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Ontario Cancer News

A major week for cancer in Ontario

The week of January 22 saw several significant cancer announcements for Ontario, including the launch of Canada's first provincial population-based colorectal screening program, additional funding for cancer surgery, the launch of Ontario's first Aboriginal-specific quit-smoking campaign, and the release of the third annual Ontario Cancer Plan.

Read more about all of these announcements in this issue of *Ontario Cancer News*.

- Ontario's colorectal cancer screening program
- Cancer surgery funding
- Aboriginal quit-smoking campaign
- Ontario Cancer Plan: 2006-07 Annual Progress Report

CCO releases third Ontario Cancer Plan

The *Ontario Cancer Plan: 2006-07 Annual Progress Report*, released by Cancer Care Ontario last week at a news conference hosted by Mount Sinai Hospital, shows that cancer prevention, detection and treatment have improved this past year, but more action is needed to reduce cancer risks and ensure timely, high-quality care is delivered consistently across the province.

"The battle against cancer is a tough fight, but together, we're beating this disease," said Health and Long-Term Care Minister George Smitherman. "The *Ontario Cancer Plan* provides us with strategies on how to deal with cancer in the coming years and build on the progress we've achieved to date to deliver quality cancer care to Ontario patients."

The Report details the progress made in the last year and actions required to achieve the goals of Ontario's Cancer Plan, Canada's first comprehensive plan to improve cancer services. The need for continued aggressive action against cancer is clear. In their lifetime, men have a 45% chance of getting cancer while women have a 40% chance of being diagnosed with this disease.

"The cancer centre building boom is a clear example of the kinds of advances that are being made against cancer in this province," said Terry Sullivan, Cancer Care Ontario's president and CEO. "Through initiatives in the *Ontario Cancer Plan*, we have better information about where the cancer system is performing well and where it is falling short for patients and the population."

CCO's President & CEO Terry Sullivan addresses the media at the launch of the Ontario Cancer Plan: 2006-07 Annual Progress Report. Photo courtesy Mount Sinai Hospital.

This past year, two very important Ontario initiatives in prevention and palliative care are lessening the toll of cancer. Cancer Care Ontario launched a Provincial Palliative Care Integration Project to provide patients with a common tool to better communicate the severity of their symptoms to their care team. Cancer Care Ontario, in partnership with the Ontario Institute for Cancer Research, will be mounting Ontario's first 10-year study of many thousands of Ontarians that will shed light on the causes of cancer including the role of genetics, the environment and lifestyle factors.

Notable gains have been made in tobacco control through Smoke Free Ontario, while the province launched Canada's first provincial colorectal cancer screening program to prevent and better detect this deadly, yet curable disease.

Overall wait times for treatment are improving, with radiation wait times falling a further 6.5 % since fall 2005. More cancer services are available close to home as a result of the government's commitment to build or expand all six regional cancer centres recommended in the *Ontario Cancer Plan*. Cancer Care Ontario's computerized physician order entry (CPOE) system for chemotherapy – the most highly utilized CPOE system in Canada – is improving patient safety by reducing drug errors and interactions, eliminating illegible handwriting, and improving communications among health professionals.

The Report underscores the key challenges in the year ahead, including:

- high rates of smoking, obesity and other cancer risk factors
- low screening rates, particularly for colorectal cancer
- uneven quality of care across the province
- challenges accessing cancer assessment and diagnostic services
- accelerated replacement of radiation treatment equipment
- national challenges in evaluating and paying for new and expensive cancer drugs, and
- shortages of key cancer care professionals.

The *Ontario Cancer Plan* is a roadmap for how health care providers, Cancer Care Ontario, and the Ontario government are working together to prevent cancer and care for cancer patients today and in the future.

- Download the Ontario Cancer Plan: 2006-07 Annual Progress Report
- View webcast of news conference (required Windows Media Player)

For a printed copy of the report, send e-mail to publicaffairs@cancercare.on.ca.

Ontario announces Colorectal Cancer Screening Program

The Ontario government last week announced the launch of the first population-based colorectal screening program in Canada, developed in collaboration with Cancer Care Ontario.

Cancer Care Ontario will also play a lead role in implementing a number of aspects of the program, including the registry, contracting with hospitals for colonoscopy volumes and the creation of quality standards.

In 2006, an estimated 7,500 Ontarians were diagnosed with colorectal cancer. In the same year, 3,100 died from the disease. Currently, only one out of five Ontarians age 50 and over are screened for colorectal cancer by any method.

