



Cancer Care Ontario

Updates from the CCO Pathology & Laboratory Medicine Program

OAP Annual General Meeting, Huntsville, Ontario

SEPTEMBER 17, 2017

Aaron Pollett
Provincial Head, Pathology and Laboratory Medicine Program
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

Acute Leukemia – Background

- 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

Models of Care
Working Group

Leukemia
Provincial
Planning
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

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

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

	Transplant & Acute Leukemia Service Site	Acute Leukemia Service Site	Acute Leukemia Shared Care Partner Cancer Centre (with UHN)	HLA Testing Site
London Health Sciences Centre*	X			X
Hamilton Health Sciences Centre	X			X
University Health Network – Princess Margaret	X			X
Kingston General Hospital**	X			
The Ottawa Hospital	X			X
Health Sciences North**	X			
Windsor Regional Hospital		X		
Thunder Bay Regional Health Sciences Centre		X		
Sunnybrook Health Sciences Centre		X		
Southlake Regional Health Centre			X	
Lakeridge Health			X	

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

Personalized Medicine Framework

Goal 1

COLLABORATE

Strengthen Quality & Safety

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

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



Goal 2

ALIGN

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

TRANSFORM

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

8. Develop and foster strong partnerships

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

***NEW**

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

Transitioning to AJCC 8th Edition

Overview

AJCC 8th Edition on schedule for release in October 2016

- Implementation **deadline** for the synoptic electronic cancer checklists that are AJCC 8th 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
 - LIS issues
 - Access to technical support
 - 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*)

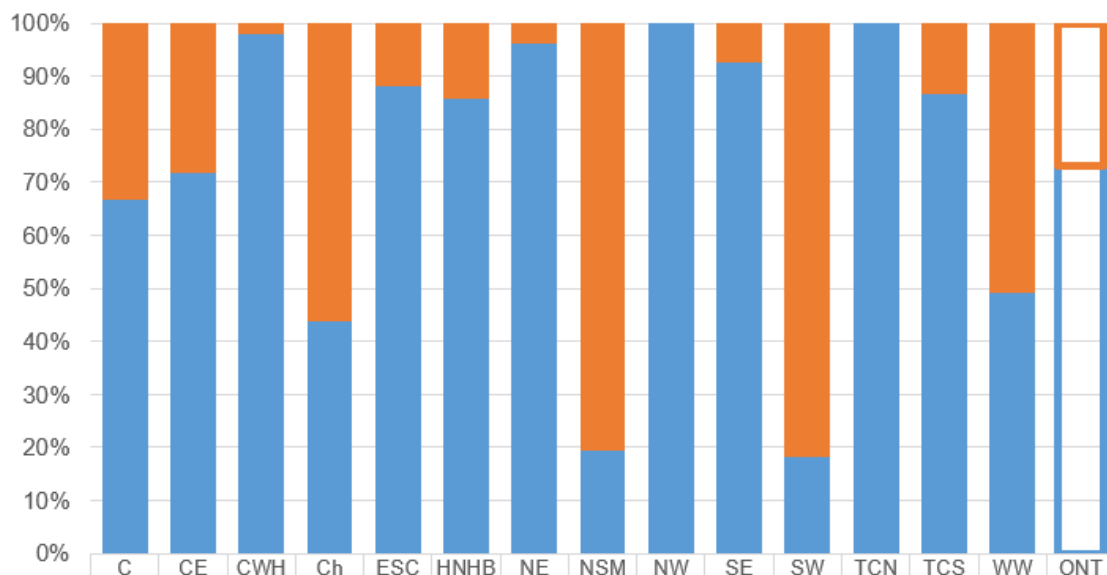
Assessment of facilities at risk (September 2017)



