2019 Manitoba Cancer System Performance Report

Errata – First Printing

November 8, 2019

(Version 12)

The following errata provide a list of important corrections that have been made since the first printing of the 2019 Manitoba Cancer System Performance Report. We have published the most current version on the CancerCare Manitoba website. The published electronic version 12 is up to date as of November 8, 2019.

Page	Correction
15	**Table 3. Summary of cancer risk factors.** Number of Canadians who currently smoke was updated from 4.2 million to 3.7 million based on data from the 2016 Canadian Community Health Survey.
25	**Subheading above Table 4 and Figure 12.** The timeframe identified in the subtitle above the two figures was corrected to 2016 only. It now reads: MOST COMMON CANCER DIAGNOSES IN MANITOBA, 2016**.**
33	**Figure 20. Diagnostic imaging wait times, 2016-2017.** Lung cancer: The number of tests for 2016 and 2017 has been corrected to show n=455 for 2017 and n=358 for 2016.
33	**Figure 20. Diagnostic imaging wait times, 2016-2017.** The x-axis title (Days) was shifted back into place aligning with the x-axis.
35	**Figure 22. Referral wait times, 2016-2017.** The 2016 90th percentile for Gastrointestinal was corrected to 36 days (not 40) and the 2017 90th percentile for Breast was corrected to 40 days (not 36).
63	**Bottom of page.** Wording was corrected in the first sentence at the bottom of this section cover page to read: *Patients often experience mixed emotions at the end of their cancer treatments.*

PREVENTION STRATEGIES CAN HELP TO REDUCE CANCER RISK

Evidence shows that up to 50% of cancers could be prevented through lifestyle changes.[7-9] In fact, new Canadian research has shown that about 70,200 cancer cases were attributable to lifestyle and environmental factors in 2015, as well as infections.[7] In Manitoba, at least 2,500 cancer cases could have been prevented in 2015.[7] These cancers can be prevented through healthy living, risk reduction interventions, policies, and public health campaigns.[7] The researchers have projected that by 2042 over 100,000 cancers will be diagnosed in Canada that are related to preventable risk factors if there are no changes to risk reduction strategies. For ideas on what you can do to reduce your risk of cancer visit the Risk Reduction page on the CancerCare Manitoba Foundation website.

Table 3. Summary of cancer risk factors.

	Manitoba			How do we compare to the rest of Canada?	Why is this important?
	Past	Current	Trend		
INCREASE YOUR CANCER RISK					
OBESITY % of adults (ages 18+) with Body Mass Index classified as "obese". Based on self-reported height and weight	21.8%	**22.2%**	→	Prevalence of obesity in Manitoba is slightly lower than the national average of 26.5% (2016).[18]	**Obesity is one of the leading factors related to cancer development.**[8] The World Health Organization estimates diet to be directly related to 30-40% of cancer cases in men and 60% of cancer cases in women.[16] Risk of cancer will continue to increase as national obesity rates rise.[8,17]
SMOKING % of daily current smokers (age 12+)	19.0%	**18.6%**	→	Manitoba smoking rates are higher than the national average of 12.0% (2016). This equates to about 3.7 million Canadians who currently smoke tobacco.[18]	**Smoking is linked to mortality and chronic disease.** 1 in 5 deaths in Canada are due to tobacco use. Smoking causes cancer of the lung, larynx, and esophagus, as well as heart disease, emphysema, and ulcers.[8,16,17] The chance of being diagnosed with or dying from lung cancer decreases by 30-50% within 10 years of quitting.[8,17]
ALCOHOL % consuming more than 5 alcoholic drinks on one occasion within the past week (age 12+)	26.1%	**22.8%**	↓	Excessive alcohol consumption is higher in Manitoba than the national average of 19.0% (2016).[18]	**Excessive alcohol consumption leads to increased risk for cancer.** Alcohol consumption is linked to development of cancers of the oral cavity, pharynx, larynx, esophagus, colorectum, female breast, and liver.[8,9,15,16] Alcoholic drinks are classified as a Group 1 carcinogen by the International Agency for Research on Cancer.
REDUCE YOUR CANCER RISK					
FRUITS & VEGETABLES % consuming 5 or more servings of fruits and vegetables per day (ages 12+)	32.4%	**24.9%**	↓	Fruit and vegetable intake in Manitoba is lower than the national average of 30.0% (2016).[18]	**Eating well can reduce overall cancer risk.** A high intake of green and yellow vegetables and fruits is linked to a reduced risk for lung, colon, esophagus, and stomach cancers.[8,9] Diets high in plant foods can protect against cancers of the endometrium and colon.[19]
PHYSICAL ACTIVITY Derived variable for persons age 18+ who were categorized as moderately active and active based on the number of minutes of moderate to vigorous activity done in a week.	-	**79.0%**	Cannot be compared*	The proportion of Manitobans who are physically active is similar to the national rate.[18]	**Regular exercise can decrease the risk of developing cancer.** Physical activity lowers the risk of developing colon cancer and may lower the risk for breast, prostate, stomach, lung, liver, and endometrial cancers.[8,9,19]
HPV VACCINATION % girls who received at least two doses of the HPV vaccine by age 17.	56.0%	**62.6%**	↑	The provincial/territorial immunization uptake for 2 doses based on the most recent data ranges from 59-92% (Manitoba: 62%).[a] A national target has been set to vaccinate 90% of girls in Grade 6 by 2025. The HPV vaccination program expanded to include Grade 6 boys in September 2016.	**HPV vaccination can protect you from HPV related cancers.** The HPV vaccine provides protection against certain types of HPV that can cause genital warts, cervical cancer, as well as cancers of the mouth, throat, anus, vulva, vagina and penis.[20]

