

## Ontario Cancer News



### CCO plays leadership role in Ontario's Wait Time Information Strategy

Under the leadership of Cancer Care Ontario's Chief Information Officer Sarah Kramer, lead for the government's Wait Time Information Strategy, a team of information management professionals has developed the Wait Time Information System (WTIS) and Enterprise Master Patient Index (EMPI, a client registry). The new system heralds a major change in the way Ontario patients are managed. Clinicians, administrators and system managers will now have powerful new tools to ensure patients receive better access to quality care. [Read more in this issue of Ontario Cancer News.](#)



### WTIS/EMPI -- Making Better Access To Care Possible

First announced in November 2004, Ontario's Wait Time Strategy aims to reduce wait times in five areas: cancer surgery, cataract surgery, select cardiac procedures, hip and knee replacement, and MRI and CT scans.

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The WTIS is a provincial information system that captures data that hospitals, physicians and administration staff can use to better understand wait times and prioritize patients by need. It will help clinicians, administrators and system managers better monitor and manage access to the five priority areas of care in the Wait Time Strategy, while providing a platform to cover more services over time.

EMPI/Client Registry is patient information and linking system that is being implemented in concert with the WTIS to accelerate a key component of Ontario's e-Health infrastructure. While it will initially be used only for the WTIS, the EMPI is being implemented with a view to broadening its use to support information sharing and continuity of care across the health care system.

Less than a year after the Wait Time Information Strategy was approved, the WTIS-EMPI has been implemented in five Ontario hospitals: University Health Network (UHN), Hamilton Health Sciences, St. Joseph's Health Care System (Hamilton), Grand River Hospital and Southlake Regional Health Centre. (Grey Bruce Health Services has implemented EMPI and will be part of Phase II of the WTIS implementation).

"We are very proud of these Phase I/BETA Hospital teams. What they have achieved in such a short time is remarkable and represents a huge step forward in providing better access to care," said Sarah Kramer. "Our plan is to build on the great support and knowledge of hospitals, and emerging LHIN e-Health collaborations to move other initiatives forward more quickly."

Phase II – already well under way and expected to be complete by December 2006 – will see WTIS-EMPI established in approximately 50 more Ontario hospitals, representing more than 80% of the total volume for the five health services funded through the Wait Times Strategy. By the end of Phase III in June 2007, the WTIS will be implemented in approximately 77 hospitals across the province, providing information to improve access to care for 100% of all procedures for the five services funded by the Wait Time Strategy. Eventually, this new system could track wait times for all surgical procedures in Ontario.

The scope of this work is significant. The table below shows the number of hospitals, surgeons, patients and procedures that will be incorporated into WTIS-EMPI by the end of each phase of the project.

| Phase | Hospitals | Surgeons | Patients | MRI & CT Scans |
|-------|-----------|----------|----------|----------------|
| I     | 5         | 300      | 36,000   | 250,000        |

|     |    |       |         |           |
|-----|----|-------|---------|-----------|
| II  | 55 | 1,400 | 235,000 | 1,100,000 |
| III | 77 | 1,700 | 255,000 | 1,200,000 |

To manage the size and speed of implementation, the emerging LHIN e-Health structures will provide local leadership and coordination as Phase II and III are rolled out.

"I'm very impressed by the dedication, professionalism and hard work shown by everyone involved in this project," said Dr. Alan Hudson, Lead of Ontario's Access to Services and Wait Time Strategy. "This system is key to the success of our plan to improve access and reduce wait times."

For more information about the project send an email to [wisempiprojectcommunications@cancercare.on.ca](mailto:wisempiprojectcommunications@cancercare.on.ca).

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### Cancer Care Ontario and the Canadian Cancer Society partner to produce Facts on Cancer in Ontario



Cancer Care Ontario has partnered with the Canadian Cancer Society, Ontario Division, to produce a new series of fact sheets to complement the *Insight on Cancer* publication series. Each fact sheet in the **Facts on Cancer in Ontario** series provides brief information on selected cancer risk factors, prevention and early detection.

*Insight on Cancer* is a series of joint Cancer Care Ontario and Canadian Cancer Society (Ontario Division) publications, designed to provide up-to-date information to health professionals and policy-makers about cancer and cancer risk factors in the province.

Five fact sheets have been produced and are available electronically on the Cancer Care Ontario and Canadian Cancer Society Web Sites.

- Breast cancer and Breast Screening
- Colorectal Cancer and Screening for Colorectal Cancer
- Obesity, Overweight, Physical Inactivity and Cancer
- Pap Test, Cervical Screening and Cancer
- Tobacco Use and Cancer

To download fact sheets, go to [http://www.cancercare.on.ca/index\\_library.htm#facts](http://www.cancercare.on.ca/index_library.htm#facts) or <http://www.cancer.ca> to download. For printed copies, send e-mail to [cancercontrol@ontario.cancer.ca](mailto:cancercontrol@ontario.cancer.ca) or call the Canadian Cancer Society's Cancer Information Service at 1-888-939-3333.

