

Realizing something is wrong

Is it cancer?

This section includes jurisdictional results specific to:

- Wait times from an abnormal fecal test to follow-up colonoscopy
- Wait times from an abnormal breast screen to resolution



While wait times are improving, people continue to wait months for a follow-up colonoscopy after an abnormal fecal test result.

In 2013–14



of patients received a follow-up colonoscopy after an abnormal fecal test

within

104

(Newfoundland and Labrador)

TO

151

(Prince Edward Island).

DAYS

- Wait times in 2013–14 were shorter than in 2011–12 for provinces that reported data for the two periods (Saskatchewan, Manitoba, Prince Edward Island and Newfoundland and Labrador).

Wait times from abnormal fecal test result to follow-up colonoscopy, by province – 2013–14 screening years combined

● Median wait time ● 90th percentile wait time



“—” Data not available. See the Technical Appendix for more details. Data include screening tests conducted in 2013 and 2014 for people aged 50–74 and colonoscopies performed within 180 days of abnormal fecal test results. During this time period, provinces were in different stages of implementation of colorectal cancer screening programs with significant variation in available data. Results should be interpreted cautiously within this context. The Canadian Association of Gastroenterology recommends that a colonoscopy be completed within 60 days of an abnormal fecal test. Data source: Provincial colorectal cancer screening programs.

Women with abnormal breast screen results continue to wait many weeks for a diagnosis.

When a tissue biopsy was not required,



of women received a diagnosis (cancer or benign)

within



(Alberta)

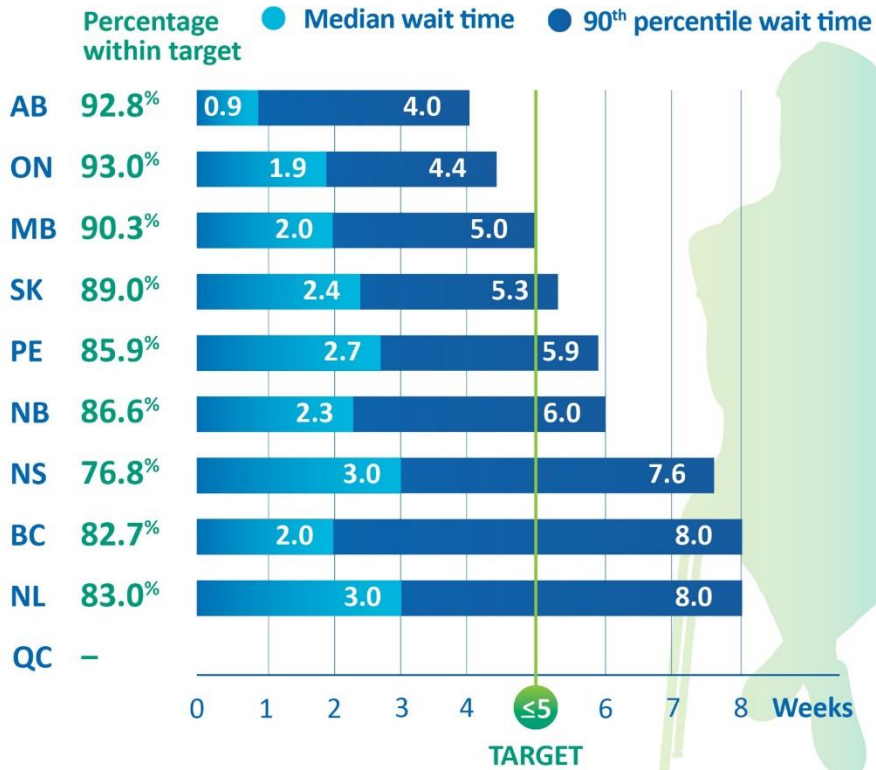


(British Columbia and Newfoundland and Labrador)

WEEKS

of an abnormal breast screen in 2013; the target is 5 weeks.

Wait times from abnormal breast screen to diagnosis without biopsy, by province – 2013 screening year



“—” Data not available.

Data include women aged 50–69 who were screened for breast cancer within a cancer screening program. Women who were screened outside of such programs (i.e., opportunistic screening) are not included. Cases where resolution of an abnormal breast screen took more than six months were excluded.

ON: Women with final result unknown/lost to follow-up were excluded.

Data source: Provincial breast cancer screening programs.

