

PEI Cancer Strategy Annual Progress Report

2016 - 2017



*Prince
Edward
Island*
CANADA

Health PEI
One Island Health System



Health PEI
One Island Health System

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From the Chair



Dear Minister Henderson and Dr. Mayne,

Since its release in April 2016, the PEI Cancer Strategy has had a strong year of building a foundation for success. Great efforts have been made to bring together the many people involved in cancer control and care in PEI, including the Provincial Cancer Coordination Steering Committee, action groups and working groups.

As the Chair of the Steering Committee, it is my pleasure to share with you a report on the progress to date on the strategic recommendations. With this leadership and growing evidence, we have taken action on a number of recommendations found to be essential first steps to support future actions.

This report provides an overview of the progress to date. While there is still much work to do, we are moving in the right direction with a positive momentum. With the dedication by the many stakeholders, including government, who share the vision to reduce cancer and its impact on all Islanders, we are working together to make a difference.

A handwritten signature in black ink, appearing to read "Larry Pan". The signature is fluid and cursive.

Dr. Larry Pan
Radiation Oncologist
Chair, Provincial Cancer Coordination Steering Committee

Let's make a difference





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Vision, Mission and Goals

VISION

Reduce cancer and its impact on all Islanders

MISSION

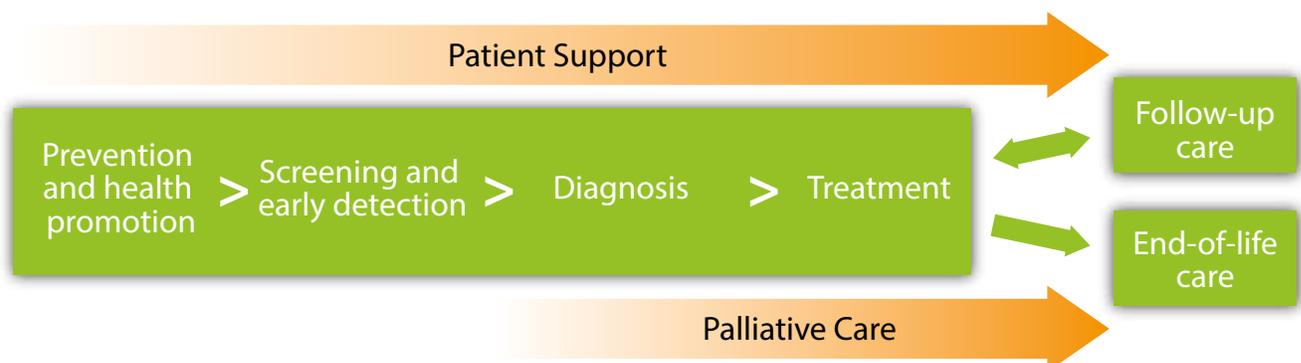
Work together to lead improvements and changes that value people, quality and evidence, so all Islanders can live healthier lives and receive high quality cancer care

GOALS

The PEI Cancer Strategy will work to:

- Reduce cancer incidence, mortality and morbidity
- Enhance the quality of life of individuals at all stages of the cancer control continuum
- Optimize resources and processes to sustain the PEI cancer care system

Cancer Control Continuum



Provincial Cancer Coordination Steering Committee

The Provincial Cancer Coordination Steering Committee was formed in 2014 to review the previous strategy outcomes, lead consultation on priorities for the next several years and to develop a new provincial cancer strategy. This steering committee includes physicians, administrative leads, community partners and patient advisors that represent the full cancer control continuum. Since the launch of the strategy, the steering committee has worked to provide direction and leadership to the implementation of the strategy's many recommended actions.

