Radiotherapy utilization in Canada

A brief overview of 2016

CPQR Canadian Partnership for Quality Radiotherapy
PCQR Partenariat canadien pour la qualité en radiothérapie
ACCESS TO CARE

WHY MEASURE UTILIZATION?

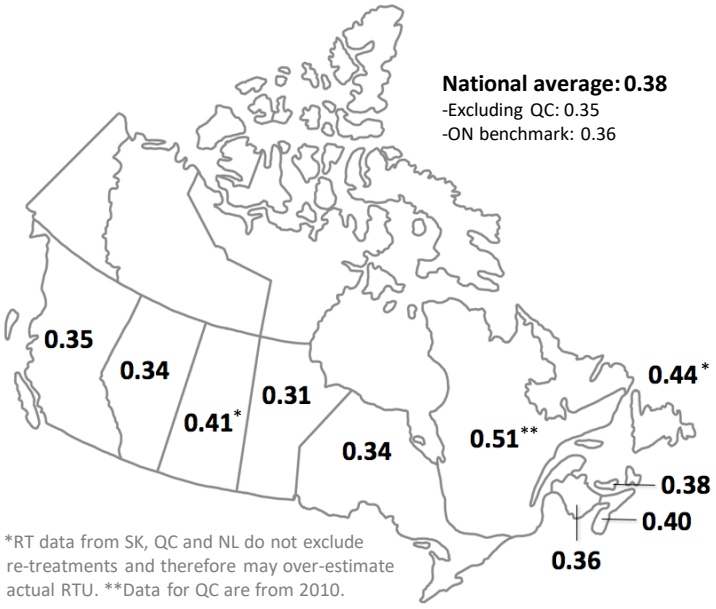
- Access to radiotherapy (RT) is a key component of a cancer control strategy.
- Unfortunately, RT utilization (RTU) rates fall short of desired benchmarks in certain provinces, meaning a proportion of residents do not receive RT that may benefit from it.

As an initial step to understanding how to address barriers to access, CPQR conducted a pan-Canadian study to calculate and describe variations in RTU by province. A novel ratio calculation was used:

$$\frac{\text{\# of patients newly treated with radiotherapy}}{\text{\# of patients newly diagnosed with cancer}}$$

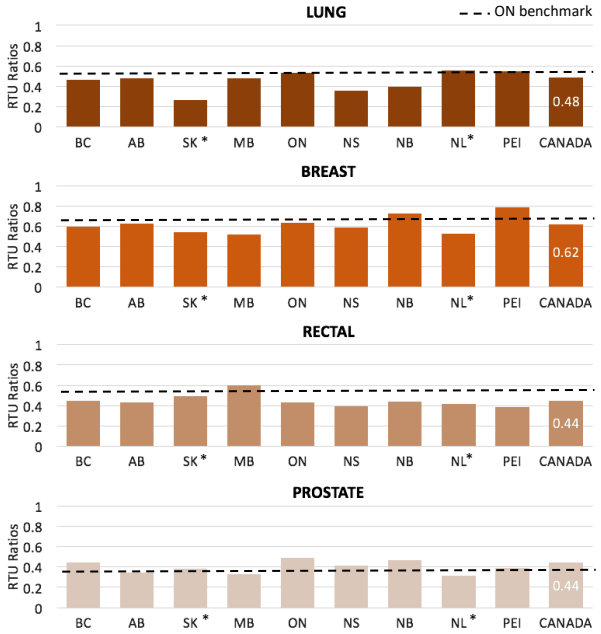
WHAT DID WE FIND?

Radiotherapy utilization ratios by province for all cancers combined, 2016, compared to Ontario benchmark



- Variations in RTU were observed across provinces in 2016, ranging from 0.31 in MB to 0.51 in QC.

Radiotherapy utilization ratios by province (excluding QC) and cancer type, 2016, compared to Ontario benchmark



- The largest range in RTU was seen for lung cancers (0.27 in SK to 0.55 in PEI and NL). The smallest variation was seen for prostate cancers.

WHAT'S NEXT?

- This work has highlighted, for the first time, the gaps that exist in RTU across Canada.
- The next step will be to obtain more granular data at the regional level and by healthcare facility.
- Each province can adopt this methodology and calculate RTU for all cancer sites, producing actionable information that can be used to develop region-specific strategies to improve access to RT where shortfalls are identified.

Other notes on data: All data excluded ages <18 years except for QC and NL. All RT types were included except for NB and NL (external beam RT only). All data excluded non-melanoma skin cancers except for QC and NL; and non-invasive cancers (ductal carcinoma in-situ are also excluded), except for QC, NL and NS. All data included multiple primaries. All data included residents only, except for NL. ON benchmarks calculated using linked data from 2016 for all-cancers, and from 2009-2011 by type.