



Outcomes

As a former athlete, Joanne is familiar with the pain of injuries, bumps and bruises. However, as chemotherapy and radiation treatments for her cancer began to take their toll, her high pain tolerance started to fade. That's when she visited CancerCare Manitoba's Pain and Symptom Management Clinic.

The clinic is for patients experiencing symptoms, such as pain, nausea, fatigue or depression and can be related to the cancer or to its treatment. A multidisciplinary team seeks to discover the cause of the discomfort and create a plan to solve it.




"The staff took the time and energy to listen to me. I know more about pain now and how it works as well as methods to manage it," said Joanne and she reports that her pain is now only a minor aggravation and no longer affects her mood or outlook.

Clinic physician Dr. Paul Daeninck knows that some patients think pain is an inevitable part of cancer and treatment. "It's important for patients to know that pain can be alleviated and that most times we can help."



Outcomes

INCIDENCE, MORTALITY, AND SURVIVAL

	Past Estimate	Current Estimate	Time Trend	Range of Current Estimates <i>(Lowest RHA - Highest RHA)</i>	
 Cancer Incidence age-standardized incidence rates (per 100,000 people), all cancers ^l age-standardized incidence rates (per 100,000 people), by cancer type: ^l	484.3	457.8	→	397.2 – 519.9	
	lung	70.9	68.8	→	56.1 – 102.9
	colorectal	67.2	64.4	→	52.2 – 84.7
	breast (f)	122.0	121.3	→	87.8 – 139.8
	prostate	148.3	117.9	↓	88.3 – 154.1
 Cancer Mortality age-standardized mortality rates (per 100,000 people), all cancers ^m age-standardized mortality rates (per 100,000 people), by cancer type: ^m	220.6	209.1	→	182.8 – 278.1	
	lung	53.1	50.4	→	42.5 – 71.4
	colorectal	29.1	26.2	→	18.2 – 36.4
	breast (f)	29.7	28.9	→	14.8 – 36.9
	prostate	38.4	38.5	→	29.5 – 90.4
 Cancer Survival age-standardized five-year relative survival ratios, all cancers ⁿ age-standardized five-year relative survival ratios, by cancer type: ⁿ	53.4%	56.4%	→	53.4% - 62.6%	
	lung	13.9%	18.9%	↑	12.6% – 29.9%
	colorectal	53.0%	56.9%	→	51.1% – 68.1%
	breast (f)	82.9%	83.6%	→	73.2% – 87.4%
	prostate	83.3%	91.1%	→	69.9% – 96.5%

Source: ^lManitoba Cancer Registry, patients diagnosed 2000-2002, 2005-2007.

^mManitoba Cancer Registry, cancer deaths 2000-2002, 2005-2007.

ⁿManitoba Cancer Registry, patients diagnosed 1997-1999, 2000-2002

Note: Trend arrow is based on + or - 10% of the past value.
 Colour indicates if the trend is good (green), neutral (yellow)
 or needs to improve (red).

RHA refers to Regional Health Authority.

What does this tell us?

Cancer is a significant health issue for Manitobans.

- ▶ In Manitoba, the incidence or number of new cancer diagnoses has remained fairly stable over time.
 - ▶ Looking at the four most common cancers:
 - the incidence rates of lung, colorectal and breast cancers have stayed about the same
 - only the incidence rate of prostate cancer has decreased significantly
- ▶ Cancer mortality or death rates have also been quite steady over time.
- ▶ Cancer survival rates have remained fairly stable.
 - ▶ Five-year relative survival following a diagnosis of lung cancer is poor, but it has increased over time.
 - ▶ Five-year relative survival following a diagnosis of colorectal cancer is fair, but it has increased slightly.
 - ▶ Five-year relative survival following a diagnosis of breast cancer is very good and it has stayed about the same.
 - ▶ Five-year relative survival following a diagnosis of prostate cancer is very good and has increased slightly over time.

Why is this important?

Incidence, mortality and survival are often used to understand how well we are doing to reduce the burden of cancer in our population.

- ▶ Cancer incidence and mortality rates are not increasing over time, but they are not decreasing either.
- ▶ Lung cancer contributes significantly to the burden of cancer in Manitoba, despite being highly preventable. It also has the poorest survival.
- ▶ Although frequently diagnosed, prostate and breast cancers have the highest five-year survival rates.

How do we compare?

Manitoba's cancer rates are similar to the national experience.

- ⊖ Manitoba's rates of cancer incidence and mortality are generally similar to other provincial rates as well as the Canadian national rate.^{1,2}
- ⊖ British Columbia consistently reports the lowest cancer incidence rates.
- ⊖ Survival patterns observed for Manitoba are consistent with other provinces.^{2,3}

What is CancerCare Manitoba doing to improve cancer outcomes?

With our partners, CancerCare Manitoba is working to decrease the impact of cancer by preventing the disease, detecting it sooner, and treating it more effectively.

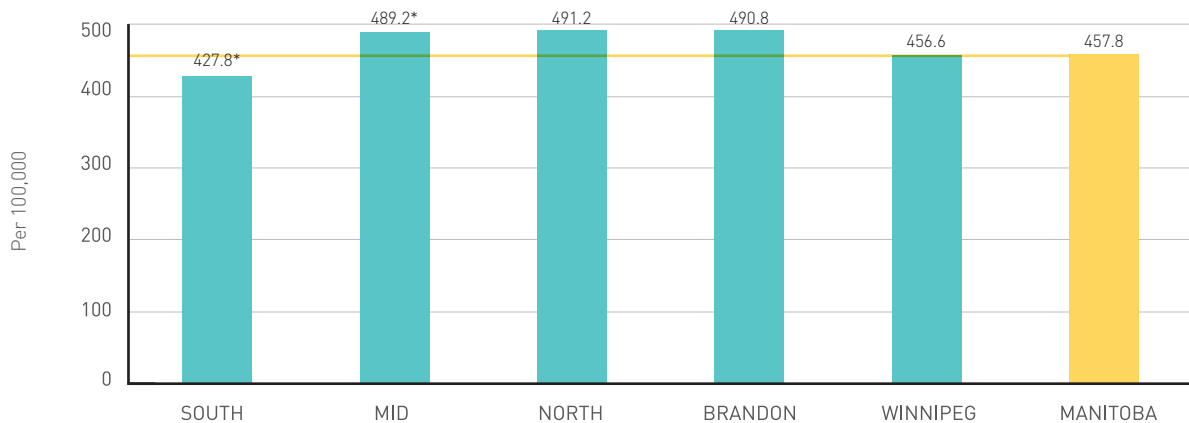
- ▶ These efforts are reflected throughout this report.

Cancer Incidence: Rates

Figure 3.1

Cancer incidence, by regional groupings

Age-standardized incidence rates per 100,000 people

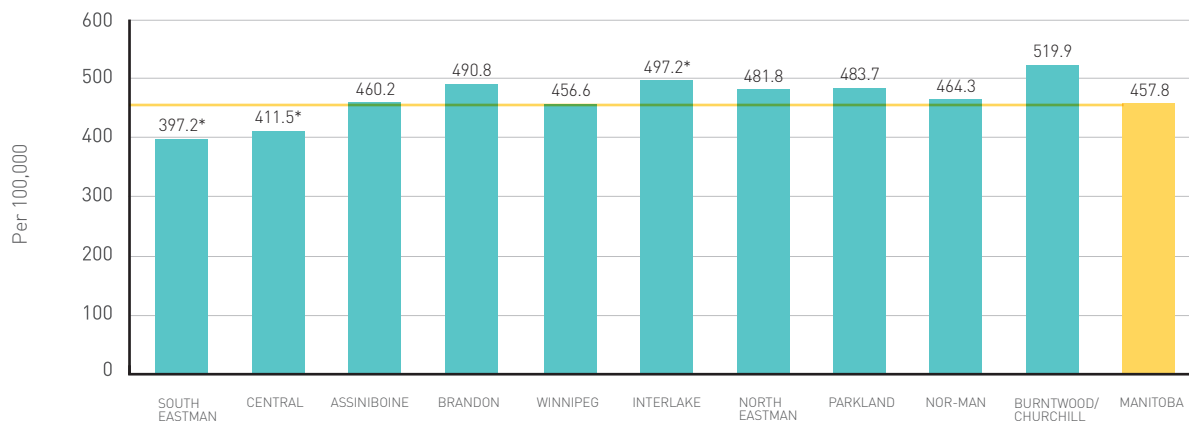


Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.
*Statistically different from Manitoba rate ($p < 0.05$).

Figure 3.2

Cancer incidence, by Regional Health Authority

Age-standardized incidence rates per 100,000 people



Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.
*Statistically different from Manitoba rate ($p < 0.05$).



What does this tell us?

Cancer incidence varies by region.

- ▶ Figure 3.1 shows that the highest age-standardized cancer incidence rate is in the North (491.2 per 100,000 people) and the lowest is in the Rural South (427.8 per 100,000).
- ▶ Figure 3.2 shows that the highest cancer incidence rate is in the Burntwood/Churchill regions (519.9 per 100,000 people) and the lowest is in the South Eastman region (397.2 per 100,000).

What else do we know?

Cancer incidence for specific types of cancer also varies by region.

- ▶ Figures 3.3 to 3.10 (see following pages) show:
 - ▶ lung cancer incidence is higher in the North (91.9 per 100,000 people) and lowest in the Rural South (58.0 per 100,000).
 - ▶ colorectal cancer incidence is similar across the regions with some slightly higher than average rates in Assiniboine (77.4 per 100,000 people) and Burntwood/Churchill (84.7 per 100,000).
 - ▶ breast cancer incidence is similar across the province although the North has lower than average rates (89.9 per 100,000 women).
 - ▶ prostate cancer incidence is similar across the province although the Rural South has lower than average rates (104.1 per 100,000 men).

Why is this important?

Reporting region-specific incidence can help focus efforts to prevent and reduce the burden of cancer in Manitoba.

- ▶ Ideally, cancer incidence should be reduced in all regions across the province.

What is CancerCare Manitoba doing to reduce incidence rates?

With our partners, CancerCare Manitoba is working to decrease the impact of cancer by preventing the disease.

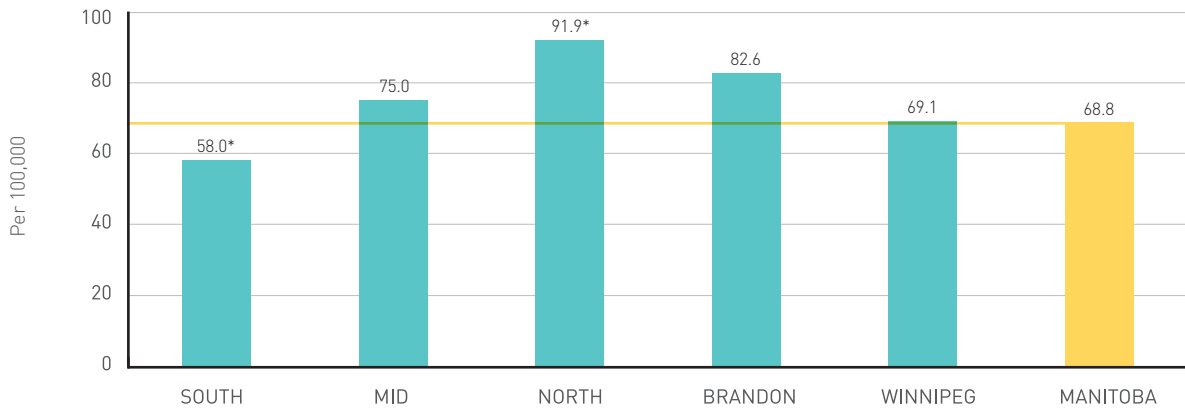
- ▶ With our chronic disease prevention partners such as the CancerCare Manitoba Foundation and the Alliance for the Prevention of Chronic Disease, CCMB promotes healthy living behaviours for all Manitobans through campaigns that encourage sun safety, tobacco reduction, healthy eating and physical activity.
- ▶ A partnership between CCMB's colorectal, cervical and breast screening programs and the CancerCare Manitoba Foundation led to the production of the *Reduce Your Risk* DVD.
- ▶ In some cases, pre-cancerous conditions can be detected and treated early so that they never become cancer. Two of CCMB's screening programs, the Manitoba Cervical Cancer Screening Program and ColonCheck Manitoba, contribute to the prevention of cervical and colorectal cancers because screening for these cancers often finds such pre-cancerous conditions.

Cancer Incidence: Lung

Figure 3.3

Lung cancer incidence, by regional groupings

Age-standardized rates per 100,000 people



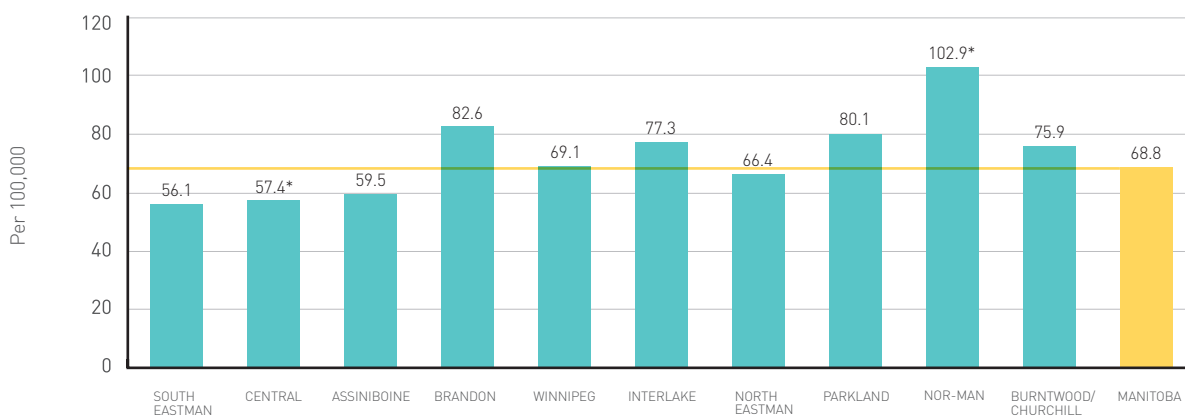
Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

*Statistically different from Manitoba rate ($p < 0.05$).

Figure 3.4

Lung cancer incidence, by Regional Health Authority

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

*Statistically different from Manitoba rate ($p < 0.05$).

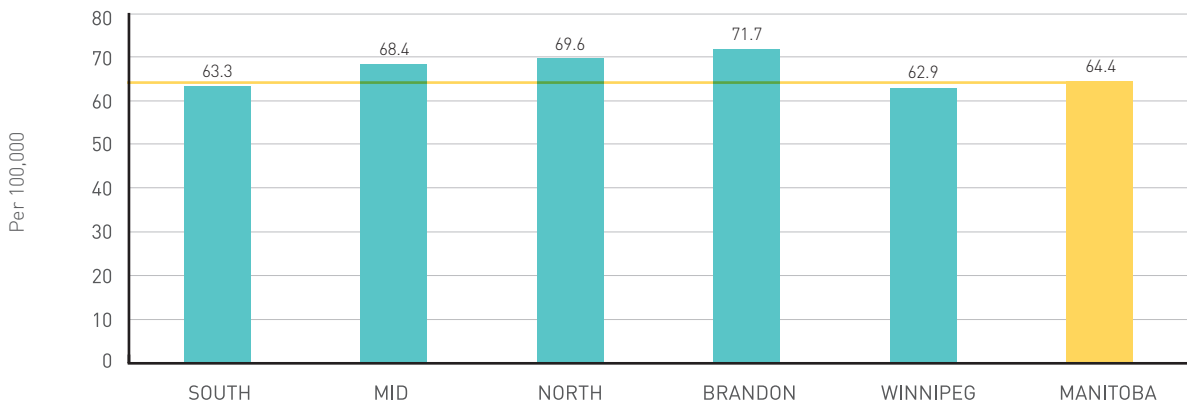


Cancer Incidence: Colorectal

Figure 3.5

Colorectal cancer incidence, by regional groupings

Age-standardized rates per 100,000 people

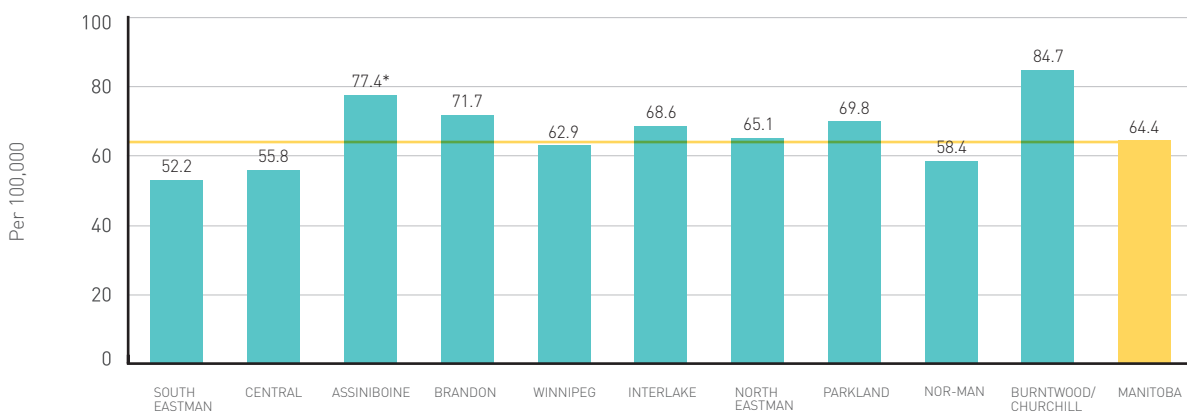


Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

Figure 3.6

Colorectal cancer incidence, by Regional Health Authority

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

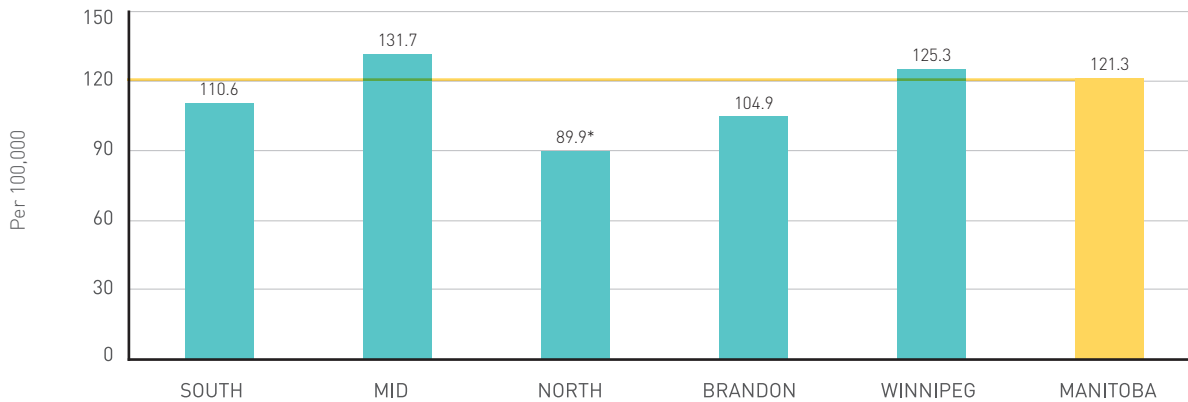
*Statistically different from Manitoba rate ($p < 0.05$).

