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Ontario Cancer News

New CCO Web Site Delivers Easily Accessible Information and Tools

Cancer Care Ontario has launched a new and improved web site in conjunction with the recent release of the new Ontario Cancer Plan. (Read more about the Ontario Cancer Plan in this issue of ***Ontario Cancer News***.)

Dozens of CCO staff and stakeholders were consulted to help ensure that the new site will support and drive cancer system goals and priorities. Thanks to their feedback, and the efforts of many CCO staff, the design and content have been refreshed and updated to make the site more appealing and easier to navigate. We've also added some context to help those users who may not be familiar with CCO and Ontario's cancer system. The result is a site that better reflects Cancer Care Ontario and speaks directly to our users.

This is just the first step in developing CCO's new web presence. Future improvements -- including exciting new features and functionality, and continued improvements in navigation -- will enhance the quality and usability of information for stakeholders, the public and patients. A new governance and operations structure will help to ensure that the site remains fresh, accurate and relevant.

Visit the new CCO web site at www.cancercare.on.ca.

Ontario Cancer Plan sets the stage for the next three years

Cancer Care Ontario has released the 2008-2011 Ontario Cancer Plan, an action plan designed to boost cancer screening rates, improve access to diagnostic and treatment services, make cancer services better and safer, and put new cancer research into practice, faster.

"More people are surviving cancer and cancer services are better today than ever because of actions that have been taken in recent years," says Terrence Sullivan, President and CEO, Cancer Care Ontario. "We cannot afford to be complacent because 40 per cent more people will be living with cancer in the next decade. By working with our partners to take the steps set out in the Ontario Cancer Plan, fewer people will get cancer and more will survive a diagnosis and receive better services, every step of the way."

The 2008-2011 Ontario Cancer Plan is a three-year road map for the province's cancer system. Building on the success of the first Ontario Cancer Plan released in 2004, the new plan sets out the actions that need to be taken to control cancer and improve patient care.

"We have made huge gains in the fight against cancer since the first Ontario Cancer Plan," said George Smitherman, Deputy Premier and Minister of Health and Long-Term Care. "In the last five years our government has added more quality services for patients suffering with cancer. This has reduced wait times significantly and has allowed patients to get quality cancer care closer to home. We will continue to work side by side with Cancer Care Ontario and health providers on the front lines to lessen the toll of cancer."

The 2008-2011 Ontario Cancer Plan has six goals and highlights four key actions that will have the greatest impact on cancer in the next three years:

1. **Boosting cancer screening rates** through aggressive education about screening, providing tools to help primary care providers and patients participate in screening, including using IT to send invitations, reminders and prompts about screening. Cancer Care Ontario will work with our partners to reach under-screened groups including low income earners, new Canadians, people without a family physician and Aboriginals.
2. **Improving the time to diagnosis** by beginning to measure and set targets for the wait time between a referral from a family physician to when the patient sees a specialist for tests.
3. **Raising the quality of regional cancer services** through implementing improvements including; providing better access to chemotherapy in community hospitals, closer to home; making highly complex chemotherapy and lung surgery safer; and making intensity modulated radiation therapy (IMRT) the gold standard radiation therapy.
4. **Ensuring the high quality and safe introduction of tests that can predict people's response to treatment and cancer risks, and enable individualized therapy** – referred to as molecular medicine.

Significant progress has been made since the first Ontario Cancer Plan. Wait times for radiation and cancer surgery have been steadily going down; regional cancer services and centres have greatly expanded; there are fewer smokers because of Smoke-Free Ontario Act; and the colorectal cancer screening and HPV vaccination programs will save lives.

For more information, go to www.OntarioCancerPlan.on.ca.

Ontario launches ColonCancerCheck campaign to promote screening for colorectal cancer

The Ministry of Health and Long-Term Care, in collaboration with Cancer Care Ontario, launched the public education campaign for ColonCancerCheck, Ontario's population-based provincial colorectal cancer screening program.

Colorectal cancer is the second leading cause of cancer deaths in Ontario. When caught early through regular screening, there is a 90% chance colorectal cancer can be cured. Yet today, just one in five Ontarians age 50 and over is screened.

"This is a very serious issue," said George Smitherman, Minister of Health and Long-Term Care, at an event to kick off the program. "Colorectal cancer is the second deadliest form of cancer and knowing about the importance of screening early and regularly can make the difference between life and death."

