

STAFF REPORT INFORMATION ONLY

Toronto Public Health Programs and Activities Promoting Early Detection and Screening for Cancer

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SUMMARY

The purpose of this report is to inform the Board of Health about Toronto Public Health (TPH) programming to promote early detection & screening of breast, cervical and colorectal cancer. It outlines the rationale for public health involvement in early detection and screening programs and briefly describes current health promotion activities aimed at reducing incidence and mortality from these cancers in Toronto.

Toronto Public Health also works to reduce the incidence of cancer through primary prevention programs such as nutrition, physical activity and environmental health promotion, and tobacco control and substance abuse prevention activities. However, these primary prevention activities are not addressed in this report.

Financial Impact

There are no direct financial implications for the City of Toronto resulting from this report.

ISSUE BACKGROUND

Cancer continues to be a significant health issue for Canadians. In Ontario, the number of new cancer cases diagnosed each year is expected to increase from approximately 53,000 in 2001 to 80,000 in 2015. Population growth, population aging and increasing risk for some cancers all contribute to this projected increase.

Mortality rates for cancer in general are falling. Earlier diagnosis makes more effective treatment possible. Breast, cervical and colon cancer are common and account for

significant illness and premature mortality. Unlike some other common cancers, such as prostate and lung, there are effective screening tests available. This explains TPH's emphasis on early detection and screening for breast and cervical cancer in women, and colorectal cancer in both women and men.

Cancer screening (e.g. for cervical and colorectal cancer) can reduce cancer incidence by identifying precancerous lesions which can be treated so that cancer does not develop. Early detection of cancer (e.g. detection of early breast cancer through mammography) identifies cancer at a stage when treatments are more effective, thereby reducing mortality. Screening and early detection both improve health outcomes by allowing earlier intervention in the disease process.

Breast Cancer

Breast cancer is the most common cancer in women. Its incidence in Canada increased steadily between 1978 and 1999, but has stabilized since then. By contrast, mortality rates declined by 25% from 1986 to 2003. Better quality mammograms, increased participation in breast screening, and more effective treatments account for this decrease.

Cervical Cancer

Cervical cancer is one of the most preventable forms of cancer, due to the effectiveness of the Pap test. Because cervical cancer is slow to develop and progress, early detection and treatment of precancerous lesions is highly successful in preventing cancer development. Cervical cancer incidence and mortality rates continue to decline.

Cervical cancer is caused by the Human Papillomavirus (HPV). HPV infects half of all sexually active women between the ages of 18 and 22 in North America. The majority of HPV infections are transient. In most women, the virus is spontaneously cleared from the cervix over time, but if the infection persists, it can lead to cervical cancer. The presence of other co-factors (e.g. smoking, weakened immune system, presence of another sexually transmitted infection, having multiple sex partners, being on oral contraceptives for more than five years, and having five or more full-term pregnancies) influence how long HPV infection persists.

A new vaccine (Gardasil) against HPV was approved by Health Canada in July 2006. The vaccine provides protection against HPV strains 16 and 18, which contribute to 70% of all cervical cancer. The vaccine is recommended by the National Advisory Committee on Immunization (NACI) for Canadian girls aged 9 to 13 who have not yet become sexually active, and will benefit all women up to the age of 26. The HPV vaccine is not yet publicly funded in Ontario, and is not delivered by TPH. The required three doses of HPV vaccine cost approximately \$400. A joint NACI and Canadian Immunization Committee HPV Work Group is developing recommendations for the implementation of HPV vaccination programs by the provinces and territories.

Colorectal Cancer

Colorectal cancer is the second leading cause of cancer death in Canada. Ontario's incidence of colorectal cancer is among the highest in the world. Incidence rates for

Canadian men and women have remained relatively stable from 1994 to 2003. Mortality rates are declining for both sexes, probably the result of early identification and improvements in treatment.

On May 4, 2007, the Ontario government announced the establishment of a provincewide colorectal cancer screening program which provides Fecal Occult Blood Testing (FOBT) for average risk men and women 50 years and over, and colonoscopy for those individuals who are at increased risk. In 2007, the program will educate primary care physicians and other health care professionals about FOBT and improve access to colonoscopy if the FOBT is positive. A provincial public education campaign about the program is planned for 2008.

The Ontario Ministries of Health Promotion and Health and Long-Term Care mandate public health units to promote early detection and screening for breast, cervical and colorectal cancer.

Comments

TPH cancer screening and early detection promotion programs support provincial shortterm objectives for participation in cancer screening and early detection, which are:

(1) To increase participation in early detection of breast cancer by mammography for women ages 50-74 by the Ontario Breast Screening Program (OBSP) to 70% by 2010.

