



Cancer Treatment Services

2017 Value-for-Money Audit

Why We Did This Audit

- In 2015/16, Ontario spent about \$1.6 billion directly on cancer treatment procedures and drugs, in addition to hospital funding to support other cancer services.
- In 2016, an estimated 86,000 new cancer cases were diagnosed in Ontario. The number of new cases is expected to further increase in coming years because cancer is a disease of aging, and the province's population is getting older.
- There have been publicly expressed concerns about patients experiencing long wait times for some cancer treatment services such as surgeries and stem cell transplants.

Why It Matters

- About half of all Ontarians will develop cancer in their lifetime, and about one in four will die from it.
- Cancer is the leading cause of death in Ontario. In 2016, 30% of all deaths in the province—more than 29,000—were attributed to cancer.

What We Found

- The Cancer Quality Council of Ontario says Ontario has lower mortality rates than the rest of Canada for colorectal, lung and female breast cancers. Statistics Canada says the five-year survival rates for prostate, breast, colorectal and lung cancers, the most common types of cancer in Ontario, are higher than elsewhere in Canada.
- Although wait times for cancer surgeries were generally shorter than for non-cancer cases, they were on average still slightly longer than targeted. Urgent surgeries for 15 of 17 types of cancer did not meet the 14-day wait-time target set by the Ministry of Health and Long-Term Care (Ministry) by one to 35 days on average, depending on the type of cancer. However, we also noted that 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 kilometers apart was 30 days (14 days at one hospital and 44 at the other).
- Inequities exist in relation to access to take-home cancer drugs. 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, even if they take their cancer drugs at home.
- Private specialty clinics that provide cancer drug therapy are not subject to the same level of oversight and standards as hospitals since neither the Ministry nor Cancer Care Ontario (CCO), the provincial agency responsible for developing clinical standards and planning cancer services, regulate or license many of these private clinics. Ontario's College of Physicians and Surgeons does not have the authority to inspect or assess the delivery of cancer drug therapy at private specialty clinics.
- Due to limited stem cell transplant capacity in Ontario, an issue first identified in 2009, the province sometimes sends patients to the U.S. for stem cell transplants 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 for 53 patients sent for transplants using donated stem cells—about \$28 million more than the cost of doing the transplants in Ontario if the capacity existed here. Another 106 patients are projected to be sent to the U.S. for transplants from July 2017 to the end of 2020/21.
- 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.
- CCO set a target to use radiation treatment in 48% of cancer cases in Ontario, in keeping with evidence-based international best practices. However, only 39% actually received it in 2015/16. CCO indicated that proximity to radiation centres and physician referral behaviours are the main reasons for the low utilization rates. CCO estimated that about 1,500 more patients could have benefitted from radiation therapy had its target been met that year.
- Support services are inadequate to help ease patient symptoms and side effects during cancer treatment. As a result, many patients visited hospital emergency rooms at least once during their treatment. Psychosocial cancer services in Ontario are also insufficient and vary from hospital to hospital. In 2016/17, only 5.8% of patients received consultations with dieticians.

- 41% of the province's PET scan capacity was unused in 2016/17, suggesting that more patients could potentially benefit from PET scans. Ontario has not updated eligibility criteria or OHIP coverage rules for PET scans since 2013. Ontario has also been slow to adopt new radioactive tracers that create images of cancer, which led some Ontarians to seek PET scans out-of-country.
- Significant regional variations exist in CT scan and MRI wait times for cancer patients. For example, cancer patients have to wait up to 49 days for CT scans at one hospital, compared with up to 11 days at another just five kilometres away.
- We noted long wait times for cancer patients to have a biopsy to diagnose cancer; only 46% of biopsies conducted in hospital operating rooms were performed within the Ministry's wait-time target of 14 days.
- Review of diagnostic-imaging results by a second radiologist is not consistently done even though misinterpretation of some results in 2013 led to several incorrect diagnoses in Ontario.

Conclusion

- Ontario has effective procedures and systems in place to ensure that most cancer patients receive treatment in a timely, equitable and cost-efficient manner. However, some Ontarians' needs were not being met in the areas of stem cell transplants, access to take-home cancer drugs, radiation treatment, PET scans, symptom management and psychosocial oncology services. Wait times for some urgent cancer surgeries and diagnostic services also needed improvement.

To view the report, please visit www.auditor.on.ca