and survival.

Smoking is the leading cause of preventable premature cancer deaths, accounting for more than one-third of PYLL due to all cancers in males and one-fifth in females.

*PYLL is a measure of the additional years a patient dying from cancer would have lived had he or she experienced normal life expectancy.

People news

Margaret Fitch, PhD, Cancer Care Ontario's head of supportive care, has been presented with the first Lifetime Achievement Award from the Canadian Association of Nurses in Oncology (CANO). A founding member of CANO, and the association's first elected president, Dr. Fitch was recognized for her many years of dedication to furthering the goals of oncology nursing, including the work she has done in relation to research funding, publications and presentations regionally, nationally and internationally. This year is the 20th anniversary of CANO.

Cancer Quality Council of Ontario Manager **Anna Greenberg** has been appointed by the National Quality Forum (NQF) in Washington, D.C., to serve on their Colorectal Cancer Technical Panel for the Quality of Cancer Care Performance Measures project. The panel will be evaluating performance measures for their validity. In addition to colorectal cancer diagnosis and treatment, the project will also focus on breast cancer diagnosis and treatment, and symptom management/end-of-life care.

Coming this fall...

The Cancer Quality Council of Ontario will host **Connecting the Dots: Managing information better to improve access to cancer care**, in Toronto this November 22. Connecting the Dots will focus on reducing access barriers to cancer care by linking better information management with process improvement, and develop recommendations for implementing these improvements in Ontario's cancer system.

Among the presentations planned for the event, keynote speaker Andy McMeeking, National Program Manager, NHS National Cancer Action Team, will share his experience gained during the implementation of cancer waiting time targets in the United Kingdom.

The full details of the program are available on Cancer Care Ontario's Web site: http://www.cancercare.on.ca/pdf/CQCOeventdetails.pdf.

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