Women with abnormal breast screen results continue to wait many weeks for a diagnosis (cont'd).

When a tissue biopsy was required,



of women received a diagnosis (cancer or benign)

within



(Prince Edward Island)

TO

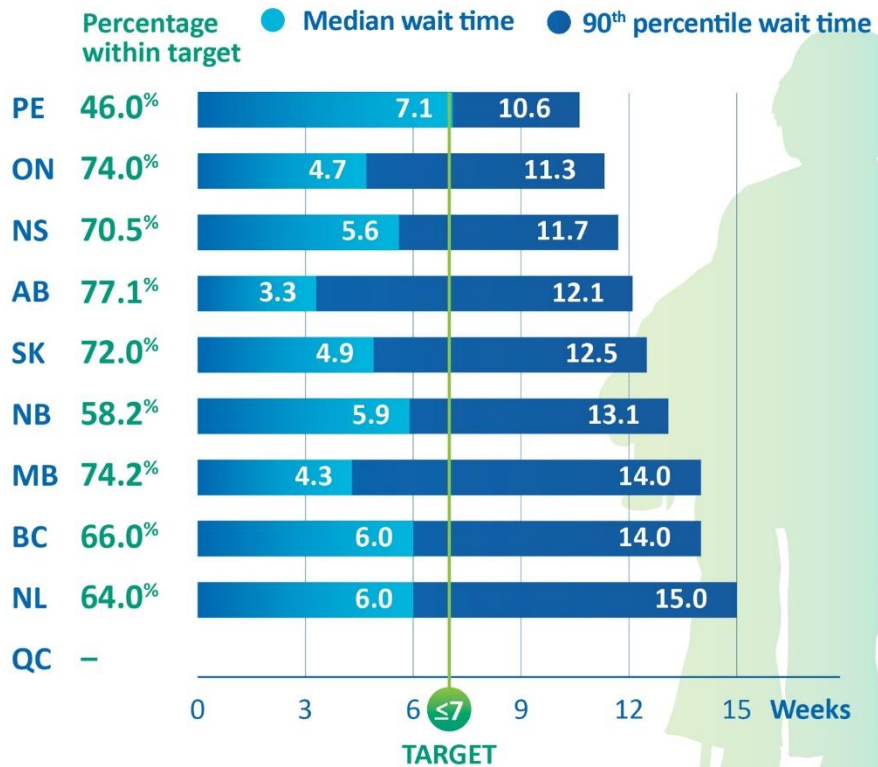


(Newfoundland and Labrador)

WEEKS

of an abnormal breast screen in 2013; the target is 7 weeks.

Wait times from abnormal breast screen to diagnosis with biopsy, by province – 2013 screening year



“—” Data not available.

Data include women aged 50–69 who were screened for breast cancer within a cancer screening program. Women who were screened outside of such programs (i.e., opportunistic screening) are not included.

Cases where resolution of an abnormal breast screen took more than six months were excluded.

ON: Women with final result unknown/lost to follow-up were excluded.

Data source: Provincial breast cancer screening programs.

Hearing “you have cancer”

What’s next?

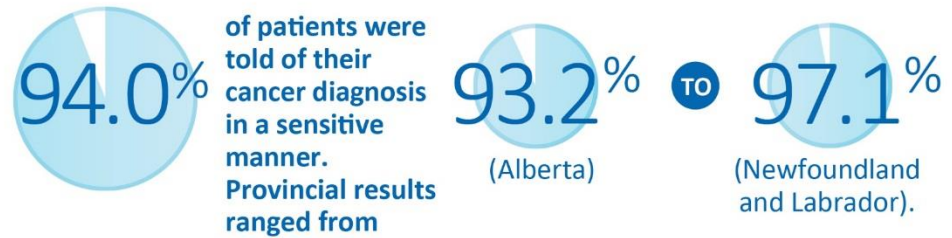


This section includes jurisdictional results specific to:

