



News Release

For Immediate Release

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Most Cancer Patients' Needs Being Met—With Exceptions: Auditor General

(TORONTO) Ontario's cancer treatment services are serving most cancer patients well, but there are areas that need improvement, Auditor General Bonnie Lysyk says in her *2017 Annual Report*, tabled today in the Legislative Assembly.

"We believe Ontarians with cancer are generally receiving quality care in a timely manner," Lysyk said after her Report was tabled. "However, our audit identified areas where still more could be done to meet patient needs."

The audit examined the province's \$1.6-billion cancer treatment services, provided by the Ministry of Health and Long-Term Care (Ministry) and Cancer Care Ontario (CCO) through hospitals across the province, and found that:

- The limited capacity for stem cell transplants in Ontario, an issue first identified in 2009, has required the province to send patients to the U.S. for the procedure, at an average cost of \$660,000 (Cdn)—almost five times the \$128,000 average cost in Ontario. At the time of our audit, the Ministry had paid U.S. hospitals \$35 million to perform stem cell transplants using donated stem cells on 53 patients—about \$28 million more than it would have cost in Ontario if the capacity had existed here. Projections called for another 106 Ontarians to receive transplants in the U.S. between July 2017 and the end of 2020/21.
- The full cost of cancer drugs is not covered for all Ontarians unless the drugs are administered in a hospital. In comparison, British Columbia, Alberta, Saskatchewan and Manitoba provide full coverage of all publicly funded cancer drugs for all patients, regardless of whether they take the drugs at home or in hospital.
- In keeping with evidence-based international best practices, CCO set a target to use radiation treatment in 48% of cancer cases in Ontario. However, only 39% of cases actually received radiation treatment in 2015/16.
- Support services to help ease patient symptoms and side effects during cancer treatment were also inadequate, forcing many cancer patients to visit hospital emergency rooms at least once during their treatment.
- Psychosocial cancer services in Ontario are insufficient and vary from hospital to hospital. In 2016/17, for example, only 5.8% of cancer patients received consultations with dieticians.
- Ontario has not updated eligibility criteria for PET scans since 2013, and has been slow to adopt certain new substances for use in PET scans to create images of cancer. This has led some Ontarians to seek PET scans outside the country.

Wait times for some cancer services also needed improvement. For example:

- In 2015/16, actual wait times for transplants using a patient's own previously stored stem cells ranged between 234 days and 359 days, or about 1.5 times longer than CCO's target wait time. Actual wait times for transplants using stem cells donated by someone else were up to 285 days, almost seven times longer than the CCO target.
- We noted long wait times for biopsies, which are used to diagnose cancer. Only 46% of biopsies performed in hospital operating rooms were performed within the Ministry's wait time target of 14 days.

We also noted regional variations in several cancer service areas. For example:

- Actual surgery wait times varied among hospitals, resulting in inequitable access across the province. For example, the average spread in wait times for urgent breast cancer surgeries between two hospitals just 15 kilometres apart was 30 days (14 days at one hospital and 44 at the other).
- We noted significant regional variations in CT scan and MRI wait times for cancer patients. For example, patients had to wait up to 49 days for CT scans at one hospital, but only up to 11 days at another just five kilometres away.
- Reviews of diagnostic-imaging results by a second radiologist are not done consistently, even though mis-interpretation in Ontario of certain results in 2013 led to some incorrect diagnoses.

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For more information, please contact:

Bonnie Lysyk
Auditor General
(416) 327-1326

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