PCSI 2025
Québec, Canada
September 9 to 12

Development of a standardized tool for visualizing information on new cancer cases for health and social services institutions in Quebec

Authors: Janie Allaire (a), Guillaume Ruel (a), Johanne Labbé (a), Annie Bourassa (a), Joëlle Sarra-Bournet (a), Audrée Grenier (b)

Introduction

All new cases of cancer diagnosed or treated in health and social services institutions in Quebec are entered into local cancer registries (RLC) with the software "Oncology Data Archiving and Registry System" (SARDO).

In addition to serving as a basis for the creation of the Quebec Cancer Registry (RQC), the RLCs must also meet the local cancer information needs of institutions.

Objective

Develop a tool to extract and present data from CDRs.

Methods

1- Determine the content: Through a collaborative approach, the information necessary for the management of the provision of cancer care and services has been identified by the NCPC and validated by RQC registrars.

2- Find the tool: An analysis of the information and needs was conducted by the SARDO team.

3- Develop the tool: The development of the visual was carried out in collaboration with SARDO and the MSSS. Power BI software was selected to develop the dynamic dashboards (ToB). The assembly in Power BI of the previously chosen information as well as the choice of visual aspect, including the types of figures, filters, available breakdowns and key performance indicators to be highlighted, were carried out in collaboration with the SARDO and MSSS teams.

4- Validate the tool: A pre-test was then conducted in three institutions to determine if the tool met the needs. A survey was also submitted to facility managers on the current use of CBR data and the value of the tool.

Results

The information retained by the NCPC and the Registrars was divided into two sections: the status of data entry in the CBRs and information on new cases diagnosed and/or treated at the institution. The proposed ToB consists of 75 figures spread over 29 thematic sheets. The implementation of filters makes it possible to produce several crossreferencing of data. Tree analyses make it possible to personalise patients' analyses and treatments according to their stage at diagnosis. The pre-test made it possible to collect comments from three institutions and to readjust the tool before its official deployment.

Prior to the roll-out of the ToB, managers felt that they did not have enough information on cancer to guide their decision-making (6/10). The majority of managers reported using CLR data only a few times a year (54%), while 16% never used it. Almost 90% of managers felt that the ToB would facilitate the use of LAN data. The ToBs were presented to the managers of the establishments at the beginning of November 2024 and the official deployment for all RLCs took place on 25 November 2024.

Discussion/Conclusions
The general impression suggests that ToBs are very well received in institutions, both by oncology managers and registrars. Improvements are continuously being made to better meet needs and a satisfaction survey is planned for the fall of 2025 for this purpose. Work is underway to adapt the ToB to provincial data.

1 Cancer Directorate, Ministry of Health and Social Services

2 Oncology Data Archiving and Registry System

a: Direction cancérologie, ministère de la Santé et des Services sociaux, Canada
b: Système d’archivage et de registre des données en oncologie, Canada