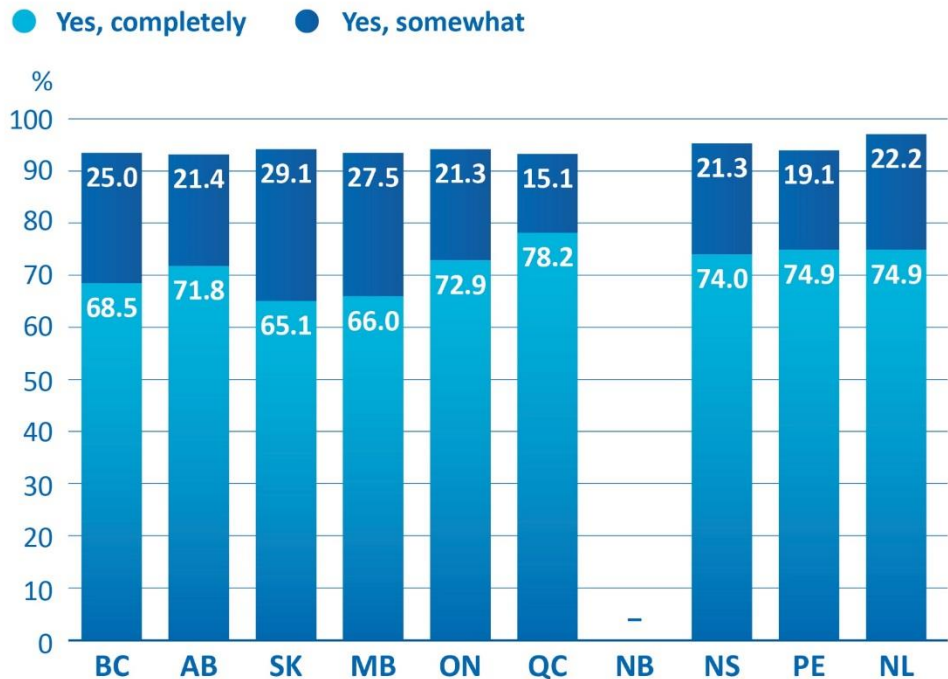
- Patients’ experiences with being told their diagnosis sensitively
- Patients’ experiences being referred to care providers for help with anxieties and fears upon diagnosis
- Patients’ experiences discussing treatments for their cancer with their care providers
- Patients’ experiences with being able to discuss their worries or concerns with their care providers
- Patients’ experiences with being given enough information about cancer treatments
- Patients’ experiences with their care providers considering their travel concerns when planning treatment

Most people report being told of their cancer diagnosis sensitively.

Based on quantitative responses to the Ambulatory Oncology Patient Satisfaction Survey (AOPSS)



Percentage of patients who reported they were given their diagnosis in a sensitive manner, by province – most recent year of data[†]

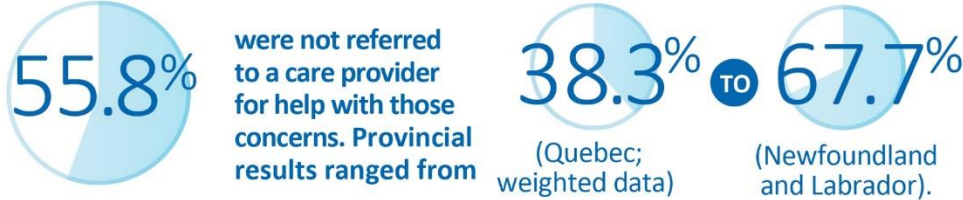


[†]Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year. “—” Data not available.
QC: Data were weighted.
Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

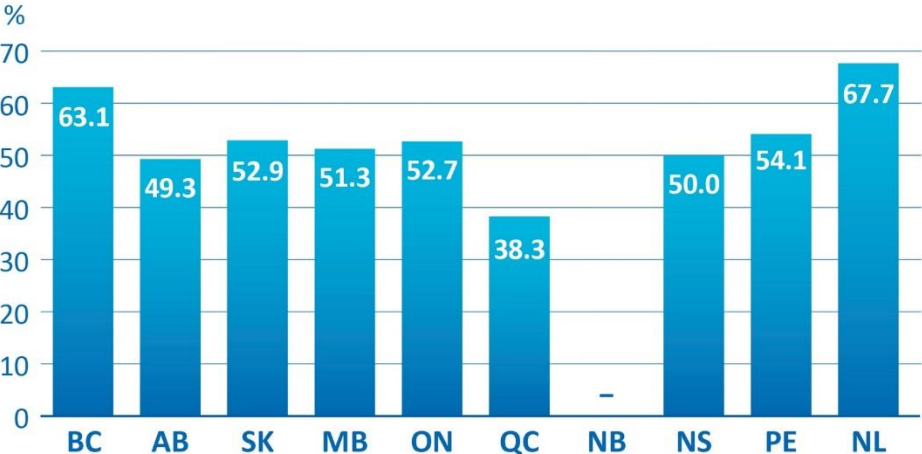
More than half of people report that they are not referred to a care provider for help with their anxieties and fears when they are diagnosed.

