

Partnerships Against Cancer

Sharing Effort. Sharing Successes.



Our Mission

We are a partnership of cancer experts, charitable organizations, governments, patients and survivors determined to bring change to the cancer control domain. We work together to stimulate the generation of new knowledge and accelerate the implementation of existing knowledge about cancer control across Canada.

Our Values

Building on the principles defined in the Canadian Strategy for Cancer Control, the Partnership pursues its mission guided by core values.

We are:

- Transparent to the public, our partners and stakeholders
- Accountable to Canadians
- Collaborative with experts in Canada and around the world
- Innovative in our approach to accelerating cancer control
- Respectful of federal, provincial and territorial boundaries
- Integrative and inclusive to ensure we represent a pan-Canadian approach
- Evidence driven in decision-making

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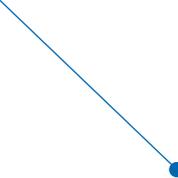
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Sharing Effort. Sharing Successes.

The Canadian Partnership Against Cancer is a uniquely Canadian response to a national and global health challenge. The Partnership brings together the efforts of partners across the country in a co-ordinated, highly collaborative approach to controlling cancer. While it will take decades to achieve the full scope of population health benefits that will result from these collective efforts to control cancer, the initiatives the Partnership is implementing are already having a measurable positive impact.



Message from the Chair and the CEO

Sharing Effort. Sharing Successes.

From Planning to Action, Implementation to Impact

Cancer affects everyone. Reducing the impact of cancer on Canadians demands shared vision, commitment and effort, which are at the core of the pan-Canadian cancer control strategy and the Partnership's work with the cancer community.

This past year – 2010/11 – demonstrates what is possible through effective collaboration and partnership. The year began with a focus on advancing Partnership initiatives to achieve the greatest possible impact within the five years of our first mandate, while establishing a solid foundation for future cancer control efforts. The year ended with a positive signal from the federal government that our mandate is to be renewed for another five years, from 2012 to 2017. This affirms the strength of our shared efforts, the value of the strategy and the role of the Partnership as an effective mechanism for sustainable long-term change.

Many powerful examples of our partnerships against cancer are outlined in the 2010/11 annual report. Some initiatives are optimizing cancer control planning and delivery by putting data to work systematically. Others are partnering with Canada's First Peoples to improve access to culturally responsive programs and services, or maximizing the exchange of knowledge to support people affected by cancer or those working in cancer control.

And while each Partnership initiative has a distinct goal, they all share the common elements of collaboration that underpin our work. By bringing partners together – often from different jurisdictions, disciplines and disease groups – and by co-ordinating with experts in Canada

and around the world, we are able to identify and embed best practices in day-to-day operations and align with the priorities of provincial and territorial governments and their cancer agencies and programs, as well as with those of our national partners.

The hundreds of people collaborating in cancer control activities across the country are the engine behind these successes. And as the steward of the cancer strategy, the Partnership is mindful that these experiences and voices must inform future directions. Over the past year, while we delivered on the commitments of the first mandate, we also began an extensive consultation process to seek input on pan-Canadian cancer control efforts beyond the end of our initial mandate in 2012 – input that will in turn shape the strategic plan for 2012 to 2017.

Improving cancer control nationwide is a long-term commitment and we are proud and inspired by the progress being made across the cancer control spectrum, from prevention to research to palliative and end-of-life care. We are also keenly aware that there is still much to do. The 177,800 people who will be diagnosed with cancer this year and the 75,000 who will die of it are a sobering reminder of the value of a cancer strategy in bringing us together to reduce the burden of cancer on Canadians.



Dr. Simon Sutcliffe
Chair, Board of Directors



Jessica Hill
CEO

“Shared vision, commitment and collaboration are the core of the Partnership's work with the cancer community. Together we can reduce the impact of cancer on Canadians.”



About the Partnership

Shared Commitment

Bringing together the efforts of partners across the country in a co-ordinated, highly collaborative approach to cancer control, the Canadian Partnership Against Cancer is a uniquely Canadian approach to a global health challenge.

Funded by the federal government, the Partnership opened its doors in 2007 with an initial five-year mandate to implement a national cancer control strategy that will significantly reduce the impact of the disease on Canadians. The terms of that strategy were defined by the collective vision, expertise and first-hand experience of hundreds of cancer professionals, patients and survivors from coast to coast to coast.

Canada's first strategy for cancer control embraces the full spectrum of cancer control, from prevention to palliative and end-of-life care, from policy to practice, and from research to health systems applications. The strategy recognizes that all of these elements are essential if we are to effectively address incidence, reduce mortality, improve quality of life and ensure safety and affordability of care.

Together with the cancer community, the Partnership identified areas of focus and launched successful initiatives fuelled by existing knowledge while encouraging the constant search for new insights – with the ultimate goal of advancing cancer control for all Canadians. Designed to have the greatest impact possible in the five years of the Partnership's initial mandate, these programs are creating a powerful, sustainable foundation for long-term success.

The Partnership's areas of focus align with federal, provincial and territorial priorities to ensure that Canada's cancer strategy is well integrated into broader health considerations. For Canada, where provinces and territories deliver health care, the challenge has been to devise a collaborative model that leverages best practices and encourages, supports and facilitates every jurisdiction in customizing resources and applying knowledge to serve its own population.

To ensure that the right expertise and perspectives inform the Partnership's work, more than 40 networks have been established. With the involvement of more than 400 people across Canada working in or affected by cancer – including clinicians, system leaders, researchers, patients and survivors – these networks contribute to the advancement of the Partnership's initiatives across all priority areas outlined in the Partnership's initial mandate. Our advisors play a central role in outlining the areas of focus for the Partnership's second five-year mandate, which will begin in 2012.

By acting as a catalyst and connecting those working in and affected by cancer across large complex health systems, the Partnership works with its partners to advance the cancer strategy across this vast country. This collaborative effort drives the best of what we know to control cancer and will result in innovative ways of putting knowledge into consistent practice across Canada.

Working with the cancer and broader health communities, including researchers, NGOs, patients and their families, survivors, cancer agencies and programs, the Partnership's goals are to improve consistency and co ordination across the entire cancer system to:

- Reduce the expected number of cancer cases
- Enhance the quality of life of those affected by cancer
- Lessen the likelihood of Canadians dying from cancer



2010/11 at a Glance: Sharing Effort. Sharing Successes.

Cancer is a single word, but it represents more than 200 different diseases. Nearly half of all Canadians will develop cancer in their lifetime and approximately one in four will die from cancer.¹

The complexity of the disease and the sheer number of Canadians affected by cancer requires a co-ordinated, nimble effort among many different organizations representing distinct mandates and numerous areas of expertise across the country.

As a co-ordinator and catalyst working with and through partners across the country, the Partnership has brought to life a national cancer control strategy and aggressively moved it into action just four years into its mandate, with the support and commitment of the broader cancer control community. These partnerships against cancer are resulting in shared progress and impact and are already starting to benefit Canadians by:

- Optimizing cancer control planning and delivery by putting data to work in a systematic way
- Saving lives by collaborating to prevent and detect cancer and chronic disease
- Promoting greater efficiencies and better care by acting on knowledge
- Improving the experience of Canadians affected by cancer
- Advancing cancer control among First Nations, Inuit and Métis populations

The following pages highlight accomplishments during 2010/11 in each of these areas, but represent only a sampling of the Partnership's work across the cancer control continuum. Please see page 14 to 51 for the Partnership's full range of accomplishments during 2010/11.

“By supporting health system planners to make evidence-based decisions, the System Performance Initiative and the National Staging Initiative will help Canadians to benefit from effective and equitable quality health services.”

Dr. Colum Smith

Vice-President, Clinical Services and Senior Medical Officer,
Saskatchewan Cancer Agency



¹ Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto, ON: Canadian Cancer Society; 2011.



Optimizing Cancer Control Planning and Delivery by Putting Data to Work Systematically

Optimizing cancer control in Canada requires accurate data and related tools so that cancer agencies and other health partners know where to focus their efforts and investments. By compiling and building on existing cancer information from across the country, the Partnership is helping to provide a sharper picture of cancer control.

In work that is helping to shape cancer control planning and delivery across Canada, the **System Performance Initiative** (page 37) uses cancer-related data from across the country to consistently and systematically measure progress. This national approach to reporting on the performance of the cancer control system and integrating cancer-related data, System Performance is a highly collaborative initiative providing cancer agencies, health ministries and other groups with a national mechanism for measuring progress and informing ongoing quality improvements in cancer care. The 2010/11 year was a critical one for the System Performance Initiative. Building on a baseline report published last year, this year's work included the development and introduction of a number of new indicators in treatment practices relative to clinical guidelines, which were published in the 2010 System Performance Report.

A second initiative that puts data to work in a systematic way is the **National Staging Initiative** (page 28), which engages provinces and territories, including the cancer agencies, registries and programs, and national partners such as Statistics Canada, in collecting standardized population-based stage information for the four most common cancers – prostate, lung, breast and colorectal. The data will provide insights into how early or late these cancers are diagnosed among Canadians and whether that is changing over time. A critical part of this initiative is the implementation of a standardized, evidence-based clinical approach to reporting pathology results that will ensure that the pathology data being captured is complete. The National Staging Initiative will enable cancer system decision-makers to better target investments by monitoring trends and patterns of cancer across Canada while providing insights into the effectiveness of screening and treatment programs.

Saving Lives by Collaborating to Prevent and Detect Cancer and Chronic Disease

The Partnership is leading innovative initiatives that aim to prevent cancer and detect the disease early, when it can be treated more effectively. By bridging provincial and territorial efforts to leverage the expertise that exists across the country, Partnership collaborations are propelling meaningful change in cancer prevention and early detection, demonstrating how the whole is greater than the sum of its parts.

The **Canadian Partnership for Tomorrow Project** (page 19) will help researchers answer key questions about the causes of cancer and other chronic diseases. As the national funder and co-ordinating body of the project, the Partnership is supporting and connecting five regional studies – in British Columbia, Alberta, Ontario, Quebec and Atlantic Canada – to recruit and follow up to 300,000 Canadians over decades. In 2010/11, regional recruitment continued as efforts ramped up to support the harmonization of data provided by the five participating studies, which will result in a “population laboratory” of a scale not previously seen in Canada.

Coalitions Linking Action and Science for Prevention (CLASP) (page 15) mobilizes research, practice and policy professionals to work together on improving the overall health of Canadians. Recognizing that lifestyle and the environment can influence the development of many chronic diseases, including cancer, CLASP is engaging more than 60 organizations in seven distinct projects targeting common risk factors, including nutrition, physical activity, body weight, tobacco use and environmental exposure to air pollution from automobiles. During 2010/11, the collaborations developed through CLASP moved beyond knowledge sharing to action through organizational, municipal and regional partnerships.

The **Colorectal Cancer Screening Initiative** (page 22) seeks to improve screening rates for colorectal cancer, the second-leading cause of cancer death, by supporting the expansion of population-based screening programs across the country and raising awareness of the importance of screening. Work in this area includes hosting the National Colorectal Cancer Screening Network, which is made up of screening professionals representing every province and territory as well as national patient and professional organizations. In 2010/11, Newfoundland and Labrador became the tenth province to announce a colorectal cancer screening program. Significant progress was also made in monitoring performance of colorectal cancer screening programs across the country, with completion of an initial report and confirmation of commitment from the provinces for ongoing reporting.



“The Partnership is mobilizing researchers and health-care professionals to work together in new ways. These new approaches range from population health research, to developing evidence-informed programs and policies. The Partnership’s practical approach to encouraging teamwork will certainly lead to improved health for Canadians.”

Dr. David Mowat

Medical Officer of Health, Region of Peel



“The collaborative approach of the Screening for Distress Initiative has enabled participating centres to quickly ramp up the training and tools to provide cancer patients with support appropriate to their individual needs.”

Dr. Marie-Claude Blais

Professor, Department of Psychology,
Université du Québec à Trois-Rivières;
Psychologist, Centre hospitalier universitaire
de Québec (CHUQ)



Improving the Experience of Canadians Affected by Cancer

Cancer's emotional toll is tremendous. The Partnership's work addresses gaps in the human side of cancer by promoting integrated person-centred care that spans three primary areas: screening for distress, navigation, and palliative and end-of-life care. These efforts aim to support the thousands of Canadians who have been diagnosed with cancer as they navigate a complex care system, consider treatment options and face psychosocial and practical challenges.

Through work with jurisdictions, the Partnership is promoting integrated person-centred care on various levels. Central to this work is the **Screening for Distress Initiative** (page 32). Research shows that 35 to 40 per cent of cancer patients feel enough emotional distress that they would benefit from additional support. Known as the sixth vital sign, distress can make coping with cancer diagnosis and treatment much more difficult. The Partnership is working with organizations in six provinces to implement a survey tool that supports the rapid identification of patients' main concerns and helps health-care professionals to conduct further assessments or make appropriate referrals. More than 10,000 patients have been screened since 2009. The 2010/11 year included an evaluation of the first jurisdictions to implement screening for distress. Early results are positive; the complete evaluation will be available in 2011/12.

The Partnership has also undertaken several **Survivorship** projects (page 35), working with survivors and health-care professionals to develop approaches to address the physical, emotional and practical challenges that often persist after cancer diagnosis and treatment. Building on findings of a 2008 national workshop, survivorship resources and programs advanced in 2010/11 included care plans, transition programs and professionally led online support groups.

Addressing Unique Cancer Control Needs

With cancer incidence among First Nations, Inuit and Métis peoples increasing at a faster rate than in the overall Canadian population, there is an urgency to address the growing cancer control challenges within these populations.

In 2010/11, a key step was taken with the development of the **First Nations, Inuit and Métis Action Plan on Cancer Control** (page 44). Created in collaboration with First Nations, Inuit and Métis peoples (including representatives from Assembly of First Nations, Inuit Tapiriit Kanatami and Métis National Council), the Public Health Agency of Canada and the First Nations and Inuit Health Branch of Health Canada, as well as patients and organizations involved in cancer control and chronic disease prevention, the Action Plan's focus is to identify and build on the innovative practices underway among First Nations, Inuit, Métis and cancer control partners.

Other significant progress included continuing work in primary prevention through the Partnership's **CLASP** (page 15). Three of the seven CLASPs include a First Nations focus, one of which is also committed to working in Nunavut this year. In addition, with Partnership support, Saint Elizabeth Health Care's educational platform **@YourSide Colleague®** (page 44) – the online cancer course developed specifically with and for health-care providers working in First Nations communities – was expanded to two additional provinces. With the course now offered in all western provinces and Ontario, plans are underway to expand it to all remaining provinces by March 31, 2012.

Also in 2010/11, a dedicated First Nations, Inuit and Métis online information hub was launched on cancerview.ca (page 44). The new section includes culturally responsive resources collected on cancer control and chronic disease prevention. Work is ongoing to further augment the site with new information from more partners.



“A major success of the Partnership’s work is the notable increase in collaboration among First Nations, Inuit and Métis communities in cancer control. In particular, national Aboriginal organizations are working together, with the Partnership, to address their shared priorities while respecting each other’s unique needs. I believe that through this collaborative work and by employing culturally respectful approaches, we will positively impact the burden of cancer and chronic disease in First Nations, Inuit and Métis communities.”

Caroline Lidstone-Jones

Chief Quality Officer, Weeneebayko Area Health Authority



Promoting Greater Efficiencies and Better Care by Acting on Knowledge

With its vast geography, highly diverse population and multi-jurisdictional health delivery systems, Canada's federated approach to health is complex. Knowledge is constantly evolving and the sheer amount of it can be overwhelming, making it difficult to decipher what is most important.

Cancerview.ca (page 41) is central to the Partnership's mission to promote greater efficiencies and better care by sharing information and exchanging knowledge. Cancerview.ca offers evidence-based content from more than 30 cancer and health partner organizations in Canada and serves as a repository for high-quality information about cancer and important resources for those affected by the disease. Examples of tools and links that provide information and support for patients, survivors, friends and family, as well as professionals who work in cancer care, are:

- *The Truth of It*, an online video series showcasing personal patient experiences
- First Nations, Inuit and Métis Community of Information, an online information hub for resources on cancer control in First Nations, Inuit and Métis populations
- Canadian Cancer Trials, a searchable database of clinical trials in Canada
- Canadian Virtual Hospice, an online resource for palliative and end-of-life care
- Cancer Connections, a recently launched Canadian Cancer Society online community that offers cancer patients, family and friends a place to share experiences and build relationships.

Serving between 15,000 and 20,000 unique visitors each month, cancerview.ca is also bringing the cancer community together through password-protected virtual workspaces. In 2010/11, this community grew to 148 active groups, including cancer administrators, educators and provincial networks of front-line treatment and care professionals.

The benefits of a widely accessible web portal are enormous. An example of the potential to leverage cancerview.ca's powerful capabilities for networking and collaboration is found in the **Pan-Canadian Oncology Drug Review (pCODR)**. Getting underway in 2011, pCODR will use the platform to support its role in assessing the evidence and cost effectiveness of new cancer drugs and providing recommendations to the provinces and territories to help guide drug-funding decisions. See page 42 for more information or visit pcodr.ca.





“Accelerating uptake of cancer knowledge is central to the Partnership’s mandate to ensure people working or interested in cancer control can find and share trusted information in a timely and efficient way. As a physician and a cancer survivor, I can tell you from personal experience the value of a trusted information hub like cancerview.ca.”

