ANNUAL REPORT 2013/14

DELIVERING AS ONE

CANADIAN **PARTNERSHIP** AGAINST **CANCER**

PARTENARIAT CANADIEN CONTRE LE **CANCER**

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This document is available in PDF form from the www.partnershipagainstcancer.ca website. A highlights document is also available, in printed and PDF form, from the website or through info@partnershipagainstcancer.ca.

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MESSAGES FROM OUR CHAIR AND CEO

As I step down from my role as Chair after seven years on the Board, I want to say what a privilege it has been to be associated with the Partnership during this exciting time. I've seen first-hand how health professionals and organizations are now working together differently to share knowledge, establish relationships across geographical boundaries, and increase consistency in practice to control cancer in this country.

Since 2007, we've moved from bringing people together to work collaboratively to making real strides in reducing the impact of cancer on Canadians. By harnessing the passion and unique skills and experiences that everyone involved in cancer control brings to their work and that of the Partnership, we are reducing the burden of cancer.

People from around the world look to the Canadian model – the Partnership model – for ideas and inspiration. And when we look back in 2037, we'll see that in these formative years we laid the groundwork for tremendous improvements that took place 10, 20 and 30 years hence. As a cancer survivor, I am confident that the progress we are making together is making a real difference for patients and their caregivers, and will continue to have an impact for years to come.

Thank you for sharing this journey with me. I look forward to watching the impact of the Partnership's efforts for years to come.

Chris Clark
Chair, Board of Directors

In 2013/2014, we worked with our cancer control partners from across Canada to deliver excellent results in many key areas.

We hosted a national event to launch the First Nations, Inuit and Métis Cancer Control Initiative, celebrating this milestone with the leaders of the National Aboriginal Organizations, partners and stakeholders. We surpassed the enrollment target for the Canadian Partnership for Tomorrow Project, securing the commitment of nearly 300,000 Canadians and building a legacy in health research that all Canadians can be proud of.

To ensure our efforts really make a difference to Canadians living with cancer, we undertook the challenge of embedding the patient perspective in all of our work in an authentic way. And through planned and thoughtful measurement, we are able to track now – and over many years – the difference we are making across the country.

The progress we are making toward our shared goal of reducing the burden of cancer would not be possible without the collaborative efforts of dedicated people from across the country and the team at the Partnership. We thank all of you for your ongoing contributions to Canada's cancer strategy.

Shelly Jamieson
Chief Executive Officer

INTRODUCTION

This past year, the Partnership worked with its partners from across Canada to have significant impact in many key areas and expanded our scope or deepened our reach in others.

Our multi-year approach to planning and executing our work each year builds on the gains from previous years. And by working with partners and those affected by cancer, we are beginning to see measurable progress toward improving cancer outcomes for Canadians.

Strong collaborative partnerships are the cornerstone of realizing the national cancer strategy. This year, we bolstered our number and diversity of partners by funding more than 30 initiatives. The First Nations, Inuit and Métis Cancer Control Initiative is a 3½ year multi-jurisdictional effort with and for First Peoples spanning nine provinces and territories. It is a unique commitment to collaborate on a large scale – specifically for patients in rural and remote locations.

Similarly, the Person-Centred Perspective Initiative launched a portfolio of 14 projects working to improve the patient experience and the delivery of cancer care across Canada. The Partnership and our provincial and territorial partners along with the broader cancer community have long understood that the role of the patient in the management of and partnering in their own health is critical to ensure care is well-targeted, respectful and responsive to each patient's preferences, needs and values.

But improving the cancer experience isn't enough. We also want to know why some people get cancer, while others do not. In collaboration with our partners in five regional centres, the Canadian Partnership for Tomorrow Project (CPTP) has enrolled close to 300,000 Canadians, making it one of the largest research platforms in the world. By laying this foundation, CPTP is building a vital resource for researchers to find answers to challenging questions about the causes of cancer and related chronic diseases now and for years to come.

We are always mindful of the need to measure how far we have all come and what more can be done to reduce the burden of cancer on Canadians. After five years of collaboration between national partners, provincial cancer programs and the Partnership, we now see Canada emerging as a world leader in measuring the strengths and opportunities of a national cancer care system. *The 2014 Cancer System Performance Report* provided a comprehensive national review of more than 30 cancer care indicators across eight domains: prevention, screening, diagnosis, treatment, long-term outcomes, person-centred perspective, research and system efficiency.

