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Ontario Cancer News

October is breast cancer month

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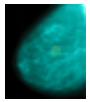
The overall proportion of women aged 50 to 69 receiving a mammogram, however, has leveled off at approximately 60%, below Ontario's target of 70% of eligible women screened by 2010.

Efforts must focus on raising screening rates among women living in poverty, new Canadians and Aboriginal women.

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

Breast screening demand grows, overall rates level off



The number of women aged 50-69 requiring regular breast screening has increased by 3.3% this year and more of these women are benefiting from the Ontario Breast Screening Program (OBSP). The overall proportion of women aged 50 to 69 receiving a mammogram, however, has leveled off at approximately 60%, below Ontario's target of 70% of eligible women screened by 2010. Efforts must focus on raising screening rates among women living in poverty, new Canadians and Aboriginal women.

"The most important way to save lives from breast cancer is to make sure all women aged 50 and over have access to high quality screening services, particularly vulnerable populations of women," said Terry Sullivan, president & CEO, Cancer Care Ontario.

The OBSP offers important advantages to women. Women with or without a family physician can be screened through the OBSP. Women can book their own appointments and are reminded by letter when they are due for their next mammogram.

All OBSP sites are accredited with the Canadian Association of Radiologists Mammography Accreditation Program. In addition, OBSP sites, staff and equipment are checked on an ongoing basis to make sure they offer good quality mammograms at all times. According to the Cancer System Quality Index, 30.3% of women aged 50-69 were screened through the Ontario Breast

Cancer Screening Program (OBSP) and 29.7% in clinics outside the OBSP program in 2004-2005.

"Mammograms are the most reliable way of finding breast cancer and considered the gold standard for most women," said Dr. Verna Mai, director of screening, Cancer Care Ontario. "Regular breast screening by mammography can find cancers early when they are small and less likely to have spread, which means that there are more treatment options."

To reach more women, the OBSP is promoting and recruiting additional breast screening affiliates in Ontario. Nine new screening sites joined in 2006-07 and up to 17 new sites are planned for 2007-08. The Ontario Government's 2007/08 budget committed to fund the OBSP to complete over 600,000 screens or more, per year, by 2010-11, over double the number of annual screens currently offered through the Program. Cancer Care Ontario is working with partner organizations including the Canadian Breast Cancer Foundation (Ontario) and the Canadian Cancer Society (Ontario) to implement targeted strategies to boost screening rates among hard-to-reach women.

Since the Ontario Breast Screening Program started screening women for breast cancer in 1990, it has detected over 12,000 cancers. Three quarters of women diagnosed with breast cancer at the OBSP have early stage breast cancers (they have not spread to the lymph nodes). Early detection means that most of these women had more treatment options, a reduced chance of cancer recurrence, and an improved chance of survival.

Breast cancer is the most common cancer in Ontario women. It is anticipated in 2007 that 8,500 Ontario women will be diagnosed with breast cancer and 2,000 will die from it. In Ontario, it is recommended that women aged 50 and older have a screening mammogram, generally every two years.

For more information about the Ontario Breast Screening Program, go to www.cancercare.on.ca and click on breast screening.

Cervical cancer awareness week marked turning point for cancer prevention; CCO releases position statement on HPV vaccine

Cervical Cancer Awareness Week (October 22 to 28) marked an historic turning point in the fight against cervical cancer. With the addition of HPV vaccination to regular cervical screening, there is the potential to eradicate this preventable cancer.

"Regular cervical screening is already saving the lives of hundreds of women in Ontario each year," said Dr. Verna Mai, director, Screening Programs, Cancer Care Ontario. "HPV immunization gives us a powerful new defense by blocking cancer-causing HPV infections before they occur."

In Ontario today, 5,600 women are living with a diagnosis of cervical cancer, and 150 women die of the disease each year. A diagnosis of cervical cancer and its treatment can have significant emotional and physical consequences, including infertility for some women.

