



Highlights from The 2014 Cancer System Performance Report

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More than five years of measuring progress

Trying to measure how well we prevent, detect and treat cancer across Canada seemed like a daunting task just five years ago. Even though many people are affected by the disease, which is the leading cause of death among Canadians, at the time there was no organized approach to collecting national data on the quality of cancer care.

Now after five years of collaboration between provincial cancer programs and the Canadian Partnership Against Cancer, we can safely say that Canada has emerged as a world leader in measuring the success – and shortcomings – of our cancer care system. We are also involved in the ongoing benchmarking of our programs, that is, establishing a standard of excellence and comparing our efforts with other leaders in cancer control. The goal is to improve services, attain better outcomes for patients, and potentially reduce costs.

The 2014 Cancer System Performance Report marks another step forward in a process of growth and collaboration with our partners. This is the fifth such report compiled and released annually by the Canadian Partnership Against Cancer. The findings, developed in close collaboration with our provincial and national partners, provide a comprehensive national review of more than 30 cancer care indicators across eight domains: prevention, screening, diagnosis, treatment, long-term outcomes, person-centred perspective, research and system efficiency.

One of the trends that emerged in this year's report relates to differences in how older Canadians – those over age 60 – are treated for common types of cancer. For example, there is evidence that some older patients are much less likely than their younger counterparts to receive radiotherapy and chemotherapy when these treatments are recommended either before or after surgery – even though there is clinical research evidence of benefit:

- While 86% of colon cancer patients under age 60 were given post-surgical chemotherapy in 2010, less than half of patients aged 70 and over received this treatment over the same period of time. This dropped to just 18% of those over age 80.
- While chemotherapy is a pillar of treatment for many cancers, the report uncovered a decrease in the use of post-surgical chemotherapy for Stage II or IIIA non-small cell lung cancer – especially among patients over age 70. In 2010, just 32% of patients aged 70 to 79 received post-surgical chemotherapy compared to over 50% of patients under age 70.
- Only 43% of early stage breast cancer patients aged 80 and older received radiation therapy following breast conserving surgery in 2010, as recommended by clinical practice guidelines – compared to more than 80% of those younger than 70.

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The picture of cancer control in Canada that emerges in the milestone **2014 Cancer System Performance Report** suggests that while much has improved, some old challenges remain and some new ones are being recognized. Here are two of the more interesting findings:

Patient age and adherence to clinical practice guidelines

Older cancer patients – those over age 70 – were less likely to receive guideline-recommended radiation therapy and chemotherapy than their younger counterparts. For example, while 86% of colon cancer patients under 60 received recommended chemotherapy in 2010, less than half of those aged 70 and over received it – even though clinical guidelines recommend chemotherapy for both age groups. *These guidelines are developed according to “best evidence” research, and are expected to help guide decisions about the diagnosis and treatment of specific cancers.*

Survival rates up, mortality rates down for many cancers

The report reveals that mortality rates are decreasing among men with lung and pancreatic cancer, and also that five-year relative survival rates have improved for breast, prostate, and colorectal cancer. These findings are derived, for the first time, from demographics of the 2011 Canadian population (vs. statistics from 1991).

This age-related disparity, a phenomenon also noted in other studies, may be explained by a number of factors including that older people are more likely to have other acute or chronic health problems. This means that for them, the risks of chemotherapy or radiation therapy could outweigh the potential benefits. The size of this treatment gap, however, suggests that some attention is needed to ensure that older patients who might benefit from chemotherapy and radiation will receive it.

Where we are coming from

In 2008, when the newly-established Canadian Partnership Against Cancer led the first effort to produce a pan-Canadian cancer system performance report, several provinces were already tracking cancer care system performance within their jurisdictions. But the fact that they were using a variety of dissimilar measures (indicators) made it difficult – if not impossible – to make accurate regional comparisons and to obtain useful data for research purposes. Many other provinces lacked the capacity to gather and analyze the required data at all.

In the following year, the inaugural cancer system performance report was published with a starting list of 17 indicators. At the time, the provincial authorities agreed to provide and share their data but did not wish individual provinces to be singled out based on their performance. They wanted to ensure that the initial focus was on understanding general patterns and variations in performance data, and on gaining a certain level of comfort with the quality of the data.

The next few years of working together saw a profound cultural shift within the provinces: they became more comfortable sharing their cancer control data and taking part in benchmarking activities. Learning from each other in this way, has allowed us to begin closing gaps in the quality of cancer care across Canada and to recognize new challenges when they emerge.

Where we are going

Here are some of the tasks and targets the Canadian Partnership Against Cancer and our partners will be tackling over the next five years:

- Later this year, in response to research suggesting that prostate cancer may be both over-diagnosed and over-treated, we will release a **spotlight** report on this common cancer affecting Canadian men.
- We will be releasing results from a year-long study into the use of PET scanners (positron emission tomography) to diagnose and manage non-small cell lung cancer – the most common type of lung cancer affecting Canadians. The findings will suggest opportunities for using this resource-intensive technology across the country.
- A two-year **in-depth study** is already underway to follow, document and explore how people with cancer transition through treatment and follow-up care, including their experiences as cancer survivors.
- We will develop and share new system performance targets, set new benchmarks and expand the number of measurement indicators we use. This work will be shared with our provincial partners to mutual benefit.

