



COLLABORATIVE STAGE TRAINING IN CANADA

**CANADIAN COUNCIL OF CANCER REGISTRIES
DATA AND QUALITY MANAGEMENT COMMITTEE
PRESENTATION**

NAACCR CONFERENCE

JUNE 14, 2006

**Regina, Saskatchewan
Canada**

Ingrid Friesen



CANADIAN COUNCIL OF CANCER REGISTRIES DATA AND QUALITY MANAGEMENT COMMITTEE

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Elaine Hamlyn-Statistics Canada

Michel Cormier-Statistics Canada

Chris Waters- Public Health Agency of Canada

Tom Snodgrass- Alberta Cancer Board

Jeri Kostyra-CancerCare Manitoba-retired

Maureen MacIntyre- Cancer Care Nova Scotia

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Carleton Hospital, Ottawa



OUTLINE

- Background
 - Purpose
- National Staging Training Plan
 - Challenges
 - Benefits
 - Results
 - Conclusion



BACKGROUND

- National level Canadian population-based cancer statistics available since 1969
 - Canadian Cancer Registry
 - Canadian Cancer Registry fed by system of autonomous Provincial Territorial Cancer Registries
- Early 2001 – initiation of serious stakeholder discussions regarding national stage standard





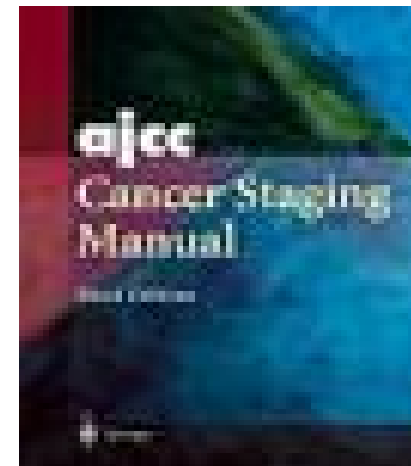
BACKGROUND

- Prior to 2003 some Registries collecting stage data
 - No stage data required by Canadian Cancer Registry prior to 2003 cases
 - No formal stage training
 - No consistent standard



BACKGROUND

- Decision on standard
 - Initial focus on AJCC TNM 6th edition, but moved to examine CS as it was being developed in US
- 2003 determined that CS preferred option
 - However: AJCC TNM 6th edition data to be accepted at Statistics Canada as of 2003 data forward:
 - **ONLY** for three sites:
 - Breast- in situ and invasive
 - Prostate- invasive only
 - Colorectal-in situ and invasive





BACKGROUND



- **April, 2004** - Canadian Council of Cancer Registries Executive reaffirmed recommendation:
 - Focus on Collaborative Stage data collection (training, edits, quality, standards) for 2004 data forward in a phased in approach
 - But, minimum standard for stage data collection is AJCC TNM 6th edition –where no other stage data can be submitted to the Canadian Cancer Registry



PARTNERS



**Public Health Agency
of Canada**

Statistics Canada



**Canadian Council
of
Cancer Registries**



CANCER STAGE TRAINING INITIATIVE

- Develop and deliver standardized national training for collaborative stage data collection in Canada
- Priority 2005-2007: Develop material and provide training on the 4 main cancer sites: breast, colorectal, lung, prostate
- Develop initial and follow-up training based on specific needs for each province/territory



PURPOSE OF THE CANCER STAGE TRAINING INITIATIVE

- To develop at least one CS 'expert' or 'trainer' in each provincial Cancer Registry
- Cascading training: CS Expert → registry staff → eventually cancer centres, community hospitals
- Currently 7 Canadian CS Trainers



NATIONAL STAGING TRAINING PLAN

- **2002**- April -Council approved plans to address standardized stage data collection and reporting
- **2003-August**- Staging Implementation Working Group formed to move stage implementation forward in Canada
- **2003, 2004, 2005**- introductory CS training funded by Statistics Canada and the Public Health Agency of Canada at annual workshops in Canada



NATIONAL STAGING TRAINING PLAN

- **April 2005**- Proposal prepared by Working Group for Comprehensive CS Training plan in Canada
- **May 2005**- Canadian Strategy for Cancer Control-Surveillance Action Group approved plans in principal
- **July 11-12, 2005**- initial planning meeting to develop comprehensive National training plan



NATIONAL STAGING TRAINING PLAN



- **August - October, 2005** -Revised with CCR Council input
- **November 2005** -plan approved by partners
 - Public Health Agency of Canada, Statistics Canada and the Canadian Council of Cancer Registries



NATIONAL STAGING TRAINING PLAN

- **December 12-13, 2005-** meeting with April Fritz at SEER Program
 - Four Trainers/Specialists