The ColonCancerCheck public education campaign consists of :

- A cutting edge television advertising campaign featuring computer generated see-through characters in animation, to be broadcast in 22 languages across the province
- FOBT kits available to all Ontarians
- ColonCancerCheck.ca, a new website with information on colorectal cancer, risk factors and prevention
- Education for health care providers on the importance of screening their patients
- Starting in April, Ontarians age 50 and over will be able to get a take-home Fecal Occult Blood Test (FOBT) kit from their health care provider. Kits are also available from pharmacies and through Telehealth for people without a health care provider. People who have an increased risk of colorectal cancer because of a family history of the disease and those who have a positive home-screening test will receive a colonoscopy.

"Ontario has one of the highest rates of colorectal cancer in the world, but it doesn't need to be that way." says Terry Sullivan, President and CEO, Cancer Care Ontario. "By making colorectal screening part of people's health care routine, many more Ontarians will not have to suffer through advanced colorectal cancer."

On average, about 3,250 Ontarians die from colorectal cancer each year and about 7,800 are newly diagnosed with the disease each year. Regular screening has been shown to decrease the number of people who die from colorectal cancer by at least 16%.

The campaign is part of the ColonCancerCheck program, a $193.5 million program that was launched by the Ministry of Health and Long-Term Care in partnership with Cancer Care Ontario in January 2007.

For more information, go to http://www.cancercare.on.ca and click on colorectal screening, go to www.ColonCancerCheck.ca, or call 1-866-410-5853 for information on how to be screened or where to get kits.

CCO launches Research Chairs program

An important component of the 2008-2011 Ontario Cancer Plan is the translation of cancer research and innovation into practice in Ontario. Cancer Care Ontario supports research, focusing on translation, in four theme areas:

1. Cancer imaging
2. Experimental therapeutics
3. Patterns of cancer care
4. Population-based studies

To help advance the capacity and effectiveness of cancer research in Ontario, Cancer Care Ontario has launched a new Research Chairs program. This program will help to establish a critical mass of excellent investigators at institutions in Ontario, aligned with CCO's four research theme areas. The program is primarily intended for researchers new to Ontario or current trainees in Ontario institutions. Applications are encouraged from both PhDs and clinician scientists.

A call for applications was sent out to hospitals and universities across the province in mid-February. Competition results will be announced by April 30.

For more information, go to the Research page of the Cancer Care Ontario web site, or send email to connie.

marano@cancercare.on.ca.

Remembering our Past

In April 1943, The Ontario Cancer Treatment and Research Foundation, the precursor of Cancer Care Ontario, was incorporated by an Act of the Legislature of the Province of Ontario.

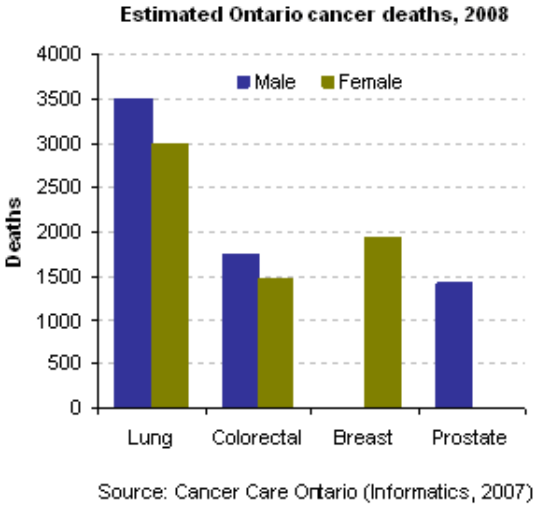
The following year the Board had its first meeting and the organization took possession of its first office at 22 College Street in Toronto. The annual rent was $204. The building was situated immediately to the west of the current Fran's Restaurant.

The office accommodated a full-time secretary, a part-time secretary-treasurer and a part-time managing director, who acted as the Chief Executive Officer and received an annual honorarium of $1.

Ontario Cancer Facts

Lung cancer continues to be the biggest cancer killer in Ontario

An estimated 27,000 Ontarians will die from cancer in 2008. Almost a quarter of these deaths will be caused by lung cancer – equal to the combined deaths from colorectal (12%), breast (7%), and prostate (5%) cancers.



