cancer care ontario | action cancer ontario

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Ontario Cancer News

Cancer experts launch Cancer System Quality Index

The Cancer Quality Council of Ontario and Cancer Care Ontario today unveiled the Cancer System Quality Index. A first in North America, the Web-based index has been developed by cancer experts to evaluate progress against the disease and points out where prevention, treatment and care improvements can be made.

- Go to the Cancer System Quality Index
- Read the news release
- View webcast of news conference

CCO revamps Web site

Cancer Care Ontario has launched a revitalized Web site to better reflect the organization's system-focused mandate. The new site is easier for users to navigate, and includes new content such as:

- Detailed incidence and mortality data by disease site
- CCO's research programs and research funding
- Current and upcoming capital projects
- Where to find cancer information

Go to http://www.cancercare.on.ca to view the revamped site. Be sure to let us know what you think -- send an e-mail to publicaffairs@cancercare.on.ca.

Taking the Vital Signs -- final reminder

Join Cancer Care Ontario President and CEO Terrence Sullivan in Toronto on April 28, 2005, for his first annual public address, focusing on quality indicators as the vital signs of Ontario's cancer system.

Date:	Thursday, April 28, 2005 2:00 p.m. to 3:00 p.m.
Location:	The Sutton Place, 955 Bay Street, The Royal Sutton Ballroom, Toronto
RSVP:	Karen.Ramlall@cancercare.on.ca, 416-971-5100, ext. 1622

Study shows SurePath system superior to regular Pap test

A recently published research study has shown that the SurePath liquid-based cytology system is better than the conventional Pap test to detect a range of cervical abnormalities in a well-screened and low-risk general population. This study is the largest study of the SurePath system to date.

Previous assessments have come to the same conclusion about the SurePath system. Yet the SurePath system has not been widely adopted in North America. Previous studies have examined the use of the system in research and small clinical settings only. There have been no studies looking at the performance of the system after large-scale implementation.

In 2001, two large Ontario laboratory systems introduced the SurePath method. Together, the two laboratories represent a significant proportion of Ontario's cervical screening tests.

For this study, the research team reviewed cytology reports entered into CytoBase, a provincial database of cervical cytology. The researchers compared detection and adequacy rates of the SurePath system to manually reviewed slides collected during 2002. The assessment included more than 350,000 records.

In comparing the SurePath system to the conventional Pap test system, the researchers found unsatisfactory specimens collected by the SurePath technique was less than one-half of the conventional Pap test.

Overall, the SurePath system showed a statistically significant increase, or a trend toward an increase, in the detection rates of the major cytodiagnostic categories and a corresponding decrease in the proportion of tests reported as unsatisfactory.

While the SurePath system was found to be superior, the research group—consisting of experts from Cancer Care Ontario, Mount Sinai Hospital and the Universities of Toronto and Western Ontario—report that the study had two significant and unavoidable limitations.

First, although the comparison group is drawn from the same laboratories and similar populations during the same period of the year, it is an historical reference group only, and is not the preferred randomized contemporaneous control group. The second significant limitation in the study is the absence of any histologic verification by comparing abnormal Pap test results to follow-up pathologic outcome. This means the study lacks any external standards or "truth" and no statement can be made regarding sensitivity.

Despite these drawbacks, implementation studies, such as this, with historical comparisons, are useful, and may be a final step in the validation process of a new technology. Most importantly, this study represents another step toward identifying a superior screening and diagnostic system for cervical pre-cancer and cancer.

The research team recommends that plans for large scale implementations of new technologies should include the ability to analyze outcomes and benefits subsequent to the implementation.

The study was published in *Cancer Cytopathology*.

- Read the abstract

Study to look at screening behaviours and outcomes among relatives of women with breast cancer

Dr. Anna Chiarelli, scientist, division of preventive oncology, has been awarded $657,000 by the National Cancer Institute and the Canadian Breast Cancer Research Association for a four-year study that will examine the screening behaviours and outcomes among relatives of women with breast cancer.

Research has shown that regular screening mammograms reduce breast cancer deaths in average risk women between ages 50 and 69, but the benefit of regular mammograms for women at higher risk for breast cancer is uncertain. This will be the first study to evaluate the benefit of breast screening among a population of women in low- to high-risk breast cancer families identified from the Ontario Familial Breast Cancer Registry.

