

About the Data: Cancer prevention

Introduction

The following information was derived from documentation available from the Institute for Clinical Evaluative Sciences (ICES): <http://www.ices.on.ca/>

The proportions of people who underwent cancer prevention screening for breast, cervical and colorectal cancers were derived from physician service and lab claims from the Ontario provincial health insurance database (OHIP), records from the Ontario Cancer Registry (OCR), the Ontario Breast Screening Program (OBSP), Cytobase and physician enrollment model codes, all of which are maintained by the Institute for Clinical Evaluative Sciences (ICES). Information regarding persons eligible for health care coverage in Ontario from the Registered Persons Database (RPDB). Please note that Community Health Centre (CHC) claims and non-OHIP visits are not available.

Mammography

All women who were aged 50-69 and living in the City of Toronto on March 31st, 2009 were included. In addition, women had to be eligible for OHIP in fiscal 2008 (April 1st 2008 – March 31st 2009).

Women were only excluded from the analysis if they had ever (up to the end of the observation period) had a diagnosis of Breast Cancer (ICD-9 code 174, Patient enrollment model tracking code Q141A) or if they died within the observation period. Ontario Cancer Registry (OCR) data was also used to identify women with a history of breast cancer.

Women were considered to have received a mammogram if they had a physician billing code of X185, a patient enrollment model tracking code of Q131A or had been screened through the Ontario Breast Screening Program (OBSP) between March 31, 2007 and March 31, 2009.

Rates were produced using two denominators. The first denominator includes all women aged 50-69 years on March 31, 2009 who were eligible for OHIP. The second denominator includes only women aged 50-69 years on March 31, 2009 who were eligible for OHIP *and* who had used services in past 3 years. The latter denominator attempts to remove those women from the analysis who may no longer be living in Ontario. Age-adjusted rates used 5 year age groups and the 1991 Canada census population as the standard population.

Pap smears

All women who were aged 21-69 and living in the City of Toronto on March 31st, 2009 were included. In addition, women had to be eligible for OHIP in fiscal 2008 (April 1st 2008 – March 31st 2009).

Women were only excluded from the analysis if they:

1. Had a previous diagnosis of cervical cancer
 - ICD-9 codes: 180.0, 180.1, 180.8, 180.9; ICD-10 equivalents
2. Had a hysterectomy
 - S810, S757, S758, S759, Q140A (patient enrollment model code for women with history of hysterectomy or cervical disease)
3. Died within the observation period.

Women were considered to have received a Pap smear if they had an OHIP code (G365a, G394a, or E430), patient enrollment model tracking code (Q011A), lab code for Pap smear billing (L713, L733, or L812) or were present in Cytobase between March 31, 2006 and March 31, 2009.

Rates were produced using two denominators. The first denominator includes all women aged 21-69 years on March 31, 2009 who were eligible for OHIP. The second denominator includes only women aged 21-69 years on March 31, 2009 who were eligible for OHIP **and** who had used services in past 3 years. The latter denominator attempts to remove those women from the analysis who may no longer be living in Ontario. Age-adjusted rates used 5 year age groups and the 1991 Canada census population as the standard population.

Colorectal cancer screening

All individuals were included who were aged 50-74, alive and living in the City of Toronto on March 31st, 2009. In addition, individuals had to be eligible for OHIP in fiscal 2008 (April 1st 2008 – March 31st 2009).

Individuals were excluded from the analysis if they:

1. Had a previous diagnosis of colorectal cancer (using the Ontario Cancer Registry)
 - ICD-9 codes: 153.0-153.4, 153.6-154.1
2. Had been diagnosed ever with severe inflammatory bowel disease
 - ICD-9 codes: 556, 556.0-556.9, 555, 555.0-555.9; ICD-10 equivalents
3. Had undergone colorectal investigation in the 5 years prior to March 31, 2009 (using OHIP codes) including:
 - Rigid sigmoidoscopy (Z535, Z536)
 - Flexible sigmoidoscopy (Z555 – without E740, E741, E747 or E705 on the same day; Z580)
 - Single (X112) or double (X113) contrast barium enema
 - Colonoscopy (Z555 plus one of E740, E741, E747 or E705 on the same day)
4. Had a patient enrollment model exclusion code of Q142A indicating that they had known cancer, inflammatory bowel disease, a colonoscopy in the last 5 years or had a history of malignant bowel disease

Individuals were considered to have received a colorectal cancer screen test if they had at least one of the following tests between March 31, 2007 and March 31, 2009:

- Fecal occult blood testing (L181, G004, or Q133A)
- Rigid sigmoidoscopy (Z535, Z536)
- Flexible sigmoidoscopy (Z555 – without E740, E741, E747 or E705 on the same day; Z580)
- Single (X112) or double (X113) contrast barium enema
- Colonoscopy (Z555 plus one of E740, E741, E747 or E705 on the same day)

Rates were produced using two denominators. The first denominator includes all individuals aged 50-74 years on March 31, 2009 who were eligible for OHIP. The second denominator includes only individuals aged 50-74 years on March 31, 2009 who were eligible for OHIP **and** who had used services in past 3 years. The latter denominator attempts to remove those individuals from the analysis who may no longer be living in Ontario. Age-adjusted rates used 5 year age groups and the 1991 Canada census population as the standard population.