



Ontario Cancer Profiles

Frequently Asked Questions (FAQs)

Updated: January 2021

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About Ontario Cancer Profiles

1. How is Ontario Cancer Profiles different from CCO SEER*Stat?

The CCO SEER*Stat package provides more than 30 years of de-identified Ontario cancer data at various levels of geography that can be used to generate customized incidence, mortality, survival and prevalence statistics. However, to generate statistics using the data in the [CCO SEER*Stat Package](#), you must learn how to use the SEER*Stat software and sign a confidentiality agreement to access the package.

In contrast, Ontario Cancer Profiles:

- Allows you to generate customized statistics on a pre-defined set of indicators for cancer incidence, mortality, survival and prevalence;
- Allows you to select modifiable risk factors and socio-demographic factors;
- Allows you to view cancer screening participation for Local Health Integration Networks, public health units and Ontario;
- Has no access restrictions (i.e., it is publicly available);
- Does not require any training in statistical software and is user-friendly; and
- Allows you to produce downloadable maps and graphs, or export the data for further analysis.

2. How is Ontario Cancer Profiles different from reports published by Ontario Health (Cancer Care Ontario)?

Ontario Health (Cancer Care Ontario) publishes reports with a defined set of statistics supported by interpretation. These reports include the [Ontario Cancer Statistics](#) series (about cancer burden indicators), the [Cancer Risk Factors in Ontario](#) series (about risk factor indicators) and the [Ontario Cancer Screening Performance Report 2016](#) (about risk factor and screening indicators). Ontario Cancer Profiles provides access to some of the statistics included in these reports and allows you to generate customized statistics to suit your individual needs. This customization is possible through the ability to drill down to various combinations of sex, age, year and geographic regions, which may not be available in the other reports.

3. How is Ontario Cancer Profiles different from other sources of data?

Reports and tools produced by other organizations may include some of the data included in Ontario Cancer Profiles; however, Ontario Cancer Profiles is the go-to resource for the most recent available years of Ontario cancer data. Furthermore, this resource is unique because:

- It brings together information on cancer burden, risk factors, screening and socio-demographic indicators in one place;

- It is the only online resource that provides direct access to customizable Ontario cancer statistics; and
- It provides statistics for Local Health Integration Network and public health unit geographic regions.

4. How long does the tool take to load?

Dashboard load times have improved in the 2020 update of Ontario Cancer Profiles. If you have a high-speed internet connection, an Ontario Cancer Profiles dashboard should load in under 10 seconds.

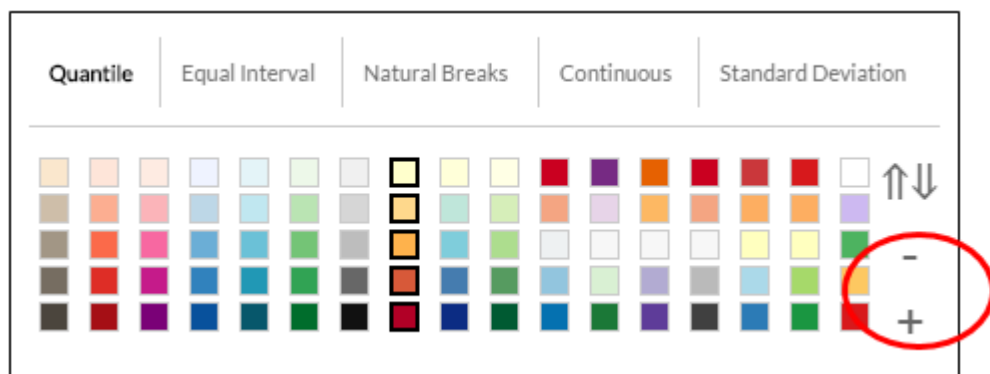
5. Can I sort the data in a table?

Yes. Each column in the table can be sorted by clicking or touching on the column name (circled in red below). **Note:** only 1 column can be sorted at a time. For example, to sort cancer incidence rates in ascending order, click or touch the column titled “Rate.” To sort in descending order, click or touch the column name again. Refer to “**Module 4** – Using the Indicator and Comparison Tables” in the [User Guide on the Ontario Cancer Profiles website](#) for more information.

