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Ontario Cancer News

Holiday message from Terry Sullivan

As we head into the holidays and the New Year, I want to take this opportunity to acknowledge the hard work and commitment of Cancer Care Ontario's staff and partners over the past year. Our efforts to reduce the effects of cancer and ensure quality cancer care close to home benefit not only cancer patients, but everyone in Ontario. Together, we have accomplished much in 2005, including the opening/expansion of two cancer centres and announcements of four brand new centres. I look forward to continuing our important work during the coming year.

I wish you and your families all the best for the holiday season and the New Year.

CCO's Expert Panel on Cancer Surgery sets Ontario's wait time targets

The government's Wait Times Strategy is creating Ontario's first-ever system for monitoring, reporting and managing wait times based on need, appropriateness and best use of resources.

On December 16th, the Ministry of Health and Long-Term Care announced wait time access targets based on urgency in five key areas – cancer surgery, cardiac bypass surgery, cataract surgery, hip and knee replacement and MRT and CT scans.

This builds on an announcement earlier the same week from provincial and territorial health ministers of national benchmarks for 10 key medical and screening procedures including breast cancer screening, cervical cancer screening and radiation therapy.

As the government's chief advisor on cancer care, Cancer Care Ontario was asked to provide recommendations on allocating funding for additional cancer surgeries and establish agreements with hospitals requiring them to deliver a higher volume of surgeries and quality improvements. CCO was also asked to form an expert panel to make recommendations about developing an accessible, high-quality cancer surgery system, including the establishment of wait time targets.

"We've been significantly increasing the number of surgeries and now we have a yardstick to measure against and a goal to aim at for improvement," said Dr. Jonathan Irish, chair of the Cancer Surgery Wait Times Expert Panel at Cancer Care Ontario.

The targets developed by CCO's Cancer Surgery Expert Panel were adopted as the provincial targets for cancer surgery. The targets were developed through consultation with a panel of clinical experts from across the province and a rigorous review of the evidence and literature about wait times.

This announcement is an important step forward in the work to improve access. The targets give cancer care providers, CCO, hospitals and the government the ability to measure how well Ontario is doing on cancer treatment wait times and where additional resources and work are needed to solve wait time problems and ensure Ontarians receive the care they need in a timely way, close to home.

The Wait Times Strategy has created a momentum to address wait times for other cancer treatments. CCO is working with clinicians and experts to develop targets based on urgency for radiation and systemic therapy as well as common definitions for all wait times so that everyone measures and reports cancer wait times in the same way.

- MOHLTC news release and backgrounder
- Report of the CCO Cancer Surgery Expert Panel

Access to Cancer Services Innovation Fund reduces wait times

In 2004 the Ontario Government together with Cancer Care Ontario, established the Access to Cancer Services Innovation Fund. The purpose of the Fund was to:

- Fund innovative projects targeted at reducing waiting times in the cancer care system
- Achieve local process improvement and systems re-design outcomes in order to create operational efficiencies and increased productivity
- Test new approaches, determine what works, and transfer knowledge across the cancer system -- grassroots change with system-wide implementation of tested change

Twenty-two proposals were funded, and the results of these projects were presented to cancer care leaders, and MOHLTC and LHIN representatives at Cancer Care Ontario's board retreat in November (see article in this issue of Ontario Cancer News).

Each proposal was consistent with the cancer system goals and the priorities identified in the Ontario Cancer Plan.

In Kingston, staff of the Cancer Centre of Southwestern Ontario, in collaboration with regional partners, identified a need to improve the flow of information about palliative care patients. Because a patient's record does not travel with the patient from family doctor to specialist, doctors and nurses often have to set a treatment course using incomplete information.

The proposed solution involved the introduction of innovative information technology -- the Edmonton Symptom Assessment Scale (ESAS), software that tracks a patient's symptoms and can assist medical staff in their assessment of patients.

Patients were able to assess their own symptoms and enter their ESAS scores on three touch screen kiosks at the cancer centre, or from home through a Web site or telephone. The symptom data for each patient was then compiled and sent to the appropriate health care professional. The software recognizes any change in a patient's symptoms, and issues an alert, notifying proper health care providers, who can then respond.

