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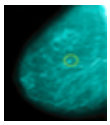
Ontario Cancer News



Ontario Breast Screening Program Achieves Two Millionth Screen

Since the Ontario Breast Screening Program (OBSP) began in 1990 it has provided more than two million screens to 718,000 Ontario women aged 50 and over, and has detected over 10,500 cancers, the majority in early cancer stages. Although this is a significant milestone for the program and a benefit to those women who have been screened by the OBSP, fewer than 60% of women aged 50 to 69 receive regular mammograms. Of those, only about half benefit from participation in a provincial organized screening program.

- Read more in the September 28, 2006 news release

Report on Cancer 2020

Last week, Cancer Care Ontario and the Canadian Cancer Society, Ontario Division, released ***Report on Cancer 2020: A Call for Renewed Action on Cancer Prevention and Detection in Ontario***.

In 2001, the Ministry of Health and Long-Term Care asked CCO to lead the development of a long-term cancer prevention and detection strategy. In May 2003, the Provincial Cancer Prevention and Screening Council, a multi-sectoral advisory group, released the *Cancer 2020 Action Plan* to lower cancer incidence and death rates.

The *Report on Cancer 2020* highlights key provincial initiatives accomplished since the release of the *Cancer 2020 Action Plan*, provides baseline estimates and indicators in several key areas against which progress towards the Cancer 2020 targets will be measured, and sets out the Council's recommendations for action.

The prevention targets include: reduction of tobacco use, increased consumption of vegetables and fruit, reduction of obesity, increased physical activity, reduction of alcohol consumption, reduction of ultraviolet exposure, and reduction of exposure to occupational and environmental carcinogens.

While progress is being made in cancer prevention and screening, as Ontario's population grows and ages, the total number of newly diagnosed cancers could increase by two-thirds by 2020 and by half by 2028, unless more action is taken. Approximately half of all cancers that will be diagnosed by 2020 can be prevented or detected early. For example, lung cancer is the leading cause of cancer death, and the most preventable. Ontario's Smoke-Free Ontario legislation and strategy has the potential to have a more significant impact than any policy to date on reducing cancer rates. Tireless and single-minded effort will continue to be needed to bring teen and adult smoking rates in line with Cancer 2020 targets.

Currently, not enough Ontarians are taking advantage of breast and cervical screening to detect cancer early. Nearly 80% of the eligible population in Ontario has never been screened for colorectal cancer — the leading cause of non-tobacco related death. Only 10% of Ontarians aged 50 to 74 have had a fecal occult blood test (FOBT) in the last two years to screen for colorectal cancer. Cancer Care Ontario is working with the Ontario government to introduce a provincial colorectal screening program. This would make Ontario the first province with a colorectal screening program.

If the province is to reach the ambitious targets set out in the *Cancer 2020 Action Plan*, the Council recommends substantial investments in research, surveillance and monitoring; continued support for programs and policies to meet the targets; and collective action between cancer and other disease and health care stakeholders on common chronic disease and cancer specific risk factors.

Download the report from http://www.cancercare.on.ca/index_cancer2020.htm#2020Report, or order French and English hard copies of the report from cancercontrol@ontario.cancer.ca.

Awareness Week Promotes Participation in Regular Cervical Screening

Each week in Ontario, approximately 10 women are diagnosed with cervical cancer, and approximately three women die from the disease. Cervical cancer is the second leading cause of cancer deaths in women globally. Regular Pap test screening detects abnormal cell changes before they develop into cancer or detects cervical cancer in its early stages. The Ontario Cervical Screening Program — a Cancer Care Ontario program — recommends that all women who are or who have ever been sexually active should be screened regularly at least until age 70, yet only 79% of women aged 18 to 69 are being screened vs. Ontario's target of 95% by the year 2020.