Today, the scope and impact of prevention initiatives are increasing and more Canadians have access to high-quality screening programs than ever before as a result of integrated, pan-Canadian screening networks. The use of electronic synoptic reporting is also expanding across Canada. And another one of the Partnership's major efforts – the Quality Initiative – is identifying innovations and providing the necessary support to accelerate their uptake across jurisdictions and across the country.

Changing the cancer landscape requires a sustained, long-term focus. Through the collaborative efforts with our partners across Canada, we are moving closer to the ultimate goal of lessening the impact of cancer on all Canadians.

For the full range of accomplishments for 2013/14 please see pages 6 to 33.

ABOUT THIS DOCUMENT

The Canadian Partnership Against Cancer was established by the Government of Canada in 2007 as a not-for-profit, arm's-length corporation to enable a collaborative approach to implementing the Canadian Strategy for Cancer Control, a 30-year vision for achieving key outcomes in cancer control.

Since the Partnership's inception there has been significant progress in transforming the way the cancer control community in Canada works together to reduce the burden of cancer through coordinated, system-level change. Informed by the experiences of those most affected by cancer, the organization plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and evidence of what is working across Canada. This, in turn, supports cancer control planning and drives improvements in the quality of practice across the country.

In compliance with the Partnership's funding agreement with Health Canada, this report describes the achievements of the 2013/14 fiscal year. It also contains the 2013/14 financial statements and independent auditor's report, a list of materials produced during the year, an overview of expected results for 2014/15 and a list of ultimate beneficiaries—defined in the funding agreement as the third party organizations that received funding through the Partnership to advance the programs of the strategy. A companion snapshot publication, entitled *Delivering as One*: *Annual Highlights 2013/14*, is also available. New multimedia content, accessible through partnershipagainstcancer.ca, also charts the progress of Canada's cancer strategy, year by year towards our 2017 outcomes.

ALIGNMENT OF STRATEGIC PRIORITIES AND CORE ENABLING FUNCTIONS AGAINST 2017, 2027 AND 2037 OUTCOMES

Our achievements in 2013/14 are summarized in this report under the Partnership's five strategic priorities and three core enabling functions. Within each of these eight areas, there is at least one key initiative representing complex, large-scale, multi-jurisdictional or organizational efforts as well as a significant proportion of the Partnership's total program spending. These key initiatives are primary contributors to the immediate outcomes the Partnership is working toward with its partners by 2017. Alongside these key or "priority" initiatives, a complement of related initiatives forms an integrated program of work reflecting the national cancer strategy and supporting the cancer continuum.

Ultimate outcomes (by 2037)	Reduced the incidence of cancer* *Age-standardized and invasive only		Lessened the likelihood of Canadians dying from cancer			Enhanced the quality of life of those affected by cancer		
Ultimate outcomes (by 2027)	Enhanced population-based prevention and screening		Enhanced quality of diagnosis and clinical care		Improved cancer experience with and for Canadians		Enhanced cancer control system and synergies with broader health system	
Ultimate outcomes (by 2017)	Improved access to evidence-based prevention strategies and quality of, and participation in, screening	More consistent actions to enhance quality of diagnosis and clinical care	Improved capacity to respond to patient needs	Enhanced coordination of cancer research and improved population research capacity	Improved First Nations, Inuit and Métis cancer control with and for First Nations, Inuit and Métis peoples and partners	Improved analysis and reporting on cancer system performance	Enhanced access to high-quality information, tools and resources	Enhanced public and patient awareness and engagement
Strategic priorities & core enabling functions	**Strategic Priorities**					**Core Enabling Functions**		
	Develop high-impact, population-based prevention and cancer screening approaches	Advance high-quality diagnosis and clinical care	Embed a person-centred perspective throughout the cancer journey	Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases	Advance cancer control with and for First Nations, Inuit and Métis peoples and partners	System performance analysis and reporting	Knowledge management through tools, technology, connections and resources	Public engagement and outreach
Initiatives	**Coalitions Linking Action and Science for Prevention** **Population-based screening** Healthy public policy CAREX Canada	**Embedding evidence in care - synoptic reporting and staging** Emerging screening and early detection Quality Implementation Initiative Enhancing Canadian cancer clinical trials	**Patient experience and outcomes** Survivorship Palliative and end-of-life care Primary care and cancer care integration	**Canadian Partnership for Tomorrow Project** Canadian Cancer Research Alliance	**First Nations, Inuit and Métis Action Plan on Cancer Control**	**System performance reporting**	**Cancerview.ca** Cancer risk management modelling and economic analysis Knowledge transfer and adoption Analytic capacity building and co-ordinated data development Evidence, synthesis, guidelines	**Public engagement and outreach**

