

Ontario Cancer News



Two Ontario hospitals deploy CCO's new cancer drug ordering system

The latest electronic cancer drug ordering system, OPIS 2005, has been successfully deployed at Grand River Hospital and, for the first time ever in a hospital that does not have an integrated cancer program, at William Osler Health Centre. [Read more](#) in this issue of *Ontario Cancer News*.



OPIS 2005 improves patient safety and care

The latest computerized physician order entry system for cancer medications, OPIS 2005, has been successfully deployed at Grand River Hospital and, for the first time ever in a hospital that does not have an integrated cancer program, at William Osler Health Centre. The new system will help health care workers access up to-date practice guidelines and coordinate chemotherapy treatments in a faster, more seamless manner.

OPIS 2005 gives physicians, pharmacists and nurses access to important clinical information and pre-built drug regimens at the point of care. Both pharmacy and nursing staff benefit by having access to treatment protocols, and up-to-date information on prescriptions, dosage changes as well as a medication administration history.

"Implementing an electronic ordering system for cancer drugs has been a key priority for us," said Glen Kearns, vice president and chief information officer, Grand River Hospital. "OPIS 2005 provides information about cancer drugs where it is most needed - when the prescription is being ordered. It also makes it easier for staff to track what medications have been administered."

OPIS 2005 was developed by Cancer Care Ontario (CCO) to improve upon existing cancer drug ordering technologies. OPIS 2005 improves patient safety and care by intercepting errors when medications are ordered, standardizing the drug ordering process and making communication among cancer care providers easier. It also helps track the use of cancer drugs across the province. Prior to the implementation of OPIS 2005 at William Osler and Grand River Hospital, 38 per cent of cancer medications were prescribed through computerized ordering systems.

"Our goal is to implement OPIS 2005 wherever chemotherapy is being administered in Ontario," said Sarah Kramer, chief information officer, Cancer Care Ontario. "Working in close collaboration with hospitals that provide cancer care across the province, I know that we can reach this goal."

OPIS 2005 will also be implemented at Princess Margaret Hospital by the end of 2005. Kramer says the initiative is part of CCO's information management strategy that aims to ensure that health care workers and providers create, share and use information better so that patients and their families receive care that is seamless, easily accessible, comprehensive and patient-centred.

OCSP releases new cervical screening practice guidelines



The Ontario Cervical Screening Program (OCS) has released new cervical screening practice guidelines. Developed with the Program in Evidence-Based Care, the guidelines recommend the adoption of new technology, including the use of liquid-based cytology, and recommend the use of HPV-DNA testing for women over 30 when Pap testing shows mild cell changes.

These two new recommendations reflect the emergence of new technologies that will improve the detection of pre-cancerous lesions and provide a platform for HPV-DNA testing. The new screening and follow-up guidelines replace the 1996 recommendations from Cancer Care Ontario and represent a comprehensive review of current evidence on cervical screening.

The new guidelines will be the focus of a symposium hosted by OCS, which will bring together health professionals from across Ontario and other provincial cervical screening programs. The symposium, scheduled for September 22, 2005, will also include a tribute to those who advocated for organized cervical screening in Ontario.

For more information, go to the Cancer Care Ontario Web site: www.cancercare.on.ca.

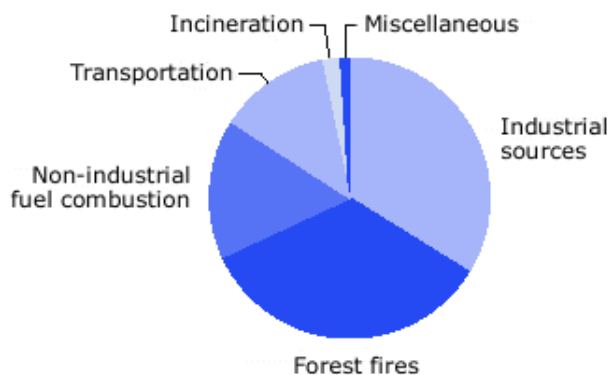
Ontario Cancer Fact



Air pollution is a mixture of substances, including volatile organic compounds, nitrogen oxides, ground-level ozone, sulphur dioxide, carbon monoxide and airborne particulate matter. The latter is composed of coarse particles (10 µm in diameter or less) and fine particles (2.5 µm in diameter or less). Both can penetrate into the lungs but fine particles, often referred to as fine particulate matter, can penetrate more deeply and are not readily expelled.