Regular screening with Pap tests is still recommended to prevent cancer of the cervix. Cervical Cancer Awareness is a week-long public awareness strategy to promote women's participation in cervical screening, and takes place from October 23rd to 29th, 2006. Besides reminding all Ontario women about the importance of regular screening, there is a particular need to increase screening rates among three specific groups — newcomers to Canada, women of low literacy, and those living in poverty. These women often face a number of obstacles that prevent their regular participation in cervical screening. The goal is to increase women's knowledge and awareness about Human Papillomavirus (HPV) as well as the effectiveness of regular Pap tests in preventing cancer of the cervix. Persistent infection with HPV is associated with most cancer of the cervix.

In July 2006, Health Canada approved a vaccine to protect against four of the many types of HPV. The vaccine has been approved for girls and women between nine and 26 years of age; however, public health and clinicians will be working together to develop the most appropriate program model and evaluate it carefully. HPV vaccine is an important tool in the battle against cervical cancer, in addition to the tried and true Pap test, which detects changes in the cervix that could progress to cancer.

The Ontario Cervical Screening Program (OCSP) continues to work with many stakeholders to heighten awareness of cervical cancer screening and the importance of regular Pap tests. The Ontario Cervical Screening Program is grateful for the support of the Canadian Cancer Society (Ontario Division), which generously provides resources for distribution of OCSP materials. The OCSP continues to support collaborative cervical cancer screening initiatives led by Ontario's Public Health Units in order to reach the Cancer 2020 target of 95% screening participation by the year 2020.

Wait Times Information System Rolled Out in 23 More Hospitals

In the June 2006 issue of *Ontario Cancer News*, we told you about the Phase I implementation of a new information system developed under the leadership of Cancer Care Ontario's Chief Information Officer Sarah Kramer, lead for the government's Wait Time Information Strategy. At the time, the Wait Time Information System (WTIS), a critical component to improve access to care in Ontario, had been implemented in five Ontario hospitals.

The Wait Time Information System is used to report to the public about wait times at hospitals. Once implemented, the system provides surgeons, administrators and health systems managers with information to better monitor and manage wait lists based on priorities established between the surgeon and the patient.

Implementing Ontario's first system to track and report wait times requires a client registry — The Enterprise Master Patient Index (EMPI) — to make the WTIS work more effectively across hospitals and surgeons' offices. The provincial EMPI is a patient information and linking system that, over time, will connect with other province-wide e-Health initiatives. It is a building block for the development of a standardized electronic health record for the people of Ontario.

Together, the WTIS and EMPI systems provide clinicians, administrators and system managers with the tools to help ensure patients receive timely access to quality care.

Phase II of the WTIS-EMPI is now being implemented, and has been rolled out to an additional 23 hospitals since June. There are now 28 hospitals in the province that have the capability to do near real-time reporting of wait times by hospital and LHINs. The data gathered by the system is used on Ontario's Wait Times Strategy web site, ontariowaittimes.com, to keep patients and their families informed of wait times in their areas. By the end of the year, approximately 50 hospitals will be using the system.

"This is a significant milestone. Not only is this the first time the WTIS and EMPI applications have been integrated, but we're also implementing the largest EMPI currently in Canada," said Sarah Kramer. "We're making collecting and reporting wait time data easier for surgeons, radiologists and hospital administration and we're on track to have 80% of wait-time funded surgeries and tests in the WTIS by the end of the year."

The WTIS-EMPI is a three-phased project that will see more than 70 hospitals in Ontario operational on the systems by the summer of 2007. With the project's initial scope, the systems will help 1,700 surgeons take care of 255,000 patients waiting for surgery and 1.2 million MRI and CT scans. The project is currently focused on the wait time strategy's five priority areas: cancer surgery, cataract surgery, cardiac procedures, hip and knee replacement, and MRI and CT scans.

Recently, the project received both support and funding from the Ministry of Health and Long-Term Care to roll out to all surgeries in 2007/08.

For more information contact the WTIS-EMPI Provincial Project Team at wtisempiprojectcommunications@cancercare.on.ca or

416-217-1235.

Lakeridge Health Becomes First Hospital-Based Ontario Breast Screening Program Affiliate in Durham Region

Lakeridge Health has been designated the first hospital-based Ontario Breast Screening Program (OBSP) affiliate in Durham. With two new state-of-the-art digital mammography machines, the program — to be available at Lakeridge Health Oshawa and soon at LH Bowmanville — expects to perform over 5,500 scans in its first year of operation. This increases the number of OBSP sites in Durham Region to four.

