

Ontario Cancer News

Improvements in Cancer Pathology Reporting

Ontario now has one of the largest and most complete e-path systems in North America, thanks to the Pathology Information Management System (PIMS). [Read more about PIMS](#) in this issue of **Ontario Cancer News**.



Cancer pathology reporting now automated

Ontario has become one of the first large jurisdictions in North America to successfully put into practice an electronic pathology reporting system. At the end of March, the Pathology Information System (PIMS) was implemented in all large labs across the province. This system automates the transfer of 90% of cancer-specific pathology reports from 46 Ontario labs to Cancer Care Ontario.



"Ontario now has one of the largest and most complete e-path systems in North America," said Sarah Kramer, provincial vice president and chief information officer. "We have reached this significant milestone through the collaborative efforts of many people, including clinicians, hospital staff, and Cancer Care Ontario's own project management, information technology and registry teams."

Pathology reporting in Ontario is now virtually real-time and supplies the province with up-to-date information about cancer trends. It is estimated that electronic reporting increases the number of reports received by Cancer Care Ontario by nearly 25% compared with paper reporting.

Electronic pathology reporting is already helping to improve the quality of cancer data held by Cancer Care Ontario. This data will facilitate cancer surveillance and system planning, and will be used as a tool to assess the compliance of pathology reports with standards -- a critical component of Cancer Care Ontario's clinical quality improvement strategy. Also, many of the quality indicators used for the recently released Cancer System Quality Index, were built upon electronically-gathered cancer pathology data.

Ontario Cancer Fact

Occupational cancer can be prevented through reduction of workplace exposure to carcinogens. The first step in prevention is to try to understand what exposures are occurring where. This can be achieved by ongoing, systematic surveillance of workplace carcinogen exposures. Ontario has no such system currently in place.



Because cancer typically takes many years -- even decades -- to develop, occupational cancers occurring today are the result of exposures in the distant past. However, it is difficult to identify which cancers are the result of workplace exposures because cancer can often have more than one possible cause.

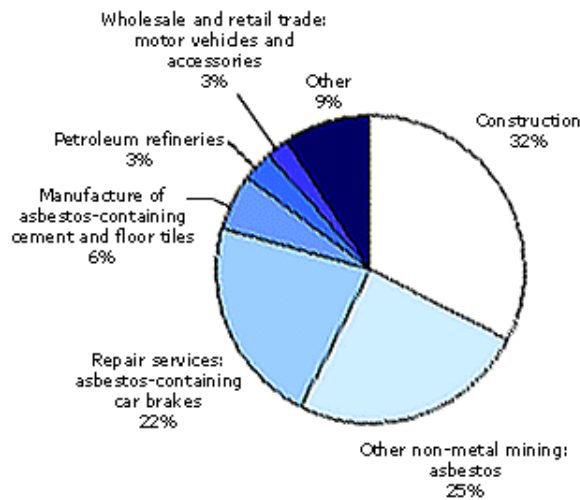
Mesothelioma is a usually fatal form of cancer associated with asbestos exposure, primarily at work, 30-40 years before diagnosis. Surveillance of past occupational asbestos exposure can help us understand current trends in mesothelioma and act to prevent future cases.

A computer program known as CAREX (CARcinogen EXposure), designed by the Finnish Institute for Occupational Health, can be used to estimate the number of workers exposed in the past to various carcinogens in different industries.

Using the CAREX software with Ontario labour force data, we estimate the number of Ontario workers exposed to asbestos 30 years ago to be about 16,641. Most (32%) worked in the construction industry, 25% worked in non-metal mining (mostly asbestos; four asbestos mines operated in Ontario at one time, employing about 3,500 workers, and most ceased operations

by the early 1980s), 22% worked in services such as automotive parts repair, 6% worked in the manufacture of products containing asbestos, and 3% worked in each of petroleum refineries, and wholesale and retail trade.

**Asbestos-exposed workers by industry, Ontario 1971
(total exposed - 16,641)**



Sources: CAREX; Ontario 1971 Census

Ontario workplace hygiene data could be used to update and customize the CAREX tool for Ontario, producing a surveillance system for occupational carcinogen exposure in this province. This system would assist with policy development in both prevention and compensation, and with prediction of future burden of occupational cancer.

For more information, please see:

- [Finnish Institute for Occupational Health](#)
- [Rise in mesothelioma rates reflects past asbestos use](#)
- Dupré J, Mustard J, Uffen R. Report of the Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario. Toronto (ON): Ontario Ministry of the Attorney General; 1984.

New Releases: Insight on Cancer nutrition supplements

Cancer Care Ontario researchers recently completed two supplemental reports providing a more detailed analysis of the Ontario Nutrition and Cancer Prevention Survey findings. The reports examine cancer risk as it relates to vegetable and fruit intake and food security. Food security refers to the availability, adequacy and accessibility of food to individuals and families.

The researchers found that Ontarians who eat less than the recommended number of vegetables and fruits are more likely to be male, be less educated, are physically inactive and currently smoke. They also found that low socioeconomic status has the strongest association with food insufficiency.

Read the full reports at:

- [Insight on Cancer: news and information on nutrition and cancer prevention—supplement one: vegetable and fruit intake](#)
- [Insight on Cancer: news and information on nutrition and cancer prevention—supplement two: Ontario's food security and cancer prevention](#)

Events



SummerActive campaign runs to June 20

The Public Health Agency of Canada has launched its annual SummerActive campaign, running from May 6-June 20, 2005. SummerActive is intended to motivate Canadians of all ages to build physical activity into their daily routine and to raise awareness of the need for good nutrition and living smoke-free. For more information about SummerActive2005, or to register for Ontario activities, go to http://www.canoe.ca/SummerActive/home_ontario.html.

Ovarian Cancer Symposium, Niagara Falls, June 4

The National Ovarian Cancer Association presents a one-day educational program for family members, survivors and health care professionals on June 4. Keynote speaker Dr. David Fishman, from New York University, and other leading ovarian cancer specialists from the U.S. and Canada, will discuss the latest research and new approaches to treatment and early diagnosis. Registration for the full-day program is \$30, and includes breakfast and lunch. To register, call the National Ovarian Cancer Association toll-free at 1-877-413-7970 or go to www.ovariancanada.org.

People News



Dr. Eric Schneider will join the Cancer Quality Council of Ontario in September. Dr. Schneider is an assistant professor in the department of health policy and management, Harvard School of Public Health. He is also an assistant professor of medicine, department of medicine, Harvard Medical School and associate physician at Brigham and Women's Hospital in Boston.

Dr. Schneider conducts health services research on the quality measurement in health care, the impact of socioeconomic disparities and the organization of health care services on the quality of health care, and quality improvement in health care. He brings an international perspective to Ontario's efforts to improve quality. Currently, he is collaborating with CCO President & CEO Terrence Sullivan on a project to compare performance in three jurisdictions (U.S., UK, and Canada).

Donna Kline, vice president of Public Affairs, has decided to leave Cancer Care Ontario to spend more time with her family. She leaves in July. For the last three years, Donna has led the organization's communications and government relations activities through a period of tremendous transition both inside and outside Cancer Care Ontario, as the organization navigated through the integration process and transformed into a new organization. Among her major accomplishments was the successful launch of a revitalized brand and new logo for Cancer Care Ontario.

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