LHIN	Rate (2012-16)	SE	Lower 95% CI	Upper 95% CI	Count	Pop	RSE
● Central	522.6	2.4	517.9	527.4	46,870	9,196,539	0.5
● Central East	550.6	2.6	545.6	555.7	46,310	7,996,303	0.5
● Central West	461.8	3.4	455.2	468.4	18,975	4,565,880	0.7
● Champlain	547.5	2.8	541.9	553.1	37,230	6,538,543	0.5
● Erie St. Clair	587.6	4.1	579.7	595.6	21,310	3,199,766	0.7
● Hamilton Niagara Haldimand Brant	568.1	2.7	562.9	573.4	45,560	7,166,740	0.5

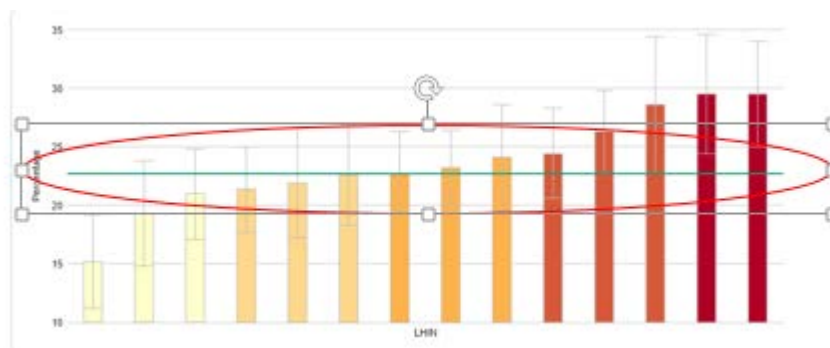
6. Can I change the number of data classes in the map?

Yes. The default number of data classes is 5. This default number applies to the 4 legend types that group data into classes on the map (quantile, equal interval, natural breaks and standard deviation). You can increase or decrease the number of classes by navigating to the top right corner of the “Legend” widget and clicking or touching the settings icon (far left). To add classes, use the “+” key and to remove classes use the “-” key (circled in red below). Refer to “**Module 3** – Using the Map” in the [User Guide on the Ontario Cancer Profiles website](#) for more information.



7. What is the green line on the bar graphs?

The green line (circled in red below) represents the overall Ontario estimate for the indicator being examined. Providing this estimate shows how a region compares to Ontario. This comparator is provided by default on all dashboards, except on the cancer screening bar graphs.



8. How can I tell which Local Health Integration Networks (LHINs) or public health units (PHUs) the bars in the graph correspond to?

Because there are many PHUs and LHINs, it is not possible to label each one on the horizontal axis (x-axis). To find out which LHIN or PHU corresponds to a particular bar, hover your cursor over the bar and the name will appear in a pop-up box.

9. What is the “User Selected LHIN/PHU” in the incidence and cancer mortality dashboards?

The “User Selected LHIN/PHU” is the title of the legend for the time trend graph above it. The legend will only be populated when one or more Local Health Integration Network or public health unit is selected on the map or table.

10. Why are my indicator selections occasionally reset?

Different data are available for different indicators, so the options selected in the Indicator Selection drop-down menus may be reset when you change the indicator selections. For example, if you select bladder cancer in both sexes ages 70 to 79, but then select cervix cancer instead, the options in the drop-down menu cannot be maintained because there are only data on females for cervix cancer. In this case, the option will default to females of all ages.

About the data

11. What does “Insuff data” in the table and map legend mean?

This is an abbreviation for “insufficient data” and means a statistic has been suppressed. The criteria for suppression vary according to the indicator:

- Incidence and mortality:
 - A count less than 6 cases to reduce risk of patient identification; or
 - An imprecise estimate with a relative standard error greater than 23%.
- Prevalence:
 - A count less than 6 cases to reduce risk of patient identification.
- Survival:
 - A relative survival ratio based on fewer than 10 cases; or
 - An imprecise estimate with a standard error of at least 10%.

More information can be found in the [Data Sources and Notes document on the Ontario Cancer Profiles website](#).

12. How were the years of data for each of the indicators selected?

For each of the indicators, we selected the most recent, high-quality statistics that had consistent data capture (i.e., registry coding rules) or sampling (i.e., Canadian Community Health Survey sampling design) to facilitate comparison. Additional considerations for the years of data selected for each of the indicators can be found in **questions 13 to 15** and in the [Data Sources and Notes document on the Ontario Cancer Profiles website](#).