Source: Cancer Care Ontario (Informatics, 2007)

Lung cancer is the leading cancer cause of deaths in both sexes because it is both common and highly fatal. There are no effective screening procedures for lung cancer, and its symptoms, such as a persistent cough or chest pain, are not specific to the disease, possibly indicating a number of other respiratory conditions. Most lung cancers are diagnosed at a late stage and only about 16% of those with the disease will survive five years after diagnosis.

Tobacco use is the primary cause of lung cancer, accounting for an estimated 86% of lung cancers.1 Almost 17% of Ontarians aged 15 years and older were current smokers in 2006.2 Prevention through reduction in tobacco smoking is still the most realistic strategy to control this disease. Smoking rates in teens have been falling in Ontario since the late 1990s but the levels are still too high.2 Continued efforts are necessary to prevent young people from starting to smoke and to help Ontarians quit smoking.

Radon naturally occurring in the environment is the second most important cause of lung cancer, and is estimated to explain 10–15% of all lung cancer deaths in the United States. Health Canada's action level for residential radon was lowered in June 2007 to 200 becquerels per cubic metre (Bq/m3) (from 800 Bq/m3). Remedial measures should be taken when residential radon concentration exceeds 200 Bq/m3. Homeowners can measure radon by purchasing a detector or by contacting a commercial radon measurement service provider. Radon levels in the home can be reduced by sealing cracks and openings in walls and floors and around pipes and drains, ventilating the sub-floor in basements, and renovating exposed soil in basement floors.

For more information, see:

- January 2006 Ontario Cancer Fact 'Lung cancer rates now higher in young women than young men' at http://www.cancercare.on.ca/english/ocs/snapshot/ont-cancer-facts/fewersmokingteens/

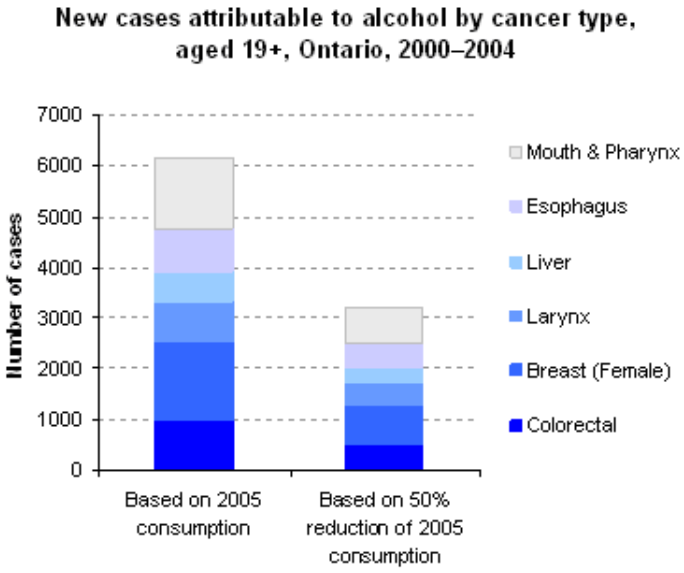
- January 2007 Ontario Cancer Fact 'Fewer Ontario teens are smokers' available at http://www.cancercare.on.ca/english/ocs/snapshot/ont-cancer-facts/Lung-cancer-young-women/
- Smoke-Free Ontario Strategy at http://www.mhp.gov.on.ca/english/health/smoke_free/default.asp
- Adlaf EM, Paglia-Boak A. Drug use among Ontario Students 1977-2007. Centre for Addiction and Mental Health, Toronto, 2007. It's Your Health – Radon at http://www.hc-sc.gc.ca/iyh-vsv/environ/radon_e.htmltalk
  o talk to your health care provider or call Cancer Information Service (1 888 939-3333)

Sources

1. Danaei G, Vander Hoorn S, Lopez AD, Murray CJL, Ezzati M, and the Comparative Risk Assessment collaborating group (Cancers)*. The Lancet 2005 Nov 19;366(9499):1784-93.
2. www.hc-sc.gc.ca/hl-vs/tobac-tabac/research-recherche/stat/ctums-esutc/2006/ann-table2_e.html

Alcohol consumption and cancer risk

A recent landmark report described alcohol consumption as a convincing cause of cancers of the mouth, pharynx, larynx, esophagus, female breast, and male colorectal cancer, and a probable cause of liver cancer, and female colorectal cancer.