Priority initiatives appear in blue

THE PARTNERSHIP'S STRATEGIC PRIORITIES AND CORE ENABLING FUNCTIONS

STRATEGIC PRIORITY:
Advance cancer control with and for First Nations, Inuit and Métis peoples

By 2017, as a result of our work with partners, First Nations, Inuit and Métis peoples will have their needs for cancer prevention and care better recognized and addressed.

First Peoples experience a disproportionate burden of disease and some regional studies have indicated that cancer rates are increasing among First Nations, Inuit and Métis peoples compared to the general population. There is a growing need for culturally relevant and safe services. Furthermore, the cancer experience for First Peoples is often complex: access to care is limited by geography, transportation and the availability of culturally relevant and safe care. Screening, diagnosis, treatment, survivorship and end-of-life care may take patients and families through a complicated circuit of services outside their community to access care.

The Partnership is helping to improve First Nations, Inuit and Métis cancer control in collaboration with partners by working with and for First Peoples to implement the First Nations, Inuit and Métis Action Plan on Cancer Control.

This portfolio of work focuses on addressing the priority cancer control gaps through the implementation of the First Nations, Inuit and Métis Cancer Control Initiative to advance improvements in continuity of care for First Nations, Inuit and Métis patients in rural and remote communities.

In 2013/14 our work focused on:

- Launching the First Nations, Inuit and Métis Cancer Control Initiative to advance the priorities identified in the Action Plan, specifically to improve the quality of the cancer journey for First Nations, Inuit and Métis patients and families residing in rural, remote and isolated communities in nine jurisdictions. For the next 3½ years, these projects will focus on the cancer journey from diagnosis to the transition of care to an individual's home community.
- Providing a baseline against which progress can be measured over the coming years. Both the *First Nations Cancer Control in Canada Baseline Report* and the *Inuit Cancer Control in Canada Baseline Report* were published and the *Métis Cancer Control Baseline Report* was developed for release in 2014.

What is the First Nations, Inuit and Métis Cancer Control Initiative?

The initiative supports jurisdictions to advance the First Nations, Inuit and Métis Action Plan on Cancer Control. The Partnership facilitated the development of the Action Plan during the 2007-12 mandate by engaging First Nations, Inuit and Métis stakeholders, including patients, leadership, expert partners and governments and organizations involved in First Nations, Inuit and Métis health, cancer control and chronic disease prevention. In developing the Action Plan, the Partnership led a comprehensive communication, outreach and planning process in an effort to strengthen collaboration, minimize duplication and maximize outcomes. The First Nations, Inuit and Métis Cancer Control Initiative grew out of this process.

The desired 2017 outcomes of the initiative include:

- Improved knowledge of the First Nations, Inuit and Métis patient's experience through the cancer journey,
- Referral of First Nations, Inuit and Métis patients to culturally relevant and safe cancer care navigation and traditional supports;
- Delivery of cancer diagnosis in a culturally and emotionally safe way. First Nations, Inuit and Métis patients have appropriate supports at the diagnosis appointment, traditional supports are considered, and relevant resources are made available;

- Improved transfer of care for First Nations, Inuit and Métis patients who return to home communities from secondary/tertiary care centres over the course of their cancer care;
- An increase in the number of jurisdictions with specific actions to address cancer control for First Nations, Inuit and Métis peoples; and
- Improved access to resources and acceleration of progress as a result of a pan-Canadian collaborative approach. Common tools, resources and networks will be developed.

These outcomes will be milestones in ongoing, collaborative, long-term efforts to address chronic diseases, including cancer, with First Nations, Inuit and Métis peoples and health and cancer system partners.