- **January 2006-** Canadian CS training steering Committee formed



NATIONAL STAGING TRAINING PLAN



- Module Development meetings
 - One meeting per anatomic site
- Case Development and Preparation by trainers
- In person Training
- Follow up Sessions as required



FORMAT OF MODULE DEVELOPMENT MEETINGS

- Review of many materials related to the anatomic site
 - Powerpoint presentations from April Fritz of the SEER Program
 - Powerpoint presentations from other provinces or organizations
 - Inquiry and Response questions related to the anatomic site from the Commission on Cancer
 - Review of CS Manual related to anatomic site
 - Consultation with CS Steering Committee
 - Review of CS Reliability Study questions and answers
 - Review of textbooks, websites
 - Consultation with clinicians



FORMAT OF MODULE DEVELOPMENT MEETINGS

- Discussion of all related materials
- Research and resolution where possible, of questions
- Develop criteria for case selection
- Determine number of cases needed
- Development of draft agenda, evaluation form, etc.
- Determine type of clinician needed



MODULE DEVELOPMENT

- **1st Module Development meeting**

- Breast, Colorectal, Overview/General Rules
- January 11-13, 2006
- Calgary, AB

- **2nd Module Development Meeting**

- Lung Cancer
- April 4-5, 2006
- Montreal, Quebec

- **3rd Module Development Meeting**

- Prostate Cancer
- Two Teleconference calls of three hours each
- June 8-9, 2006



FORMAT OF TRAINING SESSION

- Background reading assigned to participants
 - General Rules and Instructions section of CS Manual
 - Section related to site specific training
 - Example: Breast schema
- Pre-test Cases completed prior to attending session
 - 10 cases sent by email to registered participants with at least 2 weeks to complete and return
 - Cases discussed during the session and preferred answers provided
- Questions submitted to trainers prior to training session





FORMAT OF TRAINING SESSION



- Three day sessions consisting of:
 - Powerpoint presentation specific to the anatomical site including overview and general instructions
 - Anatomical specific physician presentation
 - Site specific exercises and group discussion
 - Approximately 30 cases are staged during the session and discussed as a group
 - Preferred answers and rationale provided
 - Evaluations
 - Completed by each participant



NATIONAL STAGING TRAINING PLAN



- **1st Training Session- Breast**
 - February 22-24, 2006-1 session in Montreal for 49 Participants combined
- **2nd Training Session- Colorectal**
 - March 22-24, 2006- 2 Simultaneous sessions in Montreal and Winnipeg for 55 participants in total
- **3rd Training Session-Lung**
 - May 24-26, 2006-2 simultaneous sessions in St. John's and Saskatoon for 53 participants in total



CS TRAINING SESSIONS COMPLETED

CS Training in Canada-2006





FUTURE NATIONAL STAGING TRAINING PLANS

4th Training Session

-Prostate- September 19-20, 2006

-Quebec City in conjunction with annual
workshop

5th Training Session-tentative

-Anatomic site not confirmed-tentatively
scheduled in January 2007



FUTURE NATIONAL STAGING TRAINING PLANS

- **Additional Training Sessions**
 - Breast or Colorectal
 - tentatively scheduled based on specific needs of each province/territory
 - January 10-12, 2007-repeat of first sessions for those not having attended



FUTURE NATIONAL STAGING TRAINING PLANS

- **Follow up Sessions-teleconference**

- Provided for participants:

- Breast, Colorectal, Lung

- June-September 2006

- Provided for participants:

- Prostate

- October 2006





CHALLENGES

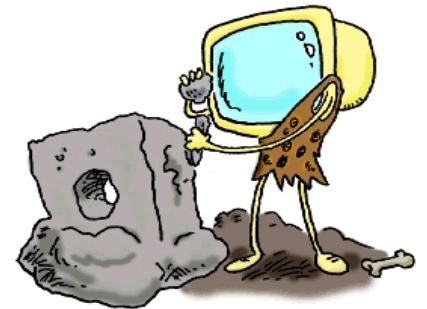
- Coordinating many players and partners
 - Schedules
 - Workload
 - Varying levels of experience and expertise
- Determining if there are standard answers and or materials for use in Canada





BENEFITS OF NATIONAL STAGING TRAINING PLAN

- Consistency in applying the rules which should provide for consistency in reporting the CS data to Statistics Canada
- Sharing of materials and expertise
 - No need to “reinvent the wheel”
- Development of local experts/trainers
 - In turn, can train others
- Cost saving opportunity
- Time saving due to training all at once





FUTURE PLANS

- Plans to work with NAACCR in future training development activities where possible
 - Via Webinars and other courses
- Plans to develop a fifth module for delivery of training prior to March 2007



RESULTS

- Training for Collaborative Stage for the first three major sites (breast, colorectal, lung) has been conducted for participants from 7 provinces to date
 - Manitoba, Saskatchewan, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, Several hospital based registries in Quebec and the Princess Margaret Hospital Cancer Registry in Ontario

