

Ontario Cancer News



Tracking the quality of cancer services in Ontario

Cancer Care Ontario and the Cancer Quality Council of Ontario today released the first annual update of the Cancer System Quality Index. The Index is an on-line tool to track the quality and consistency of Ontario's cancer services. [Read more](#) in this issue of **Ontario Cancer News**.

- [Go to the Quality Index](#)



Web report evaluates Ontario's cancer system

Results of the 2006 Cancer System Quality Index — an online tool that tells us how Ontario's cancer system is performing — shows that progress has been made to improve cancer treatment wait times and quality, but more needs to be done to improve cancer screening rates and increase access to end-of-life care outside of hospitals.

Launched in 2005 and updated annually, the Index is a publicly available web site that uses 25 measures to assess cancer system performance across the full spectrum of cancer care. A first of its kind in North America, the Index has been used this past year to improve cancer services and give health care providers and the public insight into cancer and cancer care.

"After one full year, the Cancer System Quality Index is proving to be a powerful tool that health care professionals and organizations are using to improve cancer care," said Michael Decter, chair, Cancer Quality Council of Ontario.

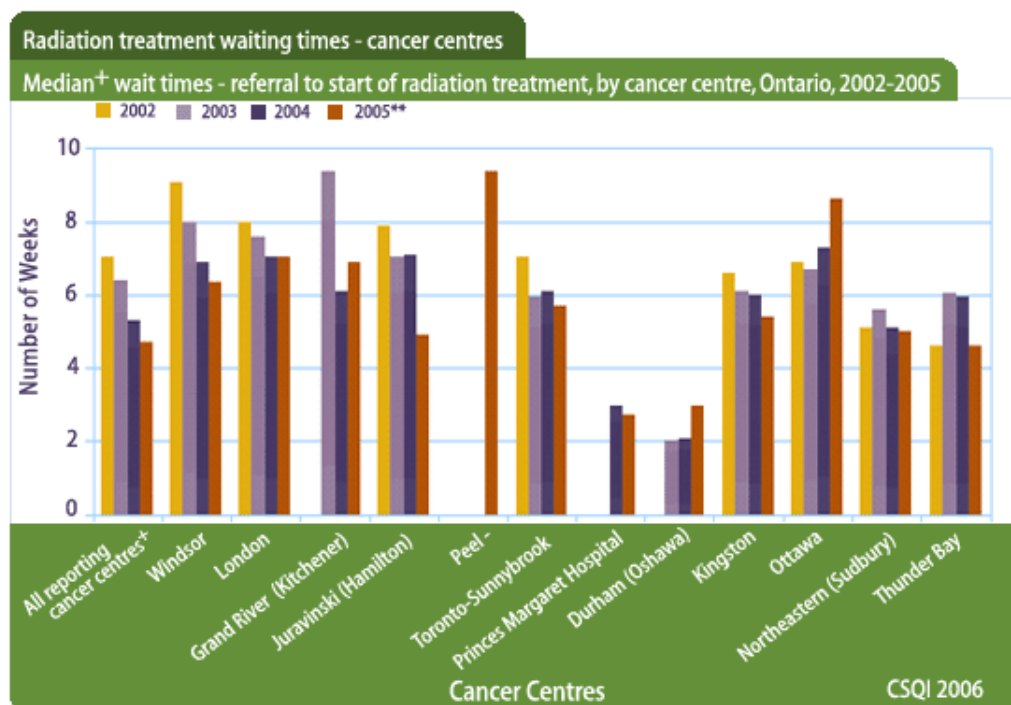
"This year, regional cancer providers and policy makers can compare cancer care in each Local Health Integration Network so that they can tackle local problems more effectively."