Cancer Incidence: Breast

Figure 3.7

Breast cancer incidence, by regional groupings

Age-standardized rates per 100,000 women



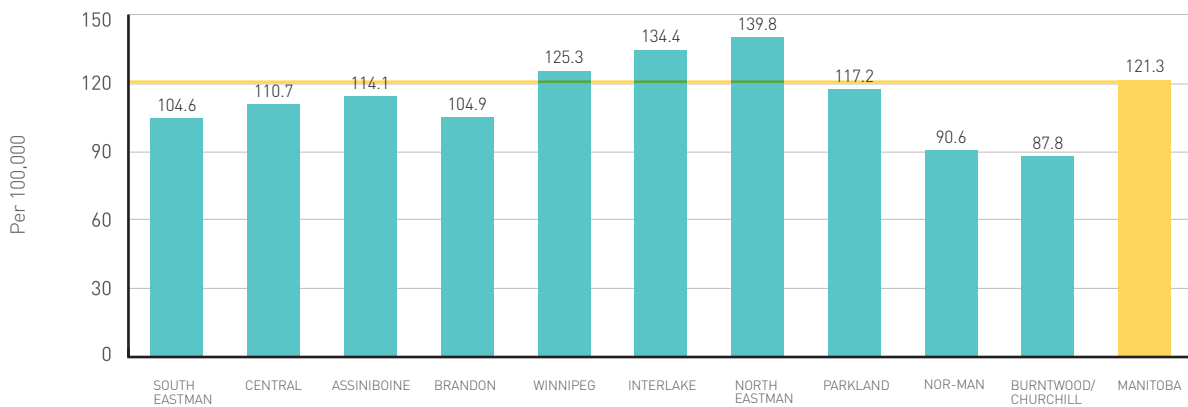
Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

*Statistically different from Manitoba rate ($p < 0.05$).

Figure 3.8

Breast cancer incidence, by Regional Health Authority

Age-standardized rates per 100,000 women



Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

*Statistically different from Manitoba rate ($p < 0.05$).

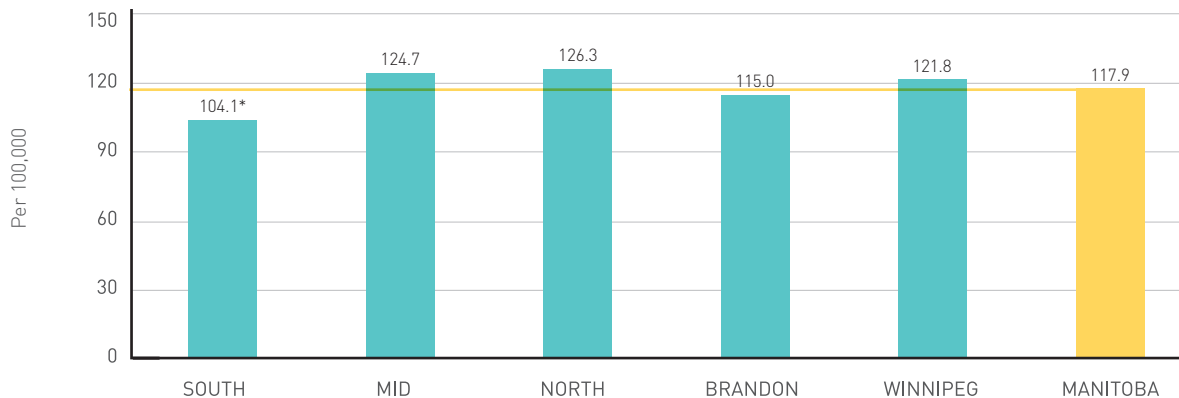


Cancer Incidence: Prostate

Figure 3.9

Prostate cancer incidence, by regional groupings

Age-standardized rates per 100,000 men



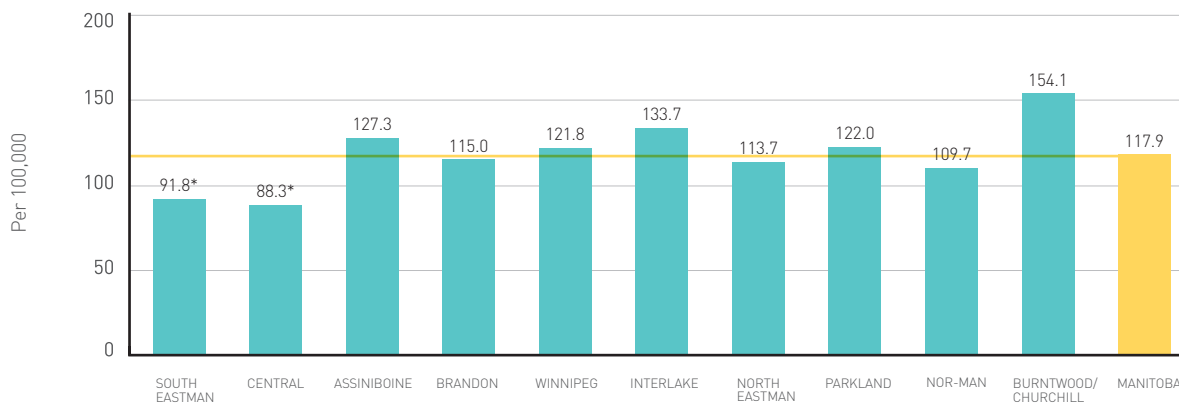
Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

*Statistically different from Manitoba rate ($p < 0.05$).

Figure 3.10

Prostate cancer incidence, by Regional Health Authority

Age-standardized rates per 100,000 men



Source: Manitoba Cancer Registry, patients diagnosed 2005-2007.

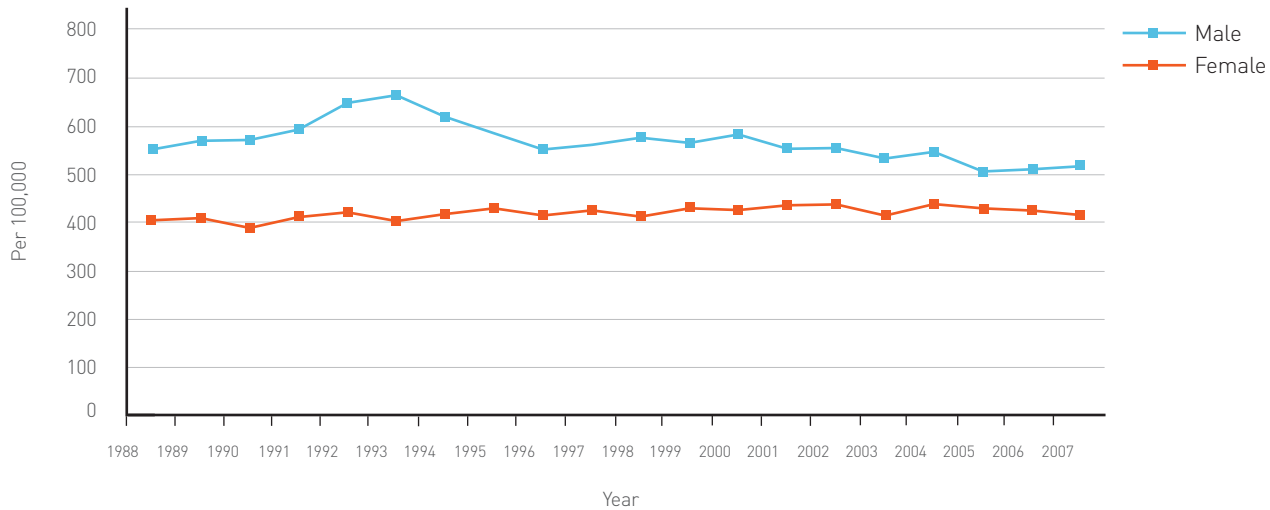
*Statistically different from Manitoba rate ($p < 0.05$).

Cancer Incidence: Trends

Figure 3.11

Cancer incidence trends by sex, 1988 – 2007

Age-standardized rates per 100,000 people

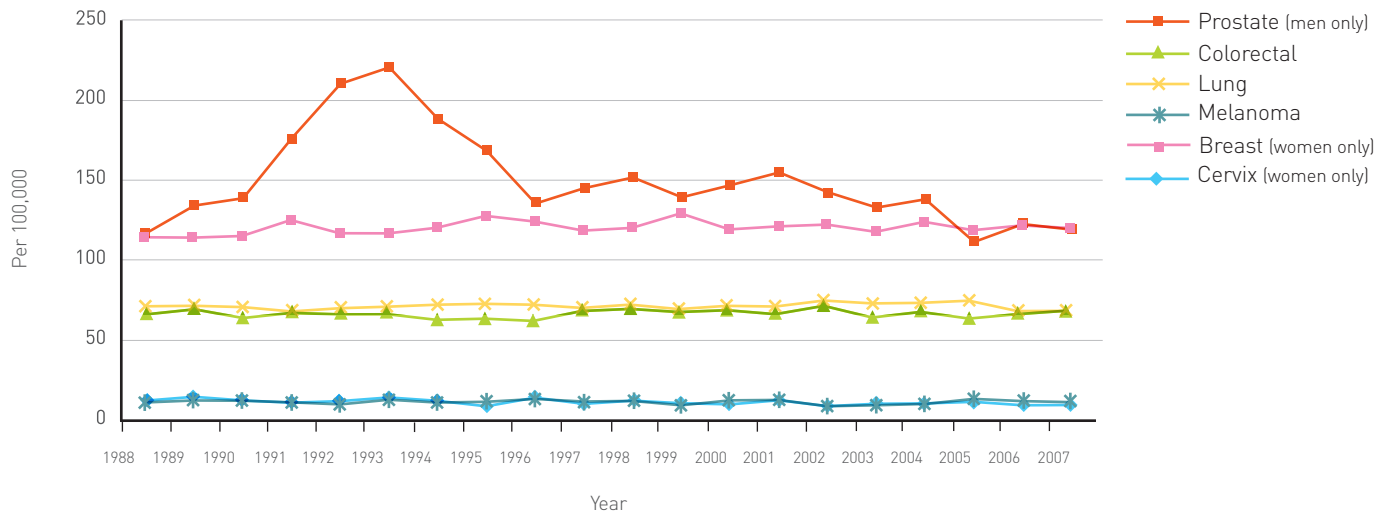


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.12

Cancer incidence trends by cancer type, 1988 – 2007

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.



What does this tell us?

Cancer incidence is not declining rapidly over time.

- ▶ Figure 3.11 shows that although the incidence of cancer in men has declined slightly since 1988, but the incidence of cancer in women has risen slightly.
- ▶ Figure 3.12 shows that the rate of prostate cancer rose quickly in the early 1990s due to the introduction of prostate specific antigen (PSA) testing, a blood test used to diagnose prostate cancer. Using the PSA test to screen men for prostate cancer is controversial because it is not yet known for certain whether this test actually saves lives. The benefits of screening for prostate cancer are still being studied.⁴
- ▶ Figure 3.12 shows that the incidence for other types of cancers has been quite stable.
- ▶ Figures 3.13 and 3.14 (see following pages) show incidence trends for men and women separately.
 - ▶ Figure 3.13 shows that the rate of lung cancer in men decreased between 1988-2007, while the rate of colorectal cancer remained stable and the rate of melanoma skin cancer slightly increased.
 - ▶ Figure 3.14 shows that the rate of breast cancer in women has remained stable between 1988-2007, while the rate of lung cancer has increased. The rates of cervical, colorectal, and melanoma skin cancer have remained stable.

Why is this important?

Different types of cancers have different risk factors so prevention strategies may vary.

- ▶ In Manitoba, the increase in lung cancer incidence in women is a concern, but the pattern is attributable to smoking rates several decades ago.
- ▶ The incidence of both prostate cancer and breast cancer are relatively high compared to other cancers, yet prevention strategies for these cancers are less obvious than for lung cancer (smoking), melanoma (sun exposure) and cervical cancer (HPV infection).

How do we compare?

Manitoba's cancer incidence is similar to the national average.

- ⊖ Manitoba's patterns of incidence by type of cancer are comparable to other Canadian provinces.^{1,2}
- ⊖ The trends observed over time for each type of cancer in Manitoba are comparable to other Canadian provinces.^{1,2}
- ⊖ Cancer rates are often highest in eastern Canada and lowest in the west; Manitoba is geographically and statistically in the middle.^{1,2}

What is CancerCare Manitoba doing to reduce the incidence of cancer?

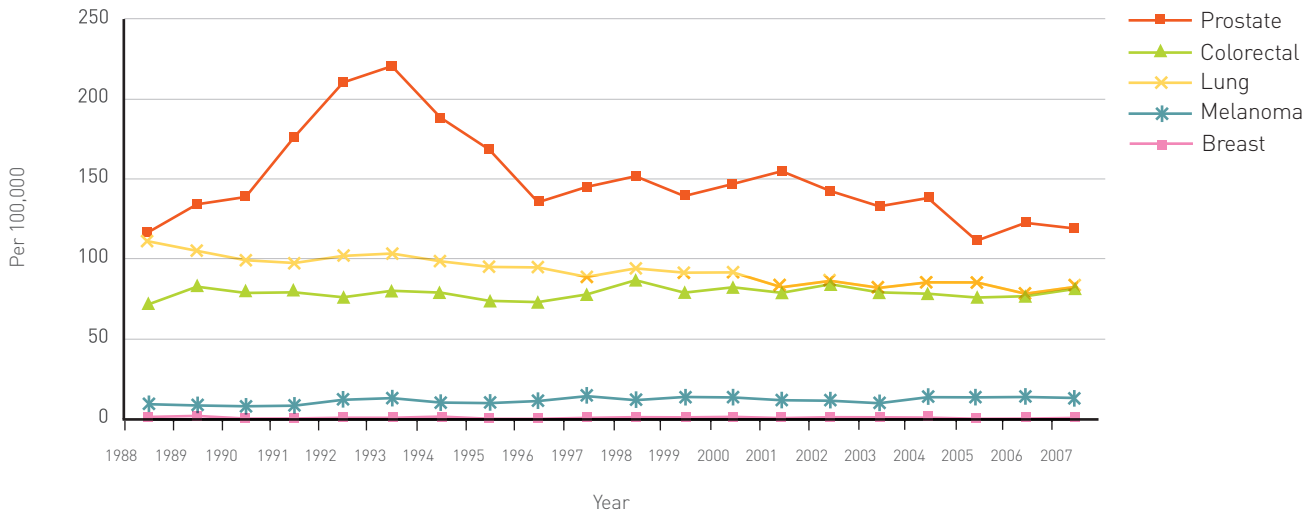
With our partners, CancerCare Manitoba is working to decrease the impact of cancer by preventing the disease using various strategies.

- ▶ With our chronic disease prevention partners such as the CancerCare Manitoba Foundation and the Alliance for the Prevention of Chronic Disease, CCMB promotes healthy living behaviours for all Manitobans through campaigns that encourage sun safety, tobacco reduction, healthy eating and physical activity.
- ▶ A partnership between CCMB's colorectal, cervical and breast screening programs and the CancerCare Manitoba Foundation led to the production of the *Reduce Your Risk* DVD.