Source: Cancer Care Ontario (Ontario Cancer Registry, 2007)
Statistics Canada (Canadian Community Health Survey, 2005)

Alcohol consumption caused an estimated 6,160 new cases of these alcohol-related cancers between 2000 and 2004 in Ontario, representing 7.3% of these cancers.

If the proportion of people consuming alcohol in Ontario were to be reduced by half, an estimated 3.5% of alcohol-related cancers could be eliminated each year, translating into approximately 3,000 less cases over a 5-year period.

Research has suggested that there is no safe level of alcohol consumption to prevent an increased risk of cancer; however, because of the potential benefits of alcohol consumption on coronary heart disease, recommendations for cancer prevention include limiting alcohol intake to no more than 1 drink per day for women and no more than 2 drinks per day for men.

Increased risk exists regardless of the type of alcoholic beverage consumed. The following drinks all have the same amount of alcohol and count as one drink each: 1 regular beer, 5 ounces of wine, 1 wine cooler, 1½ ounces of liquor, liqueur, or brandy. Individuals who drink alcohol should not smoke tobacco, as these exposures work together to greatly increase the risk of developing some of the alcohol-related cancers.

Per capita alcohol sales decreased from a peak of 11 litres of alcohol per Ontarian aged 15+ around 1980, to a low of 7 litres in the mid 1990s. Since then per capita sales have been increasing, with 2005 levels reported at 8 litres of alcohol per

Ontarian (Statistics Canada annual reports).

A review of the evidence on cancer prevention with respect to alcohol consumption is 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 available at http://www.aicr.org/site/PageServer?pagename=res_report_second.

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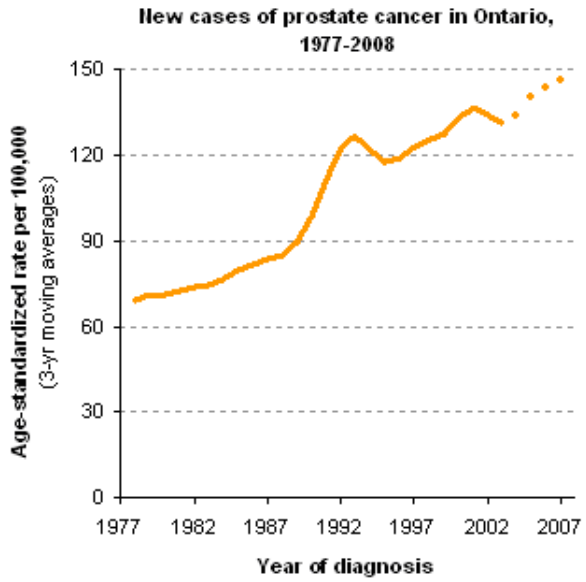
Prostate cancer still on the rise

Prostate cancer is the most frequently diagnosed cancer in Ontario. An estimated 10,673 men will be diagnosed with prostate cancer in 2008. This represents 31% of new cancer cases in men.



Source: Cancer Care Ontario (Ontario Cancer Registry:
1977–2004 data extracted December 2006
2005–2008 estimates provided by Informatics July 2007)

Prostate cancer incidence rates increased steadily at 2% annually during the 1970s and 1980s, rose abruptly in 1989 and fell in 1992, then returned to the former rate of increase in 1995. An abrupt rise and fall in incidence is common when a new method of early diagnosis is introduced. The introduction of prostate specific antigen (PSA) testing in 1988 caused prostate cancer incidence to rise because existing tumours were diagnosed earlier. Once this pool of early tumours was diagnosed, incidence rates returned to their former pattern.

The graph shows a second slight peak in 2001. Allan Rock, then Federal Minister of Health, was diagnosed with prostate cancer in early 2001. This rise may be the result of other men undergoing PSA testing after media reported Mr. Rock's diagnosis.

PSA testing in Ontario

In Ontario, PSA testing is covered for prostate cancer patients for monitoring/surveillance (hospital-based testing). It is also covered for men with symptoms considered compatible with a possible cancer diagnosis, if the test requisition is taken to a hospital laboratory (since 2001). It is not currently funded for screening in asymptomatic men. Men without symptoms must cover the cost of PSA screening themselves.

The Ontario government is making PSA screening an option for more Ontario men who are concerned about their risk of prostate cancer. The government has committed to funding PSA tests for screening healthy men without symptoms who are 50 years of age or older.

All screening tests have benefits and risks. Symptomatic men should talk to their primary care physician about PSA.