Based on quantitative responses to the AOPSS, 68.1% of patients reported that they had anxieties or fears when first told they had cancer.

Of patients who had anxieties and fears



Percentage of patients who reported they were not referred to a provider for help with anxieties and fears when diagnosed, by province – most recent year of data†



†Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year.

“—” Data not available.

QC: Data were weighted.

Data include only patients who reported having anxieties and fears when diagnosed.

Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

Some patients report that no one discusses treatment options with them.

Based on quantitative responses to the AOPSS, between



(Quebec; weighted data)

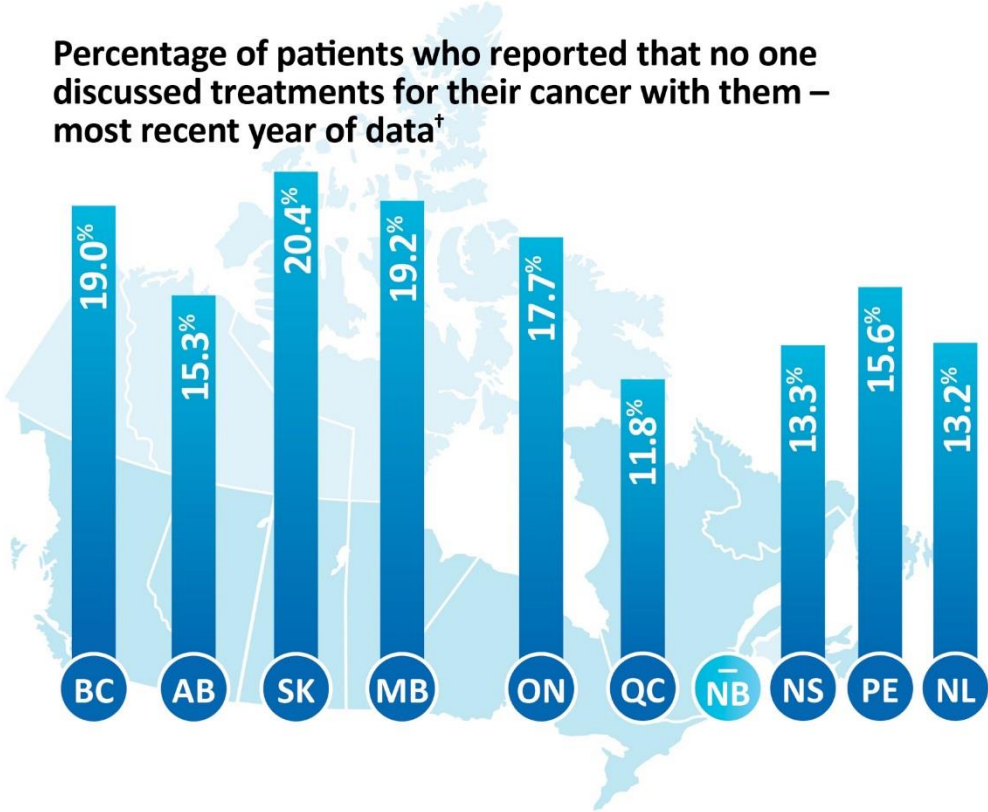
AND



(Saskatchewan)

of patients reported that no one discussed different treatments for their cancer with them.