Figure 3.13

Cancer incidence trends for men by cancer type, 1988 – 2007

Age-standardized rates per 100,000 men

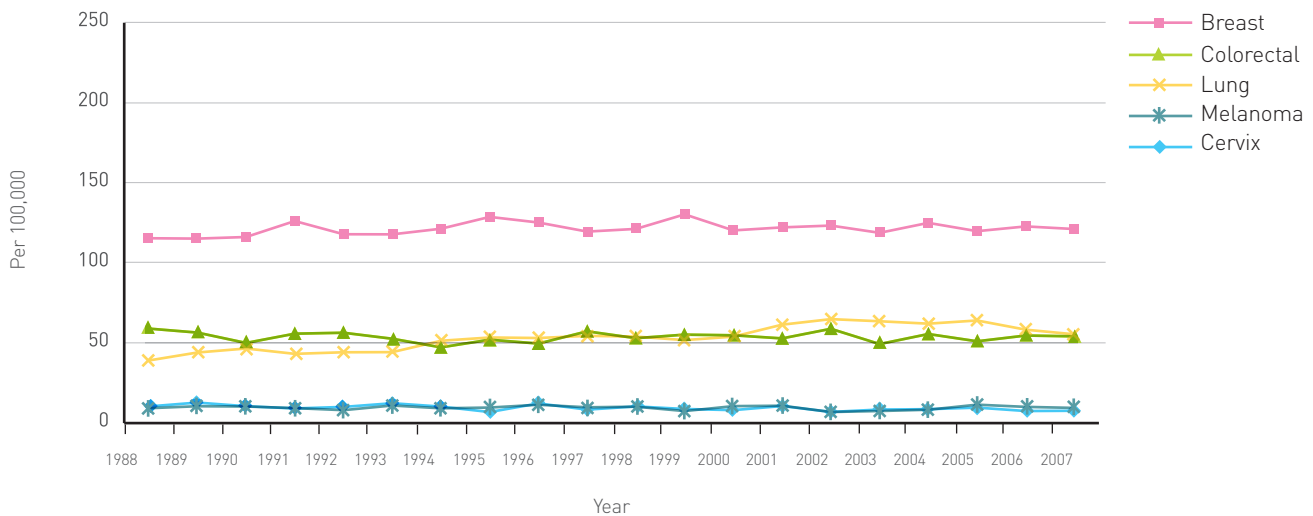


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.14

Cancer incidence trends for women by cancer type, 1988 – 2007

Age-standardized rates per 100,000 women



Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

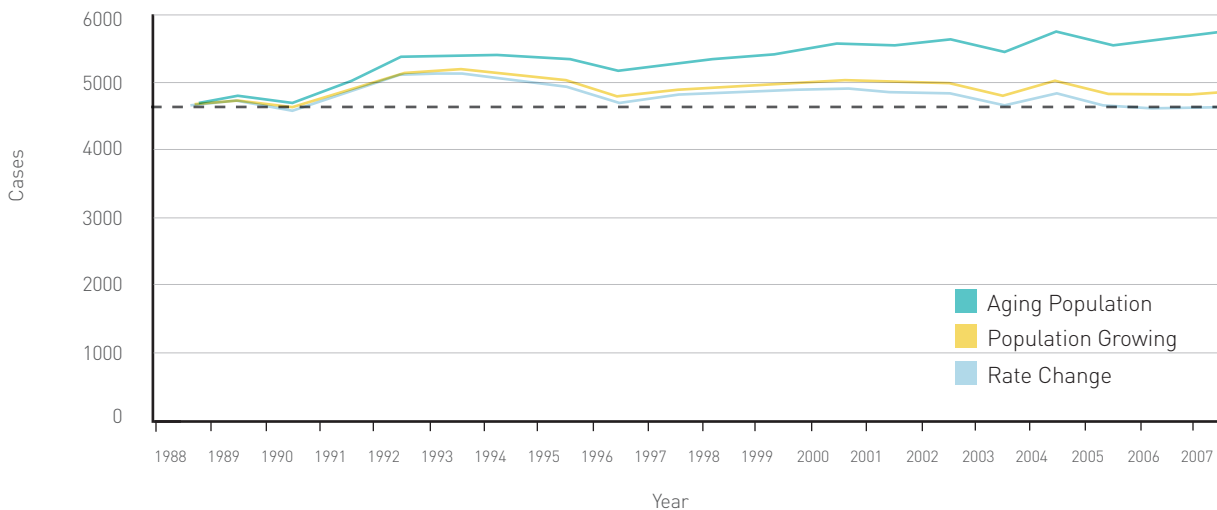


Cancer Incidence: Factors Influencing Trends

Figure 3.15

Factors influencing cancer incidence

Influence of population aging, population growth and underlying cancer rate (risk) on the number of cancers diagnosed since 1988



Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

What does this tell us?

The number of cancer cases in Manitoba is influenced by three factors - the age of the population, its size, and risk factors such as unhealthy living including smoking, poor diet, inactivity, sun exposure and not being screened.

- ▶ In each figure (Figure 3.15 (above) Figures 3.16 to 3.21, see following pages):
 - ▶ the horizontal, dotted line acts as a reference point showing the number of newly diagnosed cancer cases in 1988.
 - ▶ the gap between the dotted line and the light blue line shows how many cancers were due to changes in cancer risk. Risk includes anything unrelated to aging or population growth that can influence the number of cancer diagnoses in Manitoba.
 - ▶ the gap between the light blue line and the yellow line represents the effect of the growing population of Manitoba on the incident number of cancer cases.

- ▶ the gap between the yellow line and the teal line indicates how much the aging of the Manitoba population affected the number of new cases of cancer in the province.

What else do we know?

Our aging population leads to more people being diagnosed with cancer.

- ▶ As a result of this analysis, we know that:
 - ▶ the greatest influence on the increase in number of cancer cases overall in Manitoba between 1988 and 2007 (Figure 3.15) was aging. Change in risk was the second most influential factor for the increase and population growth was third.
 - ▶ for lung cancer, aging of the population was the main influence on the increase in newly diagnosed cases, although there was clearly some change in risk and population growth (Figure 3.16).

- ▶ for colorectal cancer, there was no change in risk and very little impact due to population growth (Figure 3.17). The change in number of cancer cases is because of the aging population.
- ▶ for breast cancer, the change in risk and the aging of the population were both very influential factors in the increased number of cases (Figure 3.18). Growth of the population had a much smaller effect on the number of breast cancer cases during this time period.
- ▶ for prostate cancer, change in risk explains the majority of the variation in the number of cases between 1988 and 2007 (Figure 3.19). The increase in the use of PSA testing is the likely cause of these variations. Population growth and aging of the population had a much smaller impact on the number of cases.
- ▶ for melanoma of the skin, change in risk was the main factor driving the increased number of cases (Figure 3.20). Indeed, sun exposure is the major risk factor for this type of cancer.
- ▶ for cervical cancer, decreasing risk factors had the biggest effect on the number of new cases of cervical cancer (Figure 3.21). This may reflect the success of the province at early detection and removal of non-cancerous lesions on the cervix. Population growth and aging of the population had a much lower impact on the number of new cases for this type of cancer.

Why is this important?

More needs to be done to reduce cancer to counteract the effects of our aging population.

- ▶ Even though we are making progress in reducing cancer risk, because our population is aging, the number of new cases of cancer has increased.
- ▶ Aging and population growth are significant factors affecting the increase in newly diagnosed cancer cases. These are unmodifiable factors – elements we can't change through prevention strategies – but they are important for health care planners to note, as an aging, growing population will result in the use of more cancer-related health services.
- ▶ Other risk factors also affect the number of cancer cases in Manitoba. These factors vary for different types of cancers and make a strong case for prevention activities.

How do we compare?

Most of the increase in the number of people diagnosed with cancer is tied to the aging population.

- ▶ The role of the aging population is a significant driver of new cases in Canada as it is for Manitoba.²
- ▶ However, population growth is a more influential factor in the rest of Canada than it is in Manitoba, where population growth is slower than the national average.²

What is CancerCare Manitoba doing to reduce the number of cases of cancer?

CancerCare Manitoba works with partners to plan for an increasing number of cancer cases as the population ages and grows.

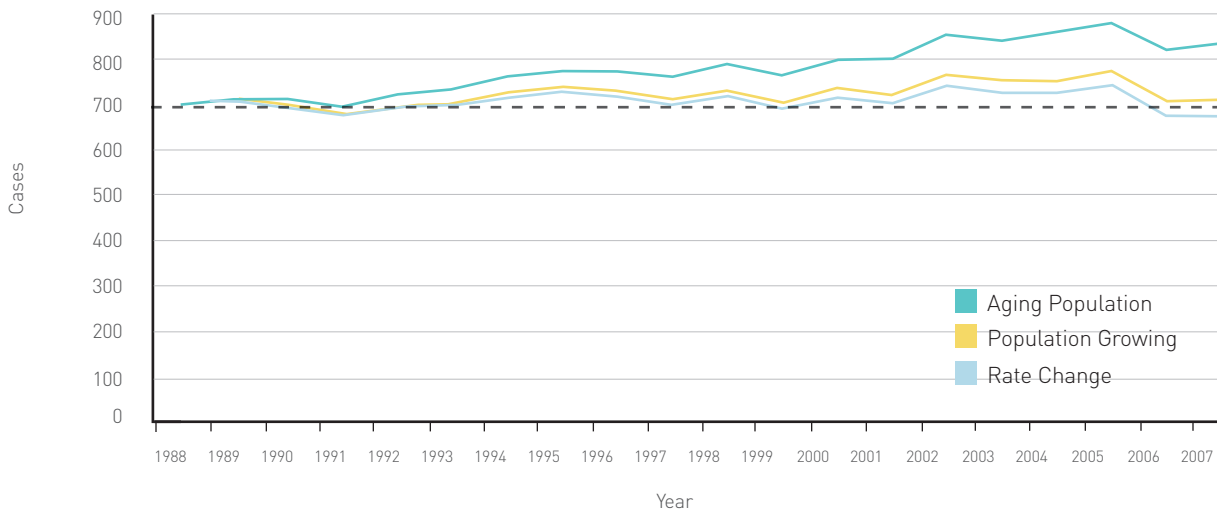
- ▶ With our chronic disease prevention partners such as the CancerCare Manitoba Foundation and the Alliance for the Prevention of Chronic Disease, CCMB promotes healthy living behaviours for all Manitobans through campaigns that encourage sun safety, tobacco reduction, healthy eating and physical activity.
- ▶ CancerCare Manitoba works with partners to plan for the cancer services expected in the future, given the aging and growing population.



Figure 3.16

Factors influencing lung cancer incidence

Influence of population aging, population growth and underlying cancer rate (risk) on the number of lung cancers diagnosed since 1988

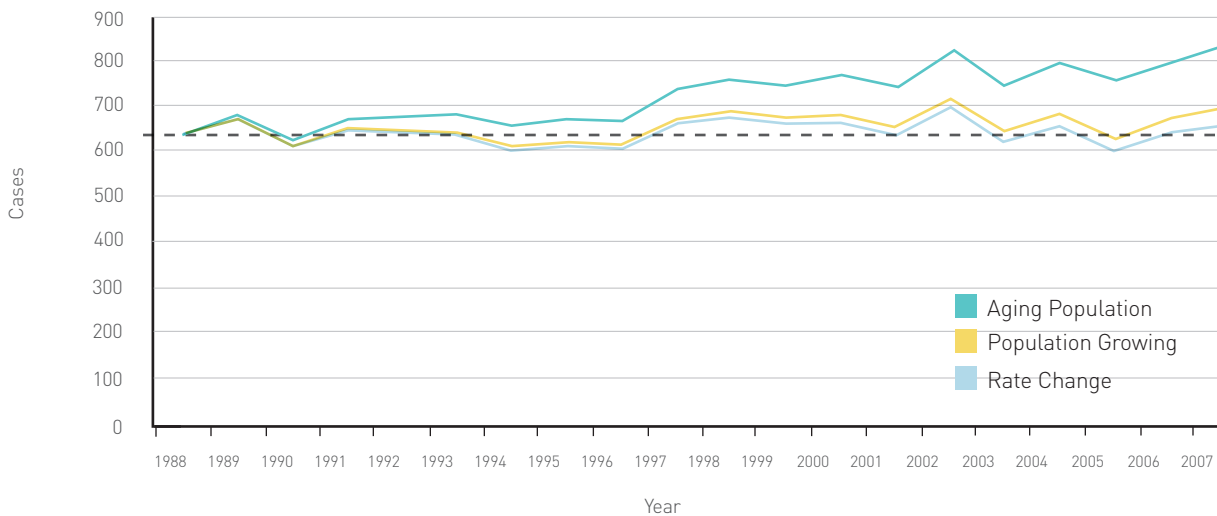


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.17

Factors influencing colorectal cancer incidence

Influence of population aging, population growth and underlying cancer rate (risk) on the number of colorectal cancers diagnosed since 1988

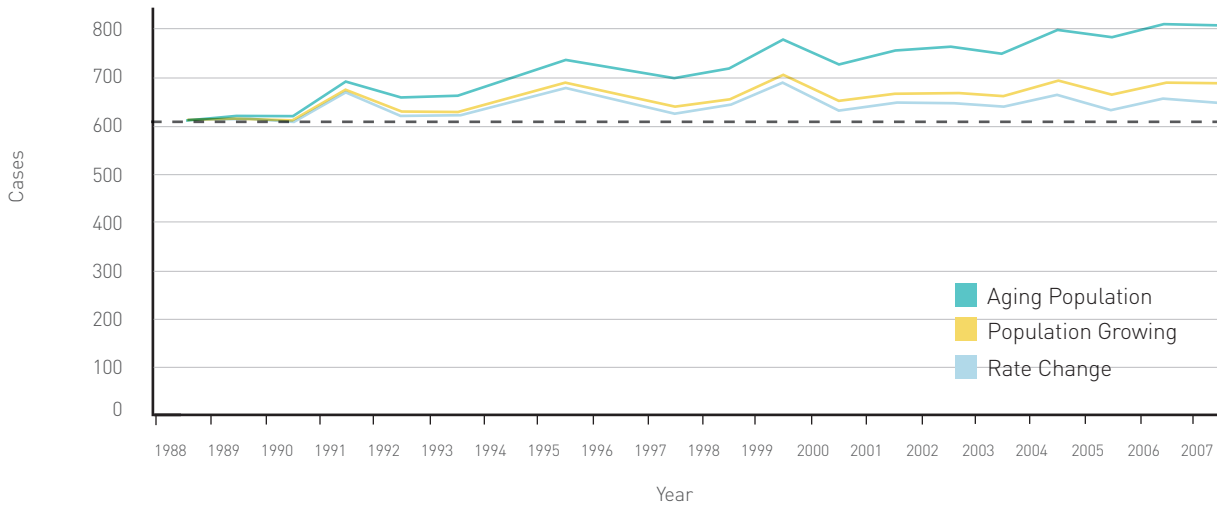


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.18

Factors influencing breast cancer incidence in women

Influence of population aging, population growth and underlying cancer rate (risk) on the number of breast cancers diagnosed since 1988

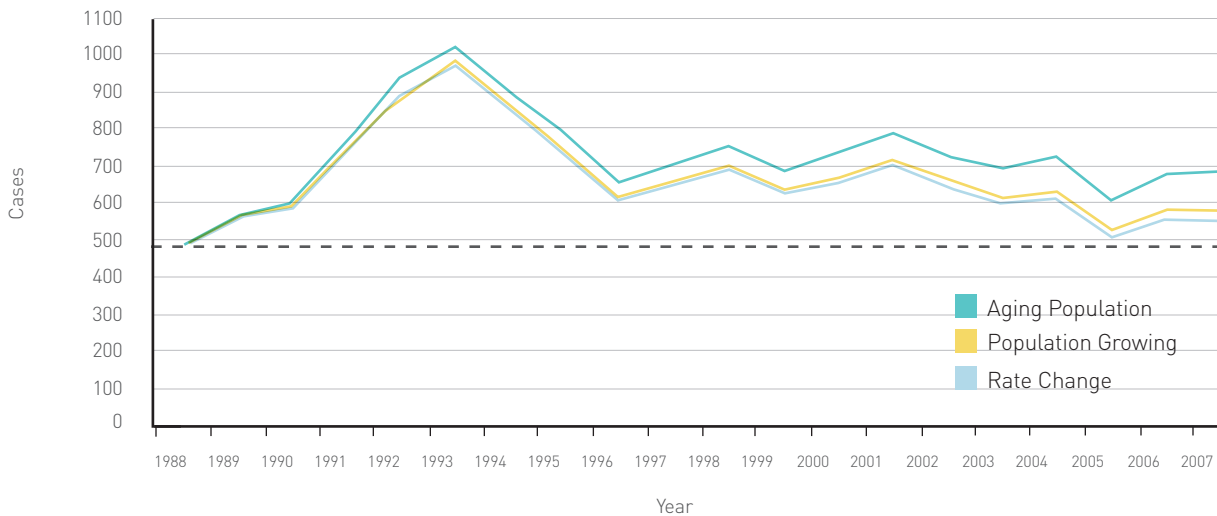


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.19

Factors influencing prostate cancer incidence in men

Influence of population aging, population growth and underlying cancer rate (risk) on the number of prostate cancers diagnosed since 1988



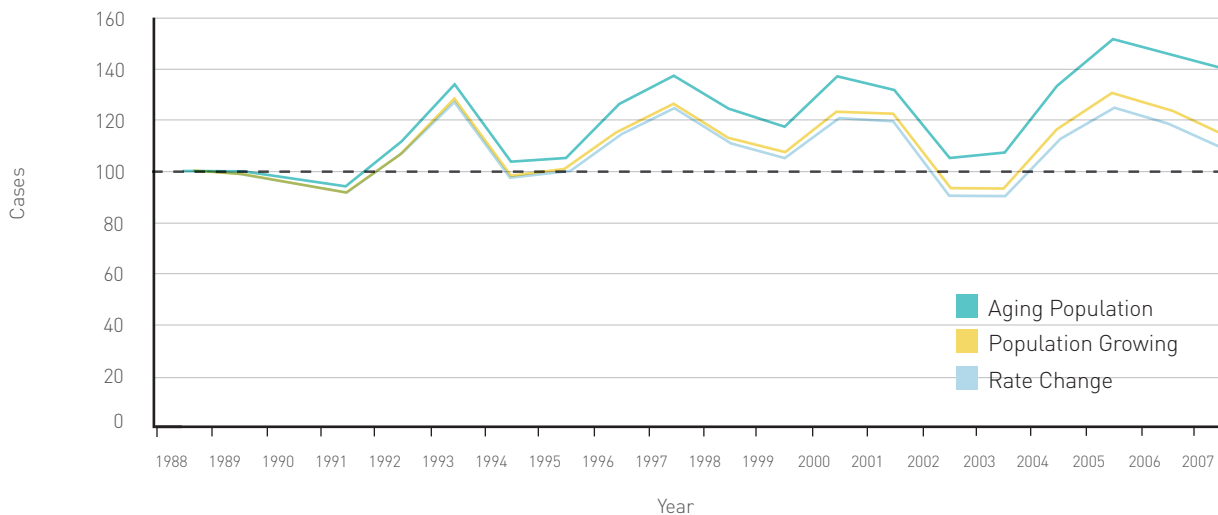
Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.