Both natural and human sources contribute to air pollution with the main contribution coming from everyday human activity. Major sources contributing to the direct formation of fine particulate matter (indirect formation through the reaction of precursor gases also contributes to fine particles in air) include industry, commercial and residential fuel consumption, gas and diesel-powered vehicles, and forest fires. The relative contribution of these varies by geographic area and season.

Major sources of fine particulate matter in Canada



industrial: e.g., coal industry, pulp and paper industry, non-ferrous mining and smelting, wood industry

non-industrial fuel combustion: commercial and residential fuel, residential fuelwood and electric power generation

transportation: e.g., gasoline and diesel vehicles, propane-powered vehicles

incineration: wood waste and other types of incineration

miscellaneous sources: e.g., structural fires, pesticides and fertilizer application

Source: Clean air in Canada: Progress report on particulate matter and ozone. Government of Canada. 2003.

Two large studies in the U.S. have found a small increase in the risk of dying from lung cancer with exposure to greater levels of fine particulate matter. The larger of these two studies reported results separately for both men and women and found that the relationship between exposure and lung cancer risk was limited to men. Other studies have looked at exposure to air pollution, although not specifically fine particulate matter, and some, but not all, found that lung cancer risk increased with increasing exposure. The research thus provides some evidence that greater exposure to polluted air increases the risk of lung cancer, although results remain inconclusive.

Air pollution could increase lung cancer risk in a number of ways. Inhalation of fine particles may lead to production of radical oxygen species that cause DNA damage, which can lead to cancer. Some of the metals that are found in fine particulate matter

are carcinogenic. Polycyclic aromatic hydrocarbons are another known carcinogen found in polluted air.

Research indicates that air pollution is related to other serious health problems such as heart and respiratory diseases. Avoidance of outdoor activities is therefore advisable when air quality warnings are in effect.

For more information about air pollution and cancer risk, and for information on the relationship between other environmental exposures and cancer, see the newly released [Insight on Cancer - environmental exposures and cancer](#) **PDF**.

People news



Marg Fitch steps down from provincial supportive care role

Over the past couple of years, Ontario's cancer system has moved to regional integration and coordination of services. Consistent with this change, we are now shifting our provincial supportive care focus, and devolving the integration and coordination of supportive care services to the regional cancer programs.

Consequently, Dr. Margaret Fitch has stepped down from her role as Cancer Care Ontario's provincial head of Supportive Care effective August 1, 2005. Our progress so far is largely due to Marg's efforts. Since accepting the provincial appointment ten years ago, she has been very effective in raising awareness of the importance of supportive care as part of the cancer continuum. Marg's commitment to this area of cancer care has been outstanding, and she has demonstrated remarkable success in bringing together CCO's partners and stakeholders in the supportive care community.

While Marg will no longer be in a leadership role at CCO, patients and health care professionals alike will continue to benefit from her expertise as she maintains her regional roles -- head of Oncology Nursing and Supportive Care at TSRCC, and co-director of the Centre's Psychosocial and Behavioural Research Unit -- and her national and international roles in advancing oncology nursing, psychosocial oncology and supportive care.

Janine Hopkins to join CCO as VP, Public Affairs

Janine Hopkins has been appointed vice-president of Public Affairs for Cancer Care Ontario effective August 29, 2005. Since January 2004 she has been director of Communications for the Minister's Office, Ministry of Health and Long-Term Care. Previously, she has held positions as director, Public Affairs, as a senior policy analyst, and as a communications consultant. Janine holds an MA in Political Science from the University Toronto.

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