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Ontario Cancer News

CCO recognized for technological innovations

This fall Cancer Care Ontario won two awards for technological innovations that are helping drive system enhancements and improve cancer care in Ontario.

Cancer Care Ontario was awarded the Diamond Award at the Canadian Information Productivity Awards for developing and managing Ontario's Wait Time Information System (WTIS) and also won the Best of the Leading Practices Awards at this year's OHA Health Achieve conference for its electronic display on the Interactive Symptom Assessment and Collection (ISAAC) tool.

Read more about these awards in this issue of ***Ontario Cancer News***.

Awards highlight how technology aids patient care

Cancer Care Ontario wins top national award at the 2007 CIPA gala

Cancer Care Ontario received the Diamond Award, the top national award in the not-for-profit sector for overall excellence in information technology presented at the 2007 Canadian Information Productivity Awards (CIPA), for developing and deploying the Wait Time Information System (WTIS) on behalf of the Ministry of Health and Long-Term Care. Sarah Kramer, CCO's Vice President and Chief Information Officer, was on hand to accept the award on behalf of the organization.

"Ontario has moved from being a laggard to being a leader in the field of wait time information management," said Dr. Alan Hudson, Lead, Wait Time Strategy and Access to Services, MOHLTC. "The Wait Time Information System is a critical part of Ontario's strategy to reduce wait times and more than 250,000 Ontarians benefit annually from its ability to track and share the most timely and accurate information."

CIPA, the premier information technology and innovation awards program in Canada, awards organizations that have applied IT innovation to improve productivity and efficiency throughout their organization. Close to 200 competitors and leaders in information technology applications from banking, airline and private industry, as well as public and not-for-profit, competed.

Read more about the WTIS project on the CIPA Web site.

Sarah Kramer accepts the Diamond Award

CIPA is Canada's oldest and largest awards program in the field of information technology that recognizes visionary organizations that have developed innovative results-based technology solutions.

Cancer Care Ontario wins award at OHA Health Achieve 2007

The Best of the Leading Practices Awards at this year's OHA Health Achieve conference in November went to Cancer Care Ontario for its electronic display on the Interactive Symptom Assessment and Collection (ISAAC) tool. ISAAC is an electronic tool that allows palliative care patients to communicate directly to members of their healthcare team about their pain levels or other symptoms. This tool gives patients greater control over their symptoms and improves the ability of healthcare professionals to respond to patient needs. Cancer Care Ontario (CCO) was the top prize winner from more than 60 electronic presentations on display at the conference. Eight presentations were selected as winners, with CCO's presentation chosen as the "best overall."

Janine Hopkins, Erin Hughes, Susan King, Dr. Deb Dudgeon, Helen Angus, Raquel Shaw Moxam and Steve Hall accept the award for CCO's Leading Practices Display at OHA HealthAchieve2007.

To view the winning presentation go to: http://www.cancercare.on.ca/documents/CCO-OHALeadingPracticesDisplay.pdf

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Quality and Innovation Awards recognize outstanding contributions to quality and innovation in cancer care

Cancer Care Ontario (CCO), the Cancer Quality Council of Ontario and the Ontario Division of the Canadian Cancer Society recognized leading cancer care individuals and teams for their outstanding contributions to quality and innovation in the delivery of cancer care at the second annual Quality and Innovation Awards.

"All of this year's winners have shown a commitment to their work and improving care for cancer patients in Ontario by driving system innovations or improving the quality of cancer care in their regions." said Michael Decter, chair, Cancer Quality Council of Ontario.

Winning submissions were chosen based on their outstanding contributions to quality and innovation in the delivery of cancer care.

This year's Innovation Awards honoured the following recipients:

- Claudette Delenardo
  Grand River Hospital – Patient Portal (My CARE)

- Thunder Bay Regional Health Sciences Centre
  Molecular Medicine Research Centre

- UHN Princess Margaret Hospital
  Web Publishing – Radiation Medicine Program

This year's Quality Awards honoured the following recipients:

- Ann Brignell
  Erie St. Clair – Palliative Pain and Symptom Management Program

- Toronto East General Hospital
  Improvement Access through Innovation: Time to Treat A System Redesign For Patients with Suspected Lung Cancer

Dr. Bill Evans was honoured with the Lifetime Contribution Award for his ongoing commitment to quality and innovation in the Ontario cancer system at the 2007 Quality and Innovation Awards, presented by Cancer Care Ontario, the Cancer Quality Council of Ontario and the Canadian Cancer Society.