The HPV vaccine is almost 100% effective in preventing most persistent HPV infections that can cause cervical cancer. If received before possible HPV exposure from sexual activity, the vaccine protects against two high-risk HPV types (16 and 18) associated with 70% of cervical cancer, and two low-risk types (six and 11) associated with genital warts. The vaccine is most

effective if offered to females before they are sexually active.

The HPV vaccine is not a substitute for cervical cancer screening. Women who are, or have ever been, sexually active must continue to have regular Pap tests even if they have received the HPV vaccine. This is because the currently available vaccine, Gardasil®, does not protect against all cancer-causing types of HPV. Also, about three out of every four people – males and females – will have HPV at some point in their lifetime.

Since HPV infections seldom cause symptoms, screening is the only way to detect changes in the cervix that might progress to cancer. Cervical cancer cases and deaths have decreased by more than 60% in the past 30 years, mostly due to regular Pap tests.

At least 20% of women are seldom or never screened. These women tend to be among the most vulnerable, including women over 50, women of low income or low literacy, Aboriginals and newcomers to Canada. More intensive, targeted strategies are needed to reach women who are not being regularly screened.

For more information on the HPV vaccine, cancer of the cervix and Pap tests, go to http://www.cancercare.on.ca and click on cervical screening, or go to Ontario's HPV information web site: http://www.hpvontario.ca

CCO releases position statement on HPV vaccine

In response to the considerable debate that has been taking place in the media since the announcement of Ontario's HPV vaccination program for girls in Grade 8, Cancer Care Ontario has released the following position statement on the HPV vaccine.

Cancer Care Ontario's Position
Cancer Care Ontario supports Ontario's voluntary school-based immunization program to deliver the Human Papillomavirus (HPV) vaccine to grade 8 females.

Cervical cancer is preventable. Yet year after year, about 500 women are diagnosed with cervical cancer and about 150 women die from this disease in Ontario. Some 5,600 women in Ontario are living today with a diagnosis of cervical cancer (prevalence). Even if abnormal Pap tests or cervical cancer are successfully treated, the follow-up testing and treatment of cervical cancer have consequences to individuals and the health system. The disease and its treatment can result in significant psychological, economic and social costs, including infertility in some cases.

The school-based HPV vaccination program is a ground-breaking step in women's health. For the first time we have a vaccine that can block HPV infections before they occur. This is important because persistent HPV infection can lead to cervical cancer if early cell changes are not found and treated. The currently approved vaccine, Gardasil®, prevents two HPV types that cause up to 70% of cervical cancers.

Cases of and deaths from cervical cancer have gone down by over 60% in the last 30 years, mostly due to screening using regular Pap tests. However, about 20% to 30% of women are seldom or never screened for cervical cancer. Also, no screening method is 100% effective.

With regular Pap tests and the HPV vaccine, it is possible to eradicate cervical cancer.

Gardasil® has been extensively tested for over 5 years in international studies involving over 20,000 women. The vaccine has passed the same rigorous evaluation process required of all new drugs in Canada.

The HPV vaccine does not replace Pap tests. The HPV vaccine program is just one part of cancer prevention. It is critical that HPV vaccination be accompanied by efforts to increase awareness of the need for regular screening, particularly among under-screened populations.

The program must also be part of an overall disease management effort for cervical cancer, including a comprehensive information system that fully evaluates the impact of the program on cervical cancer in Ontario. The Ministry of Health and Long-Term Care will work with Cancer Care Ontario to develop an evaluation plan for the program.

The HPV vaccination can help save lives that are currently lost to cervical cancer. That is why Cancer Care Ontario believes it should be considered for all females between 9 and 26 years of age.

Evidence Regarding HPV Vaccination

HPV vaccine is almost 100% effective in preventing infection with four HPV types, which are responsible for 70% of cervical cancer cases and 90% of genital warts.