Currently 56.4% of eligible Ontario women attend any breast cancer screening, and of those only about half are screened through the organized, publicly funded OBSP. 2004-05 OBSP participation rates for the Toronto Local Health Integration Network (a portion of the population of Toronto) indicate that 20.2% of eligible women age 50-69 years are screened through the OBSP.

(2) To increase the proportion of women screened for cervical cancer according to the guidelines of the Ontario Cervical Screening Collaborative Group to 85%, and to increase the proportion of ever-screened women to 95% by the year 2010.

In 200, 40.7% of Ontario women had been screened for cervical cancer by means of a Pap test in the previous year. The Pap test participation rate for women in the City of Toronto for the same year was 48.7. Current Pap test guidelines recommend testing every two years. Pap test participation data needs to be gathered in a way which reflects the two year recommended testing interval.

(3) To increase the proportion of people aged 50-75 regularly screened for colorectal cancer to 70% by the year 2010.

Current statistics on FOBT and colonoscopy (two components of screening for colorectal cancer) do not differentiate between procedures done for screening and those done for diagnosis. The new provincial colorectal cancer screening

program will generate baseline data and monitor participation over the next five years.

TPH raises awareness of cancer and the importance of early detection and screening through public engagement and education within communities. Social marketing campaigns, workshops and educational training sessions are provided in clear language to Toronto's diverse community.

Increasingly, TPH advocates for and supports the development of public policies to increase cancer prevention and early detection and screening. TPH conducts this work in partnership with stakeholders including other levels of government, health agencies, non-governmental organizations, volunteers, and members of the public, many of whom have been affected directly or indirectly by cancer.

Attachment 1 describes specific TPH activities and partnerships that address early detection and screening of cancer.

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SIGNATURE

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ATTACHMENTS

Attachment 1 – Toronto Public Health Activities and Partnerships For Early Detection and Screening of Cancer – 2006-2007

Attachment 1

TORONTO PUBLIC HEALTH ACTIVITIES AND PARTNERSHIPS FOR EARLY DETECTION AND SCREENING OF CANCER – 2006- 2007

ACTIVITY	DESCRIPTION & COMMENTS
Community/workplace outreach, presentations, and displays on breast, cervical and colorectal health	TPH responds to community requests, and specifically reaches out to adult English as a Second Language (ESL) students
Cervical Health in Young Women resource consultation and distribution	Curriculum support teaching resource for teachers of female students in grades 9-12 at both the Toronto District School Board and the Toronto Catholic District School Board
Review and revise cancer information on TPH website twice yearly	To ensure up-to-date information and resources
Promote breast and cervical health throughout October (Breast Health Month & Cervical Health Week)	In 2006 TPH implemented displays and consultations at Parkdale, East End, Women's Health in Women's Hands, Regent Park, York Community Services, Black Creek, and Rexdale Community Health Centres, and at the Working Women Community Centre. Estimated reach 1500 women.
Physician/community agency mail out of a breast and cervical screening poster with tear sheets for patients	Poster and tear sheets encourage screening dialogue between physicians and patients
Distribute Ontario Breast Screening Program (OBSP) posters in the community	Posters are produced by Cancer Care Ontario-OBSP, and are disseminated to health units across the province for local distribution. TPH distributes these posters to Community Health Centres, health and social service agencies, libraries, community centres and doctor's offices.
Promote screening messages in ethnic print media	Ukrainian, Arabic, Farsi, Somali, and Punjabi ethnic newspapers ran translated ads in April and October 2006. This will be repeated in October 2007.

Promoted screening in Toronto's Metro daily newspaper & 8 local Guardian/Mirror community newspapers in October 2006.	English language advertorial was written by Dr. Verna Mai, Cancer Care Ontario in 2006. TPH reformatted article and added graphics and colour for interest.
Partner with community organizations to plan and implement Canadian Breast Cancer Foundation (CBCF) funded projects that target hard to reach women	 Scarborough Breast Health Project reaches out to Somali, Armenian, Mandarin, Cantonese, Tamil, Greek and English speaking communities in the North West region of Scarborough. Peer leaders are trained using a Train the Trainer approach to deliver breast health workshops and reach women in their communities. Peer leaders assist in scheduling appointments at OBSP sites, arrange transportation and translation, and accompany women to their screening appointments. Partners: Scarborough Hospital Family Wellness Centre, St. Paul L'Amoreaux Centre, Toronto Public Health, Agincourt Community Services Association and Quantum Medical Imaging Services. Breast Cancer Community Education Project for Immigrant and Refugee Women - Working Women's Community Centre received CBCF funding and collaborated with Toronto Public Health and the Toronto District School Board. The project provided information on breast cancer, early detection, and barriers to screening to audiences of immigrant and refugee women (from Language Instruction Classes for Newcomers, English as Second Language classes, and other community organizations in the Greater Toronto area) using small theatre vignettes followed by an interactive discussion forum. A Public Health Nurse attended performances and participated in the Question & Answer session following the play. Culturally and linguistically appropriate print materials were distributed. Staff from TPH and Working Women's Community Centre trained 12 multi-cultural peer leaders to deliver breast health workshops in the community, using a video/DVD of the play, called "Tomorrow's Time". Multiple copies allow for sustainability of the program beyond the funding period. 10 performances took place in 2006 to approximately 1257 women and men.