Percentage of patients who reported that no one discussed treatments for their cancer with them – most recent year of data[†]



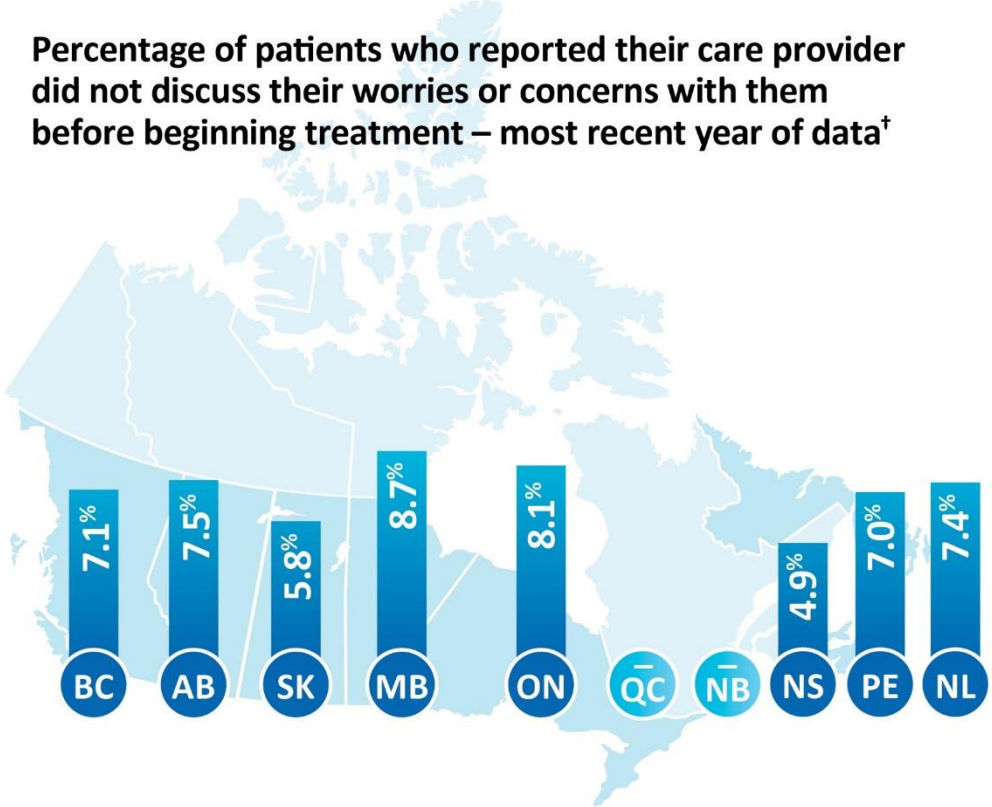
[†]Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year.
 “—” Data not available.
 QC: Data were weighted. The survey question refers to a discussion with a health care provider rather than “someone.”
 Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

For patients who have worries or concerns before beginning treatment, most report that they are able to discuss them with their care providers.

Based on quantitative responses to the AOPSS, 79.6% of patients reported that they had worries or concerns before starting treatments.



Percentage of patients who reported their care provider did not discuss their worries or concerns with them before beginning treatment – most recent year of data†



†Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year. “—” Data not available.
Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

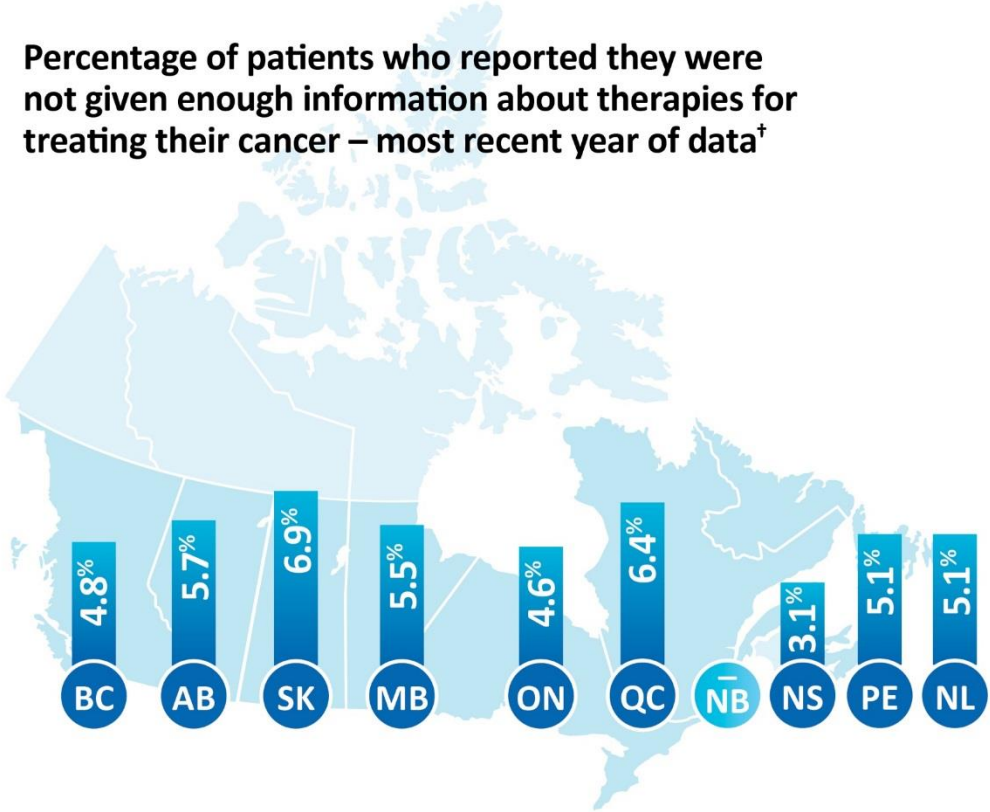
Most patients say they are given enough information about cancer treatments, though some describe needing more information to make an informed decision.