Trend arrow is based on + or - 10% of the past value. Arrow colour indicates if the trend is good (green), neutral (yellow) or needs to improve (red). *For some indicators no direct comparison is possible due to substantial change to questionnaire and methodology during 2015 survey redesign. Past estimates for indicators from the Canadian Community Health Survey are for a pre-2015 grouping (2009-2014) in order to support the greatest amount of disaggregation after implementation of a new collection strategy, application of a sample from two different frames, and major content revisions. The current estimates for the same indicators are for 2015/16. The HPV indicator past and current estimates reflect vaccinations completed for the 1998 birth cohort between 2009-2015 (past) and vaccinations completed for the 1999 birth cohort between 2010-2016 (current). [a] Canadian Partnership Against Cancer. (2018). Cervical cancer screening in Canada: Environmental scan. Toronto, ON: Canadian Partnership Against Cancer; 2018. *See technical appendix for data sources and methodological details.*

Green = trend is good
Yellow = trend is neutral
Red = trend needs to improve
Up = trend is increasing by 10% or more
Horizontal = no change
Down = trend is decreasing by 10% or more

NUMBER OF NEW CANCER CASES

Incidence tells us how many new cases of cancer are diagnosed within a given time frame. The table below shows the average number of cancer cases seen each year, as well as a list of the most common cancers diagnosed. We also show age-standardized incidence rates (ASIR). Age-standardization allows us to compare rates between different populations even if they have different age distributions. This is particularly important because cancer is more common in older adults and one population may appear to have a higher rate of cancer simply because they have more people who are older, not because they are unhealthier or exposed to risk factors more than another population. We select a standard population and produce incidence rates for each population based on this standard. In this way, the ASIR provides a measure of how many new cancer diagnoses we saw out of every 100,000 Manitobans, accounting for age differences.

