



TERESA PIRUZZA, MPP

Windsor West

Wednesday November 13, 2013

The Honourable Deb Matthews
Minister of Health and Long Term Care
80 Grosvenor Street
10th Floor, Hepburn Block
Toronto, ON
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Dear Minister Matthews:

Thank you for your assistance in arranging for the meeting with Dr. Sherar from Cancer Care Ontario (CCO) on Thursday, November 7, 2013, and your interest in finding a solution that is in the best interests of families living in the Erie St. Clair LHIN.

In consideration of the information relayed in this correspondence, I believe that Windsor Regional Hospital (WRH) should be designated a level two thoracic cancer surgery centre under CCO's standards and hope that you can continue to advance discussions with CCO on behalf of Erie St. Clair LHIN communities.

2005 Thoracic Surgical Oncology Standards:

The 2005 report details the best system for delivering thoracic cancer surgery in Ontario and was the foundational document used by Cancer Care Ontario for developing their current standards. The recommendations are based on evidence and expert consensus and include surgeon criteria, hospital criteria and minimum volumes. The report says accessing care close to home must be balanced by the need for high quality and expert care, through the creation of level one and level two centres. In regions where the population may not support a level 1 thoracic centre, a level two centre may be established to serve the basic thoracic surgery needs of the population. Level two centres should have at least one thoracic surgeon, a formalized relationship with a level one centre for complex thoracic cases and arrangements in place to cover in the event of a thoracic surgeon's absence. Contrary to CCO's decision, the report does not suggest limiting the number of level two centres. However, it does specify minimum volumes – citing surgical volumes in the range of seven esophagectomy cases per unit per year and 50 anatomic pulmonary resections per unit per year as targets for level two centres. After reading the report, it's clear that Windsor Regional Hospital can meet Cancer Care Ontario requirements as a level two centre.

Constituency Office

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Meeting Surgical Volumes

When reviewing the surgical volume data of level one centres, 4 out of the 12 centres did not meet the 150 target and 1 out of the 2 level two centres did not meet their target of 50 surgeries. Windsor Regional Hospital acknowledges that they cannot meet the 150 target as a level one centre, however they are confident that they can continue to meet the target for a level two centre.

Volume of Thoracic Surgeries by Surgeon

In 2012, 70 surgeons performed thoracic cancer surgeries, with half of them performing 24 surgeries or less. As you know, Windsor Regional Hospital has three local surgeons that have been performing high quality thoracic cancer surgery with positive patient outcomes for more than 30 years. In fact, the lead surgeon completes an average of 18.5 thoracic cancer surgeries over the last six years. This is near the provincial average of 22.9 thoracic cancer surgeries (2012).

Lung and Bronchus Cancer Rates

The provincial average for lung and bronchus cancer is 46.1 per 100,000 people; however, in Erie St. Clair LHIN the rate is 53.8. This higher rate of cancer means that a greater number of Erie St. Clair residents will need thoracic cancer surgery than in other parts of the province.

376 Patients Affected, Higher Costs to System

Although there were only 58 lung and esophagus cancer surgeries last year, moving this surgery to London will displace approximately 376 patients annually according to WRH, with the bulk of patients going to London. However, in the case of an emergency, some patients may be directed to Detroit, Michigan, which is more costly to the health care system. Furthermore, London Health Sciences would likely qualify for additional CCO funding as a result of new cases being referred to them if Windsor Regional Hospital stopped performing these surgeries – an additional cost to the system.

Costly Impact on Families

Following surgery a patient can take up to 10 days to recover from thoracic surgery. Windsor to London and back represents four hours of driving, deterring family and friends from visiting a patient after-work or while on their lunch break. For family members who do not want to leave their loved ones' side, they will face costly accommodation charges while overnighing in London. In reality, the financial and time impact on families if this surgery is moved to London is very bad.

Similarity to Kingston

Like Kingston, Windsor also has a medical school and exposing doctors locally to thoracic surgeries may encourage more doctors to pursue this specialty. For example, having a thoracic surgeon at the hospital is a pre-requisite to be considered a designated regional trauma centre. Also, Windsor and Kingston are both about 200 kilometers away from the next closest designated thoracic surgery centre (London and Ottawa respectively).

LHIN Left Without Thoracic Cancer Surgery

From a regional perspective, if CCO removed its designation, the Erie St. Clair LHIN – consisting of five hospitals across three counties and nearly half a million people – would be one of only two LHIN territory's in Ontario without a designated thoracic cancer centre. The other LHIN territory without a thoracic cancer centre has a level one centre within 45 minutes drive and only consists of two hospitals.

Threat from CCO

The letter CCO sent to Ken Deane threatening to cease funding all other incremental cancer care at Windsor Hospitals was unacceptable and outside of their organization's mandate. This tactic hurts the very people they are mandated to help – cancer patients.

Cancer Funding

As a follow up, I ask that you confirm that all funding for other cancer care – owing to Hotel Dieu Grace Hospital and Windsor Regional Hospital – is paid to Windsor Regional Hospital so that they can continue to provide high quality cancer care without threat or penalty. Recently, WRH learned that about \$356,000 is being withheld by CCO. The funding was ear-marked for cancer endoscopy screening and breast assessment screening for the first two quarters at the Ouellette Campus of WRH. I ask that you ensure the funds are flowed and reconciled at the end of the year per CCO's normal financial practices.

Appointment to CCO Board

Lastly, I'd like to work with your office on the appointment of a qualified representative from our community to serve on Cancer Care Ontario's board of directors. This will help ensure that we have a strong voice at the table when discussing cancer care services in Ontario.

In summary, I would like your assistance in urging CCO to reverse their decision to remove these important, life-saving surgeries from Windsor and designate Windsor Regional Hospital as a level two centre for thoracic cancer surgeries.

Sincerely,



Teresa Piruzza, MPP
Windsor West