



Ontario Cancer Profiles

Frequently Asked Questions (FAQs)

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About Ontario Cancer Profiles

1. How is Ontario Cancer Profiles different from the Ontario Cancer Registry SEER*Stat Package?

The Ontario Cancer Registry 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 [Ontario Cancer Registry SEER*Stat Package](#), you must learn how to use the SEER*Stat software. Furthermore, only eligible users who are approved (after signing and submitting a confidentiality agreement) can 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 sub-regions, 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 2020](#) (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 select various combinations of sex, age, year and geographic region, 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 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-related statistics; and
- It provides statistics for sub-region and public health unit geographic regions.

4. What are sub-regions?

Sub-regions are the geographic areas in Ontario Cancer Profiles that align with the former Local Health Integration Network (LHIN) geographic areas. Please see question 24 for more information.

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 web page](#) for more information.

PHU	Rate (2014-18)	SE	Lower 95% CI	Upper 95% CI	Count	Pop	RSE
Algoma Public Health	636.3	9.2	618.4	654.5	5,130	582,653	1.4
Brant County Health Unit	545.2	8.3	529.0	561.8	4,330	729,503	1.5
Chatham-Kent Health Unit	583.6	9.6	564.9	602.7	3,855	525,423	1.6
City of Hamilton Public Health Services	555.8	4.3	547.4	564.3	16,835	2,770,456	0.8

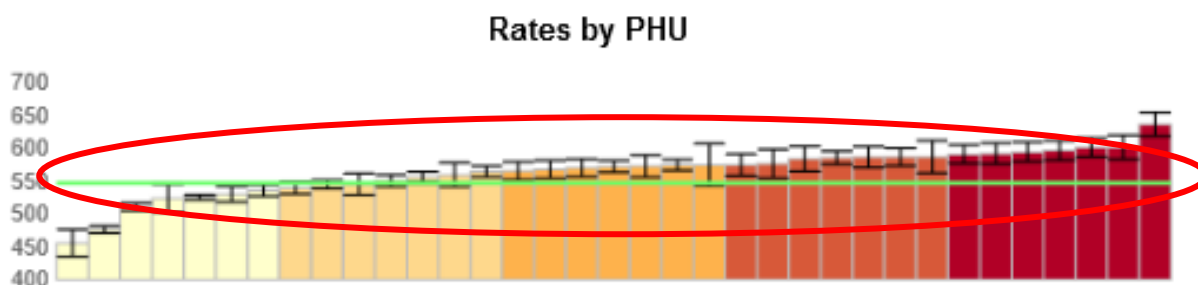
6. Can I change the number of data classes in the map?

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 web page](#) 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 sub-region or PHU compares to Ontario. This comparator is provided by default on all dashboards, except on the cancer screening dashboard.



8. How can I tell which sub-regions or public health units the bars in the graph correspond to?

Because there are many sub-regions and public health units, it is not possible to label each one on the horizontal axis (x-axis). To find out which sub-region or public health unit 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 Sub-region/PHU” in the incidence and cancer mortality dashboards?

The “User Selected Sub-region/PHU” is the title of the legend for the time trend graph above it. The legend will only be populated when 1 or more sub-regions or public health units are 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 for 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%.

- Incidence projections:
 - A count between 1 and 5 to reduce risk of patient identification.

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

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

For each indicator, the most recent, high-quality statistics that had consistent data capture or sampling (i.e., Canadian Community Health Survey sampling design) were selected to facilitate comparison. Additional considerations for the years of data selected for each indicator can be found in **questions 13 to 14** below and in the Data Sources and Notes on the [Ontario Cancer Profiles web page](#).

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

For cancer incidence and mortality indicators, the goal is to provide as many reliable statistics as possible while being in accordance with the [data privacy responsibilities](#) at Ontario Health (Cancer Care Ontario). 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 2018) are combined. See the Data Sources and Notes on the [Ontario Cancer Profiles web page](#) 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 rules for counting multiple primary cancers. 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). As a result, cancer incidence statistics before 2010 cannot be compared to cancer incidence statistics after 2010 and are therefore not reported. 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 when case counts are low (i.e., less than 6 cases) or estimates are imprecise (i.e., the relative standard error is greater than 23%). If the annual or 3-year rates are suppressed for more than half of the sub-regions 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 sub-regions or public health units have insufficient data.