A deserving recipient of the award, Dr. Evans has inspired, motivated and fostered innovation at both local and system-wide levels. His dedication to improving outcomes for lung cancer patients and cancer patients in general, is truly unprecedented. Dr. Evans is President of the Juravinski Cancer Centre at Hamilton Health Sciences Centre and is a Regional Vice-President at Cancer Care Ontario.

Innovation Awards recognize, encourage and reward the development of innovative initiatives that enhanced and improved cancer care locally within a program or institution. The Innovation Awards are sponsored by Cancer Care Ontario and the Canadian Cancer Society – Ontario Division.

Quality Awards recognize, encourage and reward quality initiatives that have improved cancer care across multiple institutions, a region or beyond. The Quality Awards are sponsored by the Cancer Quality Council of Ontario and the Canadian Cancer Society – Ontario Division.

The Quality and Innovation Awards were presented during Cancer Care Ontario's Annual Board Retreat, which brings together cancer care providers, LHIN leaders, government officials, stakeholders and community partners to work together to reduce the number of people diagnosed with cancer and improve access and quality of care for Ontario cancer patients.

Submissions for the 2008 Quality and Innovations Awards will be announced in early fall, 2008.

CCO grants support regional colorectal cancer initiatives

This past summer, Cancer Care Ontario offered regional cancer prevention leads an opportunity to send in proposals for a maximum grant of $50,000 from the Department of Preventive Oncology. This grant program was developed to encourage regions to implement evidence-informed regional programs focused on known risk factors for colorectal cancer (i.e. nutrition and/or physical activity). The program plans to build regional capacity on how to develop, implement and evaluate evidence-based cancer prevention interventions.

CCO received 13 proposals, submitted by various regions in the province. Key criteria for the successful proposals included:

- An area-specific intervention based on a best practices approach
- An intervention that focused on a specific target group and included measurable objectives
- An intervention which involved multiple partners and a plan for sustainability

These projects will help to further the Cancer 2020 agenda, which calls for action in key areas such as nutrition and physical activity.

Successful regional proposals include:

1) Southwestern & Erie St. Clair Regions
Program: *Understand Your Risk – Your Health Matters – Colorectal Cancer Prevention in Primary Care Settings*

- Regional Cancer Prevention and Screening Lead:Kevin Churchill & Lynn Chappell
- Project Contact: Harry Milne, Beth Dulmage and Catherine Kirk, London Regional Cancer Program

2) Waterloo Wellington Region
Program: *WDG Web-Based Nutrition and Physical Activity Program*

- Regional Cancer Prevention and Screening Lead: Ted Mayor
- Project Contact: Jennifer McCorriston, Wellington-Dufferin-Guelph Public Health

3) Eastern Region
Program: *Never too Late for Physical Activity and Fitness for Women*

- Regional Cancer Prevention and Screening Lead: Suzie Joanisse
- Project Contact: Hilda Chow, City of Ottawa Public Health

4) Southern Region
Program: *Healthy and Active in North Kingston (HANK)*

- Regional Cancer Prevention and Screening Lead: Julia Niblett

- Project Contact: Carolyn Davies, North Kingston Community Health Centre

5) Hamilton, Haldimand, Brant Region
Program: *Food to Live by: Taking a Bite out of Cancer*

- Regional Cancer Prevention and Screening Lead: Carol Rand
- Project Contact: Jean Matone, Juravinski Cancer Centre

6) Northwestern Region
Program: *Now We're Cooking! The Walking Trail*

- Regional Cancer Prevention and Screening Lead: Alison McMullen
- Project Contact: Alison McMullen, Thunder Bay Regional Health Sciences Centre

The six projects will be completed by March 31, 2008. CCO will hold a forum with our regional partners in early March 2008 to present each of the interventions and discuss lessons learned.