Figure 3.20

Factors influencing melanoma incidence

Influence of population aging, population growth and underlying cancer rate (risk) on the number of melanoma cancers diagnosed since 1988

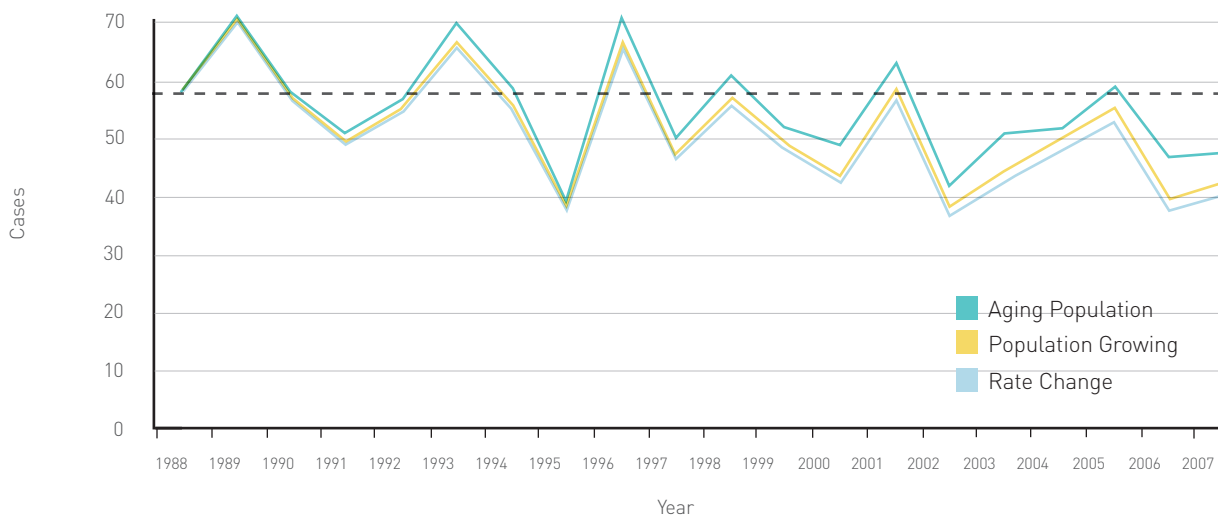


Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Figure 3.21

Factors influencing cervical cancer incidence in women

Influence of population aging, population growth and underlying cancer rate (risk) on the number of cervical cancers diagnosed since 1988



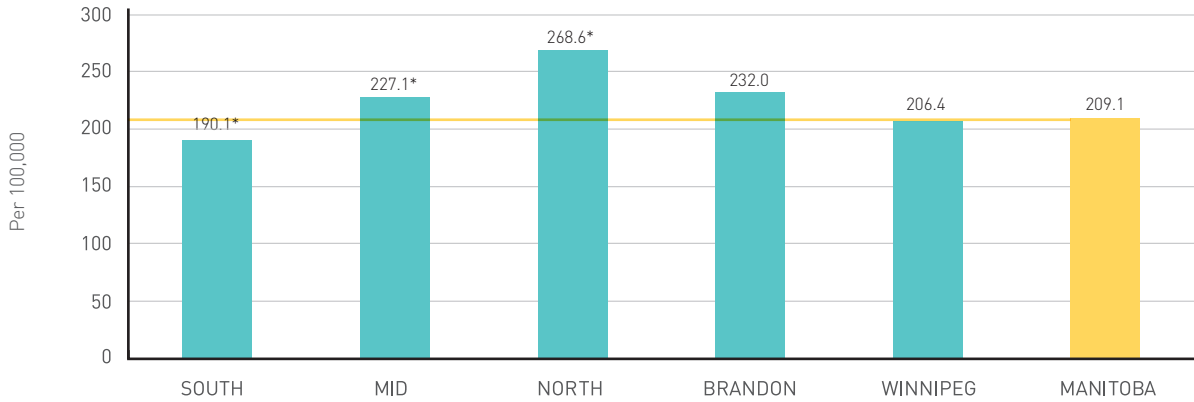
Source: Manitoba Cancer Registry, patients diagnosed 1988-2007.

Cancer Mortality: Rates

Figure 3.22

Cancer mortality, by regional groupings

Age-standardized rates per 100,000 people



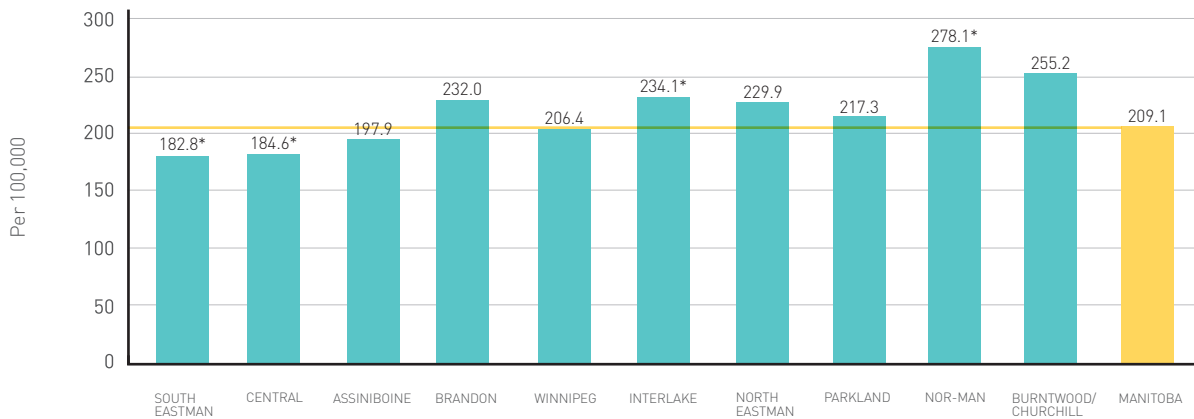
Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.23

Cancer mortality, by Regional Health Authority

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

Cancer mortality varies by region.

- ▶ Figure 3.22 shows that cancer highest in the North (268.6 per 100,000 people) and lowest in the Rural South (190.1 per 100,000).
- ▶ Figure 3.23 shows that among the RHAs, the highest cancer mortality rate was in NOR-MAN (278.1 per 100,000 people) and the lowest was in South Eastman (182.8 per 100,000 people).

What else do we know?

Cancer mortality varies by type of cancer, yet rates have declined over time for almost all types of cancers.

- ▶ Figures 3.24 to 3.31 show:
 - ▶ cancer mortality rates vary by type of cancer, as well as by region
 - ▶ cancer mortality correlates with the premature mortality of a region (reflected in the ordering of the RHAs), except for breast cancer which shows the opposite trend (Figure 3.29)
- ▶ Figures 3.32 and 3.33 show that cancer mortality rates have declined overall and for the four main types of cancer since 1988.

Why is this important?

Mortality is an important indicator of success in reducing the impact of cancer overall.

- ▶ Reduced mortality rates combine successes in risk factor reduction, early detection and effective treatment.
- ▶ Cancer mortality is highest when the disease is found at a late stage when treatment is less effective.

How do we compare?

Manitobans' cancer mortality rate is similar to the overall Canadian experience.

- ✔ Cancer mortality has decreased over time for Manitobans and for all Canadians.^{1,2}
- ⊖ Manitobans have a comparable mortality rate for the most common cancers (for example, lung, colorectal, breast, and prostate), compared to other Canadians diagnosed with these types of cancers.^{1,2}

What is CancerCare Manitoba doing to decrease cancer mortality?

With our many partners, CancerCare Manitoba is working to prevent cancer whenever possible and to ensure access to early detection and treatment services.

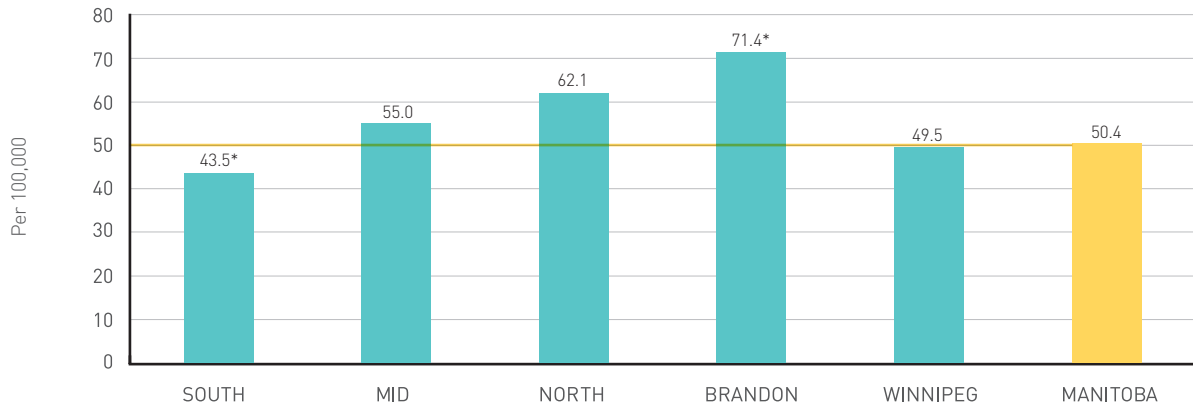
- ▶ Working with many partners, CCMB is encouraging Manitobans to live a more healthy lifestyle to reduce their risk of developing cancer.
- ▶ CancerCare Manitoba manages three screening programs for early detection of breast, cervical and colorectal cancers aiming to find cancers early, even before symptoms are found, in order to improve cancer outcomes.
- ▶ CancerCare Manitoba is working to ensure equal access to good, standard care by improving patient navigation as well as developing and implementing standard practice guidelines.

Cancer Mortality: Lung

Figure 3.24

Lung cancer mortality, by regional groupings

Age-standardized rates per 100,000 people



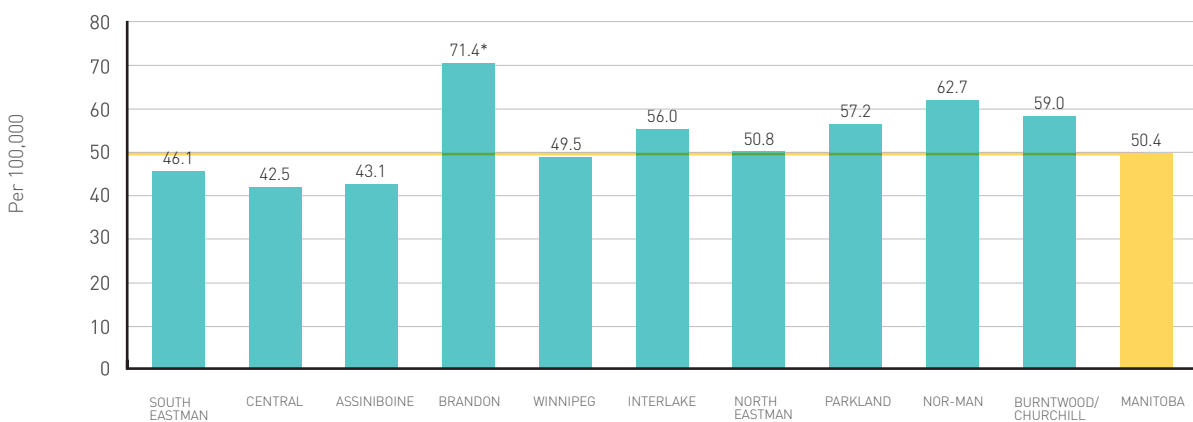
Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.25

Lung cancer mortality, by Regional Health Authority

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

*Significantly different from Manitoba rate ($p < 0.05$).

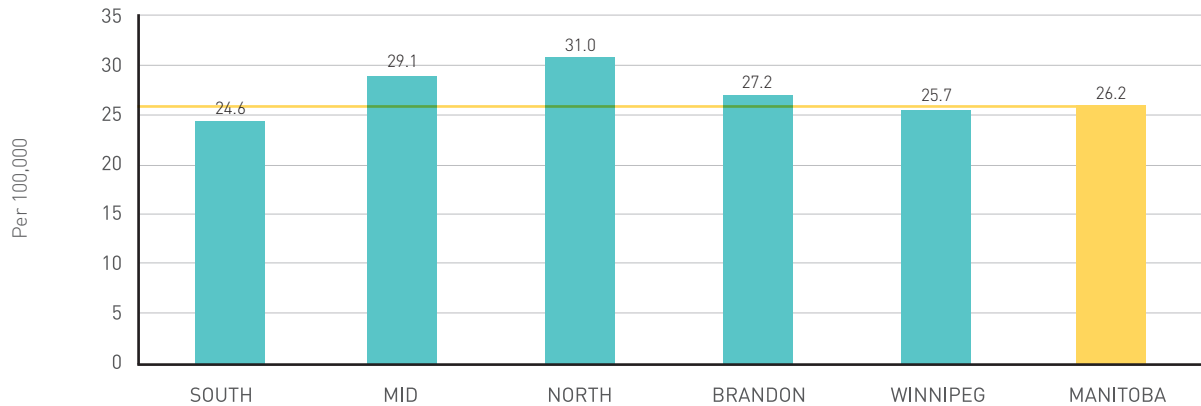


Cancer Mortality: Colorectal

Figure 3.26

Colorectal cancer mortality, by regional groupings

Age-standardized rates per 100,000 people

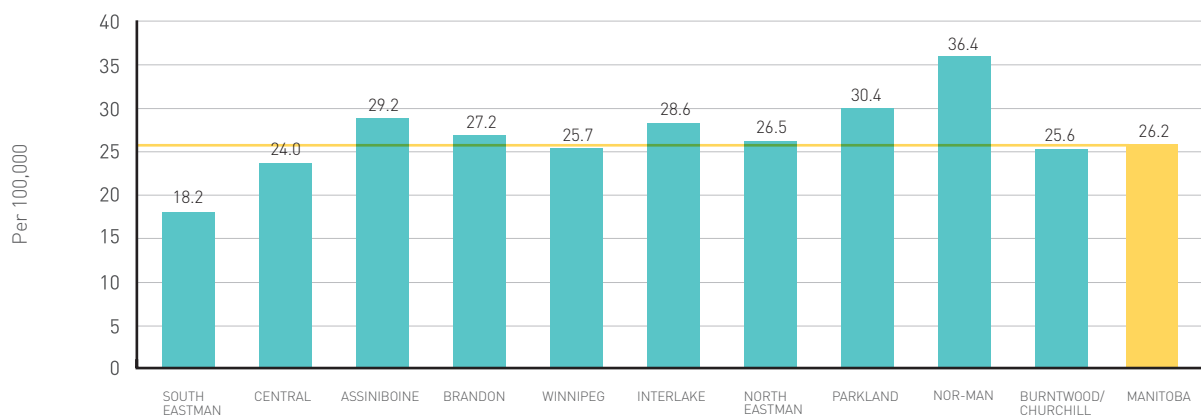


Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

Figure 3.27

Colorectal cancer mortality, by Regional Health Authority

Age-standardized rates per 100,000 people



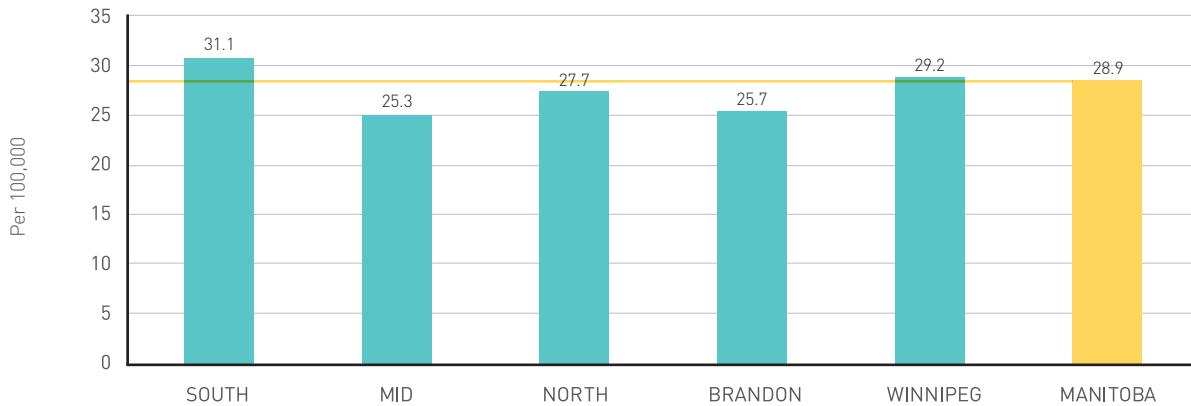
Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

Cancer Mortality: Breast

Figure 3.28

Breast cancer mortality, by regional groupings

Age-standardized rates per 100,000 women

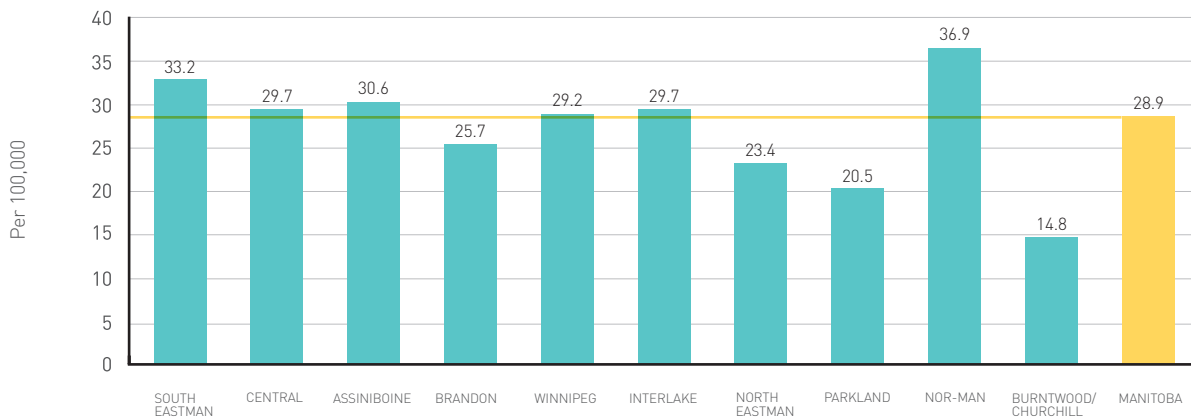


Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

Figure 3.29

Breast cancer mortality, by Regional Health Authority

Age-standardized rates per 100,000 women



Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

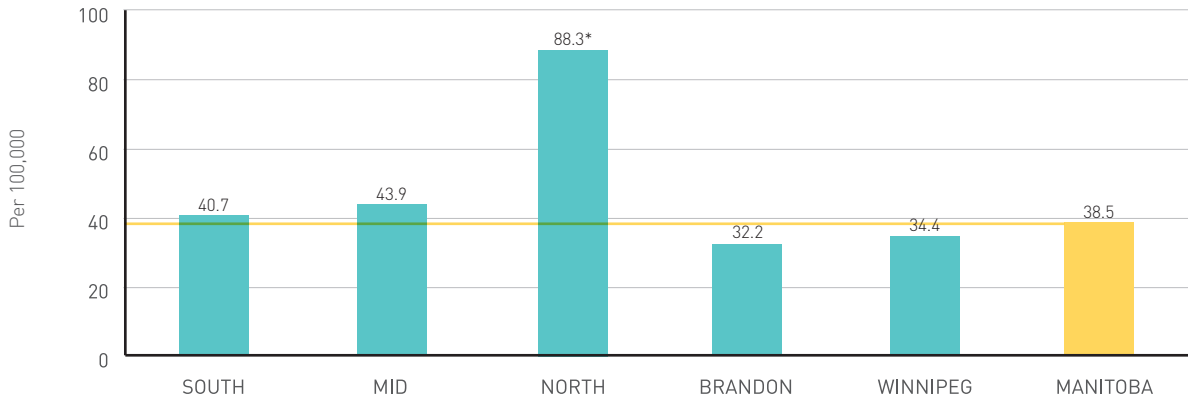


Cancer Mortality: Prostate

Figure 3.30

Prostate cancer mortality, by regional groupings

Age-standardized rates per 100,000 men



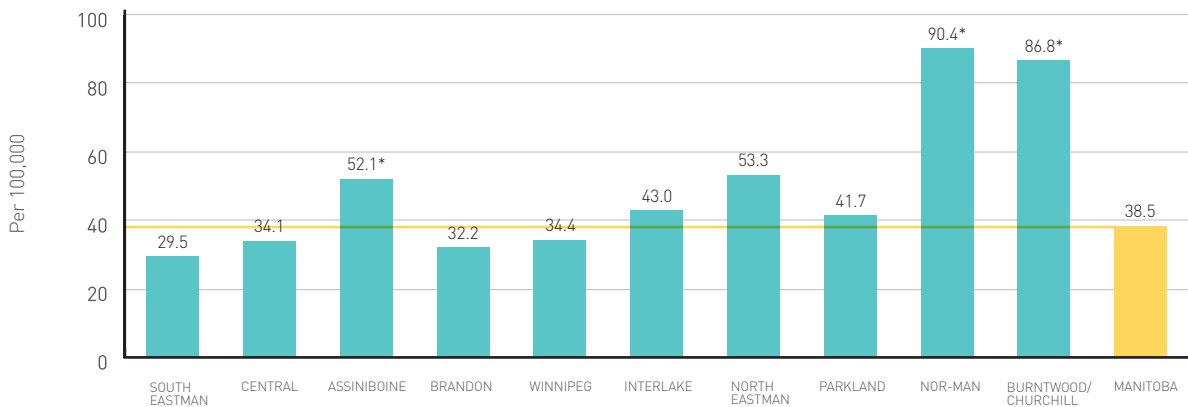
Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.31

Prostate cancer mortality, by Regional Health Authority

Age-standardized rates per 100,000 men



Source: Manitoba Cancer Registry, cancer deaths 2005-2007.