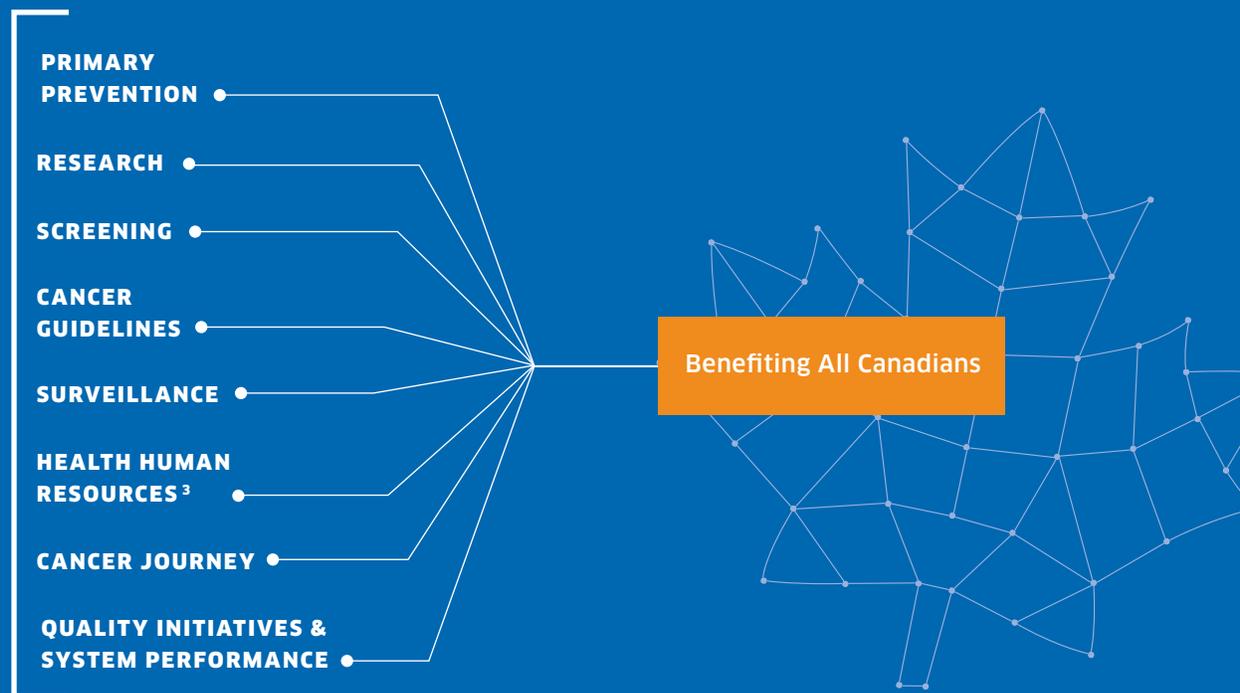
● **Dr. Marla Shapiro**

Board member, Canadian Partnership Against Cancer; family physician; medical contributor, CTV; and participant, The Truth of It

• The Partnership's Strategic Priorities

The Canadian Partnership Against Cancer was created to implement Canada's cancer control strategy. Collaborating with other organizations in the cancer community, it identifies, accelerates and launches successful initiatives, from prevention and screening to research, surveillance and survivorship. Because an estimated one out of every four Canadians will die of cancer, palliative and end-of-life care are also within the scope of the Partnership's mandate.²

Our initiatives are fuelled by existing knowledge and lead to new insights – with the ultimate goal of advancing cancer control for all Canadians. The Partnership has organized its work across eight strategic priorities reflecting different aspects of cancer control:



² Canadian Cancer Society. *General Cancer Statistics for 2011*, May 2011. www.cancer.ca.

³ Included in Knowledge Management (page 41)

Primary Prevention

Acting Together to Reduce Risk

Cancer and other chronic diseases account for 89 per cent of all deaths in Canada.⁴ Many chronic diseases are known to be preventable through healthier lifestyles and communities. Maintaining a healthy body weight, quitting smoking, limiting sun exposure and improving the quality of our environment can help to reduce the risk of cancer and major chronic diseases such as diabetes and heart disease.

The Partnership is using evidence to inform policies and programs for primary prevention. This practice improves surveillance and public awareness and fosters co-operation and collaboration among partners from other chronic disease groups, in turn maximizing the results of collective efforts.

Progress during 2010/11 resulted in great part from collaboration with and between other organizations and from a shared commitment to knowledge development, translation and exchange. These achievements focused on the following key initiatives:

- CLASP (Coalitions Linking Action and Science for Prevention)
- CAREX Canada
- CAPTURE (Canadian Platform to Increase Usage of Real-world Evidence)
- Healthy Public Policy

CLASP

Evidence that could help to prevent cancer and chronic disease emerges regularly through research. However, it can be difficult for public health practitioners and decision-makers to integrate research evidence with lessons learned from policy and practice, especially given jurisdictional boundaries and the many organizations and agencies focusing on different chronic diseases.

CLASP involves more than 60 organizations, from disease-specific non-governmental organizations and community-based groups to health ministries and cancer agencies. Together they work to integrate research, practice and policy knowledge about chronic disease prevention and to accelerate action on shared priorities, with a view to improving the health of all Canadians. In the 2009/10 year, seven CLASP initiatives were selected for funding from among more than 40 submissions received through a request-for-proposals process. Initial funding for CLASP was \$12.5 million from the Partnership, \$2.5 million from the Public Health Agency of Canada and \$500,000 from the Heart and Stroke Foundation for a period of two and a half years ending in March 2012.

CLASP is facilitating more co-ordinated and efficient partnership approaches to disease prevention through the exchange of knowledge and best practices that complement federal, provincial and territorial healthy-living strategies.

The 2010/11 fiscal year saw significant progress in the implementation of CLASP:

- The seven CLASPs launched in 2009/10 continued to operate in a range of areas relevant to chronic disease prevention, including reducing childhood obesity, integrating evidence-based prevention in primary-care practice, redesigning neighbourhoods to promote healthier lifestyles, and preventing cancer and chronic disease in First Nations communities.

⁴ Chronic Diseases and their Control. WHO press release 59. Geneva: World Health Organization, 2006. http://whqlibdoc.who.int/press_release/2006/PR_59.pdf

Primary Prevention

- In September 2010, the Public Health Agency of Canada provided funding in addition to the \$2.5 million it committed in 2009/10. The added funding was to further CLASP stakeholder engagement in the territories. A meeting was held in Yellowknife in December 2010 that brought together 50 research, practice and policy specialists from Yukon, Northwest Territories and Nunavut, along with members of CLASP projects working in northern and remote areas. Participants discussed challenges and opportunities for the expansion of north-south and east-west cancer and chronic disease prevention partnerships in the territories.
- In November 2010, the semi-annual knowledge exchange meeting for funded CLASPs convened more than 100 coalition members and funding agency representatives to share knowledge and explore opportunities for further collaboration. The meeting was held in Saskatoon and was co-hosted by the Federation of Saskatchewan Indian Nations. The meeting's first day was held at the Wanuskewin Heritage Park and provided participants with the opportunity to learn more about the culture and beliefs of First Nations people.
- In February 2011, the cross-CLASP evaluation working group met to review the baseline evaluation data. Meetings of these working groups during and between semi-annual conventions help sustain knowledge exchange among the projects and ensure ongoing evaluation of progress and sustainability.
- Researchers, decision- and policy-makers, designers and planners met in Ottawa in March 2011 for a two-day meeting entitled *Sharing Knowledge – Building Links – Advancing Research, Policy and Practice on the Built Environment*. The built environment is defined as the physical and social environment that is both affected by, and itself affects, urban policy, design, and development, and liveable, walkable, sustainable communities.

Hosted by the Heart and Stroke Foundation of Canada and co-sponsored by the Partnership, the Canadian Institute for Health Information, the Canadian Institute for Health Research and the Public Health Agency of Canada, the meeting brought together more than 100 experts from 80 organizations nationwide. Participants represented all levels of government plus non-governmental, public health, urban planning, nutrition, Inuit and First Nations organizations. Attendees explored solutions that will contribute to improvements in the well-being and sustainability of Canadian communities.

The seven funded CLASPs have shown tangible progress in their first year, with a measurable shift from networking and co ordination to co operation and collaboration. The following are a few highlights from four of the CLASPs:

- **BETTER (Building on Existing Tools to Improve Chronic Disease Prevention in Family Practice)** aims to increase prevention and screening for heart disease, diabetes and cancer in primary care physicians' offices in Alberta and Ontario. It has completed patient recruitment for more than 2,000 participants and delivery of evidence-based interventions is underway.
- Learning modules have been developed with three First Nations communities in Northern Ontario for the **Collaborative Action on Childhood Obesity** to re introduce traditional food sourcing and preparation. One band council has called for the modules to be incorporated into the official school curriculum.
- **Health Empowerment for You** completed and pilot tested its curriculum for First Nations community health representatives in Saskatchewan and Manitoba. This program is focused on enhancing community based health education to improve cancer and chronic disease prevention in First Nation populations.
- Preliminary outcome data from two schools participating in **Children s Mobility, Health and Happiness** demonstrated an increase in cycling from zero to seven per cent and an increase in walking from 50 per cent to 60 per cent. This CLASP is promoting healthier lifestyles by targeting the use of active transportation to get to and from school and by encouraging supporting policies and practices.

Environmental Risks: Reducing Community and Occupational Exposure

In 2010/11, concrete progress was made in building the evidence base to support the development of programs and policies to reduce carcinogenic exposures and improve the health of Canadians:

- **CAREX Canada:** Success in reducing Canadians' exposure to carcinogens is tied to knowledge about the presence of these substances in our workplaces and communities. Accessible through cancerview.ca and carexcanada.ca, CAREX Canada is mapping patterns of exposure in workplaces and in the air, water and soil. As it becomes available, this information is shared through the resource centre and carcinogen database on the CAREX website. CAREX is actively engaging with research, practice and policy specialists who can use this data to inform the development of policies and practices that will help make Canadians healthier. In 2010/11, CAREX Canada:
 - Produced specialized reports on environmental and occupational exposures for Ontario, Alberta, Quebec and British Columbia.
 - Estimated annual average outdoor concentrations of benzene, ethylbenzene, 1,3-butadiene and fine particulates (PM2.5) for every street block in Canada; this information was provided to Health Canada researchers for future use in national cohort studies on air pollution and health.
 - Continued with CAREX Canada's Canadian Workplace Exposure Database project, with data-sharing agreements being developed with key provincial and territorial ministries.
- **Skin cancer prevention:** A Partnership report published in July 2010 examines melanoma and non-melanoma skin cancer and explores how a comprehensive cancer prevention program could help reduce the number of cases and deaths. The report also examines the costs associated with the disease. According to *The Economic Burden of Skin Cancer in Canada: Current and Projected*, the risk of developing melanoma is associated with several factors, and sun safety is a key priority of primary prevention efforts related to skin cancer and its associated economic burden. A second report, *Exposure to and Protection from the Sun in Canada*, based on data from the 2006 Second National Sun Survey, was also published this year.

CAPTURE

A web-enabled platform designed to support chronic disease prevention practitioners and program managers in collecting and reviewing practice and policy evidence, CAPTURE helps cancer-control and health-system planners evaluate which primary prevention programs are most effective, for whom and in what context.

In 2010/11, the following steps were made in CAPTURE development and use:

- Evaluation support of the Partnership's CLASP initiative (page 15) continued, and with additional funding from the Public Health Agency of Canada, a project was begun to assess evaluation needs of communities working with northern, remote and Aboriginal populations to support CAPTURE in developing its client service model and populating its tool repository.
- An International Advisory Board (U.K., U.S. and Canada), formed in 2009 to provide strategic advice on development of CAPTURE, provided ongoing input about communications, demonstrating value, platform design and project evaluation. The first CAPTURE platform features were unveiled in the fall of 2010 and tested by users. A national needs assessment was undertaken and consultations continued across Canada with stakeholders responsible for community-based primary prevention programs.

"Through our collaboration with partners in research, policy and practice, the Youth Excel CLASP has advanced a comprehensive approach to school health. My organization also benefits from networking and knowledge exchange opportunities regarding projects underway across the country that link with, and build upon, our work."

Katherine Kelly

Executive Director, Pan-Canadian Joint Consortium for School Health

Healthy Public Policy: Alignment in Action for Nutrition and Physical Activity

Public policies that address nutrition and physical activity have the potential to dramatically reduce the incidence of cancer and other chronic diseases. Building on 48 evidence-based policy recommendations identified in *Policy and Action for Cancer Prevention (Food, Nutrition and Physical Activity)*, the 2009 publication from the World Cancer Research Fund/American Institute of Cancer Research, the Partnership identified opportunities for policy development that will generate action.

The following were highlights of the initiative in 2010/11:

- A series of webinars was launched to promote awareness and use of the Prevention Policies Directory. Built by the Partnership and housed on cancerview.ca, this searchable dynamic database is populated by web crawler technology that scans more than 200 websites for updates in Canadian policies and legal instruments related to the modifiable risk factors for cancer and chronic disease.
- In September 2010, federal, provincial and territorial ministers of health endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. As a follow-up to the release of the Framework, the Partnership and the Public Health Agency of Canada co-hosted a consultation meeting in March 2011 to identify collective actions that will reduce the growing epidemic of childhood obesity and the numerous chronic diseases linked to it. The meeting, entitled *Preventing Childhood Obesity – Moving Policy Recommendations into Action*, brought

together more than 100 experts from 80 organizations nationwide, representing all levels of government, along with non-governmental, public health, urban planning, nutrition, and Inuit and First Nations organizations. Attendees discussed practical actions stemming from the Framework that will result in healthier children and a healthier population overall.

- The Partnership published a report, *Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factor*, in January 2011. The report examines how creating healthy public policies on nutrition and physical activity has the potential to help Canadians improve their health and dramatically reduce the incidence of cancer. Canada's existing healthy-living and active-lifestyle policies are highlighted in the report, while an international context for these policies helps identify opportunities that might advance healthy public policies across the country.

Also in 2010/11:

The National Symposium on Infectious Agents brought together scientific, clinical and policy experts – many in first-ever exchanges – to share valuable information and explore opportunities for co-operation on strategies for such infectious agents as human papillomavirus, the hepatitis B virus and H. pylori bacteria. A proceedings report was published and posted on cancerview.ca and a manuscript has been developed for publication in a peer-reviewed journal in 2011.

“CAREX Canada is working hard to develop estimates of how many Canadians are exposed to workplace and environmental carcinogens, how and where they are exposed, and what this means for the risk of cancer. This is essential data for targeting future policies and programs for cancer prevention. Through collaborations with the Partnership, we've been able to build relationships with provincial partners and other stakeholders to make sure we are providing information in the most useful form for people on the frontline of cancer prevention.”

Dr. Paul Demers

Scientific Director, CAREX Canada



[1] Dr. Jon Kerner, Canadian Partnership Against Cancer, chairs the Primary Prevention Advisory Group and is also a Senior Scientific Advisor at the Partnership [2] Katherine Kelly (quoted).

[3] Dr. Paul Demers

Research

A Systematic Approach to Optimizing Research

A wealth of cancer research projects and portfolios are underway in universities, hospitals, cancer agencies and programs, and other facilities across the country. Building on the valuable knowledge that exists and is emerging throughout the research community, the Partnership supports landmark programs that strengthen research capacity in Canada, facilitate the movement of knowledge from research into practice, and maximize the impact of cancer research.

In 2010/11, Partnership support is advancing three research initiatives that have the potential for high-impact results:

- Canadian Partnership for Tomorrow Project
- Pan-Canadian Research Strategy
- Translational research

Canadian Partnership for Tomorrow Project

With a rigorous design and broad scope, the Canadian Partnership for Tomorrow Project is establishing a large, high-quality “population laboratory” that will help researchers unlock the secrets of what causes cancer and other chronic diseases. The project is made up of five regional studies – the Alberta Tomorrow Project, Atlantic PATH, BC Generations Project, the Ontario Health Study and Quebec’s CARTaGENE – and is aiming to recruit up to 300,000 Canadians and track them over decades. It will result in a “population laboratory” of a size and scale not previously seen in Canada. Funding for this type of long-term population research can be difficult to secure, but with support from the Partnership and regional partners this project is building a legacy for future generations of Canadians.

Data from the project is aligned with information collected in population studies from around the world through the Public Population Project in Genomics (P3G), a consortium that provides the international population genomics community with access to expertise, innovative tools and up-to-date information. The collection of baseline and ongoing data and biological samples will build a database and a bio-repository that will serve as a rich resource for researchers. There is remarkable potential for this long-term, large-scale perspective to improve our understanding of cancer and other chronic diseases. Development of these diseases is often shaped by a number of factors over a long period.

The following achievements in 2010/11 highlight the project’s progress:

- Collaboration with key stakeholders established an International Scientific Advisory Board, comprising world-renowned experts in key areas of research, to help guide the project over the long term.
- An online questionnaire was developed by the Ontario Health Study through funding from the Partnership and the Ontario Institute for Cancer Research. It was introduced as a means of collecting data from participants and to complement other recruitment efforts.
- Recruitment continued in all regional cohorts. In Quebec, initial recruitment was completed and recruitment was initiated in New Brunswick through the Atlantic PATH study.
- Tools and materials were developed to support recruitment within the regional studies. These include a Canadian Partnership for Tomorrow Project website that serves as a central hub and directs visitors to the appropriate regional study, as well as brochures and posters. Outreach to media also helped generate interest in the study.

“The Canadian Partnership for Tomorrow Project is a leading example of “big science” with all the right elements: government support, national collaboration, multi-disciplinary research, public participation, and a timeline that will yield practical applications, therapies, improved quality of life and value for millions of people. We have the power and the potential to connect cause and effect in ways never before possible to prevent cancer and chronic disease.”

Dr. Jacques Magnan

Chief Executive Officer, Alberta Innovates – Health Solutions

Pan-Canadian Cancer Research Strategy

There are always more ideas than there are dollars to support research. Understanding the research landscape, and the gaps and opportunities, is therefore critical to optimizing research investments and using limited funds most effectively. Developed by the Canadian Cancer Research Alliance, the secretariat of which is funded by the Partnership, the Pan-Canadian Cancer Research Strategy represents the collaboration of 29 major cancer research organizations.