Developed by the Cancer Quality Council of Ontario in partnership with Cancer Care Ontario, the Institute for Clinical Evaluative Sciences and University of Toronto, with input from more than 60 cancer experts, the Index tracks Ontario's progress against five goals:

1. Improve **access** to services and reduce wait times
2. Better **outcomes** of cancer care
3. Increase use of **evidence** when treating cancer
4. Improve **efficiency** of cancer care resources
5. Improve **measurement** and reporting of cancer system quality

The Cancer System Quality Index highlights areas of progress including:

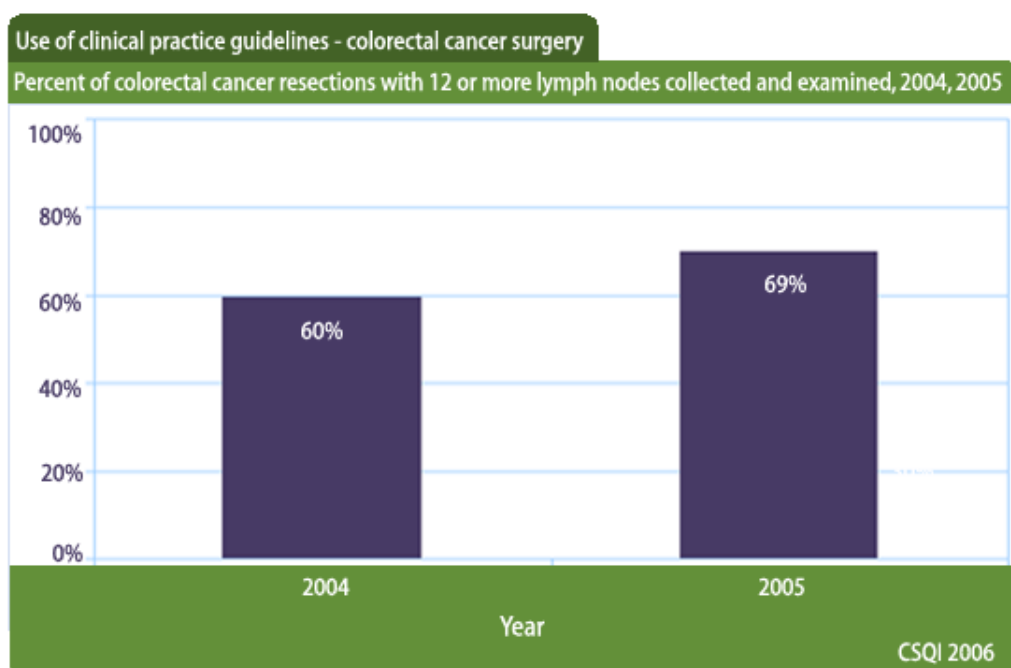
- Radiation wait times have steadily improved because of investments in cancer centres and better planning. In 2005, the median wait time for radiation treatment was 4.7 weeks, down from 7.0 in 2002 — a 33% improvement. Ontario's median radiation wait times dropped by 16% from fall 2004 to fall of 2005.



Source: Cancer Care Ontario, Activity Level Reporting

- Between August 2005 and January 2006, when the province began to report waits for cancer surgery, wait times were relatively stable. Ninety-two percent of patients are being treated within 84 days, the target wait time for the least urgent category of cancer surgery cases.
- Smoking rates are going down. However, one in six Ontarians (17%) are daily smokers, a rate that is well above the target set by Cancer Care Ontario and the Canadian Cancer Society.
- In 2005, 10,000 more or a total of 90,000 drug orders were made through Cancer Care Ontario's computerized cancer drug ordering system. Computerized drug ordering systems have been shown to reduce prescription errors from 32% to 18%.

The Index shows that 69% of colorectal cancer surgeries had 12 or more lymph nodes collected and examined (provincial standard) between April and September 2005. This is an improvement from 60% in 2004.



Source: Cancer Care Ontario, Pathology Information Management System (PIMS). Based on a sample of pathology reports for 1,431 colorectal cancer resections.

