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Ontario Cancer News

Prognosis positive: outlook for Ontario's cancer system

Cancer system partners and other interested stakeholders attended Cancer Care Ontario's annual general meeting at the University of Toronto on May 2. In his address, President and CEO Terrence Sullivan looked back at a year of change and progress in cancer control and care, and painted a picture of the future prognosis for the Ontario population through the lens of lung cancer.

His presentation was followed by a lively panel discussion about improvements in lung cancer screening, diagnosis, treatment and care, and a compelling look at lung cancer from a patient's perspective.

Download the presentation from Cancer Care Ontario's Web site.

Cancer Care Ontario and hospital leaders work on guidelines for the provision of unfunded IV cancer drugs

Recently, there have been numerous media stories about "unfunded" intravenous (IV) cancer drugs being administered in hospitals for private payment.

Decisions about whether to fund new and costly cancer drugs through public programs are based on the degree of medical benefit drugs provide weighed against their price.

When a drug is not approved for funding, this can present significant challenges for individual patients, their families and their oncology team. These decisions are particularly complex and controversial in cases where drugs have some medical benefit, but are not cost effective because the price is deemed too high for the benefit they offer.

For decision makers and providers in the cancer care system, a central issue is ensuring patients who are prepared to pay for these drugs receive them in a safe environment that offers a high standard of care.

"We have a situation where patients who have been prescribed these drugs have little recourse other than to go to a private clinic in Toronto or to travel out of country," said Terry Sullivan, president and CEO of Cancer Care Ontario. "These options are problematic in terms of continuity of patient care and safety."

A few patients have been able to pay privately to have unfunded cancer drugs administered in Ontario hospitals, under the care of their own oncologists. However, this is occurring on a case-by-case basis, leading to a patchwork of practices and regional inequities across the province.

Cancer Care Ontario is working with regional cancer centre hospitals and cancer experts to develop common principles and guidelines for these hospitals to achieve the highest standards of safety, quality and continuity of care for patients.

The working group will submit its recommendations to the provincial government, who will review them and provide policy direction to Ontario hospitals.

Advance practice roles maximize health care resources and enhance access to cancer services

Health and Long-Term Care Minister George Smitherman recently announced the Ministry's new strategy to fill the shortage of health care professionals in Ontario. HealthForceOntario takes a three-pronged approach by creating advance practice roles; helping foreign-trained health professionals qualify to work in Ontario; and establishing a marketing and recruitment centre to help Ontario recruit needed health professionals.

The creation of training programs to support four new advance-practice health care roles will help meet the needs of patients and the health care system, while also enhancing the skills of existing health care professionals. Of primary interest to the cancer system are the Nurse Endoscopist and Clinical Specialist Radiation Therapist roles

Nurse endoscopists will be registered nurses with extended specialized training in anatomy, physiology and pathophysiology. Nurse endoscopists will work with physicians to perform flexible sigmoidoscopies (procedure used to screen for abnormalities in the lower third of the colon), to enhance our capacity to screen for colorectal cancer.

Colorectal cancer is the second leading cause of cancer death in Ontario and the leading cause of death amongst non-smokers. In 2005, about 7,500 Ontarians were diagnosed with colorectal cancer and 3,050 died from the disease. However, it is one of the most curable and preventable cancers, thanks to effective screening approaches. The probability of curing colorectal cancer is 90% when it is detected early compared with 10% for advanced-stage disease.

Currently, only 10% of Ontarians aged 50 to 74 are screened using the most widely available tool, the fecal occult blood test (FOBT). Ontario and other provinces lag well behind other jurisdictions including the UK and Australia in colorectal screening. In response to this need, the Minister of Health and Long-Term Care has publicly committed to being the first province to introduce an organized province-wide colorectal cancer screening program using FOBT.

Cancer Care Ontario is leading a pilot to evaluate the impact and acceptability of nurse-performed flexible sigmoidoscopy as an innovative method to expand endoscopy services in Ontario as part of the broader commitment to colorectal screening using FOBT.

Recently, the Cancer Quality Council of Ontario and Cancer Care Ontario hosted an international workshop to learn from expert experiences with nurse-performed flexible sigmoidoscopy as part of a colorectal cancer screening strategy.