In the international studies for the currently available vaccine, reports of adverse events were similar among those who received the vaccine and those who were given a placebo.

National immunization advisory bodies in the U.S. and Canada's National Advisory Committee on Immunization support HPV vaccination in females aged 9 to 26. In addition to Cancer Care Ontario, the Canadian Cancer Society and professional organizations including the Council of Medical Officers of Health (Ontario), Gynecological Oncologists of Canada and the Society of Obstetricians and Gynaecologists of Canada strongly endorse the use of this vaccine in females in this age group.

Since most women and men will be sexually active at some point in their lives and HPV infections are very common, it is essential that girls are vaccinated before they become sexually active. HPV infection can occur with only one exposure from a partner with HPV. This is true whether sexual activity occurs before or after marriage.

Grade 8 was chosen for the program because the HPV vaccine is most effective if received before sexual activity. There is no evidence that education efforts accompanying the program will encourage earlier sex or promiscuity.

It will be crucial to monitor and evaluate screening participation rates among vaccinated females, any adverse events as well as the program's impact on future incidence of HPV infections and cervical cancer.

HPV is associated with other cancers, including cancer of the penis, anus, vagina, vulva and some oral cancers. Therefore, it will be important to assess the vaccine's potential role in the prevention of these other cancers.

Regular Cervical Screening is Essential

The HPV vaccine does not replace cervical cancer screening. Even if vaccinated, women still need regular Pap tests because the vaccine does not protect against all cancer-causing HPV types.

Most women have already been exposed to HPV and need to be screened. About 3 out of every 4 people – males and females – who have had sex have been exposed to HPV. While most women with HPV do not develop cervical cancer, some persistent HPV infections lead to cancer.

A significant number of newcomers to Canada are from regions with very high rates of HPV infection and cervical cancer, including Africa, the Caribbean, Central and South America and Asia. Thus women arriving from these countries with pre-existing HPV infection may not benefit from the vaccine and will need to have access to regular cervical screening.

Regular cervical screening is an essential defense against cancer. Since HPV infections seldom cause any symptoms, screening is the only way to detect changes that might lead to cancer.

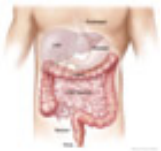
Cervical screening can detect early cell changes on the cervix that could progress to cancer. These pre-cancerous cells can then be treated to try to prevent cancer. The Pap test also finds cancer early when it can be treated and cured.

At least 20% of women are seldom or never screened. These women tend to be over 50, Aboriginal, of low income or of low literacy. They may also be newcomers to Canada, especially if they arrive from countries without cervical screening programs. Cervical screening rates have been at a stand-still in Ontario for the last five years.

Ontario needs to intensify efforts to ensure that all women participate in regular cervical screening, even if they have been vaccinated. In particular, we need more effective strategies to reach vulnerable populations. Implementing a comprehensive cervical screening information system will increase access to screening for all women and allow for enhanced health promotion and social marketing efforts that are targeted, community-based and culturally sensitive.

In conclusion, Cancer Care Ontario believes that the resources invested in a screening and HPV vaccine program are justified because of the potential to spare hundreds of Ontario women every year from suffering, long-term consequences and death from this preventable disease.

New colonoscopy standards help ensure quality for Ontario's colorectal cancer screening program



Cancer Care Ontario's Program in Evidence-Based Care (PEBC) has developed Canada's first comprehensive evidence-based standards for colonoscopy. The new standards are being implemented as part of the colorectal cancer screening program, announced in January 2007 by the Ontario Ministry of Health and Long-Term Care in collaboration with Cancer Care Ontario. The program – which targets asymptomatic Ontarians who are 50 years and older – aims to increase screening rates and ultimately reduce mortality due to colorectal cancer.

The need for colonoscopies is growing every year. To ensure increased access to colonoscopies, the program invested $11-million in the spring to cover the costs of more than 34,000 procedures across 54 hospitals in the province in 2007/08.