MEMBERSHIP

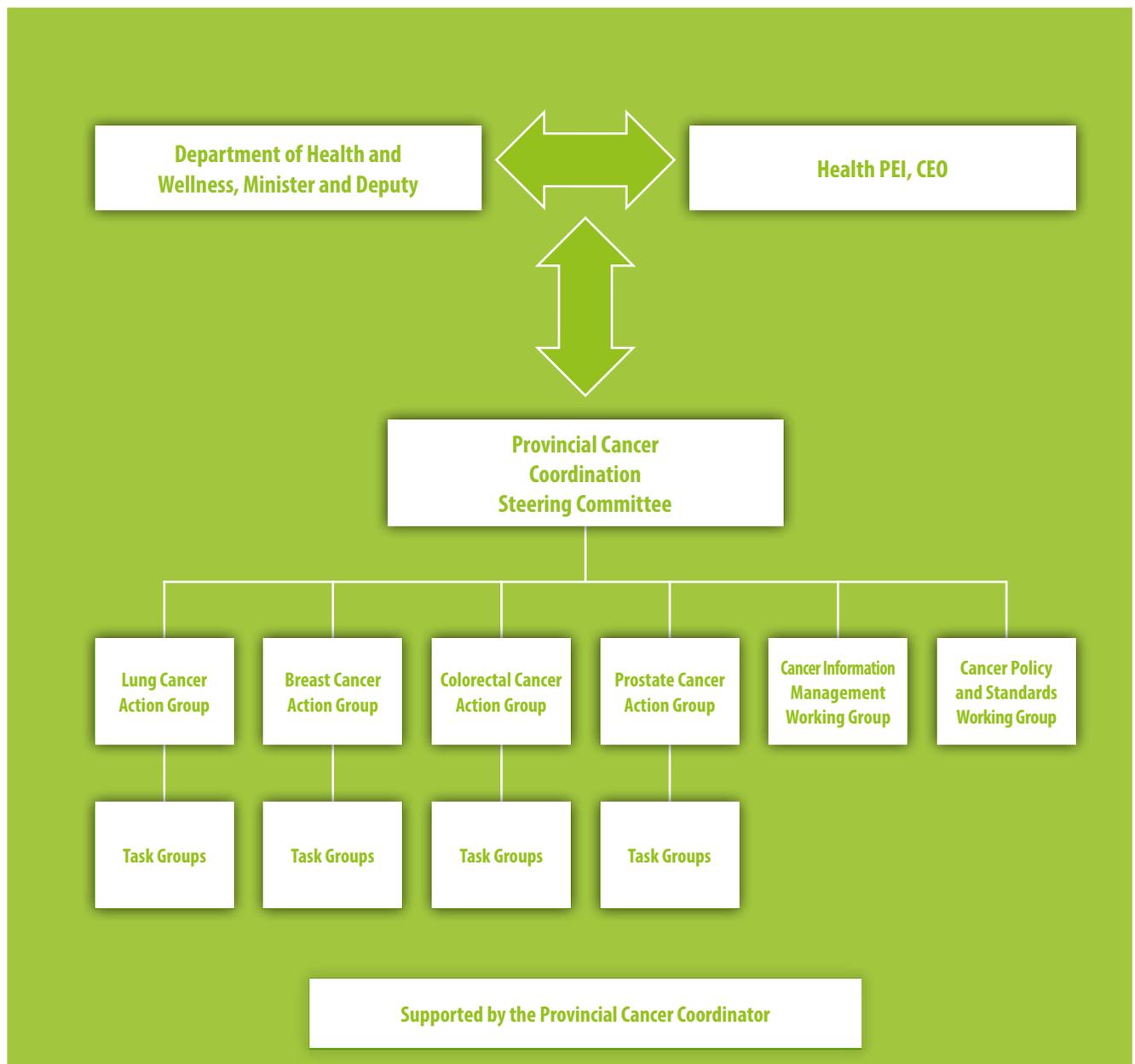
REPRESENTATIVE	NAME
Chair and Radiation Oncologist	Dr. Larry Pan
Chief Administrative Officer (sponsor)	Arlene Gallant-Bernard
Provincial Lab Services	Dr. Kristen Mead
Cancer Surveillance Epidemiologist	Dr. Carol McClure
Medical Oncologist	Dr. Philip Champion
Palliative Care Physician Lead	Dr. Mireille Lecours
Primary Care Physician	Dr. Rachel Kassner
Deputy Chief Public Health Officer	Dr. David Sabapathy
Director of Hospital Services, QEH	Kelley Rayner
Director of Primary Care and Chronic Disease	Marilyn Barrett
Patient or Family Advisors	Charlotte Stewart and Don Desserud
Executive Director, Canadian Cancer Society PEI Division	Marlene Mulligan
Ad Hoc: Manager of Planning and Evaluation Unit	Jennifer LaRosa
Support: Provincial Cancer Coordinator	Marla Delaney