Based on quantitative responses to the AOPSS, only



of patients reported that they were not given enough information about therapies for treating their cancer.

Percentage of patients who reported they were not given enough information about therapies for treating their cancer – most recent year of data†



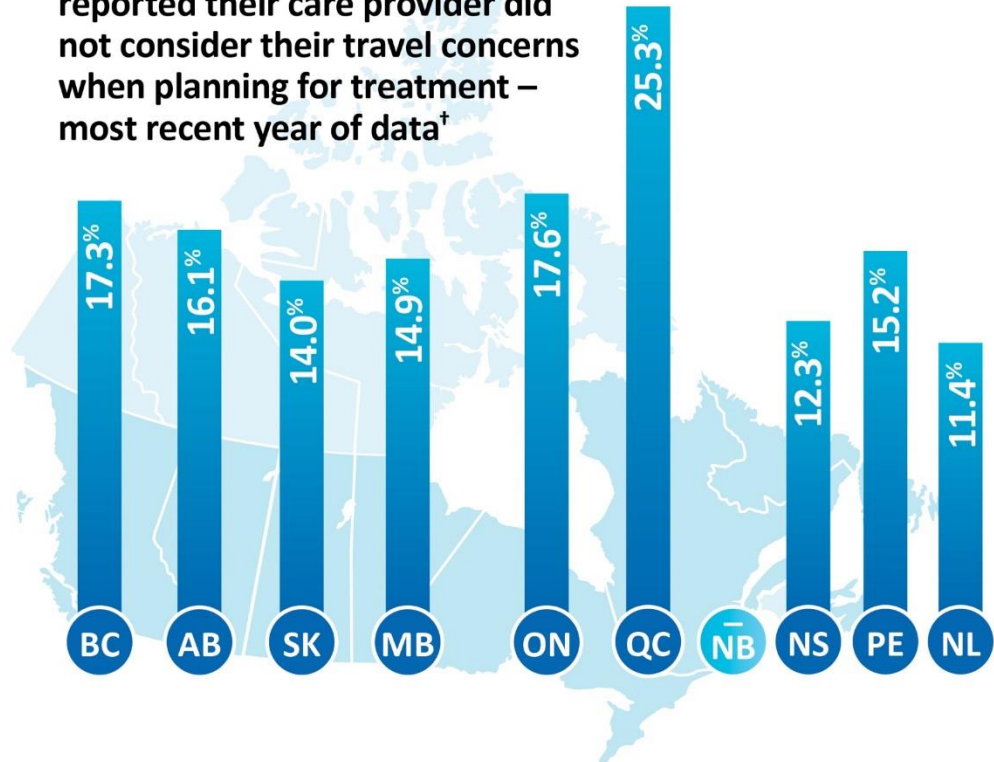
†Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year.
 “—” Data not available.
 QC: Data were weighted.
 Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

Some patients who have to travel for tests or treatments report that their care providers do not consider their travel concerns when planning their treatment.

Based on quantitative responses to the AOPSS, 69.0% of patients reported that they had to travel for tests or treatments.



Percentage of patients who reported their care provider did not consider their travel concerns when planning for treatment – most recent year of data[†]



[†]Province-specific data are for the most recent year available. BC: 2012; SK, PE: 2013; AB: 2015; MB, NL, NS: 2016; ON, QC: 2015/16 fiscal year. "—" Data not available.