The new colonoscopy standards cover three key aspects of colonoscopy: physicians, hospitals and performance. Physician standards outline required experience and training and state that to maintain competency, physicians need to perform a minimum of 200 colonoscopies annually going forward. Hospital standards deal with patient assessment, infection control, monitoring during and after administration of sedation, and emergency resuscitation capacity.

Performance standards provide detail around acceptable rates of completion and complications and deals with issues such as equipment, perforation rates, sedation, bowel preparation, and pathology.

"The comprehensiveness of these standards makes them the first of their kind in Canada. They were developed with input from practice leaders, expert gastroenterologists, surgeons and physicians who regularly perform colonoscopies and scientists who understand how to ensure that high quality is maintained across the province," says Dr. Linda Rabeneck, Regional Vice-President, Cancer Care Ontario, Medical Director of the Colorectal Cancer Screening Program, and the chair of the committee that developed the standards.

What's Ahead

- Local information forums for health care professionals and stakeholders began in the spring and are continuing throughout the fall to introduce the colorectal cancer screening program and discuss local activities in every area of the province.

  Confirmed dates for upcoming regional forums are:
  - November 22, Sudbury
  - November 26, Kingston
  - November 27, Newmarket
  - November 30, Owen Sound
  - December 5, Kitchener

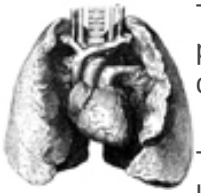
- Fall/Winter – Roll-out of Health Professional Awareness Campaign
- February 2008 – Launch of Public Awareness Campaign
- April 2008 – Program-branded FOBT kits will be distributed to primary care physicians, pharmacies, and through Telehealth

To learn more about the new colonoscopy standards, or for information about the regional forums, call 1-866-662-9233, or email colorectalcancerscreening@cancercare.on.ca. Final copies of the colonoscopy standards will be available on the CCO

web site next month.

For more information about the colorectal cancer screening program, see the January 2007 issue of *Ontario Cancer News* or go to http://www.cancercare.on.ca/ and click on colorectal screening.

ASCO and CCO issue new guideline on adjuvant therapy for non-small cell lung cancer



The American Society of Clinical Oncology (ASCO) and Cancer Care Ontario (CCO) have issued a new collaborative clinical practice guideline on adjuvant therapy, or the use of chemotherapy or radiation after surgery, for treating non-small cell lung cancer (NSCLC).

The guideline provides new evidence that treatment with chemotherapy can increase survival for people with stages II and III lung cancer. Almost 85% of all lung cancer cases are of the non-small cell type. Treatment for stages I, II, and IIIA of NSCLC includes surgery to remove the tumour as well as the surrounding lung tissue and lymph nodes, if necessary. By stage IV, the lung cancer has spread throughout the body and is no longer treatable with surgery.

The guideline strongly recommends chemotherapy following successful surgery (when the tumour is completely removed) for patients with stages IIA, IIB, and IIIA lung cancer. The data show that chemotherapy increased the five-year survival rate of patients with stage II by 10% or stage IIIA cancers by 13%.

“There is now clear evidence that postoperative chemotherapy improves survival in completely resected stage II and IIIA NSCLC,” said guideline panel co-chair Katherine M. W. Pisters, MD, with the Department of Thoracic Head & Neck Medical Oncology at the MD Anderson Cancer Center in Houston.

Of people diagnosed with stage IA and IB lung cancer, an estimated 74% will be alive 5 years after diagnosis, according to the Surveillance, Epidemiology, and End Results (SEER) Program Statistical Database.

Some of the clinical trials that demonstrated a survival benefit for adjuvant chemotherapy included stage I patients. Very few patients with stage IA disease have been studied and adjuvant chemotherapy is not recommended at this time. A trend to improved survival was seen with postoperative chemotherapy in stage IB patients, however, the differences did not achieve statistical significance. Chemotherapy may be an option for some patients with stage IB NSCLC, particularly patients with tumours larger than 4 centimeters, but current data are not strong enough to recommend its routine use.