“Ontario is the first province in Canada to develop a formal program to train nurses to perform flexible sigmoidoscopy to enhance our capacity to screen for colorectal cancer,” said Dr. Linda Rabeneck, regional vice president, Cancer Care Ontario and vice president, Regional Cancer Services, Sunnybrook Health Sciences Centre. “The workshop was an exciting opportunity to discuss nurse-performed flexible sigmoidoscopy and learn from experiences in other jurisdictions.”

Flexible sigmoidoscopy is within the scope of practice for registered nurses in Ontario. Although common practice in the U.S. and UK, nurse-performed flexible sigmoidoscopy has not been established for screening in Canada.

“Cancer nurses are most aware of the need for prevention, screening and early detection as a means to save lives and are committed to seeking new ways to identify people at risk early in the trajectory to achieve the best outcomes,” said Esther Green, chief nursing officer, Cancer Care Ontario. “Registered nurses have the unique skills and expertise to offer comprehensive assessment, prior to and following the procedure, along with counselling and teaching about lifestyle factors such as healthy eating/exercise.”

Radiation therapists will be able to receive additional training to provide more specialized care as Clinical Specialist Radiation Therapists. The goal of this new advanced role is to increase radiation treatment capacity. Clinical Specialist Radiation Therapists will work with radiation oncologists, nurses and medical physicists to ensure safe and optimal patient outcomes. Cancer Care Ontario is overseeing a pilot to test this new role. For more information about the expanded role for radiation therapists, read the June issue of *Ontario Cancer News*.

The advance-practice roles of Physician Assistant and Surgical First Assist were also announced as part of the HealthForceOntario strategy. For more information about these roles and the strategy, go to the Ministry of Health and Long-Term Care Web site.

Planned expansion of Cancer Centre of Southeastern Ontario will improve access to cancer care

Residents of the Kingston area will have improved access to cancer treatment thanks to a major provincial investment in the Cancer Centre of Southeastern Ontario (CCSEO) at Kingston General Hospital. The funding was announced May 25 by John Gerretsen, Minister of Municipal Affairs and Housing and MPP for Kingston and the Islands, along with David Caplan, Minister of Public Infrastructure Renewal.

“These government investments will improve access to health care for residents of Kingston and all of Southeastern Ontario,” said Gerretsen. “The projects are important to everyone in the region – adults, children and families – who will be able to get the highest quality care they need and deserve, as close to home as possible.”

“With the expansion of the Kingston Regional Cancer Centre, the Ontario government has delivered on all of the recommendations about cancer centre expansion made by Cancer Care Ontario in the *Ontario Cancer Plan*,” said Terry Sullivan, president and CEO of Cancer Care Ontario. "More cancer centres have been built, expanded and committed to over the last two years than ever before in Ontario."

The expansion of CCSEO has been planned in the context of Kingston General Hospital’s overall capital expansion. With an estimated cost of $52-million, construction on the cancer centre is slated to begin in 2008/09.

The project includes the redevelopment of adult chemotherapy and clinical support services, as well as the children’s cancer care centre, one of only five centres in the province offering cancer treatment services to children. Construction of two additional floors and two new radiation bunkers for state-of-the-art radiation treatment machines will result in the expansion and modernization of the existing cancer centre, which will ultimately house five radiation treatment machines.

“These projects will ensure people in this community have access to the modern, effective health care they need and deserve,” said Minister of Health and Long-Term Care George Smitherman. “It is an essential part of our plan to modernize hospitals, reduce wait times and upgrade equipment in this area and throughout the province.”

To download the full news release, go to the Ministry of Public Infrastructure Renewal Web site.

CCO researcher granted more than $450,000 to study sun behaviours

Cancer Care Ontario’s director of Surveillance, Dr. Loraine Marrett, will receive $466,780 over two years from the Canadian Cancer Society to conduct a survey on Canadians' sun behaviours. The study will contribute to a reduction in the occurrence of and death from skin cancer by providing the data on sun exposure needed for planning, implementing and evaluating sun safety strategies for Canada as a whole, and in its regions.

Ultraviolet radiation from the sun is the major cause of skin cancer. About 80,000 people are diagnosed with skin cancer in Canada each year, making it the most common form of cancer. Developing ways of preventing skin cancer by reducing unnecessary sun exposure requires accurate and up-to-date information about the amount of time people spend in the sun, their use of various forms of sun protection and their attitudes about these.