The program offers women aged 50 and over ongoing, comprehensive screening and follow-up services to ensure the timely detection and treatment of breast cancer.

“Women owe it to themselves and their families to do everything possible to stay healthy and strong,” says Kathy McLaughlin, a lifelong resident of Durham Region and the first client to be screened in the new mammography clinic. "I chose routine mammography at an Ontario Breast Screening Program site because both my doctor and I will get a copy of the results and I will be notified when my next mammogram is due,” she adds.

In 2004/05, the OBSP screened approximately 256,000 Ontario women (1.5 million screens since the program began in 1990). There are currently 117 OBSP affiliates in Ontario with more being added every year. In Durham, the Port Perry Medical Associates and The Oshawa Clinic are also affiliated with the program. The program’s goal is to reach 70% of eligible women.

“In 2006, it is estimated that 8,400 Ontario women will be diagnosed with breast cancer — and approximately 2,000 will die from the disease,” said Marion Saunders, chair of the Lakeridge Health Board of Trustees. “Regular screening can reduce death rates by at least 30%.”

Durham Region Health Department provides a number of breast cancer screening initiatives to increase awareness of and attendance at Ontario Breast Cancer Screening Program sites. For more information on Health Department breast cancer screening initiatives, please call Durham Health Connection Line at 905-666-6241 or visit www.region.durham.on.ca.

For more information about mammography screening and the Ontario Breast Screening Program, go to http://www.cancercare.on.ca/index_breastScreening.htm.

CCO's Palliative Care Strategy Addresses Gaps

Although cancer survival rates are improving, cancer remains the second leading cause of death, and the leading cause of premature death in Ontario. Cancer patients make up 80%-85% of patients seen by palliative care teams. More than 56% of Ontario cancer patients die in acute hospitals, despite research indicating that 80%-90% would prefer to die elsewhere. As well, the availability of palliative care services varies significantly across the province.

To address these issues, Cancer Care Ontario has developed a Palliative Care Strategy: *Improving the Quality of Palliative Care Services for Cancer Patients in Ontario*. The Palliative Care Strategy, which also serves as a three-year action plan, will guide improvements in quality, consistency and availability of palliative care services across LHINs.

The Palliative Care Strategy is based on the following vision:

> Every person, when faced with a cancer diagnosis, has the opportunity to live life fully, to receive timely and appropriate symptom management, to be supported along with his/her family with dignity and respect throughout the course of his/her illness, and in the fact of incurable disease, to have the opportunity to die in a setting of his/her choice.

This strategy builds on the growing body of literature highlighting the current shortfalls in the system, similar efforts being undertaken by other care providers to advance a stronger focus on quality improvement, and the recent interest and investment by the Ontario government in strengthening end-of-life care. It is consistent with the goals of the *Ontario Cancer Plan*, Ontario’s roadmap to improve the quality of care for cancer patients.