Update on Ontario's Colorectal Cancer Screening Program

Cancer Care Ontario's Program in Evidence-Base Care (PEBC) has finalized Guaiac Fecal Occult Blood Testing (FOBT) Laboratory Standards to support the colorectal cancer screening program – called **ColonCancerCheck** – announced by the Ontario government in January 2007. The FOBT Standards follow the recent release of new Colonoscopy Standards, published as a supplement in the November issue of the *Canadian Journal of Gastroenterology*.

The new evidence-based FOBT Standards focus on kit performance and usability, dietary and medication restrictions, and laboratory factors. Key recommendations include the use of one brand of FOBT kit for the program to reduce variability in performance; processes to ensure quality and consistency of participating laboratories; limited dietary restrictions; and easy-to-read kit instructions. The FOBT Standards also specify that participating laboratories must ensure all testing conforms to Ontario Laboratory Accreditation requirements.

The Canadian Task Force on Preventive Health Care and the Ontario Expert Panel on Colorectal Cancer support the use of FOBT as directed by the **ColonCancerCheck** program. As a screening method, the test has been proven in randomized controlled trials to reduce mortality from colorectal cancer (level A evidence).

About the program

The goals of **ColonCancerCheck** are to reduce mortality from colorectal cancer through an organized, population-based screening program, and improve the capacity for primary care providers to participate in comprehensive colorectal cancer screening province-wide. Based on program guidelines, **ColonCancerCheck** funds screening for all asymptomatic average risk men and women, who are 50 years of age or older, every two years using FOBT. Those with a positive FOBT or at increased risk (i.e. with a first degree family member with colorectal cancer) should be referred for a colonoscopy at the age of 40 years, or 10 years earlier than the relative's diagnosis, whichever comes first.

A look at what's ahead in 2008

January – In early January, specialized Information Bulletins are being mailed to primary care physicians to introduce **ColonCancerCheck**. The bulletins will also be sent to other primary care providers and specialists later that month.

February – A second, more detailed clinical Information Bulletin will follow for all the above mentioned groups. The launch of the Public Awareness Campaign for **ColonCancerCheck** will roll-out this month to include television advertising and information pamphlets.

March – **ColonCancerCheck** FOBT kits will be distributed to primary care physicians and pharmacies, and through Telehealth Ontario.

The Colonoscopy Standards are available now on the Cancer Care Ontario web site.

To learn more about the new FOBT standards, or for information about the **ColonCancerCheck** program, call 1-866-662-9233, email colorectalcancerscreening@cancercare.on.ca or visit www.cancercare.on.ca.

People news

Dr. George Pasut will join Cancer Care Ontario on February 19 in the role of VP, Prevention and Screening, providing provincial leadership to our Prevention, Screening and Aboriginal cancer units. With a renewed public commitment to cancer screening, George's initial priority will focus on the implementation of colorectal screening and the integration and improved recruitment strategies for breast and cervical screening participation.

Dr. Pasut is currently the Associate Chief Medical Officer of Health, Public Health System Policy and Planning for the Public Health Division, Ministry of Health and Long-Term Care. Previously, he served as the province's Acting Chief Medical Officer of Health (CMOH).

Prior to re-joining the provincial government in 2005 as the Executive Lead, Public Health System Transformation, Dr. Pasut served as the Medical Officer of Health and Chief Executive Officer of the Simcoe County Health Unit, and later, of the amalgamated Simcoe Muskoka District Health Unit. Previously, Dr. Pasut worked for seven years at the Ministry of Health as a Senior Medical Consultant and Physician Manager in the Public Health Branch, and as Acting Director of the Health Promotion Branch.

Dr. Pasut is a graduate of the Faculty of Medicine at the University of Toronto, and received post-graduate training there in the Division of Community Health. He holds a fellowship with the Royal College of Physicians of Canada. In addition, he is a fellow of the American College of Preventive Medicine. He is a lecturer at the University of Toronto in the Department of Public Health Sciences.

Dr. Joseph Pater will join Cancer Care Ontario in April 2008 as the Vice President of Clinical and Translational Research, to oversee the organization's research program and the orderly development of a new scientist program, as well as key networks of research in the areas of cancer imaging, experimental therapeutics, and health services research.