Eighty percent of the patients, health professionals and volunteers who participated in the project believed that the ESAS technology played an important role in improving access to care for palliative care patients. Patients felt empowered as active participants in their care.

A Toronto project shows that small changes and investments can have a big impact on care for cancer patients. Patients being treated for lung cancer at Toronto East General Hospital and Toronto Sunnybrook Regional Cancer Centre were experiencing long wait times and a lack of coordination of their care, causing significant anxiety.

The solution included the development of a new referral form used to refer patients to specialists. A clinic navigator was hired to facilitate specialist referral, track patient progress and ensure timely investigations. Wait times between certain diagnostic procedures were shortened by booking procedures simultaneously.

Six months into the new initiative, over 100 patients have benefited. Wait times between several key procedures were significantly reduced, with the result that overall, the total wait time from the first suspicious X-ray to diagnosis, was reduced by 71%, from 127.8 to 30.8 days.

Read more about these and 20 other Innovation Fund projects on the Cancer Care Ontario Web site at http://www.cancercare.on.ca/index_InnovationFund.htm. (Go to "Project outcomes" links to read about project results.)

New on-line cancer information resource launched

Cancer Care Ontario has launched iPort™, an easy to use on-line resource for data about cancer in Ontario.

"The launch of iPort is a significant milestone in transforming the way we manage and deliver information about cancer and cancer system performance," said Sarah Kramer, provincial vice president and CIO, Cancer Care Ontario. "It is one of the first cancer-specific data warehouses in Canada."

High-quality data is essential to improving the performance of the cancer system – iPort puts information in the hands of decision makers so they can effectively measure, monitor and manage cancer care in Ontario. It provides direct access to data that was previously hard to get, understand, extrapolate, quantify and present.

"iPort helps me plan cancer services for the regional cancer program in southeastern Ontario," said Alastair Lamb, operations director, Integrated & Regional Cancer Program, Cancer Centre of Southeastern Ontario at Kingston General Hospital. "The most current information about cancer is now available to me through the Internet anytime I want it."

Past, current and forecasted Ontario cancer surveillance statistics, such as, how many people are getting and surviving cancer are available today on iPort for each Local Health Integrated Network. Over the next few years iPort will grow to

include more information that will help Cancer Care Ontario better measure and understand the quality of cancer care, improve access to cancer services and support research into cancer system innovations.

iPort was developed with input from experts across the province, including planners, managers, epidemiologists, IT and health informatics professionals. According to Ms. Kramer, it took more than 500 working days, 15 people dedicated to the project and input from more than 50 experts to successfully complete iPort.

- Introduction to iPort (short flash presentation)

2005 CCO Board Retreat – Building relationships to improve cancer outcomes

Cancer Care Ontario's board of directors hosted more than 100 leaders in health care from across the province, at its annual retreat, *Building relationships to improve cancer outcomes*. Held in late November, the event provided an opportunity for regional cancer program partners, Local Health Integrated Networks (LHINs), government decision makers and Cancer Care Ontario to identify opportunities for collaboration and discuss ways to work together to deliver the best cancer care to Ontarians.

"Since the integration of cancer services nearly two years ago, we have had some great successes that are the foundation of how we are improving the quality of care and access to cancer services for patients," said Peter Crossgrove, Chairman of the Board, Cancer Care Ontario. "Working together with partners across the health care system will help us maintain the momentum that is crucial to the sustainability of cancer care in Ontario." Deputy Minister Ron Sapsford welcomed attendees and gave an overview of reform initiatives as well as his appreciation to CCO.

"The government's transformation plan for health care has created new opportunities to improve access and the quality of cancer care. The Wait Time Strategy, LHINs and focus on accountability in particular," said Terry Sullivan, president and CEO, Cancer Care Ontario.

The first day of the conference focused on Cancer Care Ontario's model for improving quality and accessibility of cancer care through the Ontario Cancer Plan and Regional Cancer Programs. Innovation to create cancer prevention and service improvements was the theme for day two.

Hugh McLeod, associate deputy minister, Health Results Team provided summary remarks for the first day of the retreat and acknowledged the gains that have been made in improving regional cancer system planning, integration and quality. He noted that Cancer Care Ontario is "exhibiting LHIN-like behaviour." The event was held in late November at the same time the Minister of Health and Long-Term Care, George Smitherman, moved the first reading of Bill 36, which would provide for the integration of the local system for the delivery of health services.