Achievements in 2013/14:

- The Partnership invested in multi-year initiatives to improve the quality of the cancer journey for First Nations, Inuit and Métis patients residing in rural, remote and isolated communities. Nine jurisdictions were funded and will focus on the cancer journey from diagnosis to the transition of care to an individual's home community. Work will span British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick, Newfoundland and Labrador, the Yukon and the Northwest Territories.

- A knowledge transfer and exchange framework was developed and launched to support the multi-jurisdictional initiative (February 2014).
- In the past year, Métis Cancer Pathways Environmental Scans were completed. These scans assisted in defining the cancer journey for Métis patients and helped to inform the initiative.
- The First Nations, Inuit and Métis cancer control baseline documents were completed and shared with all relevant partners and stakeholders. The baseline reports examine cancer control for First Nations, Inuit and Métis peoples across Canada and provide baselines against which progress can be measured over the coming years.

Additional 2013/14 achievements in advancing cancer control with and for First Nations, Inuit and Métis peoples are reflected in other areas of this report.

Multi-jurisdictional Initiatives

Increased Access to Culturally Safe Cancer Care Pathways by Alberta First Nations in Rural, Remote and Isolated Communities (Alberta)

Increased Access to Culturally Safe Cancer Care Pathways by Alberta First Nations Communities is an Alberta Health Services-Cancer Control collaborative initiative with Alberta First Nations Treaty 6, 7, 8, the Alberta First Nations Information Governance Centre and multi-jurisdictional partners including First Nations Inuit Health, the Aboriginal Nurses Association of Canada, the Indigenous Physicians Association of Canada and more. Project activities and strategies are aimed at advancing outcomes that will dissipate differences, align beliefs and expectations about the journey of First Nations cancer patients, and provide appropriate tools and processes for support of First Nations cancer patients, caregivers, and primary and oncology care providers.

First Nations, Inuit and Métis Cancer Control Initiative: Advancing Improvements in Continuity of Care for First Nations, Inuit and Métis Patients in Rural and Remote Communities (British Columbia)

The First Nations Health Authority, British Columbia Cancer Agency, Provincial Health Services Authority, Métis Nation British Columbia and British Columbia Association of Aboriginal Friendship Centres joined forces in a collaborative effort to create a better understanding of the needs and opportunities for improving the cancer journey for Aboriginal peoples in BC. Preliminary engagement with Aboriginal cancer patients and care providers in BC suggests there are gaps in culturally appropriate resources for Aboriginal cancer patients and organizational protocols/processes for ensuring cultural safety and access to traditional health support. Through this project, the partners will work together to address these gaps and improve existing services and supports through the continuum of cancer care from diagnosis to discharge. Efforts will focus on developing additional tools and resources, advancing patient identification, enhancing health literacy of patients and cultural competency of practitioners, and enhancing multi-jurisdictional cooperation and partnerships.

Improving First Nations and Inuit Cancer Care in Manitoba (Manitoba)

For Manitoba First Nations, Métis and Inuit people, cultural and language differences, geographic and social remoteness and limited access to basic services increase the difficulties patients and families experience during the cancer journey. A CancerCare Manitoba-led initiative recognizes these challenges and is working in partnership with cancer patients, families, health-care providers and stakeholders to improve cancer care for First Nations and Inuit Manitobans in a culturally responsive and safe way.

Improving First Nations and Inuit Cancer Care in Manitoba will be developing unique audio and visual tools to assist both patients and health-care providers as soon as cancer has been diagnosed. A patient story video will be provided to health-care providers to illustrate, from a patient perspective, the importance of communicating a diagnosis in a culturally and emotionally safe manner. A support tool for patients will be provided for use by health-care providers in a diagnosis delivery context.

During transition appointments, patients talk with their care provider about follow-up care. Adapted follow-up care plans that are shared across the health-care team and with the patient will ensure that the challenges experienced by rural, remote and isolated patients are reflected and all those involved understand the next steps in care. The addition of an audio recording of the transition appointment will remove the barriers of literacy and language and allow patients to take the information home, review and share it.