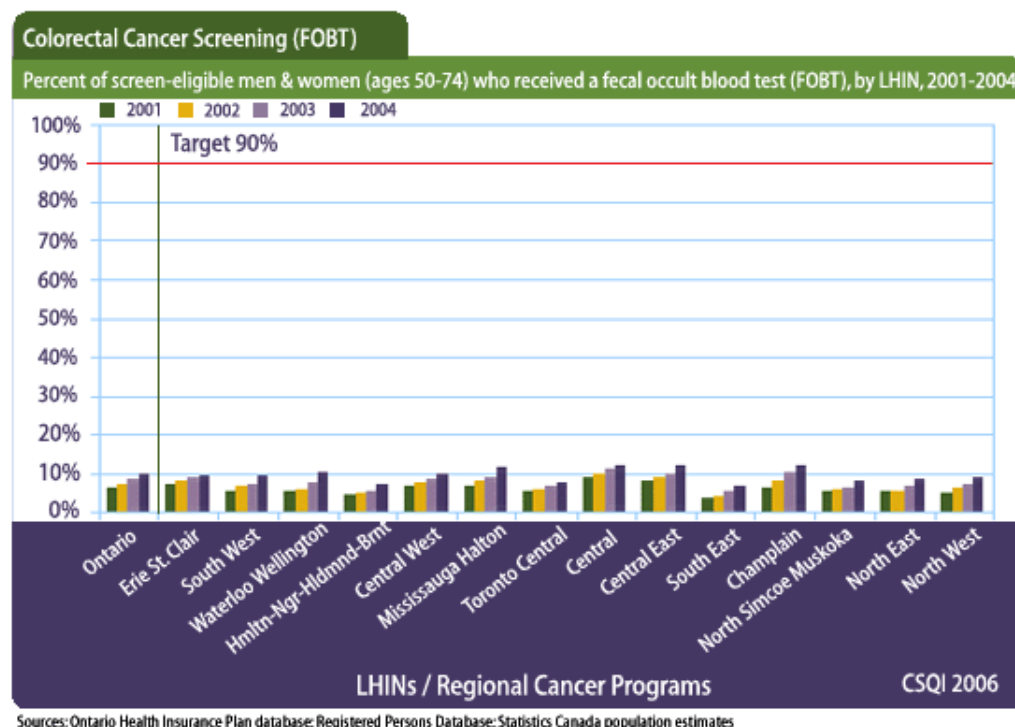
The adequate removal and reporting of lymph nodes are very important for proper staging and cancer treatment. More accurate staging allows better decision making regarding adjuvant therapy and has been shown to improve survival. By

providing regional — and hospital-level data on compliance with this guideline, local cancer surgery and pathology programs can assess whether there is room for improvement in their protocols and procedures.

The Surgical Oncology Program of CCO is supporting the development of a colorectal cancer Community of Practice that will allow for dissemination of best practices regarding lymph node assessment and other quality indicators related to cancer care.

Cancer Care Ontario's Pathology Information Management System (PIMS), which collects this information electronically, is now in use for all but a few hospitals. The implementation of PIMS across the province is contributing to a significant increase in the quality and quantity of data available to assess compliance and other quality indicators

