

Early Detection of Cancer

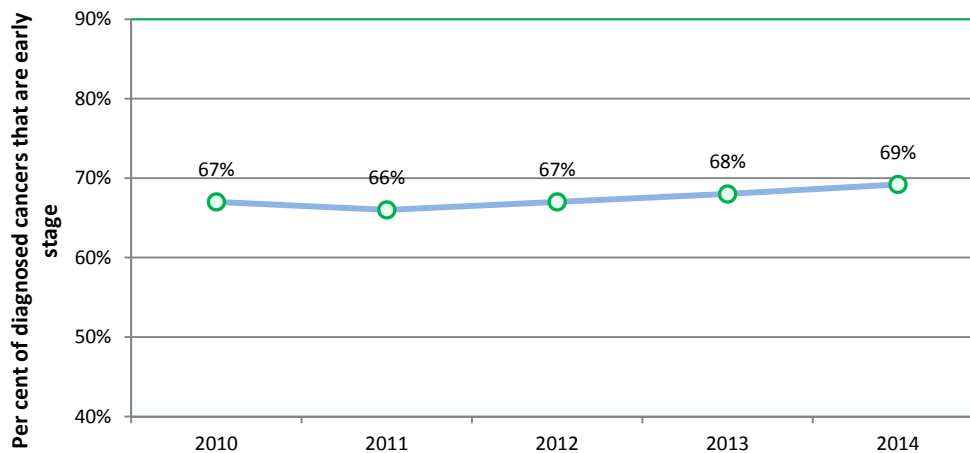
Measure Definition

The percentage of patients with breast, cervical and colorectal cancers who were diagnosed at early stages 1 or 2. This measure covers the three most common cancers; breast, cervical and colorectal. It represents the percentage of invasive cancer cases diagnosed in the stages (Stage I, and II (and stage 0 for breast cancer)) in relation to all patients diagnosed with these diseases in all stages.

Understanding this Measure

Patients whose cancers are captured at early stages have higher survival rates than those who were diagnosed at later stages. Provincial cancer screening programs aim to diagnose cancers at the earliest stage possible in the target population. This measure is developed to reflect both screening effectiveness and efficiency of clinical diagnosis pathways. Data is published annually. Note: 2014 most recent data available. The target for 2014-15 was 67%. Source: Alberta Cancer Registry.

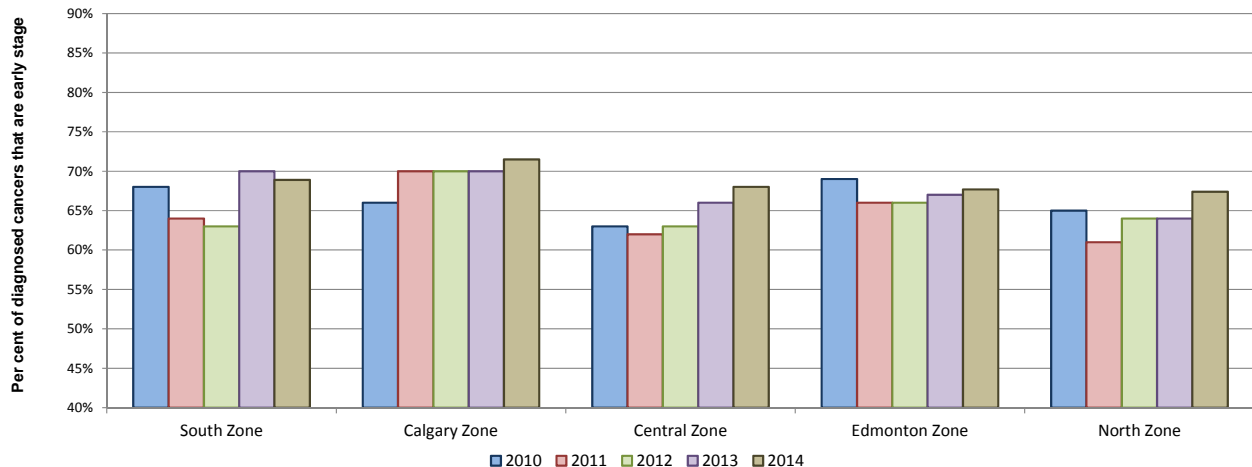
Early Detection of Cancer - Annual



How Do We Compare?