Thank you to steering committee members who completed their term in 2016: Dr. Katherine Bell, Deborah Bradley, Brenda Worth and Lori Barker.

PEI Cancer Strategy

Implementation and Monitoring Structure

STRUCTURE



Action Groups

With direction from the Provincial Cancer Coordination Steering Committee, cancer action groups are being formed focusing on the four most frequently diagnosed cancers in PEI (lung, breast, colorectal and prostate). These are multi-disciplinary groups that develop plans, determine the required resources and construct a framework for improving cancer care in PEI that is evidence-informed.

In 2016, action groups were established for lung and breast cancers (Appendix: Membership List). In 2017, action groups for colorectal and prostate cancers will begin. All groups are working to implement strategic recommendations, develop evidence and information to better inform decision making and the public, and advance initiatives to improve quality of care and the lives of those living with cancer. Task groups are struck to work on specific actions: for example review of evidence for screening, cost analysis of a program, or wait time measures.

Key projects include:

- Development and evaluation of diagnostic pathways to reduce the time from suspicion to treatment and better coordinate points of transition along the pathway.
- Review statistical reports and information in preparation for sharing.
- Review or develop clinical practice guidelines and standards to advise evidence-based best practice.
- Develop information tools for patients and clinicians to help with decisions and guide best-practices.

Working Groups

With direction from the Provincial Cancer Coordination Steering Committee, working groups are formed to support components of the steering committee's mandate. The working groups include staff and clinicians across the different health service areas to better coordinate information sharing, decision making, policy development and evaluation.

Key projects include:

- Developing policy and procedures to better manage the use of cancer information so that the health system and Islanders can benefit from valuable and reliable data.
- Create opportunities for multi-discipline and multi-divisional input in information collection and reporting to advise quality care and program monitoring.

Strategy in Action

Year one of the strategy demonstrated great efforts in collaboration and initiation of action. Progress was made in all priority areas of the strategic plan: cancer control continuum, cancer research and surveillance, and coordination of cancer control.

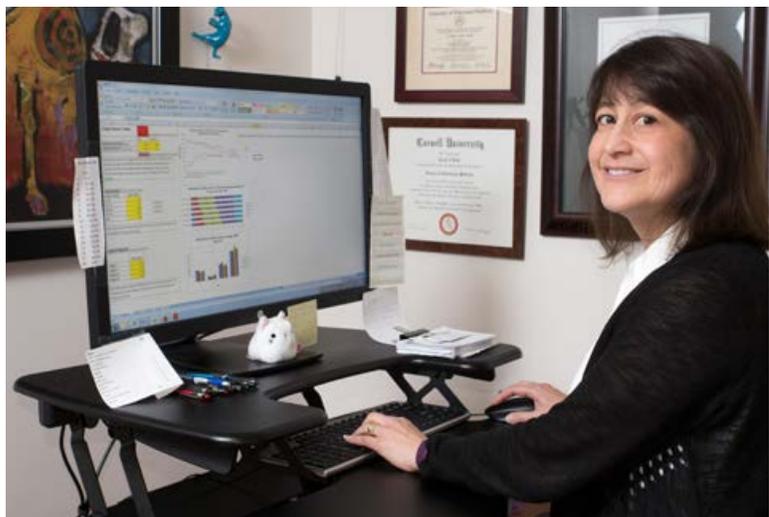
Key Progress in Year 1:

CANCER CONTROL CONTINUUM

- ✓ Implementation of a full ban of flavoured tobacco and regulations on e-cigarettes puts PEI back in a leading role for tobacco control in Canada.
- ✓ Latest evidence for effective breast cancer screening reviewed to support guidelines and best practice so that women have the greatest benefit of mammography screening.
- ✓ Completion of a feasibility study for lung cancer screening in PEI. This will inform planning and decision making so fewer Islanders may be diagnosed with a late stage cancer.
- ✓ Development and consultation phase completed to create lung and breast cancer pathways. This is the structure for setting wait time targets and clinical standards so that physicians and patients are making informed decisions on diagnosis and treatment of a cancer.
- ✓ Monitoring, reporting and collaborating with Radiologists, staff and leaders to improve the high rate of abnormal mammogram recalls in PEI. This is in effort to reduce anxiety for women, unnecessary testing and achieve national targets.
- ✓ Linear accelerator project plan finalized and first phase of building underway at the QEH. This is an upgrade to radiation therapy equipment to ensure high quality and safe care so that fewer Islanders go off Island for the treatment they need.
- ✓ Patients receiving treatment at the PEI Cancer Treatment Centre completed a survey to assess satisfaction, gaps, and service awareness. Results are being reviewed to identify areas for improvement.
- ✓ More people receiving cancer treatment are monitored regularly for distress such as anxiety, depression and fatigue and support is made available in a more organized way.
- ✓ Work with staff and physicians is underway in the provincial home care program and at the cancer treatment center to increase understanding of and procedures for including Advance Care Planning into practice.
- ✓ Paramedics in PEI are trained and a program is well underway to provide palliative care at home so that fewer Islanders are transferred to emergency departments when their wish is to stay at home.

CANCER RESEARCH AND SURVEILLANCE

- ✓ Special statistical reports are being prepared for prostate, lung, breast and colorectal cancers so that Islanders, government and health care providers understand the burden of these diseases in PEI.
- ✓ A study was completed on the diagnosis and management of prostate cancer in PEI providing health care providers and leadership information on current practices, areas of improvement and strengths in the PEI health system.
- ✓ Provincial Laboratory Services completed a project to develop electronic reporting standards and reported on quality measures on eight types of cancer. This informs specialists and leaders on where PEI achieves best practices in cancer biopsy, pathology and surgery.
- ✓ PEI screening programs and the PEI Cancer Registry participates in national reporting demonstrating performance on national targets and in comparison to other provinces and territories. Reports are found at www.cancerview.ca
- ✓ Work is underway to prepare a PEI Cancer Control System Performance Report. This will measure progress and performance across the full continuum of care. Anticipate release in 2018.
- ✓ With the support of the Clinical Trials Coordinator and oncologists, the number of trials available to PEI patients is growing.
- ✓ PEI Cancer Registry completed projects to better capture treatment information, including drug information. This improves our ability to monitor and report cancers in PEI.
- ✓ Over 200 Islanders participated in the Transition Study, a national survey capturing information on key factors such as relationships, work and wellbeing after cancer treatment.
- ✓ Provincial Cancer Surveillance Epidemiologist contributed to a number of research initiatives including participation in:
 - o incidence and survival reporting improvements of PEI cancer data (Statistics Canada),
 - o two International Agency for Research on Cancer studies that inform cancer trends and to provide benchmarking so PEI can identify improvements needed in prevention and survival,
 - o the Spatial Patterns and Temporal Trends of Thyroid Cancer in Canada study that maps people diagnosed by residence to seek trends and inform cancer program planning, and
 - o providing pancreatic cancer incidence in PEI data to Statistics Canada for report on pancreatic cancer in Canada.