For an overview of how partnerships are improving cancer care in Ontario, please go to the CCO Web site or click on one of the links below to view the video, *Cancer care you can count on.*

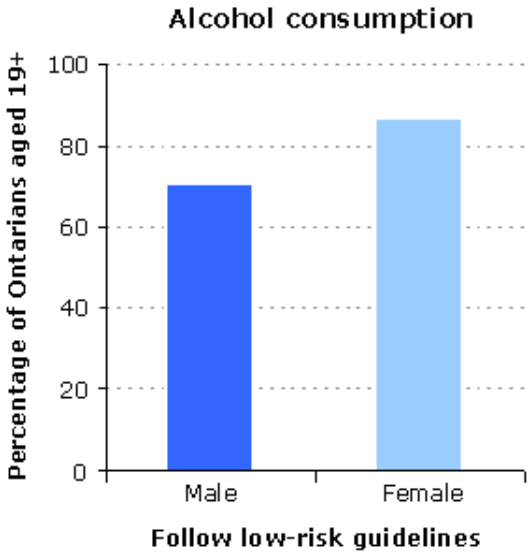
- Cancer care you can count on (Windows Media Player version)
- Cancer care you can count on (QuickTime version)

Ontario Cancer Fact

Alcohol consumption has been established as a convincing risk factor for cancers of the mouth, pharynx, larynx, esophagus, liver and breast, and a probable risk factor for cancers of the colon and rectum. In at least some of these cancers, alcohol and tobacco use together increase risk to a higher level than if the risks from the two were added together.

The amount consumed, rather than the type of alcohol (beer, wine, or spirits), appears to influence the risk of cancer. For liver cancer, it is heavy and persistent use that causes damage. Risk of the other cancers linked to alcohol consumption increases slightly with even low or moderate consumption, and rises with the amount consumed.

Because there is evidence that moderate alcohol use also has beneficial health effects, safe drinking guidelines developed in Canada recognize the need for balance. (Moderate use, for example, appears to reduce overall mortality, but not cancer-related mortality.) The guidelines recommend no more than two drinks a day, with a weekly maximum of nine drinks for women and 14 for men. Persons with a family history of cancer are encouraged to drink less. In Ontario, 70% of men and 86% of women aged 19 and older report that they either drink alcohol in accordance with these guidelines, or don't drink at all.



Source: Statistics Canada
(Canadian Community Health Survey 2003)

Source: Statistics Canada annual reports

After many years of decline, alcohol consumption has recently been increasing: annual sales per person aged 15 and older in Ontario decreased from 11–12 litres in the 1970s to 7 litres in the mid 1990s, and have since increased to eight litres per person in 2004.

For more information, see http://www.camh.net/about_addiction_mental_health/low_risk_drinking_guidelines.html, talk to your health care provider, or call the Canadian Cancer Society's Cancer Information Service (1-888-939-3333).

People news

Dr. Maureen E. Trudeau has been appointed provincial head of systemic therapy at Cancer Care Ontario effective January 6, 2006. Dr. Trudeau is the head of the Division of Medical Oncology/Hematology at Sunnybrook and Women's College Health Sciences Centre, as well as the head of the Systemic Therapy Program at Toronto Sunnybrook Regional Cancer Centre. Most recently, Dr. Trudeau was the cancer centre's acting regional vice president of cancer services – clinical. She is an associate professor in the Faculty of Medicine at the University of Toronto, and chair of the Breast Cancer Disease Site Group at Cancer Care Ontario, which is responsible for developing the provincial guidelines for care of women with breast diseases.

Dr. Trudeau's research interests center around breast cancer. Her current initiatives involve the study of 10-year breast cancer survivors and their quality of life as well as targeted neoadjuvant therapies. Her research has been published in many professional journals, including the New England Journal of Medicine, Journal of Clinical Oncology and Breast Cancer Research and Treatment. She is also the national chair of the NCIC-CTG MA22 study, which is evaluating tumour response clinically and at the gene array level to a combination of taxotere and epirubicin.