The benefit of postoperative radiotherapy in stage III NSCLC has been suggested from analyses of the SEER database and retrospective subset findings from phase III trials. The panel did not feel this evidence sufficient to routinely recommend postoperative radiation in stage III NSCLC. Additional data from ongoing phase III studies should clarify this issue soon. Postoperative radiotherapy is detrimental in completely resected stage I and II NSCLC and is not recommended.

In conjunction with this guideline, ASCO developed a Decision Aid Tool, which uses straightforward charts and additional diagrams to explain the risks and benefits of adjuvant therapy to patients and their families.

One section, called “Thinking It Over,” poses questions about what risks and benefits matter most to the individual patient. It

also asks patients to think about how they are making their treatment decisions, including questions about their support system and whether or not they feel pressured to undergo additional treatment. The goal of the tool is to help doctors better communicate with their patients about their treatment options and prognosis.

"It is really important for doctors and patients to discuss whether or not adjuvant therapy is an appropriate treatment for the patient," said guideline co-author Dr. Bill Evans, one of Cancer Care Ontario's regional vice presidents and president of the Juravinski Cancer Centre in Hamilton.

"The Decision Aid Tool helps explain patients' options and potential outcomes in a clear way, to help the patient and their loved ones make more informed decisions."

ASCO also released an updated patient guide, *Adjuvant Treatment for Lung Cancer*. This guide is the patient version of the clinical practice recommendations and is available on ASCO's patient web site People Living With Cancer, at http://www.PLWC.org.

"*Adjuvant Chemotherapy and Adjuvant Radiation Therapy for Stages I-IIIA Resectable Non-Small Cell Lung Cancer Guideline*" by Katherine M. W. Pisters, et al., MD Anderson Cancer Center, Houston, TX and William K. Evans, et al., Juravinski Cancer Centre at Hamilton Health Services, Hamilton, ON, Canada.

For a copy of the guideline and available supplemental materials, visit http://www.asco.org/guidelines or e-mail guidelines@asco.org.

The guideline is being published in the November 20 print issue of the *Journal of Clinical Oncology* (JCO), and will also be published on Cancer Care Ontario's web site, at www.cancercare.on.ca.

Regional news

Update from Northwestern Ontario (Thunder Bay)

Digital mammography goes mobile

Thunder Bay's Ontario Breast Screening Program (OBSP) mobile coach has a new digital mammography unit. The coach travels to 30 sites around Northwestern Ontario, reaching women in remote areas who would otherwise have limited or no access to breast screening. The new digital mammography unit produces images right away and is known to be more effective when screening women who have dense breasts, or are under 50 years of age.

The unit, funded by Cancer Care Ontario and the Northern Cancer Research Foundation, was launched at a news conference on October 29. This is the first OBSP site to receive funding from Cancer Care Ontario to upgrade to digital, noted OBSP Provincial Director Bill Campbell, who was in Thunder Bay for the event.

New URL for Regional Cancer Care

Regional Cancer Care, Northwestern Ontario, has a new web site address: http://www.tbrhsc.net/cancercare. The old www.nworcc.on.ca address will automatically redirect for a limited time.

Grant will help purchase leading-edge diagnostic equipment for breast centre

In celebration of Breast Cancer Awareness Month, the Northern Cancer Research Foundation (NCRF) announced a $460,000 grant to help the Linda Buchan Centre for Breast Screening and Assessment purchase leading-edge diagnostic equipment.