The landmark research strategy outlines 24 key action items across numerous areas of focus, including prevention, biological and translational research, as well as treatment and tumour-specific research. This commitment to a co-ordinated plan by the community marks an important shift in culture. For the first time, research funders are planning how elements of their work will fit within the context of a broader Canadian strategy, taking into consideration shared priorities and leveraging the strengths of each organization to maximize available funds.

“An important first for Canada, the pan-Canadian Cancer Research Strategy helps to guide and maximize investment in cancer research by highlighting gaps and opportunities for new partnerships and collaborations. This new national research agenda means that by working together, funding organizations are able to prioritize and optimize their investments.”

Dr. Mario Chevette

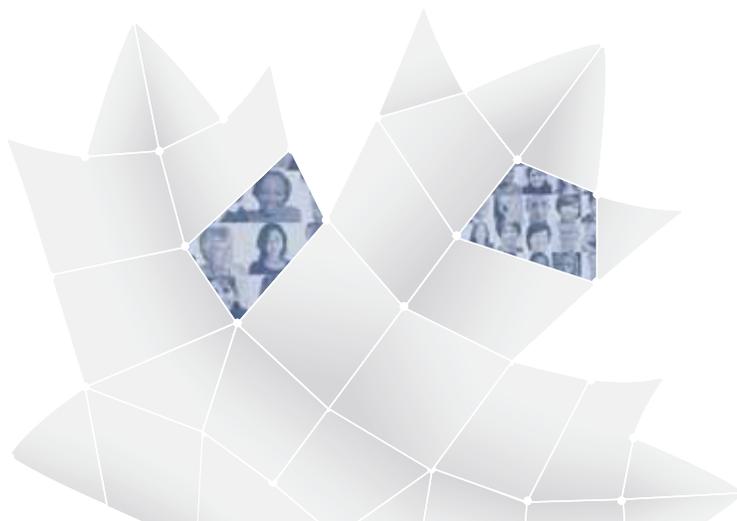
President, Board of Directors,
Cancer Research Society

Achievements in 2010/11 include the following:

- Through foundational work by the CCRA secretariat, a partnership was made possible between two CCRA members – the Ontario Institute for Cancer Research and Prostate Cancer Canada – which led to the launch of a prostate cancer project as part of Canada’s contribution to international efforts to sequence cancer genomes.
- The Partnership published the report *Investments in Cancer Risk and Prevention Research*, which presents a framework for defining this area of research and shows relative research investments.
- Planning took place for the inaugural *Canadian Cancer Research Conference*, which will be held in Toronto in November 2011. The conference will bring together leading experts from all areas of cancer research from across Canada to exchange knowledge and share ideas. It will also showcase the breadth and excellence of Canadian cancer research, promote key infrastructure and provide trainees and young investigators with networking opportunities while increasing awareness of current Canadian researchers’ programs.

Translational Cancer Research

The Partnership is collaborating with the Terry Fox Research Institute on the Pan-Canadian Cancer Biomarker Initiative to translate research findings into clinical practice. The work’s focus is practical: to identify emerging technologies that can improve early detection and treatment methods using biomarkers, the biochemical features that indicate the progress of disease or the effects of therapy.



The most advanced study in the initiative is the Early Lung Cancer Detection Study, which explores how emerging technologies can improve early detection of lung cancer. The study builds on large international trials that are investigating whether spiral computed tomography (CT) scanning offers the most effective means of screening individuals who are at high risk of lung cancer. Preliminary results of a recent U.S. trial on the use of spiral CT screening showed that examining patients by CT is effective in reducing lung cancer deaths by 20 per cent over the use of chest x-rays for screening. All-cause mortality was also reduced by seven per cent in those given a CT scan.

The Canadian study also screens high-risk individuals using other methods, including questionnaires, a breathing test and a blood biomarker test. It seeks to identify who could most benefit from spiral CT screening and to examine how the combination of tests could maximize the impact of lung cancer screening as quickly as possible in Canada.

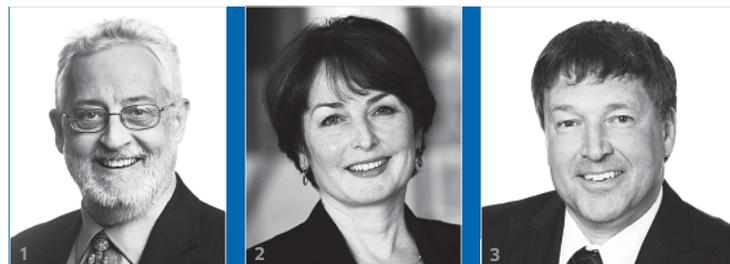
At the end of March 2011, baseline assessments were completed for the 2,500 participants in the Early Lung Cancer Detection Study. To date 71 cancers have been discovered, with additional cases with suspicious lesions undergoing further investigations. Data on direct and indirect costs of diagnosing and treating lung cancer has been collected prospectively for health economics analysis.

In collaboration with the Terry Fox Research Institute, the following progress occurred in other areas:

- Pilot projects in translational research related to ovarian and prostate cancer were funded.
- Investment was made in a project that aims to further understand anorexic cachexia syndrome, a complex metabolic syndrome that leads to involuntary weight loss in cancer patients. It often arises early in patients with lung, pancreatic and upper gastrointestinal cancers, and is almost universal at the terminal stage of all types of cancer. The project aims to provide more effective treatments for patients.
- Work was done to improve the survival rates of people with multiple myeloma and non-Hodgkin's lymphoma. The study will improve the ability to detect disease in patients.

Other efforts in the field of translational research in 2010/11 included:

- A report was published to clarify the definition of translational cancer research and co-ordinate investments in this area. Analysis for *Investment in Early Translational Research* (published in February 2011) was based on the *Canadian Cancer Research Survey*, which is produced annually by the Canadian Cancer Research Alliance.



[1] Dr. Jacques Magnan (quoted) **[2]** Dr. Elizabeth Eisenhauer, NCIC Clinical Trials Group, Queen's University, chairs the Partnership's Research Advisory Group **[3]** Dr. Mario Chevrete (quoted)

Screening

Early Detection to Save Lives

Cancer is the leading cause of early death in Canada.⁵ Because early detection of cancer and pre-cancerous lesions can be key to survival, the Partnership is spearheading efforts in screening where there is known benefit. In 2010/11, the Partnership achieved significant milestones in boosting population-based screening for both colorectal and cervical cancer. Additionally, an alliance was created to represent all population-based screening programs—for breast, cervical and colorectal cancer—and to maximize impact through joint operational strategies.

Colorectal Cancer Screening Initiative

Colorectal cancer is the second-leading cause of cancer death in Canada⁶ but it is highly treatable if caught early. While the number of Canadians taking advantage of potentially life-saving colorectal cancer screening is increasing, a recent survey showed that over half of Canadians of screening age are still not getting screened for colorectal cancer.⁷

The Partnership aims to increase population-based screening by supporting provinces and territories as they work to implement screening programs within their jurisdictions. A central element to this work is the Partnership-initiated National Colorectal Cancer Screening Network (the Network), which brings together provincial screening program staff, provincial and territorial government representatives, and representatives from the Canadian Cancer Society, the Public Health Agency of Canada, the Canadian Cancer Action Network, the Canadian Medical Association, the Colorectal Cancer Association of Canada and the Canadian Association of Gastroenterology. The Network's objective is to develop a shared approach to screening in jurisdictions across Canada.

Since its inception in 2007, the Network's work has led to positive outcomes, including an increase in the number of provinces with organized screening programs. In 2007, three provinces had announced screening programs and now all 10 have made such announcements.

Another program under the Network's stewardship is Colonversation, a national campaign to raise awareness of the importance of colorectal cancer screening. The program aims to help Canadians engage in life-saving conversations, using an online information resource housed at colonversation.ca where visitors can learn why, where and how to get screened.

The 2010/11 fiscal year saw tangible progress in the area of colorectal cancer screening:

- Newfoundland and Labrador announced funding for the implementation of a screening program in the spring of 2010. All 10 provinces have now announced screening programs.
- Ongoing active participation by the Northwest Territories in the Network and a program pilot study led to the revision of the *Colorectal Cancer Screening Clinical Practice Guidelines, Northwest Territories (2011)*.
- In the fall of 2010, the Network highlighted the need for a consistent classification of benign polyps. As a result, a pan-Canadian working group of pathologists is coming to a consensus on issues surrounding the classification of benign polyps, with the group presenting the completed consensus document to the Canadian Association of Pathologists in June 2011.
- In the fall of 2010, the Quality Determinants Working Group continued work toward reporting national data indicators to promote ongoing program improvements. The group outlined the initiative in an internal report completed in March 2011. Plans are underway for a second, more detailed round of reporting in 2011/12.
- During 2010/11 the Colonversation program developed new tools to help Canadians aged 50 to 74 learn about the importance of screening for colon cancer. These tools include development of new social media programs, creation of an online public service announcement for rollout in May 2011, and an award-winning video to inform the target age group about how to complete a home screening test.

5 Canadian Cancer Society. *General Cancer Statistics for 2011*, May 2011. www.cancer.ca.

6 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto, ON: Canadian Cancer Society; 2011.

7 The Colon Cancer Screening in Canada survey, commissioned by the Canadian Partnership Against Cancer's National Colorectal Cancer Screening Network. Conducted by Angus Reid Public Opinion in partnership with the Applied Health Research Centre at St. Michael's Hospital, Toronto. Released January 2010.

“Through the National Colorectal Cancer Screening Network, we brought together a group that included respected leaders in pathology and gastroenterology from across the country to develop a pan-Canadian classification system for colorectal polyps, and to discuss pathological reporting of these colorectal cancer precursors. The final consensus document will improve the efficiency of clinical reporting and ensure patient safety. Were it not for the Partnership, it might not have been possible to facilitate the caliber of collaborators and to create this system as quickly.”

Dr. David Driman

Chair, Colorectal Polyps Taskforce; Pathologist,
Department of Pathology, London Health Sciences Centre

Cervical Cancer Control

Despite the success of cervical cancer screening based on provincial and territorial cervical screening programs and strategies, an estimated 1,300 Canadians will be diagnosed with cervical cancer this year and 350 will die from it.⁸

The cervical cancer screening landscape is changing with the availability of a vaccination against human papillomavirus, the virus that can lead to cervical cancer. Vaccination will result in a growing number of young women with increased – though not complete – protection against cervical cancer. There are also new tests to detect early signs of the disease.

With this changing landscape, cervical cancer screening programs have been examining their practices over the past few years. New opportunities and methods for cervical cancer control are raising questions about whether common types of testing, such as the Pap test, should change and whether different screening recommendations should apply to vaccinated women, including whether a different interval of testing or different tests are required.

A Partnership-supported national network that is driving progress to maximize the impact of cervical cancer control is the Pan-Canadian Cervical Screening Initiative (PCCSI).

Inaugurated in June 2009, the PCCSI serves as a national forum for provinces and territories to share experiences, review new evidence and technologies, and discuss and take action on matters related to cervical cancer screening

programs and their integration with HPV testing and vaccination initiatives. Members include key stakeholders from the provinces and territories, professional health-care groups, the Public Health Agency of Canada, the First Nations and Inuit Health Branch of Health Canada, the Canadian Cancer Action Network, the Canadian Cancer Society, patient organizations and government agencies working in chronic and infectious disease prevention and control.

To optimize participation in, and the impact of, cervical screening programs, the PCCSI provides a platform for evaluating programs in Canada and works to identify priorities in cervical cancer screening, prevention and treatment that would benefit from collaborative action.

Highlights of the Pan-Canadian Cervical Screening Initiative in 2010/11 include the following:

- In October 2010, for the first time, provincial and territorial cervical screening programs and strategies across Canada hosted their Pap Test Weeks at the same time. It is hoped that uniform promotion of Pap Test Week will help raise awareness of cervical screening.
- As provinces and territories work to revise and implement new cervical screening guidelines for their jurisdictions, the PCCSI has joined with the Canadian Task Force on Preventive Health Care to revise the national guidelines to reflect current best practices, helping to promote compliance across the country.
- Provincial and territorial cervical screening programs and strategies across Canada reported on the first set of national quality indicators, demonstrating a widespread commitment to quality improvement. Aggregate data were collected from six provinces in March 2010 and the first formal report is set for completion in May 2011.

8 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto, ON: Canadian Cancer Society; 2011.

“By assembling the pan-Canadian Cervical Screening Network, the Partnership has enabled progress in unifying cervical cancer control activities across the country. Everyone involved is committed to sharing best practices and maximizing the impact of our jurisdictional programs so that Canadian women get the cervical screening they need.”

Dr. Meg McLachlin

Chair, Pan-Canadian Cervical Screening Initiative;
Deputy Chief of Pathology and Medical Leader,
Surgical Pathology, London Health Sciences Centre

Anticipatory Science

New evidence about cancer screening is often highly anticipated, especially when there is potential to reduce mortality rates. Publication of this type of evidence, particularly from major trials, creates the need for prompt review of existing information and relevant articles by health policy advisors involved in cancer control so they may respond in a timely, credible manner to the media and briefing requests from provincial and territorial ministries of health.

Through its Anticipatory Science Initiative, the Partnership helps to address this need by leveraging the collective wisdom of experts across the country. Brought together as required, panels of experts review existing trial-related publications and produce documents summarizing their common understanding of potential screening benefits, harms and implications for practitioners and health program planners. Once anticipated outcomes are available, the new information is added to the summary report. This approach facilitates streamlined, timely synopsis of new screening evidence by Canadian experts and co-ordinated distribution of key information to screening stakeholders across the country.

Summary reports completed in 2010/11 include:

- Summaries for prostate cancer screening and colorectal cancer screening; these are available on cancerview.ca
- Part 1 of an ovarian cancer screening summary, which will be updated with mortality statistics in 2011/12

Two new panels were convened, one in response to the highly anticipated results of two major lung cancer screening trials and another to examine growing evidence related to HPV testing. Summary reports are pending.

“By providing reviews and summaries of existing evidence, the Anticipatory Science Initiative ensures that our colleagues across the country benefit from the best available knowledge. This informs responses to new cancer trial information, meaning that discoveries can be moved into action swiftly in order to improve the system. In addition to serving as a platform for future follow-up initiatives, my involvement connected me with experts throughout Canada and we keep in touch to improve our practices and learn from each another.”

Dr. Tom Pickles

Radiation Oncologist, BC Cancer Agency



[1] Dr. Verna Mai, Cancer Care Ontario, chairs the Partnership's Screening Advisory Group **[2]** Dr. David Driman (quoted) **[3]** Dr. Meg McLachlin (quoted) **[4]** Dr. Tom Pickles (quoted)

Cancer Guidelines

Leveraging Action to Improve Outcomes

Clinical guidelines in cancer are compilations of the best-available evidence on specific care options. In patient care, guidelines provide a basis for consistent, high-quality care that will lead to the best possible patient outcomes. Guidelines also spur improvements in system quality by informing program design and investment.

The Partnership is working with organizations across the cancer control community to champion evidence-based practice and to enhance the development, implementation and optimal use of guidelines. In 2010/11, the Partnership achieved promising results in facilitating the use of evidence across three initiatives:

- Synoptic reporting – surgery
- CAN-ADAPTE
- The Guidelines Capacity Enhancement Program

Synoptic Reporting – Surgery

Electronic synoptic reporting captures standardized information about surgery at the point of care and transmits this data to other health-care personnel – for example, medical and radiation oncologists and family physicians – within minutes. Surgeons can use the captured information, which includes adherence to the clinical evidence and safety procedures embedded in the reporting templates, to track their own practices and those of their community. This information can benefit patients through safer surgical care and more effective treatment.

Building on work that began in Alberta with funding from Canada Health Infoway, the Partnership is actively collaborating with clinicians across the country to develop and implement content and informatics standards for specific types of cancer surgery. Canada is a leader in implementing synoptic reporting in cancer surgery.

“The Manitoba surgeons involved with the Synoptic Reporting Tools for Cancer Surgery project have embraced the concept with enthusiasm. The synoptic surgical record is quickly recognized as concise, accurate, and efficient with the ability to advance standard and quality surgical practice. The opportunity to participate with colleagues from across the country to advance surgical care so dramatically has been an unparalleled experience in my 25 years of practice.”

Dr. Richard W. Nason

Professor and Head, Department of Surgery, University of Manitoba; Medical Director, Surgery Program, Winnipeg Regional Health Authority

Important objectives were achieved in 2010/11:

- Electronic synoptic reporting for cancer surgery was successfully implemented in selected centres in Nova Scotia, Quebec, Ontario, Manitoba and Alberta for surgery for four disease sites: breast, colorectal, ovarian and head/neck.
- An independent evaluation of the synoptic reporting pilot project was completed, including documentation of lessons learned. The evaluation demonstrated improved efficiency in the time to fill out and submit reports, improved completeness of reporting on data elements essential to recording the surgery, positive experiences by surgeons, and the potential for data comparison across jurisdictions. The evaluation also highlighted the successful sharing of best practices among five provinces, in both English and French, and the importance of the co-ordinating role the Partnership played in the process.
- In January 2011, key stakeholders convened to learn about the evaluation results from the pilot implementations of electronic reporting for cancer surgery in five provinces and to discuss the future of synoptic surgery reporting in Canada. Forum participants came from across Canada and included surgeons, health records and information technology staff, key leaders and decision-makers in the health system, and interested national partners, such as Canada Health Infoway and the Canadian Institute for Health Information. Organizational leaders provided key advice related to the sustainability of the implementations at the pilot sites, and on wider use of synoptic reporting.



CAN-ADAPTE

CAN-ADAPTE is creating a standardized process and set of resources to support cancer experts in implementing cancer control guidelines. The initiative provides guidance for adapting evidence to local contexts and to the level of resources available in a given jurisdiction.