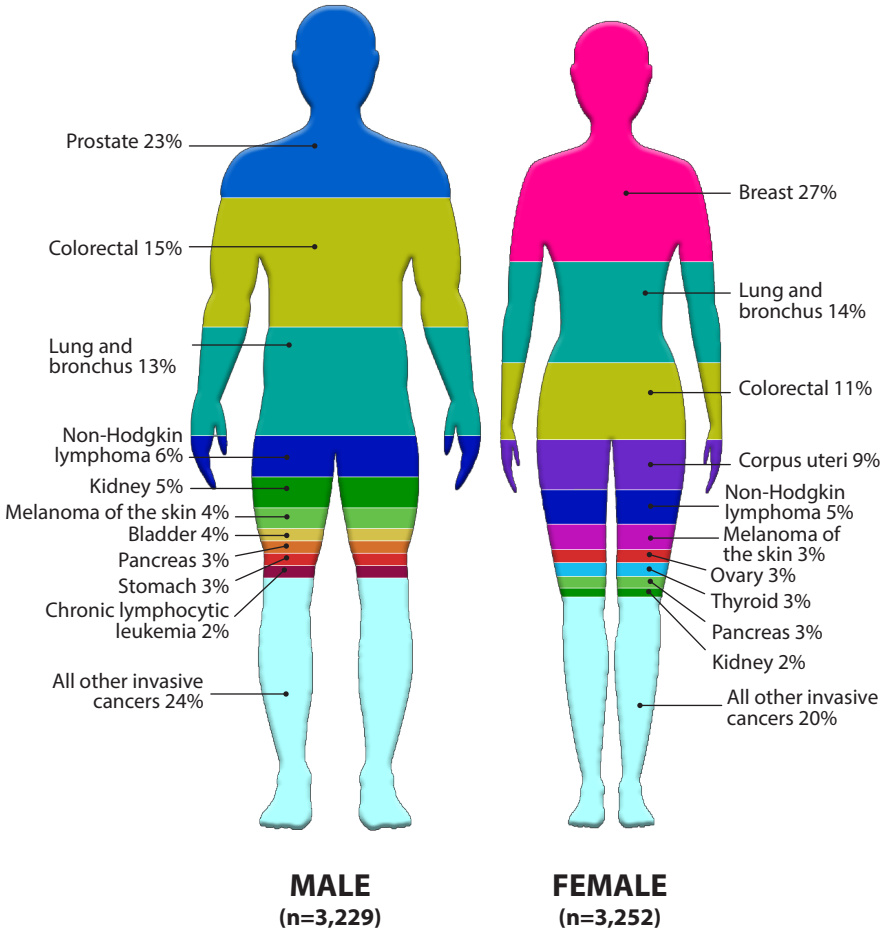
MOST COMMON CANCER DIAGNOSES IN MANITOBA, 2016

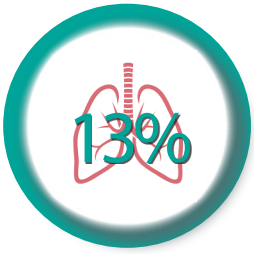
Table 4. Number of new cancer cases and age-standardized incidence rate (per 100,000) for the twenty most common cancer sites, 2016.

MANITOBA		
SITE	NUMBER	RATE (per 100,000)
All invasive cancers	***6,481***	***467.0***
Breast (female only)	873	121.6
Lung and bronchus	856	61.1
Colorectal	848	61.0
Prostate	728	110.2
Non-Hodgkin lymphoma	335	24.1
Corpus uteri (female only)	293	40.8
Melanoma of the skin	237	17.3
Kidney	219	15.9
Pancreas	177	12.7
Bladder	150	10.9
Thyroid	132	9.9
Stomach	125	9.0
Chronic lymphocytic leukemia	113	8.1
Ovary (female only)	99	13.7
Multiple myeloma	95	6.8
Other digestive system	76	5.5
Brain	75	5.5
Esophagus	68	4.9
Liver	56	4.1
Soft tissue (including heart)	51	3.8

Note: *This report highlights female breast cancer only. Please note that male breast cancer occurs at a rate of about 1% compared to female breast cancer.*
See technical appendix for data sources and methodological details.

Figure 12. Distribution of the number of cancer cases for the ten most common cancer sites by sex, 2016.





Lung cancer is the most common cancer among all Canadians.[5] 13% of Manitobans with cancer have lung cancer.

WAIT TIMES: TIME TO DIAGNOSIS

Waiting for test results can be anxiety provoking and a difficult time for patients. At CancerCare Manitoba (CCMB), we work with the regional health authorities, diagnostic facilities, and Shared Health to monitor the time between the date tests were ordered by the physician or specimens were collected to the date test results were reported. Each quarter these wait times are compared to agreed targets to identify any areas of concern that require focused quality improvement. Wait times for diagnostic imaging reflect a two-year period (January 1st, 2016 to December 31st, 2017). On the next page you can see wait times for pathology for the same period as shown below.

