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Ontario Cancer News

Improving radiation wait times reporting

Cancer Care Ontario has been reporting radiation wait times on our web site for four years. Recently, we began a new way of reporting this data that provides more current, more comprehensive and more specific information for patients, health care professionals and the public.

We are continuing to tell people whether wait times are improving and how wait times at different locations compare. And now we have taken the lead to report, for the first time, the proportion of patients who are receiving radiation treatment within the recommended targets.

To view the new wait times information, go to the CCO web site.

Ontario Announces HPV Vaccination Program

The Ontario government will invest $117-million over three years in a program to provide free vaccinations to young women in Grade 8 to protect against Human Papilloma Virus (HPV), the cause of cervical cancer. The program was announced earlier this month by Premier Dalton McGuinty.

Beginning this fall, the HPV vaccine will be offered to about 84,000 young women in Grade 8. The school-based vaccination will be administered by public health nurses on a voluntary basis, with consent forms and information provided to parents and guardians ahead of time.

Every year in Ontario, about 500 women are diagnosed with cervical cancer and 140 die from the disease.

“The HPV vaccine is a very important medical advance that will further reduce the toll of cervical cancer,” said Dr. Joan Murphy, Head, Divison of Gynecologic Oncology, University Health Network, and member of Cancer Care Ontario’s Ontario Cervical Screening Collaborative Group. “Cervical cancer is a virtually preventable disease. By getting every at-risk woman screened and by allowing all Grade 8 females the opportunity to be vaccinated against the HPV virus, we have a real chance of eliminating cervical cancer in Ontario.”

HPV is a common virus transmitted through sexual activity. Some types of the virus can cause genital warts and cervical cancer. The HPV vaccine blocks two of the 13 high-risk types of HPV that account for about 70% of cervical cancer cases. It also protects against two low-risk types of HPV that cause 90% of genital wart cases.

Although the vaccine provides protection against HPV, it is not a replacement for cervical cancer screening. Regular cervical cancer screening along with the vaccine, provide the best protection against cervical cancer.

Cancer Care Ontario is working with the Ministry of Health and Long-Term Care to develop an information system to monitor and evaluate the impact of the vaccination program, how many Grade 8 girls are being immunized, and the effects on screening and on cervical cancer incidence and death.

- For more information about the announcement, go to the Premier's web site.
- For information about HPV, the HPV vaccine and cervical cancer screening, go to Cancer Care Ontario's web site.

Defining a High Performance Cancer System

Cancer Care Ontario represented Canada at a five-country workshop in London, UK, last month. The workshop was part of a project, funded by the Commonwealth Fund, which aims to set a baseline on cancer system performance by comparing cancer performance imrovement practices in the five participating countries -- France, Germany, the U.S., Canada and the UK.

The goal of the workshop was to develop a set of core performance measures, reporting methods and improvement objectives for a high performance cancer care system. Participants included the project investigators -- all leading architects of cancer system development in their respective countries -- and cancer system policy-makers, funders, clinical leaders and researchers. Ontario's representatives were Cancer Care Ontario's Terry Sullivan, Michael Sherar and Mark Dobrow, cancer activist Jack Shapiro and Dr. Bill Evans, president of Juravinski Cancer Centre in Hamilton.

Photo: International participants in the UK Five Country Workshop

A report will be prepared highlighting key lessons learned in the specification of performance measurement and reporting; the most promising methods for quality improvement; and the policy context and local imperative supporting these performance improvements. This report will be presented at the Commonwealth Fund's International Health Policy Symposium in October 2007. The intent is to establish an initial dialogue among cancer system leaders in a number of advanced countries and to contribute these country-specific cancer experiences to the broader efforts of the Commonwealth Fund's Commission on a High Performance Health System for the USA.

The pre-workshop report and workshop presentations are posted in the library on the Cancer Care Ontario web site.

Research Update

CCO and OICR researchers identify chromosome linked to colorectal cancer

Breakthrough could identify those at risk and save lives through early detection

Researchers at the Ontario Institute for Cancer Research and Cancer Care Ontario have successfully identified a specific genetic variation on chromosome 8 that is associated with colorectal cancer. This is the first genetic predictor that has been identified for the most common forms of colorectal cancer to date and may play a significant role in how people are screened for the disease.

The study was published last month in *Nature Genetics*, reporting the work of the Assessment of Risk for Colorectal Tumours in Canada (ARCTIC) project. The project involved researchers from around the world including the U.S., France, England and Scotland, who analyzed more than 100,000 genetic elements from 10,000 people, including 2,400 Ontarians from the Ontario Familial Colorectal Cancer Registry.

Previous research on this chromosome has linked it to other forms of cancer, including prostate cancer, suggesting that individuals with this newly discovered variation may be at risk for a broad spectrum of cancers.

“This discovery will lead to better understanding of colorectal cancer biology and the cause of this disease,” said Dr. Tom Hudson, co-principal investigator and president and scientific director of the Ontario Institute for Cancer Research. “This information can be used to identify those at risk of colorectal cancer and direct them to screening at an earlier age.”