Important developments in 2010/11 advanced the work of guideline adaptation in Canada:

- CAN-IMPLEMENT Version 1, a resource designed to fill an acknowledged gap in tools for guideline adaptation and implementation, was completed and is available on cancerview.ca. This three-part resource includes a guide, a library-science supplement and a toolkit.
- The pan-Canadian COSTaRS collaboration used the CAN-IMPLEMENT process to embed evidence from guidelines into protocols to guide nurse-patient interaction around symptom management, and was developed as a remote support tool. COSTaRS – the Pan-Canadian Oncology Symptom Triage and Remote Support – is a voluntary collaboration to address variability in how remote support is offered across Canada and the degree to which it is based on evidence.

“The CAN-IMPLEMENT methodology for adapting existing guidelines to local contexts has been immensely helpful in developing evidence-based protocols for symptom management for use by nurses who provide remote support to patients. They are easy to complete, applicable to patients with nearly every type of cancer and can help make sure we are offering high quality, evidence-based, consistent care to patients across the country.”

Dr. Dawn Stacey

Director, Patient Decision Aids Research Group,
Ottawa Hospital Research Institute

The Guidelines Capacity Enhancement Program

The Guidelines Capacity Enhancement Program builds skills in guideline development through training programs and other educational resources that support the production and adoption of guidelines by practitioners.

In 2010/11, Partnership-supported work yielded important results:

- The Standards and Guidelines Evidence (SAGE) repository, housed on cancerview.ca, is an online evidence-based searchable database of cancer control guidelines and standards. It is intended for individuals interested in sharing knowledge to improve cancer control. During 2010/11, SAGE was updated to include 1,348 guidelines that span the continuum from screening to end of life.
- A Cancer Guidelines Resource Centre was created, primarily for guideline developers and health-care professionals involved in cancer control. The centre, housed on cancerview.ca, also offers guideline support to cancer patients, the general public, health-care administrators and decision-makers. Key resources include information and tools to facilitate the use and development of guidelines, and a webinar series focused on topics related to guideline development. An overall report on the status of cancer guidelines is available to identify gaps and strengths in existing practice guidelines.



Also in 2010/11:

- The Guidelines, Resource Allocation and Public Education (GRAPE) program is concerned with connecting to the public on issues related to use of evidence for decision-making. The project includes an online tutorial to help people understand how health technology assessment is used in decision-making. The tutorial is geared toward orienting community representatives, clinicians and policy-makers who are tasked with making recommendations about how to establish priorities and allocate funding based on a variety of important financial, evidence-based and societal factors. The pan-Canadian Oncology Drug Review (pCODR) will be working with the Partnership on the beta testing of the tutorial for members of the pCODR Expert Review Committee. The tutorial will also be more broadly available on cancerview.ca in 2011. See page 42 for more information on pCODR.

“For me, in my experience, the SAGE database and the Guidelines Resource Centre on cancerview.ca have been invaluable resources, as I can access international cancer guidelines and quality resources that have assisted me in the development and implementation of clinical practice guidelines. These resources are uniquely comprehensive in that they feature collections of information and quality ratings that are not available elsewhere.”

Rosmin Esmail

Director, Clinical Epidemiology, Health Technology Assessment and Innovation, Alberta Health Services

- *The Guidelines Leaders Forum* brought together 98 leaders of guideline programs from various jurisdictions to exchange knowledge and explore opportunities for jurisdictions to work together. A key outcome is the development of a new mentorship program that connects guideline developers to training support from the Capacity Enhancement Program. Four people began mentoring sessions in 2010/11, and six groups are currently enrolled in this program. A guideline facilitator's network was also established through the forum as part of the CAN-ADAPTE project. The network has provided guideline co-ordinators with an opportunity to share resources and discuss issues encountered during the development process.
- A Partnership-supported project continued to explore how communities of practice arise and function in health-care settings related to cancer control. Communities of practice promote information-sharing and the generation of new ideas by bringing together professionals who may face common challenges in health-care and cancer control. These professionals represent valuable sources of knowledge, especially within their areas of practice. A final report, including tools for describing and evaluating communities of practice, is in development.



[1] Dr. Dawn Stacey (quoted) [2] Dr. George Browman, BC Cancer Agency, chairs the Partnership's Guidelines Advisory Group [3] Dr. Richard W. Nason (quoted) [4] Rosmin Esmail (quoted)

Surveillance

Data to Support Best Practices

The term surveillance refers to the monitoring of cancer trends over time at the population level and considers health determinants of these trends. The number and type of new cancer cases – and where in Canada they occur – are examples of surveillance data. Requiring collection and interpretation of standardized, accurate, high-quality information, surveillance supports effective planning, implementation, monitoring and evaluation of cancer control.

The Partnership is supporting the implementation of several pan-Canadian surveillance programs that aim to identify and fill information gaps, enhance the quality of data sources and widen access to and uptake of analytic methods and information products. Progress on three initiatives advanced this work in 2010/11:

- National Staging Initiative
- Cancer Surveillance and Epidemiology Networks
- Cancer Risk Management Model

“Through our network efforts, we now have the first steps towards a co-ordinated palliative care surveillance system that will help us understand the characteristics of terminally ill cancer patients and the health system resources used in the final year of life. By working with the Partnership and other members of this network, we can improve the quality of data and provide information that enhances care to patients during this stage of the cancer journey.”

Dr. Michael Downing

Palliative Medicine, Victoria, BC

National Staging Initiative

Cancer stage describes the severity or extent of the disease. There are four possible stages for any type of cancer.

For individual patients, doctors use stage information to assess the probable course of the disease and plan treatment. At the cancer control level, health-care planners and policy-makers can use stage information to gain deeper insight into trends such as incidence, mortality and survival, which can help to evaluate and improve the cancer control system. Collaborative stage is a complex staging system that captures detailed information and data about the extent of a patient's disease. It is the Canadian standard for staging cancer cases for surveillance purposes.

In partnership with provincial and territorial cancer agencies and programs, the goal of the National Staging Initiative is to collect national population-based stage data for all new cancer cases diagnosed on or after January 1, 2010. Presently, the initiative aims to capture collaborative stage data for 90 per cent of colorectal, breast, lung and prostate cancers, the four most common cancers in Canada.

The National Staging Initiative represents a \$20 million investment by the Partnership. Underway since 2008, it is an important initiative to help provinces build the infrastructure required to capture complex collaborative stage data. The granularity of collaborative stage data means it can be used to better understand cancer patterns over time, demonstrating the effectiveness of screening programs that are detecting cancers earlier, and enhancing knowledge of treatment needs.

In 2010/11, along with collecting national population-based stage data for all new cancer cases diagnosed on or after January 1, 2010, significant progress was achieved in the National Staging Initiative:

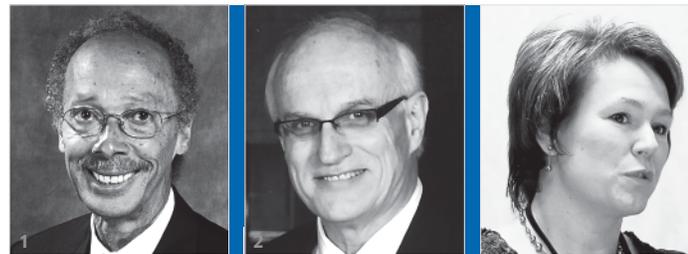
- Clinicians have been engaged and knowledge is being shared, with record levels of participation by pathology experts in the College of American Pathologists cancer checklists. Three provinces initiated implementation of the checklists using electronic systems at the point of care. Upgrades have been completed in seven provinces, enabling the collection of pan-Canadian population-based stage data for colorectal, breast, lung and prostate cancers.
- A key partner in the National Staging Initiative, the Canadian Association of Pathologists, established a partnership with the College of American Pathologists (CAP) to ensure Canadian input into the internationally endorsed CAP cancer checklists, placing Canada at the forefront of the international cancer pathology and stage reporting community. To support this work, the Partnership is establishing Canada's first expert panels on pathology and cancer staging to provide expert Canadian knowledge for the development of international staging standards and CAP cancer protocols.

- Through work with key stakeholders, partners and standards organizations, the Partnership received the Canadian Approved Standards Status for the CAP cancer protocols and staging protocols from Canada Health Infoway – one of the first clinically oriented standards to go through this process. The designation allows Canada Health Infoway to promote the protocols and make them available to groups implementing the CAP cancer and staging protocols and support further uptake.
- Together with the Canadian Association of Provincial Cancer Agencies, the Partnership made an announcement in October 2010 that highlighted the National Staging Initiative, marking a change that cancer experts have wanted for more than 20 years and one that will help cancer system decision-makers to target areas of greatest need in cancer control. The release featured a statement by the federal Minister of Health to emphasize the significant infrastructure and technology investment represented by the initiative and the collaboration among provinces, territories and non-governmental organizations in this work.

“The Cancer Risk Management Model helps to inform our decisions to new clinical evidence that is grounded by research and data. The tool provides health planners from across the country with a means of testing a variety of cancer control scenarios to quickly generate the type of information they need to make policy decisions. These decisions have the potential to improve population health and reduce the economic burden of cancer.”

Dr. Tony Fields

Vice President, Cancer Care, Alberta Health Services



[1] Dr. Tony Fields (quoted) [2] Dr. Michael Downing (quoted)
[3] Heather Logan, Canadian Association of Provincial Cancer Agencies, chairs the Partnership's Surveillance Advisory Group

Cancer Surveillance and Epidemiology Networks

Cancer Surveillance and Epidemiology Networks (CSEN) were established to stimulate creation of timely, multidisciplinary, high-quality information products that can be used to shape and monitor cancer control interventions. This Partnership initiative contributes to the reduction of information gaps and enhances cancer surveillance capacity by connecting experts across the country and fostering collaboration among jurisdictions and disciplines.

Four pan-Canadian networks were created last year following a request-for-proposal process. These networks are the Hospice Palliative End-of-Life Care Surveillance Network, the Cancer Survival and Prevalence Analytic Network, the Colorectal Cancer Network and the Cancer Projections Network. Since their inception, the networks have been producing, disseminating and increasing the use of high-quality Canadian cancer surveillance information that includes national, provincial and territorial perspectives.

This work was well underway in 2010/11:

- A Cancer Surveillance and Epidemiology Networks website was launched to help describe the networks and display their information products, including new reports. The website is available in English and French and is found at cancerview.ca/CSEN and vuesurlecancer.ca/RSEC.
- The Hospice Palliative End-of-Life Care Surveillance Network has been developing a website, <https://hpeol.phsa.ca>, that allows registered users to generate indicators and reports on cancer patients, their personal and family needs, and resource use patterns in the final year of life.
- Province-specific fact sheets on colorectal cancer were produced through a collaboration led by the Colorectal Cancer Network with members of the Cancer Survival and Prevalence Analytic Network and the Cancer Projections Network. Methods used in this effective collaboration will be incorporated into national comprehensive reports currently in development.

- An International Scientific Advisory Committee was established to assess the scientific value of the work performed and information generated by the networks. This committee will also advise on building strategic linkages with international leaders in cancer surveillance and epidemiology.
- A second analytical training workshop, focusing on short- and long-term projection methods, was held for junior analysts, part of ongoing efforts to support capacity building.

Cancer Risk Management

Working with Statistics Canada, the Partnership is leading development of the Cancer Risk Management Model Platform as part of its mandate to drive system-wide improvements through the synthesis and dissemination of best-available information. Housed on cancerview.ca, this web-enabled platform's primary purpose is to inform and guide the Partnership's strategy and assess its initiatives by modelling health and economic outcomes of various interventions. Importantly, the projections it generates can be used to inform policy and decision-making within the Canadian health system.

The online platform is sophisticated and flexible. As new interventions are introduced, the platform enables users to explore and assess the broad impacts and benefits of cancer investments at national and provincial or territorial levels. In this way, the impact of potential cancer control interventions can be modelled—for instance, comparing the long-term economic impact of a screening program with that of a prevention initiative—and the long-term outcomes of various interventions can be compared.

The Cancer Risk Management Model Platform aims to establish a sound basis for ongoing system-wide improvements to cancer control in Canada.

Developments in 2010/11 highlight growing use of the platform in cancer control:

- Based on Canadian data, the platform's population-based system-wide projections enabled the Partnership to evaluate impact from various strategic initiatives, as proposed in *The Future of Cancer Control in Canada* discussion paper on page 50. Output generated by the platform was also used to inform the effect of smoking interventions on lung cancer, as shown in the supplemental *System Performance Report* in lung cancer.
- More than 100 cancer program managers, policy planners, analysts and health economists from cancer agencies and programs, along with provincial and territorial health ministries, attended regional training workshops in Vancouver, Toronto and Halifax. Subsequently, the platform was showcased to key federal and provincial partners; these stakeholders expressed strong interest in using the tool to model various impacts in cancer control within various jurisdictions and organizations.
- New developments on the platform include the cervical cancer model, which will help inform the effects of HPV vaccination and cervical cancer screening program strategies. Broad stakeholder outreach with Canadian experts was undertaken to capture emerging issues and current practices in HPV vaccination, cervical cancer treatment and screening methods to develop a robust cervical cancer model. The current colorectal cancer model was enhanced with the incorporation of a component to examine the impact of early detection of colorectal cancer. Initial work is underway to enhance the current lung cancer model, which will include a computed tomography (CT) screening component. This component was developed in response to emerging evidence from major clinical trials and its potential to impact disease outcomes.



Cancer Journey

Improving the Journey for People with Cancer

A cancer diagnosis impacts the individual and his or her family and friends. In 2011 an estimated 177,800⁹ Canadians will be newly diagnosed with cancer. The diagnosis brings with it the initial shock and then ongoing impact of learning about the disease, trying to navigate a complex system of care, considering treatment options, and coping with psychosocial and practical challenges. Patients and families need to make informed choices, whether returning to work, addressing quality of life issues, learning to cope with the “new normal” or understanding palliative and end-of-life care plans.

These challenges present a number of opportunities to improve how the cancer system addresses such needs and to enable people with cancer to play a more active role in their care. The Partnership’s work to improve the patient experience includes enhancing the knowledge and practices of health-care professionals and developing support mechanisms within the system for patients, families and survivors.

In 2010/11, notable work was underway across a number of key areas:

- Two initiatives as part of integrated person-centred care:
 - Screening for distress
 - Navigation
- Guidelines and education
- Palliative and end-of-life care
- Survivorship
- Canadian Psychosocial Oncology Partners (CPOPonline)

Screening for Distress

Many people with cancer report feelings of sadness, fear and loneliness – as well as depression, anxiety and panic. Research indicates that 35 to 40 per cent of cancer patients feel enough distress that they would benefit from additional support services!¹⁰

Distress can make coping with a cancer diagnosis and treatment that much more difficult, and is recognized by Accreditation Canada as the sixth vital sign, following heart rate, blood pressure, respiratory rate, temperature and pain. It can often be detected through dialogue with patients and the use of simple, standardized tools, such as a survey that records an individual’s level of pain, depression, anxiety and fatigue and allows clinicians to determine if further assessment or referral for supportive care is required.

Throughout 2010/11 the Partnership continued working with jurisdictions to develop and implement resources to support screening for distress, with the goal of identifying distress proactively to determine people’s individual needs for further assessment or referral:

- Northeastern Ontario, the Quebec City Supra Region, Cancer Care Nova Scotia, the BC Cancer Agency, Princess Margaret Hospital, CancerCare Manitoba, and Alberta Health Services collaborated with the Partnership to implement distress-screening programs, and more than 900 trained health professionals have screened over 10,000 patients since 2009. The Saskatchewan Cancer Agency used the national tools to complement their efforts.
- These seven jurisdictions formed a national implementation group to share strategies and identify knowledge gaps in the implementation and management of screening for distress.
- An evaluation of the first jurisdictions to initiate screening for distress began this year, with results expected in 2011/12. Early findings indicate that there was improved inter-professional collaboration and communication, better staff awareness of available resources for patients, and improved efficiency in referrals to psychosocial resources.

9 Canadian Cancer Society’s Steering Committee on Cancer Statistics. Canadian Cancer Statistics 2011. Toronto, ON: Canadian Cancer Society; 2011.

10 Zabora J., Brintzenhofe-Szoc K., Curbow B., Hooker C., Piantadosi S. “The prevalence of psychosocial distress by cancer site.” *Psycho-oncology* 2001;10(1):19–28.

Navigation

Navigation programs help cancer patients to access services, chart their course through the health-care system and actively overcome barriers, with a goal of allowing them to receive quality care. Whether led by a health-care professional, facilitated by a trained survivor or delivered online, navigation programs for patients and their families ensure continuity of care and timely delivery of services, improve patient satisfaction and enhance empowerment and decision-making.

With a focus on customized development and implementation of local, provincial and territorial programs, important steps were taken in 2010/11:

- The Partnership collaborated with three jurisdictions – Ontario, Manitoba and British Columbia – to implement three distinct types of navigation programs: one designed to enhance learning of programs operating in rural areas, one with a focus on the diagnostic phase and another that will use lay people to act as navigators for patients. More than 700 patients have participated in these programs that began late in 2010.
- A virtual navigation pilot program for melanoma and colorectal cancer patients was evaluated at numerous cancer centres across Canada and a final report was published on cancerview.ca.
- A community of practice was facilitated by the Partnership in the Atlantic provinces, providing a forum for knowledge exchange and plans for interprovincial collaboration on referrals and services. The community was formed in response to requests for information, linkages and support from startup navigation programs in the region. Representatives from Newfoundland and Labrador, Prince Edward Island, New Brunswick and Nova Scotia met in the fall of 2010 to explore the experiences of navigators in their scopes of practice, using screening for distress tools and engagement with peer navigators and survivorship programs.

Guidelines and Education

The Partnership's Cancer Journey Guidelines Group created practice standards for specific distress symptoms to increase consistency in the quality and level of service cancer patients receive across the country. This work directly supports screening for distress and navigation by providing both guidelines on management of six symptoms and practice protocols. Patient education documents are the next to be completed.