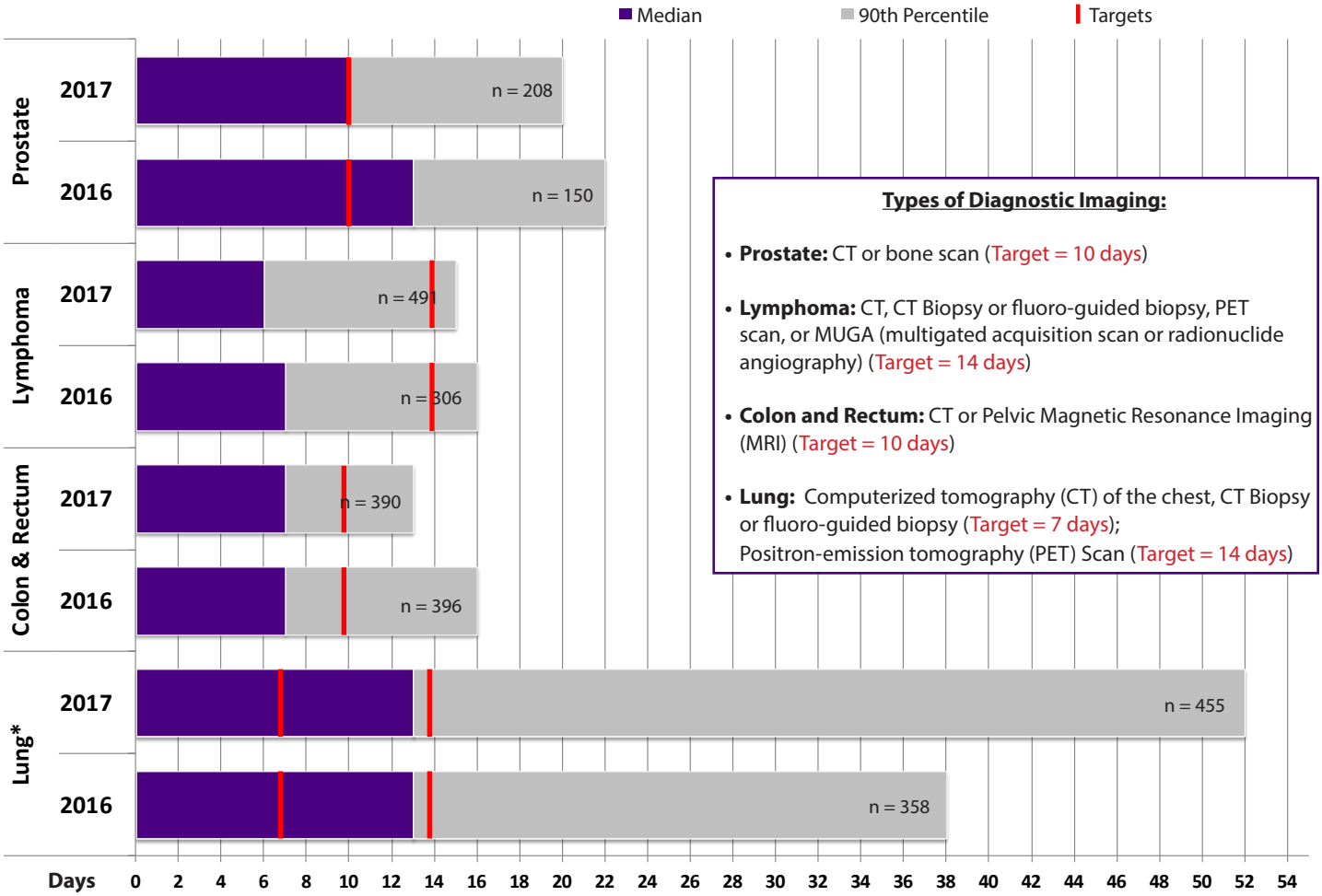
MEDIAN: The number of days by which half the patients received a specific cancer service (i.e., test, visit, or treatment).

90th PERCENTILE: The number of days by which 90% of patients received a specific cancer service (i.e., test, visit, or treatment).

DIAGNOSTIC IMAGING WAIT TIMES

Figure 20. Diagnostic imaging wait times, 2016-2017.