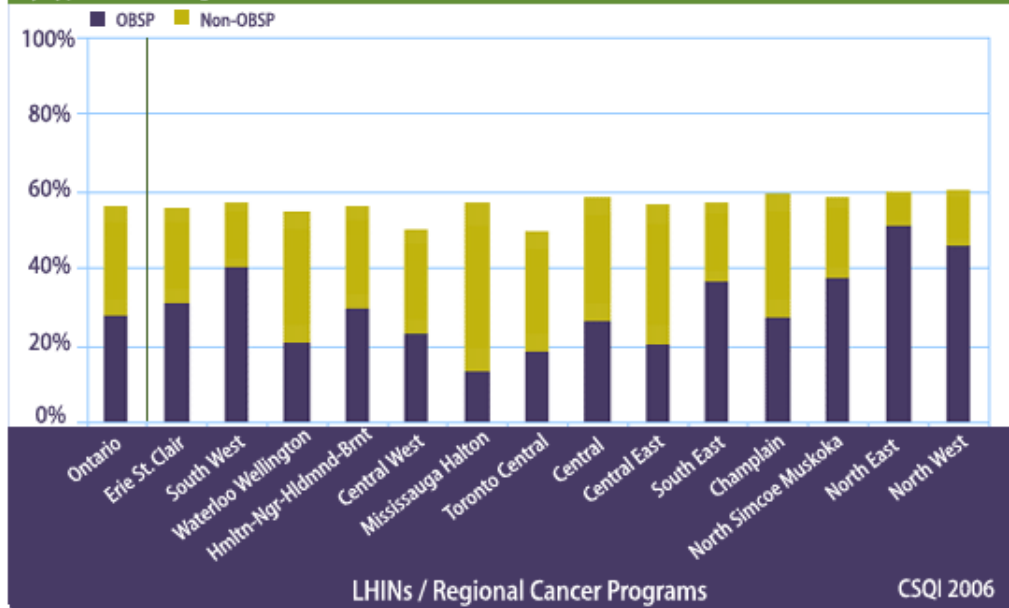
The Index points out a number of other areas that need greater attention. As seen in past years, in 2005 far fewer people, than should be, are being screened for cancer — particularly for colorectal cancer. CCO is working with the Ontario government to introduce a provincial colorectal screening program. This disease kills over 3,000 people in Ontario each year. The probability of curing colorectal cancer is 90% if detected early.



In 2005, 56.4% of women in the target age group of 50 to 69 were screened for breast cancer, up from 52.5% in 2002-2003. The proportion of women screened through the Ontario Breast Screening Program increased in 2003-2004 to 27.8% from 22.8% in 2002-2003. Screening rates are still well short of the target of 90% of women aged 50 to 69 by 2020. The recently announced government funding will enable the Ontario Breast Screening Program to continue to reach more women.

Breast Cancer Screening - mammography

Percent of screen-eligible women (ages 50-69) receiving a screening mammogram in the past 2 years by type of screening (OBSP vs. outside OBSP), Ontario 2003-2004



Sources: Ontario Health Insurance Plan database; Cancer Care Ontario, Ontario Breast Screening Program

A province-wide effort, similar to the anti-tobacco strategy, is required to tackle high obesity rates.

Chemotherapy wait times have not budged in the last four years, underscoring the need for more effective costing and planning approaches for chemotherapy.

While the vast majority of cancer patients prefer to die outside of the hospital, only 44% are dying at home, in a hospice or other community setting.

View the Cancer System Quality Index via the Cancer Care Ontario web site: <http://www.cancercare.on.ca/qualityindex2006/>

Cancer innovations highlighted at Health Care Expo

Cancer Care Ontario and several regional cancer programs had the opportunity to highlight a number of cancer-related innovations earlier this month at the Ministry of Health and Long-Term Care's showcase, Celebrating Innovations in Health Care Expo. More than a dozen cancer-related innovations were profiled at the event, many of which were funded through CCO's Innovation Fund

CCO won the innovation award in the category of Innovations in Health Human Resources, for its project, Building Colorectal Cancer Screening Capacity in Ontario, led by Dr. Linda Rabeneck, RVP, Cancer Care Ontario and VP of Regional Cancer Services at Sunnybrook. This program was created to expand Ontario's colorectal cancer screening capabilities by training non-physicians (nurses and nurse practitioners) to conduct flexible sigmoidoscopy screening for people who are 50 years and over, and have no family history of colorectal disease.