Guidelines completed in 2010/12 include:

- A *Pan-Canadian Practice Guideline: Screening, Assessment and Care of Psychosocial Distress (Depression, Anxiety) in Adults with Cancer* is a document intended for interdisciplinary health-care providers. It includes information on the optimum screening, assessment and psychosocial-supportive care for adult patients with cancer who are identified as experiencing depression and/or anxiety.
- A national guideline for adult survivors, *Pan-Canadian Guidance on Organization and Structure of Survivorship Services and Psychosocial-Supportive Care Best Practices for Adult Cancer Survivors*, was developed. The guideline provides recommendations to help health authorities, decision-makers and health practitioners provide the best clinical practices and survivor services to support the physical and mental health of survivors and their families. Led by the Partnership's Cancer Journey Advisory Group in collaboration with the Canadian Association of Psychosocial Oncology, the document was developed by a Cancer Journey Survivorship Expert Panel, which included survivors, psychologists, nurses, a spiritual advisor, a social worker, rehabilitation experts, a family physician, medical and radiation oncologists, psychosocial oncology researchers and health services researchers.

Online education modules were developed in partnership with Interprofessional Psychosocial Oncology Distance Education (IPODE). The courses included:

- **Sexual Health in Cancer:** Sexual concerns are among the most commonly noted in cancer care but one of the least likely to be addressed. Developed in partnership with the De Souza Institute, this course is designed to assist health-care practitioners in cancer care to address sexual health-care issues.
- **Screening for Distress Education** is an online education program that provides an opportunity for practising health professionals to develop knowledge to screen and respond to distress, including referral processes. It also provides an overview of supportive counselling.

“Throughout my cancer journey it’s been important for me to play an active role in my care and to be able to access the right type of support for my situation. It’s very reassuring to see the Partnership working with health-care providers across the country to improve how the system addresses the needs of cancer patients and their caregivers fighting this horrible disease.”

Doug Gosling

Cancer patient; advocate; author, *The Wolf at My Door*

Palliative and End-of-Life Care

75,000 Canadians are expected to die from cancer in 2011.¹¹ Efforts to integrate palliative and end-of-life care into the cancer system are an important pillar of the Partnership’s work. The Partnership aims to support clinicians providing this unique type of care and to improve access to information and support.

Three core projects built on these efforts in 2010/11:

- **Promotion of education and competency-based training for oncology professionals.** The Partnership’s Palliative Care Working Group undertook to adapt the EPEC™-O (Education in Palliative and End-of-Life Care-Oncology) curriculum for use in Canada. This work is in collaboration with Northwestern University in Chicago, developer of the EPEC™-O curriculum. A session was held in May 2010, following a pilot session in March, with a total of 46 Canadian health professionals instructed as EPEC™-O trainers. The curriculum is being introduced through regional workshops.
- **Broadening access to information and support in palliative and end-of-life care.** The Canadian Virtual Hospice (page 43), with investment by the Partnership, provides meaningful information and support for palliative and end-of-life care, as well as on loss and grief for patients, family members and people working throughout health-care. The Partnership and Canadian Virtual Hospice are expanding awareness of this online resource, which is a featured service on cancerview.ca.



¹¹ Canadian Cancer Society’s Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto, ON: Canadian Cancer Society; 2011.

- Creation of a national framework for advance care planning. Advance care plans describe individuals' wishes for care, treatment and end-of-life experience. The Canadian Hospice Palliative Care Association is undertaking this project in collaboration with the Partnership, with co-ordinated input from government, the health-care sector and businesses. A needs assessment and environmental scan were completed to identify components of a national framework and current initiatives in advance care planning across Canada. The ongoing work of this project aims to raise awareness of the importance of advance care planning, to provide Canadians with the tools needed to effectively engage in the process, and to give professionals tools to facilitate the process.

Central to this work, a national campaign called *Speak Up: Start the conversation about advanced care plans* was launched in April 2011. The campaign aims to raise awareness about issues related to end-of-life care, particularly the importance of families discussing advance care plans.

“Emotional distress is part of the cancer experience. The Partnership’s Screening for Distress initiative is reaching patients at each critical point of their journey. Using indicators to measure signs of distress, clinicians can determine when further assessments or referrals to specialized services are needed. This proactive approach helps to address patients’ concerns early so that they can receive timely services and support to help ease their distress and lessen the symptoms associated with cancer and its treatment.”

Jill Taylor-Brown

Director, Patient and Family Support Services, CancerCare Manitoba

Survivorship

Physical, emotional and financial challenges often persist after a cancer diagnosis and treatment. These challenges are wide ranging and may include practical issues related to personal finances and employment, psychological struggles, strains on personal relationships and the fear of recurrence. With close to one million cancer survivors in Canada, a number that is increasing, there is a growing need to address the needs of patients and their families after their active treatment in the cancer care system ends.

The Partnership’s National Survivorship Working Group leads efforts to develop and disseminate the resources and programs necessary to support Canada’s growing population of cancer survivors. Established to address priorities identified at the National Survivorship Workshop in 2008, the working group focuses on implementing a program for use of care maps to empower survivors.

In 2010/11, progress included the following:

- Care plans summarize personal information, treatment and follow-up protocols to empower people to manage their own care. The Partnership funded four projects to explore strategies for the creation and implementation of these plans. They were: an online version for survivors from age 15 to 39 by St. John’s based Young Adult Cancer Canada; a project through a community-based organization at Wellspring in Toronto; another at a cancer treatment centre through CancerCare Manitoba in Winnipeg, and one that was available through the Alberta CancerBRIDGES project with Alberta Health Services for both urban and rural settings. In total, 180 survivors participated in these 18 month projects and each of the funded projects participated in a knowledge exchange meeting to share early promising results and benefits.
- Cancer Transitions, a program designed to help survivors make the transition from active treatment to post-treatment care, was launched. The program is offered at more than 12 sites in Canada. In addition, 10 facilitators were trained to lead EMPOWER, an education and support program for the families of cancer survivors that is currently being piloted at selected locations concurrent with Cancer Transitions.

- Professionally led online support groups for patients and families are now hosted at Cancer Chat Canada on cancerchatcanada.ca. In this innovative program, counsellors are trained to provide real-time counselling to session participants. Since the program began in 2007, 49 online support groups have been conducted with nearly 300 participants representing a range of disease sites, as well as family members providing palliative care to patients. More than 70 per cent of participants are patients and survivors and just under 30 per cent are family caregivers.

Canadian Psychosocial Oncology Partners – CPOPonline

Person-centred care is respectful of and responsive to individual preferences, needs and values and is important to promoting an understanding of psychosocial and supportive care issues among health-care providers.

Canadian Psychosocial Oncology Partners Online (CPOPonline) was launched in the spring of 2010 by the Canadian Association of Psychosocial Oncology, with development funding from the Partnership. CPOPonline is a virtual community of researchers, health-care practitioners and community-based organizations engaged in psychosocial services, education or research in cancer.

The goal is to facilitate knowledge exchange, including connections and the sharing of resources and news. The site is part of the Partnership's cancerview.ca and is being refined and updated on an ongoing basis.

Highlights in 2010/11 include the following:

- Formal launch of the virtual community and development of an open-access portal at cpoponline.ca
- Creation of an electronic newsletter in French and English for distribution to 400 individuals
- Completion of two training workshops to guide CPOP members in integrating research and practice

“By developing and implementing supportive care mechanisms in the standard of care that patients receive, we are initiating an important shift from tumour-focused to person-centered care. This helps to make sure that all Canadians experiencing cancer and their families receive the support, education and information they need to reduce the burden of suffering through the cancer journey.”

Vivian Collacutt

Manager, Community Cancer Support Services, Alberta Health Services Cancer Care



[1] Dr. Margaret Fitch, Sunnybrook Health Sciences Centre, chairs the Partnership's Cancer Journey Advisory Group **[2]** Jill Taylor-Brown (quoted) **[3]** Doug Gosling (quoted) **[4]** Vivian Collacutt (quoted)

Quality Initiatives and System Performance

Quantifying Collective Progress to Improve Quality

Optimizing the cancer control system is at the centre of the Partnership's work. To ensure consistent delivery of high-quality cancer care, the performance of the system needs to be measured and reported on. Indicators—widely accepted, high-level measures of the quality of treatment or service delivery—help to do this by identifying gaps in the cancer control system.

In 2010/11, partnerships across multiple areas of practice contributed to quality improvements in cancer control. These partnerships worked to identify gaps in indicator reporting, measure and report on system performance, and advance quality initiatives to improve the system.

System Performance Initiative

Gauging the performance of the cancer control system across all jurisdictions provides a basis for system improvement. Through the System Performance Initiative, the Partnership has undertaken a national approach to reporting on the needs and performance of the cancer control system in Canada. This collaborative work is based on sharing information, comparing practices and evaluating outcomes from Canada and around the world.

In its inaugural report, *The System Performance Initiative – A First-Year Report*, published in 2009, 17 high-level indicators were identified. This was the result of a collaboration with representatives from across Canada who came together to prioritize indicators. This year, work was expanded and captured in the *2010 System Performance Report*.

Notable results were achieved in 2010/11:

- Building on the 2009 inaugural report, a second report, developed in 2010/11 expands on existing indicators and includes new ones that focus on diagnosis and treatment. The report includes two special sections: one on colorectal cancer, which evaluates system performance along the continuum of care, as well as outcomes, for this cancer site; and one on radiation therapy, which reports on measures of capacity, utilization, wait times and guideline concordance.

“The Canadian radiation therapy community has come together to develop guidance in national quality assurance for radiation therapy. This marks a key milestone in ensuring that we consistently deliver the highest quality of radiation therapy in Canada. A key factor in this success has been achieved through the support and collaboration of the Partnership.”

Dr. Michael Milosevic

Chair, Canadian Partnership for Quality Radiotherapy (CPQR); Past President, Canadian Association of Radiation Oncology (CARO); Radiation Oncologist, Princess Margaret Hospital

High-Impact Practices in Cancer Control

As part of the Partnership's work to measure practice patterns and address known quality gaps in cancer control, the High-Impact Practices in Cancer Control (HIPCC) initiative aims to identify evidence-based practices for which there is variation across the country and for which there are opportunities for substantial improvements in cancer care outcomes with broader adoption.

HIPCC uses a grassroots approach, engaging front-line practitioners in work that builds on and complements the Partnership's *2010 System Performance Report*, which noted wide variation in the application of well-established treatment guidelines across Canada.

Developments in 2010/11 include the following:

- In January 2011, a session was held for the 20-member panel of experts overseeing validation of proposed practices, resulting in identification of seven high-impact practices for review.
- A feasibility assessment was conducted during February and March 2011 to determine the availability of data required to measure national patterns for each of the identified practices. Based on the results of this assessment, a decision was made to conduct pilot studies to measure uptake for a subset of the practices, working with interested provinces on some and with the Canadian Institute for Health Information on others.

International Cancer Benchmarking Partnership

The International Cancer Benchmarking Partnership (ICBP) is a collaboration of clinicians, academics and policy-makers. The Canadian Partnership Against Cancer is one of 12 international partners and has a representative who actively participates on the ICBP advisory board. ICBP seeks to understand how and why cancer survival varies among countries and jurisdictions.

Insight generated by the project, which involves six countries across three continents, is expected to help all partners improve cancer survival outcomes by optimizing cancer policies and services.

Progress in 2010/11 occurred on two fronts:

- The first of five ICBP modules produced robust and comparable analyses of cancer survival among all ICBP partners. Survival rates for four cancers – lung, breast, colorectal and ovarian – were analyzed and presented as a scientific paper in *The Lancet* in December 2010.
- The second module will explore differences in population awareness and beliefs about cancer, as well as the degree to which variation in awareness and beliefs contributes to differences in survival among participating jurisdictions. With the module's Canadian component funded by the Partnership, the survey will go to the field in Canada in June and July 2011.

Standards for the Delivery of Ambulatory Chemotherapy

The Partnership is working with Accreditation Canada, the Canadian Association of Provincial Cancer Agencies and front-line service providers to develop and implement a set of standards that will contribute to the safe delivery of outpatient chemotherapy across the country. Implementation of the standards in Accreditation Canada's *Qmentum* process is scheduled for September 2011. The new standards highlight systemic cancer therapy as an essential component of cancer care services and provide a tool for organizations striving to meet national standards of excellence.

Important progress in 2010/11 includes:

- Formation of an advisory committee across disciplines and jurisdictions that developed a comprehensive set of standards that are now being piloted at four locations across Canada.
- Broad, web-based stakeholder engagement to seek feedback on these standards; responses and suggested changes will help ensure the feasibility of using the standards in a clinical setting and will also inform development of evaluation criteria for pilot tests taking place in four facilities across the country.
- Work began on an implementation strategy to support the cancer control community with the roll out in September 2011 during Accreditation Canada's annual release of new standards.

“A key success for the collaboration between Accreditation Canada and the Partnership this year has been the development of new standards to allow consistent, high quality and safe delivery of ambulatory chemotherapy across the country. Informed by an advisory committee of experts in the field, these standards focus on the planning and delivery of safe, appropriate and effective ambulatory chemotherapy services. Accreditation is an important enabler for improving consistency of care according to best practice.”

Wendy Nicklin

President and Chief Executive Officer, Accreditation Canada

The Canadian Partnership for Quality Radiotherapy

Initiated in July 2010, the Canadian Partnership for Quality Radiotherapy (CPQR) is a unique collaboration between the Partnership and professional associations representing the three disciplines delivering radiation therapy in Canada: the Canadian Association of Radiation Oncologists, the Canadian Association of Medical Radiation Technologists and the Canadian Organization of Medical Physicists. The group has made significant progress on the development and dissemination of two sets of guidance documents for the delivery of radiation therapy: structural guidance for organizations and technical guidance for the enhancement of quality assurance with conventional radiotherapy simulators.

Outcomes from the CPQR in 2010/11 include:

- Finalization and dissemination of the structural guidance document for organizations delivering radiotherapy in Canada; this document provides an important foundation for the development of tools that will provide information about quality to help the radiation community ensure the highest quality and safest treatment for Canadians.
- Development of a plan and commencement of work to address issues of varying nomenclature for reporting in radiation therapy; this component of the initiative focuses on the need for consistent use of definitions, terms, taxonomy and nomenclature in Canadian radiation therapy facilities.
- Refinement of a tool for facilities to measure concordance with guidelines and standards; this tool will help assess, and identify concerns about, standards in the radiation therapy community.

Quality Assurance for Diagnostic Immunohistochemistry

To support consistency in diagnostic immunohistochemistry (IHC) pathology reporting and the need for standardized reporting to determine the best treatment and care options, the Partnership has undertaken a project in conjunction with the Canadian Association of Pathologists.

In 2010/11, the results of this multifaceted project were as follows:

- Checklists to facilitate the review and reporting of tumour specimens were disseminated for two classes of IHC. These checklists will ensure that IHC testing, which is a complex process, is complete and consistent. In turn, this assurance will inform diagnosis and treatment of cancer.

- An external laboratory quality-control tool was initiated to provide a mechanism that systematically monitors and improves proficiency in IHC testing across Canada. Using a web-based platform, participating pathologists can submit their interpretation of relevant pathology slides and receive anonymous feedback on how their assessment of case content compares with the documented diagnosis. This program builds on ongoing work in quality control by Canada's pathology community.
- Ongoing educational outreach to pathologists and technologists included regional workshops to support uptake of the new reporting checklists and promotion of an online tool, developed in 2008/09, to help disseminate content for case-oriented evaluations tailored to a pathologist's practice.

Endoscopy Quality

Endoscopy uses a tube-like instrument to look inside the human body. In collaboration with the Canadian Association of Gastroenterology, the Partnership is developing quality indicators to improve the quality and safety of colonoscopy, a type of endoscopy that uses a lighted tube to examine the colon. Colonoscopy is the recommended diagnostic test for people who have had a positive result from a colorectal cancer screening test.

Progress in 2010/11 includes the following:

- A set of quality indicators in colonoscopy was agreed on as a result of a structured dialogue that sought national, multidisciplinary agreement on appropriate indicators in colonoscopy. The indicators were presented at a consensus forum in the summer of 2010.
- Canadian endoscopy departments showed a measurable increase in the use of the Global Rating Scale, an electronic feedback tool completed at the point of care that is used to collect, analyze and report on patient-centred indicators of quality in endoscopy.



[1] Dr. Michael Milosevic (quoted)
[2] Wendy Nicklin (quoted)

• **Connecting with Canadians**

Ongoing connections with health-care professionals and with Canadians affected by cancer enable the Partnership's work across the cancer control continuum. Knowledge management initiatives and stakeholder engagement activities are the practical means by which the Partnership builds and maintains those connections. By seeking to ensure the widest possible access to new and existing knowledge, those working in Canada's federated health-care system can make the best and most timely use of current and emerging information to improve cancer outcomes. And by working in collaboration with patients and survivors, organizations like the Canadian Cancer Society and the Canadian Cancer Action Network, and Canada's First Peoples, the Partnership is addressing distinct cancer control needs and ensuring the work remains meaningful to Canadians.



Knowledge Management

A key aspect of the Partnership's mandate is to make new and existing knowledge about cancer widely accessible. To this end, the Partnership is building capacity and creating opportunities to accelerate the adoption and application of best-available evidence in cancer. Tools developed by the Partnership, such as [cancerview.ca](#) (below) and the Cancer Risk Management Model (page 30), combine timely knowledge synthesis and the innovative use of technology. These tools also leverage expertise in Canada and abroad, facilitate collaboration across jurisdictions to support evidence-informed decision-making in cancer control and support health-care professionals, who are at the foundation of driving improvements in care and services across Canada.