"Colorectal cancer is the second deadliest form of cancer in Canada but it is preventable," said Health and Long-Term Care Minister George Smitherman at a recent news conference announcing the program. "If detected in its early stages, there is a 90% chance it can be treated and cured. That's why our government is increasing access to screening tests to help save lives."

Minister of Health and Long-Term Care George Smitherman announces Ontario's colorectal cancer screening program. Photo courtesy Van Valkenburg Communications.

The Ontario government is investing $193.5-million over the next five years to implement and expand the program to increase access to colorectal cancer screening for Ontarians aged 50 years or older. Experts recommend that all people aged 50 years and older should be screened for colorectal cancer.

The 2001 Canadian Task Force on Preventive Health Care, the Canadian Association of Gastroenterology, the Guideline Advisory Committee of the Ontario Medical Association and Ministry of Health and Long-Term Care (http://www.gacguidelines.ca) and the U.S. Preventive Services Task Force (http://www.ahrq.gov/clinic/uspstf/uspscolo.htm) endorse performing biennial fecal occult blood tests on average-risk persons (i.e., 50 to 74 years with no family history of the disease).

By 2008-09, the provincial program will begin distributing traceable FOBT kits widely through Family Health Teams and other group practices, physicians' offices, and community health centres. As the program expands, the kits will also be available at participating pharmacies and through a 1-800 number for patients without a primary care provider. In the meantime, physicians should check with their local lab for details on how to obtain FOBT kits for their patients.

The program will also increase access to colonoscopies for individuals who have a positive FOBT test, as well as those who are at an increased risk of developing colorectal cancer because they have a family history of the disease (one or more first-degree relatives).

Other components of the program include :

- A single laboratory to handle the processing of all fecal occult blood tests to ensure consistent quality standards
- The creation of a registry to send reminders about screening, assist in result and follow-up notification for individuals without access to primary care providers, and track and evaluate overall program progress
- A comprehensive five-year public campaign to educate the public and health care professionals on the benefits of colorectal screening and early detection

"Ontario's colorectal cancer screening program will enable us to detect colorectal cancer much earlier when treatment is most effective," said Cancer Care Ontario President Terry Sullivan. "The colorectal cancer screening program joins the Smoke Free Ontario Act as one of the most important policies in Ontario's history to reduce suffering and death from cancer."

For more information, go to www.cancercare.on.ca and click on “colorectal screening.”

Government announces funding for additional cancer surgeries

The provincial government is funding 375 additional cancer surgeries this year as it continues to improve access to cancer care for patients across the province, Health and Long-Term Care Minister George Smitherman announced last week at a news conference at Juravinski Cancer Centre in Hamilton.

Juravinski Cancer Centre President Dr. Bill Evans addresses the media, guests and onlookers at a news conference announcing additional funding for cancer surgery for Ontario's cancer programs. Photo courtesy Van Valkenburg Communications.

An additional $2.8-million will be distributed among nine regional cancer centres. This announcement builds on the $26.6-million announced last April to add 4,741 additional cancer surgery cases in 2006/07.

Reducing wait times for cancer surgeries is part of the government’s Wait Time Strategy. Since the start of the strategy, there has been an 11% increase in the volume for cancer surgeries, and almost all cancer surgeries are now being completed within the targeted 84 days.

For the full news release and a breakdown of the funding, go to the Ministry of Health and Long-Term Care web site.

MOHP launches initiatives to tackle smoking in Aboriginal communities

Minister of Health Promotion Jim Watson announced last week the launch of “What You Do Matters,” a public awareness campaign aimed at encouraging members of the Aboriginal community to quit smoking.

Minister Watson also announced that the Ontario government is providing $230,000 to Cancer Care Ontario to organize an Aboriginal Tobacco Strategy Youth Summit in March 2007. The Summit will be the first ever Aboriginal youth-specific smoke-free event sponsored by Ontario. The overall goal of the Summit is to increase awareness of the harm caused by commercial tobacco in Aboriginal communities, and engage youth in developing action plans.

The What You Do Matters campaign consists of 30-second radio announcements, print ads in targeted publications, posters distributed in Band offices, Friendship Centres, Health Centres and other gathering places. Pamphlets and fact sheets are available to Aboriginal communities and the media. Additional information is available at www.ontario.ca/SmokefreeMatters.

For the full news release, go to the Ministry of Health Promotion web site at http://www.mhp.gov.on.ca/english/news/2007/012507.asp

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Regional news

Ontario’s Aboriginal population has different rates and risks of cancer than the overall population of the province. Incidence rates for almost all tumour sites have increased in Aboriginal people in the past 35 years. If trends continue, it is possible the cancer incidence in First Nations people will exceed that of the general population 10 to 20 years from now. Aboriginal people also have higher rates of cancer-specific mortality compared with the general population. Cancer Care Ontario's Aboriginal Cancer Strategy aims to help make a difference in the lives of this population.