In this study, the research team will examine a group of female relatives of women who have had breast cancer. Women will be classified as having a low-, moderate- or high-risk family history of breast cancer, and their screening behaviours and outcomes will be compared. The influence of the women's perception of their risk of breast cancer on their screening behaviour will also be studied. The participants will be followed until December 2008 and the outcomes of breast screening, such as type of benign breast condition and how early their breast cancer is found, will also be examined.

The results of this study will help women with a family risk of breast cancer and their doctors determine the best possible care, and may suggest methods for encouraging breast cancer screening in this group of women.

Screening workshop focuses on partnership and collaboration

Partnerships and collaboration were the focus of a workshop recently hosted by the Ontario Cervical and Breast Screening Programs for public health units from around the province.

Among the goals of the workshop was the examination of opportunities to work collaboratively with public health units to promote both cervical and breast screening in the community. The workshop also provided information on the current best practices to increase screening rates, particularly among the underscreened populations.

The workshop was designed to address three theme areas:

- Innovative approaches to recruiting underscreened population
- Social and marketing and media campaigns
- Community capacity building

The overriding goal was to build stronger partnerships between the Ontario Cervical Screening Program (OCSP), the Ontario

Breast Screening Program (OBSP) and the 37 public health units in Ontario, related to their efforts to improve recruitment to screening programs.

Jose Mangles, health promotion specialist with the OCSP, explained that the day provided an opportunity to learn from colleagues what is working, and what is not, when it comes to educating women about screening. This is a particular challenge with groups who are traditionally underscreened.

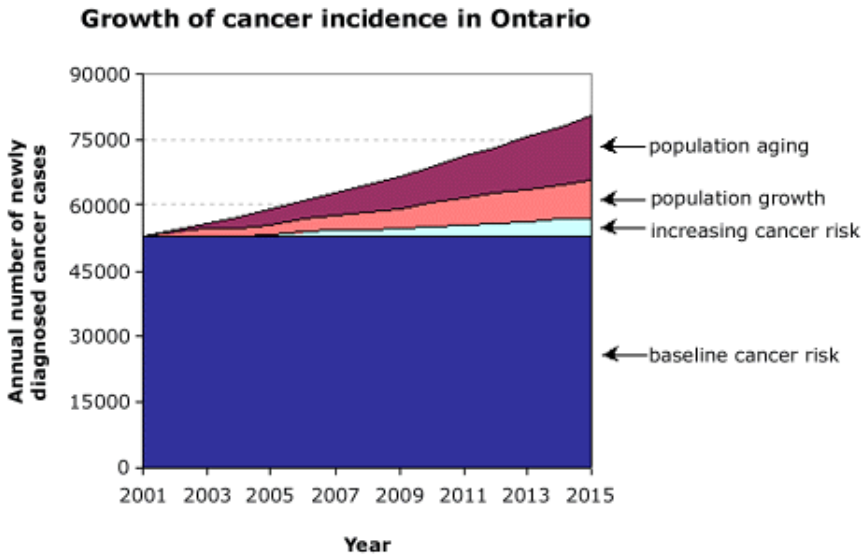
“Discovering new ways of doing things does not necessarily mean having to spend more money,” Mangles said. “What we would like to see, what would be a great outcome of the workshop is the creation of networks, or communities of practice, which provide access to existing resources and expertise.”

The collective effort was not only a theme of the day, but an important part of planning the day. The workshop was designed based on feedback from public health units, Mangles said.

The workshop marks the first of many initiatives that will see the cervical screening and breast screening programs work together with the goal of ensuring a consistent and cohesive recruitment strategies for both programs.

Ontario Cancer Fact

The number of new cancer cases diagnosed each year in Ontario is expected to increase from approximately 53,000 in 2001 to 80,000 in 2015. This represents more than a 50% increase in new cases over this time period. Population aging, population growth and rising cancer risk all contribute to the projected increase in the number of new cases.



Source: Cancer Care Ontario (Ontario Cancer Registry, 2005)

Older people are more likely to develop cancer. The increasing proportion of elderly people in Ontario accounts for more than half the projected number of additional cases expected in 2015. A larger population in 2015 will likely account for about 30% of the total number of additional cases. The risk of developing cancer is projected to rise slightly in Ontario. On its own, this increase in risk will contribute about 4,000 new cases, a much smaller number than those attributed to population aging and population growth.

In projecting the number of new cancer cases, recent trends in population aging, population growth and the risk of developing cancer are assumed to continue into the future. If these assumptions do not hold, actual future numbers of new cases will be more or less than projected. Still, if current demographic trends hold, only a sharp decrease in cancer risk could prevent a substantial increase in the number of new cancer cases in the future.

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