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### Research update



#### CCO researcher granted \$450,000 to study the effect of cigarette smoke and genetic variants on breast cancer risk and to establish a population-based resource for future gene-environment studies

Dr. Michelle Cotterchio, scientist in Cancer Care Ontario's Division of Preventive Oncology, Dr. Hilmi Ozelik from the Samuel Lunenfeld Research Institute and Dr. Nancy Kreiger, director of Research in the Division of Preventive Oncology, have recently been awarded \$448,608 from the Canadian Breast Cancer Foundation, Ontario Chapter, to conduct research into the etiology of breast cancer.

Breast cancer is caused by both inherited and environmental factors. Common genetic changes may predispose some people to breast cancer. These genetic changes may alter the function of enzymes that "digest" carcinogens found in cigarette smoke, possibly making a person more susceptible to the effects of these carcinogens. As a result, one's risk of getting cancer may be increased.

To understand the interplay between cigarette smoke and genetic factors, this study will collect DNA samples from 6,000 breast cancer patients and women without cancer who have already participated in the Ontario Women's Diet and Health Study. Investigators will compare breast cancer risk among those with and without certain genetic changes, and among smokers/non-smokers and those exposed to second-hand smoke. In addition, DNA will be banked and will serve as a population-based resource for future interdisciplinary genetic epidemiology breast cancer studies.

The results of this study will help clarify the effects of cigarette smoke on breast cancer risk and may indicate an opportunity to prevent this disease.

#### Prostate cancer and whole-body vibration exposure

Dr. Nancy Kreiger, senior scientist in the Division of Preventive Oncology, and colleagues Drs. Jim Purdham and Andrea Sass-Kortsak in the Department of Public Health Sciences at the University of Toronto, have recently been awarded \$140,480 by the Workplace Safety and Insurance Board (WSIB) Research Advisory Council to conduct research on prostate cancer.

Prostate cancer is the most common cancer among Canadian men and the second most common cancer in men worldwide. Our understanding of the risk factors for prostate cancer remains limited. However, age, family history, and ethnic origin have been consistently identified as major risk factors for the disease. Many studies have looked at occupational exposures to chemical and physical agents as possible risk factors for the disease, but the findings, while often positive, have not been consistently so.

Whole-body vibration (WBV) occurs when energy is transmitted to the body from vibrating surfaces, either through the feet, if standing on the vibrating surface or, importantly from the point of view of this study, through the trunk if seated. No study has yet looked at WBV as a possible risk factor, even though four to seven percent of the population is exposed to WBV in the workplace, and exposure to WBV accounts for a significant number of other health problems. The present study will use data collected from a previous study in Montreal to assess the risk of prostate cancer for men who work in WBV exposed occupations.

For more information about either study, contact Caroline Silverman at [caroline.silverman@cancercare.on.ca](mailto:caroline.silverman@cancercare.on.ca).

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### Ontario Cancer Fact



There is strong evidence about the harms of over-exposure to ultraviolet radiation (UVR) from the sun and other sources. These include skin and lip cancers and some cataracts. There is also strong evidence about the beneficial effect of vitamin D on musculoskeletal health and prevention of fractures in the elderly. Recently, scientific evidence has been accumulating about other possible health benefits of vitamin D, including reduced risk and improved survival for some types of cancer.

Although vitamin D is available from some foods (e.g., fatty fish and milk, which is fortified) and dietary supplements (e.g., multivitamin pills), the major source for Canadians is through skin exposure to ultraviolet B radiation (UVB), which triggers vitamin D synthesis. UVB is also the part of the UVR spectrum largely responsible for sunburn, DNA damage and skin cancer. Because UVB is weak in the Canadian winter sun, many Canadians may be getting too little vitamin D, particularly during the winter months, to achieve optimal health benefits. In summer, UVB is plentiful and a very small amount of sun exposure produces a large amount of vitamin D in most Canadians.

To maximize the potential benefits of having an optimal vitamin D status while minimizing the health risks associated with UVB exposure, vitamin D supplementation and small amounts of sun exposure are recommended. The right amount of sun exposure to optimize the ratio of benefit-to-risk is unknown at this time but will certainly depend on factors such as geographic location and intensity of the sun, age, diet and skin pigmentation.

Experts therefore continue to recommend practising sun safety according to the level of the UV Index, including limiting time in direct sun at hours when the UVR is strongest (11 a.m. to 4 p.m. in Ontario), especially on days when the UV Index is high (6-7) or very high (8-10). (The UV Index is an indicator of the amount of UVB in the sun's rays.)

