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June/July 2007, Volume 5, Number 5

Ontario Cancer News

Second Annual Quality and Innovation Awards

Cancer Care Ontario and the Cancer Quality Council of Ontario are seeking nominations to recognize leaders and/or teams for significant contributions to quality or innovation in the delivery of cancer care. Eligible applicants must be involved in the delivery of cancer care within Ontario.

Read more in this issue of ***Ontario Cancer News***, or go to Cancer Care Ontario's web site to download the nomination forms.

- Quality and Innovation Awards, call for nominations

Call for Nominations for Quality and Innovation Awards

Cancer Care Ontario and the Cancer Quality Council of Ontario are announcing the second annual call for nominations for the Quality and Innovation Awards. Once again, these awards will recognize leaders and/or teams for significant contributions to quality or innovation in the delivery of cancer care.

Eligible applicants must be involved in the delivery of cancer care within Ontario. Successful applicants will be notified in mid-October and asked to attend an awards dinner in November.

Please review the selection criteria and application details and submit your completed nomination by **September 19th, 2007**.

If you have any questions or require clarification, please email: qualityandinnovation.awards@cancercare.on.ca

For more information about the nomination process and criteria, and to download the forms, go to the Quality Council section of the Cancer Care Ontario web site.

Improving the Quality of Reported Cancer Stage Data

Cancer staging (determining the extent of a patient's cancer) is critical for physicians to make diagnosis and treatment decisions, as well as for cancer centres to coordinate services and resources. By linking stage of cancer with outcome and treatment data, we gain valuable information that helps us to assess the quality of care being provided and identify new ways to improve the delivery of that care.

Capturing stage of disease for all new patients treated in Ontario's cancer care system is crucial to determining whether screening programs are finding cancers early and whether the right treatments are being given to the right patients in concordance with practice guidelines, as well as to determine if provincial and regional cancer survival rates compare well with other provinces and regions.

The purpose of CCO's Stage Capture Project is to improve the quality of stage data reported to CCO and to develop and implement the optimum stage capture program for Ontario. Under the leadership of Dr. Kevin Imrie (Odette Cancer Centre) and Dr. Tom McGowan (Carlo Fidani Peel Regional Cancer Centre), the project's goals are to develop and test data collection processes, tools and supports to enable timely access to accurate, complete and comparable cancer stage information, and other important prognostic factors, for all Ontario patients.

According to the results of the 2007 Cancer System Quality Index, the percentage of new cases being reported with stage data *at cancer centres* in Ontario was just under 80% in 2003 and 2004. However, stage is reported on only 40% of all new cancer cases at the time of diagnosis at *all other non-cancer centre settings* across the province that diagnose cancer, including community hospitals. In collaboration with the cancer centres, new targeted efforts should result in an improved stage capture rate in 2006. The goal is to obtain stage information on 90% on all new cancer cases in Ontario by 2011.

CCO is actively working with all of the high-volume cancer hospitals to improve the quality and rate of capture for stage data. Efforts are under way to improve stage data quality through education sessions, enhanced reporting and other process

improvements, with cancer centre based clinicians and health record leaders championing this initiative.

In the short to mid-term, the focus of the project is to expand the TNM staging system (Tumour, Node, Metastasis) to report stage data on all new cancer patients who receive care in the province's cancer centres and Princess Margaret Hospital. The TNM staging system uses three basic descriptors that are then grouped into stage categories. The first component, "T," describes the extent of the primary tumour. The next component, "N," describes the absence or presence and extent of regional lymph node metastasis. The third component, "M," describes the absence or presence of distant metastasis. The final stage groupings (determined by the different permutations of "T," "N," and "M") range from Stage 0 through Stage IV.

As part of TNM expansion, significant preparations and planning are under way at each of the cancer centres to develop new processes, tools and enhanced education.

These planning efforts are being led by physician leaders who have been designated Stage Leads/Clinician Mentors, and health records leaders. TNM expansion will improve the quality of current stage data reported by cancer centres and move closer to the project goal of 90% stage capture of all new cancer cases by achieving 60% stage capture by March 2008.

In the long-term, the vision for the future of stage reporting is Collaborative Staging (CS). Collaborative staging is not a new staging system; rather it is a minimum data set that captures the elements of stage and other important prognostic factors (e.g., PSA levels for prostate cancer). TNM stage can be derived using CS. A key advantage of CS is that it includes data on other important prognostic factors, and allows for comparison and accommodates changes in staging systems over time.

