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Ontario Cancer News

Health Innovations Highlighted at Expo

Cancer Care Ontario featured several of our innovative initiatives at this year's Celebrating Innovations in Health Care Expo, a showcase of innovative solutions and projects supporting health care system renewal in Ontario. The Expo took place in Toronto May 23 and 24.

CCO's booth highlighted innovations in the category of improving quality and patient safety. Using the patient journey as a framework, our interactive online presentation -- the only one of its kind featured at the event -- tells a clear and compelling story about how information and e-health innovations are improving patient care and outcomes in all aspects of cancer prevention and disease management.

For more information about these initiatives, view the interactive presentation on CCO's web site.

- View interactive presentation

It's not too late to have your say

Tell us what you like – or don't – about Ontario Cancer News, and help us improve our newsletter. Take just a few minutes to complete our brief survey and let us know how we can make Ontario Cancer News more relevant and useful for you.

We want to hear from you. Click here to complete the survey.

Portable radiation bunkers expected to improve access to radiation treatment

Ontario is the first province to introduce mobile radiation units to bring much needed short-term radiation treatment capacity to cancer centres before they are expanded or built.

The two mobile radiation facilities will be in place on the campuses of the Ottawa Hospital Regional Cancer Centre and Royal Victoria Hospital early this fall and will provide cancer patients in these regions with radiation treatment close to home. It's projected that a single radiation facility will treat almost 400 cancer patients annually.

Cancer Care Ontario developed and advanced a proposal for these bunkers with the Ministry of Health and Long-Term Care, and is working with the centres to get them up and running.

Portable, stand-alone radiation bunkers are an innovative solution designed to bring radiation treatment services to communities that need them on a temporary basis for two or three years. The two treatment facilities are a provincial resource that will be used to fill in the gaps while centres are built or expanded. They will help to ensure equitable access to care across the province.

Currently almost 2,000 cancer patients from Barrie and across the Simcoe-Muskoka region are traveling to Toronto to receive radiation therapy. The mobile unit will allow some of these patients to have their radiation treatment closer to home while the hospital's new Simcoe-Muskoka Regional Cancer Centre is being built. Construction will begin in 2008 and will include an additional 101 medical/surgical beds at the hospital.

Construction for the redevelopment of the Ottawa Hospital Regional Cancer Centre is expected to begin later this year. Once the expansion is complete, the centre will provide chemotherapy, radiation, surgical oncology, preventive medicine and palliative care to 1.5 million people in Eastern Ontario.

Mentorship programs address gaps

Mentorship is a dynamic process that promotes independence, autonomy, and self-actualization for mentees and fosters a sense of pride, fulfillment, and continuity for mentors.

Thanks to funding from the Ministry of Health and Long-Term Care's Interprofessional, Mentorship, Preceptorship, Leadership and Coaching Fund, Cancer Care Ontario is a partner in two mentorship projects.

Ontario Oncology APN Interprofessional e-Mentorship Program
Innovative program promotes the development and implementation of oncology advanced practice nursing roles through mentorship
Cancer Care Ontario's Advanced Practice Nurses Community of Practice has partnered with the School of Nursing at McMaster University to implement an interprofessional e-Mentorship program for advanced practice nurses. The program is fully funded by the Ministry of Health and Long-Term Care, and includes a rigorous evaluation to examine mentorship outcomes for mentors, oncology APN mentees, and their employers.

The only one of its kind in Canada, the project aims to promote the development and implementation of oncology APN roles through effective mentorship. The project group is providing leadership in developing a model for mentorship for all advanced practice health providers in oncology and other specialties.

There has been an overwhelming national response for this provincial program. In just four weeks, we have surpassed our targets with over 117 enrolled mentors and mentees and with requests for mentorship from novice APNs from across the country. Although, Ontario Oncology APNs was the target, the program will also significantly impact the development of APNs in other provinces.

The Mentorship Program would not have happened without Cancer Care Ontario's support for developing the APN-COP and for creating opportunities for provincial collaboration to address important factors impacting the effective deployment of APNs in cancer care. The APN-COP has become a model for oncology APN role development across Canada that is frequently consulted to provide leadership at the national level.

Earlier this month, the program's mentors and mentees attended a two-day workshop to begin to develop their skills. Participants included advanced practice nurses, administrators, and other professionals. Dr. Terry Sullivan, CEO of Cancer Care Ontario provided opening remarks.