The Canadian Partnership Against Cancer is proud of accomplishments to date, made possible through the continuing support and collaboration with our partners at the provincial and national levels, in the effort to reduce the burden of cancer and improve the patient experience for all Canadians.

The 2014 Cancer System Performance Report will soon be available online at systemperformance.ca. This is a user friendly, interactive website from the Canadian Partnership Against Cancer that allows anyone – policy-makers, patients, doctors and other care providers, health planners, and family members – to view the latest data on cancer system performance measures according to their needs and interests. Visitors will be able to browse and download data by performance indicator at various points in the cancer journey – and later this year, by disease site and by province and territory. The website – a concrete symbol of the progress made in assessing the country's cancer system performance allows stakeholders to assess how Canada is doing in key areas of cancer control.

Other key findings

Screening rates for colorectal cancer improve

In just four years, rates of colorectal cancer screening increased across Canada, ranging in 2012 from 28.3% in Quebec to 59.2% in Manitoba. Between 2008 and 2012, all provinces showed an increase in the percentage of Canadians who reported being up-to-date with their colorectal cancer screening, that is, fecal occult blood test and/or colonoscopy/sigmoidoscopy.

New findings on patient satisfaction

A lack of access to supportive care services can add to cancer patients' distress and can hinder their ability to adjust to the changes that may accompany a diagnosis of cancer. Satisfaction surveys show that the lowest scores are related to a perceived lack of emotional support during the patient's cancer care journey. Nearly one-third (31%) of women with gynecologic cancers (cervical, uterine or ovarian) gave negative ratings for the emotional support dimension of care. About one in five men with prostate or testicular cancer (19.8%) reported being dissatisfied with the emotional support they received.

Breast cancers being detected – and treated – at earlier stage

The report also features three new performance targets for cancer treatment delivery, developed by a national panel of experts. Indicators that make use of recently available cancer stage data confirm that the majority of breast cancer cases are being caught at relatively early stages: fewer than 5% of patients with breast cancer were diagnosed with Stage IV (metastatic disease) in 2010 and 2011. Contrast this situation with lung cancer: right now, no screening program exists in Canada to detect lung cancer—largely because early detection is very difficult. This helps explain why more than 50% of all lung cancer cases detected during the same period were Stage IV tumors.

Wait time from an abnormal finding to diagnosis

Resolving an abnormal screening result to determine whether a patient actually has cancer, is still taking too long in cases of breast and colorectal cancer. None of the provinces reporting on this indicator achieved in 2011 the set wait time target for resolving an abnormal breast screen – although several provinces, including New Brunswick and Alberta, showed wait time improvements. Patients with abnormal fecal screens faced median wait times for a follow-up colonoscopy that ranged from a low of 35 days in British Columbia to a high of 96 days in Saskatchewan. Of the five reporting provinces, only Nova Scotia and British Columbia reported median wait times below the recommended 60-day benchmark.

Encouraging news about wait time for radiotherapy

News about radiation treatment wait times is more encouraging. Nine of 10 provinces report that in 2012 they had achieved the national benchmark target of providing radiation therapy to at least 90% of patients within 28 days of the patient being ready for treatment. Nova Scotia fell short by just a few percentage points. Saskatchewan and Ontario reported the shortest wait time at 15 days.

A decrease in chemotherapy for patients with lung cancer

While chemotherapy is a pillar of treatment for many cancers, the report uncovered a puzzling decrease in the use of post-surgical chemotherapy for lung cancer. Cancer treatment guidelines recommend chemotherapy for Stage II or IIIA non-small cell lung cancer. Yet, between 2007 and 2010, the percentage of patients receiving it dropped by more than 15 points. The decline was especially steep for patients aged 70 to 79, whose post-surgical chemotherapy rates were 32% – more than 20 percentage points lower than rates for patients under the age of 70. As a result, the report sets a new treatment target to increase the adjuvant chemotherapy rate for older patients (aged 70-79) to 45%.

Understanding and better meeting the emotional needs of people with cancer

The 2014 Cancer System Performance Report features an expanded review of person-centred care, including results from a patient satisfaction survey. The results suggest that the cancer care system is falling short in meeting the emotional needs of patients, who face a host of physical, psychological and practical challenges. Between 19-31% of respondents rated the emotional support they received along their cancer care journey negatively.

End-of-life care: providing the option to die at home

Data from some European countries show that a majority of cancer patients there are able to die at home with necessary system supports. From 2005 to 2009, about two-thirds (65-71%) of cancer deaths in Canada occurred in a hospital – during the same period, fewer than 14% of Canadians with end-stage cancer died at home with palliative and other types of supportive care.

Funding of cancer research unequal in some areas

Efforts to prevent, control and manage cancer rely heavily on clinical research. To that end, it is important to focus research funding on cancers that exact the highest toll in terms of incidence and mortality. Yet, the report finds the funding pie is not being divided this way. For example, breast cancer, which accounts for 7% of cancer deaths, receives 27% of disease site-specific funding, while lung cancer, which accounts for 27% of cancer deaths, receives just 8% of funding.

Navigating The 2014 Cancer System Performance Report

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Acknowledgments

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