

2008 ICES ATLAS on Cancer Surgery in Ontario

Backgrounder

- The objective of the Atlas is to produce information to inform regional, population-based planning, and support policy-making for cancer surgery services.
- It has been more than 10 years since the first ICES Cancer Surgery Atlas. The Local Health Integration Networks (LHIN) had been created and so it was decided that we needed to collect more information on cancer surgery health services research to give us a baseline indication of the state of cancer surgery services in Ontario prior to the create of the LHINs.
- Using data from 2003-2004, the Atlas is also reporting data during the time period of SARS, which may have altered referral patterns.
- This Atlas presents information on cancer surgery and related health services provided to people in Ontario who were newly-diagnosed with one of the following cancers in 2003-2004: cancers of the breast, prostate, lung, large bowel (colon and rectum) and cancers of the female genital tract (uterus, ovary, cervix and vulva).
- Data was analyzed from the Ontario Cancer Registry (OCR) and from several of Ontario's administrative health databases to produce information intended to guide regional, population-based planning of cancer surgery services.
- **Summary:**
 - Surgery is a critical part of cancer care in Ontario. For many patients, surgeons serve as the gatekeepers to the cancer care system.
 - Programs intended to improve the quality of cancer surgery in Ontario must engage all surgeons, not just surgical oncologists.
 - Such programs must target surgeons who work in community hospitals, since these surgeons are major providers of cancer care in Ontario.
 - Further research should be done to determine why certain variations exist in the delivery of cancer-related surgical services in Ontario and whether such variations are cause for concern and intervention.
 - Expansion of the Ontario Cancer Registry to include detailed cancer-related information, such as information on cancer stage and initial treatment, would greatly improve our ability to conduct cancer-related health services research in Ontario.
- **Findings:**
 - We noted variations in the proportion of people with many types of cancer who had surgery according to the Local Health Integration Networks (LHINs) where patients resided at the time they were diagnosed. We found similar variations in the types of surgical procedures provided.

- We found that surgeons provided a substantial amount of care to people newly diagnosed with cancer, regardless of whether these patients underwent surgical procedures for their disease.
- **Progress made:**
 - An enormous amount of work is underway to further improve the quality of cancer surgery. Many of the observations of the report have been the cornerstone of activity that surgeons from across the province have participated in improving.
 - Since 2003/04, there have been some very important and significant quality improvement initiatives in cancer surgeries, including:
 - Cancer Care Ontario's Surgical Oncology Program, started in 2004, identified 14 surgical leaders from across the program, to help improve the quality and accessibility of cancer surgery across Ontario.
 - The implementation of laparoscopic colorectal cancer procedures.
 - The implementation of lung and esophagus cancer surgeries standards (thoracic surgery standards) in Ontario is underway. The implementation of these standards has been identified as a priority in Cancer Care Ontario's 2008-2011 Ontario Cancer Plan.
 - Work is also ongoing in implementing practices of Multidisciplinary Cancer Conferences and guidelines for prostate, thoracic, breast and colorectal surgery. Multidisciplinary Cancer Conferences are regularly scheduled meetings where health care providers discuss the diagnosis and treatment of individual cancer patients. This is also a priority the 2008-2011 Ontario Cancer Plan.
 - Please visit: <http://www.cancercare.on.ca/english/home/ocs/clinicalprogs/surgonc/>

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