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Ontario Cancer News

Provinces introduce national, interim process to review and evaluate cancer drugs

In a move to build more consistent cancer care across the country, a collaboration of provinces and territories is introducing a national, interim process for the review of cancer drugs. The Joint Oncology Drug Review will make use of Ontario's existing cancer drug review process, through Ontario's Committee to Evaluate Drugs/Cancer Care Ontario.

Read more in this issue of *Ontario Cancer News*.

Provinces to adopt Ontario's cancer drug approval process

In a move to build more consistent cancer care across the country, a collaboration of provinces and territories is introducing a national, interim process for the review of cancer drugs. The Joint Oncology Drug Review will help ensure a more timely, effective and efficient review and evaluation of cancer drugs.

At the Council of the Federation meeting in July 2006, premiers agreed that all provinces and territories would work together to develop a national plan for oncology drugs. In September 2006, an oncology implementation team, with representatives from participating jurisdictions and co-led by Manitoba and Saskatchewan, was formed to develop the Joint Oncology Drug Review.

Effective March 1, 2007, manufacturers of oncology drugs will make a single submission for review through Ontario's Committee to Evaluate Drugs/Cancer Care Ontario. It will be considered a submission to all provinces and territories with the exception of Quebec. Quebec will contribute by sharing information and best practices. Final coverage decisions will remain the responsibility of each jurisdiction.

"The interim process will ensure that all provinces and territories benefit from the same base of evidence and principles for making critical decisions about new cancer drugs," says Cancer Care Ontario President and CEO Terry Sullivan. "This process will reduce duplication of effort, improve clarity for patients, health professionals and industry about how and why decisions are made, and contribute to a more consistent standard of cancer care across the country."

The interim process will be in place for one year. During this time, participating provincial/territorial jurisdictions and other key stakeholders will be consulted as part of an independent evaluation of the Joint Oncology Drug Review. All participating governments will evaluate the success of the initiative before final implementation of a national program is begun.

For more information about Ontario's cancer drug review process, go to the Ontario Drugs Benefit Program section of the Ministry of Health and Long-Term Care's web site.

CCO launches Human Touch Awards

Today, Cancer Care Ontario is launching the **Human Touch Awards** to recognize and honour health care professionals and providers in the cancer system who demonstrate exceptional and compassionate patient care.

All part-time or full-time health care professionals who provide direct patient care at either a regional cancer centre or as part of the Regional Cancer Program—including home care, palliative care, public health, community hospitals and primary care—are eligible to be nominated. This includes physicians, nurses, radiation therapists, pharmacists, social workers, dietitians, psychologists, supportive, palliative care providers and clerical staff, for example.

Nominees must demonstrate a commitment to:

- Providing exceptional and compassionate patient care
- Supporting patients, families and caregivers in the circle of care by informing them of the services and treatments available, helping them to navigate the cancer system and make decisions about their care
- Demonstrating leadership in his/her area of work by acting as a role model for others
- Actively engaging patients and caregivers in decision making
- Ensuring patients have a smooth and effective transition from primary care to hospital to community care and after care
- Helping to improve patients' access to service and respond to the needs of patients from diverse ethnic, cultural, social, socioeconomic groups and communities and of patients with different abilities
- Leading programs and initiatives to improve the patient's experience, quality of life and knowledge of the cancer system

Teams and individuals can be nominated by their patients, families, peers, regional vice presidents, supervisors and managers. All nominations must be approved by the nominee(s), their supervisor, and their regional vice-president, and **submitted by March 30, 2007**.

Nominations will be evaluated based on the criteria outlined in the application form. Successful recipients will be notified the week of Friday, April 13, 2007 and will be invited to Cancer Care Ontario's Annual General Meeting on April 26, 2007, where they will be honoured and presented with a plaque to commemorate their achievement.

For more information or to fill out an application form, visit www.cancercare.on.ca, or send an e-mail to elizabeth.mccarthy@cancercare.on.ca.

Ontario's Computerized Physician Order Entry system to expand to five more centres

Cancer Care Ontario and Canada Health Infoway have announced the expansion of the computerized physician order entry (CPOE) system to five more Ontario facilities by the end of March 2008.

Already succesfully in use in 11 cancer centres across Ontario, Cancer Care Ontario's CPOE system is a critical electronic tool to make cancer care safer and more effective. Nearly 500 physicians are using the system to manage chemotherapy for over 30,000 patients per year.

The cancer-specific CPOE enables physicians to directly order chemotherapy and related drugs electronically, minimizing errors such as handwriting interpretation and dose calculations.

"Countless errors are made each year because of illegible writing on prescriptions and dangerous drug interactions. This innovative technology will cutback on such errors, resulting in safer care," says Richard Alvarez, president and chief executive officer of Canada Health Infoway, which is investing $3-million in this initiative.