The Surgical Oncology Program and the Program in Evidence-Based Care displayed their innovative approach to improving cancer surgery in Ontario. Together these programs develop evidence-based standards and guidelines (e.g., thoracic cancer surgery, laparoscopic surgery for cancer of the colon). The collaboration is the innovation. The PEBC's reputation for creating world class evidence-based documents and the SOP's knack for involving expert panels consisting of renowned opinion leaders, and medical and administration professionals from a variety of disciplines and geographies throughout the province, contribute to high-quality comprehensive documents applicable throughout Ontario.

Standards slated to be introduced this summer include: hepatic, pancreatic and biliary tract cancer surgery and multidisciplinary cancer conferences (tumour board) standards. This process is being expanded throughout the clinical programs at CCO to further the development of evidence-based guidelines and standards in more disciplines.

CCO's innovation booth profiled the Computerized Physician Order Entry (CPOE) and iPort™ initiatives, both of which were nominated for an innovation award in the Innovations in Health Information Management category.

CPOE is a software solution that replaces handwritten drug prescriptions and helps physicians access up-to-date practice guidelines to make better treatment decisions and coordinate chemotherapy treatment faster, improving overall patient

safety and care.

A demonstration of iPort™ -- CCO's secure, web-based, analytic tool that provides cancer planners, managers and policy-makers with instant access to clear, accurate and consistent provincial and LHIN level cancer surveillance statistics -- included a "sneak peak" at the upcoming release of iPort™ 2.0 ([see article in this issue of Ontario Cancer News](#) for more information.)

Over the last two years, CCO has spent considerable time and resources implementing key innovation projects that will improve access, make the cancer system more transparent and accountable and support quality decision making.

The Expo took place on April 19th and 20th in Toronto. For more information, [go to the Ministry of Health and Long-Term Care Web site](#).



New release of iPort coming this June

Cancer Care Ontario is committed to delivering the information cancer system professionals need to effectively measure, monitor and manage cancer in Ontario. Last year, CCO launched iPort™ -- a secure, web-based, analytic tool that provides instant access to accurate provincial and Local Health Integration Network (LHIN) level cancer surveillance data. The Cancer Surveillance data mart includes data on cancer incidence, prevalence, mortality, and survival.

New iPort™ 2.0 release

In June 2006, CCO will introduce iPort™ 2.0, which includes a new data mart called Cancer Activity. Cancer Activity offers insight into radiation and systemic therapies that occur in the integrated cancer programs and their affiliates, and index cancer surgeries at hospitals throughout Ontario.

iPort™ 2.0 will enable users to:

- Report on referral patterns, for example -- referrals in and out of LHINs and referrals into a facility
- Produce the Cancer Surgery Agreement (CSA) surgical volumes reports
- Analyze radiation courses for future complexity models
- Analyze cases and visits together
- Analyze activity by additional attributes such as, age band, intent or clinical trial
- Know when data was last updated

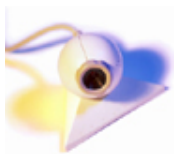
New options for iPort™ 2.0 training

To make iPort™ 2.0 training more convenient, CCO is also introducing its new on-line learning solution -- the CCO eLearning Centre -- allowing users to complete the learning needed to access iPort™ 2.0.

Watch for more information, including the specific launch date, in the coming weeks.

Questions?

Contact the iPort Help Desk at iport@cancercare.on.ca.



Innovative new system allows case conferencing by video

The Juravinski Cancer Centre (JCC) and Niagara Health System (NHS) have launched an innovative new video conferencing system that gives health care professionals the opportunity to share expertise, collaborate and discuss treatment options for patients with complex or unique cases of cancer.

Case conferencing by video makes it possible for groups of professionals from similar disciplines in Niagara to convene and share expertise and best practices with their colleagues in Hamilton.

Launching the system earlier this month, health care professionals at NHS and the JCC discussed several challenging cases of breast cancer while simultaneously reviewing patient diagnostic imaging and pathology reports. Six other sites across Ontario including Barrie, Fort Francis, Thunder Bay, Toronto and two in Hamilton -- McMaster University Medical Centre and St. Joseph's Healthcare, tuned in to watch and learn from the case conferencing process.