The data gleaned through the survey will be used to inform and support the development and implementation of cancer prevention strategies.

This August through October, researchers will conduct 20-minute telephone surveys with 8,000 adults across Canada to find out about their time in the sun (and that of a sample of their children) during the summer just past. Two thousand of the surveyed adults will be asked questions identical to those asked in a 1996 national sun survey to determine whether sun behaviours have changed in the past 10 years. The other 6,000 adults will be asked new, more detailed questions.

The funding is one of 38 new grants awarded to Ontario researchers in Hamilton, Kingston, London, Ottawa and Toronto for research in several areas including skin cancer prevention and using viruses to stimulate a person’s own immune system to fight cancer.

Commercial Tobacco is a Killer, Traditional Tobacco is a Healer: Aboriginal Cancer Strategy asks Aboriginal youth if they Know the Difference

The Aboriginal Tobacco Strategy, a Cancer Care Ontario initiative, launched its “Youth for Tobacco Wise Communities” mass media campaign on May 15 at the Native Canadian Centre in Toronto.

The campaign addresses the need for culturally relevant commercial tobacco use prevention messages for Aboriginal youth, while informing young people of the role of Traditional Tobacco in Aboriginal communities. The first of its kind, this province-wide media campaign will reach Aboriginal youth in urban and rural communities.

Aboriginal youth play a traditional drum at the "Youth for Tobacco Wise Communities" launch event.

The Smoke-Free Ontario Act, which comes in to force on May 31, 2006, is considered applicable to on-reserve communities. Through initiatives such as the Aboriginal Tobacco Strategy, the government is working with First Nations leaders and communities to implement smoke-free goals, programs and protocols on-reserve, and to develop an approach that respects the traditional and sacred use of tobacco.

A recent study revealed that First Nations girls 15-17 years old have a smoking rate of 61% -- four times the national smoking rate of 15% for girls in the same age range. The same study showed that First Nations boys 15-17 years old have a smoking rate of 47%, compared with the national smoking rate of 13% for boys in the same age range.

“This gap in smoking rates between Aboriginal and national youth demonstrates a need for tobacco specific educational material and messaging reflecting the unique relationship Aboriginal people have with Traditional Tobacco,” said Pamela Johnson, manager of the Aboriginal Tobacco Strategy.

The strategy is not seeking to create tobacco free communities; rather the campaign aims to create “tobacco wise” communities. A tobacco wise community knows the difference between Traditional Tobacco and commercial tobacco. The hope is to reduce overall smoking rates, while acknowledging the role of Traditional Tobacco in the Aboriginal community.

“Traditional Tobacco is a gift that was given to Aboriginal people by the creator and it has a spiritual place within our communities,” says Ernie Benedict, Elder, Iroquois Nation. “When tobacco is burned the smoke rises, which provides a link to all the spirits beyond the sky. Tobacco in its original form had both honour and purpose. Traditional Tobacco did not contain all the chemicals that are now put into it. What is sold today has been tampered with for business and profit, taking away from its original purpose.”

The Youth for Tobacco Wise Communities mass media campaign was developed in response to a 2005 request from Health Canada's Federal Tobacco Control Strategy for proposals that would address the need for tobacco control in hard-to-reach urban youth populations. As part of the campaign, public service announcements and poster advertising will be used to reach urban Aboriginal populations.

The Aboriginal Tobacco Strategy, an initiative of Cancer Care Ontario's Aboriginal Cancer Care Unit, supports Aboriginal peoples on their path to developing tobacco wise communities.

Regional Meetings Raise Awareness of Cancer Pathology Reporting Project

Reflecting the integrated nature of pathology reporting, Cancer Care Ontario (CCO) recently met with more than 400 cancer providers, surgeons, pathologists, laboratory and IT specialists at 43 hospitals across the province to discuss and review results of an assessment of how complete Ontario cancer pathology reports are compared to a best practice standard. In 2005, an expert panel endorsed the use of the College of American Pathologists' (CAP) evidence-based cancer checklists as the standard for Ontario. Better pathology reporting improves clinical decisions and contributes to high-quality patient care.

The regional sessions were an important part of raising awareness of the pathology checklist reporting project and engaging the multidisciplinary team responsible for implementing and adopting this standard. It was also an opportunity to review the pathology reporting completeness results by province and by Local Health Integration Network (LHIN) published in CCO's 2006 Cancer System Quality Index.

