

Cancer Control in Newfoundland and Labrador

Featured in
33/33

performance indicators
included in the report

Top performing

jurisdiction in **2** of those indicators

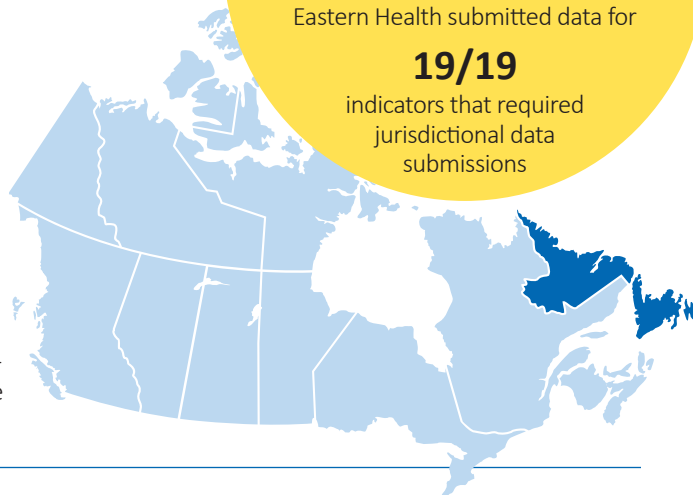
Eastern Health submitted data for

19/19


indicators that required
jurisdictional data
submissions

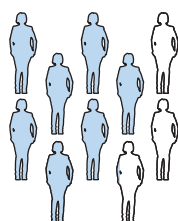
How is Newfoundland and Labrador doing overall?

Newfoundland and Labrador is one of three jurisdictions that is featured in all performance indicators in the report. Newfoundland and Labrador is performing mid-range in cancer prevention, screening and diagnosis indicators compared to other jurisdictions. The province has the highest uptake of HPV vaccination in Grade 6 females and is one of the top performers in adhering to guidelines for the removal and examination of 12 or more lymph nodes in colon resections. Areas where Newfoundland and Labrador is not performing as well as other jurisdictions includes compliance to some guideline-recommended cancer treatments. There is a low proportion of non-small cell lung cancer patients receiving guideline-recommended post-operative chemotherapy and a low percentage of rectal cancer patients are receiving guideline-recommended pre-operative radiation therapy.



Areas with stronger performance relative to other jurisdictions[†]

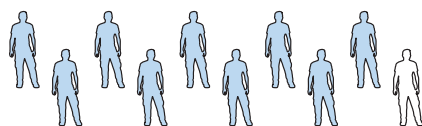

92.0%
of females in Grade 6 completed a full course of HPV vaccination (national range: 55.0-92.0%; aim: increase)



71.3%
of eligible women are participating in cervical cancer screening (national range: 62.9-73.8%; target: ≥80%)



90% of people with an abnormal fecal test receive a follow-up colonoscopy within **88 days** (national range: 81-143 days; target: ≤60 days)



89.5% of colon resections include the removal and examination of 12 or more lymph nodes (national range: 71.4-91.0%; target: ≥90%)

67.4%
of people with an abnormal fecal test receive a follow-up colonoscopy within the 60 day target (national range: 28.8-76.4%; target: ≥90%)

Areas for improvement[†]

36.6% of eligible women are participating in breast cancer screening (national range: 31.8-62.3%; target: ≥70%)

8.6% of eligible people are participating in colorectal cancer screening (national range: 8.6-53.0%; target: ≥60%)

55.2% of women who have an abnormal breast cancer screen receive a diagnosis within the 7 week target when a biopsy is required (national range: 42.1-85.0%; target: ≥90%)

90% of women who have an abnormal breast cancer screen wait up to **11 weeks** to receive a diagnosis when a biopsy is not required (national range: 3.4-11 weeks; target: ≤5 weeks)



34.0% of breast cancer resections are done as breast conserving surgery rather than mastectomy (national range: 34.0-67.0%; aim: increase)