Tracking adoption – *new* Versioning Data Quality Indicator

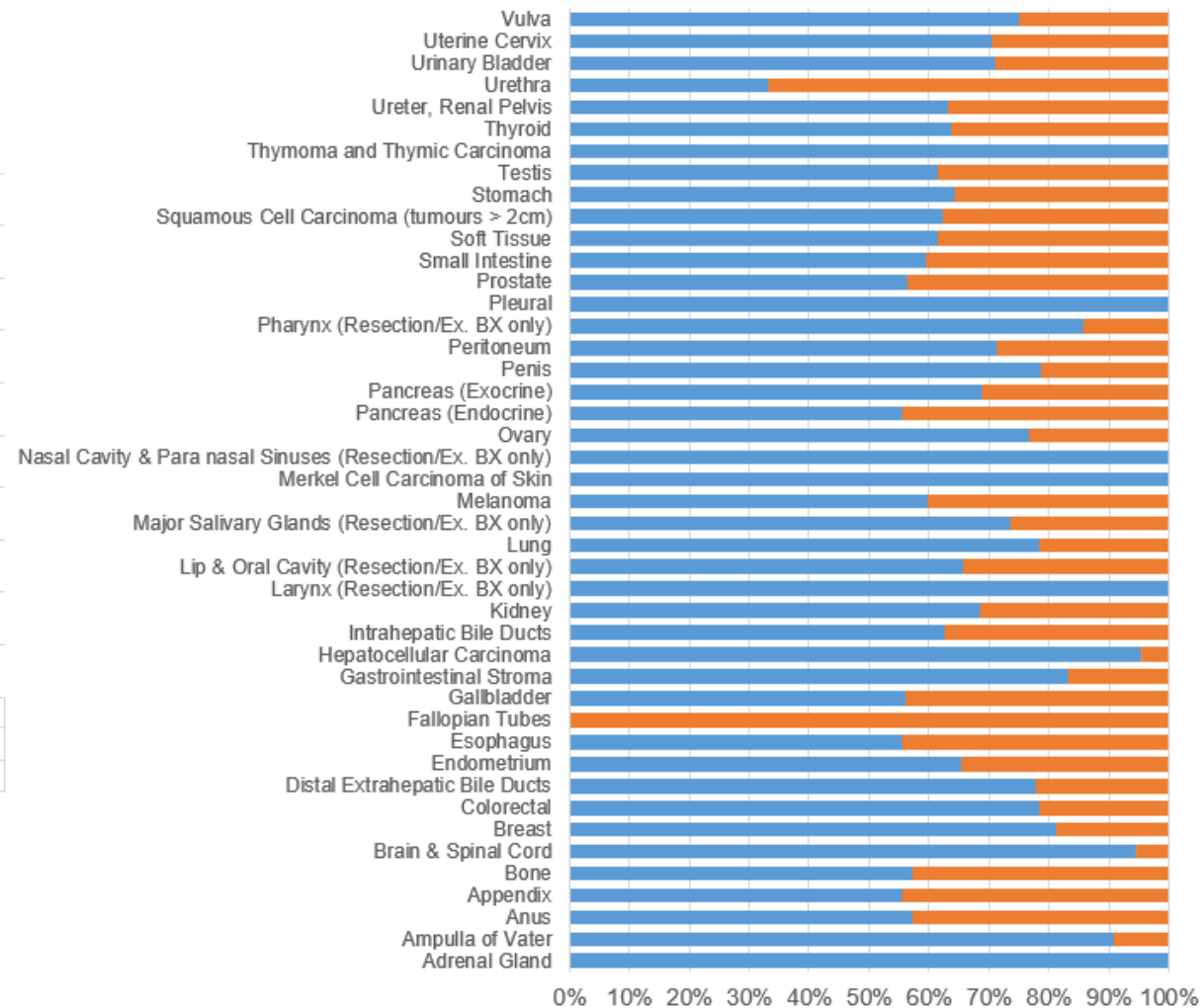
eCC Template versioning by checklist
2017/18 Quarter 1