Asymptomatic men should discuss with their primary care physician as to whether the test is right for them.

The evidence about PSA tests for screening is still evolving. As a result the Guidelines Advisory Committee of Ontario follows the U.S. Preventive Services Task Force's recommendations that "the evidence is insufficient to recommend for or against routine screening using PSA testing or digital rectal examination".

Cancer Care Ontario is working with primary care stakeholders and NGOs to develop a decision aid and other tools to assist primary care providers to counsel asymptomatic men who are 50 and over about the PSA test for screening. We will also work with the Ministry of Health and Long-Term Care and other stakeholders to develop other aspects of this initiative including a system to track the effects of reimbursement and evaluate the utilization and impact of a PSA screening test.

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

If you have questions about these Cancer Facts, contact cancerfacts@cancercare.on.ca. If you have questions about cancer statistics, please see http://www.cancercare.on.ca/english/toolbox/systeminfo/requestccodata/.

To subscribe to Ontario Cancer Facts, please go to our subscription link at https://webcon.cancercare.on.ca/CCONews/. If at anytime you wish to unsubscribe, please select 'Ontario Cancer Facts' at the top of the subscription page and then click 'Unsubscribe' at the bottom of the page.

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 January issue of Cancer 2020 eScoop
- Read the February issue of Cancer 2020 eScoop

People News

Dr. George Pasut has joined CCO as Vice-President, Prevention and Screening. In this role, he will provide provincial leadership to the operational preventive oncology programs of the Prevention, Screening and Aboriginal Cancer Care units. With a renewed public commitment to cancer screening, Dr. Pasut will lead the further implementation of colorectal screening and will work toward improving the integration and population-wide coverage of breast, colorectal and cervical screening programs.

Previously, Dr. Pasut was 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. Before that, 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 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, and a lecturer at the University of Toronto in the Department of Public Health Sciences.

Dr. John McLaughlin, previously Cancer Care Ontario's Vice-President of Preventive Oncology, has assumed the role of Vice-President, Population Studies and Surveillance. In this role, he will work to strengthen CCO's provincial and national research profile in population studies, and lead the development and implementation of a cancer cohort initiative in conjunction with Ontario Institute of Cancer Research and other partners.

This new Division of Population Studies and Surveillance will also establish a comprehensive surveillance program that enables timely monitoring of the patterns of cancer and its determinants across Ontario.

Dr. Craig Earle has been appointed Program Leader, Health Services Research for Cancer Care Ontario and the Ontario Institute for Cancer Research.

Dr. Earle is currently Associate Professor of Medicine, Harvard Medical School and a researcher at the Dana-Farber Cancer Institute in Boston, where he specializes in measuring quality of care and outcomes for cancer patients and survivors. He is the Director of the Lance Armstrong Foundation Adult Survivorship Clinic.

A native of Montreal, Dr. Earle was awarded a BSc, MD (1990) and MSc by the University of Ottawa, where he also completed postgraduate training in internal medicine and medical oncology. He later acquired an MS in epidemiology while in clinical practice at the Ottawa Regional Cancer Centre. This was followed by a research fellowship in Boston in 1998 with Harvard Medical School. He joined the clinical faculty at the Dana Farber Cancer Institute the same year.

Dr. Earle is licensed for General and Internal Medicine and has a certificate from the Royal College of Physicians in Internal Medicine and Medical Oncology. He has held clinical appointments at the Ottawa General Hospital and the Brigham and Women's Hospital.

The Program Leader, Health Services Research, will report to both Dr. Sullivan and Dr. Hudson. He will be located at Cancer Care Ontario and Sunnybrook Health Sciences Centre/Institute for Clinical Evaluative Sciences.

Paula Doering has been appointed as Regional Vice-President (RVP) Cancer Program for Ottawa and the Champlain LHIN, effective March 31. Paula will also be The Ottawa Hospital's Vice-President, Clinical Programs (Medicine, Surgery, Cancer and Diagnostic Imaging).

Paula has been with The Ottawa Hospital (and the Civic Hospital prior to that) in various nursing and leadership roles since 1983. A Vice-President at the hospital since 2002, She brings to the position a wealth of experience in the administration of clinical programs.

In her role as Regional Vice-President, Paula will lead the Regional Cancer Program (RCP) that links hospitals, Community Care Access Centres, Public Health Units and clinical practitioners in an agenda of quality and access improvement in cancer services in the Local Health Integration Network (LHIN).