Cancerview.ca

A pan-Canadian knowledge hub and online community, [cancerview.ca](#) offers trusted, evidence-based content from more than 30 cancer and health partner organizations in Canada. The online resource is designed to serve the needs of Canadians with a professional or personal interest in cancer. It serves as both a gateway to high-quality information about cancer, including directories and repositories covering key topics in cancer, specialized tools and resources, services, and links to partner sites, and as a primary source of tools and resources developed by the Partnership. It also connects and enables work across Canada through its free virtual online collaboration community.

Since [cancerview.ca](#) launched in early 2009/10, the Partnership has developed several resources. An example is the Canadian Cancer Trials database, a searchable repository of trials currently recruiting Canadian participants. Other resources, such as the Canadian Virtual Hospice, are gems supported by the Partnership so that they can have a pan-Canadian reach and profile. See page 43 for more information about these and other resources housed on [cancerview.ca](#).

Significant progress during 2010/11 includes:

- **Creation of new content.** Seven major content sections were added to [cancerview.ca](#), including *The Truth of It* video series, which showcases personal patient experiences; the First Nations, Inuit and Métis online information hub; the Cervical Cancer Control in Canada subsite; a section for the anticipatory science expert panels in screening; a comprehensive cancer guidelines resources centre; and sections focused on cancer surveillance and epidemiology and on pathology.

- **Partner engagement.** Thirteen new content partners joined the [cancerview.ca](#) family: ten national patient organizations, two international cancer organizations and a Canadian professional association. As part of ongoing ties with the Canadian Cancer Society, the Partnership invests in the Society's Cancer Information Service to continue to offer telephone and email support to [cancerview.ca](#) visitors in more than 100 languages.
- **Growing support for active virtual collaboration.** More than 140 groups across the country are now using the virtual collaboration space on [cancerview.ca](#). These groups reflect the diversity of cancer control initiatives in Canada, from basic research and clinical practice to service delivery innovation and system planning. The tools support activity in every province and territory and are often used to facilitate cross-provincial/territorial work.
- **Strong evaluation results.** In an effort to evaluate the value of the work and continuously improve [cancerview.ca](#), the Partnership measures, collects and analyzes online data monthly and administers two annual user surveys to gather feedback on the platform's content and the utility of its virtual collaboration tools. The Partnership uses this information to help understand how [cancerview.ca](#) is being used by its audience and to continue connecting Canadians to the latest tools and information on cancer control.

Results of the first annual user survey indicate that [cancerview.ca](#) is considered a trusted, comprehensive and credible resource with content that is valuable to a wide variety of people with an interest in cancer. Most survey respondents would refer colleagues or friends and family members affected by cancer to [cancerview.ca](#), and a portion of respondents reported making better decisions as a result of the information or resources accessed on the site.

In addition, the number of users has been steadily increasing since the portal was launched in early 2009/10, to the current 15,000 to 20,000 unique visitors every month.

■ **Leverage by partners through white labelling.**

Cancerview.ca is designed so that cancer and health organizations requiring an online public presence or collaboration tools can make use of the Partnership's technology investment. This allows groups to focus on advancing their work and not on building a technology infrastructure. The first "white label" partner to leverage the platform is the pan-Canadian Oncology Drug Review (pCODR). It is using the portal platform for its public presence and to enable electronic submissions by manufacturers and tumour groups for review by the pCODR. It also leverages the secure group spaces platform to support its secretariat function, clinical and pharmaco-economic review processes and advisory mechanisms.

"Palliative and end-of-life care is an essential part of the cancer system. Increasingly cancer agencies and non-governmental organizations are recognizing the need for additional support when a patient enters this phase of care. By featuring resources like Canadian Virtual Hospice, cancerview.ca is addressing the need for information and resources at a time when people are looking for answers."

Shelly Cory

Executive Director, Canadian Virtual Hospice

Supporting Health-Care Professionals

Another Partnership-initiated project that is available through cancerview.ca is the Cancer Control Snapshot series, which synthesizes available information and provides Canadian health-care professionals with key knowledge about current data, trends and emerging cancer control issues in an accessible, concise and easy-to-read format.

Four Snapshots were published in 2010/11, three examining various aspects of colorectal cancer and one on smoking and lung cancer, which was released in January 2011 to coincide with National Non-Smoking Week.

Each four-page Snapshot was disseminated through existing partner networks, the Partnership's e-Bulletin and outreach to key stakeholders and partners. The Snapshots are also available on cancerview.ca. To widen distribution, the Partnership worked with the Canadian Medical Association to send an issue of the Snapshots as an insert in the widely read *Canadian Medical Association Journal*. Through this mailing the Canadian Medical Association's membership of approximately 73,000 physicians received copies of the Snapshots.

The Partnership also produced a long-form newsletter, *Cancer Control Spotlight: Colorectal Cancer Screening*. The goal of this document was to provide a full analysis specifically for health-care professionals with an investment in colorectal cancer that would highlight progress in increasing the uptake of colorectal screening in Canada. It was released in May 2010 and distributed in partnership with the Canadian Association of Gastroenterology. The newsletter is also available on cancerview.ca.

"Learning from patients' stories about their experiences with cancer is vital to guide the development of personalized psychosocial support interventions and optimize health care services, access and delivery. The Partnership's *Truth of It* video series which documents these personal cancer stories from a diverse group of Canadians is a timely resource that can be accessed by everyone including cancer programs from across Canada to inform best practices in the support of patients and families affected by cancer."

Dr. Carmen Loisel

Associate Professor, Christine and Herschel Victor/Hope & Cope Chair in Psychosocial Oncology, McGill University; Senior FRSQ Investigator, Jewish General Hospital



[1] Shelly Cory (quoted)

[2] Dr. Carmen Loisel (quoted)

What is Available on cancerview.ca

The Truth of It: An unscripted online video series, offering a range of personal insights from Canadians who have been diagnosed with cancer, it is designed to benefit patients, their families and health-care providers. Full-length interviews are available in English, French and two in Inuktitut. Compilations of interview clips, organized by theme, that give varying perspectives on common challenges that cancer patients and their families face. The videos are also connected to related supportive care resources from partners and are available for cancer health-care professionals to support their patients and reflect on learnings from these stories to make improvements in care delivery.

Canadian Cancer Trials: The first national database of clinical trials accessible to patients in Canada, canadiancancertrials.ca is an example of an effective collaboration between the provinces, the Canadian Cancer Society and the Partnership. The trials site is kept up to date by a designated administrator in each province who regularly updates regional trial listings. Users can identify trials that are seeking participants and register to be alerted when new information for a selected type of cancer or location becomes available. Users can also share, save or print trial details and review them with their doctors and care teams, since physician referral is required for enrolment in a clinical trial.

Cancer Risk Management Model: Developed collaboratively with a team of Statistics Canada specialists, Canadian cancer leaders and software experts, the Cancer Risk Management Model uses computer simulations to project how key cancer control initiatives would play out in practice, including the impact on the numbers of cancers, mortality rates by cancer site, life expectancy, deaths averted and health-adjusted life expectancy. For more information see page 30.

Canadian Virtual Hospice: Visitors to virtualhospice.ca will find meaningful information about end-of-life care, and loss and grief support for patients, family members, health-care providers, researchers and educators. For people in geographically remote and hard-to-reach communities, access to these services through this online tool may be particularly meaningful. The Ask A Professional feature provides equal online access to palliative care professionals, regardless of location.

Collaborative Group Spaces: Providing a forum for cancer groups to share ideas, collaborate on projects and build communities, the Collaborative Group Spaces provide a secure, password-protected environment. For initiatives

ranging from small project teams to work that serves the comprehensive collaboration needs of provincial cancer agencies, access to community work spaces facilitates work and knowledge sharing across traditional organizational and geographic boundaries.

Standardized Cancer Pathology Reporting: When pathology findings for cancer are recorded clearly and thoroughly, they facilitate timely diagnosis, prognosis and treatment decisions for patients and timely reports to health-care providers. Standardized Cancer Pathology Reporting is a new online resource developed for health-care providers working in or with pathology. It provides a central information hub for reports, education materials, tool demonstrations and links to pathology resources.

Cancer Guidelines Resource Centre: For guideline developers, health-care professionals and others interested in improving cancer control, the Cancer Guidelines Resource Centre provides tools and information that promote the development and use of evidence-based cancer control guidelines across Canada. Part of the centre is **SAGE – Standards and Guidelines Evidence**, an online repository of evidence-based information for those interested in guidelines and standards and in sharing knowledge to improve cancer control. See page 26 for more information.

Prevention Policies Directory: The directory is a searchable database of Canadian policies and legal instruments (e.g., legislation, regulations and codes) concerning key modifiable risk factors for cancer and related chronic disease. Factors addressed include nutrition, physical activity, alcohol consumption, tobacco control, infectious agents, environmental and occupational exposures, and ultraviolet/ionizing radiation. The goal of the Prevention Policy Directory is to provide a comprehensive, regularly updated resource to facilitate the development of healthy public policy in Canada.

Health Human Resources Repository: The cancer control community in Canada is challenged by a growing need for services, increasing complexity of care and a diversity of health service delivery models that can hinder the sharing of best practices. To help address these issues in human resources, a Partnership-led initiative developed a searchable database that analyzes and shares models of proven, innovative workforce management solutions. The repository also provides the capability for users to connect with teams using these models and explore how they may be applied in other jurisdictions.

Community Connections

Woven through the Partnership's work is a commitment to ensuring that the perspectives of patients, survivors and families – the people most directly affected by cancer – are informing and guiding the implementation of initiatives to control cancer. In 2010/11, the Partnership's efforts yielded important results in addressing the unique health challenges faced by two distinct communities: Canada's First Peoples and adolescents and young adults with cancer.

Working with Canada's First Nations, Inuit and Métis Peoples

While cancer was reported as being relatively uncommon two generations ago in Canada's First Peoples, rates of common cancers have increased in the past few decades, and in some First Nations, Inuit and Métis populations are now at or above the incidence in the general Canadian population.¹²⁻¹⁷ To address this trend, the Partnership is building on innovative work by the First Nations, Inuit and Métis communities and on the efforts of federal agencies and the nationwide cancer control community.

In 2010/11, the First Nations, Inuit and Métis Action Plan on Cancer Control was developed to serve as the cornerstone of these efforts. Key partners include national Aboriginal organizations, the Public Health Agency of Canada, the First Nations and Inuit Health Branch of Health Canada, the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies. Endorsed by the Assembly of First Nations, Inuit Tapiriit Kanatami and Métis National Council, the plan focuses on preventing cancer and chronic diseases and on addressing culturally relevant approaches across the continuum of cancer care.

In the first year of the plan, which aims to document and build on innovative practices already underway, evidence is being gathered to inform longer-term activities that will improve access to culturally responsive programs and services, particularly in rural and remote communities, including those in the territories. Ultimately, this work is designed to improve the quality of life and health outcomes among First Nations, Inuit and Métis peoples.

“We wanted to express that this project is having real impact on our community. We feel part of the project as we are involved in what is happening. The people in our community are seeing the benefits of this project.”

Brennan Sainnawap

Wapakeka First Nation's Chief and Council

The following initiatives are elements of the Partnership's efforts to address the health priorities of Canada's First Nations, Inuit and Métis Peoples:

- CLASP (page 15) includes three primary prevention coalitions that focus on First Peoples. For example, Children's Mobility, Health and Happiness: A School Travel Planning Model, supported by additional funding from the Public Health Agency of Canada, focuses on increasing the number of children doing daily physical activity by promoting the use of active (human-powered) transportation to school, such as walking, bicycling, snowshoeing and cross-country skiing. This CLASP has partnered with a First Nations community in Manitoba and also has a commitment to working in Nunavut.
- The Partnership launched a new First Nations, Inuit and Métis Community of Information on cancerview.ca to house culturally responsive resources on cancer control, including cancer and chronic disease prevention. The Partnership built this section with the guidance of an Advisory Network that includes cancer agencies with Aboriginal units or strategies, national Aboriginal organizations and federal agencies involved in Aboriginal health. Work is ongoing to further augment the site, which, with its specific focus on cancer control among Canada's First Peoples, is the first known clearinghouse of its kind in Canada.
- Throughout 2010/11, the Partnership continued to leverage the work of established programs and to build their capacity to deliver knowledge more broadly. The @YourSide Colleague® Cancer Care course, a joint initiative of the Partnership and Saint Elizabeth Health Care, was developed specifically with and for health-care providers working in rural and remote First Nations communities in Manitoba, Saskatchewan and British Columbia. Based

12 Marrett, L and Chaudry, M. "Cancer incidence and mortality in Ontario First Nations, 1968-1991 (Canada)." *Cancer Causes and Control*, vol. 14, no. 3, pp.259-268, 2003.

13 Friborg, JT and Melbye, M. "Cancer patterns in Inuit populations." *Lancet Oncology*, 2008; vol. 9, pp. 892-900.

14 CancerCare Manitoba; "Aboriginal Cancer Care Progress Report", 2008.

15 The First Nations Regional Longitudinal Health Survey 2002/03, Second Edition.

16 CancerCare Manitoba.

17 Health Council of Canada. "The Health Status of Canada's First Nations, Inuit and Métis Peoples." 2005.

on the positive response to the course, the Partnership supported its expansion to Alberta and Ontario in 2010/11. Now more than 880 participants from 270 First Nations communities and organizations are accessing the course. Planning is underway to reach Quebec and the Atlantic provinces by March 31, 2012. That expansion will represent in total an estimated 600 communities and organizations and between 3,000 and 5,000 health-care providers across all provinces. Of all the courses offered on the @YourSide Colleague site, the Cancer Care course is the one health-care providers access the most.

Responding to the Needs of Adolescents and Young Adults

Every year in Canada, 2,000 people between the ages of 15 and 29 are diagnosed with cancer and approximately 320 die of the disease.¹⁸ This age group has seen fewer improvements in five-year survival rates than children and older adult cancer patients have, and research indicates that this population is underserved on many levels, including clinical treatment, psychosocial support and care, and survivorship.

In response to this gap, the Partnership is supporting pioneering work to investigate and increase awareness of the issues facing this population and to steer the system to provide better, more equitable treatment and care.

Progress in 2010/11 was clear on two fronts:

- Funding from the Partnership and C-17, a network of pediatric centres across Canada, supported the Adolescent and Young Adult Cancer Task Force in the second year of its four-year investigation. The Task Force is evaluating care and assessing how survivors are monitored over time and has established recommendations to improve outcomes and quality of life. Task Force members are survivors, researchers and pediatric and adult health-care providers, including psychologists, social workers, nurses and medical oncologists.
- In March 2010, an international workshop hosted by the Adolescent and Young Adult Cancer Task Force convened more than 100 delegates to examine the unique challenges facing adolescent and young adult patients and survivors, and to develop recommendations for research priorities. Recommendations from the meeting were developed and 20 articles were published in major journals in April and May 2011. In meetings with

stakeholders the Task Force will discuss implementation of the recommendations by considering a strategic framework to be developed in collaboration with partners across the country.

“Adolescents and young adults with cancer face an array of challenges different from those found in other age groups. The cancers encountered in this population are biologically distinct and there are specific developmental/ psychosocial issues prevalent in this cohort that impact on treatment and follow up. The Task Force is bringing together stakeholders to collaborate on the development of solutions to help ensure that adolescent and young adult cancer patients and survivors have prompt, equitable access to appropriate care in Canada.”

Dr. Ronald Barr

AYA Task Force, Co-chair; Professor of Pediatrics, Pathology and Medicine, McMaster University

Dr. Paul Rogers

AYA Task Force, Co-chair; Clinical Professor, Division of Haematology/Oncology/BMT, BC Childrens Hospital and University of BC

Dr. Brent Schacter

AYA Task Force, Co-chair; Professor Section of Hematology/Oncology, Department of Internal Medicine, Faculty of Medicine, University of Manitoba; Department of Medical Oncology and Hematology, CancerCare Manitoba



[1] Dr. Brent Schacter (quoted) [2] Dr. Paul Rogers (quoted)
[3] Dr. Ronald Barr (quoted)

¹⁸ Canadian Cancer Society/National Cancer Institute of Canada. *Canadian Cancer Statistics, 2009*. Toronto: Canadian Cancer Society, 2009.

The Patient Voice: Promoting a Patient-Centred Perspective

A cornerstone of the Partnership's engagement philosophy is to ensure that the patient perspective is front and centre in the implementation of Canada's cancer control strategy. To uphold this commitment, the Partnership works closely with patients and survivors including those from the Canadian Cancer Action Network (CCAN), a volunteer-driven organization of national patient advocacy groups and support organizations, and with other groups and individuals that represent patients, survivors and families. CCAN lends a co-ordinated patient voice to the work facilitated by the Partnership by actively participating in the Partnership's network of advisory groups and, in turn, disseminating information about the work and the national cancer strategy.

In partnership with the Canadian Cancer Society and the Public Policy Forum, CCAN hosted a second symposium on the issue of access to drugs in September 2010, with health writer André Picard from *The Globe and Mail* as the keynote speaker. In addition, in partnership with the Manitoba Division of the Canadian Cancer Society, CCAN continued its work to address the financial burden that can result from a cancer diagnosis, particularly related to treatment, care and lost income.



CCAN Membership

Assembly of First Nations
Brain Tumour Foundation of Canada
Cancer Advocacy Coalition of Canada
Canadian Bladder Cancer Network
Canadian Breast Cancer Network
Canadian Cancer Society
Canadian Liver Foundation
Canadian Lung Association
Canadian Partnership Against Cancer
Canadian Prostate Cancer Network
Canadian Skin Patient Alliance
Carcinoid NeuroEndocrine Tumour Society of Canada
Childhood Cancer Canada Foundation
Coalition Priorité de Cancer au Québec
Colorectal Cancer Association of Canada
Inuit Tapiriit Kanatami
Kidney Cancer Canada
Leukemia & Lymphoma Society of Canada
Lung Cancer Canada
Lymphoma Foundation Canada
Melanoma Network of Canada
Myeloma Canada
Ovarian Cancer Canada
Thyroid Cancer Canada
Young Adult Cancer Canada

Governance and Accountability

The Partnership is accountable to all Canadians to bring meaningful, long-term improvements to control cancer. To help support this goal, the Partnership relies on advice and input from hundreds of individuals and organizations across the country to ensure that the collective work builds on initiatives already in motion, that it addresses new breakthroughs and emerging issues and, above all, that it has a positive and meaningful impact on Canadians.