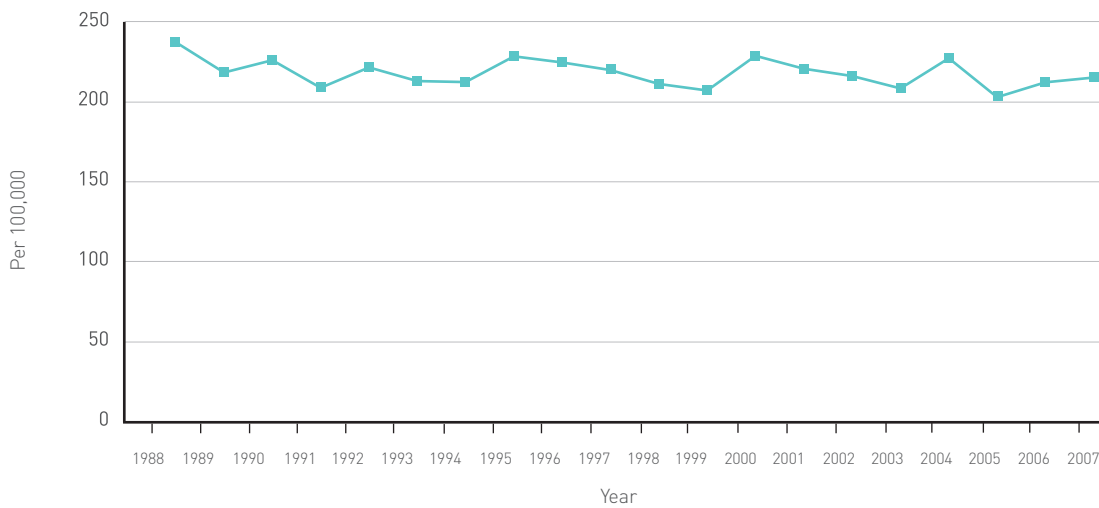
*Significantly different from Manitoba rate ($p < 0.05$).

Cancer Mortality: Trends

Figure 3.32

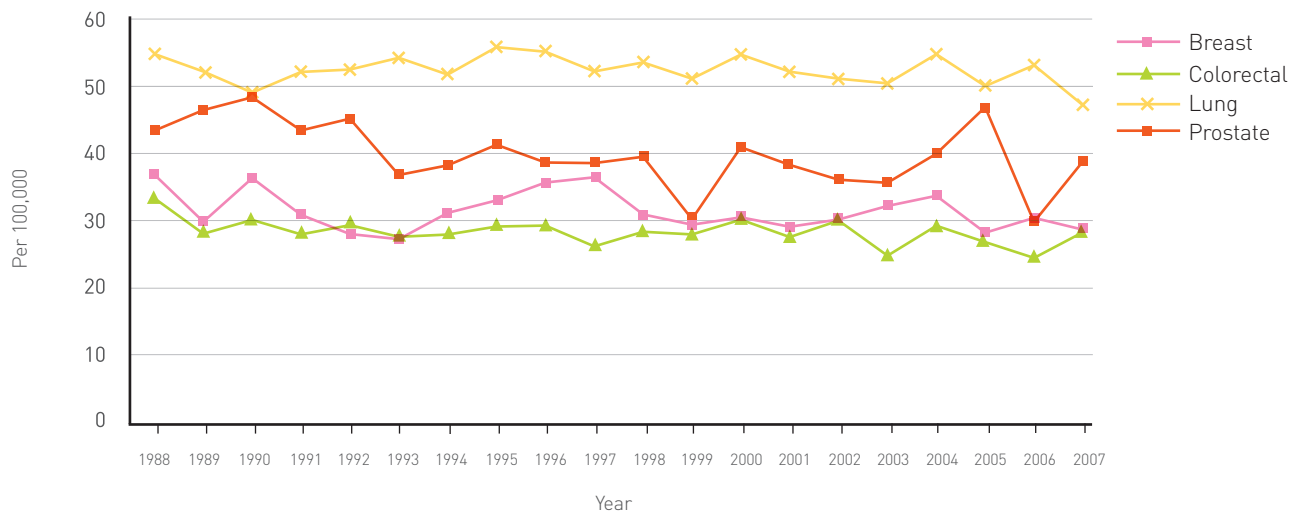
Cancer mortality trends, 1988 – 2007

Age-standardized rates per 100,000 people



Source: Manitoba Cancer Registry, cancer deaths 2005-2007.
*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.33
Cancer mortality trends by cancer types, 1988 – 2007
Age-standardized rates per 100,000 people



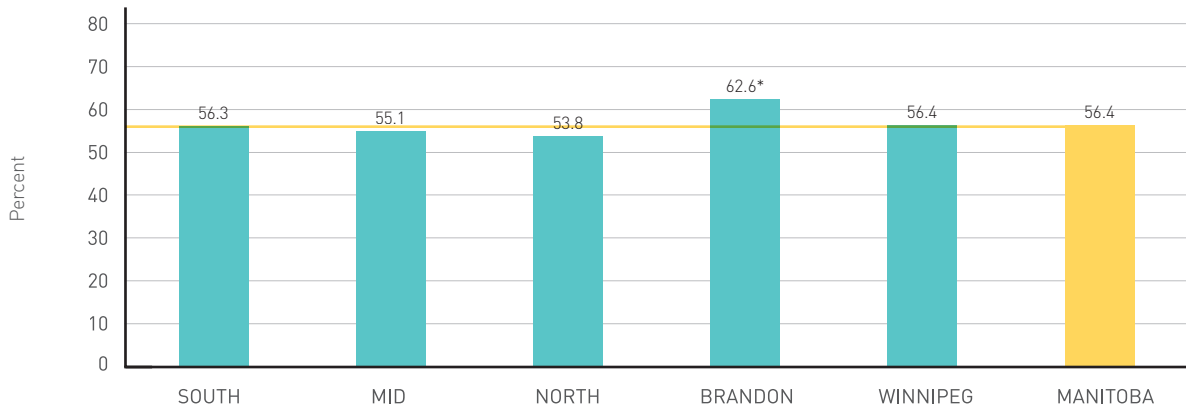
Source: Manitoba Cancer Registry, cancer deaths 2005-2007.
 *Significantly different from Manitoba rate ($p < 0.05$).

Cancer Survival

Figure 3.34

Cancer survival, by regional groupings

Age-standardized five-year relative survival (%)

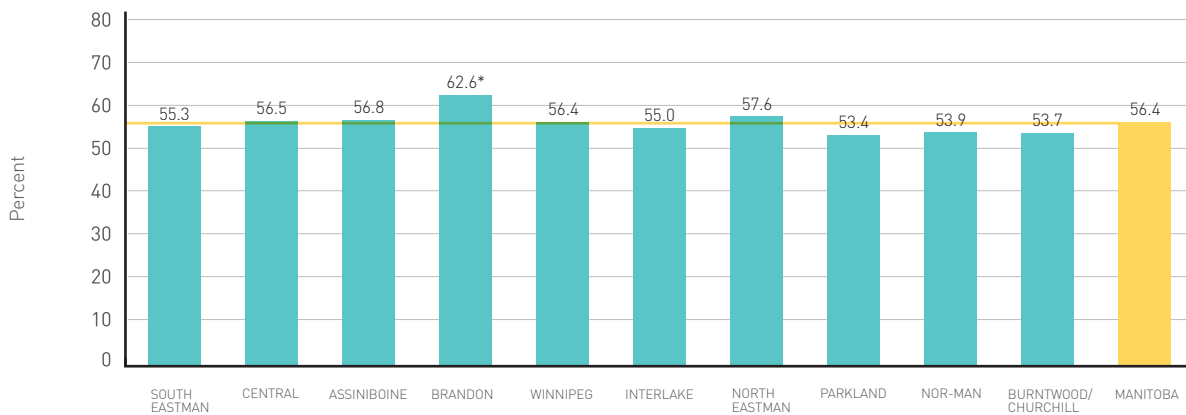


Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.
*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.35

Cancer survival, by Regional Health Authority

Age-standardized five-year relative survival (%)



Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.
*Significantly different from Manitoba rate ($p < 0.05$).



What does this tell us?

Survival after a diagnosis of cancer is similar among regions.

- ▶ Figures 3.34 and 3.35 show slightly poorer cancer survival rates in the North (53.8%) and the highest in Brandon (62.6%).

What else do we know?

Survival varies more by type of cancer than by region.

- ▶ Figures 3.36 to 3.43 show survival by region for different types of cancer.
- ▶ Survival varies, but not significantly, for lung, colorectal and breast cancers.
- ▶ Only prostate cancer shows significant variation with lower survival in some rural and northern RHAs.

Why is this important?

Survival is an important indicator of our success in finding and treating cancer early.

- ▶ Cancer survival is poorest when the disease is found at its latest stages. Finding cancer early, when treatment works best, is important.
- ▶ Good survival is often an indication of better access to screening and diagnostic testing as well as effective treatment.

.....

How do we compare?

Manitobans' survival after a diagnosis of cancer is similar to the overall Canadian experience.

- ✔ Survival after a cancer diagnosis is gradually improving over time for Manitobans and for all Canadians.³
- ⊖ Manitobans who are diagnosed with particular cancers (for example, breast, prostate and colorectal) have similar outcomes to other Canadians diagnosed with these types of cancers.^{2,3}
- ✔ Manitobans have the best lung cancer survival rates in Canada.^{2,3}

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What is CancerCare Manitoba doing to improve cancer survival?

With our partners, CancerCare Manitoba is working to improve cancer survival by detecting the disease sooner and treating it more effectively.

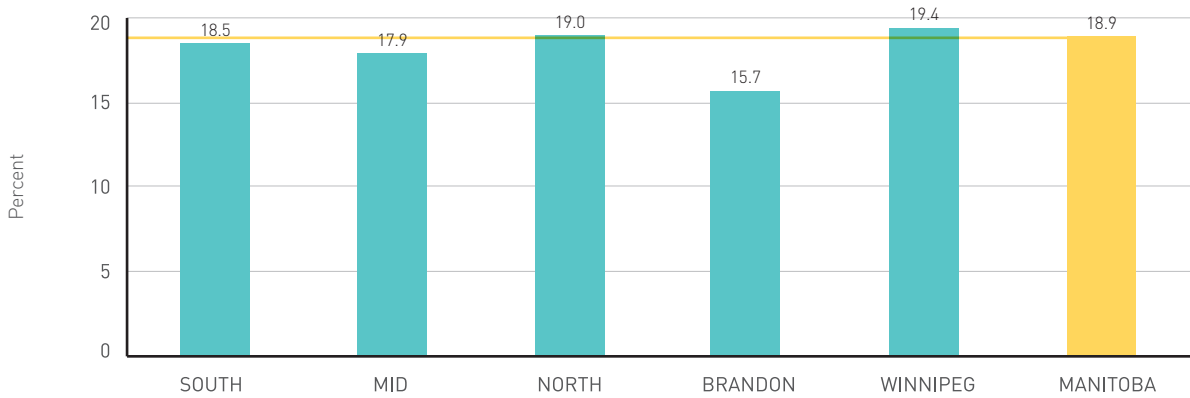
- ▶ CancerCare Manitoba's colorectal, cervical and breast screening programs contribute to improved cancer survival because regular screening can detect early signs of the disease, when it is the most treatable.
- ▶ CancerCare Manitoba is working to ensure equal access to quality, standard care by improving patient navigation and practice guidelines.

Cancer Survival: Lung

Figure 3.36

Lung cancer survival, by regional groupings

Age-standardized five-year relative survival (%)

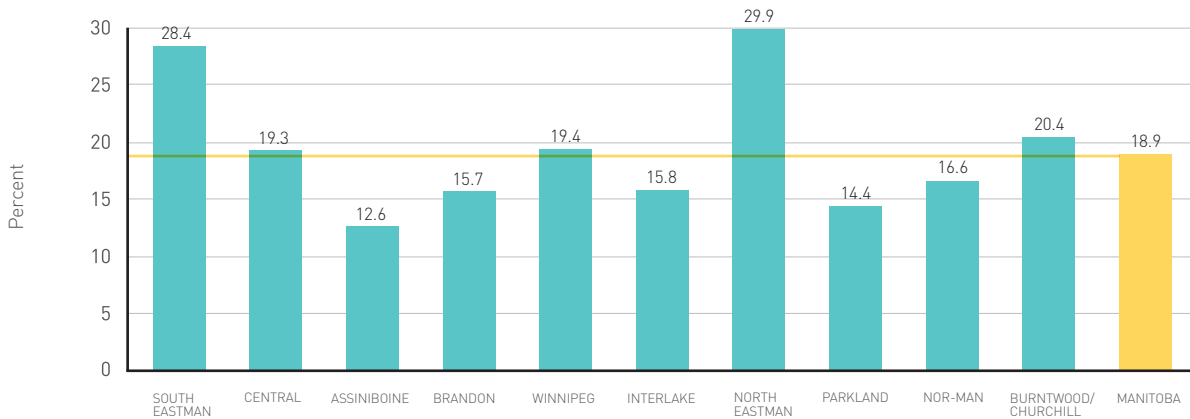


Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Figure 3.37

Lung cancer survival, by Regional Health Authority

Age-standardized five-year relative survival (%)



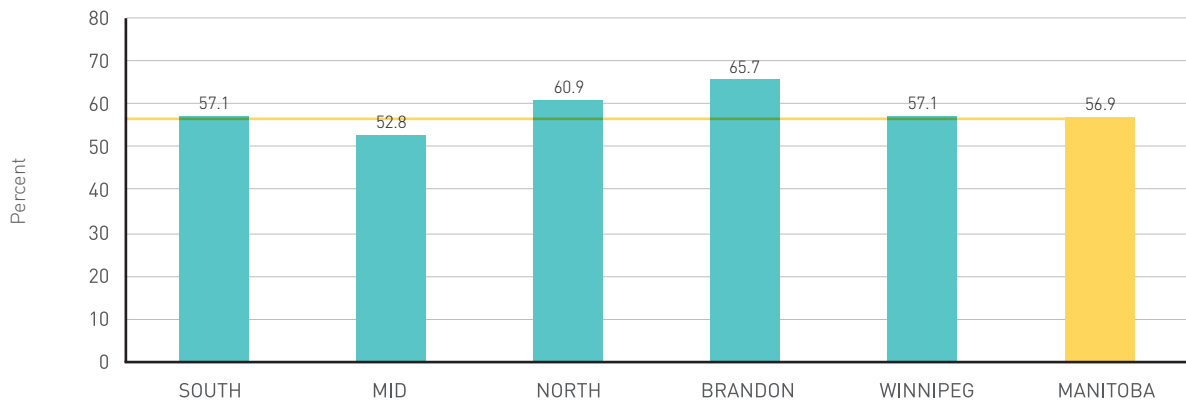
Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Cancer Survival: Colorectal

Figure 3.38

Colorectal cancer survival, by regional groupings

Age-standardized five-year relative survival (%)

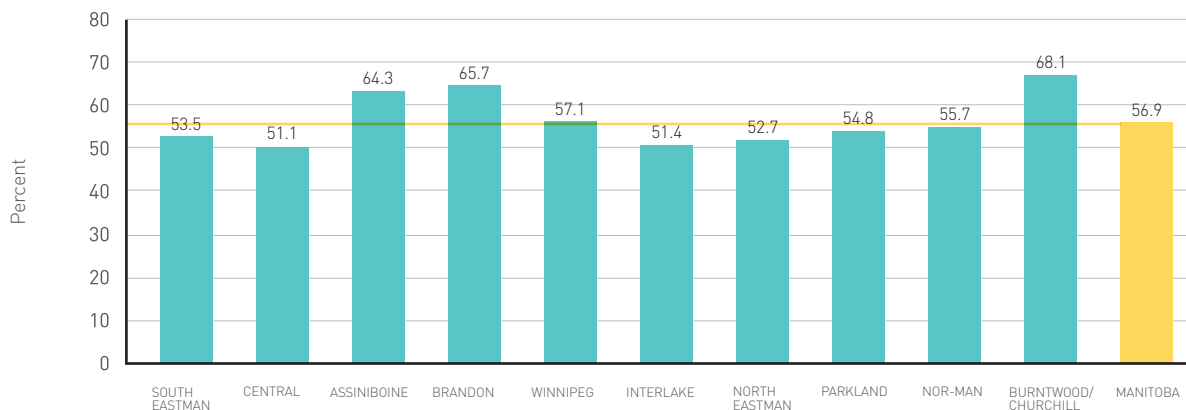


Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Figure 3.39

Colorectal cancer survival, by Regional Health Authority

Age-standardized five-year relative survival (%)