The system also provides doctors with support and alerts regarding appropriate dosage and alternative medications. It can alert clinicians to duplicate therapies, potentially dangerous drug interactions and drug allergies for specific patients, while adhering to Cancer Care Ontario's clinical practice guidelines, ensuring the most effective chemotherapy treatment.

"The system was designed specifically to meet the needs of oncologists and their patients and has had remarkable success over the years in gaining the trust of the clinical community. What sets this tool apart from other CPOE products is that it has a proven track record of safe and effective use in the high-risk chemotherapy environment and 100% of doctors use the system where implemented — a critical, but almost unheard of success factor for CPOE," says Sarah Kramer, vice-president and chief information officer for Cancer Care Ontario.

Infoway plans to leverage this initiative as a model to help increase use of information technology by health care practitioners across Canada. In fact, 90% of practitioners who have access to Cancer Care Ontario's CPOE system are using it on a regular basis. Infoway intends to create a "toolkit" that will share knowledge and best practices with other health care organizations across the country wishing to implement computerized physician order entry systems.

For more information, send an e-mail to jennifer.obeid@cancercare.on.ca.

CCO's Psychosocial Oncology Program Addresses Gaps

Approximately, 35% of people diagnosed with cancer experience clinically significant distress. Two years of data from the Ontario Ambulatory Oncology Patient Satisfaction Survey illustrates that patients' emotional, informational and communication needs are not being met (see the Cancer System Quality Index). Patients in all cancer programs rated their "overall" experience highest and emotional support lowest. The data suggest that attention to supporting patients through the experience is essential. As well, the Regional Cancer Programs have expressed the need to establish a programmatic structure at the provincial level.

To address these issues, Cancer Care Ontario has developed a Provincial Psychosocial Oncology Program that includes a Program Committee with representation from across the regions. The Regional Vice Presidents identified key individuals from their cancer program to sit on the newly formed Program Committee. The Program will guide improvements in quality, consistency and availability of psychosocial oncology services across the LHINs.

The Psychosocial Oncology Program is based on the following definition:

> Psychosocial oncology is a specialty in cancer care concerned with understanding and treating the social, psychological, emotional, spiritual, quality-of-life and functional aspects of cancer, from prevention through bereavement. It is a whole-person approach to cancer care that addresses a range of very human needs that can improve quality of life for people affected by cancer. (Canadian Association of Psychosocial Oncology)

The Program builds on the growing body of literature highlighting that psychosocial interventions increase well being, improve adjustment and coping, and reduce distress. It is consistent with the goals of the *Ontario Cancer Plan*, Ontario's roadmap to improve the quality of care for cancer patients.

The inaugural meeting of the Psychosocial Oncology Committee was held on February 20, 2007. The meeting featured an international keynote speaker, Dr. James Coyne, who presented his research on the challenges of providing effective and acceptable psychosocial services to people who have been diagnosed with cancer, and included presentations from leaders of two regional psychosocial oncology programs; Dr. Gary Rodin from the Psychosocial Oncology and Palliative Care Program at Princess Margaret Hospital, and Dr. Scott Sellick from the Supportive Care Program at the Thunder Bay Regional Health Sciences Centre.

For more information about CCO's Psychosocial Oncology Program, send an e-mail to Raquel.ShawMoxam@cancercare.on.ca.

Cancer Care Ontario CEO touring province for Ontario Cancer Plan

Cancer Care Ontario President and CEO Terry Sullivan is taking the ***Ontario Cancer Plan*** on the road. Over the next two months, he'll be visiting Regional Cancer Programs across the province to discuss the plan, and the progress and challenges in each region, with staff and stakeholders.

The three-year Plan is Ontario's road map for how health care providers, Cancer Care Ontario and the Ontario government work together to curb cancer rates while improving the quality of care for current and future patients.

It has been two years since the *Ontario Cancer Plan* was launched as a common platform for coordinated, province-wide action against cancer. The 2006-07 Progress Report illustrates measurable results that show we are on the right track, and sets out proposed actions for 2007-08.

The provincial tour started in Sudbury and Hamilton last month. Other regional visits are scheduled throughout March and April.

Download the *Ontario Cancer Plan: 2006-07 Progress Report* from Cancer Care Ontario's web site.

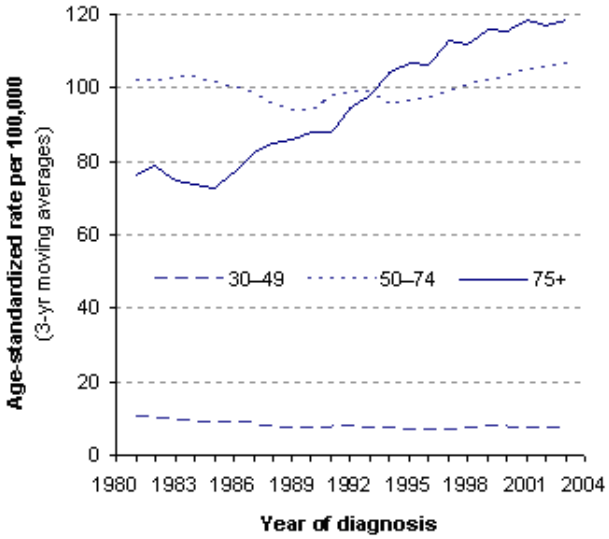
A limited quantity of hard copies is available through publicaffairs@cancercare.on.ca.