Overall, the Index revealed that 76% of cancer pathology reports submitted electronically by cancer centres for breast, colorectal, lung and prostate cancer resections include all of the information required by Ontario's new quality standards.

“While the report shows that some centres need to improve the completeness of their reports, overall, we are pleased with the results,” said Dr. Tom McGowan, senior medical consultant to the pathology project and medical director of radiation oncology at the Carlo Fidani Peel Regional Cancer Centre at Credit Valley Hospital. “Continuing to improve the completeness of pathology reporting will further enhance both the quality of care and provide better data for research and planning.”

Cancer Care Ontario has endorsed the use of standardized reporting for cancer pathology. The results of this initiative will enhance the quality of pathology reporting across the province and will be invaluable to regional cancer centres in measuring completeness, addressing issues and implementing quality improvements.

“Pathologists are the leaders in driving synoptic reporting forward,” said Dr. John Srigley, chief of laboratory medicine at Credit Valley Hospital and CCO’s provincial lead for pathology and laboratory medicine. “Achieving completeness requires a full team approach: pathology assistants, technologists and clerical staff, as well as pathologists, surgeons and oncologists.”

The regional sessions sparked a number of discussions on how the data captured in the reports can be evaluated and incorporated into quality improvement initiatives. “This is a first step to improving surgical care, it’s important to work together,” said one participant from Windsor Regional Hospital.

According to another participant from Grand River Hospital, “Cases are much more complex today and it can take 40 to 60 minutes for a pathologist to report on a breast case, compared to 10 minutes two decades ago.”

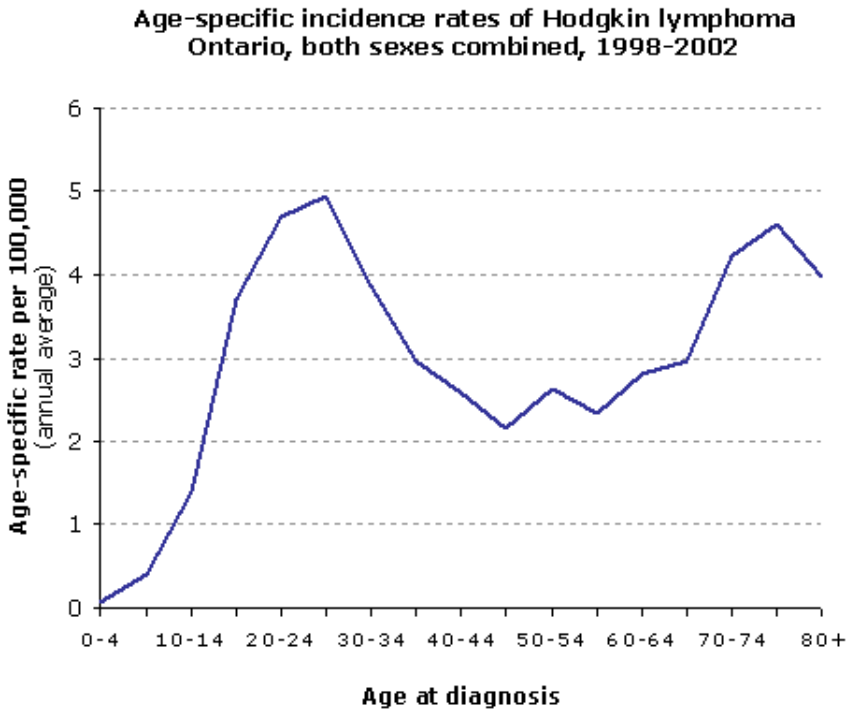
Ensuring that pathology reports contain all of the relevant clinical information in an easy-to-read and standardized format will reduce the risk of errors, missed information and the need to re-examine specimens. The benefit of the pathology checklist reporting projected resonated with many participants across the province.

The project recognizes the significant role pathology plays in the diagnosis and treatment of cancer. “I’m glad to see pathologists being recognized as a very important specialty in patient care,” said one participant from Thunder Bay Regional Health Sciences Centre.