	South Riverdale Community Health Centre-Building Breast Healthy Neighbourhoods Project promotes breast health awareness and early detection to women from diverse backgrounds in South Riverdale. Program strategies include: peer leader training, workshops, displays, community events, social marketing and promotion through local media. Coordinating partners: South Riverdale Community Health Centre, Toronto Public Health, Canadian Cancer Society, Mount Sinai Hospital, St. Michael's Hospital, Parent Resources Centre, and the Ralph Thornton Centre.
Adapt Toronto Cancer Prevention Coalition initiated OMNI TV video project to the Somali and Arabic speaking communities in 2007 (previous populations of interest were Farsi, Ukranian and Punjabi speaking populations in Toronto.)	Please see the following links for prior project poster and translated video clips: <u>http://www.toronto.ca/health/resources/tcpc/index.htm</u> & <u>http://www.toronto.ca/health/resources/tcpc/pdf/tcpc_multiculturalsheet.pdf</u>)
Collaborate with staff in other TPH programs (Sexual Health, Health Options at Work, School Health)	To ensure consistency of early detection and screening messages across programs.
Actively participate on external committees and coalitions related to breast and cervical health: Cancer Care Ontario-OBSP, Cancer Care Ontario-OCSP, and the OCSP Public Health Working Group, OBSP/OCSP Joint Chinese Outreach initiative.	Cancer program staff are assigned to these committees and coalitions for purposes of networking, information sharing, collaborative program planning and implementation, and to ensure consistency of early detection and screening messages across agencies.
FORMAL PARTNERSHIPS	
The Cancer Care Ontario- GTA Cancer Prevention & Screening Network	This Network is developing and implementing a coordinated strategy for cancer prevention and screening in the GTA. It administers funding from Cancer Care Ontario (CCO) to priority prevention and screening

	partnership initiatives throughout the GTA. The Network offers a forum for networking, information sharing, collaborating, and coordinating services. Members include: Public Health Units across the GTA, Toronto Sunnybrook Regional Cancer Centre, Canadian Cancer Society, Toronto Cancer Prevention Coalition, GTA Colorectal Health Network, Wellspring, Cancer Care Ontario, and a specific organizational representative to address Aboriginal issues. The Network will write four articles for physicians to increase the number who incorporate cancer screening into everyday practice. Ontario Medical Review journal will publish them in 2007 and 2008.
The GTA Colorectal Health Network	This is a subcommittee of the above Network. Members include: GTA Public Health units, Toronto Sunnybrook Regional Cancer Centre, and the Colorectal Cancer Association of Canada. This group received funds in 2007 for a GTA Family Physician and Community Outreach Project, an education and awareness campaign to promote colorectal screening across the GTA. Through the development and dissemination of a poster and information tear off sheets to family physician offices, community agencies and workplaces, this group will promote colorectal health and Fecal Occult Blood Screening (FOBT) for men and women 50 years and over.
The Toronto Cancer Prevention Coalition (TCPC)	The TCPC was created in 1998 by TPH and prominent community partners. The Coalition and its seven working groups develop and advance healthy public policy and standards, and increase public support for eliminating the underlying causes of cancer. In November 2002, Toronto City Council endorsed the Coalition Action Plan as the cornerstone of cancer prevention in the City of Toronto. (Direct Link to Action Plan: <u>http://www.toronto.ca/health/resources/tcpc/pdf/tcpc_the_action_plan.pdf</u>) For general information about the TCPC, and its brochure, please see <u>http://www.toronto.ca/health/resources/tcpc/pdf/tcpc_index.htm</u> and <u>http://www.toronto.ca/health/resources/tcpc/pdf/tcpc_br.pdf</u>

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