Colorectal cancer is the second deadliest form of cancer in Canada, but one of the most preventable. Ontario has one of the highest colorectal cancer rates in the world. In 2007, an estimated 7,800 Ontarians will be diagnosed with colorectal cancer and 3,250 will die from the disease. If detected early, colorectal cancer is 90% curable. According to the 2007 Cancer System Quality Index, in the years 2004 and 2005, only 17% of Ontarians over age 50 were screened for colorectal cancer using a Fecal Occult Blood Test (FOBT).

"This breakthrough could lead to new methods of testing for colorectal cancer," said Dr. Brent Zanke, co-principal investigator and scientist at Cancer Care Ontario. "For example, this genetic variation could be detected through a tool as simple as a blood test. Used as part of a screening program, this information could help individualize screening and prevention efforts saving lives and money."

Further studies may lead to the identification of additional common genetic risk predictors for colorectal cancer.

The ARCTIC Genome project was funded by Genome Canada through the Ontario Genomics Institute, by Génome Québec, the Ministère du Dévelopment Économique et Régional et de la Recherche du Québec, Cancer Care Ontario and the Ontario Institute for Cancer Research.

CCO study shows cruciferous vegetables reduce the risk of aggressive prostate cancer

The results of a four-year study led by Cancer Care Ontario researcher Dr. Victoria Kirsh, show that men who eat more cruciferous vegetables, such as broccoli and cauliflower, have a reduced risk of developing aggressive prostate cancer. Several studies have demonstrated an association between eating vegetables and a reduced risk of prostate cancer, but study results have not been consistent and many have not investigated the association among patients with aggressive prostate cancer.

The research team evaluated the possible association in 1,338 prostate cancer patients diagnosed in the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial. Each of the men completed a 137-item food-frequency questionnaire.

They found that eating fruits and vegetables was not associated with decreased prostate cancer risk in general. But greater consumption of dark green and cruciferous vegetables, especially broccoli and cauliflower, was associated with a decreased risk of aggressive prostate cancer.

"Aggressive prostate cancer is biologically virulent and associated with poor prognosis. Therefore, if the association that we observed is ultimately found to be causal, a possible means to reduce the burden of this disease may be primary prevention through increased consumption of broccoli, cauliflower, and possibly spinach," the authors write.

The results of the study were published in the August 1, 2007 issue of the *Journal of the National Cancer Institute*.

Regional News

Federal government invests $14.7-million in Thunder Bay's Molecular Medicine Research Centre

A new Molecular Medicine Research Centre (MMRC) at the Thunder Bay Regional Health Sciences Centre (TBRHSC) will bring together top researchers with state-of-the-art facilities, provide high-quality training, and develop leading-edge research programs in support of cancer, cardiac and neurology research.

The MMRC will conduct research merging biology, physics and engineering toward the development of new molecular imaging technology and imaging guided diagnostics and treatment for cancer. Discovery and translational research conducted at MMRC will establish new standards for best clinical care and ultimately improve national cancer prevention and outcomes.

Dr. John Rowlands has been appointed as the MMRC's Founding Scientific Director. Dr. Rowlands is a senior scientist, Sunnybrook Research Institute and head of medical physics research, Odette Cancer Centre.

The $44.1-million Centre, a cross-Ontario collaboration involving Sunnybrook Research Institute, Thunder Bay Regional Health Sciences Centre, Lakehead University and Philips Medical Systems, is scheduled to open in March 2008.

Last month, the Honourable Tony Clement, Minister of Health and Minister for FedNor, and the Honourable Joe Comuzzi, MP for Thunder Bay–Superior North, announced a $14.7-million investment in the initiative by the Canadian government. This investment matches provincial support for MMRC and complements more than $10-million of municipal support.

The Credit Valley Hospital Design team wins international design awards

Credit Valley Hospital has won three of four international architectural design awards for the Carlo Fidani Peel Regional Cancer

Centre and the Vijay Jeet and Neena Kanwar Ambulatory Care Centre.

The hospital was recognized for it's "beauty on a budget" approach to the recent expansion project. The awards were presented by the Sweden-based International Academy for Design and Health in Glasgow, Scotland in June.

Hospital President Wayne Fyffe was recognized with the Health Facility Manager Award for being "a visionary leader who embraces the vital role of design in the built environment by creating a health-supportive organizational culture."

The hospital was "highly commended" in the Healthcare Design Project Award, which recognizes distinction in a completed health care design project that uses an innovative concept to promote health and well-being."

