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Ontario Cancer News

CCO releases most comprehensive Canadian study ever of cancer in young adults

The most comprehensive Canadian study ever undertaken of cancer in young adults, Cancer in Young Adults in Canada identifies and interprets trends in cancer incidence and mortality in young Canadian adults, and recommends priorities for future research, surveillance and policy.

The report shows that fewer young men in Canada are being diagnosed with cancer while the number for young women is stable.

Read more in this issue of ***Ontario Cancer News***, or go to the Cancer Care Ontario web site to download the report and the news release.

Cancer in young adults in Canada

A Cancer Care Ontario study released this month, in collaboration with the Public Health Agency of Canada, reveals that fewer young men in Canada are being diagnosed with cancer while the number for young women is stable.

The report shows incidence rates for young men have declined significantly since 1992, after rising throughout the 1970s and 1980s. This drop reflects declining rates in a number of the more common cancers for men in this age group, such as melanoma, lung and colorectal cancer. However, testicular cancer – the most common cancer for young men – increased 2.2% per year.

Despite minor fluctuations, overall incidence rates for young women did not change substantially from the 1970s to the 1990s, largely as a result of lung cancer trends. The report reveals – for the first time ever – more young women than young men are being diagnosed with, and dying from, lung cancer.

“The consequences of a cancer diagnosis in a young person are far-reaching,” said Dr. Loraine Marrett, director of CCO’s Surveillance Unit and chair of the national working group that developed Cancer in Young Adults in Canada. “A young adult with cancer faces physical and emotional changes and the fact that their lives may be shortened. They may still be completing their education, getting jobs and building their own families when they are diagnosed and treated. They may spend decades living with the effects of the disease and treatment.”

The decline in incidence rates for cervical, melanoma and lung cancer suggests that young Canadians are increasingly heeding three main prevention recommendations – having regular Pap tests, minimizing sun exposure and avoiding smoking. However, the report stresses smoking rates are still unacceptably high, especially in adolescent girls.

The report was produced by Cancer Care Ontario with the support of the Cancer in Young Adults in Canada Working Group, established in 2000 to start systematically surveying cancer patterns and trends of young adults with cancer in Canada. The group, which in 2002 released preliminary results for an earlier time period, is comprised mostly of epidemiologists and clinicians associated with cancer registries across the country. The report analyzes data provided by federal, provincial and territorial agencies, cancer registries and other sources.

For the full media release or to download the ***Cancer in Young Adults*** report, go to the Cancer Care Ontario Web site at http://www.cancercare.on.ca/index_library.htm#youngadults.

Cancer in Young Adults in Canada is printed and distributed by the Canadian Cancer Society. To obtain a printed versions of the book, call the Canadian Cancer Society's Cancer Information Service at 1-888-939-3333 (Monday to Friday, 9 a.m. to 6 p. m.)

Investment in new radiation equipment benefits cancer patients across Ontario

Earlier this month, Health and Long-Term Care Minister George Smitherman announced a $33.13-million investment in radiation equipment for Ontario's cancer centres.

“The government’s commitment to modernize radiation equipment is critical to our ability to detect and treat cancer sooner,” said Terrence Sullivan, President & CEO, Cancer Care Ontario, who spoke at the London news conference. “This investment will directly benefit thousands of cancer patients in communities across the province.”

The funding will be distributed among 10 cancer centres to replace or upgrade radiation equipment.

Concurrent announcements were also made in Hamilton and Kingston.

To meet the growing demand to upgrade and replace radiation equipment identified in the Ontario Cancer Plan, the MOHLTC added $3.4-million to its radiation equipment replacement fund this year.

For more details, go to the Ministry of Health and Long-Term Care web site for the full news release and backgrounder.

CCO's pandemic planning initiative under way

Recent news reports warning of a heightened risk of a global influenza outbreak have highlighted the importance of planning for such an emergency. Many experts believe a pandemic is inevitable, yet there is no way to know when it may occur. However, they believe that if people and organizations are prepared, the potential impact of an influenza pandemic could be reduced. This is important for everyone, but particularly in health care, where demand for service will increase at a time when there is likely to be a shortage of health care staff due to illness. In recent months, hospitals, governments and health organizations across the country and around the world have been developing or updating their emergency plans so they will be better prepared to respond when and if a pandemic strikes.