Dr. Trudeau will provide leadership in the development and implementation of a strategic quality agenda for systemic therapy in support of Cancer Care Ontario's vision and mission. This includes co-leadership of the New Drug Funding Program with the program director, overseeing the Provincial Formulary Committee, and contributing to the development of provincial guidelines and standards, related quality indicators and knowledge brokering activities in partnership with the Program in Evidence-Based Care.

Dr. Brent Zanke, who has led the Systemic Therapy program for the past three years, will step down to focus on his scientific work, developing predictive tests of cancer risk, through the ARCTIC project (see the May 2004 issue of Ontario Cancer News). His new responsibilities will include a role to develop a provincial tumour, blood and informatics research resource in collaboration with John McLaughlin, vice-president of Preventive Oncology, with the Ontario Cancer Registry and with the Ontario Cancer Research Network, where he continues as a program vice president.

After three years at Cancer Care Ontario, **Leslee Thompson** is moving to the private sector to take on a new role as vice president, health system strategies for Medtronic of Canada. Medtronic is the world's leading medical technology company, and Leslee will be leading the development and execution of strategies to position the company's six key businesses for success within a rapidly changing health care and regulatory environment.

As VP of cancer system integration and performance, Leslee led the initial integration planning and execution of the master agreements, and the transferring of staff and program leadership to the integrated cancer program hospitals. She has also given very effective leadership in the evolution of a cancer planning cycle, the initial cancer planning framework outlined in the Ontario Cancer Plan, and our evolving system of performance management and quarterly reviews in the last year. These frameworks are proving to be robust as we systematically review and refine our efforts, region by region, consistent with the original agreements and the subsequent surgical wait time agreements.

Moyez Jadavji, regional vice president of cancer services in Windsor, will be leaving the cancer program December 16 to take a position as chief operating officer for the Aga Khan University Teaching Hospital in Nairobi, Africa. Moyez first joined Windsor Regional Cancer Centre as director of Regional Planning and Administration in July 2001, and took on the role of RVP in October 2004.

A search is under way for a new RVP for the region. In the interim, Dr. Schneider, chief of Oncology and Sandra Kroh, director of Oncology, will co-manage the program, along with a new interim VP, to be announced soon.

After six years with Cancer Care Ontario, **Carmen Jones**, director of the Aboriginal Cancer Care Unit, will be leaving the organization at the end of December. Under Carmen's leadership, the ACCU has prepared the province's first Aboriginal Cancer Strategy, and has developed relationships with aboriginal leaders and communities around the province to improve cancer care.

Sunnybrook & Women's Health Sciences Centre has announced the resignation of **Garth Matheson**, director of Regional Planning and Development at Toronto Sunnybrook Regional Cancer Centre (TSRCC), effective January 13, 2006. Garth will be joining the Royal Victoria Hospital in Barrie as vice president, Regional Cancer and Clinical Services. As well as regional development associated with the construction of a new cancer centre, his portfolio will include laboratories, imaging, pharmacy, nutrition & food services, and medical affairs.

Upcoming events

Canadian Bioinformatics Workshop, Toronto, February 13 – 25, 2006
The Canadian Bioinformatics Workshop Series kicks off its 8th year with a new curriculum for its flagship Bioinformatics Workshop. Presented by the Canadian Genetics Diseases Network, February 13 to 25, 2006, at the MaRS complex in Toronto, this intense, two-week workshop is the starting point for hands-on instruction in the use of software tools for computational biology research. Apply on-line until December 12 at http://www.bioinformatics.ca/apply.php. For more information, go to http://bioinformatics.ca/course_work/workshops/, send e-mail to course_info@bioinformatics.ca, or contact Shum Sidhu at ssidhu@cgdn.ca or (604) 224-0581.

Ontario Prevention Clearinghouse 20th Anniversary conference, Toronto, February 2006
The Ontario Prevention Clearinghouse hosts "Moving Upstream Together: Partnering for Ontario's future health and well-being," a conference and 20th Anniversary celebration, next February 21-22 at 89 Chestnut (formerly the Colony Hotel), Toronto.

A working conference intended to generate real change, the event will be of interest to those involved in health promotion, social services, child development, community or public health, poverty, housing, disease prevention, inclusion, policy, research and social advocacy.

For details on the conference program and speakers, go to: http://www.opc.on.ca.

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