Mentoring Primary Health Care Nurse Practitioner–Family Physician dyads in collaborative palliative care practice
Primary health care providers, including family physicians and primary health care nurse practitioners, are the first line of care for patients with advanced disease and their families. They play a critical role in providing palliative care, yet most nurse practitioners and family physicians in Canada have received little or no training in this area. Most physicians, residents, and medical students have received only sporadic training in the cornerstones of palliative care: good communication, proactive symptom management and timely advance care planning.

The situation for advanced practice nurses is even more concerning. A recent report found that only 12 of the 142 Canadian schools of nursing offer palliative care as part of their curriculum. Surveys and focus groups conducted to assess the learning needs of nurses in advanced nursing roles in the South East LHIN found that 79% of the nurses rated their preparation for caring for a palliative population as fair to poor.

To address these issues, the Palliative Care and Nursing programs of Cancer Care Ontario have partnered with Queen's University, Lakehead University, McMaster University, the Nurse Practitioners' Association of Ontario and Thunder Bay Regional Health Sciences Centre to undertake a mentoring project. This project aims at building regional supportive relationships between interprofessional and intraprofessional primary health care teams (e.g., family physicians and primary health care nurse practitioners – mentees) and palliative care experts (palliative care physicians and advanced practice nurses – mentors) that will result in increased competencies in palliative care knowledge and skills, and collaborative practice for both the mentees and the mentors.

This project is consistent with the goals of the CCO's Palliative Care Strategy that guides improvements in quality, consistency and availability of palliative care services across LHINs.

For more information on these eMentorship projects, send an e-mail to raquel.shawMoxam@cancercare.on.ca.

Research grants support CCO studies

Team to study breast cancer survival in First Nations women

A team of researchers led by Cancer Care Ontario researchers Anna Chiarelli and Loraine Marrett will receive nearly $300,000 over two years from the Canadian Breast Cancer Foundation – Ontario Chapter for a study titled, Breast Cancer Survival in Ontario's First Nations Women: Understanding the Determinants.

Although breast cancer occurs more often among the general population than among First Nations women in Ontario, First Nations women do not survive as long. The team is studying factors such as stage at diagnosis, treatment, personal characteristics, risk factors, and access and quality of health care to understand these differences in survival. Information collected from medical charts will be compared between 315 First Nations and 630 non-First Nations women diagnosed with breast cancer between 1995 to 2004.

It is hoped that this work will inform health care decision makers about where there may be barriers with access to cancer screening, treatment and surveillance for First Nations women compared with other women in Ontario. The results may support improvements of cancer care for this population.

Co-investigators include CCO's Diane Nishri and Maureen Trudeau, and Amanda Ritchie from the University of Toronto. Collaborators include Caroline Lidstone-Jones from CCO's Aboriginal Cancer Care Unit, Norman Boyd (UHN), Amanda Hey (Sudbury Regional Hospital), Carol Rand (Juravinski Cancer Centre), John Shaw (OBSP, Windsor), Paul Ferner (OBSP, London) and Yolanda Madarnas (Kingston Regional Cancer Centre).

Study looks at cancer risks from CT

Vicki Kirsh has received funding from the National Cancer Institute of Canada to conduct a retrospective cohort study to determine whether the risk of developing leukemia and other known radiogenic cancers (brain, thyroid, breast) is increased in children undergoing CT scans.

In comparison with adults, children may be exposed to higher doses and are generally more sensitive to the carcinogenic effects of radiation, and they have a longer life-span to express radiation-related cancer. The one-year study, titled Cancer risk following radiation exposure from computed tomography (CT) in children and adolescents, begins this July. Co-investigators include CCO's Nancy Kreiger and Gord Fehringer, and Drs. Paul Babyn (Hospital for Sick Children), David Hodgson (Princess Margaret Hospital), John You (Institute for Clinical Evaluative Sciences), and Louise Parker (Dalhousie University).

New Pathology Data Mart provides better picture of cancer pathology in Ontario

Cancer Care Ontario has launched a new Pathology Data Mart in iPort™. iPort is CCO's web-based reporting tool that offers strategic reporting and analysis capabilities to support cancer planning and research throughout the province.

The new data mart shows high level and detailed reporting from information collected by the Pathology Information Management System, to provide cancer planners, clinicians and researchers with a better picture of pathology for cancer in the province. The Pathology Data Mart supports aggregate reporting at a provincial and LHIN level as well as record-level reporting called Facility Lab Reports.

About Facility Lab Reports

A unique feature of the Pathology Data Mart, the new Facility Lab Report contains record-level information enabling dedicated resources within hospital labs to validate their own pathology data submitted to Cancer Care Ontario. To protect the privacy of information on these reports, access to this information is restricted to approved lab users only.