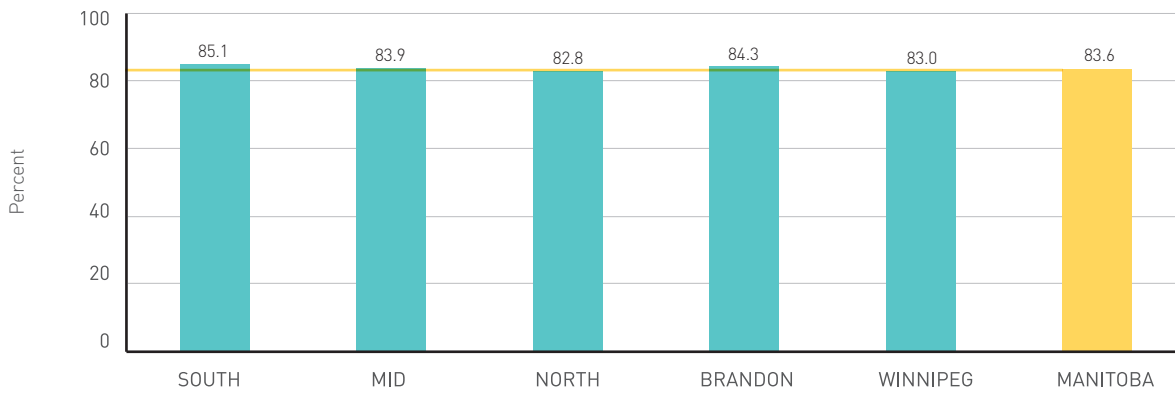
Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Cancer Survival: Breast

Figure 3.40

Breast cancer survival, by regional groupings

Age-standardized five-year relative survival (%)

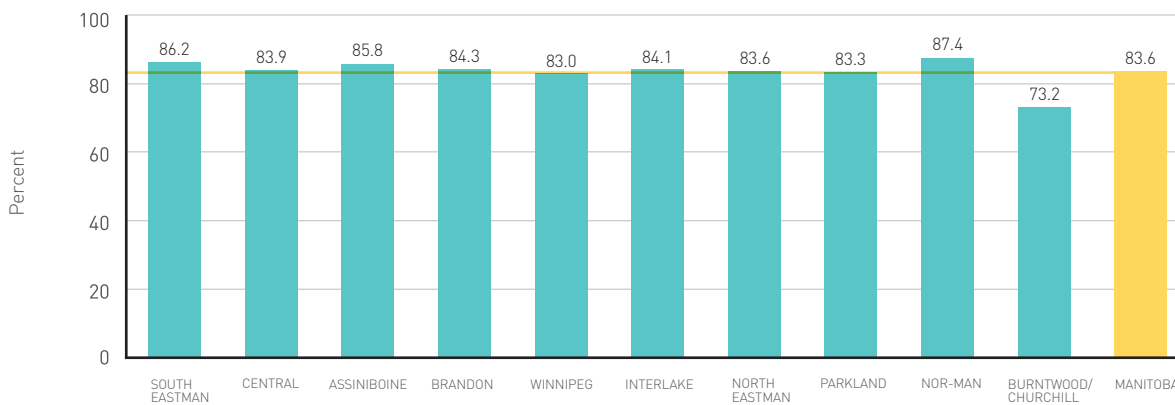


Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Figure 3.41

Breast cancer survival, by Regional Health Authority

Age-standardized five-year relative survival (%)



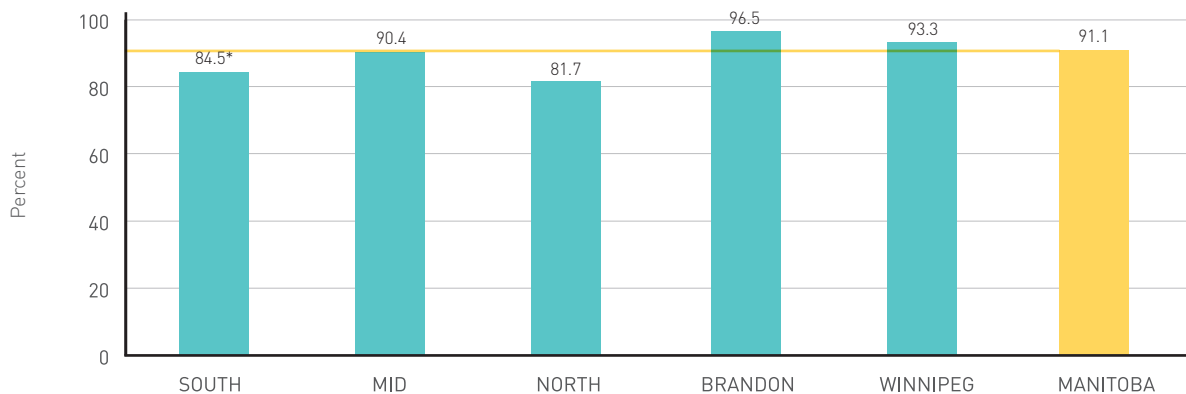
Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

Cancer Survival: Prostate

Figure 3.42

Prostate cancer survival, by regional groupings

Age-standardized five-year relative survival (%)



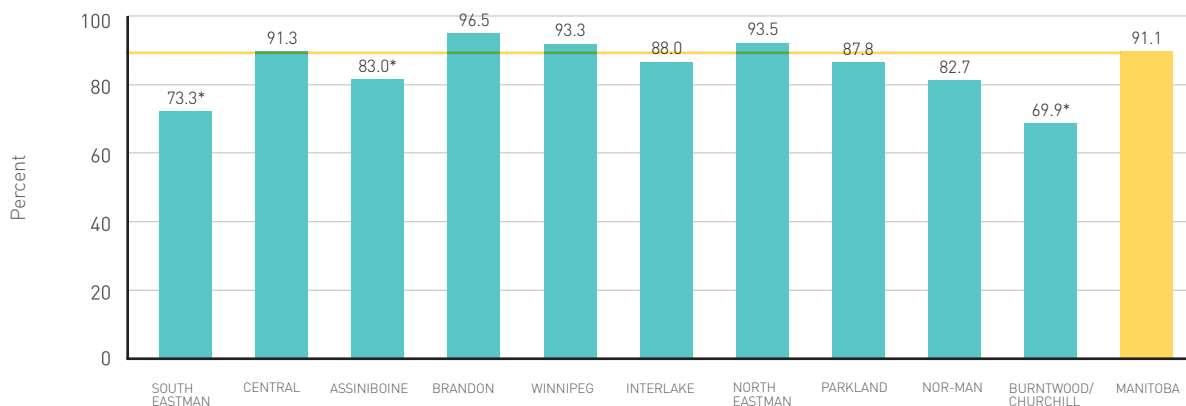
Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.43

Prostate cancer survival, by Regional Health Authority



Age-standardized five-year relative survival (%)



Source: Manitoba Cancer Registry, patients diagnosed 2000-2002.

*Significantly different from Manitoba rate ($p < 0.05$).

Outcomes

THE PATIENT EXPERIENCE		Past Estimate	Current Estimate	Time Trend	Range of Current Estimates <i>(Lowest RHA - Highest RHA)</i>
 Patient Satisfaction overall average satisfaction score for outpatient care based on patient satisfaction survey (% positive responses) ^o average satisfaction score for emotional support based on patient satisfaction survey (% positive responses) ^o		97.3%	95.4%	→	90.6%-100.0%
		49.6%	46.9%	→	35.9%-53.3%
 Pain Management for those experiencing pain, percent of patients who felt staff did everything they could to control pain or discomfort based on patient satisfaction survey (% positive responses) ^o		71.9%	69.7%	→	61.4%-93.8%

Source: ^oNRC Picker, Ambulatory Oncology Survey, 2004 and 2008

Note: Trend arrow is based on + or - 10% of the past value. Colour indicates if the trend is good (green), neutral (yellow) or needs to improve (red).

RHA refers to Regional Health Authority.

What does this tell us?

Patient satisfaction is high, but more can be done in the area of emotional support.

- ▶ Overall patient satisfaction scores have remained high over the past four years.
- ▶ Emotional support scores are lower than overall satisfaction scores.
- ▶ Patients experiencing pain are confident that staff are doing everything they can to control pain or discomfort.

Why is this important?

Patient feedback helps CancerCare Manitoba to provide better care.

- ▶ These survey results show that overall care is excellent, but more could be done in certain areas, such as emotional support.

How do we compare?

- ☺ On many areas measured, Manitoba is similar to national rates.⁵
- ✖ Manitoba patient satisfaction scores are lower than some other provinces (anonymized data).⁵

What is CancerCare Manitoba doing to improve the patient experience?

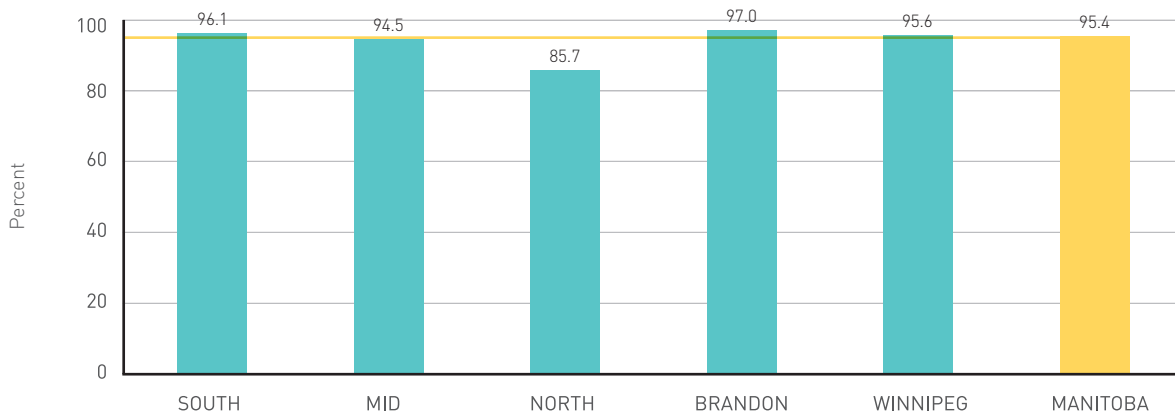
With our partners, CancerCare Manitoba is dedicated to providing exceptional care to our patients and their families.

- ▶ Patients and families frequently acknowledge the warmth and dedication of cancer clinic staff.
- ▶ Other examples of CCMB's commitment to a quality patient experience include:
 - ▶ The Patient Navigation Program is reviewing the entire patient journey from suspicion of cancer to the transition of care to other health care providers/end-of-life care to find ways of improving the cancer experience.
 - ▶ The Community Cancer Programs Network (CCPN) is network of 16 Community Cancer Programs that allows patients to receive cancer care in or near their home communities.
 - ▶ Uniting Primary Care and Oncology Network (UPCON) supports family physicians and primary health care providers in communicating more easily with cancer care specialists, and ensures that people with cancer in our partner clinics experience better coordination of their care between their different care providers.
 - ▶ Patient and Family Support Services supports a multidisciplinary team of skilled professionals with many years of experience to help and support patients and their families. This includes increasing patients' knowledge about cancer and its treatment and providing support for emotional and practical issues.
 - ▶ The Quality, Patient Safety and Risk Program supports programs and clinicians in their efforts to deliver safe, effective care by maintaining a culture that strives for open communication about concerns.

Patient Satisfaction

Figure 3.44

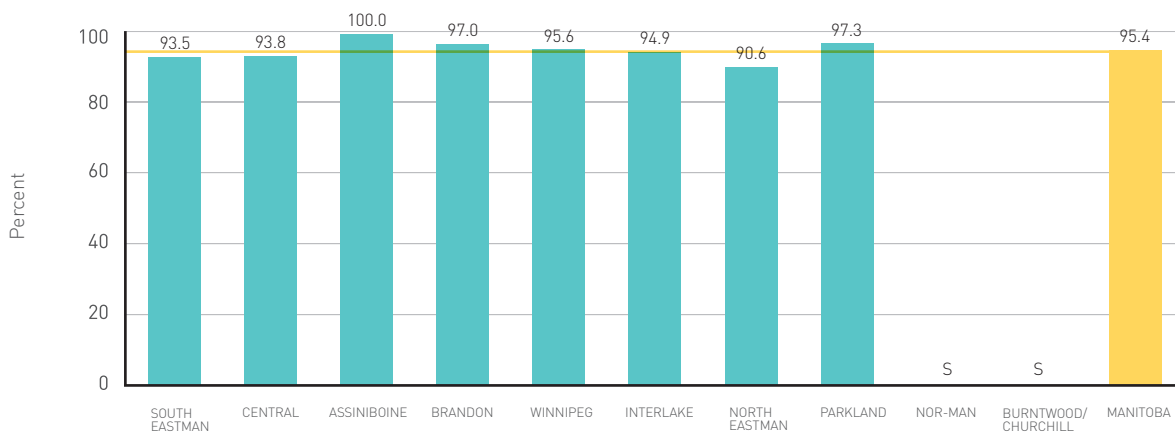
Percent of patients satisfied with care overall, by regional grouping



Source: NRC Picker, Ambulatory Oncology Survey, 2008.

Figure 3.45

Percent of patients satisfied with care overall, by Regional Health Authority



Source: NRC Picker, Ambulatory Oncology Survey, 2008.
s = data suppressed (insufficient cases).



What does this tell us?

Overall, patient satisfaction for outpatient cancer care is high.

- ▶ Figure 3.44 shows the average satisfaction score for outpatient care is somewhat lower in the North.
- ▶ Figure 3.45 shows the highest average satisfaction score for outpatient care is in Assiniboine at 100.0%, with the lowest in North Eastman at 90.6%.

Why is this important?

Patient satisfaction is a key measure of quality in cancer care.

- ▶ Quality and supportive communication between cancer patients and care providers is linked to better feeling of well-being, reducing stress and lowering blood pressure.⁶
- ▶ Good patient and health provider communication also enhances treatment compliance and therefore, outcomes.⁶

How do we compare?

Manitoba's patient satisfaction scores for outpatient cancer care are similar to the national average.

- ⊖ The national satisfaction rate is 97.0%.⁵

What is CancerCare Manitoba doing to increase patient satisfaction?

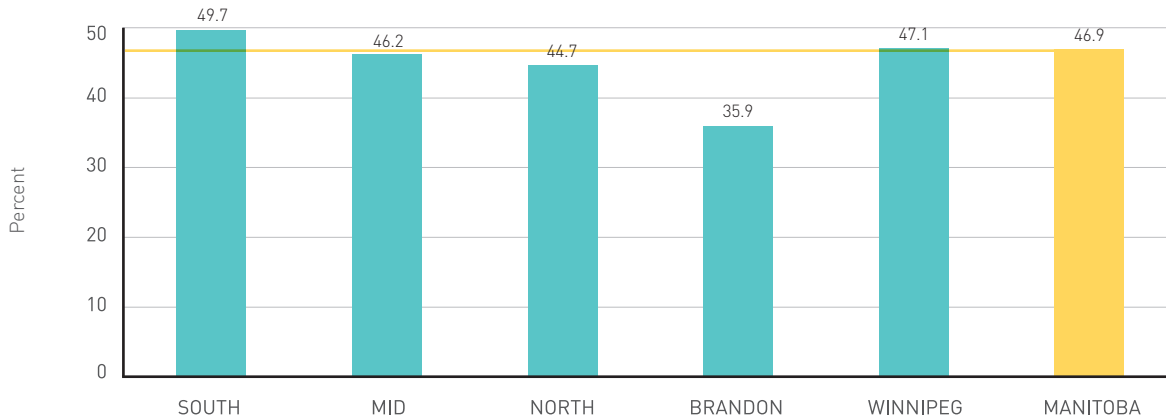
With our partners, CancerCare Manitoba is working to reduce the anxiety and fear related to the cancer journey.

- ▶ To achieve this, we need ongoing feedback from patients.
- ▶ CancerCare Manitoba seeks feedback through surveys, focus groups and patient comment boxes.
- ▶ The Patient Navigation Program surveys patients while they are in clinic to obtain real time feedback about services, organizes focus groups, tracks referrals, and is implementing wireless technology to track patient flow within CCMB. The Patient Navigation Program team is also expanding its reach into rural Manitoba.
- ▶ A centralized referral system has been implemented to improve a patient's first entry into CCMB ensuring all information is collected, collated and reviewed by a physician to ensure a smooth journey through cancer diagnosis and treatment.
- ▶ The centralized referral office also provides a contact point for patients to obtain information on their referral's progress. A nurse or clerk will call with an appointment date and provide the patient with the CCMB *Patient and Family Information Guide*.

Patient Satisfaction: Emotional Support

Figure 3.46

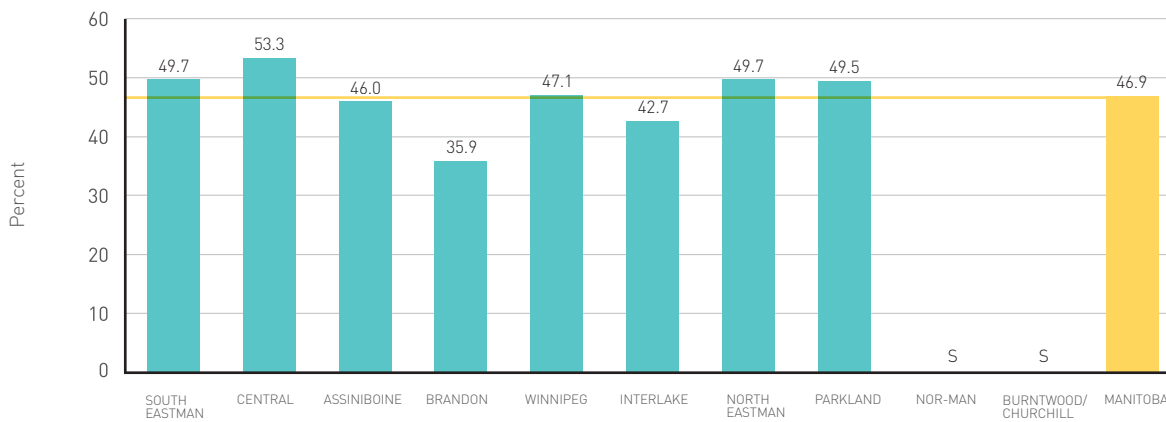
Percent of patients satisfied with emotional support, by regional groupings



Source: NRC Picker, Ambulatory Oncology Survey, 2008.