PLUS

- New Brunswick (for two sites-colorectal and lung)



SUMMARY

- Prepared training modules for three anatomic sites by building on existing materials
- On schedule with delivery of training for first four main sites between February and September 2006
 - CE hours granted by training site
 - Certificate of attendance for every participant from the Canadian partners
- Fourth module (prostate) currently underway
- Fifth module being scheduled for Fall 2006



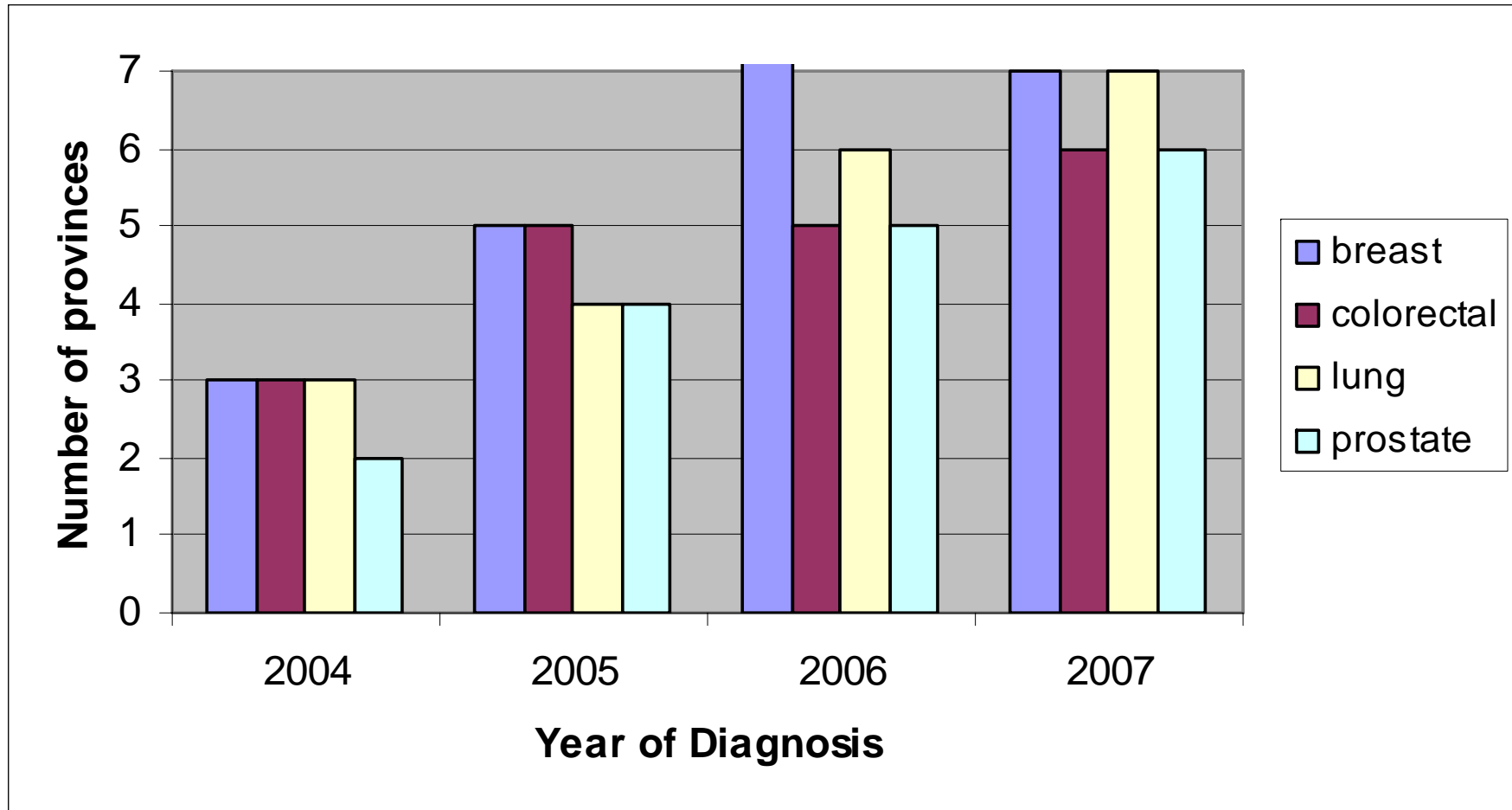
CONCLUSION

- The addition of the CS data will enhance the current Canadian Cancer Registry and will create a more comprehensive and significant population database in Canada, allowing for expanded research and surveillance opportunities.
- Quality issues and development of reports will be addressed over the next year in conjunction with the Data and Quality Management Committee, Council and Statistics Canada





CANADIAN CANCER REGISTRY EXPECTED CS DATA





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