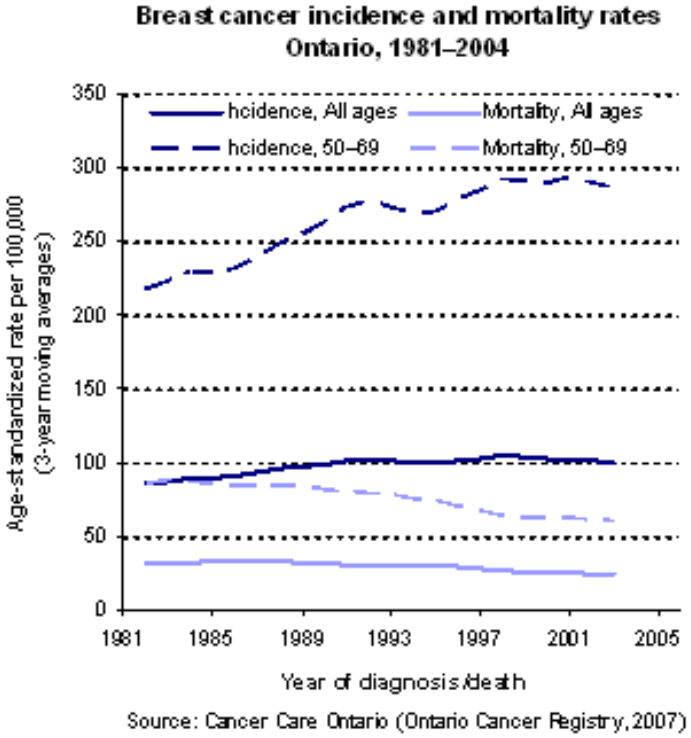
On the list is an integrated reading workstation for the Centre's radiologists, a high frequency ultrasound transducer designed especially for breast ultrasound, and additional core biopsy instruments to allow the centre's radiologists to keep pace with the growing demand for biopsy service. Some of the funds will be used to enhance the functional layout of the centre.

The Linda Buchan Centre, operational since March 27, 2006, provides a coordinated approach to breast screening and assessment, which includes diagnostic testing. To date, 3,300 clients have used the centre.

Ontario Cancer Fact

Breast cancer incidence increased across the 1980s and has remained stable since the early 1990s for women aged 50–69. A similar pattern of a rise and then stability since the early 1990s is seen for women of all ages.

Mortality from breast cancer in women aged 50–69 was stable through the 1980s and then declined, with a decrease of 33% between 1989 and 2004.



Breast cancer mortality has been falling in all age groups. The fall is usually attributed both to better treatments and to more screening, which detects cancers when they are still small so that treatment can be more effective.

The rise in incidence for women aged 50–69 is larger than the rise for any other age group, and may reflect increasing uptake of breast screening in this age group over the 1980s. Stable rates across the 1990s may reflect a lack of increase in the proportion of women screened. Screening mammography rates did not increase in the period 2000–2005.

The Ontario Breast Screening Program targets women aged 50–69 to be screened with mammography every two years.

- For information on the Program, go to the Cancer Care Ontario web site.
- For more on breast cancer and screening in Ontario, see the October 2007 issue of *Insight on Cancer*.
- For more details on breast screening participation rates, see the Cancer System Quality Index.
- Breast cancer in Canada, including survival, is a special topic in this year's issue of Canadian Cancer Statistics.

Hot off the press

Cancer 2020 eScoop, 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 October issue of Cancer 2020 eScoop

Insight on Cancer: News and information about breast cancer

Cancer Care Ontario and the Canadian Cancer Society, Ontario Division have released the latest in a series of publications designed to provide up-to-date information for health professionals and policy-makers about cancer and cancer risk factors in the province.

- Download Insight on Cancer: News and information about breast cancer
- See all titles in the series

Oncology Nursing Program Newsletter

Cancer Care Ontario's Oncology Nursing Program has launched a quarterly newsletter to share information among Ontario oncology nurses on regional activities, and current standards and guidelines.

