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Prevention & Care

Research

CCO Toolbox

QuickLinks

+

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In this issue of Ontario Cancer News

- Meet CCO's new President and CEO
- Cancer Care Ontario Launches Action Plan for Cancer Over the Next Four Years
- ColonCancerCheck and the OHL Team up to Fight Colorectal Cancer
- New Breast Screening Centre Offers Enhanced Digital Screening
- Breast Cancer Screening Expansion to Include High-Risk Women
- Celebrating the Meaning of Hope in Cancer Care
- Niagara Health System Expands Cancer Program
- Recipient of 2010 President's Award Brought Added Joy to Cancer Patient's Hospital Wedding
- Ontario Cancer Facts
- Upcoming Events

Meet CCO's new President and CEO



Michael Sherar, formerly Vice President of Planning and Regional Programs at Cancer Care Ontario, assumed his duties as President and CEO on January 17, 2011. Michael is an accomplished health-care professional with a Ph.D. in Medical Biophysics from the University of Toronto and a B.A. in Physics from the University of Oxford, England. An internationally recognized researcher and scientist, he is Professor, Department of Medical Biophysics, University of Toronto and a proven leader with a track record of delivering results across the health sector.

Born in Bristol, England, Michael pursued his interests in mathematics and science to a career in healthcare and cancer research, culminating to date in his appointment as President and CEO of Cancer Care Ontario (CCO). Michael has a 16-year-old son, Matthew, and 11-year-old daughter, Zoe, with wife, Jane.

"I am honoured to have been selected by the CCO board to lead this organization. I look forward to building on our successes to date and meeting the challenges that lay ahead," says Michael. "What's most exciting for me is to continue working with so many committed, intelligent, and innovative people."

An avid runner, Michael also pursued his passion for athletics through competitive running at the National level. Recently, Michael won the 800-metre event in his age group at the 2009 World Masters Athletic Championships in Lahti, Finland.

"You'll occasionally see me leaving the office in workout clothes and running shoes because I'll go for a run after work," says Michael.

Between his commitments at CCO and training and coaching at the University of Toronto Track Club, Michael also volunteers in St. James Town as a tutor in math and science. This one-on-one program helps students from lower-income families improve their skills and better their education.

"Whether it's working with colleagues, graduate students, or tutoring in St. James Town, my greatest reward is seeing someone you mentored be successful in their chosen career."

Now in his third month as President and CEO, Michael continues to build upon the tremendous accomplishments spearheaded by former President and CEO Terry Sullivan and those before him.

"We have ambitious action plans in all of CCO's mandates - cancer, access to care, chronic kidney disease and the Ontario Renal Network," says Michael. "We know that with the many accomplished individuals at CCO and in our partner organizations, we will be able to improve the health-care system and make a difference in the lives of all Ontarians."

Cancer Care Ontario Launches Action Plan for Cancer over the Next Four Years

Released in November, the third edition of the Ontario Cancer Plan (OCP) ensures the province's cancer system serves the changing and growing needs of Ontarians. The OCP outlines priorities for cancer services, sets a course to transform cancer services from the patient perspective, and is driven by a commitment to quality across the cancer journey - from prevention to survivorship or palliative care - as the most effective way to manage cancer.

[Visit the 2011-2015 Ontario Cancer Plan website](#) to download the plan.

ColonCancerCheck and the OHL Team Up to Fight Colorectal Cancer

Ontario Hockey League (OHL) teams across the province have joined with Cancer Care Ontario and local cancer programs to take a slap shot at colorectal cancer.

During March - Colorectal Cancer Awareness Month - OHL teams urged fans to get their butts into the game by being screened for colon cancer, the second leading cause of cancer death and the third most diagnosed cancer in Ontario.

Ten participating teams - the Barrie Colts, Belleville Bulls, Guelph Storm, Kingston Frontenacs, Kitchener Rangers, London Knights, Owen Sound Attack, Sarnia Sting, Sudbury Wolves, and Windsor Spitfires - hosted events at all home games in March. Player jerseys featured the ColonCancerCheck (CCC) patch, there were CCC materials available, and some arena boards carried cancer screening messaging.