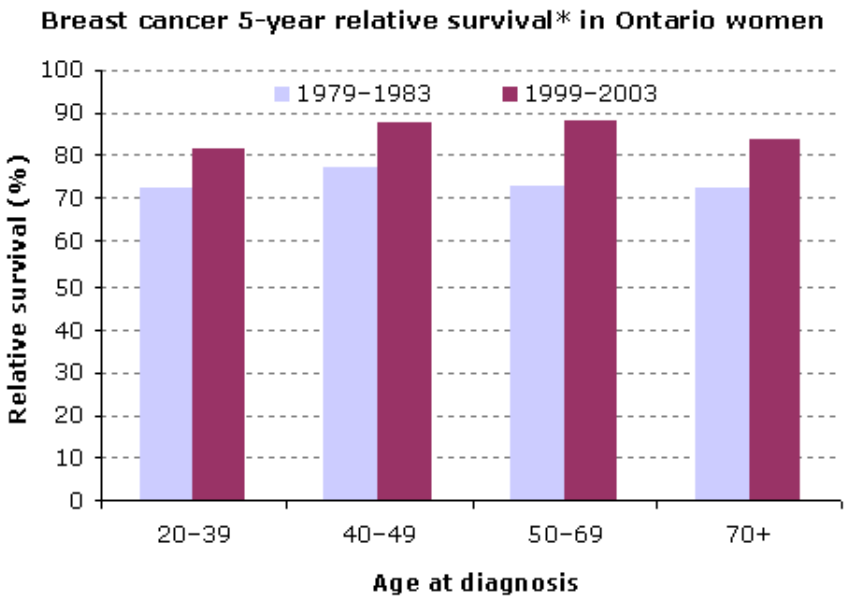
The document was developed with input from palliative care leaders from across the province, and in collaboration with the Ministry of Health and Long-Term Care’s Provincial End-of-Life-Care Strategy team. The draft strategy was discussed last March at a symposium hosted by the Cancer Quality Council of Ontario in partnership with Cancer Care Ontario. Participants' advice was used to finalize the action plan.

For more information about CCO's palliative care strategy, send e-mail to Raquel.ShawMoxam@cancercare.on.ca.

- Download CCO Palliative Care Strategy

Ontario Cancer Fact

Five year survival for women with breast cancer improved significantly between 1979–1983 and 1999–2003 in every age group. The biggest improvement has been for women diagnosed at ages 50–69. Five years after diagnosis, their survival compared to that of women in the same age group in the Ontario population as a whole is 88% (referred to as the relative survival ratio). Twenty years ago, the five-year relative survival ratio for this age group was 73%.



* The relative survival ratio compares how long people live after their diagnosis to how long people of the same age in the general population are expected to live. It is calculated here for both time periods by dividing the proportion of women diagnosed with breast cancer that survive five years, by the proportion of women of the same age in the population of Ontario that survive five years.

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

The five-year relative survival ratio is similarly good for women diagnosed in their 40s at 87%, up from 77% in the earlier period shown. Among women diagnosed at ages 20–39 and those diagnosed at 70 and over, the five-year relative survival ratio has also increased. The relative survival ratio is around 82% for women in both of these age groups, up from 73% twenty years ago.

Similar improvements in survival in the U.S. have been attributed to both better treatments and increased participation in breast screening over the 1980s and 1990s (Berry et al., 2005). Earlier detection of disease in women who receive screening, the introduction of new therapies, and better application of treatment for all stages of disease have all probably contributed to the increased effectiveness of treatment, which has resulted in improved survival.

Comparing across the age groups for 1999–2003, it is notable that the relative survival ratio is significantly lower for women in the youngest and oldest age groups than for those aged 40–49 and 50–69. Women diagnosed with breast cancer below age 40 tend to have more advanced disease and more aggressive tumour characteristics than older women. In women diagnosed at 70 or older, other medical conditions can limit treatment options. The big gain in survival for Ontario women aged 50–69 is probably due to both improvements in treatment and to screening targeted specifically at this age group, especially during the 1990s.

Only about 60% of women aged 50–69 have screening mammograms, approximately half through the Ontario Breast Screening Program (OBSP) and half through stand alone sites. Cancer Care Ontario recommends that women aged 50–69 have a mammogram at the Ontario Breast Screening Program. Benefits of attending an OBSP site include assurance of high-quality screening, follow-up of abnormal screens and a reminder letter when it is time to return for rescreening.

For more information,

- call the Ontario Breast Screening Program (1 800 668–9304) or Cancer Information Service (1 888 939–3333).
- see Berry DA, Cronin KA, Plevritis SK, Fryback DG, Clarke L, Zelen M, et al. Effect of screening and adjuvant therapy on mortality from breast cancer. N Engl J Med 2005; 353:1784–1792.

Available at http://www.cancercare.on.ca/index_ontarioCancerFacts.htm.

If you have questions about this Cancer Fact, contact cancerfacts@cancercare.on.ca.

Upcoming Events

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 http://www.ohahealthachieve.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.

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

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