As the project moves into the next phase, CCO and the hospital working groups will begin evaluating and testing technology and non-technology checklist reporting tools to identify the best methods for capturing complete information. CCO will continue to audit pathology reports for the four disease sites audited this year (i.e., breast, colorectal, lung and prostate cancers) and expand to additional disease sites to work toward the project’s three-year goal of 90% of all Ontario cancer pathology reports to meet the content standard across 16 disease site groups.

Ontario Cancer Fact

Hodgkin lymphoma is unusual because it is common in two different age groups, young adults and the elderly. Incidence rises sharply in the mid- to late teens, peaks in the late 20s at around 5 per 100,000 population, and then falls through the 30s and 40s. Incidence then rises again at about age 70–74 and peaks in the late 70s. Because of the first peak, Hodgkin lymphoma is the fourth most common cancer in adolescents and young adults aged 15–34 in Ontario. It is more common in males than females, although females have a slight excess at the ages of 20–34. In Ontario, incidence for all ages combined is low compared with many other cancers.



Source: Cancer Care Ontario (Ontario Cancer Registry, 2006)

One histologic subtype, nodular sclerosis, peaks in people aged 15–34 and is the most common subtype at all ages. Another subtype, mixed cellularity, increases between the ages of 45 and 79 and contributes to the second Hodgkin lymphoma incidence peak, along with the high background incidence of nodular sclerosis.

The two age-incidence peaks and the predominance of nodular sclerosis are typical of economically developed areas of the world. Reasons for the variation in incidence by age and subtype are still unclear. Epstein Barr Virus (EBV), while associated with nodular sclerosis, is more commonly associated with the mixed cellularity subtype and found less often in young adults than in children or older adults. HIV-induced immunodeficiency is another suspected agent in young adults.

Delayed infection with common childhood pathogens has been proposed as a factor in the young adult peak in developed countries. Aggregations of Hodgkin lymphoma in families and in geographic locations may be linked to both infectious agents and genetic susceptibility.

For more information on Hodgkin lymphoma talk to your health care provider, or call the Canadian Cancer Society's Cancer Information Service (1-888-939-3333).

The Fourth Annual Cancer Patient Education Network (CPEN) - Canada 2006 Conference

Providing cancer patients with accurate, comprehensive information can increase knowledge and understanding of their disease and treatment; improve treatment compliance, symptom management and functional status; lower anxiety and improve coping; and improve satisfaction with care.

Co-sponsored by Cancer Care Ontario (CCO) and hosted by London Health Sciences Centre, London Regional Cancer Program, the fourth annual Cancer Patient Education Network conference took place on May 25–27.

The Cancer Patient Education Network (CPEN) is a group of health care professionals who share experiences and best practices in all aspects of cancer patient education. The overall mission of CPEN is to promote and provide models of excellence in patient, family, and community education across the continuum of care.

The CCO Patient Education Program Committee, which includes education experts from nine regions across Ontario, and the Program in Evidence-Based Care, are developing a comprehensive patient education framework and clinical guidelines. The conference provided an important opportunity to share CCO work with colleagues across Canada to improve patient centred care.

For more information about the conference, go to: http://www.lrcc.on.ca/conferences/cpen2006.html

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People news

Graham Woodward joined Cancer Care Ontario's Planning and Strategic Implementation Division on May 1 as director of Provincial Planning. Previously, he held leadership positions at the Ministry of Health and Long-Term Care, the Institute for Clinical Evaluative Sciences, Central East Health Information Partnership, and University of Toronto. All of these career stops focused on supporting the health care planning and policy development process through consultation, data analysis and reporting. Mr. Woodward holds a Masters of Science from the University of Western Ontario.

Cancer Care Ontario's Aboriginal Cancer Care Unit will welcome **Caroline Lidstone-Jones** as its new director effective June 12. In this role, she will be responsible for leading the continued development and implementation of the Aboriginal Cancer Strategy.

Ms. Lidstone-Jones is an Ojibway woman affiliated to Batchewana First Nation, in the Sault Ste. Marie area. She has extensive experience working within Ontario's Aboriginal communities. Most recently, she worked with the Ontario Federation of Indian Friendship Centres, where she managed the development of employment and training units in 26 Aboriginal communities throughout Ontario. This included developing partnerships with First Nations groups to ensure effective program delivery.

Ms. Lidstone-Jones holds a Masters in Industrial Relations from the University of Toronto, and an undergraduate degree in social work.

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