Wait times are calculated as the number of days between a) the date the requisition for diagnostic imaging was received and b) the date a result was reported.



Note: *For diagnostic imaging, wait time is reported for each diagnostic test separately. Wait time data for breast cancer diagnostic mammograms from private clinics are not available. * Two targets are identified for lung cancer diagnostic imaging. The first (7 days) is for CT, CT guided, and lung fluoro biopsies. The second (14 days) is for PET scans. Data shown in the above figure is provincial with the exception of Brandon, which is excluded. All targets were initially identified by the Cancer Patient Journey Initiative (CPJI) and continue to be assessed.*
See technical appendix for data sources and methodological details.

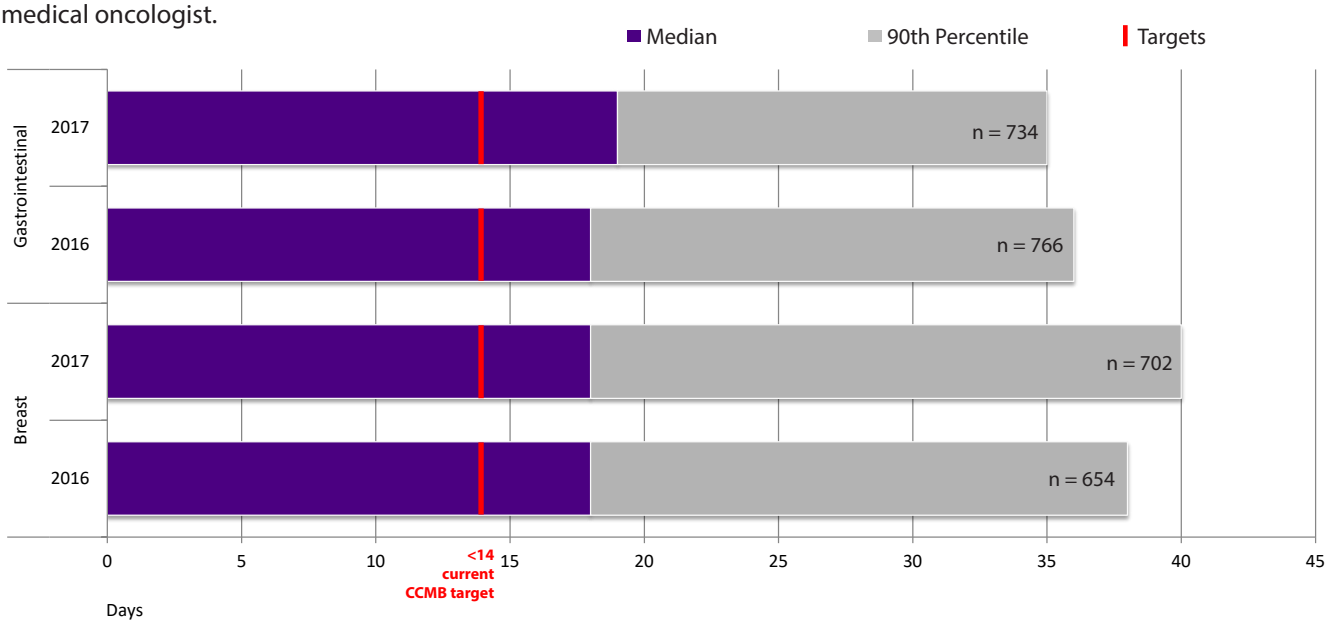
WAIT TIMES: WAITING TO SEE A MEDICAL ONCOLOGIST

Referrals to CancerCare Manitoba (CCMB) are processed by the Provincial Cancer Referral and Navigation Service. This team triages referrals efficiently to minimize the time patients wait before their first consult with a medical oncologist.

REFERRAL WAITS

Figure 22. Referral wait times, 2016-2017.

Wait times are calculated as the number of days patient waited between a) their referral to CCMB and b) their first consultation with a medical oncologist.