Ajiglu’g Nutawti’nen/Pilawtihkasik: A New Path. Improving the Journey for New Brunswick’s First Nations Patients (New Brunswick)

The Department of Health in New Brunswick will work with regional health authorities and First Nations communities to improve the journey for First Nations patients along the cancer care continuum. *Ajiglu’g Nutawti’nen/Pilawtihkasik: A New Path* will focus its efforts on finding solutions to gaps affecting quality patient-centred navigation and discharge planning. It will also address culturally responsive / safe care for First Nation patients accessing cancer care services in the province of New Brunswick.

Journey in the Big Land: Enhancing Cancer Care Services for First Nations, Inuit and Métis in Labrador (Newfoundland and Labrador)

A three-year initiative of the Cancer Care Program of Eastern Health is aimed at enhancing cancer care services for Labrador Inuit, Innu and members of the NunatuKavut Community Council Inc. Titled *Journey in the Big Land*, the initiative recognizes the unique challenges faced by many Aboriginal peoples when confronted with a cancer diagnosis, including language barriers, cultural differences and geographical isolation from primary care and secondary and tertiary health centres.

The initiative will focus on three priority areas. They are to:

- Enhance transitions in care between hospital and community setting,
- Expand Tele-Oncology for enhanced consultation between oncology specialists and Labrador-Grenfell physicians, nurses in community clinics and patients themselves, and
- Increase cultural sensitivity through employee training programs, information packages in the languages of the Labrador Aboriginal groups and the placement of Labrador imagery at the Dr. H. Bliss Murphy Cancer Centre.

Believe in our Healing Journey: Supporting Continuity of Care for First Nations, Inuit and Métis Cancer Patients in the Northwest Territories (Northwest Territories)

The Believe in our Healing Journey: Supporting Continuity of Care of First Nations, Inuit and Métis (FNIM) Cancer Patients in the Northwest Territories project brings together communities of the Northwest Territories; Regional Health and Social Services Authorities; Alberta Health Services, including the Northern Health Services Network; the NWT Breast Health/Breast Cancer Action Group; Stanton Elder's Council; Dene National/Assembly of First Nations Regional Office; Inuvialuit Regional Corporation; Northwest Territories Métis Nation; and Saint Elizabeth Health Care.

This project aims to improve the access to, and availability of, culturally appropriate, visual and plain language resources or tools that improve cancer patient knowledge, enable informed decision-making about treatment options, and assist the patient in navigating the cancer journey. Community capacity to support First Nations, Inuit and Métis cancer patients throughout the continuum of cancer care will be increased, primarily through competency-based cancer education and patient navigation training for community health representatives—a pivotal link between First Nations, Inuit and Métis patients and the health system. This project will follow a three-pronged approach to increase telehealth uptake that includes review of telehealth literature and best practices; assessment and expansion of health system capacity to implement telehealth in remote First Nations, Inuit and Métis communities; and reinforcement of ongoing telehealth mentorship for community health representatives and health-care providers in all communities.

Quality and Culturally Adapted Care and Services for Inuit and Eeyou Patients with Cancer (Quebec)

Developed by the Nunavik Regional Board of Health and Social Services (area 17) and the Cree Board of Health and Social Services of James Bay (area 18), this project aims to increase the quality and cultural relevance of health care and health services for First Nations, Inuit and Métis patients with cancer.

This project will make it possible to:

- Provide culturally relevant services to improve the efficacy of the health-care system for patients. Patients' compliance with treatment, as well as their motivation to self-manage their condition, depends on their level of acceptance of the health-care approach they receive. This compliance also depends on their understanding of the different treatment options that are presented to them. Taking into account the cultural dimension of health services also makes it possible to fulfill the need for a comprehensive approach to cancer care and to reduce disparities related to cultural differences.
- Improve the coordination of health-care services for Inuit and Cree patients. There is a lack of coordination in the health-care system with respect to managing chronic diseases – especially in remote areas.
- Improve access to health care and cancer care services in Nunavik and Eeyou Istchee through the development of local health care provision.
- Position areas 17 and 18 within the national cancer control network.

The Development and Implementation of a First Nations and Métis Cancer Surveillance System in Saskatchewan (Saskatchewan)

With cancer as a growing health concern among First Nations and Métis populations, it is imperative that a sustainable and meaningful improvement towards the health outcomes of these communities begin to take shape. However, without reliable health data specific to these peoples it is difficult to design culturally relevant programs and services that can effectively address the gaps in cancer control.