Dr. Cheryl Levitt has joined Cancer Care Ontario's Division of Prevention and Screening as Provincial Clinical Lead, Primary Care, effective April 1. In this part-time position, Dr. Levitt will provide active leadership, and develop and implement a strategic agenda for primary care engagement related to cancer prevention, screening and management in Ontario.

The 2008 Ontario Cancer Plan emphasizes the important role of primary care providers within the context of the cancer system. Dr. Levitt's initial priorities will be related to the implementation of the ColonCancerCheck screening program, and the support of Regional Cancer Programs in their engagement of primary care providers across Ontario.

Dr. Levitt is a Professor and immediate Past-Chair of the Department of Family Medicine at McMaster University. She trained at the University of the Witwatersrand in Johannesburg, and did her internship at Baragwanath Hospital, Soweto. Dr. Levitt has been an academic family physician since 1984 at McGill and McMaster Universities.

She is involved in family medicine leadership at a national, provincial, and local level. Dr. Levitt was the Chair of the Wonca Working Party on Women and Family Medicine from 2004-2007. She was President of the Ontario College of Family Medicine from 2005-2006. She was a developer and a founding member of Family Medicine Association of Hamilton, a not for profit corporation of all the family doctors (350) in Hamilton. Dr. Levitt led the Primary Care Reform pilot project in Hamilton where 120 family physicians joined Primary Care Network in 1999–2001.

Dr. Levitt conceived of and developed the Maternity Centre of Hamilton, which opened in October 2001. She is the leader of the Quality in Family Practice project. Dr. Levitt has published widely on primary care issues, medical migration of foreign doctors and maternal and child health.

Harpreet Bassi joined CCO on February 25 as Director of Public Affairs Planning and Stakeholder Relations. Harpreet will take a leadership role in strategic communications and issues management planning and implementation in support of the new Ontario Cancer Plan. She will also play a key part in developing CCO's stakeholder relations capacity and will focus on building CCO's relationships with patient advocacy groups and NGOs.

Harpreet was most recently the Director of Communications with the Ontario Health Quality Council. Previously she was a senior advisor to Elizabeth Witmer, MPP and Critic for Health and Long-Term Care. Harpreet has an undergraduate degree from University of Toronto and post-graduate training in communications, and is currently pursuing a Masters in Public Administration at Queen's University.

After six years building the Surgical Oncology Program at Cancer Care Ontario, **Dr. Hartley Stern** has stepped down from this role in order to become CEO of the Jewish General Hospital in Montreal. Under Dr. Stern's leadership, a strong provincial program was established, and 14 regional surgical oncology programs emerged, each with a firmly rooted culture of continuous quality improvement. His accomplishments went well beyond structural and cultural transformation. Initiatives of the Surgical Oncology Program have directly led to measurable improvements in access and quality for Ontario's cancer patients. The search is now under way for a Provincial Head to carry the Surgical Oncology Program forward.

Dr. Phil Ellison left his role as CCO's Provincial Program Head, Family Practice, in December. Before serving as Program Head, Dr. Ellison was the liaison between CCO and the Ontario College of Family Physicians. His work set the stage for strengthened relationships between family physicians and the formal cancer system. Proceedings from the joint symposium he led in 2007 will guide CCO's future work in engaging family physicians.

Upcoming Events

Third Annual Celebrating Innovations in Health Care Expo, April 22, 2008, Metro Toronto Convention Centre

Be sure to visit Cancer Care Ontario's booth at the Ministry of Health and Long-Term Care's annual showcase of innovative health care initiatives. For more information visit: http://www.lhins.on.ca/page.aspx?id=852

Primary Care Today, May 8 to 10, 2008, International Centre, Toronto

Cancer Care Ontario's screening programs are participating in the Primary Care Today exposition. If you are attending this educational conference and exposition for Toronto family physicians, be sure to drop by the booth and find out about Ontario's screening initiatives. For more information about this CME event, visit http://www.primarycaretoday.ca .

17th International Congress on Palliative Care, September 23-26, 2008, Palais des Congrès, Montréal

This biennial international congress is presented by the Palliative Care Division of the Departments of Medicine and Oncology of McGill University. Poster abstracts may be submitted until May 28, 2008. For more information, to register or to submit an abstract, please visit www.pal2008.com or call 450-292-3456 ext. 227.

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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