For more than 25 years, Dr. Pater has been director of the National Cancer Institute of Canada (NCIC) Clinical Trials Group. During this time, he has presided over more than 300 cancer clinical trials involving more than 45,000 patients world wide. In 2006, Dr. Pater was presented with the R.M. Taylor Medal and Award which recognizes outstanding contributions to the cancer field. This past month, he was named a Diamond Jubilee Award winner by NCIC in recognition of his outstanding contribution to cancer research. During his tenure as director of the NCIC Clinical Trials Group cancer survival rates in Canada have improved significantly. In the 1960's, only one in three Canadian cancer patients survived the disease. Today, 59 per cent of patients survive at least five years after their diagnosis and benefit from quality of life improvements. Many of these advances have come as a result of the work of the NCIC Clinical Trials Group.

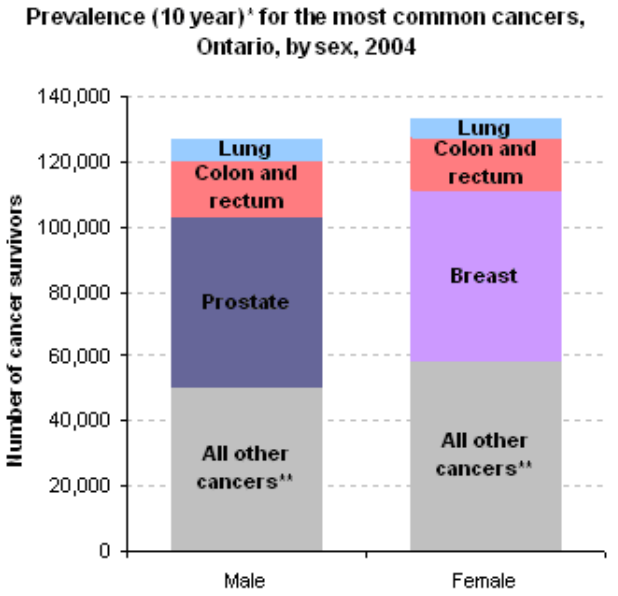
Dr. Pater is a graduate of Georgetown University, he received his MD from Case Western Reserve University in Cleveland, Ohio and he has a MSc from McMaster University. Dr. Pater was the recipient of the Canadian Cancer Society's Award of Excellence in Medicine and Health in 2000 and the National Cancer Institute of Canada's O. Harold Warwick Prize for Excellence in Research in 2004. Along with his new role as Vice President of Clinical and Translational Research at CCO, Dr. Pater is an emeritus professor at Queen's University.

Ontario Cancer Facts

Prevalence of cancer in 2004

In 2004, an estimated 260,000 Ontarians would have received a diagnosis of cancer in the previous 10 years. This represents approximately two per cent of the population.

Prevalence is an important measure of the burden that cancer places on individuals, families and the health care system and is determined by both the number of people diagnosed with cancer, and survival. It includes people at various stages across the cancer care continuum: those recently diagnosed and receiving treatment for their cancer; those who are no longer getting cancer treatment but are having regular follow-up visits to monitor for cancer recurrence; long-term healthy survivors who are no longer under active cancer follow-up; and those who are being treated for recurrences or are in end-of-life or palliative care.



*Prevalence (10 year) is the number of Ontarians diagnosed during the previous 10 years who are still alive on December 31, 2004
**Excludes basal cell and squamous cell skin cancers, which are not registered in Ontario

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

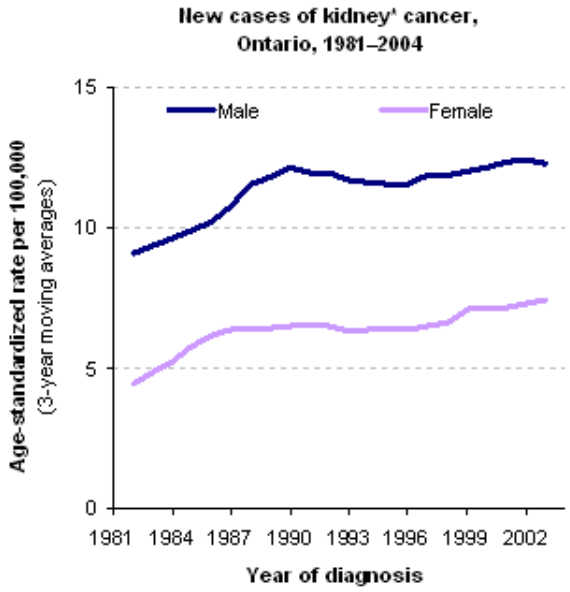
The four cancers with the highest prevalence (prostate, breast, colorectal and lung) are those with the greatest number of new diagnoses each year. Breast and prostate cancer prevalence together represent 40 per cent of the overall total, with over 52,000 people each.