[Read more](#)

Breast Cancer Screening Expansion to Include High-Risk Women

In its 2011 Budget, the government announced that it will invest an additional \$15 million over the next three years to provide about 90,000 more breast cancer screening exams.

[2011 Ontario Budget](#)

New Breast Screening Centre Offers Enhanced Digital Screening

Advanced digital technology at the new location of the Ontario Breast Screening Program's Regional Centre in Kingston will allow more women to be screened more efficiently.

Film mammography, which uses X-rays to produce images of the breast, has been replaced by state-of-the-art digital mammography.

"Digital mammography is not only more precise and efficient but it will allow us to increase the number of women we can screen," explains Dr. Hugh Langley, Medical Coordinator of the OBSP Regional Centre.

Digital mammography produces more precise images that can be altered much like a digital photograph. Radiologists who interpret mammograms can magnify or change the brightness or contrast of the images to help see certain areas more clearly.

And because there is no film to develop, digital images can be sent immediately to radiologists for viewing. If an image is unclear, it can be retaken right away reducing the need for a return visit and the resulting stress on patients.

Since breast cancer is the most common cancer of Ontario women, increasing the number screened is more important than ever. One in nine women will be affected by cancer in their lifetime. Eight of every 10 breast cancers are found in women age 50 and over - and 50 per cent of breast cancers occur in women aged 50 to 69 - the OBSP's target age group.

Research shows that regular breast screening of women aged 50 to 69 can reduce deaths from breast cancer. In fact, breast cancer deaths have decreased 35 per cent since the OBSP was introduced 20 years ago.

"No other cancer has seen such a significant decrease in the mortality rate and that is directly attributable to both improved treatments and early detection via screening," says Hugh. "Regular breast screening finds cancers earlier when they are small and less likely to have spread. Treatment has a better chance."

Donna Harper knows the value of screening first hand. The 62-year-old began screenings after a diagnosis of cancer more than a decade ago. Although her cancer wasn't of the breast, Donna's doctor recommended she be screened regularly. She's attended OBSP clinics faithfully ever since.

"I was very lucky my cancer was caught early and I came through with flying colours," says Donna, whose sister-in-law died of breast cancer 30 years ago, long before regular screening. "Mammograms can detect what you might not be able to feel, so why wouldn't you go?"

Hugh says more women need to take Donna's lead and encourage their female friends and relatives to get regular mammograms once they reach their 50th birthday. Only about 66 per cent of eligible women are currently clients of OBSP.

Donna thinks some women are intimidated by the process of having their breasts compressed in order for the image to be taken. She says the short-term pain is worth it and has encouraged her six sisters and several friends to ensure they get regular screenings.

"Some women don't want to go because they say it hurts, or think it will hurt, but five to 10 seconds of being uncomfortable - and that's all it is - is nothing compared to what you will face if you are diagnosed with cancer."

If nothing else, Donna wants you to think about your family. "As a woman aged 50 to 69, it is the duty, the right, and the privilege of all women to get screened for ourselves and for our families."

Getting a mammogram is easy. No referrals are needed. Women can call the OBSP Regional Centre directly at 613.384.4284 or 1.800.465.8850 for an appointment. The new regional centre is located at 490 Discovery Ave., Suite 5, in Kingston.

Celebrating the Meaning of Hope in Cancer Care

What are the hopes, dreams, and prayers of those touched by cancer? The answer can be found in the poignant words written on a tag and attached to the Hope Tree with a colourful ribbon in the Chemotherapy Suite of the Juravinski Cancer Centre (JCC) in Hamilton.

During January, all patients, visitors and staff were invited to share their thoughts and sentiments about 'hope' and add their 'hope ribbon' to the tree. For some, this included the hope for "inner peace", to feel "respected and valued", and "to find a cure for cancer". The hope for a four year-old boy was for "all the sick people in hospitals to feel better."