In its role as Ontario’s cancer agency, Cancer Care Ontario has a duty to provide advice to cancer programs and hospitals about providing cancer services during a pandemic event. As well, Cancer Care Ontario will need to continue providing its core services to providing core services to regional cancer programs, hospitals and government.

Cancer Care Ontario’s Pandemic Planning Committee, composed of clinical and administrative representatives from across the organization, as well as pandemic and planning experts – began meeting this spring to develop a plan for the organization and for the cancer system. The plan, expected to be completed this winter, will be coordinated with other health care and government emergency plans, and will include a business continuity plan for CCO, as well as guidelines for cancer patient prioritization at regional cancer programs across Ontario. This will ensure that, in the event of an emergency such as an influenza pandemic, Ontario’s cancer system will be able to continue to provide critical cancer care, and Cancer Care Ontario will be able to continue to provide critical services, such as funding for cancer drugs.

On October 4, Cancer Care Ontario will be holding a town hall meeting for its staff to review renovation plans for 620 University Avenue and to provide an overview of the organization's pandemic planning effort.

Watch for updates on Cancer Care Ontario's pandemic planning initiative in future issues of ***Ontario Cancer News***.

New ways of working: A provincial strategy for advanced practice roles in cancer care

On February 23, 2006, Cancer Care Ontario hosted a symposium on advanced practice roles in cancer care. This symposium – Advanced Health Provider Roles in Cancer Care: A Symposium on Systematic and Evidence-based Approaches to Developing, Implementing and Evaluating Innovative Models of Care Delivery – was designed for Ontario health planners, policy-makers, administrators, managers, educators and providers who are considering or are involved in the introduction of advanced health provider roles in cancer care.

The symposium drew on provincial, national and international research and experiences regarding the introduction and use of advanced practice roles in cancer care, primarily in the area of advanced practice nursing, but also in relation to advanced practice in other health provider groups. The symposium provided a unique opportunity for a multidisciplinary group of stakeholders to examine experiences with advanced practice roles, identify key issues, and articulate a provincial strategy for developing and implementing advanced practice roles in cancer care using a systematic, coordinated and inter-disciplinary approach.

The next step is the development of a systematic, provincial approach for advanced practice roles from conception to implementation and evaluation. Please send comments or questions to Raquel.ShawMoxam@cancercare.on.ca.

The work undertaken at the symposium is consistent with the goals of the *Ontario Cancer Plan*. The Plan articulates the need to implement innovative health human resource projects, such as piloting advanced practice roles. Other Cancer Care Ontario advanced practice initiatives that are being implemented as part of Health Force Ontario – the government's strategy to fill the

shortage of health care professionals in Ontario – include pilot projects for nurse endoscopists and clinical specialist radiation therapists (see the May 2006 issue of Ontario Cancer News).

The symposium summary document, *New Ways of Working: A Provincial Strategy for Advanced Practice Roles in Cancer Care*, is now available at http://www.cancercare.on.ca/index_planning.htm#APR.

Call for nominations for quality and innovation awards

Cancer Care Ontario and the Cancer Quality Council of Ontario are issuing a call for nominations to recognize leaders and/or teams for significant contributions to quality or innovation in the delivery of cancer care.

The Quality Awards will be presented by the Cancer Quality Council of Ontario and the Innovation Awards will be presented by Cancer Care Ontario. For the purpose of these awards, a contribution to quality in cancer care is defined as an initiative resulting in system-wide impact (i.e. across multiple institutions, within a region, or beyond), while a contribution to innovative cancer care is defined as a smaller-scale initiative demonstrating local level impact.

Two 'categories' of awards will be given, the first to a leader committed to quality/innovation in the cancer system, and the second to a team or project that has displayed the elements of quality/innovation. Selection criteria and application details are outlined in the attached forms.

Eligible applicants must be involved in the delivery of cancer care within Ontario. You are free to nominate yourself or your team but if you would like to nominate someone else, you must have their approval (in the form of a short note/email stating that they accept the nomination).

