Updates from the CCO Pathology & Laboratory Medicine Program

OAP Annual General Meeting, Huntsville, Ontario

SEPTEMBER 17, 2017

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Cancer Care Ontario
Outline

• Acute Leukemia Provincial Plan
• Genetics - Hereditary Cancer
• AJCC 8th Edition and Electronic Cancer Checklists (eCC’s)
• Current Performance
Acute Leukemia Provincial Plan
The demand for Acute Leukemia (AL) services has increased over time and is expected to continue to do so.

AL patients require complex care with high resource utilization.

Regional Cancer Programs have identified pressures in meeting patient needs resulting in long wait times and stresses on health human resources (HHR).

Highly centralized services are available in some areas of the province and not in others; referral patterns are not clearly articulated.

Outside of the Stem Cell Transplant Program, there is limited information on access and quality of care.

Available data is limited in quantity and quality, and difficult to interpret.

A Provincial Strategy and Service Plan for Acute Leukemia is essential and is to be implemented by the end of 2019.

Link to Acute Leukemia Provincial Plan and Pathology Recommendations: https://www.cancercare.on.ca/cms/one.aspx?portalId=1377&pageId=98710
Working Groups

Project Team

Pathology Working Group
- Provide clinical advice and develop recommendations for laboratory testing best practices for Acute Myeloid Leukemia, Acute Lymphoblastic Leukemia, High-grade Lymphoma, Myelodysplastic Syndrome, and Aplastic Anemia during the diagnostic, treatment, and post-treatment phases.

Models of Care Working Group
- To offer insight to develop a clear and practical understanding of current models of care; advise on the design and interpretation of evidence review regarding CMH models of care and needs of the target population; recommend inputs to design future models of care. The new models of care will ensure that the right care is provided in the right setting, by the right provider.

Leukemia Provincial Planning Working Group
- Provide advice on recommended changes to the existing service delivery plan for patients with leukemia in Ontario with a focus on better outcomes and improved patient experience.
### Site Participation on Pathology CMH Working Group

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<th>HLA Testing Site</th>
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*Auto and Allo-R HCT only at London
**Auto HCT only at Kingston and Health Sciences North
Next Steps

• Align pathology with models of care
• Implementation of pathology recommendations
  • Testing / reporting guidelines to support measurement strategy
  • Meeting with all leukemia sites / testing centers
    • Construction of testing networks
• Develop evaluation metrics for implementation / provincial leukemia testing
• Review areas flagged for additional work (e.g. refinement of panel / MRD schedule)
Genetics - Hereditary Cancer
Goal 1: Strengthen Quality & Safety

1. Develop standards and guidance to reduce practice variation and ensure high quality testing

Goal 2: Strengthen & Coordinate Care Models

2. Develop service delivery models for clinical cancer genetic services to increase capacity and improve access to programs and services
3. Increase awareness of best practices through KTE initiatives

Goal 3: Strengthen System Planning

4. Strengthen linkages with cancer research to inform system planning and bring discoveries into practice
5. Provide advice and leadership to government and other stakeholders to inform system planning*
6. Advance policies to improve the collection, storage, utilization, and sharing of personalized medicine data
7. Coordinate a process for approvals and funding of molecular tests in oncology

* Includes privacy, confidentiality and ethics;
** Health resource utilization, economics, and outcomes

- COLLABORATE
- ALIGN
- TRANSFORM

Monitor and Evaluate**
Genetics: Provincial Context

Lack of a provincial system
- MOHLTC is currently working on a genetics strategy
- CCO is participating in the Consultation and Advisory Group

Oversight and funding for genetic testing, including hereditary cancer genetics remains predominately with the Ministry

Increasing demand for services which can lead to challenges with access and wait times

Role for CCO:
- Engagement with MOHLTC at the Executive Level
- CCO implementing Personalized Medicine Framework
- CCO developing recommendations for oversight and implementation of hereditary cancer testing and performing a Current State Assessment of counselling services
- Support implementation of recommendations
Hereditary Cancer: CCO Activities

Provincial Screening Programs

- Breast
- Colorectal

Advice Documents

- Revised BRCA testing criteria, submitted to Ministry
- Revised Lynch, MAP and FAP testing criteria, submitted to Ministry
- Guideline endorsement – Interpretation of sequence variants, in progress

Develop System Advice/Recommendations

- Hereditary Cancer Testing
  - Develop recommendations to support comprehensive oversight and delivery of hereditary cancer testing
    - Eligibility
    - Quality
    - Performance requirements
  - Timelines: July to December

- Genetic Services
  - Develop recommendations for oversight and service delivery to reduce practice variation, increase capacity and improve access to genetic services
    - Volumes
    - Resources (HR)
    - Service delivery
    - Access
  - Timelines: May to December

*NEW
Transitioning to AJCC 8th Edition
Overview

AJCC 8\textsuperscript{th} Edition on schedule for release in October 2016

- Implementation **deadline** for the synoptic electronic cancer checklists that are AJCC 8\textsuperscript{th} edition compliant is **April 1, 2018**. Implementation prior to the deadline is strongly encouraged.

- Updating to the next standard will impact sites differently (minor to major)
  - Vendor issues
  - Access to technical support
  - LIS issues
  - Budgetary constraints

- It is anticipated that synoptic reporting rates will drop and narrative reporting rates will increase as some pathologists choose to use narrative reports in order to be AJCC v8 compliant. (*Impacts to completeness and synoptic performance measures*)

Assessment of facilities at risk (September 2017)

- **33** Not at Risk
- **8** Potentially at Risk
- **2** At Risk
Tracking adoption – new Versioning Data Quality Indicator

eCC Template versioning by checklist
2017/18 Quarter 1

At or above minimum mandated version
Below minimum mandated version

Cervix
Uterine Corpus
Urinary Bladder
Urethra
Ureter, Renal Pelvis
Thyroid
Thymoma and Thymic Carcinoma
Testis
Stomach
Squamous Cell Carcinoma (tumours > 2cm)
Soft Tissue
Small Intestine
Prostate
Pleura
Pharynx (Resection/Ex. Bx only)
Pituitary
Peritoneum
Pituitary
Pancreas (Exocrine)
Pancreas (Endocrine)
Ovary
Nasal Cavity & Paranasal Sinuses (Resection/Ex. Bx only)
Nasal Cavity & Paranasal Sinuses (Excision only)
Nasal Cavity & Paranasal Sinuses (In situ)
Nasal Cavity & Paranasal Sinuses (Other)
Merkel Cell Carcinoma of Skin
Melanoma
Major Salivary Glands (Resection/Ex. Bx only)
Lung
Lip & Oral Cavity (Resection/Ex. Bx only)
Lip & Oral Cavity (Excision only)
Lip & Oral Cavity (In situ)
Lip & Oral Cavity (Other)
Intrahepatic Bile Ducts
Hepatobiliary Carcinoma
Gastrointestinal Stromal Tumors
Gallbladder
Gallbladder
Fateum Tubae
Endometrium
Distal Extrhepatic Bile Ducts
Colorectal
Breast
Brain & Spinal Cord
Bone
Appendix
Anus
Ampulla of Vater
Adrenal Gland

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Cancer Care Ontario
Indicators: Provincial Performance

Completeness Rate
- 88%
  - Q1 2017/18

Synoptic Rate
- 90%
  - Q1 2017/18

Turn Around Time
- 82%
  - Q1 2017/18

Target 90%

Target 85%
Thank you