- Read the first edition of the Oncology Nursing Program Newsletter, October 2007

Upcoming events

Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective: A Launch Conference, November 1 – 2, Washington, DC
The World Cancer Research Fund and American Institute for Cancer Research release and discuss the landmark second expert report on cancer prevention. For information, go to http://www.aicr.org/site/PageServer?pagename=res_rc_home.

A National Forum on Cancer Care for All Canadians: Improving Access & Minimizing Disparities, November 1 – 3, 2007, The Coast Plaza Hotel & Suites, Vancouver, British Columbia
For information, go to http://www.interprofessional.ubc.ca/, call 604-822-7524 or send e-mail to ipad@interchange.ubc.ca.

Toronto Myelodysplastic Syndromes Symposium 2007: Challenges and Opportunities, November 2, 2007, The Sutton Place Hotel, Toronto
For information, download the brochure, send e-mail to help-MED0722@cmetoronto.ca, or call 416-978-2719 or 1-888-512-8173.

Ontario Hospital Association Health Achieve 2007, A World Class Showcase of Achievement in Health Care: Inspiring Ideas and Innovation, November 5 – 7, Toronto, ON

Be sure to join Cancer Care Ontario for the cancer session on Tuesday, November 6 from 8:30 to 11:30am. For this year's session focusing on common challenges faced in creating and implementing a disease management approach to health care, CCO is joined by colleagues from the Ontario Stroke Strategy and the Kidney Disease Network. The event takes place at the InterContinental Toronto Centre, Ballroom B.

Watch for CCO's Leading Practices Electronic Display focusing on the Interactive Symptom Assessment and Collection (ISAAC) tool, and be sure to visit Cancer Care Ontario's booth (number 2434) showcasing our screening programs.

CCO's President and CEO Terrence Sullivan will be presenting on the Cancer Care Ontario Experience at the Health Care Integration session on Monday, November 5. The session takes place from 2 to 5pm at the Metro Toronto Convention Centre, Room 206 BDF.

For more information on these sessions, or to register for OHA HealthAchieve 2007, go to http://www.ohahealthachieve.com/.

Ontario College of Family Physicians: 45th Annual Scientific Assembly Conference, November 15 - 17, Toronto, ON
For information, go to http://www.ocfp.on.ca/English/OCFP/CME/ASA/default.asp?s=1.

National Cancer Institute of Canada celebrates its 60th Anniversary with Making Connections: A Canadian Cancer Research Conference, November 15 – 17, Toronto, ON
Cancer Care Ontario Provincial VP of Preventive Oncology John McLaughlin, and Director of Surveillance Loraine Marrett will be speaking at this event. For information, go to the NCIC web site.

Second International Cancer Control Congress, November 25 – 28, Rio de Janeiro, Brazil
Hosted by the Brazilian National Cancer Institute and co-sponsored by the World Health Organization. Cancer Care Ontario's VP of Planning and Strategic Implementation Helen Angus will be presenting at this event. For information go to http://www.cancercontrol2007.com/.

Canada Health Infoway eHealth Showcase, December 5, Ottawa, ON
Cancer Care Ontario's Wait Times Information System (WTIS) and Computerized Physician Order Entry (CPOE) system will be two of 13 ehealth technology innovations featured at a Canada Health Infoway showcase in Ottawa on December 5. The invitation-only event for politicians, senior bureaucrats and national health association executives, aims to promote ehealth technology in Canada. The WTIS has also been selected to be highlighted in a 3-minute video.

2008 International Outcomes Conference, February 14 - 16, 2008, Banff, Alberta
Cancer Surgery Alberta, Canada Health Infoway, the Alberta Association of General Surgeons and the American College of Surgeons – Alberta Chapter are hosting the 2008 International Outcomes Conference entitled “A Leap Forward in the Science of Surgery: Transforming Outcomes into Practice”, February 14 - 16, 2008 at the Rimrock Resort Hotel in Banff, Alberta, Canada. For information go to www.eventplan.net/csa.

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