QC: Data were weighted. The survey question refers to a discussion with a health care provider rather than "someone."

Data source: NRC Health, Ambulatory Oncology Patient Satisfaction Survey.

Being treated for cancer

Will it work?

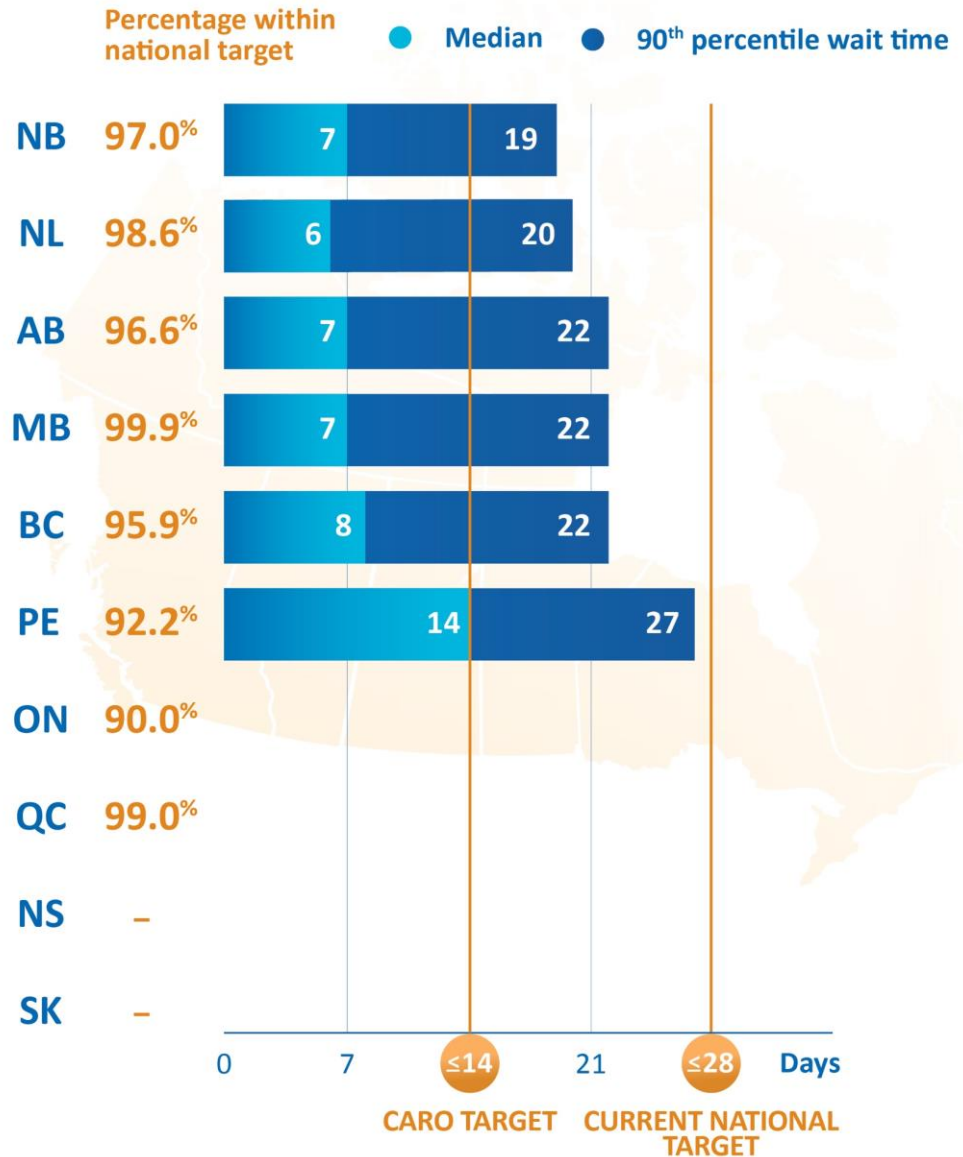
**This section includes jurisdictional
results specific to:**

- Radiation therapy wait times



People are receiving radiation therapy quickly.

Wait times from ready-to-treat to start of radiation therapy, all cancers, by province – 2014 treatment year



“—” Data not available.

BC, AB: Brachytherapy was not included for the 2014 treatment year but was included in previous years.