One component of the strategy is to make Aboriginal people more comfortable in Ontario’s cancer centres. To help the Juravinski Cancer Centre’s Aboriginal patients through their cancer journey and to increase their access to cancer services, an Aboriginal Patient Navigator has been hired for a one year pilot program, funded by Cancer Care Ontario. The Aboriginal Patient Navigator provides support and advocacy for Aboriginal patients and their family members; promotes awareness of the cultural needs of Aboriginal clients; and networks with Aboriginal and non-Aboriginal health groups and organizations.

"It has a really positive impact on patients to have someone from their culture who has a sensitivity and understanding to help them navigate through the cancer centre and to help them access wholistic treatment deemed important by the patient and family," says Lee Styres-Loft, who is filling the role. "Patients don't have to go to any outside organizations for information, materials or resources. I do the legwork to make it available to them here at the JCC."

There are 25,000 Aboriginal people living on and off reserves in the area served by the Juravinski Cancer Centre (Brant, Burlington, Haldimand, Hamilton, Niagara and Norfolk). The Aboriginal Patient Navigator program is inclusive of all Aboriginal people. It doesn't matter whether they are Status Indians, whether they live on a reserve, whether they are Metis, or whether they are Inuit. As long as they identify themselves as being Aboriginal, they can benefit from the Aboriginal Patient Navigator program.

"Lee's job enhances the supportive care program by offering a wide range of services to our Aboriginal patients," says Janet Noble, clinical manager, Supportive Care and Palliative Care Program for the cancer centre. "She may set up a cultural awareness clinic for staff, put a patient in touch with a medicine woman, or simply comfort patients when they come in for treatment. Her role is to support patients culturally through their cancer journey."

Cynthia Marchand is an Aboriginal patient from the Niagara region who travels to the JCC for regular appointments. She finds Lee's support tremendously helpful and encouraging. "When you walk a walk like I am, there are many factors that come into play. When I saw Lee, she was like a light. I felt at rest because she was actually coming from a point of heritage, and she would be able to comprehend my situation on a different level than a doctor, nurse or a friend.

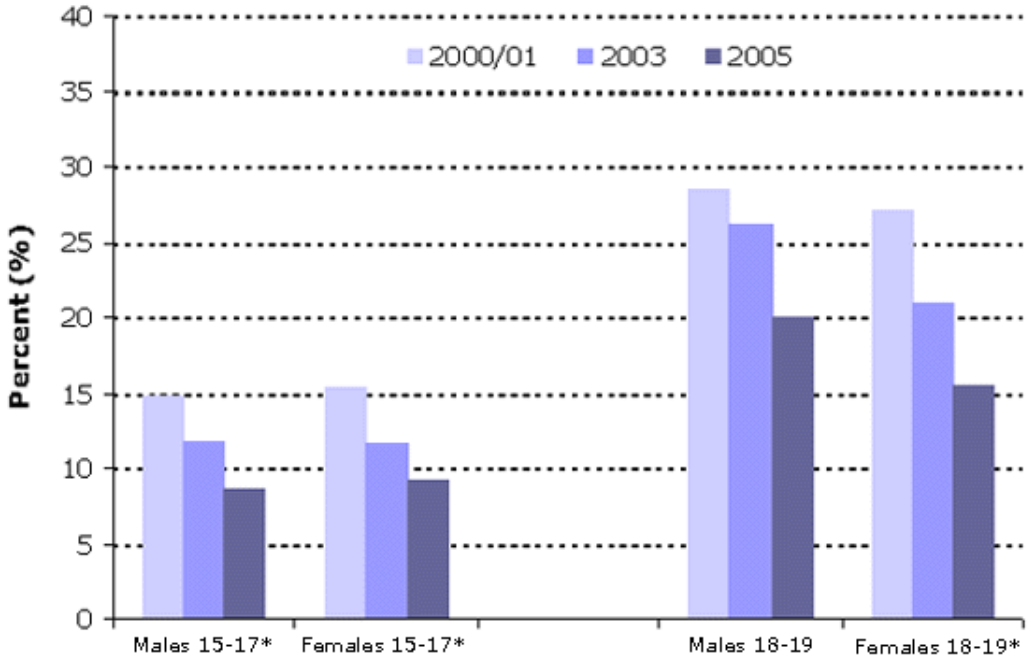
"Physical, spiritual or emotional support, it doesn't matter. It's just another person in your corner to help you through it," says Cynthia.