For existing users

Current iPort users can now see the new Pathology folder in iPort Shared Reports and can access the high level and detailed reporting. To gain access to the Facility Lab Reports, users must contact the iPort Help Desk at iport@cancercare.on.ca.

As existing users, you are not required to take the eLearning, however if you wish to take the new Pathology eLearning module, simply log into the eLearning Centre to find the courses added to your account.

For new users

New iPort users need to request access to iPort first before getting specific access to Pathology. Following this process, here's how to request access to iPort:

1. Go to the Access Request Form at: https://webcon.cancercare.on.ca/iPort_reg/
2. Fill out and submit the form (Please be advised that access to the facility lab reports in Pathology is restricted.) Once access is granted, you will be enrolled in eLearning and then iPort™

For more information, contact the iPort Help Desk at iport@cancercare.on.ca

Ontario's Client Registry (EMPI) implemented in 14 more hospitals

CCO delivers where others said it was impossible

While most of us were enjoying the great Canadian gardening weekend, the WTIS-EMPI (Wait Times Information System-Enterprise Master Patient Index) project team was busy delivering the final implementation of the provincial EMPI or Ontario's Client Registry to the remaining wait time funded hospitals.

The EMPI -- developed under Cancer Care Ontario's leadership on behalf of the provincial government -- links patient information using unique identifiers such as health card number, medical record number, date of birth and other demographic information. It is unique in that it has been introduced concurrently with a province-wide information system, the Wait Times Information System, which provides surgeons, administrators and health systems managers with information to better monitor and manage wait lists.

More than three million new records or personal health information files were added to the EMPI, as 14 Phase III hospitals became new sources following the final EMPI Go-Live. The EMPI now contains over 48 million records, holding its position as the largest EMPI in Canada. Delivering EMPI marks a significant milestone not just for the project team but also for the province.

"When we started out, just 18 short months ago to implement both the WTIS and EMPI, many doubted that one, much less two, systems could be delivered in that time," says Sarah Kramer, VP & CIO, Cancer Care Ontario, and lead, Wait Times Information Management Strategy. "But we did it with EMPI. And, we are poised to do it again with the final WTIS implementation, slated for June 18th. The team has done a remarkable job over the past year and half, bringing 62 sources, including the Champlain region MPI and the Registered Persons Database, into provincial client registry against significant challenges. I am very proud of that."

As the EMPI is the cornerstone for other transformational e-Health initiatives such as better integration of patient care through the LHINs and other provincial e-Health efforts in the future, the EMPI is making and will continue to make a difference in delivering better patient care.

For more information about the EMPI or the WTIS, contact the WTIS-EMPI Provincial Project Team at wtisempiprojectcommunications@cancercare.on.ca or 416-217-1235.

CCO/OHA symposium focuses on cancer system strengths and weaknesses

On May 15th Cancer Care Ontario and the Ontario Hospital Association hosted a one day symposium with presentations and discussions concentrating on the growing burden of cancer and the impact this will have on cancer services in Ontario.

The conference was attended by private and public sector representatives and focused on the strengths and weaknesses in the cancer system, reviewed system performance and highlighted innovations innovations in cancer treatment.

Conference topics included:

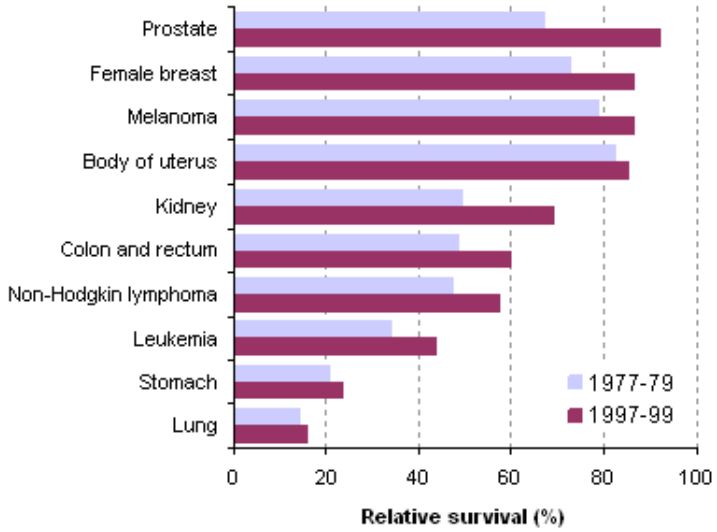
- Cancer Challenges in Ontario: What's Now, What's Next?
- Clinical Leadership
- Driving Quality and Accountability Through Performance Management
- Cancer Surgery Standards: A Regional Quality Improvement Strategy
- Ontario's Palliative Care Integration Project
- Regional Partnerships: Key to Creating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

Presentations are available in the Library on Cancer Care Ontario's web site.