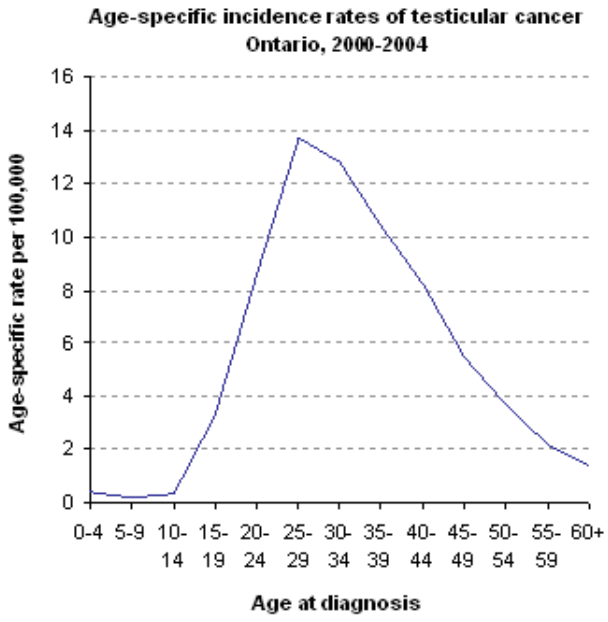
The Academy's Architect Award was won by Tye Farrow of Farrow Partnership, the architectural firm who designed Credit Valley's unique cancer and ambulatory care centre. This award honors someone "whose completed work demonstrates talent, creativity and originality that makes a significant contribution to health and humanity through the medium of architecture and design."

Said hospital president, Wayne Fyffe, "Creating a caring and somewhat soothing environment plays a significant role in calming the spirit so that the healing process can begin. That is what our philosophy of healing and hope, and the design elements of our regional cancer and ambulatory care centre, are about."

Read more about the centre's design, or view a video on the Credit Valley Hospital web site. Find more information about the awards, and photos of the winning designs on the International Academy for Design and Health web site.

Ontario Cancer Fact

Testicular cancer affects males mainly in their young adult years. Incidence starts to rise steeply from age 10, peaks in the mid to late 20s, then declines after age 30.



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

Testicular cancer is one of the few cancers where incidence is rising in young adults. There is no accepted explanation for the increasing trend. Known risk factors are cryptorchidism (undescended testicle), previous testicular cancer, and family history of the disease.

Young men and their doctors need to be aware that this cancer is becoming more common in young men. Symptoms of testicular cancer include a painless lump or swelling in a testicle, pain or discomfort in a testicle or in the scrotum, any enlargement of a testicle or change in the way it feels or a feeling of heaviness in the scrotum.

Few people who get testicular cancer die from it because treatments are so effective. Survivors of testicular cancers are at an increased risk of second cancers and infertility resulting from their treatments.

For more information, talk to your health care provider or call the Cancer Information Service at 1 888 939-3333.

For information regarding cancer in young adults, see http://www.cancercare.on.ca/pdf/CYAC2006E.pdf

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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 August issue of Cancer 2020 eScoop

People News

Kelly Grover joined Cancer Care Ontario this June in the new position of director, Knowledge Transfer and Exchange (KTE). As part of the Regional Programs portfolio, Kelly will lead a cross-CCO KTE program that has strong links with the Regional Cancer Programs. The KTE program, through Kelly's leadership, will have responsibility for ensuring that excellent knowledge transfer and exchange plans are in place and implemented to support all of our major initiatives to improve quality and access in the cancer system.

Kelly was previously with the Institute for Work and Health and has extensive experience with the practical issues of knowledge transfer with a variety of audiences in the health care setting through her work with Nova Scotia Department of Health, CIHR and Planned Parenthood in Halifax, where she was executive director.

Katya Duvalko has joined Cancer Care Ontario as the new director of the Cancer Quality Council Secretariat. Katya comes to CCO from the Ontario Health Quality Council, where she was director of Research, helping set the Quality Council's initial research agenda and managing some of the Council's early research projects. Previously, Katya worked as the director of the Executive Office and Policy Department at the College of Physicians and Surgeons of Ontario.

Katya holds a Bachelor of Arts and a Master's of Health Sciences from the Johns Hopkins University in Baltimore, Maryland. She is currently completing a PhD in health policy in the department of Health Administration at the University of Toronto.

Dr. Loraine Marrett, senior scientist and director of Cancer Care Ontario's Surveillance Unit, has been chosen as the recipient of the Canadian Dermatology Association Award of Honour. This prestigious award is bestowed upon a person who is not a member of the medical profession and who has, in the opinion of the Association, made an outstanding contribution to the field of medicine.

The award is in recognition of Dr. Marrett's contribution in helping improve the health of Canadians through her continuing efforts in the area of skin cancer research and education.

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.

Advance Notice: Toronto Myelodysplastic Syndromes Symposium 2007: Challenges and Opportunities, November 2, 2007, Sutton Place Hotel, Toronto

The Division of Medical Oncology, Department of Medicine, University of Toronto, is sponsoring an inaugural one-day symposium on Myelodysplastic Syndromes this November 2. Program details and registration information will be available August 31, 2007 at http://events.cmetoronto.ca/website/index/MED0722. (Course Code: MED0722)

Contact Us

All enquiries and article suggestions should be directed to:

Christine Naugler
Public Affairs
Cancer Care Ontario
620 University Avenue
Toronto, ON M5G 2L7
phone: (416) 971-9800 x 1605
fax: (416) 217-1249
e-mail: publicaffairs@cancercare.on.ca

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