The prevalence of these two cancers is so high because they are the most commonly diagnosed cancers in Ontario (that is, they have high incidence) and have good survival. Although lung cancer ranks third in terms of incidence, survival is poor, resulting in a low prevalence (about 6,300 males and 6,000 females). Although the annual number of new cases of colorectal cancer is similar to those for the other common cancers, survival is only fair, resulting in a prevalence intermediate between those for lung cancer and breast and prostate cancers.

Prevalence for each of the cancers shown, and for all other cancers combined, has risen since the 1980s due to an increase in the number of cases being diagnosed and improvements in survival over the last two decades. With continuing population growth and population aging, as well as improvements to survival, these numbers will continue to grow, resulting in an increasing strain on the health care system.

Long-term rises in kidney cancer incidence

Kidney cancer is relatively common, with 1,400 new cases among Ontarians in 2004. Kidney cancer occurs twice as often in males as females.



*including renal pelvis
Source: Cancer Care Ontario (Ontario Cancer Registry, 2007)

Increases in incidence occurred in both sexes during the 1980s and the rise was more rapid in women than men. Incidence in males stabilized after 1989 and in females was stable between 1986 and 1997 and then rose again at 2% per year. Similar incidence trends have been reported for both sexes in the U.S., some parts of Europe, Australia, New Zealand, Japan, and in some Asian countries.

Rising incidence rates of kidney cancer, particularly through the 1980s, were due in part to the introduction of new imaging methods, such as ultrasound and computed tomography that detect early tumours. The subsequent stabilization in incidence in males and slowing of the rate of increase in females may reflect a common phenomenon when a new method of early diagnosis is introduced: incidence initially rises because pre-existing tumours are diagnosed earlier. Once this pool of tumours has been diagnosed, incidence rates return to their former pattern.

The increasing prevalence of obesity may partly explain the continuing increase in incidence of kidney cancer, particularly evident for females, as being overweight or obese may account for as much as 25% of kidney cancers. Cigarette smoking is the most consistently established risk factor for kidney cancer and is associated with a two-fold increase in risk of this cancer. More recent rises in incidence among females may be related to the continuing impact of smoking. Smoking rates in young women started falling later than in young men and it may be several years before a change in smoking related cancers is detected in women. A decrease in obesity and further reductions in smoking could curb to some degree the increase in kidney cancer incidence.

Recommendations for cancer prevention with respect to weight, food and physical activity are outlined in the recent international report, Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective, published by the World Cancer Research Fund and the American Institute for Cancer Research. http://www.aicr.org/site/PageServer?pagename=res_report_second

If you have questions about these Cancer Facts, contact cancerfacts@cancercare.on.ca. If you have questions about cancer statistics, please see www.cancercare.on.ca/index_requestDatafromCCO.htm#Forms.

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Cancer 2020 eScoop

Cancer 2020 eScoop 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 November issue of Cancer 2020 eScoop
- Read the December issue of Cancer 2020 eScoop

Upcoming events

Cancer Patient Navigator National Worshops, January and February 2008

The Rebalance Focus Action Group of the Canadian Partnership Against Cancer is presenting a series of one-day workshops on cancer patient navigation. The purpose of these workshops is to build a collaborative Canadian approach to planning an accelerated adaptation for navigation systems for cancer patients/survivors and their families.

These workshops have been developed particularly for those interested in understanding more about navigation and implementing a program within their own jurisdiction. Registration is complimentary for Canadians. The first session took place in Winnipeg on December 7. Future workshops will take place in the following cities:

- Fredericton - January 18, 2008
- Edmonton - February 12, 2008

More information is available at: http://www.cancerpatientnavigation.ca/index-e.htm

2008 International Outcomes Conference, February 14 - 16, 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, at the Rimrock Resort Hotel in Banff, Alberta, Canada. For more information go to: www.eventplan.net/csa.

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