To date, three pilot projects to assess the feasibility of a semi-automated approach to the collection of CS data have been highly successful. The pilots at University Health Network, Lakeridge Health and Credit Valley Hospital have involved many committed clinicians, administrators and both health record and information technology professionals.

Leveraging data available through the provincial Pathology Information Management System (PIMS) and synoptic pathology tools that have a standardized look, language and discrete data fields, the pilots are demonstrating that automating data collection can result in a more streamlined approach for collecting stage information from the primary data source. The project has received tremendous support from pathologists to develop Collaborative Staging aligned with the College of American Pathologists (CAP) checklists. This has involved collaboration with the Centres for Disease Control, CAP and SNOMED International (a division of CAP that promotes a common language for capturing, sharing and aggregating health data.) The results of these pilots will inform the implementation of electronic stage data capture province-wide. A roadmap for implementing CS will be completed by the fall of 2007. Planning is already under way for the first wave of early adopter LHINs with a goal of implementing CS data collection in these regions by March 2008.

If you have a question or would like to know more about Stage Capture Project, send an e-mail to stage@cancercare.on.ca.

For more information on your local cancer centre's plans for TNM expansion, contact your centre's Stage Lead or Health Record Stage Contact.

CCO and Partners Develop Vegetable and Fruit Radio Ads for Cancer Prevention

In collaboration with the Canadian Cancer Society, Ontario Division, XM Satellite Radio, and several regional cancer prevention and screening networks, Cancer Care Ontario has developed six radio ads to promote vegetable and fruit consumption among women, men and parents of school-aged children.

The ads were focus tested between August and September 2006 in four Ontario communities and revised according to the feedback gained from focus group participants.

The ads have been airing nationally on XM Satellite Radio since March 2007 and will continue to air for one full year.

In an effort to increase regional cancer prevention capacity at the local level, Cancer Care Ontario has made the ads available for local initiatives. Three separate regional campaigns were implemented by cancer prevention and screening networks in the Greater Toronto Area, Erie – St. Clair and the Northwest from March to April 2007.

Cancer Care Ontario commissioned an evaluation of the three local vegetable and fruit radio ad campaigns to:

- assess awareness
- assess reaction to the campaign
- determine the impact of the campaign on attitudes and behaviour related to the consumption of fruits and vegetables

The campaign evaluation is based on results of a telephone survey conducted between April 17 and May 6, 2007 among a random sample of 401 residents of the targeted communities. The evaluation findings are extremely positive:

- Overall, 36% of the respondents recalled hearing at least one of the Vegetable and Fruit advertisements. Campaign recall levels were relatively consistent across the three markets and among male and female respondents. Campaign recall was somewhat higher among those who listened to the radio more than one hour a day and among those who currently ate five or more vegetables and fruit each day. There was no significant variation in campaign recall in terms of the demographics of the respondent.
- The campaign was considered to deliver a clear message, to be relevant and meaningful, and to be persuasive and influential. It was also perceived to catch one's attention, to be ads respondents were pleased to hear and ads that they would not mind hearing again. However, the ads were only slightly more likely to be seen as providing new information relative to the average commercial.
- Few found the campaign to be offensive (9%) and only 12% felt the ads were hard to believe. However, a significant minority felt the ads exaggerated the importance of eating vegetables and fruits (42%). This can be interpreted as an opportunity to educate consumers on the relationship between diet and cancer.
- Overall, 64% of those who recalled the radio campaign stated that the campaign made them more aware of the importance of eating vegetables and fruits. Those with less education, those with lower household incomes and those who eat three or fewer vegetables and fruits each day were more likely to state that the campaign made them more aware of the importance of eating vegetables and fruits.
- Recall of the vegetable and fruit radio ad campaign was significantly associated with a tendency to disagree with the statement, "There is little relationship between what you eat and cancer." Those who recalled the campaign were also significantly more likely to agree that, "They try to eat at least five fruits and vegetables each day."
- The campaign also significantly impacted the extent to which the consumers ate five or more vegetables and fruit a day and the extent to which they were likely to report eating more fruits and vegetables today than one year ago.