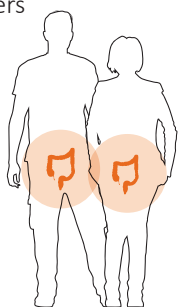
18.9% of Stage II or IIIA non-small cell lung cancer patients receive post-operative chemotherapy (national range: 18.9-51.3%; aim: increase)



79.1% of cancer deaths occur in a hospital rather than at home or in a home-like setting (national range: 48.6-87.8%; aim: decrease)

Participation in colorectal cancer screening is improving

In Newfoundland and Labrador, participation in colorectal cancer screening appears to be low with only 8.6% of the population having been screened in 2013/14. However, at the time of data collection the program had not been completely rolled out across the province. As of 2015, the colorectal cancer screening program in Newfoundland and Labrador is now fully provincial and accessible to the entire population, which will likely be reflected in higher screening rates going forward. Since the program was fully implemented, clinicians have noticed a shift from most colorectal cancers being diagnosed at Stage III to most being diagnosed at Stage II, indicating that organized colorectal cancer screening programs may be helping to reduce late-stage diagnoses. Newfoundland and Labrador is also currently focusing on redesigning their population screening programs to increase access to underserved populations, which could further increase screening participation.



Integrating palliative care at home gives more people the option to spend their final days at home

Although many patients would prefer to die at home, in Newfoundland and Labrador 79.1% of patients are dying in hospital. While there is sometimes a need for patients to be in hospital at end-of-life, with the proper supports palliative care can be provided in the home, empowering patients to decide where they would like to spend their final days. Newfoundland and Labrador's *Home First* program has shifted the focus of palliative care from the hospital to the community, so that more people are able to choose to be at home at the end of their life. Recently, Newfoundland and Labrador has submitted a funding proposal that will enable paramedics to provide palliative care for cancer patients, which could mean better supports for patients and their families to receive palliative care at home.

Impact of smoking cessation

21.6% of people over 12 years old in Newfoundland and Labrador smoke at least occasionally (national range: 14.1-62.1%) which is one of the highest smoking rates in Canada and is well above the **target set by Health Canada to have less than 5% of Canadians smoking by 2035**. However, smoking trends in the province have been steadily decreasing, which highlights the efforts of the province working towards this benchmark.

If Newfoundland and Labrador could steadily move towards and achieve the 5% target by 2035, then cumulatively between 2018 and 2035 it is estimated that*

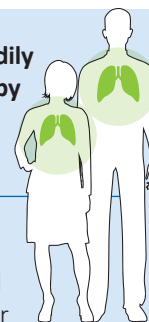
460 fewer people will be diagnosed with lung cancer

330 fewer people will die of lung cancer

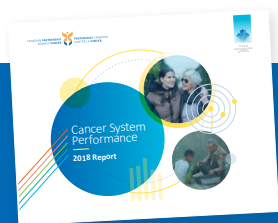
8,600 quality-adjusted life years will be gained

\$10.7 million in lung cancer treatment costs could be redirected to other health care services

*These benefits do not take into account other smoking related illnesses and deaths that could be avoided if Canada achieves a 5% smoking rate by 2035.



As part of the effort to reach the 5% by 2035 target, Eastern Health has established a Tobacco Control Network with the objectives of preventing tobacco use initiation and encouraging people to quit smoking. Additionally, in 2016 the Provincial Cancer Program partnered with The Partnership to implement a smoking cessation pilot program for cancer patients. This program integrates smoking cessation into clinical practice and patient treatment plans. Currently the program is working with The Partnership to expand the scope of the pilot to include all cancer patients in the province.



The *2018 Cancer System Performance Report* is the Canadian Partnership Against Cancer's 9th report on the performance of cancer control across Canada. Continuous monitoring and reporting of these indicators allows us to identify where performance is strong and where progress needs to be made in order to promote the sharing and uptake of best practices across the country and to drive quality improvement efforts. The full report can be seen at: systemperformance.ca/2018report/NL