"Video conferencing is an excellent example of how we can develop new and better ways to share expertise and build a more integrated cancer system," said Terrence Sullivan, president and CEO, Cancer Care Ontario.

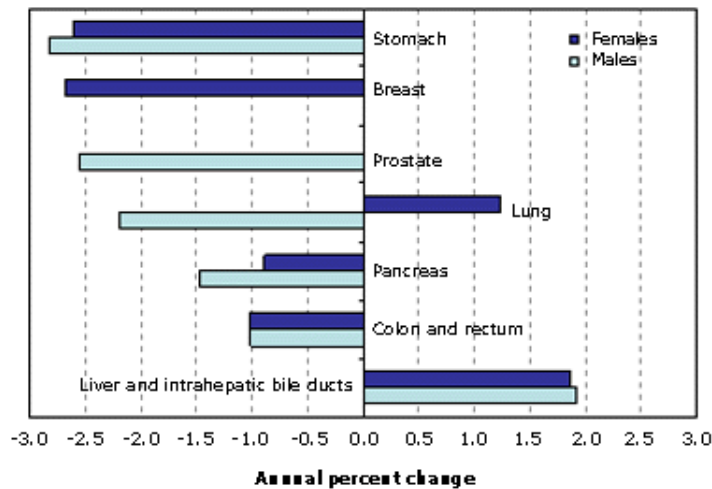
For more information, go to the [Hamilton Health Sciences Web site](#).



Ontario Cancer Fact

During the recent decade 1992–2002, mortality rates changed by more than 1% per year for several of the most common cancer causes of death. For all of these except lung cancer in women and liver cancer, mortality declined.

Annual percent change in death rates for selected* cancers, 1992–2002



* From among those having an age-standardized mortality rate exceeding 5 per 100,000; all values are significant.

The most important influences on cancer mortality trends are: changes in smoking behaviour and other risk factors, earlier detection through screening, and improvements in treatment. Declining smoking rates are responsible for the fall in male lung cancer mortality; smoking is also a risk factor for pancreatic cancer. Lung cancer mortality is still increasing in women.

The fall in breast cancer mortality is the result of both improved treatment and increasing participation in breast screening. While PSA screening for early prostate cancer has not been proven to be effective, it has probably contributed to declining prostate mortality. The declines in colorectal cancer mortality are modest, but likely result from improved treatment and small increases in screening.

Lower mortality for stomach cancer parallels a significant fall in incidence probably linked to changing dietary practices – more fresh foods, and less reliance on salt as a preservative. Another important risk factor for stomach cancer is infection with *H. pylori* bacteria.

Although primary liver cancer is still rare, increases in mortality of almost 2% per year are alarming. Most cases are diagnosed when treatment is ineffective. Two major risk factors are viral infections (Hepatitis B and C), and cirrhosis.

While the declines in cancer mortality rates are encouraging, the promotion of healthy lifestyles through public policy and programs and the expansion of organized screening programs are essential for continuing these trends into the next decade.

For further information, [download the Cancer 2020 report](#) from Cancer Care Ontario's Web site.

This Cancer Fact was inspired by the [National Cancer Institute's StatBite](#) (November 2, 2005).

Contact Us

All enquiries and article suggestions should be directed to:

Christine Naugler
Public Affairs
Cancer Care Ontario
620 University Avenue
Toronto, ON M5G 2L7
phone: (416) 971-9800 x 1605
fax: (416) 217-1249
e-mail: publicaffairs@cancercare.on.ca

[return](#)

[Contact Information](#) | [Printable Newsletter](#) | [Subscribe](#) | [Unsubscribe](#) | [Copyright & Privacy Policy](#) | [Archives](#) | <%bottom_link_end%>