At the end of the month, a celebration of the Hope Tree was held in the Chemotherapy Suite to recognize the symbolism of these gestures.

At the special gathering, Clyde Carruthers, a former patient at the JCC and cancer survivor shared his thoughts on what hope means to him. "I have hope because I have people around me who love and care about me. Today, the ways of dealing with cancer are constantly improving. There are so many brave people in this world and it gives me hope to know that there are others walking down the same path with me, because they are also cancer survivors," said Clyde. "Events like the Hope Tree Celebration gives hope and unites those affected by cancer -- despite our differences, we can walk together."

Janet Poirier, a Chemotherapy Nurse who organized the event along with Chaplain, Ann Vander Berg, shares Clyde's sentiments. "When patients and family members read the messages on the tree, it reminds them that they are not alone," says Janet. "The Hope Tree is a meaningful symbol for everyone as we all share the common goal of wellness and wholeness along our life paths."

At the end of the ceremony, everyone was invited to remove a 'hope ribbon' from the tree, take it with them and tie it to a tree in their own garden to represent renewal.

Janet explains, "By bringing these messages back home and tying them to a tree outside, the symbolism is that the wind can blow and the rain may fall on the ribbons, but the sun will also shine upon it, bringing back energy which will revitalize those hopes and dreams."



Featured in Photo: L-R: Clyde Carruthers, cancer survivor, Tomoko Yakamura, Music Therapist, Janet Poirier, Chemotherapy Nurse, Rosemary Bland, Clinical Manager, Systemic Therapy and Dr. Bill Evans, President, Juravinski Hospital and Cancer Centre, Regional Vice-President, Cancer Care Ontario.



Niagara Health System Expands Cancer Program

The outpatient oncology program at the Niagara Health System is growing and is now one of the largest dedicated outpatient areas at the St. Catharines General Hospital Site.

"Our cancer program has increased about 30 per cent in the last five years," says Carol Potvin, director of the oncology program. "Last year, there were 31,400 patient visits to outpatient oncology for chemotherapy, consultation with specialists, and follow-up care."

Recent renovations at the St. Catharines site mean that Niagara Health System now has more clinic space and an equipped meeting room with video conferencing capabilities, enabling clinicians to take part in multidisciplinary case conferences that bring together specialists from different disciplines such as pathology, diagnostic imaging, radiation, surgery and medicine to discuss patient cases. Niagara also added four more needed chemotherapy chairs in the McSloy Wing at St. Catharines General.

New Prostate cancer clinic

The new space in Niagara is now home to a prostate cancer clinic for men newly diagnosed with the disease. The clinic is part of a shift to better integrate Niagara Health System's oncology program with the Juravinski Cancer Centre at Hamilton Health Sciences to coordinate patient care and reduce wait times. Since late July, Hamilton radiation oncologist Dr. Ian Dayes and four other specialists have travelled to St. Catharines to see prostate cancer patients on a rotating basis.

New Lung Diagnostic Assessment Program

Another new service is an assessment program for patients with a suspicion of lung cancer to help reduce their wait time for diagnosis and treatment. Called The Lung Diagnostic Assessment Program, or LDAP, the program is a partnership with St. Joseph's Healthcare Hamilton. Since the LDAP was introduced in Niagara, the time from first abnormal X-ray to confirmed diagnosis of lung cancer is down from an average of 95.6 days to 37 days. The assessment clinics at St. Catharines General and St. Joseph's serve the Hamilton Niagara Haldimand Brant LHIN population.

New Cancer Centre

In 2013, the Walker Family Cancer Centre will open at the new health complex in St. Catharines, bringing comprehensive cancer care, including radiation services, to Niagara for the first time.

Recipient of 2010 President's Award Brought Added Joy to Cancer Patient's Hospital Wedding

"A pure act of care that brought added joy" to a cancer patient by arranging for her to get married in the hospital chapel in a bridal gown and tiara, complete with a floral bouquet, is a perfect example of what makes staff member Cathy Caton so special.