In Saskatchewan, the cancer journey of First Nations and Métis people often crosses health systems, multiple providers, geographic locations and cultures. This prompted the Federation of Saskatchewan Indian Nations (FSIN), Métis Nation-Saskatchewan (MN-S) and the Saskatchewan Cancer Agency to come together in an unprecedented partnership to review current cancer surveillance systems and practices on a local and international stage. This groundbreaking initiative will give the partners the ability to determine a method of identification of Status First Nations and Métis peoples within the health-care system, leading to a framework that will be piloted in a select group of communities in Saskatchewan.

Instead of the traditional method of developing programs and services without stakeholder input, the FSIN, MN-S, and Saskatchewan Cancer Agency will engage the right stakeholders at the right times to achieve the best outcomes and improve cancer control in First Nations and Métis populations. Ultimately, a First Nations and Métis surveillance system will serve as the foundational component necessary to effectively advance cancer care services across the continuum of care and reduce the burden of cancer in First Nations and Métis people in Saskatchewan.

Walk a Mile in our Moccasins: Advancing the First Nations, Inuit and Métis Cancer Journey in the Yukon (Yukon)

This project represents a multi-faceted approach of implementing several priorities pertaining to the First Nations and Métis cancer journey within Yukon, specifically in relation to diagnosis delivery and discharge planning. The work will be carried out in collaboration and partnership with the Yukon cancer system and advance the following outcomes:

- Education and training for more informed First Nation, and Métis patients,
- Education and training for health-care providers within Yukon to support better continuity of care from diagnosis to discharge,
- Consistency in practices around diagnosis, delivery and discharge planning,
- Implementation of a culturally meaningful way of supporting patients through diagnosis to discharge, and development of a patient identification strategy.

STRATEGIC PRIORITY:
Embed a person-centred perspective throughout the cancer journey

By 2017, the cancer system will be better able to respond to patient needs.

Cancer care must be responsive and centred on the needs of the individuals living with cancer. Embedding a person-centred perspective requires an approach to cancer care that is responsive to patient preferences and sees the care through the lens of the patient. Comprehensive cancer care considers emotional, psychological, spiritual and practical issues. Care providers and cancer care leaders must work in partnership with patients and survivors to improve cancer care at the frontline, bedside, in research and at system levels to understand how to shape the system to better meet patient needs. Engagement with patients, caregivers and families in the design, delivery and implementation of cancer care is essential to ensure that our national cancer control efforts to improve the patient experience is relevant.

The Partnership is working with patients, families, and the cancer care delivery system to improve the response to patient needs throughout the cancer journey, from diagnosis, treatment and survivorship to palliative and end-of-life care. A key strategy is the measurement of the patient experience. If we are able to better identify and measure the needs of patients, families and health care providers we will be able to develop appropriate responses to address those needs. Defining a series of consistent, common measures to monitor the patient experience will help to guide improvements across the system.

Promoting the adoption of evidence-based guidelines, using standardized approaches to care and creating person-centred tools and resources across provinces and territories are key strategies at the Partnership. The result will in be better measurement of the patient experience, more seamless transitions to primary care, and earlier introduction of palliative approach and end-of-life care.

In 2013/14 our work focused on:

- Launching four initiatives in Person-Centred Perspective in Cancer Care:
  1. improving the patient experience through outcomes reported by patients;
  2. better integration of primary health care with cancer care;
  3. improvements in transitions to survivorship; and
  4. palliative and end-of-life care.

  The work in these four initiatives is comprised of a total of 14 Partnership supported, multi-jurisdictional projects that span the country.
- Convening national stakeholder meetings, networks and consultation sessions to obtain consensus on priorities, identify person-centred approaches, establish frameworks and develop strategies for driving improvements in patient experience.

What is Person-Centred Perspective?

The role of the patient in the management and partnering of their own health is critical to ensure care is person-centred. It is ultimately about understanding each person’s needs and how to meet them. The Partnership and our provincial territorial and cancer organization partners have long understood this fact, and have chosen to make person-centred care a foundational element in efforts to improve cancer control. Person-centred care should be respectful of and responsive to each patient’s preferences, needs and values. These attributes are critical to providing the right care for the right person at the right time.