Cancer Care Ontario is seeking opportunities to disseminate the radio ads more widely across the province. For more information, contact Hélène Gagné, Manager of Prevention Programs, via e-mail at helene.gagne@cancercare.on.ca, or by phone at 416-971-9800 ext. 3243.

To hear the vegetable and fruit radio ads, go to the Prevention section of the Cancer Care Ontario Web site.

Regional News

Cancer Care Ontario celebrates the grand opening of the R.S. McLaughlin Durham Regional Cancer Centre

Cancer Care Ontario recently celebrated the grand opening of the R.S. McLaughlin Durham Regional Cancer Centre along with Lakeridge Health and the Oshawa Hospital Foundation. The centre, which opened on June 4th, will provide cancer care closer to home for patients in the region.

Working hand-in-hand with cancer partners across the region, the new centre will have a significant impact on improving access, reducing wait times for cancer diagnosis and treatment and preventing cancer from occurring in the first place.

In 2007, Cancer Care Ontario projects that 7,479 new people will be diagnosed with cancer in the Central East Local Health Integration Network served by Lakeridge Health. As a result of the aging and rapidly growing population in the region, the incidence of cancer will climb significantly over the next decade. In fact, the number of new patients diagnosed with cancer in this LHIN is projected to rise by 133%, reaching 17,224 new patients in 2015.

In its first year, the R.S. McLaughlin Durham Regional Cancer Centre expects to handle 26,000 radiation treatments and 30,000 outpatient assessments, provide 12,000 chemotherapy treatments, and see 20,000 palliative and supportive care visits, together with other cancer related services.

The new centre is one of six new regional cancer centres and expansions recommended in the *Ontario Cancer Plan* that have been approved and announced by the Ministry of Health and Long-Term Care. These centres are an integral part of integrated cancer programs for the whole LHIN area and will continue to have a considerable impact on reducing the wait times for cancer diagnosis and treatment.

Landmark investment in Sunnybrook cancer program will establish the Edmond Odette Cancer Centre

Cancer care and research in Ontario has received a boost in the form of a generous donation from Edmond and Gloria Odette to Sunnybrook Health Sciences Centre's cancer program. Their gift will create the Edmond Odette Cancer Centre, formerly the Toronto Sunnybrook Regional Cancer Centre, the sixth largest comprehensive cancer centre in North America.

"The Odettes' investment in our cancer program comes at a tremendously important time for advancing the treatment of cancer here at the Odette Cancer Centre, and for all Canadians," says Linda Rabeneck, VP, Regional Cancer Services, Sunnybrook and Regional VP, Cancer Care Ontario. "Our cancer care providers and researchers are second to none, and this investment will afford them with the exceptional facilities and state-of-the-art equipment to continue their extraordinary work."

"We are passionate supporters of Sunnybrook, and have made this investment because we have witnessed firsthand the tremendous work of the staff at the Cancer Centre," says Edmond Odette. "We wanted to make our contribution where we felt it

would have the greatest impact, and with over a quarter of a million patient visits per year, Sunnybrook's Cancer Program was the most logical choice."

The Odettes' funding will be used in several patient care areas including the renovation and expansion of the Centre's chemotherapy suites and pharmacy, which will help Sunnybrook better serve present needs and effectively treat patient overflow from other communities, and towards the purchase of several pieces of equipment vital to cancer care and research including:

- a digital mammography unit that will produce images that can be enhanced to ensure the most accurate diagnosis possible and improve efficiency, meaning more examinations can be performed;
- a cyclotron, used in the manufacture of Positron Emitting Radiopharmaecuticals, which are critical to a host of cutting edge cancer research and clinical endeavours, including chemotherapy treatment;
- a tomotherapy unit, which allows physicians to precisely locate tumours in three dimensions directly before each cancer treatment begins;
- an endoscopic ultrasound unit, which is used to accurately diagnose gastrointestinal and other malignancies, detecting smaller lesions than other imaging methods and providing greater opportunity for early treatment; and
- brachytherapy equipment, a minimally invasive intervention that destroys cancer cells through the placement of radioactive materials directly into the tumour.