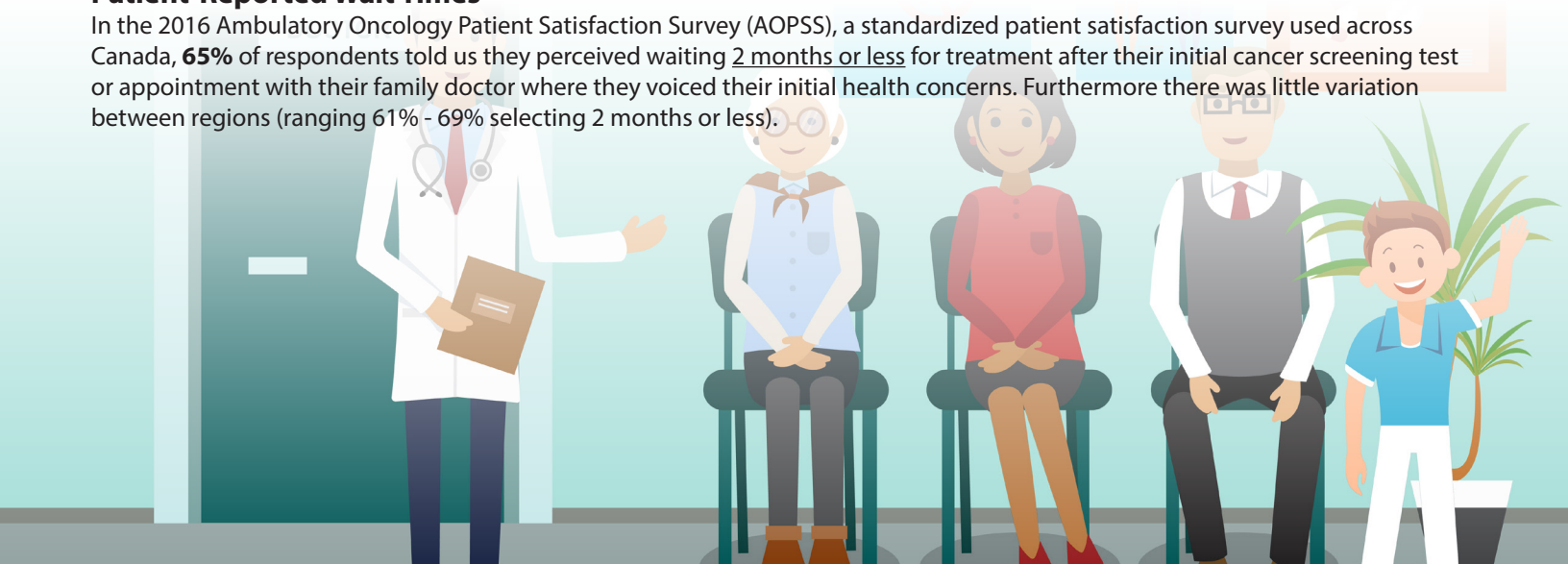


Note: *Data excludes delays caused by factors outside the control of CCMB, including delays due to missing documentation, medical delays (e.g., cancer diagnosis confirmation, lab and imaging test results, surgery and recovery time, etc.) or personal decisions to wait (e.g., travel, timing). See technical appendix for data sources and methodological details.*

We're working hard to report wait times for other cancer types. Keep watching the CCMB website for new information!

Patient-Reported Wait Times

In the 2016 Ambulatory Oncology Patient Satisfaction Survey (AOPSS), a standardized patient satisfaction survey used across Canada, **65%** of respondents told us they perceived waiting 2 months or less for treatment after their initial cancer screening test or appointment with their family doctor where they voiced their initial health concerns. Furthermore there was little variation between regions (ranging 61% - 69% selecting 2 months or less).



SURVIVORSHIP

"The day I was diagnosed with cervical cancer changed my life forever...I remember telling my family that I would never let this disease consume my life. But treatment was a full time job that consumed me, healing and recovery was a full time job that consumed me, it started to define me. And, although I am a 2.5 year cancer survivor, it's a full time job not allowing the fear of this terrible disease consume me. The fear will never go away, but not allowing it to define me helps me live my life to the fullest!"
- CCMB patient.

Patients often experience mixed emotions at the end of their cancer treatments. There is a sense of relief, yet also worry about whether there will be a recurrence and concern about the impact of the experience on their everyday lives. CancerCare Manitoba has supports in place for both the physical and psychological care patients may need.