For more information, send e-mail to Roxanne Kantzavelos at kantzave@hhsc.ca.

Ontario Cancer Fact

The number of teen smokers in Ontario has declined since the beginning of the current decade. Ontario data from the Canadian Community Health Survey show statistically significant declines among females aged 15–17 and 18–19 between 2001 and 2005. Declines in male smoking were similar, although the drop in males aged 18–19 was not so pronounced as in females and not statistically significant.

Proportion of Ontario teens (aged 15-19) who are current smokers



Source: Statistics Canada (Canadian Community Health Survey 2000/01, 2003, 2005)
Current smoker: daily or occasional smoker who smoked at least 100 cigarettes in lifetime and at least 1 cigarette in the past 30 days
*2005 significantly different from 2001 within this age group

The average number of cigarettes smoked per day by Ontarians aged 15–19 has also declined, from 13 in 2000 to 10 in 2005, according to the Canadian Tobacco Use Monitoring Survey (CTUMS).

Other surveys note similar downward trends from 2001 to 2005 for teens in Ontario and the rest of Canada, continuing a decline in smoking for Canadian teens in this age group since the mid-1990s. Actual estimates differ according to the particular survey and the definition of a “smoker”. The definition used here estimates established smokers rather than experimenters. All surveys are based on self-reports during telephone interviews of those agreeing to participate, and may underestimate true smoking levels.

Although the decline shown here is encouraging, a substantial proportion of Ontario teens still smoke. While tax increases appear to be the best measure for decreasing teen smoking, the evidence suggests that these work best in combination with other tobacco control programs and policies, such as community and school-based programs, mass media campaigns, and smoke-free policies. Sustained funding for a comprehensive tobacco control strategy, such as the Smoke-Free Ontario Strategy, is required if this downward trend in tobacco use among teens is to continue.

For more information, see:

- Smoke-Free Ontario Strategy
- Health Canada Canadian Tobacco Use Monitoring Survey
- Wakefield M, Chaloupka F. Effectiveness of comprehensive tobacco control programmes in reducing teenage smoking in the USA. Tob Control. 2000 Jun;9(2):177–86.

If you have questions about this Cancer Fact, send e-mail to cancerfacts@cancercare.on.ca.

Cancer 2020 eScoop

Cancer 2020 e-Scoop is a monthly bulletin from Cancer Care Ontario's Division of Preventive Oncology, consisting of regional and provincial news, initiatives, events and resources relevant to those working in cancer prevention and screening.

- Read the January issue of Cancer 2020 eScoop

People news

Toronto lawyer **Richard Ling** has been appointed chair of Cancer Care Ontario, effective March 14, 2007.

Mr. Ling will take the reins from Mr. Peter Crossgrove, who has served Cancer Care Ontario and the Ontario government with distinction since the organization was formed in 1997.

A lawyer at the Toronto office of Borden Ladner Gervais (BLG), Mr. Ling has spent extensive time practising corporate law in China and Canada. Prior to joining BLG, he was a senior partner with Ling and Wong.

He currently sits on the Board of Directors for Sunnybrook Hospital Foundation and Powerstream Hydro Inc. In the past, he has been a director of the St. Michael's Hospital Foundation Board and the Mon Sheong Foundation (Home for Old Aged and Chinese Language Schools). He has also sat on the Board of Directors for Ontario Realty Corporation, Liquor Control Board of Ontario, Sheridan College and the Chinese Cultural Centre of Greater Toronto.

A graduate of McGill University and a distinguished alumnus of Renison College, University of Waterloo, Mr. Ling is a recipient of the Queen's Golden Jubilee and the 125th Anniversary Canadian Confederation Medal.

Dr. Roger Deeley, director of the research division at Cancer Care Ontario, and Stauffer Research Professor of Basic Oncology and director of the Cancer Research Institute at Queen's University, has been appointed VP research development for the Kingston Hospitals and associate dean of research for the Faculty of Health Sciences at Queen's University.

Since assuming the role of research director at Cancer Care Ontario, Dr. Deeley has worked to develop, reshape and advance the standard of cancer research in Ontario through our research efforts at Cancer Care Ontario, in support of the work of the Ontario Cancer Research Network, and in the recent evolution of the Ontario Institute for Cancer Research.

He has led a distinguished career as a scientist with a series of breakthrough studies on multiple drug resistance, and has been a mentor to many local and international students. Last year Dr. Deeley was honored along with Susan Cole as the 2005 recipients of the Robert L. Noble Prize award from the National Cancer Institute of Canada.

He will continue in his position at Cancer Care Ontario until the post is filled.

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