13. Why are there different years provided for different cancer types?

For cancer incidence and mortality indicators, our goal is to provide as many reliable statistics as possible while adhering to the [Personal Health Information and Protection Act](#). To provide sufficient data for some cancer types, only aggregate, multiple years of statistics can be made available. For example, deaths from bladder cancer are uncommon and to provide sufficient statistics, multiple years of data (i.e., 2014 to 2016) are combined. See the [Data Sources and Notes document on the Ontario Cancer Profiles website](#) for more information.

14. Why are there different years provided for cancer incidence and mortality dashboards?

For cancer incidence and mortality indicators, our goal is to provide as many reliable statistics as possible that facilitate comparisons over time. Although mortality data are provided from the year 2000 onward, incidence data are provided from 2010 onward to account for major changes to the Ontario Cancer Registry (OCR) rules for counting multiple primary cancers. The OCR adopted [The Surveillance, Epidemiology and End Results \(SEER\) Program Multiple Primary and Histology Coding Rules](#) to count cancers for cases diagnosed starting on January 1, 2010. These new rules replaced a set of more conservative rules (a modified version of the International Association of Cancer Registries rules). We wanted Ontario Cancer Profiles to use the most recent registry rules, which means cancer incidence statistics before 2010 cannot be compared to cancer incidence statistics after 2010. For more details, please see the [Ontario Cancer Statistics report](#).

15. Why are certain cancer types missing annual or 3-year rates in the cancer incidence and mortality dashboards?

Rates are suppressed for annual or 3-year periods due to small case counts (<6 cases) or imprecise estimates (relative standard error >23%). If the annual or 3-year rates are suppressed for more than

half of the Local Health Integration Networks) or public health units (“Insuff data”), they are excluded from the dashboard. However, 5-year rates are always provided, even if more than half of the LHINs or PHUs have insufficient data.

16. Why are cancer survival estimates limited to the 2012 to 2016 time period?

The Ontario Cancer Registry adopted [The Surveillance, Epidemiology and End Results \(SEER\) Program Multiple Primary and Histology Coding Rules](#) to count cancer cases diagnosed starting on January 1, 2010. These new rules replaced a set of more conservative rules (a modified version of the International Association of Cancer Registries rules). We wanted Ontario Cancer Profiles to use the most recent registry rules, which means cancer survival statistics before 2010 cannot be compared to cancer survival statistics after 2010. For more details, please see the [Ontario Cancer Statistics report](#).

17. Why are cancer survival estimates 100% for some combinations of sex, age, year and geographic region?

Ontario Cancer Profiles provides relative survival ratios (RSRs), which compare the observed survival in the cancer population of interest to the expected survival of similar people (based on age, sex and time) in the general population. In some instances, there were no deaths observed from 2012 to 2016, resulting in an observed survival proportion of 100% among the cancer population of interest. When this proportion is divided by an equal or lower expected survival proportion derived from Ontario life tables to calculate the RSR, the result is a 5-year RSR of $\geq 100\%$. These estimates are automatically adjusted to a maximum of 100% with a standard error of zero. This situation typically occurs for higher survival cancers and among younger age groups.

18. Why are indicators not available for the current calendar year?

Many data sources are used to provide the data in Ontario Cancer Profiles. These sources include various databases and organizations with different schedules for data updates. Delays in some of these data sources impact the timeliness of available data overall. To learn more about the data sources for the different indicators in Ontario Cancer Profiles, please see the [Data Sources and Notes document on the Ontario Cancer Profiles website](#).

19. Where can I find statistics on cancer incidence and mortality for childhood cancers?

Childhood cancer types are unique and are classified according to the International Classification of Childhood Cancer. The Pediatric Oncology Group of Ontario (POGO) uses data extracted from the

Pediatric Oncology Group of Ontario Networked Information System, and is the most reliable source of cancer incidence and mortality statistics for the 0 to 14 age group. For more information [visit the POGO website](#).

20. Why did 2 of the cancer screening indicators change from “overdue” to “participation”?

In the cancer screening dashboard, the breast and cervical indicators changed from “overdue” to “participation.” This change occurred to align with other cancer screening reports and information products, and to allow for more current data. For additional information on the definitions and methodology, please see the [Data Sources and Notes document on the Ontario Cancer Profiles website](#).