Figure 3.47

Percent of patients satisfied with emotional support, by Regional Health Authority



Source: NRC Picker, Ambulatory Oncology Survey, 2008.
s = data suppressed (insufficient cases).



What does this tell us?

Patient satisfaction with emotional support is low.

- ▶ Figure 3.46 shows the average score for emotional support is less than 50% across the province.
- ▶ Figure 3.47 shows the highest average satisfaction score for emotional support is in the Central region at 53.3% and the lowest is in Brandon at 35.9%.

Why is this important?

Emotional well-being is linked to a number of health benefits.

- ▶ The World Health Organization defines health as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁷
- ▶ Good patient support and education can significantly reduce patient anxiety and depression.^{6,8}
- ▶ Improved patient and cancer care provider communication is related to better patient quality of life and overall patient satisfaction.⁹
- ▶ A diagnosis of cancer affects more than the physical body. There are emotional, social, spiritual, functional, cognitive, and practical issues that arise for both patients and families. Extensive research reveals that a significant number of people with cancer, no matter at what point in the cancer trajectory, experience distress in these domains.¹⁰

How do we compare?

Manitoba's patient satisfaction scores for emotional support are similar to the national average.

- ⊖ The national satisfaction score for emotional support is 50.1%.⁵

What is CancerCare Manitoba doing to improve emotional support?

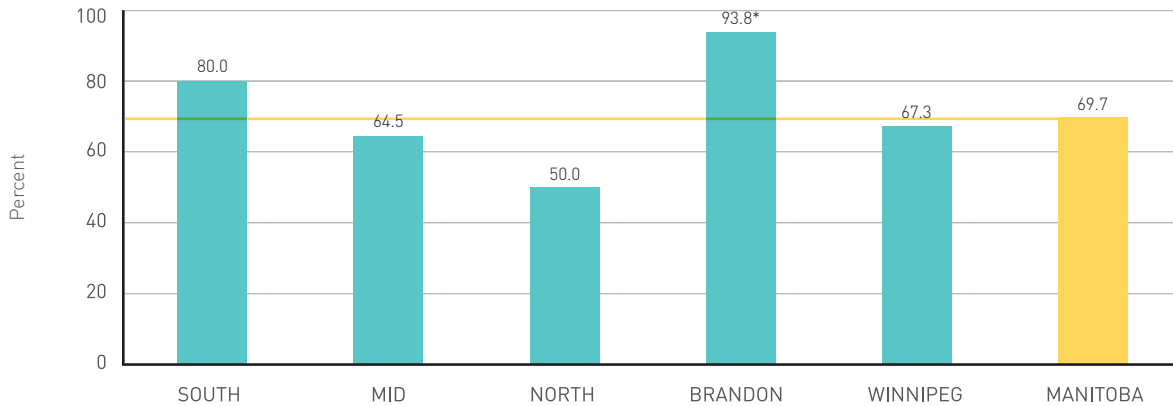
With our partners, CancerCare Manitoba provides personal support and information for patients.

- ▶ A spiritual health specialist has been added to the psychosocial oncology team within Patient and Family Support Services. The goal of the spiritual health specialist is to be a compassionate presence for patients and to help them draw on existing strengths to cope with life's challenges. In addition to seeing individuals and families, the specialist is also involved in existing support groups.
- ▶ Professional counselling services are available for individuals, couples and families. CancerCare Manitoba's social workers, psychologists and psychiatrists have the necessary experience, training and knowledge to help patients and families cope with cancer and its treatments. They provide a safe and confidential place to talk and can help turn a personal health crisis into a chance for hope and healing. They also provide evidence based group interventions and programs, some focused on the unique issues of a particular type of cancer.
- ▶ Physicians, nurses, dietitians, social workers and others work together to provide monthly disease site specific information and support sessions for patients and families.
- ▶ A new supportive care coordinator position was created within the Community Cancer Program Network in 2008 to focus on the access to supportive cancer care for rural Manitobans. CancerCare Manitoba is also working collaboratively with others across Canada to address the access needs of those living in remote areas of the country.
- ▶ CancerCare Manitoba has used the Edmonton Symptom Assessment Scale (ESAS) in almost all clinics since 1999. This self-assessment tool helps identify the degree of anxiety, depression, pain, fatigue the patient is experiencing. CancerCare Manitoba is exploring the use of Screening for Distress, which builds on the ESAS tool.

Pain Management

Figure 3.48

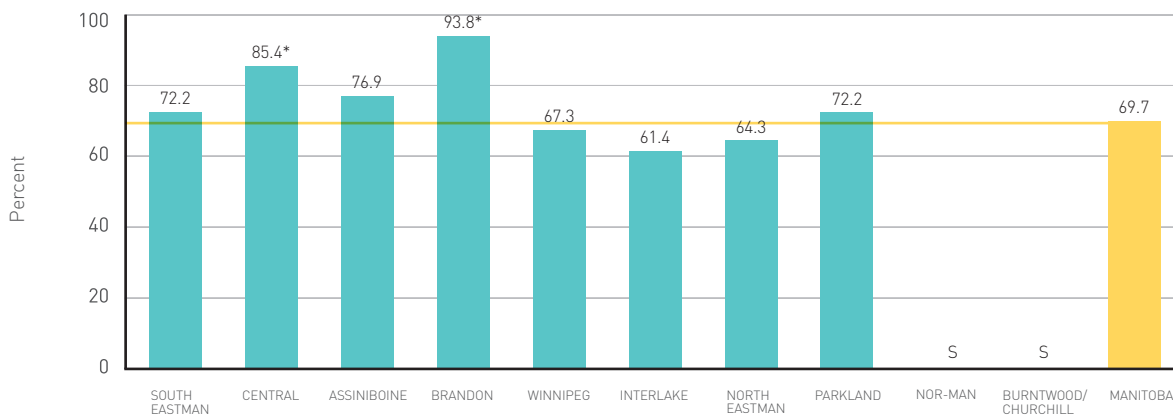
Percent of patients who felt staff did everything they could to control pain or discomfort, by regional groupings



Source: NRC Picker, Ambulatory Oncology Survey, 2008.
*Significantly different from Manitoba rate ($p < 0.05$).

Figure 3.49

Percent of patients who felt staff did everything they could to control pain or discomfort by, Regional Health Authority



Source: NRC Picker, Ambulatory Oncology Survey, 2008.
*Significantly different from Manitoba rate ($p < 0.05$).
s = data suppressed (insufficient cases).



What does this tell us?

Successful pain management varies considerably by region.

- ▶ Figure 3.48 shows the percent of patients who felt staff did everything they could to control pain or discomfort was highest in Brandon at 93.8% and lowest in the North at 50.0%.
- ▶ Figure 3.49 shows the percent of patients who felt staff did everything they could to control pain or discomfort was highest in Brandon at 93.8% and lowest in the Interlake at 61.4%.

Why is this important?

Pain is one of the most common symptoms that patients with advanced cancer develop, but effective treatments are available.

- ▶ Understanding patient pain and clearly explaining treatment options is key to a successful program.
- ▶ Research shows a patient pain experience depends on a number of factors including the quality of relationship with their health care provider.¹¹

How do we compare?

Pain management scores are similar to the national average.

- ⊖ The national pain management score is 70.4%.⁵

What is CancerCare Manitoba doing to improve pain management?

With our partners, CancerCare Manitoba is working to manage patients' pain.

- ▶ In partnership with the Winnipeg Regional Health Authority Palliative Care Program, CCMB implemented Pain and Symptom Management Clinics to provide a multidisciplinary assessment of patients/clients. These clinics include:
 - ▶ consultation and immediate follow-up for evaluation of treatment interventions
 - ▶ access to many different health providers including physicians, nurses, pharmacists, counsellors and a dietitian
- ▶ Pain management occurs as a function of other health service programs through the RHAs.

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Projections

Predicting the future burden of cancer provides valuable insight into how CancerCare Manitoba plans for the expected number of new patients and the resources they will require.

“Future cancer incidence and mortality are affected by many factors, including changes to the size and composition of a population,” said Dr. Donna Turner, Provincial Director, Population Oncology, CancerCare Manitoba (CCMB). “In Manitoba, we know that the increase in the number of people diagnosed with cancer is tied to our aging population. We also know that there is great potential to reduce the number of cases through prevention.”

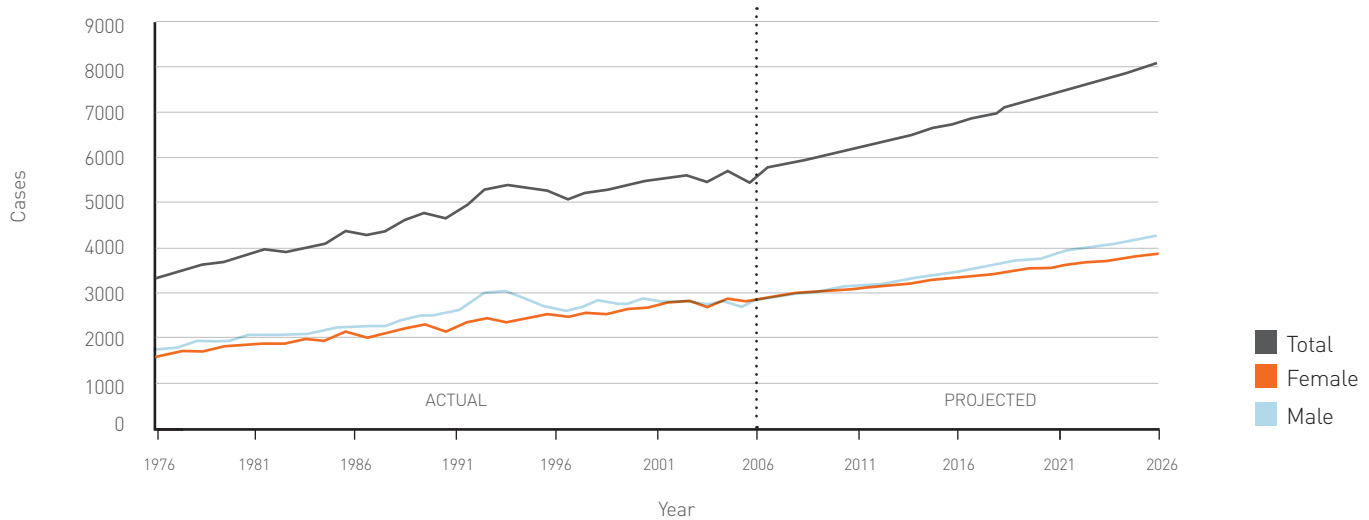
In fact, without significant intervention Manitoba is on pace to experience a rise in the number of people facing the disease each year. By 2026, there will be at least 50% more cases of cancer being diagnosed every year than we see today. This demand will tax CCMB’s existing clinical capacity and research space. To cope, CCMB will have to consider expanding its facilities and continue to explore different ways of providing cancer treatment. Manitoba is well-known for investing in novel approaches to providing cancer services, such as the Community Cancer Programs Network (CCPN) and Uniting Primary Care and Oncology Network (UPCON).

“These programs have improved communication and coordination of care for all our patients,” said Dr. Dhali Dhaliwal, CCMB’s President and CEO. “Through efforts like these, we are providing superlative care to our patients and families, still recognizing the need to aggressively address the concerns of lack of space.”

CancerCare Manitoba and its partners are already planning for the future of cancer in Manitoba, as outlined in the upcoming CCMB Strategic Plan.

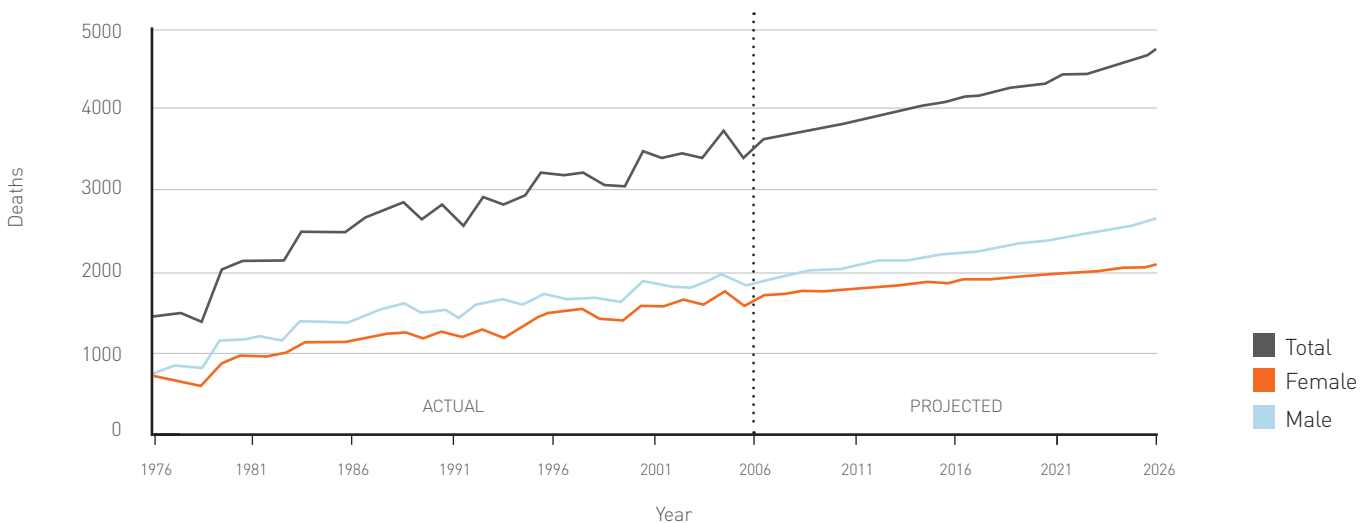
Projections: New cases and deaths

Figure 4.1
Actual and projected cancer cases, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.2
Actual and projected cancer deaths, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.



What does this tell us?

Cancer projections show continued increases in the number of cancer diagnoses and deaths.

- ▶ Figure 4.1 shows that about 3,300 Manitobans were diagnosed with cancer in 1976 and the number rose to about 5,500 in 2005.
 - ▶ This increasing trend is expected to continue in the future, with just over 8,000 new cases expected in 2026 – about 50% more cases than diagnosed in 2006.
 - ▶ These increasing trends are evident for each of the major cancers (lung, colorectal, breast and prostate cancers), as shown in Figures 4.3, 4.5, 4.7 and 4.9.
- ▶ Figure 4.2 shows that more Manitobans are dying from cancer each year. The number of cancer deaths has risen from about 1,500 in 1976 to more than doubling to 3,500 in 2006.
 - ▶ Again, this increasing trend is expected to continue in the future, with a projected number of almost 5,000 deaths in 2026 – about 40% more deaths compared to 2006.
 - ▶ The increasing trends are evident for each of the major cancers (lung, colorectal, breast and prostate cancers), as shown in Figures 4.4, 4.6, 4.8 and 4.10.

What else do we know?

- ▶ The expected increases in cancer incidence are almost entirely due to the aging of the population of Manitoba. As described throughout this report, population growth and changing risk also influences cancer incidence. For example, the stable number of lung cancer cases projected for men is because of the decreasing risk for lung cancer in men.
- ▶ For the major cancers:
 - ▶ The number of new lung cancer cases in men per year has remained relatively stable, and this trend is expected to continue. However, the number of new lung cancer cases per year in women has been steadily increasing and is expected to surpass the annual number of new lung cancer cases in men soon.
 - ▶ There are currently more new cases of colorectal cancer diagnosed every year in men than in women, and this gap is expected to widen over the next 20 years.
 - ▶ Prostate cancer incidence is difficult to project given the statistical 'bump' resulting from the introduction of the prostate specific antigen (PSA) test in the early 1990s.

- ▶ The number of cancer deaths is driven by the same factors as the number of incident cancers (the aging and growth of the population, and the rate of risk), as well as the success of treatment. Treatment is more successful if more people are diagnosed at an earlier stage.

Why is this important?

By understanding how cancer will affect our population, we can work to develop a plan of action for future care and treatment.

- ▶ Cancer projections aid in health services planning by providing a guide for resource allocation including future staffing and facility needs.
- ▶ By comparing projected numbers to actual cancer outcomes, cancer projections may also be used as a benchmark to evaluate prevention and treatment strategies.

How do we compare?

Canadian benchmarks are not yet available for cancer projections.

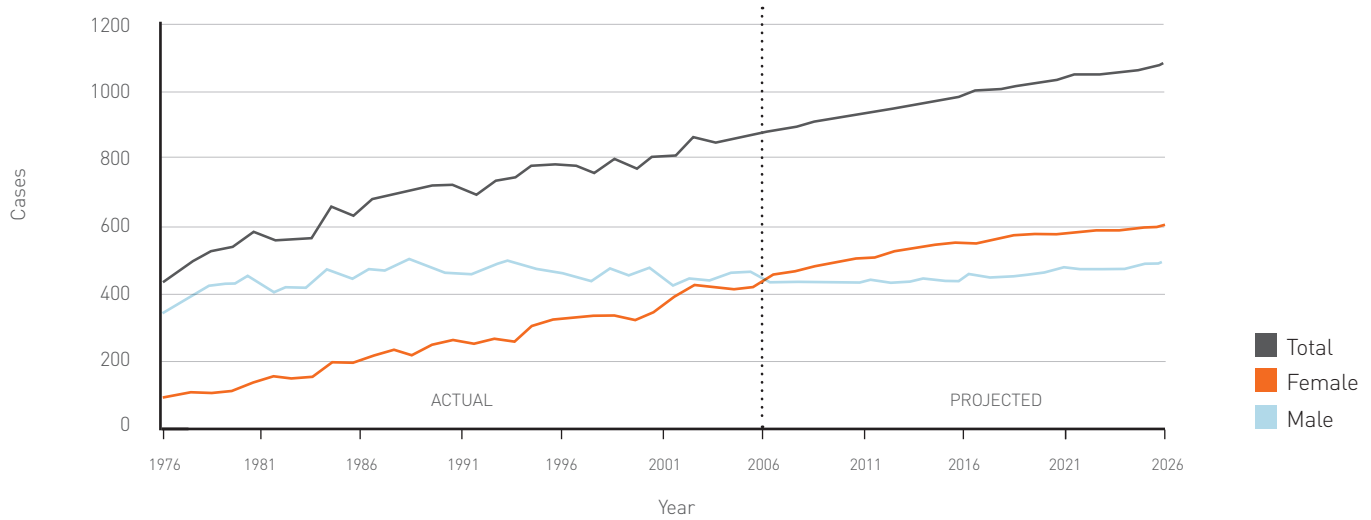
- ⊖ However, reports from other jurisdictions indicate similar trends.^{1,2}

What is CancerCare Manitoba doing to plan for the increased number of cancer cases?