Overseeing the organization is a dedicated Board of Directors providing the leadership and vision necessary to drive these efforts. A number of advisory mechanisms are also in place to provide counsel and ensure the ongoing relevance and ultimate success of the cancer strategy.

Board of Directors

Reflecting the diversity of stakeholders in Canada's cancer control community, the membership of the Partnership's Board of Directors (page 48) includes federal and provincial appointees, regional representatives, policy experts and leaders in cancer control, representatives from the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies, and individuals providing perspectives and insights from the patient, survivor and Aboriginal communities.

The Board is committed to ensuring the success of the Partnership's portfolio of initiatives in delivering meaningful outcomes for Canadians. This past year, the Board focused on overseeing several key initiatives as well as on creating a supportive environment for renewal of the Partnership's mandate to implement the cancer control strategy. This work included participation in a broad stakeholder consultation (page 50) to help shape the organization's new strategic plan.

To reflect the diversity and geographic reach of the strategy, the Board meets in different locations across Canada and also participates in educational sessions about cancer control. Such sessions in 2010/11 included learning about the challenges of cancer control for First Nations, Inuit and Métis peoples at the meeting in Iqaluit, Nunavut, and hearing about Atlantic PATH – the regional arm of the Canadian Partnership for Tomorrow Project – in Halifax, Nova Scotia, among other presentations.

Advice and Engagement

Cancer control knowledge is dispersed throughout the country, with new information and evidence emerging all the time. Each of the Partnership's strategic initiatives is driven by a leader in the cancer community, often a clinician or researcher employed by one of the Partnership's partner organizations, to ensure that the best knowledge is guiding the national cancer control strategy.

The Partnership also harnesses the strength of wide-ranging expertise by engaging cancer and health system leaders through a variety of advisory mechanisms. More than 40 networks have been established with more than 400 people involved from across Canada – including clinicians, system leaders, researchers, patients and survivors. These networks include priority area Advisory Groups, working groups and networks, as well as ad hoc committees.

Advisory Groups

The Partnership's Advisory Groups, formerly called Action Groups, are chaired by recognized subject matter experts and are aligned with priority areas of the national cancer control strategy: primary prevention, screening, cancer guidelines, cancer journey, research and surveillance. These groups typically include health practitioners and administrators, patient and professional organizations, epidemiologists, researchers and individuals with a personal connection to cancer. Members are selected through a formal recruitment, application and renewal process that includes an open call posted on the Partnership's website, followed by a review of applicants and selection of new members.

To ensure that the Advisory Groups represent expertise from across the country, the Partnership calls for representatives from its partner organizations. Candidates are considered on the basis of location, expertise, patient participation, communities/populations and appropriate partnerships. The goal of this process is to achieve an accountable, transparent, equitable and continuous process for participation of individual experts and organizational representatives on Advisory Groups.

The valued counsel provided by this network of advisors reflects the spirit of the Partnership's mandate: Canada's cancer control strategy was created through partnership and that is how the work is being advanced.



2010/11 Board of Directors

Simon Sutcliffe, MD Chair, Canadian Partnership Against Cancer; President, International Cancer Control Congress Association

René Gallant Vice Chair, Canadian Partnership Against Cancer; Vice President, Regulatory Affairs, Nova Scotia Power

Mel Cappe President and Chief Executive Officer, Institute for Research on Public Policy

Chris Clark Chief Executive Officer and Canadian Senior Partner, PricewaterhouseCoopers LLP

Catherine L. Cook, MD Vice-President, Population and Aboriginal Health, Winnipeg Regional Health Authority

Bruce Cooper Deputy Minister, Department of Health and Community Services, Newfoundland and Labrador

Peter Crossgrove Chair, Excellon Resources Inc.

Louis Dionne, MD Cancer surgeon; palliative cancer pioneer; founder, Maison Michel Sarrazin (*stepped down June 2010*)

Peter Goodhand President and Chief Executive Officer, Canadian Cancer Society

Christine Power President and Chief Executive Officer, Capital District Health Authority, Nova Scotia

Jay Ramotar Deputy Minister, Alberta Health and Wellness

André Robidoux, MD Professor of surgery and Scotia Chair in diagnosis and treatment of breast cancer, University of Montreal (*joined October 2010*)

Gary Semenchuck, Lawyer and Senior Partner, Kanuka Thuringer LLP

Marla Shapiro, MD Family physician; medical contributor, *CTV's Canada AM*; medical consultant, *CTV News*

Terry Sullivan, PhD President and Chief Executive Officer, Cancer Care Ontario (*stepped down January 2011*)

Milton Sussman Deputy Minister, Manitoba Health

Laura M. Talbot President and Senior Partner, TalbotAllan Consulting

Sally Thorne, PhD Professor and Director, University of British Columbia School of Nursing

Elisabeth Wagner Executive Director, Research Knowledge Translation and Library Services Health System Planning Division, B.C. Ministry of Health Services

Elizabeth Whamond Administrative Assistant to the Dean, Faculty of Forestry and Environmental Management, University of New Brunswick

Antoine Loutfi, MD (observer) Director of Cancer Control, Quebec Ministry of Health and Social Services

Missing from photo:
Gary Semenchuck,
Dr. Marla Shapiro,
and Dr. Louis Dionne

Advisory Groups and their Chairs

Primary Prevention **Dr. Jon Kerner**, Chair, Primary Prevention Advisory Group; Senior Scientific Advisor, Canadian Partnership Against Cancer

Screening **Dr. Verna Mai**, Chair, Screening Advisory Group; Provincial Lead, Public Health, Cancer Care Ontario

Cancer Guidelines **Dr. George Browman**, Chair, Cancer Guidelines Advisory Group; medical oncologist, BC Cancer Agency; Clinical Professor, School of Population and Public Health, University of British Columbia

Cancer Journey **Dr. Margaret Fitch**, Chair, Cancer Journey Advisory Group; Head, Oncology Nursing, and Co Director, Integrated Psychosocial, Supportive and Palliative Care Program, Odette Cancer Centre, Sunnybrook Health Science Centre

Research **Dr. Elizabeth Eisenhauer**, Chair, Research Advisory Group; Co Chair, Canadian Cancer Research Alliance; Professor, Department of Oncology, Queen's University; Director, Investigational New Drug Program, NCIC Clinical Trials Group

Surveillance—**Heather Logan**, Chair, Surveillance Advisory Group; Executive Director, Canadian Association of Provincial Cancer Agencies

Strength of Guidance

For specific initiatives, the Partnership seeks direction from expert steering committees and networks of advisors, each chaired by recognized leaders in cancer control. Examples of external groups that guide this work are:

- The Cancer Risk Management Advisory Committee
- The National Colorectal Cancer Screening Network
- The Quality Programs for Cancer Control Advisory Committee
- The National Cancer Staging Advisory Committee
- The Advisory Committee on First Nations, Inuit and Métis Cancer Control

The Partnership's External Review Panel (ERP) was created in a specific effort to receive focused external advice in advance of the dissemination of quality information products for circulation in the cancer control community. Each month, ERP members provide high-level accuracy reviews and specific recommendations to help the Partnership ensure that tools and materials are appropriate in the Canadian cancer control context.

In addition, the Partnership convenes ad hoc groups on emerging evidence to share insights and build consensus.

Accountable to Canadians

As the Partnership is accountable to all Canadians to bring meaningful, long-term improvements to control cancer, it is important that the Partnership connect with Canadians to provide information about the work underway to control cancer in Canada. In the first years of the Partnership, the primary vehicles through which interested Canadians received information about the Partnership's work were the organization's website (partnershipagainstcancer.ca) and the Partnership-supported online cancer community at cancerview.ca. Key projects are also highlighted through media announcements throughout the year.

This past year, the Partnership's work was evaluated at the mid-point of the initial five-year mandate, as required by the funding agreement with Health Canada. In summary, the evaluation suggests that the Partnership is on the right track in implementing the cancer control strategy and should continue its engagement efforts with partners in the cancer community to successfully achieve its intermediate and long-term outcomes for the benefit of all Canadians. The evaluation highlights that the Partnership model is an effective vehicle for the implementation of the national cancer control strategy.

The evaluation also identified areas for ongoing focus. Specifically, these included enhancing the measurement of performance and continuing efforts to address First Nations, Inuit and Métis cancer control. The Partnership welcomed this feedback and has actively been working on these recommendations.

As the Partnership nears the end of the first mandate and prepares for the second mandate (from 2012 to 2017), there is work underway to better understand what Canadians think and know about efforts to control cancer and about the national cancer strategy, and to determine how Canadians want to receive information. To help inform this work, in 2010/11, the Partnership began a more in-depth examination of attitudes and understanding through online and in-person focus groups. Work in this area will continue in 2011/12 and will inform the Partnership's approach to connecting with Canadians to ensure they have the opportunity to engage in the national cancer strategy.

Telling the Story of Cancer Control

The Partnership's Board, staff and Advisory Groups all play a critical role in communicating the Partnership's work and the impact of Canada's national cancer strategy. To support these groups in telling the story of cancer control, the Partnership developed the *2010 Impact Report*, which linked eight critical cancer questions with a sampling of the Partnership's work. With stories and timelines, the report demonstrates where the Partnership came from, what has been achieved and what lies ahead. Together these snapshots presented a composite picture of what is possible when the cancer and health communities come together in partnership.

Consulting with the Cancer Community

To further strengthen collaboration and momentum in advancing the strategy in 2010/11, the Partnership increased efforts to engage stakeholders. It did this through a variety of broad-based communications, ongoing stakeholder meetings and a stakeholder forum in October 2010. The meeting theme, *Building Common Ground: Exploring Directions Together*, focused on testing strategic opportunities where the Partnership is best positioned to impact cancer control in Canada and to add value in the future.

Meeting attendees included approximately 130 individual representatives from provincial and territorial health ministries and cancer agencies (or equivalent), federal agencies, national health and charitable organizations, professional associations, patient and advocacy groups, chronic disease partners and others. Discussions included:

- The need for, and support of, the ongoing role of the Partnership, whose mandate is pan-Canadian and has bigger-picture perspective
- A desire to refine the Partnership as an organization to be more transformational in terms of its vision and mission
- The need for ongoing nimbleness to facilitate the development of strategic partnerships and to take action when opportunities arise

These outcomes will help shape the Partnership's approach to future projects.

Following this and other consultations, the Partnership prepared a discussion paper, *The Future of Cancer Control in Canada*, to consolidate partner input and lessons learned to share knowledge more efficiently. The paper highlights the need for sustained action through a pan-Canadian collaborative model and identifies potential opportunities to build on existing efforts to continue to accelerate cancer control. Work underway to map out the Partnership's future directions is addressed in the Looking Forward: 2011/12 and Beyond section (page 52).

Performance of the Cancer Strategy

Measuring progress in cancer control is complex. Since the Partnership's inception, a number of tools have been established to monitor the organization's performance. These tools include setting project management deliverables for priority areas and the strategic initiatives that operate within them, an enterprise performance and risk management framework, and targets for the first five-year mandate (ending in March 2012).

To provide a single view of the role and value of the Partnership's work relative to the broader cancer control community, and to link the current targets to existing measurement tools, the Objectives, Goals, Strategies and Measures (OGSM) format was applied to the Partnership as a whole, as well as to key strategic initiatives.

Global quality leaders use OGSM to deploy to stakeholders their organizations' strategies for success. For the Partnership, the process can define what objectives it, as an organization, wants to achieve, the strategies for how it will achieve those objectives, and how it translates these elements qualitatively and quantitatively into goals and measures.

Development of the performance framework has confirmed the crucial role of partnerships in advancing a national strategy for cancer control and has allowed the value of these networks to be measured.

The Partnership Team

Another important factor in successfully implementing the cancer control strategy is the engagement of staff and ensuring that the Partnership continues to be a fulfilling place to work. In 2010/11, activity at the Partnership included the following:

- Its first employee satisfaction survey was followed by an employee working group to respond to the survey findings and develop an action plan for rollout in 2011/12.
- Partnership staff began the Amazing Pace, a nine-week pedometer challenge designed by the Fitness Committee to promote increased physical activity as well as fruit and vegetable consumption.
- The Charity Committee organized events and initiatives in support of charitable causes, including the Home for Dinner program at Ronald McDonald House and donations to the Daily Bread Food Bank.



Looking Forward: 2011/12 and Beyond

With a strong foundation in place and significant gains already made in cancer control, the Partnership has two main objectives in 2011/12: delivering on the commitments of its initial mandate, and looking ahead with its partners to plan the future of Canada's cancer control strategy.

When the Partnership opened its doors in 2007 to implement the national cancer control strategy, it first needed to transition this broad plan into a focused set of deliverables. The result was a series of initiatives spanning priority areas across the cancer control continuum, with special emphasis on six high-impact initiatives that had potential for both concrete results within the Partnership's five-year mandate and longer-term benefits for the wider population. Targeted approaches, including working jointly with Canada's First Nations, Inuit and Métis peoples, also addressed the needs of specific communities.

Now in the final year of its initial mandate, the Partnership is focused on achieving its five-year targets¹⁹ across the initiatives, while evaluating work to date, identifying sustainability plans where needed and determining how best to build on them for the future. There will be continued emphasis on the six high-impact initiatives, which will be advanced in collaboration with partners to achieve the following deliverables:

- CLASP (page 15): All projects are being evaluated to identify successes and lessons learned for possible future iterations. Ongoing knowledge exchange is occurring and sustainability plans developed.
- Colorectal Cancer Screening (page 22): Work to support the uptake of quality indicators continues, along with the ongoing national reporting of quality determinants and the Colonversation national awareness campaign. Work is underway to achieve pan-Canadian consensus on the reporting of benign polyps.
- National Staging Initiative (page 28): Support of provincial implementations continues, and the Partnership is collaborating with other organizations to support enhancements to data quality and standards and to enable data processing and editing nationally and provincially.

- Canadian Partnership for Tomorrow Project (page 19): Through the national coordinating centre, the Partnership continues to support regional recruitment efforts and to complete the activities to establish other national support functions, including the national "biobank" repository and national database.
- Cancerview.ca (page 41): Resources and repositories are being maintained and deepened as new ones are added for areas of defined need. To enhance usability, redesign plans continue. To advance collaborative efforts, the Partnership is promoting group spaces to stakeholders and partner organizations. The Partnership will continue to work with pCODR and other priority partners to leverage portal capabilities.
- System Performance Initiative (page 37): Together with partners, the Partnership is further identifying and developing indicators and conducting an impact assessment of the 2010 Report. Plans to add clinical insights on additional areas of high impact continue. The Partnership will issue the third annual *System Performance Report* in 2011/12, along with supplemental reports on population-based screening and cancer patterns among new immigrant populations.

In addition, communications activities to raise awareness of the cancer control strategy are being explored. First Nations, Inuit and Métis cancer control efforts will continue as the Partnership works with Canada's First Peoples to implement the Action Plan developed during 2010/11.



Prime Minister Harper at announcement of second mandate, with Chair Dr. Simon Sutcliffe in March 2011.

Prime Minister's Office photo by Jason Ransom.

19 Targets available on www.partnershipagaincancer.ca.

Looking beyond the Partnership's first mandate, there is a need for Canada's ongoing cancer control efforts to anticipate emerging areas for focus given new innovations, the aging population and the need to address troubling lifestyle trends that contribute to the development of certain cancers.

The positive signal of a second mandate from 2012 to 2017, announced by the Prime Minister and federal Minister of Health in March 2011, puts the Partnership in a good position from which to plan for the future. The input of the cancer and broader health communities, whose efforts have contributed to the achievements to date, is critical to this planning process. To ensure that future strategic directions reflect the expertise and needs of these communities, the Partnership has been conducting consultations with its many partners and stakeholders, including provincial and territorial cancer agencies and programs, the Canadian Association of Provincial Cancer Agencies, the Canadian Cancer Society and the Canadian Cancer Action Network, to name a few.

These consultations, along with feedback to date, have helped identify ongoing and emerging areas for further attention, including cancer and chronic disease prevention, screening, quality cancer care and improving the cancer journey – including palliative and end-of-life care – for patients and their families. The Partnership's role as co-ordinator of cancer control efforts across provincial and territorial borders has also been noted as an area for continued focus, as has advancing the Cancer Control Action Plan developed with First Nations, Inuit and Métis communities (page 44).

To support planning activities, Partnership initiatives undertaken since 2007 are being assessed for their impact to date, continued relevance to partners and need for ongoing support. This exercise will help inform where the Partnership is best positioned to add value in the future. Careful consideration is also being given to the areas of emphasis highlighted by the federal government in the March 2011 announcement. These are as follows:

- Continue to prioritize cancer knowledge gathering and sharing and increase access to high-quality cancer screening.
- Broaden population-health cancer research to include chronic disease risk factors, specifically those for cardiovascular disease, and expand research to include people living in the territories.
- Examine unique health characteristics of Canadians living in rural and remote areas and implement a cancer action plan, developed in collaboration with community partners, to improve culturally relevant cancer initiatives for First Nations, Inuit and Métis people.

Improving cancer control across the country is a long-term commitment requiring a sustained and collaborative approach. We are fortunate in Canada to have well-organized cancer systems that work together, that seek solutions for better care and that develop and share best practices. The achievements resulting from the implementation of Canada's cancer control strategy are anchored in these efforts and in those of the entire cancer control community. In short, shared successes are the outcome of shared effort.