eCC Template versioning across Ontario Regions:
2017/18 Quarter 1



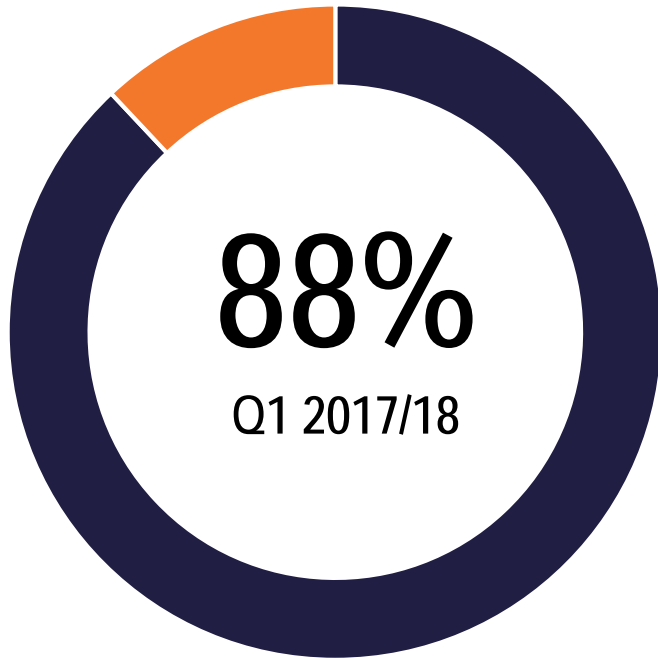
	C	CE	CWH	Ch	ESC	HNH	NE	NSM	NW	SE	SW	TCN	TCS	WW	ONT
Below minimum mandated version	201	197	17	337	33	146	14	188	0	23	592	0	135	169	2052
At or above minimum mandated version	405	497	759	262	242	868	338	45	123	289	133	570	878	164	5573

■ At or above minimum mandated version ■ Below minimum mandated version

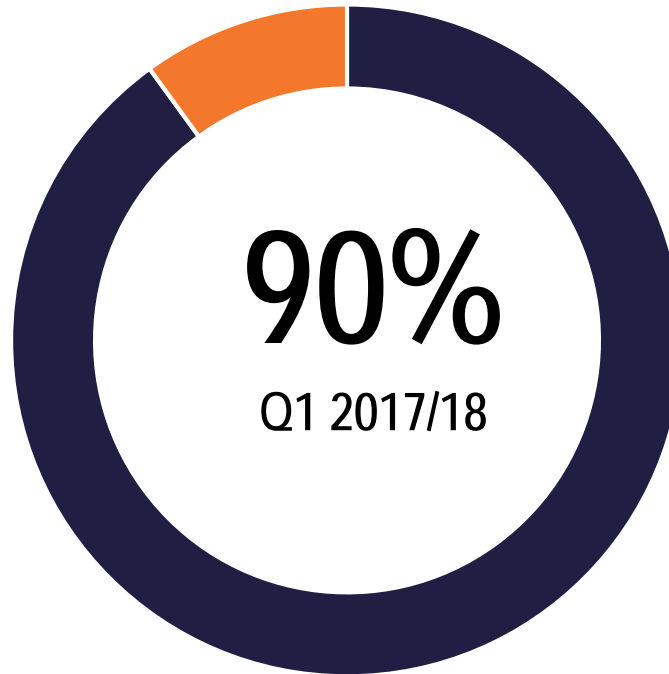


Indicators: Provincial Performance

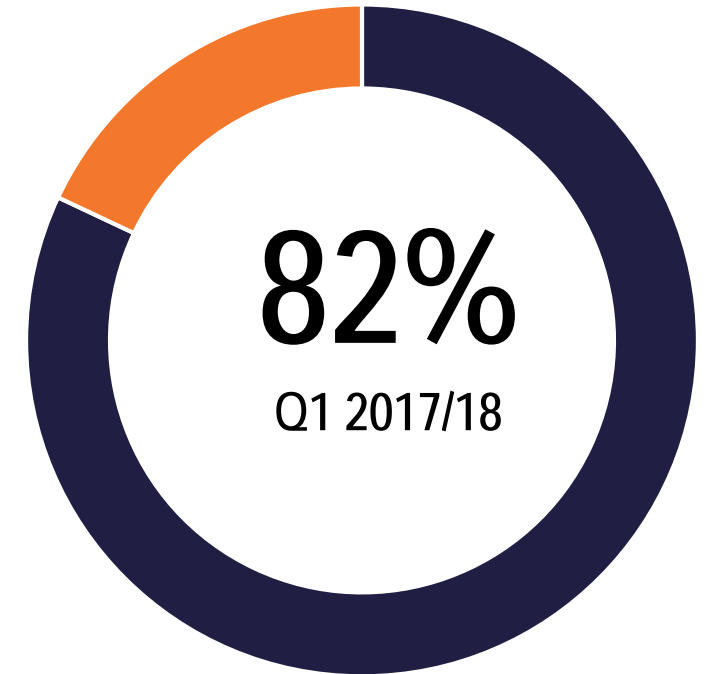
Completeness Rate



Synoptic Rate



Turn Around Time



Target 90%

Target 85%

Thank you