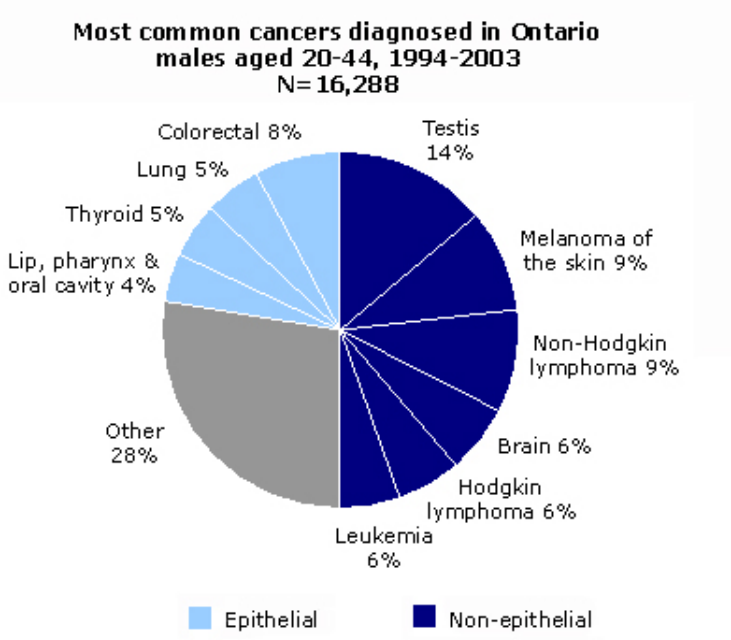
Successful applicants will be notified in early November and asked to attend an awards dinner in late November.

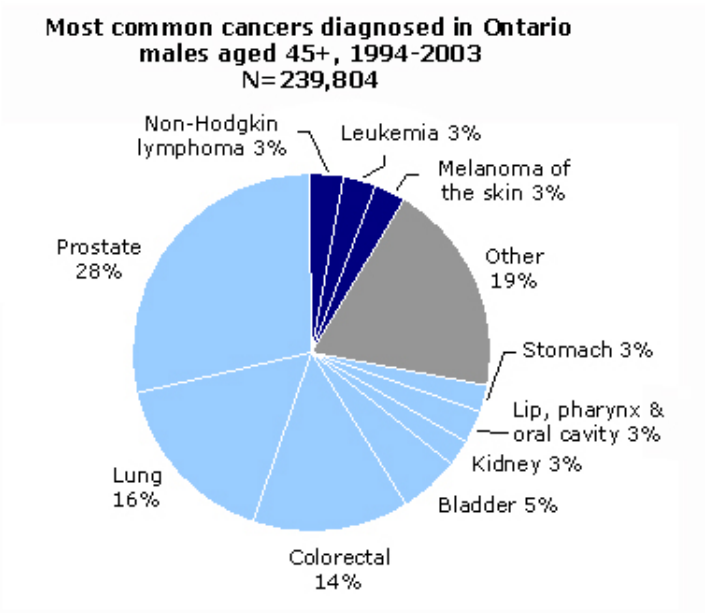
Please review the applications and submit your two-page nomination by e-mail, by October 11th, 2006. Send all nominations and queries to: qualityandinnovation.awards@cancercare.on.ca.

- Download call for nominations for Quality Award
- Download call for nominations for Innovation Award

Ontario Cancer Fact

Cancer in young adults aged 20–44 is less common than cancer in older age groups, accounting for 9% of all adult cancers in Ontario. The types of cancers that occur in young men show a different pattern from those in older men. The three most common cancers in young men are testis, melanoma and non-Hodgkin lymphoma (NHL), which account for 32% of cancers in this age group. Testicular cancer occurs almost exclusively in this age group. NHL and melanoma rank higher in young men than at older ages. In men aged 45 and over, prostate, lung and colorectal are the most common cancers, representing 58% of all cancers.





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

Young adulthood has been described as a “crossover” age range for cancer types. Non-epithelial types, which account for most childhood cancers, constitute a decreasing proportion of cancers with increasing age over the age range 20–44, while epithelial cancers gradually increase with age. Epithelial cancers arise in the cells lining the inside or outside of organs and the body, and represent 72% of the cancers in males aged 45 and over. Non-epithelial cancer arises in other types of cells, such as melanocytes, stem cells and lymphatic tissue. Among young men in Ontario, over 50% of all cancers are non-epithelial.

The different cancer types in young adult men as compared to older ages indicate that the relative importance of different risk factors changes as men age. In general, epithelial cancers are more likely to be associated with risk factors that have an effect over many years, like smoking, dietary factors and physical inactivity. Except for sun exposure in melanoma, much less is known about the causes of non-epithelial cancers and more research is needed.

