Wait Times for Radiation Treatment

Over the past three years, median provincial radiation wait times have dropped 32%, from 34 days (6.0 weeks) to 29 days (4.1 weeks). Radiation wait times have continued to improve this year, dropping another 7% between fall 2005 and fall 2006.

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<th>Goal</th>
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<td>Median wait times for radiation treatment</td>
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What's new this year?

This report presents new 2006 data.

See table on next page.
Radiation treatment wait times - cancer centres

Median waits - referral to start of radiation treatment, by cancer centre, Ontario, Q3 2003, Q3 2004, Q3 2005 & Q3 2006 (in days)

Source: Cancer Care Ontario, Activity Level Reporting
Notes:
1. Excludes cases receiving chemotherapy prior to radiation therapy.
2. Excludes all time intervals greater than 20 weeks.
3.*Includes Princess Margaret Hospital as of March 2004, and Carlo Fidani Peel Regional Cancer Centre as of 2005.
Radiation treatment wait times - breast cancer

Median+ and 90th percentile++ waits (in days) - referral to start of radiation therapy (all reporting cancer centres), Ontario, Q3 2003, Q3 2004, Q3 2005 & Q3 2006

Source: Cancer Care Ontario, Activity Level Reporting
Notes:
1. +The median wait time is the time at which 50% of all patients have started treatment and 50% have not.
2. ++ The 90th percentile is the time by which 90% of all patients have started their treatment.
3. Excludes cases receiving chemotherapy prior to radiation treatment
4. Excludes all time intervals greater than 20 weeks.
5. Includes Princess Margaret Hospital as of March 2004, and Carlo Fidani Peel Regional Cancer Centre as of 2005
Radiation treatment wait times - gastrointestinal cancer

Median+ and 90th percentile++ waits (in days) - referral to start of radiation therapy (all reporting cancer centres), Ontario, Q3 2003, Q3 2004, Q3 2005 & Q3 2006

Source: Cancer Care Ontario, Activity Level Reporting
Notes:
1. +The median wait time is the time at which 50% of all patients have started treatment and 50% have not.
2. ++ The 90th percentile is the time by which 90% of all patients have started their treatment.
3. Excludes cases receiving chemotherapy prior to radiation treatment.
4. Excludes all time intervals greater than 20 weeks.
5. Includes Princess Margaret Hospital as of March 2004, and Carlo Fidani Peel Regional Cancer Centre as of 2005
Radiation treatment wait times - genitourinary cancer

Median+ and 90th percentile++ waits (in days) - referral to start of radiation therapy (all reporting cancer centres), Ontario, Q3 2003, Q3 2004, Q3 2005 & Q3 2006

Source: Cancer Care Ontario, Activity Level Reporting
Notes:
1. + The median wait time is the time at which 50% of all patients have started treatment and 50% have not.
2. ++ The 90th percentile is the time by which 90% of all patients have started their treatment.
3. Excludes cases receiving chemotherapy prior to radiation treatment.
4. Excludes all time intervals greater than 20 weeks.
5. Includes Princess Margaret Hospital as of March 2004, and Carlo Fidani Peel Regional Cancer Centre as of 2005.
What do the results show?

- In the third quarter of 2006, half of all new radiation treatment patients waited 29 days (4.1 weeks) or less to start their treatment compared with almost 42 days in the third quarter of 2003 - an improvement of more than 32%. *Figure 1*
- Median wait times vary across Ontario's cancer centres, from 15 days to 57 days in the third quarter of 2006. This likely reflects both varying regional capacity and need. *Figure 1* For example, Ottawa Regional
Cancer Program (Champlain LHIN) does not have enough space in its current facilities to add new machines and to upgrade radiation equipment.

- From 2005 to 2006, 9 centres reported a decrease, 2 reported an increase, and one remained stable in their median wait times. Figure 1
- From 2004 to 2005, 3 centres reported increases and 7 reported decreases in their median wait times. Figure 1
- Wait times also vary by type of cancer. In the third quarter of 2006, half of all radiation treatment patients waited 38 days or less for breast cancer treatment, 26 days or less for gastrointestinal cancer, 48 days or less for genitourinary cancer, and 15 days or less for lung cancer. With the exception of gastrointestinal cancer, median wait times for these cancers are shorter than in 2005 Figures 2,3,4,5
- For up-to-date information on wait times at each of the centres and for specific types of cancer, see here.

Why is this important to patient care?
- Wait times are the most top-of-mind access issue for the general public and serve as an important barometer for how well the cancer system is working. Wait times data also provide useful information in planning for existing cancer services, and in identifying where new services are needed.
- Radiation treatment is an important part of cancer treatment, used to shrink a tumour, destroy cancer cells, or provide relief from cancer symptoms.
- We do not know all of the effects that waiting for care may have on a patient's health. While some waiting is reasonable and even necessary to plan treatment appropriately, waiting for treatment can be emotionally difficult for the patient, and it may also affect clinical outcomes.

How does Ontario compare?
- Established in 2005, the Provincial Territorial benchmark for waiting for radiation treatment is 28 days from the date a patient is considered ready to treat to the date of first treatment. Ontario’s current median of 29 days is very close to meeting this target.
- The Ontario median waits for patients with gastrointestinal and lung cancers is below the target at 25 days and 15 days respectively. Median waits for breast and genitourinary cancers are above the target.
- Due to differences in how radiation wait times are measured across
Canada, we are currently unable to make robust comparisons across provinces.  

What is being done?

- The Ministry of Health and Long-Term Care has invested significantly into new and expanded cancer centres. Over the past three years, new regional cancer centres were announced for Sault Ste. Marie, Niagara, Barrie, and Newmarket. Expansions were also announced for Ottawa and Kingston. The redeveloped centre in Hamilton and the new centre in Peel opened its doors in the past two years, and a new centre will open in Durham in spring 2007.
- We have seen improvements in radiation treatment wait times because data has been used to determine future needs, including investments in the buildings, equipment and people required to meet patient needs across the province. In some LHINs, such as Champlain and Toronto, a lack of capacity to meet predicted demand for radiation poses a risk of rising wait times in coming years.
- Solutions are being explored to build capacity in needed areas until new or expanded centres open over this decade.
- In 2005, Cancer Care Ontario's Wait Times Project developed standard definitions for wait time events, standard wait time intervals and priority categories for cancer surgery, radiation treatment, and systemic therapy. For each priority category, target wait times were developed based on the available literature and expert panel consensus.  
- Starting in 2006, all cancer centres are required to achieve centre-specific targets to reduce wait times based on local capacity and performance.

Technical Information

Definitions

- Median and 90th percentile number of days waited from referral to a radiation oncologist to start of radiation treatment for the years 2003-2006 for new cancer patients.
- The median wait time is the time at which 50% of all patients have started treatment and 50% have not.
- The 90th percentile is the time by which 90% of all patients have started their treatment.

Data Source

- Cancer Care Ontario, Activity Level Reporting
Data Quality

Completeness

• Only patients who received radiation treatment as their first treatment are included. Patients who had chemotherapy before radiation treatment are not counted in these results.

• Patients waiting longer than 20 weeks are excluded as these waits are often the result of a planned delay (i.e., other cancer treatment first, patient choice, or physician choice).

Notes