With our many partners, CancerCare Manitoba continually monitors and adjusts for the future picture of cancer in Manitoba.

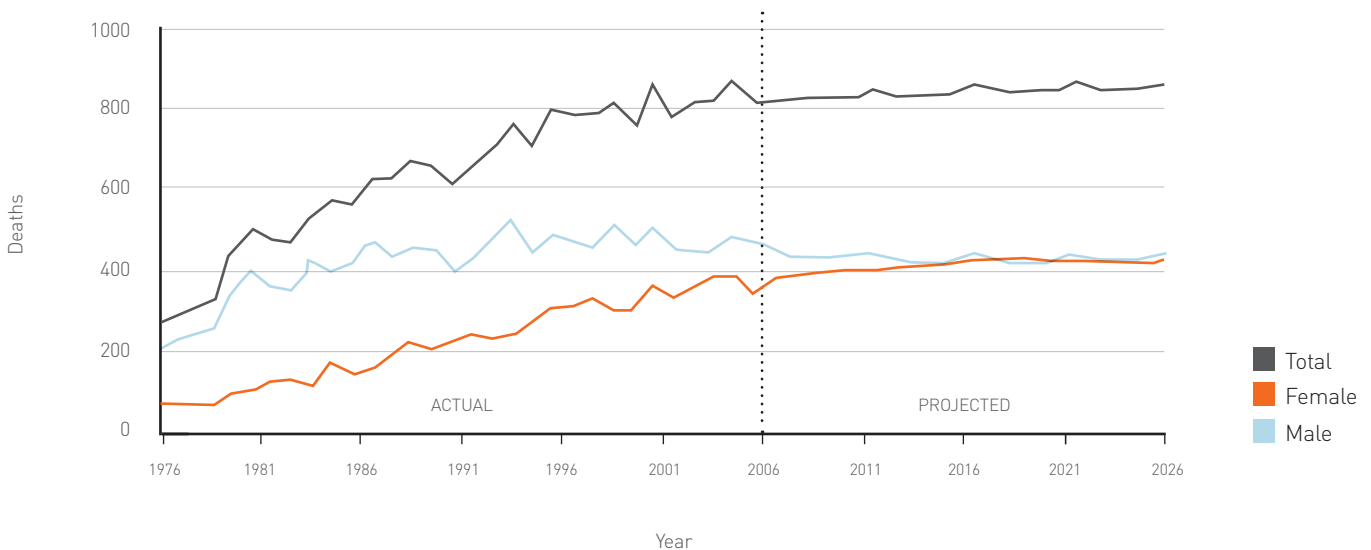
- ▶ The opening of the Western Manitoba Cancer Centre in Brandon in 2011 will provide additional capacity for radiation therapy and other cancer services into the future.
- ▶ The role of the Community Cancer Programs Network (CCPN) will continue to be an important part of cancer service delivery.
- ▶ Efforts in prevention and early detection are aimed at changing the predicted trends of increased numbers of cancer diagnoses and death.

Figure 4.3
Actual and projected lung cancer cases, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.4
Actual and projected lung cancer deaths, Manitoba, 1976-2026

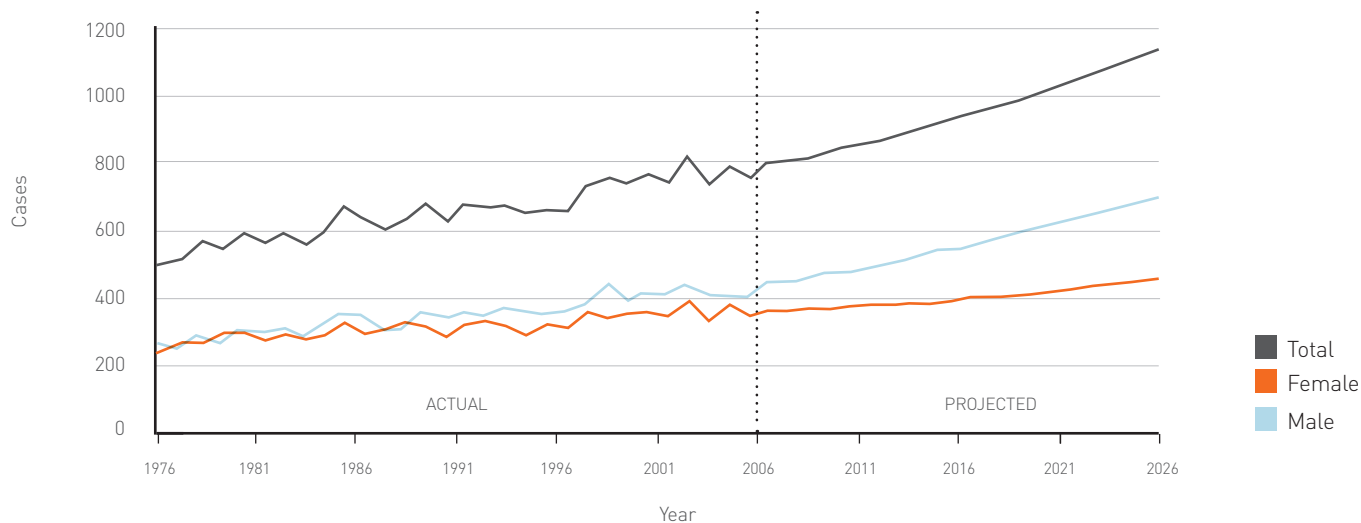


Source: Epidemiology Unit, CancerCare Manitoba.



Figure 4.5

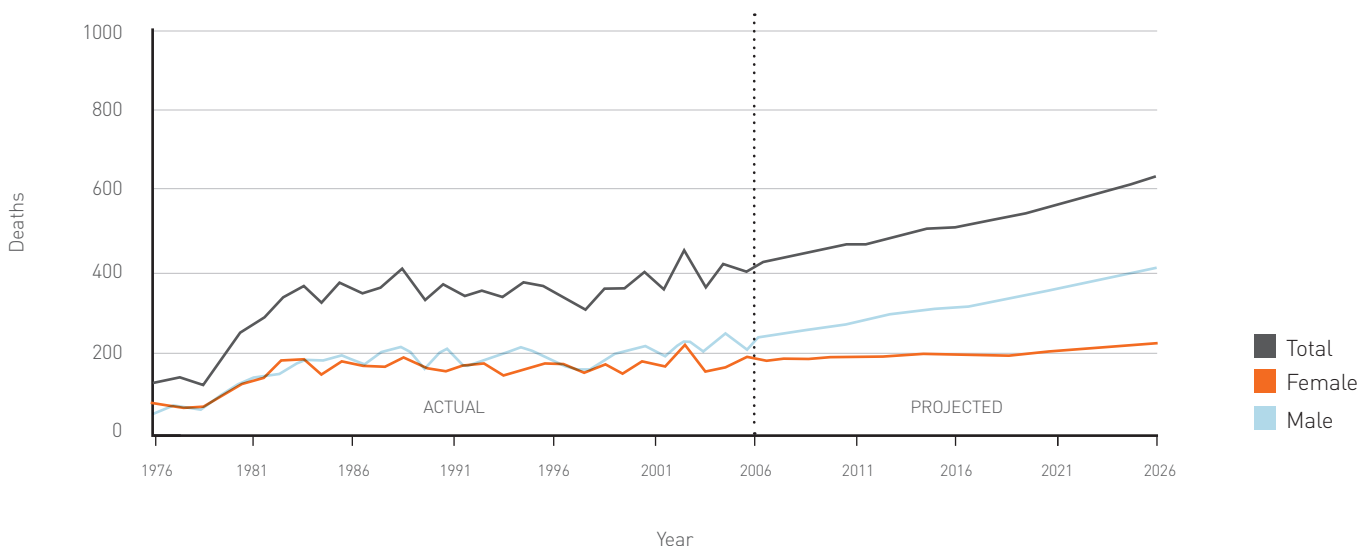
Actual and projected colorectal cancer cases, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.6

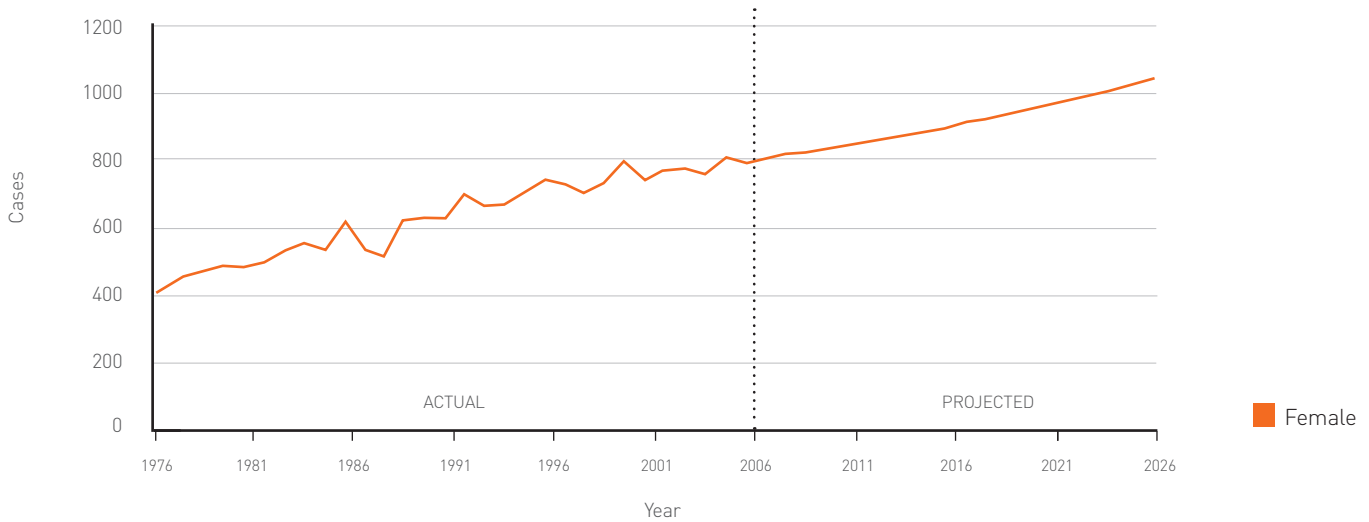
Actual and projected colorectal cancer deaths, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.7

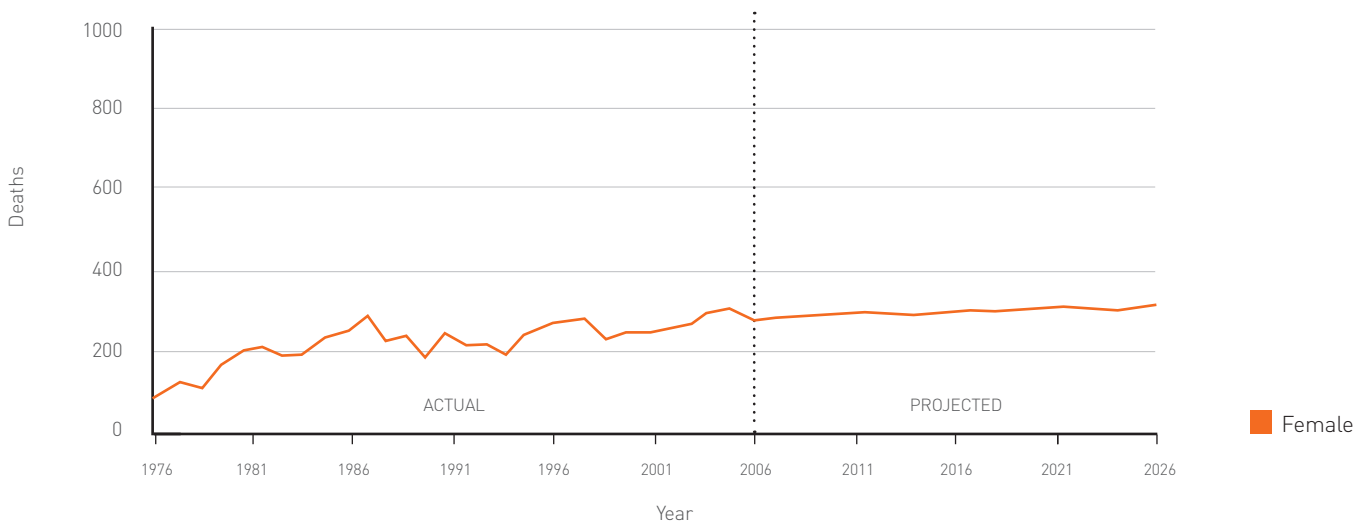
Actual and projected breast cancer cases, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.8

Actual and projected breast cancer deaths, Manitoba, 1976-2026

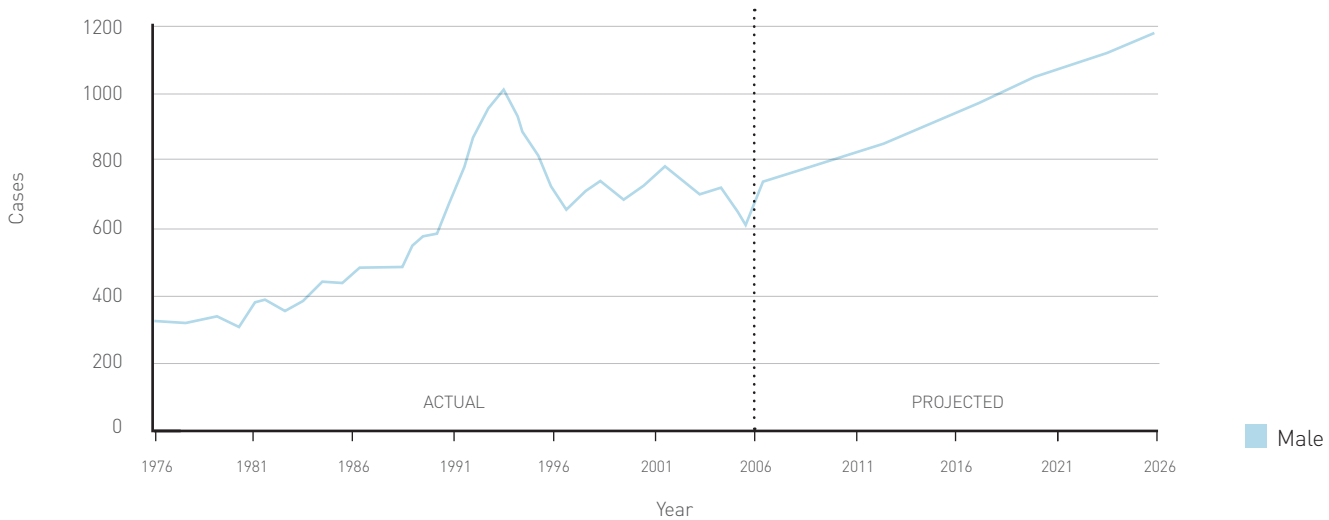


Source: Epidemiology Unit, CancerCare Manitoba.



Figure 4.9

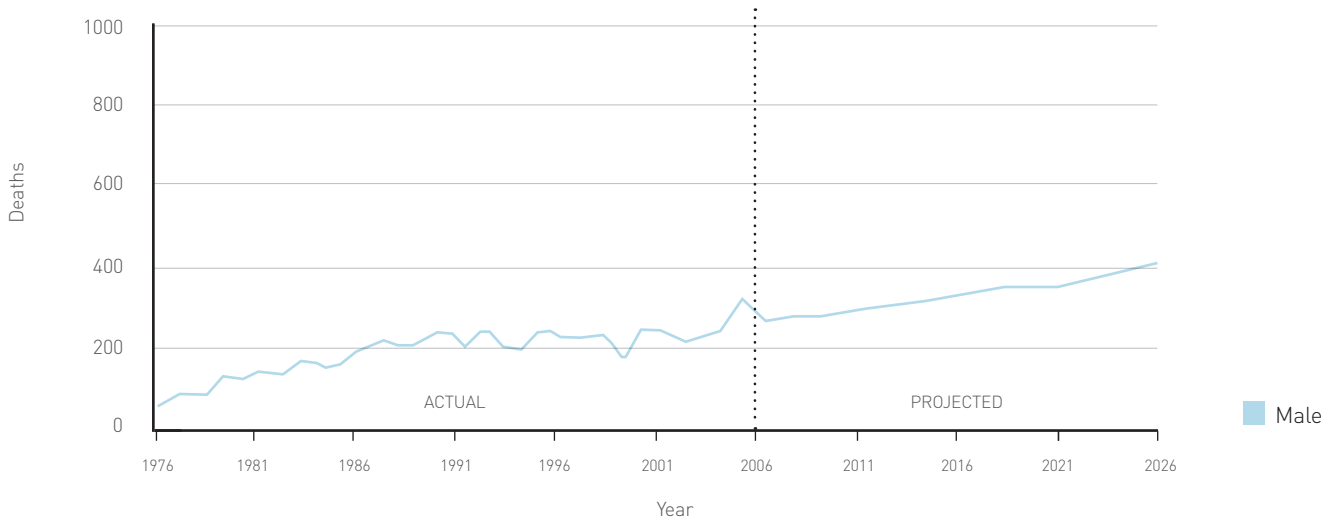
Actual and projected prostate cancer cases, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

Figure 4.10

Actual and projected prostate cancer deaths, Manitoba, 1976-2026



Source: Epidemiology Unit, CancerCare Manitoba.

References

- 1 Alberta Cancer Board (2007). Cancer in Alberta: Regional Picture. Calgary, 2007.
- 2 Cancer Care Ontario (2009). Outlook for cancer in Ontario. <http://www.cancercare.on.ca/cms/one.aspx?pagelid=14537>. Accessed April 8, 2010.