Alberta ranked 2nd best nationally for breast cancers and 8th nationally for colorectal cancers diagnosed in early stages out of nine provinces. AHS' improvement activity is focused on colorectal cancer.

Early Detection of Cancer - By Zone



Early Detection of Cancer – Actions

Provincial/ Strategic Clinical Network	<ul style="list-style-type: none"> Continue to work to incorporate a full spectrum of screening program activities within the Alberta Breast Cancer Screening Program. Work is underway within the zones to offer cervical cancer screening to clients during clinic visits as per provincial screening guidelines. The number of individuals between the ages of 50-74 who had Fecal Immunochemical Test (FIT) from April 1, 2015 to March 31, 2016 is 253,425. In Q4 (January to March), FIT volume was 58,630. The Screen Test Mobile Mammography van reached more than 100 rural and remote communities, providing access to breast cancer screening for women who live in those communities.
South	<ul style="list-style-type: none"> Monitor and evaluate FIT implementation, targeting clinics with low FIT test return rates through Central Intake clinic, and following up with primary physician offices. Develop and implement clear follow-up processes for patients with positive FIT results. Implementation of Alberta Colorectal Cancer Screening Program (ACRCSP) guidelines for positive FIT results. Site-based scorecards for physicians are shared quarterly. Continue to promote Breast and Cervical Cancer Screening in collaboration with Primary Care Networks (PCNs).
Calgary	<ul style="list-style-type: none"> The Colon Cancer Screening Center has significantly reduced routine referrals for colonoscopy, decreasing wait times as a direct result of the uptake in FIT testing. The ABCSP offers a mobile breast screening mammography program at a fixed site at the Holy Cross in Calgary. A “Man Van” for PSA (Prostate-specific antigen) testing is completed at the Prostate Cancer Center/ Southern Alberta Institute of Urology. Expanded Hereditary Cancer group sessions – 25% increase in capacity. Integration of Ovarian Cancer Genetic Testing at the Oncology Bedside is under development.
Central	<ul style="list-style-type: none"> Reviewed and targeted compliance with quality reporting for colon cancer screening colonoscopies. Continuing to collaborate with physicians to use new data collection form to meet ACRCSP reporting requirements as well as reconciliation of pathology results.
Edmonton	<ul style="list-style-type: none"> Primary Care, GI (gastrointestinal) and SCOPE have partnered to address overall GI access. A total of 5,717 secondary colonoscopies were completed (target 5,203).
North	<ul style="list-style-type: none"> The Enhanced Access to Cancer Screening (EACS) program completed a two-year pilot project to increase access to cervical and colorectal cancer screening in rural and remote communities through the Screen Test mobile unit. Staff delivered 24 EACS clinics, serving nearly 1,600 northern Alberta residents in 67 different communities. Standards of practice for Public Health Promotion and Aboriginal Health were implemented. Work continues with First Nation communities to increase cancer screening as well as develop standards and training materials for Aboriginal Health staff for education and awareness.

IN SUMMARY

The province and 4 zones have demonstrated an improvement from the previous reporting period.

Early detection of cancer through regular screening following clinical practice guidelines can identify unsuspected cancers at a stage when early intervention can positively affect the outcome for colorectal, breast, cervical or prostate cancers.

The changes to colorectal cancer screening participation are gradual and may be affected by many factors, including an individual’s knowledge and attitude toward colorectal cancer screening, access to services, as well as seasonal variation and service interruptions.

DID YOU KNOW

Fecal Immunochemical Test (FIT) is the primary screening test for colorectal cancer for people at average risk of the disease.

Early Detection of Cancer – Zone Details

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Early Detection of Cancer	2008	2009	2010	2011	2012	2013	2014	Trend *	2015-16 Target
Provincial	64%	65%	67%	66%	67%	68%	69%	↑	70%
South Zone	60%	66%	68%	64%	63%	70%	69%	↓	70%
Calgary Zone	66%	69%	66%	70%	70%	70%	72%	↑	71%
Central Zone	62%	61%	63%	62%	63%	66%	68%	↑	69%
Edmonton Zone	65%	65%	69%	66%	66%	67%	68%	↑	70%
North Zone	65%	61%	65%	61%	64%	64%	67%	↑	69%

*Trend: ↑ Improvement → Stability ↓ Area requires additional focus