## Environment Canada's UV Index

| UV Index | Description | Sun Protection Actions                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0 - 2    | Low         | <ul style="list-style-type: none"> <li>Minimal sun protection required for normal activity</li> <li>Wear sunglasses on bright days. If outside for more than one hour, cover up and use sunscreen</li> <li>Reflection off snow can nearly double UV strength. Wear sunglasses and apply sunscreen</li> </ul>                                                                                                                                     |
| 3 - 5    | Moderate    | <ul style="list-style-type: none"> <li>Take precautions – cover up, wear a hat, sunglasses and sunscreen – especially if you will be outside for 30 minutes or more</li> <li>Look for shade near midday when the sun is strongest</li> </ul>                                                                                                                                                                                                     |
| 6 - 7    | High        | <ul style="list-style-type: none"> <li>Protection required – UV damages the skin and can cause sunburn</li> <li>Reduce time in the sun between 11 a.m. and 4 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen</li> </ul>                                                                                                                                                                              |
| 8 - 10   | Very High   | <ul style="list-style-type: none"> <li>Extra precautions required – unprotected skin will be damaged and can burn quickly</li> <li>Avoid the sun between 11 a.m. and 4 p.m. and take full precautions – seek shade, cover up, wear a hat, sunglasses and sunscreen</li> </ul>                                                                                                                                                                    |
| 11 +     | Extreme     | <ul style="list-style-type: none"> <li>Values of 11 or more are very rare in Canada. However, the UV Index can reach 14 or more in the tropics and southern U.S.</li> <li>Take full precautions. Unprotected skin will be damaged and can burn in minutes. Avoid the sun between 11 a.m. and 4 p.m., cover up, wear a hat, sunglasses and sunscreen</li> <li>White sand and other bright surfaces reflect UV and increase UV exposure</li> </ul> |

Source: Environment Canada

**Note:** In Ontario, the daily maximum UV Index can reach 'high' in April through September, and 'very high' in May through August.

Some groups of Canadians are at increased risk of having inadequate vitamin D status, and therefore may be in particular need of supplementation:

- the elderly
- exclusively breast-fed babies (vitamin D drops are routinely recommended)
- those with very dark skin
- those with limited skin exposure to the sun because they are housebound, cover their skin with clothing for religious/cultural reasons, etc.

The level of supplementation required for adults is not known, but is probably higher than the current recommendations of 200 IU/day up to age 50, 400 IU/day at ages 51-70 and 600 IU/day for those over 70.

For more information, see Environment Canada's UV Index program at [http://www.msc.ec.gc.ca/topics/uv/index\\_e.html](http://www.msc.ec.gc.ca/topics/uv/index_e.html). For more information regarding vitamin D and sun safety, go to Canadian Cancer Society's Web site at [www.cancer.ca/ccs/internet/frontdoor/0,,3543\\_langId-en,00.html](http://www.cancer.ca/ccs/internet/frontdoor/0,,3543_langId-en,00.html) (then search on vitamin D and health) or call the Cancer Information Service at 1 888-939-3333.

Citation: Material appearing in this Cancer Fact may be reproduced or copied without permission. The following citation must be used: Cancer Care Ontario. Cancer Fact: Sun safety and vitamin D. June 2006. Available at [http://www.cancercare.on.ca/index\\_ontarioCancerFacts.htm](http://www.cancercare.on.ca/index_ontarioCancerFacts.htm).

### People News



On May 31, all of Ontario's public places became smoke-free with the passage of the Smoke Free Ontario Act. In honour of the occasion, several organizations have created awards to recognize those who contributed to the success of this initiative.

Health Promotion Minister Jim Watson recognized Cancer Care Ontario's President and CEO **Terry Sullivan** and other Smoke Free Ontario advisers with a Heather Crowe Award.



The award was created to recognize individuals and organizations across Ontario who have made a significant contribution to local tobacco control efforts. In 2002, Ottawa-area waitress Heather Crowe was diagnosed with lung cancer due to exposure to second-hand smoke in the workplace. Following her diagnosis, she became a tireless advocate to ban smoking in the workplace and in public places. Heather Crowe passed away on May 22.

**Terry Sullivan**, and **Christina Partridge** and **Natalia Bolotina** of the Media Network for Smoke Free Ontario, have each received a Smoke Free Ontario Champion Pin by the Association of Local Public Health Agencies (alPHA) and the Ontario Public Health Association (OPHA). This award recognizes individuals for their contribution to creating smoke free public spaces throughout the province. They were selected by the Board of Directors of both alPHA and OPHA. These provincial organizations are responsible for awarding individuals who contributed to either the recent Smoke Free Ontario Act or its predecessor, the Tobacco Control Act.

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#### Upcoming events



Cancer Care Ontario's VP, Regional Programs **Michael Sherar** and Liaison for Family Medicine and Primary Care **Phil Ellison** are presenting on Improved Integration of Primary Care in the Cancer Care System at the upcoming 8th Annual Forum on Primary Health Care. The two-day forum also includes a luncheon address by Alan Hudson, lead of the province's Access to Services and Wait Time Strategy, and an opening keynote address from Federal Minister of Health The Honourable Tony Clement.

For more information or to register, go to <http://www.insightinfo.com>, or call 1-888-777-1707.

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