We expect that by 2017, we will be able to demonstrate that we are contributing to improved patient outcomes through agreement on and collection of common indicators and measures. In addition, a shared set of evidence-informed assessment tools and resources will support person-centred program design and implementation. With a continued focus on these areas, cancer care will become even more focused on treating the person based on their needs and goals of care.

Achievements in 2013/14:

- A request for proposal process was undertaken to fund new projects in the Person-Centred Perspective Program. Eleven new, multi-jurisdictional projects focused on palliative and end-of-life-care, the patient experience and patient reported outcomes, and primary care transitions were approved and launched.
- Two multi-jurisdictional projects focused on survivorship care received continuation of support in 2013/14. One palliative and end-of-life care project received ongoing support to continue to create capacity for palliative and end-of-life education for the interprofessional team of health care providers (EPEC-O).
- The Partnership supported convening a number of national meetings to set priorities, establish frameworks and guide the work of the Person-Centred Care program:
    - A National Palliative and End-of-Life Care Network meeting
    - A Return to Work Working Group meeting
    - Two Person-Centred Perspective Advisory Group meetings

Multi-jurisdictional Initiatives – Newly Funded Projects

Patient Experience and Patient Reported Outcomes Initiative

A hallmark of quality cancer care is the provision of person-centred care that is respectful of and responsive to individual patients' preferences, needs and values. The goal of the Patient-Reported Outcomes Initiative is to improve the patient experience across the cancer journey through standardized measurement that accelerates optimal care and measures impact (health-related outcomes for patients) across Canada. The aim is that by 2017 all participating jurisdictions should have established a measurement and reporting cycle for patient experience that facilitates action to guide improvement through use of standardized screening and assessment tools and implementation of programmatic interventions.

Projects receiving funding in patient experience and patient reported outcomes:

Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)

The iPEHOC project will facilitate the uptake of a standardized core set of patient-reported outcome measures and patient-reported experience measures, and their use in clinical practice. The ultimate goal is to develop a common and sustainable patient experience measurement system applicable to all jurisdictions in Canada.

Partners: Cancer Care Ontario, Rossy Cancer Network, Montreal Quebec.

Improving Patient Outcomes: A Pan-Canadian Knowledge Translation Strategy to Advance Oncology Professionals' Distress Management Knowledge and Skills

This project will improve patient satisfaction and health-care processes by implementing and evaluating the Therapeutic Practices for Distress Management program in five Canadian cancer programs. The goal is to build capacity to embed evidence-based responses as outlined by clinical practice guidelines for common distress symptoms – fatigue, pain, anxiety and depression – into standard cancer care.

Partners: Canadian Association of Psychosocial Oncology, in Ontario, Nova Scotia, Manitoba, Quebec.

Measuring Patient Reported Outcomes to Address Patient Experience in Three Atlantic Provinces

This project will benefit adult cancer patients and their families by measuring patient-reported outcomes in four important health areas: anxiety, depression, fatigue and pain. In Nova Scotia and PEI, the Screening for Distress program will be expanded to include re-screening at the end of cancer treatment and in Newfoundland and Labrador, a similar program will be developed and implemented.

Partners: Cancer Care Nova Scotia, Health PEI, Cancer Care Program Eastern Health in Newfoundland and Labrador.

Patient Experience and Outcomes in the Prairie Provinces

This project will enhance the person-centredness of our cancer care systems through a culture of continual learning and quality improvement where patient and family reported outcomes are harnessed to improve the patient experience. By building and implementing a standardized approach to the collection and analysis of patient reported outcomes, the partners will create a large, consistent set of patient reported outcomes that will be available for ongoing systematic evaluation.

Partners: Alberta Health Services, Cancer Care Manitoba and the Saskatchewan Cancer Agency are working together to enhance person centredness in cancer care.

Primary Care and Cancer Care Integration Initiative

Demand for cancer and other chronic disease health-care services are increasing due to the growing and aging population. With advances in cancer screening and treatment more people are living with a diagnosis of cancer for longer periods of time. While this is a good thing, it can also be a challenging experience for cancer survivors and the health system given there can be significant late and persistent effects from treatment. The need to maximize the quality of cancer and chronic disease care while ensuring long-term sustainability of provincially-based health-care systems is essential. Created in collaboration with the College of Family Physicians of Canada and the Canadian Association of Provincial Cancer Agencies, the goal of the Primary Care and Cancer Care Integration Initiative is to investigate leading practices that improve transitions of care between cancer specialists and primary care settings, and ultimately improve the patient experience, and enhance the quality of care and efficiencies of the primary care and cancer care systems. The focus of these projects is after primary cancer treatment is complete and follow-up care has begun.