Ontario Cancer Fact

Survival for Ontario's common cancers has improved over the last two decades. The gains were very modest (<3%) for the most fatal cancers (lung and stomach), and greatest (>11%) for prostate, kidney, breast and colorectal cancers. Improvements in survival for cancers of the prostate, breast and colon and rectum are particularly important, because they are three of the four most common cancers in Ontario, and account for 42% of incident cases.

5-year relative survival* for ten common cancers diagnosed in Ontario (cases diagnosed 1977–1979 vs 1997–1999)



* Five year relative survival is the proportion of people alive five years after their diagnosis, adjusted for the mortality expected for people of the same age in the general population.

Source: Cancer Care Ontario (Ontario Cancer Registry, 2007)

Improvements in treatment are responsible for the survival gains in most cancers. Better surgical techniques have been developed for breast, kidney, and colorectal cancers. The discovery of new drugs has been particularly important for leukemia and non-Hodgkin lymphoma. Advances in radiation therapy have been most effective for breast and prostate cancers.

Cancer screening has also contributed to improved survival for some cancers. More people are participating in screening, and screening tests have improved over time. Breast cancer survival improvements are probably related to both treatment and screening. Screening for cancers of the colon and rectum is still at low levels in Ontario and has the potential to further improve survival if it is more widely adopted. The increase in survival from prostate cancer is probably a combination of better treatment and earlier detection. The introduction of PSA (prostate specific antigen) testing in the late 1980s probably contributed to improved survival, but part of this apparent improvement may be misleading. PSA may have found some slow growing prostate cancers that would never have caused problems or shortened a man's life. For this reason, mortality rates are considered a better way of assessing the impact of early detection.

Ontario's Cancer Prevention and Screening Council, established by Cancer Care Ontario and the Canadian Cancer Society, is working toward breast and cervical screening targets set out in Cancer 2020 (an action plan for cancer detection and prevention). The Ontario Ministry of Health and Long-Term Care and Cancer Care Ontario introduced a provincial colorectal cancer screening program in spring 2007.

- To find out more about the screening programs for breast, colorectal and cervical cancers in Ontario, go to http://www.cancercare.on.ca/index_screening.htm.
- Breast cancer in Canada, including survival, is a special topic in this year's issue of Canadian Cancer Statistics.
- To see improvements in 5-year survival of cases diagnosed more recently (1987-89 versus 1997-99) go to the Cancer System Quality Index 2007.
- If you have questions about this Cancer Fact, send an e-mail to cancerfacts@cancercare.on.ca. If you have questions about cancer statistics, please go to www.cancercare.on.ca/index_requestDatafromCCO.htm#Forms.
- To subscribe to Ontario Cancer Facts, please go to https://webcon.cancercare.on.ca/CCONews/.

Recent publications

Read the May issue of CCO's prevention and screening newsletter

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 May issue of Cancer 2020 eScoop

OCSP releases new reference guide on cervical dysplasia and human papillomavirus

The Ontario Cervical Screening Program has released its newest evidence-based resource -- ***Frequently Asked Questions on Cervical Dysplasia and Human Papillomavirus: A Reference Guide for Clinicians***. The guide has been distributed to Ontario primary care clinicians and obstetricians/gynecologists across the province, and is also available on Cancer Care Ontario's web site.

- PDF Download reference guide

Upcoming events

A National Forum on Cancer Care for All Canadians: Improving Access & Minimizing Disparities, November 1 – 3, 2007, The Coast Plaza Hotel & Suites, Vancouver, BC

The purpose of this national forum, offered by UBC Interprofessional Continuing Education is to prepare an action plan for improving access to culturally competent quality cancer care for all Canadians. The following themes will be addressed:

1. Access: Service Utilization and Quality Care;
2. Systematic Cancer Care and Health Care Providers;
3. Research Methods, Data and Evaluation.

The format for the symposium will include plenary, poster, instructional and paper sessions. Extensive opportunities are provided for networking with colleagues.

UBC Interprofessional Continuing Education is a non-profit organization that provides multidisciplinary conferences to health professionals and the community on health-related issues in an interdisciplinary environment.

For further information, a downloadable flyer, or to submit an abstract (by June 30, 2007), please go to www.interprofessional.ubc.ca, call 604-822-7524 or send e-mail to ipad@interchange.ubc.ca.

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