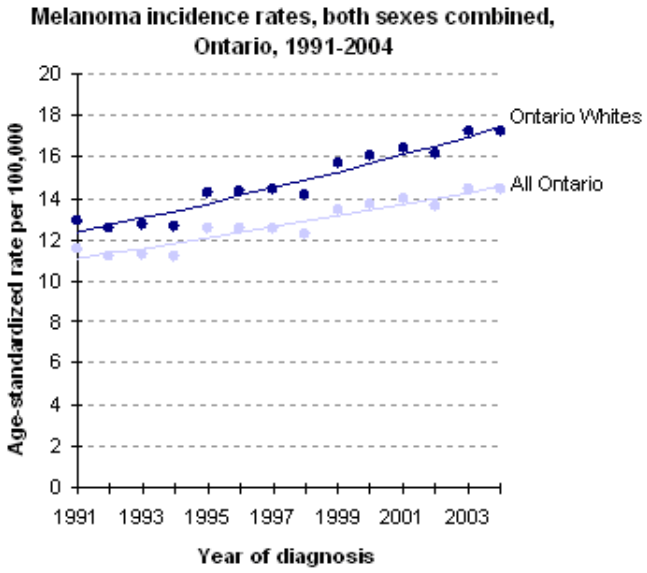
Ontario Cancer Facts

Malignant melanoma, the most fatal form of skin cancer, was the 8th most commonly diagnosed cancer in Ontario in 2004, with 1885 new cases and 348 deaths.

Melanoma is predominantly a cancer of Caucasians (or Whites), particularly those with light-coloured skin that tans poorly. For example, in the U.S., the annual average incidence rates for melanoma in 2000-2004 were 0.9 per 100,000 for Blacks, 3.8 for Hispanics and 19.1 for Whites. The Ontario Cancer Registry does not record race or ethnicity, so race-specific rates cannot be calculated as in the U.S.

The percentage of the Ontario population that could be classified as White has been declining, so that it was 81% in 2001 compared to 87% in 1991. As a result, changes in incidence rates for melanoma calculated for the entire Ontario population do not accurately reflect the true trend among Ontario Whites. We can estimate a more accurate rate of melanoma incidence in Ontario Whites by taking the population count and reducing it by the number of people who reported belonging to some group other than White on the census.

Melanoma incidence rates based on the entire Ontario population rose by 2.1% per year from 1991 to 2004, while those based on the reduced population counts increased by 2.7% per year. The latter is likely to be much closer to the true trend for Ontario Whites. The estimated annual average melanoma incidence rate for 2000-2004 was 14.0 per 100,000 based on the entire population, but using the reduced population the rate is 16.6 per 100,000, which is closer to the rate for U.S. Whites for the same period (19.1 per 100,000). This Ontario rate is probably a slight overestimate because some of the melanoma diagnoses included in the rate will have occurred in 'non-Whites'.



Source: Statistics Canada - Cat. No. 95F0363XCB2001004, Cancer Care Ontario (Ontario Cancer Registry, 2007)

The best ways to reduce your chances of getting melanoma are to avoid the summer sun when it's highest in the sky (between 11 a.m. and 4 p.m.), wear protective clothing outdoors, liberally apply broad spectrum sunscreen and never use tanning equipment. This advice is particularly important for those who have very fair skin and burn easily, and for children and adolescents.

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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.

To subscribe to Ontario Cancer Facts, go to the subscription link at https://webcon.cancercare.on.ca/CCONews/.

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 June issue of Cancer 2020 eScoop -- http://www.cancercare.on.ca/escoop/finale-ScoopJune07.html

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Upcoming Events

Updates in Chronic Lymphocyctic Leukemia, September 28 & 29, 2007, Toronto Marriott Bloor Yorkville Hotel, Toronto

This symposium will provide updates on current understanding of CLL disease biology, staging, biologic markers, prognostic factors, and treatment options. It will focus on treatment of CLL with chemotherapy, immunotherapy, and transplantation approaches. As well, it will incorporate challenging case studies as a forum for audience participation through touch pad technology and discussion.

This educational session will focus on meeting the needs of hematologists, oncologists, internists with CLL interest, oncology nurses, oncology pharmacists, and trainees involved in the care of patients with leukemia and lymphoma.

For more information, download the brochure, or contact the Office of Continuing Education & Professional Development, Faculty of Medicine, University of Toronto at 416-978-2719 or toll-free at 1-888-512-8173, or send e-mail to help-MED0739@cmetoronto.ca.

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 http://www.interprofessional.ubc.ca/, call 604-822-7524 or send e-mail to ipad@interchange.ubc.ca.

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