COORDINATION OF CANCER CONTROL

- ✓ Physicians, staff, community partners and patient and family advisors are engaged in the strategy implementation model: Steering Committee, Lung Cancer Action Group, Breast Cancer Action Group, Information Management Working Group
- ✓ The PEI Cancer Treatment Centre has established a Patient and Family Advisory committee to support program planning, priority setting and information sharing.
- ✓ Established a joint cancer screening committee with focus on breast, cervical and colorectal cancers and monitoring evidence on lung and prostate cancer screening.
- ✓ Provincial Cancer Coordinator hired to support the strategic actions and related committees and working groups.



Recommendations Going Forward

The Provincial Cancer Coordination Steering Committee continues to guide the implementation and monitoring of the strategy. In doing so, the following recommendations for progress in year two:

- o Establish Colorectal Cancer and a Prostate Cancer Action Groups
- o Support efforts to standardize clinical care plans and develop care plan tools that better inform cancer patients, their families and other care providers of the treatment plan, supportive services and long term outcomes.
- o Implement Advance Care Plans and Goals of Care and increase awareness of these with public and health care providers.
- o Work with partners to advance electronic medical records across the healthcare system.
- o Continue to work with government in the efforts to provide comprehensive tobacco cessation services and support for all Islanders.
- o Prepare and share cancer reports, including: statistical reports on lung, breast, prostate and colorectal cancers, a new PEI Cancer Trends Report and a PEI Cancer Control System Performance report.
- o Maintain regular updates and reporting on strategy progress to the Minister of Health and Wellness and the CEO of Health PEI.
- o Enhance awareness initiatives and create education opportunities about cancer screening in effort increase participation in breast, cervical and colorectal screening in PEI.
- o Continue planning and evidence monitoring for lung cancer screening in PEI.



APPENDIX: Action Groups and Working Group Membership

(as of January 2017)

Lung Cancer Action Group

Dr. Larry Pan, Chair and Radiation Oncologist
 Dr. Nicole Drost, Internal Medicine
 Dr. Michael Irvine, Internal Medicine
 Dr. Mary White, Radiologist
 Dr. Lynne Bowler, Pathologist
 Dr. Megan Burns, Family Physician
 Sherri MacKinnon, Nurse Practitioner
 Wade Norquay, Respiratory Therapist
 Gailyne MacPherson, Director Diagnostic Imaging
 Dawn MacIsaac, Manager PEI Cancer Treatment Centre
 Charles Keliher, Canadian Cancer Society
 Marla Delaney, Provincial Cancer Coordinator

Information Management Working Group

Kelley Rayner, Chair and Director of Hospital Services (QEH)
 Gailyne MacPherson, Director Diagnostic Imaging
 Dawn MacIsaac, Manager PEI Cancer Treatment Centre
 Dr. Carol McClure, Cancer Surveillance Epidemiologist
 Dr. Marvin Tesch, Pathologist
 Kim Vriends, Manager PEI Cancer Registry
 Anja Nied-Kutterer, Coordinator Colorectal and Cervical Screening
 Sharon Chuu and Patricia Lush, Health Information Specialists
 Jeanne MacDougall, Manager Health Privacy and Information Access
 Kim Knox, Acting Manager Health Information
 Marla Delaney, Provincial Cancer Coordinator
 Privacy and Information - Thank you to Mark Spidel for contributions since 2015

Breast Cancer Action Group

Dr. Melanie McQuaid, Chair and Radiologist
 Dr. Kristen Mead, Pathologist
 Laurie Thomas, Nurse Practitioner
 Gailyne MacPherson, Director Diagnostic Imaging
 Linda MacMillan, Coordinator PEI Breast Screening
 Dawn MacIsaac, Manager PEI Cancer Treatment Centre
 Shawna Sullivan-Curley, Canadian Cancer Society, PEI
 Dawna-Lee Perry, Patient Advisor
 Marla Delaney, Provincial Cancer Coordinator
 General Surgeon and Oncology – Consult as needed



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