Ontario Cancer Fact

Endometrial cancer incidence in Ontario women aged 75 and older has increased steadily since 1980. Rates in women aged 50–74 show a significant rise since 1990, following a decline through the 1980s. Incidence in younger women fell from 1980 to 1994 and then stabilized.

Endometrial cancer was the fourth most common cancer among Ontario women in 2004, when just over 1,500 women were diagnosed, most in the 50–74 age group.

Endometrial cancer incidence rates in Ontario women*, 1980–2004



Source: Cancer Care Ontario (Ontario Cancer Registry, 2007)
* The denominator has been adjusted to reflect proportion of women who have had hysterectomies and are no longer at risk for cancer of the uterus.

The endometrium (lining of the body of the uterus) is affected by changes in estrogen levels. Several risk factors for endometrial cancer are related to increased exposure to estrogen: obesity, nulliparity, early menarche, late menopause and polycystic ovarian syndrome. Risk is elevated with the use of estrogen-only hormone replacement therapy (HRT) and, to a lesser extent, with combined estrogen-progesterone HRT. Combined oral contraceptive pills have a protective effect, and physical activity is probably protective.

Similar increases in the incidence of endometrial cancer for women older than 55 or 60 have been found in other countries and have been attributed partly to the combined effect of HRT and rising obesity. Falling incidence in younger women is usually attributed at least partly to oral contraceptive use.

Weight control and physical activity may represent opportunities for modifying the risk of endometrial cancer in Ontario, especially given rising endometrial cancer rates in older women and the decreasing effect of reproductive factors at older ages.

The key to early detection of endometrial cancer is for a woman to see her doctor if she has any unpredictable vaginal bleeding.

For description and interpretation of similar trends elsewhere, see:

- Somoye G, Olaitan A, Mocroft A, Jacobs I. Age related trends in the incidence of endometrial cancer in South East England 1962–1997. J Obstet Gynaecol. 2005 Jan;25(1):35–8.
- Bray F, Loos AH, Oostindier M, Weiderpass E. Endometrial cancer incidence trends in Europe: underlying determinants and prospects for prevention. Cancer Epidemiol Biomarkers Prev. 2005 May;14(5):1132–42.

For information on endometrial cancer talk to your health care provider, or call Cancer Information Service (1 888 939–3333).

If you have questions about this Cancer Fact, contact 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 February issue of Cancer 2020 eScoop

People news

Peter Crossgrove will retire from his role as Chairman of the Board of Cancer Care Ontario this month, after serving the organization for 11 years.

Mr. Crossgrove has led the organization through a period of unprecedented transformation, from its origins as The Ontario Cancer Treatment and Research Foundation to its rebirth in 1997 as Cancer Care Ontario; through its transition from a provider of cancer treatment to the overseer of cancer care in the province; and through the complex process of integrating cancer services in Ontario. He has provided guidance through the terms of five CEOs.

In recognition of his meritorious service to Cancer Care Ontario, Mr. Crossgrove has been appointed Chair Emeritus of the organization for life.

Out-going Cancer Care Ontario Chairman Peter Crossgrove and former President and CEO Dr. Alan Hudson at the unveiling of their portraits that will hang in Cancer Care Ontario's boardroom.

A director of a number of private sector companies, Mr. Crossgrove has also devoted much of his time to improving Ontario's health care system. He has served on the Boards of a number of charitable organizations and hospitals, including Princess Margaret Hospital, and has raised millions of dollars for health care causes.

Mr. Crossgrove will be succeeded by Toronto lawyer Richard Ling (see January 2007 issue of Ontario Cancer News), whose term as Chairman of the Board begins March 14.

Upcoming events

On May 15, Cancer Care Ontario and the Ontario Hospital Association will host a one day conference addressing cancer services across Ontario.

The conference will focus on the strengths and weakness in the cancer system, and review system performance and innovations in cancer treatment.

Conference topics include:

- Cancer Challenges in Ontario: What's Now, What's Next?
- Clinical Leadership
- Driving Quality and Accountability Through Performance Management
- Cancer Surgery Standards: A Regional Quality Improvement Strategy
- Ontario's Palliative Care Integration Project
- Regional Partnerships: Key to Creating a Patient Centred Cancer System
- What's Next: Innovations in Screening, Cancer Planning and Care

For more information or to register, go to the Ontario Hospital Association web site, or download the conference brochure.

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