ON: Data include percentage of patients treated with radiation therapy within 14 days (CARO target), February–December 2014.

National target: 90% of patients receive radiation therapy within 28 days of being ready to treat.

Canadian Association of Radiation Oncologists (CARO) target: 90% of patients receive radiation therapy within 14 days of being ready to treat.

Data source: Provincial cancer agencies and programs.

Finding a “new normal”

What will life be like?

This section includes jurisdictional results specific to:

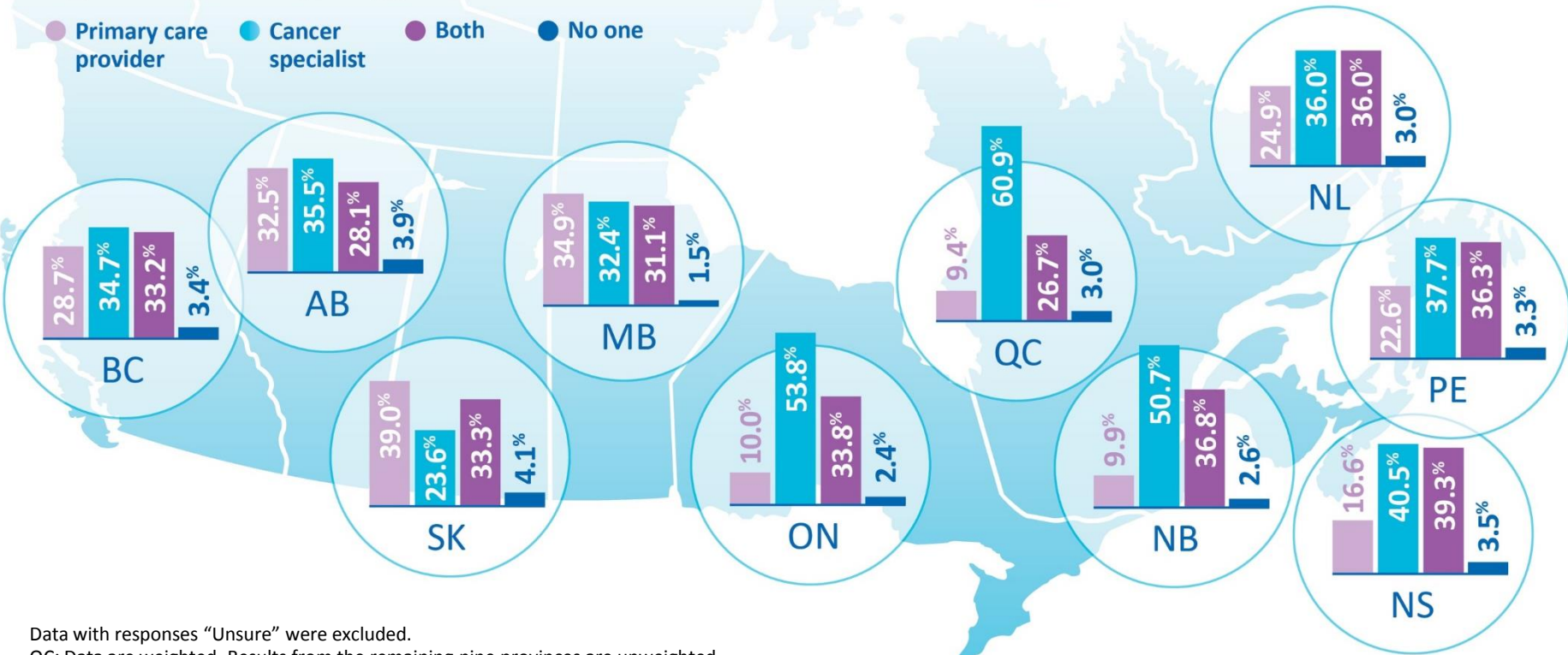
- Care provider in charge of follow-up



Individuals who have a care provider in charge of their cancer care follow-up find it easier to get help for their concerns than those without someone in charge after treatment.

Transition Study data showed that most people had a cancer specialist (alone or with a primary care provider) in charge of follow-up care after treatment

Care provider in charge of follow-up, by province – 2016 reporting year



Data with responses "Unsure" were excluded.
 QC: Data are weighted. Results from the remaining nine provinces are unweighted.
 Data source: Experiences of Cancer Patients in Transition study (2016).