Ultimately, the collaboration that resulted in the Partnership's creation will enable Canadians to reap the rewards of the next phase of the Canadian cancer strategy. Together with the cancer control community, the Partnership will work with commitment, dedication and focus toward an urgent and meaningful goal: fewer Canadians diagnosed with cancer, a surviving and thriving population of those who have been diagnosed, and a better quality of life for everyone affected by the disease.



INDEPENDENT AUDITORS' REPORT

To the Members of the
Canadian Partnership Against Cancer Corporation

We have audited the accompanying financial statements of **Canadian Partnership Against Cancer Corporation**, which comprise the statement of financial position as at March 31, 2011, the statement of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making these risk assessments, the auditor considers internal control relevant to the Partnership's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partnership's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Canadian Partnership Against Cancer Corporation** as at March 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.



Chartered Accountants
Licensed Public Accountants
Toronto, Ontario
July 7, 2011

STATEMENT OF FINANCIAL POSITION

As at March 31, 2011 (with comparative figures for the year ended March 31, 2010)

	2011	2010
Assets		
Current		
Cash and cash equivalents	\$ 302,989	\$ 4,571,286
Short-term investments	18,109,153	8,021,429
Accounts receivable	1,661,071	119,602
Projects in process and advances (Note 3)	5,861,131	9,977,515
Prepaid expenses	305,053	245,775
	26,239,397	22,935,607
Capital assets (Note 4)	2,317,692	4,499,347
	\$ 28,557,089	\$ 27,434,954
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 4,531,328	\$ 3,882,749
Due to Health Canada (Note 5)	674,053	456,544
Deferred contributions – operating (Note 5)	21,034,016	18,596,314
	26,239,397	22,935,607
Deferred capital contributions (Note 5)	2,317,692	4,499,347
	\$ 28,557,089	\$ 27,434,954

Commitments and Guarantees (Notes 7 and 8)

See accompanying notes to the financial statements.

Approved by the Board



Simon Sutcliffe
Chair of the Board



Chris Clark
Chair of the Finance and Audit Committee

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year Ended March 31, 2011 (with comparative figures for the year ended March 31, 2010)

	2011	2010
Expenses		
Programs		
Primary prevention	\$ 10,692,969	\$ 6,069,044
Screening	1,307,522	1,658,146
Cancer guidelines	3,594,907	4,493,387
Cancer journey	3,015,487	2,991,127
Research	10,779,921	11,926,145
Surveillance	7,225,283	7,386,607
Health human resources	43,902	862,706
Knowledge management	6,626,289	6,660,242
Quality, standards and system performance	2,800,021	2,580,480
Communication and public engagement	4,202,712	3,647,344
	50,289,013	48,275,228
Operating expenses	6,049,940	5,606,168
	56,338,953	53,881,396
Revenue		
Health Canada contributions (Note 5)	52,432,080	50,770,533
Public Health Agency of Canada	1,495,000	550,000
Heart and Stroke Foundation of Ontario	100,000	50,000
Amortization of deferred capital contributions (Note 5)	2,311,873	2,510,863
	\$ 56,338,953	\$ 53,881,396
Excess of revenue over expenses	\$ –	\$ –
Net assets, beginning of year	–	3,400,000
Reserve Fund (Note 6)	–	(3,400,000)
Net assets, end of year	\$ –	\$ –

See accompanying notes to the financial statements.

STATEMENT OF CASH FLOWS

Year Ended March 31, 2011 (with comparative figures for the year ended March 31, 2010)

	2011	2010
Increase (decrease) in cash and cash equivalents		
Operating activities		
Health Canada contributions received (Note 5)	\$ 55,000,000	\$ 57,500,000
Other contributions received	1,595,000	600,000
Interest received on short-term investments	123,055	137,313
Cash paid for programs and operating expenses	(50,865,101)	(60,994,197)
	5,852,954	(2,756,884)
Investing activities		
Purchase of short-term investments	(24,999,690)	(20,995,605)
Redemption of short-term investments	15,005,797	27,995,530
Proceeds from disposal of assets	2,860	–
	(9,991,033)	6,999,925
Financing activities		
Purchase of capital assets	(130,218)	(994,318)
Net (outflow) inflow of cash and cash equivalents	(4,268,297)	3,248,723
Cash and cash equivalents, beginning of year	4,571,286	1,322,563
Cash and cash equivalents, end of year	\$ 302,989	\$ 4,571,286

See accompanying notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 **Description of the business**

Canadian Partnership Against Cancer Corporation (the "Partnership") was incorporated on October 24, 2006 under the *Canada Corporations Act* and commenced start-up operations on January 1, 2007. The Partnership's mandate is to maximize the research, development, translation and transfer of knowledge, expertise and best practices concerning cancer control across Canada with policy-makers, health care providers, patients and the community at large and in doing so help:

- a. reduce the number of Canadians diagnosed with cancer;
- b. enhance the quality of life of those affected by cancer;
- c. lessen the likelihood of Canadians dying from cancer; and
- d. increase the effectiveness and efficiency of the cancer control domain.

The Partnership is registered as a not-for-profit Corporation under the *Income Tax Act* and, accordingly, is exempt from income taxes.

The Partnership is funded through a Funding Agreement with Health Canada which calls for \$240.4 million of contributions over the five years ended March 31, 2012. The contributions are subject to terms and conditions set out in the Funding Agreement.

On March 11, 2011, the Prime Minister publicly announced the government is renewing its commitment to the Partnership by providing additional funding totalling \$250 million over five years beginning April, 2012. Therefore, these financial statements have been prepared on a going concern basis.

NOTE 2 **Significant accounting policies**

Financial statement presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations.

Revenue recognition

The Partnership follows the restricted fund method of accounting for contributions.

Capital contributions for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at a rate corresponding with the amortization rate of the related capital assets.

Deferred contributions – operating

Deferred contributions – operating represents amounts received from Health Canada which are expected to be recognized as revenue in subsequent fiscal years.

Cash and cash equivalents

Cash and cash equivalents consist of unrestricted cash and short-term deposits with a maturity at acquisition of less than 90 days.

Short-term investments

Short-term investments consist of deposits with a maturity at acquisition of more than 90 days and less than 1 year. Under the terms of the funding agreement with Health Canada, investment income, which consists entirely of interest is for the account of Health Canada and is recorded on an accrual basis.

March 31, 2011

NOTE 2
Significant
accounting policies
(continued)

Capital assets

Capital assets are recorded at cost and are amortized over their estimated useful life on a straight-line basis using the following rates:

Information technology and telecommunication	3 years
Furniture and equipment	5 years
Leasehold improvements	Over the term of the lease (5 years)

Financial Instruments

The Partnership has classified its financial instruments as follows:

- » Cash and cash equivalents and short-term investments as “held-for-trading”. Held-for-trading items are carried at fair value, with changes in their fair value recognized in the statement of operations in the current period.
- » All accounts receivable as “loans and receivables”. Loans and receivables are carried at amortized cost, using the effective interest method.
- » All financial liabilities as “Other Liabilities”. Other Liabilities are carried at amortized cost, using the effective interest method.

Allocation of Expenses

General support expenses, or operating expenses, are not allocated to program expenses.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from these estimates.

Future accounting changes

The Accounting Standards Board (AcSB) issued Part III of the CICA Handbook: Accounting Standards for Not-for-Profit Organizations. The standards are effective for annual financial statements relating to fiscal years beginning on or after January 1, 2012. Early adoption is permitted. The Partnership is evaluating the impact of these new standards on its financial reporting.

NOTE 3
Projects in process
and advances

Projects in process and advances represent projects where the Partnership had advanced funds to third parties where project milestones were in process of completion and funds had not been expended by the third party. Health Canada’s contributions related to the projects in process have been deferred as Deferred contributions-Operating.

March 31, 2011

NOTE 4
Capital assets

Capital assets

Capital assets at March 31 consist of:

			2011	2010
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Information technology	\$ 415,538	\$ 328,235	\$ 87,303	\$ 121,629
Portal Development	5,319,239	3,546,159	1,773,080	3,546,159
Furniture and equipment	1,096,198	850,497	245,701	451,154
Leasehold improvements	976,417	764,809	211,608	380,405
	\$ 7,807,392	\$ 5,489,700	\$ 2,317,692	\$ 4,499,347

NOTE 5
Deferred contributions

The continuity of amounts owing to Health Canada and deferred contributions is as follows:

	Due to Health Canada	Deferred Contributions Operating	Deferred Capital Contributions	Total
Balance, beginning of year	\$ 456,544	\$ 18,596,314	\$ 4,499,347	\$ 23,552,205
Health Canada funding received	–	55,000,000	–	55,000,000
Interest earned	217,509	–	–	217,509
	674,053	73,596,314	4,499,347	78,769,714
Transferred to Deferred Capital Contributions	–	(130,218)	130,218	–
Amounts recognized as revenue	–	(52,432,080)	(2,311,873)	(54,743,953)
Balance, end of year	\$ 674,053	\$ 21,034,016	\$ 2,317,692	\$ 24,025,761

NOTE 6
Reserve Fund

A Reserve Fund of \$3.4 million was established by the Board of Directors, and approved by the federal Minister of Health in 2008 in order to provide financial stability as programs were being developed. The terms of the new Funding Agreement entered into on March 13, 2009, stated that the Reserve Fund currently held by the Partnership be terminated but that the Partnership could keep the funds remaining in the Fund provided that these funds were held, administered and used in accordance with the terms and conditions of the Funding Agreement. The resolution by the Board of Directors passed on April 16, 2009 to maintain the Reserve Fund as an internally restricted fund was revoked by the Board of Directors later that year on December 8, 2009 in recognition that the Partnership's programs are well established and financial plans for the expenditure of the \$3.4 million in the Reserve Fund in accordance with the Funding Agreement are in place. The Reserve Fund was transferred to Deferred Contributions-operating in 2010.

NOTE 7
Commitments

Contractual research commitments

As of March 31, 2011, the Partnership has contractual commitments related to research projects amounting to approximately \$25 million for the fiscal year 2012. These commitments are contingent upon meeting project milestones set out in the agreements.

March 31, 2011

NOTE 7
Commitments
(continued)

Operating lease commitments

The Partnership rents premises under operating leases which expire in 2013. Minimum annual rental payments to the end of the lease terms are as follows:

2012	\$	1,236,159
2013		810,639
	\$	2,046,798

Contractual commitments

Additionally, the Partnership has entered into other commitments amounting to \$4.8 million including contracts for professional services with various expiry dates in the fiscal year 2012.

NOTE 8
Guarantees

In the normal course of operations, the Partnership enters into agreements that meet the definition of a guarantee. The Partnership's primary guarantees subject to the disclosure requirements of Accounting Guideline 14 are as follows:

The Partnership has provided indemnities under a lease agreement for the use of operating facilities. Under the terms of this agreement the Partnership agrees to indemnify the counterparties for various items including, but not limited to, all liabilities, loss, suits, and damages arising during, on or after the term of the agreement. The maximum amount of any potential future payment cannot be reasonably estimated.

The Partnership has indemnified its present and future directors, officers and employees against expenses, judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding in which the directors are sued as a result of their service, if they acted honestly and in good faith with a view to serving the best interest of the Partnership. The nature of the indemnity prevents the Partnership from reasonably estimating the maximum exposure. The Partnership has purchased directors' and officers' liability insurance with respect to this indemnification.

NOTE 9
Capital

The Partnership's main objective when managing capital is to safeguard its ability to continue as a going concern, so that it can continue to provide services and benefits to its stakeholders.

The Partnership manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Partnership is not subject to any externally imposed capital requirements, however, as described in Note 1, the Funding Agreement with Health Canada has conditions setting out the activities or other expenditures for which the funds may be used.

NOTE 10
Remuneration
of Directors
and Senior
Management

For the year ended March 31, 2011, remuneration paid to the Partnership's Directors amounted to \$173,616 (2010 - \$140,584) and remuneration paid to the Partnership's five highest paid staff amounted to \$1.3 million (2010 - \$1.3 million).

Materials Completed

Partnership materials completed between April 1, 2010, and March 31, 2011

The following materials were completed for stakeholder and/or external audiences in 2010/11. This list includes both Partnership final reports and working reports, plus a sample list of posters presented at conferences this year.

Note that some materials were completed at the end of the fiscal year and will be distributed in 2011/12.

Canadian Partnership Against Cancer

- Impact Report 2010: Partnership makes the difference, April 2010
- Canadian Partnership Against Cancer Corporation Evaluation: Final Report, Management Response, May 2010
- 2009/10 Annual Report: Partnerships Against Cancer, July 2010
- Achieving cancer control through partnerships, August 2010 (poster)
- Partnership in Action: Newsletter, Winter 2010/2011, December 2010
- 2010 Stakeholder Strategy Consultations, November 2010
- The Future of Cancer Control in Canada – Executive summary, February 2011
- The Future of Cancer Control in Canada – Consultation questions, February 2011
- The Future of Cancer Control in Canada: A discussion paper on pan-Canadian cancer control priorities for 2012-2017, February 2011
- Materials for media announcements: Pan-Canadian Research Strategy (June 2010), Early Lung Cancer Detection (June 2010), The Truth of It (August 2010), National Staging Initiative (October 2010), Cohort (November 2010), Lancet publication of International Cancer Benchmarking Partnership study (December 2010), World Cancer Day (February 2011), Childhood obesity (March 2011), Funding renewal (March 2011)

Primary Prevention

- An Environmental Scan of Toxic Use Reduction Activities in Canada, June 2010
 - Prevention Policy Directory, September 2010
 - Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factor, November 2010
-

Research

- Investment in Cancer Risk & Prevention Research 2005-2007, May 2010
 - Pan-Canadian Cancer Research Strategy: A plan for collaborative action by Canada's cancer research funders, May 2010
 - Report on Public and Researchers' Perceptions of Cancer Research in Canada, September 2010
 - Investment in Early Translational Cancer Research, 2005-2007, February 2011
-

Screening

- Flexible Sigmoidoscopy Watching Brief: 2nd Iteration of Expert Panel Report, June 2010
-

Cancer Guidelines

- CPAC Synoptic Reporting Tools Project Evaluation Report, March 2011
 - CAN-IMPLEMENT V1 (cancerview.ca), July 2010 (website)
 - Cancer Practice Guidelines Status Report - Lung Cancer, December 2010
 - Cancer Guideline Development Topic Webinars (cancerguidelines.ca), December 2010 (website)
 - Cancer Practice Guidelines Overall Status Report, March 2011
 - Updated SAGE Repository (cancerview.ca), ongoing (website)
 - Guidelines Resource Centre (cancerguidelines.ca), ongoing (website)
-

Surveillance and Analytics

- Canadian Partnership Against Cancer's Cancer Surveillance and Epidemiology Networks: Investigating Short-Term Cancer Projection Methods for Use by Canadian Cancer Registries, June 2010 (poster)
 - Canadian Partnership Against Cancer's Cancer Surveillance and Epidemiology Networks: Knowledge Translation as a Component of a Pan-Canadian Surveillance Network on Cancer Projections, June 2010 (poster)
 - The Canadian Partnership Against Cancer's Surveillance and Epidemiology Networks: Investigating the Quality of Cancer Registry Data in Canada. Part I: Completeness, Accuracy, Timeliness, June 2010 (poster)
 - The Canadian Partnership Against Cancer's Surveillance and Epidemiology Networks: Investigating the Quality of Cancer Registry Data in Canada. Part II: Comparability, June 2010 (poster)
 - The Canadian Partnership Against Cancer's Surveillance and Epidemiology Networks: Colorectal Cancer in Ontario by Anatomic Subsite, June 2010 (poster)
 - Towards the Fully-Electronic Transmission of Pathology Data into the Manitoba Cancer Registry (MCR): e-Path Year 1 in Review, June 2010 (poster)
-

MATERIALS COMPLETED Continued

Cancer Journey

- Canadian Psychosocial Oncology Partners, CPOP Online (cpoponline.ca), May 2010 (website)
 - Cancer Chat Canada, professionally-led online support groups (cancerchatcanada.ca), June 2010 (website)
 - Additions to Person-Centred Care Toolkit
 - Screening for Distress Education Program, June 2010
 - Pan-Canadian Clinical Practice Guideline: Screening Assessment and Care of Psychosocial Distress (Depression and Anxiety) in Adults with Cancer, August 2010
 - Pan-Canadian Guidance on Organization and Structure of Survivorship Services and Psychosocial-Supportive Care Best Practices for Adult Cancer Survivors, March 2011
 - Sexual Health in Cancer, March 2011
 - Virtual Navigation in Cancer: A Pilot Study, August 2010
 - Evaluation Report: Education Funded Projects 2008-10, November 2010
 - Speak Up, Advanced Care Planning (advancecareplanning.ca) tools, March 2011 (website)
-

Quality Initiatives and System Performance

- 2010 System Performance Report, December 2010
 - Ambulatory chemotherapy standards for piloting and implementation in Qmentum process, February 2011
 - Canadian Partnership for Quality Radiotherapy, March 2011
 - Programmatic Guidance for Canadian Radiotherapy Facilities, March 2011
 - Technical and care standards, March 2011
-

Knowledge Management

- The Truth of It video series, May 2010
 - HHR Service Delivery Model Database, August 2010
 - All content at cancerview.ca, ongoing
 - Snapshot #1: Colorectal Screening in Canada, November 2010
 - Snapshot #2: Colorectal Cancer Incidence and Mortality, December 2010
 - Snapshot #3: Colorectal Cancer Staging and Survival, December 2010
 - Snapshot #4: Smoking and Lung Cancer in Canada, January 2011
-

First Nations, Inuit, Métis

- Completion of two Inuit Truth of It Videos in English and Inuit languages, February 2011
 - Launch and collection of resources for the First Nations, Inuit and Métis Portal Page on Cancer View Canada, November 2010
-

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The views expressed herein represent the views of the Canadian Partnership Against Cancer.

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CANADIAN PARTNERSHIP
AGAINST CANCER



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