Chemotherapy Usage

<table>
<thead>
<tr>
<th>Goal</th>
<th>As of this report</th>
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<tbody>
<tr>
<td>Appropriate chemotherapy usage</td>
<td>n/a</td>
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What's new this year?
This report presents new 2004 data.

See table next page.
What do the results show?

• The overall utilization rates for patients diagnosed between 2000 and 2004 vary from 29% for lung cancer to 55% for patients with ovarian cancer. Figure 1

• Most Ontario patients diagnosed with breast, colon, rectum, lung, ovarian cancer or non-Hodgkin’s lymphoma who receive chemotherapy within the first year of diagnosis begin treatment within the first six months after diagnosis. (not shown)

• There appears to be a trend of increased chemotherapy utilization in ovarian cancer and decreased utilization among patients with NHL between 2000 and 2004. Figure 1

• We do not have benchmarks or target rates for appropriate intravenous chemotherapy usage. However, these rates appear to be reasonable:
  o We would expect the usage of chemotherapy for lung cancer patients to be lower than that of other cancers - given the higher rates of comorbidity (presence of other/multiple diseases or conditions) and the difficulty for these patients to tolerate chemotherapy. As well, it is less likely that chemotherapy would be of significant benefit to lung cancer patients (versus for patients with other types of cancer) during 2001-2003.
  o By contrast, we would expect the rates of chemotherapy usage among ovarian cancer patients to be higher than that of other cancer patients. (IV chemotherapy is often given to ovarian cancer patients prior to surgery, and it is considered to provide a significant benefit for the majority of these patients.)

Why is this important to patient care?

• Chemotherapy is one of the main treatment modalities available to cancer patients and represents a substantial portion of healthcare resources used by this patient population.

• Access to chemotherapy is a significant concern in Ontario– including the availability of adequate numbers of medical oncologists and the increasing costs of these drugs. This is reflected in long wait times to start chemotherapy.

• Tracking chemotherapy usage is an important way to monitor and measure access. This measurement shows whether patients who might benefit from chemotherapy are actually receiving it.

• Reviewing chemotherapy rates along with measuring waiting times provides a more complete assessment of access to care.

• However, until we have complete cancer stage information for all patients as well as data on comorbidities and other factors to show
whether patients eligible for chemotherapy are actually receiving it, it is difficult to interpret the results of this measure.

How does Ontario compare?
• Utilization data is not available from other provinces and countries, so comparisons cannot be made.

What is being done?
• The New Drug Funding Program (NDFP) was established in 1997 by the Ontario Government to ensure equitable access to expensive intravenous anti-cancer drugs.
• The NDFP is an evidence-based program administered by Cancer Care Ontario to fund expensive intravenous anti-cancer agents and to ensure that all patients receive the best available treatments, closer to home.
• Through the NDFP, CCO has agreements in place with over 90 hospitals. These agreements require hospitals to use new drugs according to guidelines developed by CCO's Program in Evidence-Based Care. Hospital compliance is regularly evaluated.
• To better respond to the challenges of determining which new cancer drugs should be approved and funded, a national, interim process for the review of cancer drugs was recently established. The Joint Oncology Drug Review was created to ensure a more timely, effective and efficient review and evaluation of cancer drugs. Effective March 1, 2007, manufacturers of oncology drugs will make a single submission for review through Cancer Care Ontario’s Committee to Evaluate Drugs.

Technical information
Definition
Proportion of cancer patients who received intravenous (IV) chemotherapy within 6 months following diagnosis by year and type of cancer, Ontario, 2001-2004:
• The study population was identified using the Ontario Cancer Registry (OCR) and consisted of all residents of Ontario who were diagnosed with one of the following cancers between January 1, 2001 and December 31, 2004: breast cancer, colorectal cancer, lung cancer, ovarian cancer or non-Hodgkin’s lymphoma. Individuals with more than one cancer diagnosis during this time period were excluded, as it would be difficult to determine which cancer the chemotherapy administration should be ascribed to.
• For each cancer case, intravenous chemotherapy utilization within the first year following diagnosis was identified from the Ontario Health Insurance Plan (OHIP) database.

**Data sources**
- Cancer Care Ontario, Ontario Cancer Registry
- Ontario Health Insurance Plan database
- Canadian Institute for Health Information (CIHI) Discharge Abstract Database

**Data Quality**

**Completeness**
- We do not yet have benchmark or target rates for appropriate chemotherapy utilization. This analysis provides multiple years of data on chemotherapy utilization, but does not allow for an assessment of whether current patterns are appropriate.
- The appropriate prescribing of chemotherapy depends almost entirely on the patient's stage of cancer. Without an analysis of chemotherapy usage by stage, it is difficult to determine the appropriateness of the observed patterns.