The Niagara Health System (NHS) is recognizing Cathy's incredibly kind-hearted and compassionate contributions by selecting her as the recipient of the 2010 President's Award of Excellence. The President's Award is presented each year to the staff member, doctor, or volunteer who, in an overall manner, exemplifies all of the hospital's success factors and demonstrates the values of compassion, professionalism and respect.

Cathy, who lives in St. Catharines and is a hospitality services aide at the St. Catharines General Hospital Site, got to know one of the palliative patients when cleaning her room. When Cathy found out this patient was to be married in the hospital chapel in front of a small group of family and friends, she went across the street to Stephanie's Flowers to see if she could arrange for some complimentary flowers for the bride. She managed to borrow an artificial bouquet as well as a wedding dress and tiara that were on display in the shop.

[Read more](#)

Ontario Cancer Facts

Colorectal cancer incidence changes across neighbourhood income levels between the 1990s and 2000s (Dec. 2010)

Socio-demographic factors, including income, have long been known to influence health. Between 1990 and 1993, Ontarians living in the poorest neighbourhoods had a significantly higher incidence of colorectal cancer (57 cases per 100,000) than those living in the richest neighbourhoods (52 cases per 100,000). In recent years (2004-2006), however, this disparity has nearly disappeared, and the differences in colorectal cancer incidence rates across neighbourhoods with varying income levels are no longer statistically significant.

[Find out more in December's Ontario Cancer Fact on Cancer Care Ontario's website](#)

International trends in lung cancer death rates reflect smoking patters (Jan. 2011)

Lung cancer is the leading cause of cancer deaths in men worldwide.¹ The highest lung cancer mortality rates are reported in Central Eastern Europe and North America.^{1,2} Mortality rates in males were highest for Hungary, at 71.6 per 100,000 in 2005, among countries in the World Health Organization (WHO) mortality database.³ In 2005, lung cancer mortality rates in males were 34.4 per 100,000 in Ontario and 40.6 in the U.S.

[Find out more in January's Ontario Cancer Fact on Cancer Care Ontario's website](#)

Sun safety on winter vacation (Feb. 2011)

In 2006, the Second National Sun Survey asked 1,375 Ontarians (aged 16 and older) about time spent in the sun and use of sun protection. Twenty-one per cent reported taking a winter vacation to a sunny place the previous winter.

While on their winter vacation, over half of respondents (54%) spent 3 or more hours a day in the sun between 11 a.m. and 4 p.m. -- 81% of those aged 16-24, with lower percentages at progressively older ages. Nearly 1 in 5 (18%) winter vacationers got a sunburn while on their vacation.

[Find out more in February's Ontario Cancer Fact on Cancer Care Ontario's website](#)

[Subscribe](#) to Ontario Cancer Facts

Upcoming Events

Fifth Annual Human Touch Awards

Date: Thursday, April 21, 2011

Time: 5:30 p.m. - 8:30 p.m.

Location: The Sutton Place Hotel, 955 Bay Street, Toronto, ON M5S 2A2

Health Education Series - Overview of Cancer

Date: Tuesday, May 3, 2011

Time: 6:30 - 8 p.m.

Location: Niagara Falls Public, Library, Victoria Branch, LaMarsh Room, Victoria Ave., Niagara Falls
Subject: Dr. Janice Giesbrecht, NHS Director of Medical Oncology, is launching the NHS Health Education Series this year with a presentation on cancer - risk factors, prevention.

- Question & answer session
- Displays and handouts by Canadian Cancer Society

Cancer System Quality Index (CSQI)
Date: Wednesday, May 11, 2011
Time: 9 a.m. **(subject to change)**
Location: UHN Boardroom

Ontario Cancer News is issued every two months by Public Affairs at Cancer Care Ontario. The next edition will be distributed on June 21. Share your cancer news! The deadline for submissions is June 3. Send your news to publicaffairs@cancercare.on.ca

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