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

Ontario Cancer Profiles provides relative survival ratios, which are calculated as the *observed* survival proportion in the cancer population of interest to the *expected* survival proportion of similar people based on their age, sex and time period in the general population. In some instances, there were no deaths observed among those with cancer from 2014 to 2018, resulting in an observed survival proportion of 100%. When this proportion is divided by an equal or lower expected survival proportion derived from Ontario life tables to calculate the *relative survival ratio*, the result is a 5-year relative survival ratio that is greater than or equal to 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.

17. 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 that come from organizations with different schedules for data updates. In Ontario Cancer Profiles, we aim to provide the most recent and comprehensive available data. To learn more about the data sources for the different indicators in Ontario Cancer Profiles, please see the Data Sources and notes on the [Ontario Cancer Profiles web page](#).

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

Childhood cancers 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, which 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](#).

19. How are the cancer incidence projections calculated?

The cancer incidence projections are derived using *age-period-cohort* regression statistical models.

The statistical models in Ontario Cancer Profiles use historical data on cancer incidence (from 1981 to 2018), combined with historical and future estimates of the population for Ontario and its sub-regions. These models consider time-varying elements, including *age distribution* (e.g., an aging population), changes related to factors over a brief *period of time* that affect people of different ages (e.g., increased availability and use of advanced diagnostic imaging in the 1990s), and phenomena that affect a *cohort* (e.g., different tobacco smoking use among baby boomers compared to Generation X). Accordingly, these statistical models are termed *age-period-cohort regression models*.

For each combination of cancer type, sub-region and male and female sex, an optimal statistical model was chosen based on a combination of age, period and/or cohort variables. For additional information on how these projections were calculated and which variables are included for each cancer type, sub-region and sex, please see the Data Sources and Notes on the [Ontario Cancer Profiles web page](#).

20. Why is one of the cancer screening indicators called “overdue for screening” instead of “screening participation”?

Measuring the population that is overdue for colorectal cancer screening provides a more complete picture of who needs to be screened for colorectal cancer. This is because in addition to including people who have had a fecal-based colorectal cancer screening test in the last two years, it accounts for people who have had other types of tests (i.e., colonoscopy or flexible sigmoidoscopy) either for colorectal cancer screening or for diagnostic reasons. For additional information on the definitions and methodology, please see the Data Sources and Notes on the [Ontario Cancer Profiles web page](#).

21. What are the “ICD-O-3” and “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 different in different dashboards?

These differences reflect the availability of data according to changes in the number and names of health units due to amalgamation over the years. For example, information about active transportation was collected (in the Canadian Community Health Survey) when there were 36 health units in Ontario.

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

The statistics are updated whenever there are additional years of data available for analysis and reporting by Ontario Health. If you would like to be notified of future updates, please email cancerprofiles@ontariohealth.ca and request to be added to our distribution list.

24. Why are there no longer Local Health Integration Networks (LHINs) in Ontario Cancer Profiles?

The former LHIN geographic areas in Ontario Cancer Profiles have been renamed “sub-regions.” The sub-regions have the same geographic areas as the former LHINs. To learn more about the changes to the LHINs in Ontario, visit the [Ministry of Health’s website](#).

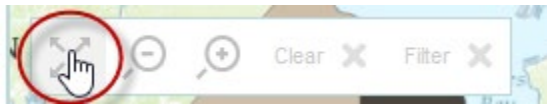
Troubleshooting

25. Can I reposition or reorganize how a dashboard’s components or “widgets” are displayed?

It is not currently 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 Maps of the User Guide on the [Ontario Cancer Profiles web page](#) for more information.

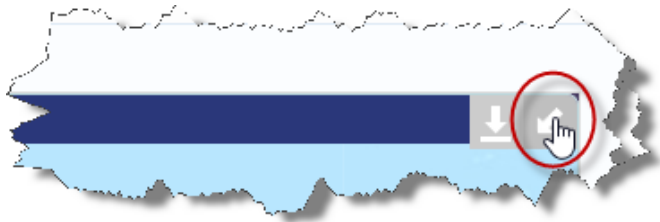
26. I have lost my position on the map. How can I reposition my view so that the province of Ontario is displayed on the map again?

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



27. I have expanded one of the tool's components or "widgets" to full screen. How do I exit full screen mode?

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).



28. 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.

29. 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 some 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

30. 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]. 2023 [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 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

31. 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, which include the User Guide, and Data Sources and Notes documents on the [Ontario Cancer Profiles web page](#).

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

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