21. What are ICD-O-3 or ICD-10 codes?

Accurately measuring the burden of cancer requires standardized methods for classifying health events, such as cancer cases and deaths. “ICD-O-3” refers to the [International Classification of Diseases for Oncology Third Edition](#) and is the preferred classification system for new cancer cases. “ICD-10” refers to the [International Statistical Classification of Diseases and Related Health Problems 10th Revision](#) and is generally used to code cancer deaths.

22. Why are the number and names of the public health units (PHUs) different in different dashboards?

Changes were made to the boundaries of PHUs in 2018 and 2019. For the cancer incidence, mortality, survival, prevalence and screening dashboards, the indicators are presented according to the new PHU boundaries. For the cancer risk factors and socio-demographic factors dashboards, the older PHU boundaries were used to align with the boundaries that were available in the relevant data sources. Therefore, you may notice a difference in the number of PHUs reported on (i.e. 35 vs. 36) and the names of the PHUs (i.e. Southwestern Public Health vs. Elgin-St. Thomas Health Unit and Oxford County Health Unit).

23. How often are the data updated in Ontario Cancer Profiles?

The data are updated whenever there are additional years of data available for distribution. If you would like to be notified directly of future releases, please email us at cancerprofiles@ontariohealth.ca and request to be added to our distribution list.

Troubleshooting

24. Can I reposition or reorganize how a dashboard's components or "widgets" are displayed?

It is currently not possible to reposition any of the dashboard's widgets. For example, you cannot move a map to the right side of the screen and put a table on the left side of the screen. This limitation is a result of the tool's responsive design – if you change the size of your browser's window, the application will rescale and reposition the widgets according to the new dimensions. However, the new print function provides the ability to reposition and resize the dashboard widgets to a landscape paper orientation. Please see **Module 8** – Downloading Data, Graphs and Map of the [User Guide on the Ontario Cancer Profiles website](#) for more information.

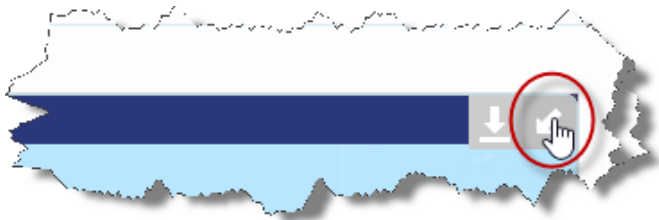
25. I have lost my position on the map. How can I reposition my view so that the province of Ontario is displayed on the map again?

Hover your cursor over or touch the upper left portion of the map until the map's tool bar becomes visible. Click or touch the button that is farthest to the left on the tool bar (circled in red below) to centre the map over Ontario.



26. I have expanded one of the tool's components or "widgets" to full screen. How do I go back?

Hover your cursor over or touch the upper right portion of the widget's window and click or touch the left downward-pointing diagonal arrow (circled in red below).



27. Why does the layout of the dashboard appear compressed and with some information not fully visible?

The text size settings of your browser affect the appearance of the dashboards. If you have a large text size setting, data in the tables and graphs may not be able to display fully. You can change the text size settings in your browser. See your browser's help files if you are having problems changing these settings.

28. Why am I having difficulty scrolling in the indicator tables on my mobile device?

You can view the dashboards on any modern mobile platform because they employ a responsive design. However, not all dashboard features may be available on all mobile platforms because these features are optimized for use on a desktop computer or laptop. Therefore, you may find that some features, such as scrolling in the data tables, are not as responsive on some mobile devices.

Citation and acknowledgement

29. How do I cite the data in this tool?

The following citation must be used to indicate the source:

Ontario Health (Cancer Care Ontario). Ontario Cancer Profiles [Internet]. 2020 [cited <date>]. Available from: <https://cancercareontario.ca/ontariocancerprofiles>.

Ontario Health (Cancer Care Ontario) should also be acknowledged as the source of the indicators in all papers, publications and reports that use the Ontario Cancer Profiles data. The acknowledgement must be in the following form:

“Parts of this material are based on data and information compiled and provided by Ontario Health (Cancer Care Ontario). However, the analyses, conclusions, opinions and statements expressed herein are those of the author and not necessarily those of Ontario Health (Cancer Care Ontario).”

Resources and contact

30. Where can I get support materials?

You can find more information on how to use the dashboards and the data in them in the support materials, including the User Guide and Data Sources and Notes documents on [the Ontario Cancer Profiles website](#).

31. Who should I contact if I have other questions?

If you have questions or comments, contact us at cancerprofiles@ontariohealth.ca.