The only established risk factor for testicular cancer is undescended testicle, which accounts for only a small proportion of cases. The causes of NHL are difficult to explain because the major risk factor, immunosuppression (related to drugs, disease and viruses, especially the human immunodeficiency virus), accounts for only a small fraction of cases, and information on other potential risk factors is limited. Melanoma risk is increased with exposure to ultraviolet radiation and early exposure to sun may be important in young adult cancers.

For more information on cancers in young adults see:

- http://www.cancercare.on.ca/ for the report and media release on Cancer in Young Adults in Canada
- Wu X, Groves FD, McLaughlin CC, Jemal A, Martin J, Chen VW. Cancer incidence patterns among adolescents and

young adults in the United States. Cancer Causes Control. 2005;16(3):309-20.

If you have questions about this Cancer Fact, contact cancerfacts@cancercare.on.ca. If you have questions about cancer statistics, please see www.cancercare.on.ca/index_requestDatafromCCO.htm#Forms.

People news

Nancy Kreiger, MPH, PhD, senior scientist and director of Research in the Division of Preventive Oncology, Cancer Care Ontario, and professor of Epidemiology, Departments of Public Health Sciences and Nutritional Sciences, University of Toronto, has been elected president of the American College of Epidemiology. Nancy is currently the secretary of the College and chair of the Admissions Committee. She will start her presidential year in September 2007 at the American College of Epidemiology Annual Meeting.

Upcoming events

14th International Conference on Cancer Nursing, September 27 to October 1, 2006, Toronto

The largest international nursing conference comes to the Sheraton Centre in Toronto this September 27 to October 1. "Reaching New Heights Together" is the theme of the 14th International Conference on Cancer Nursing, hosted jointly by the International Society of Nurses in Cancer Care and the Canadian Association of Nurses in Oncology.

Attendees will hear about the latest developments in cancer control and about caring for cancer patients and their family members. Topics include symptom management, quality of work life, patient safety, and caring for paediatric and elderly cancer patients. A number of Canadian speakers will make keynote and plenary presentations, and a number of Ontario nurses will present their work to the international audience.

For more information, go to the ISNCC Web site at http://www.isncc.org/conference/default.htm.

Fourth International Chicago Symposium on Malignancies of the Chest and Head & Neck (MCHN), Chicago, October 25-28, 2006

The MCHN meeting is a multi-institutional educational and scientific meeting which will provide a scholarly review of molecular biology and standard and novel treatment approaches to malignancies of the lung, esophagus and head & neck. The 2006 meeting is expected to attract more than 700 participants, including Physicians and Allied Health Professionals.

The event is sponsored by the International Association for the Study of Lung Cancer (IASLC) and the University of Chicago Pritzker School of Medicine in collaboration with the Loyola University Chicago Stritch School of Medicine, Northwestern University Feinberg School of Medicine and Rush Medical College.

For more information, go to the symposium web site at www.mchnsymposium.com

Public Health and Cancer Screening: Promises and Perils, October 26 & 27, 2006

Cancer Care Ontario's Director of Screening Dr. Verna Mai will join experts from Quebec and the U.K. to speak on current issues in breast cancer screening at the international symposium Public Health and Cancer Screening: Promises and Perils, next month in Montreal. Other topics include: Screening for cancer in a public health context; How to assess prostate and lung cancer screening; Colorectal cancer screening: an international viewpoint; Cervical cancer screening: moving toward a new approach.

For more information or to register, go to http://www.inspq.qc.ca/jasp/programme/2006/default.asp?A=2&Lg=en.

Cancer session at OHA Health Achieve 2006, Toronto, November 7, 2006

Be sure to join Cancer Care Ontario at the OHA HealthAchieve conference this November 7 at 1:30pm for **Tackling Cancer Wait Times and Quality Challenges: Lessons and Legacies from Ontario**. The three-hour session will include

presentations on: Target setting and performance management to improve cancer wait times and quality at the LHIN level; Choosing and using provincial and regional performance indicators and targets; Cancer-specific e-health: Improving quality, understanding and access to cancer services through local and provincial e-health efforts; Using innovation to facilitate improvement of patient care; and a panel discussion: Engaging regional providers and clinicians in continuous quality and process improvement. See the session details on the OHA HealthAchieve web site.

For more information or to register for OHA HealthAchieve 2006, November 6, 7 and 8, 2006, go to www.ohahealthachieve.com.

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