Projects receiving funding in primary care and cancer care integration:

Dialogue and Storywork in Support of First Nations, Inuit and Métis Cancer Patients throughout Oncology and Primary Care Transition Experience

This project will emphasize trust and relationship-building between First Nations, Inuit and Métis cancer patients and communities, primary and oncology care providers, and other stakeholders to generate shared understanding of needs and perspectives on all sides. Traditional storywork and dialogue methodologies will be used to ease fears and misconceptions among First Peoples about cancer as well as to improve cancer patient health outcomes.

Partners: Government of Northwest Territories, Alberta Health Services.

Primary Care and Cancer Care Integration: Leveraging a Suite of Existing Tools to Support Patients and Health-Care Professionals in the Post-Treatment Period

To support transition from cancer care to after treatment for breast and colorectal cancer patients, this project will develop and pilot four different resources:

1. Automatically generated individualized treatment summaries for cancer patients
2. A model for volunteer transition navigator roles
3. A web-based survivorship portal
4. Evaluation of the use of cancer follow-up guidelines in primary care

These resources will support survivors of breast and colorectal cancers to be informed about and take an active role in their survivorship care, including surveillance for later health problems and engaging in healthy lifestyle/cancer prevention activities.

Partners: BC Cancer Agency, Canadian Cancer Society, Cancer Care Nova Scotia.

Primary Care and Cancer Care Integration Initiative: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care

This project will develop a collaborative residency training curriculum to strengthen relationships between primary care residents and oncology residents though a structured training program as well as develop and pilot the use of an electronic platform for survivorship care plans to enhance knowledge exchange between providers and deliver continuity of care of patients during transition.

Partners: Cancer Care Ontario, Cancer Care Manitoba, BC Cancer Agency.

Palliative and End-of-Life Care Initiative

Given that many patients will still eventually die from their cancer, it is important to consider palliative and end-of-life care as an integral part of a cancer control strategy. The goal of these projects is to integrate cancer care, palliative and end-of-life care that is new, evolving or leveraging existing programs working in chronic disease. These projects will establish clear priorities for introducing palliative and end-of-life care earlier and identify methods for benchmarking and measuring improvements in how we respond to the palliative and end-of-life care expressed by patients and families. Palliative care is a process of care that is driven by early recognition of the need for a whole person approach to care that acknowledges importance of ‘the goals of care’ including early/ongoing needs assessment of expressed wishes of patients and families for quality symptom management and quality end-of-life care.

New projects receiving funding in palliative and end-of-life care:

Enhancing the Quality of Palliative and End-of-Life Care for Children with Cancer

To realize improvements in care quality, health professionals providing care to children with cancer will receive comprehensive education about evidence-based palliative care as well as guidance and support to implement new knowledge and skills throughout the child’s disease course. It includes the regional roll-out of the National Cancer Institute’s Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics) a curriculum specifically designed for pediatric oncology physicians and advanced practice nurses using a ‘Train-the-Trainer’ model.

Partners: Hospital for Sick Children and the University of Toronto, Ontario, with support from the C17 Council.

The Integrate Project: An Initiative to Integrate Palliative Care

Interventions such as education, stakeholder engagement, and testing of integrated care models will be used for earlier identification of patients who could benefit from a palliative care approach as well as management of their symptoms and other palliative care needs at the primary level. Interventions will target providers and patients in oncology, primary care and community care settings in urban, rural, remote and First Nations, Inuit and Métis communities across Ontario and in Quebec.

Partners: Cancer Care Ontario, CHU Laval in Quebec.

Integrating Emergency Health Services and Palliative and End-of-Life Care to Enhance the End-of-Life Experience for Nova Scotia and PEI Cancer Patients and their Families

Paramedics will be trained in pain and symptom management using a treat and release versus a treat and admit approach to managing palliative care for cancer patients in the home, minimizing visits to the emergency room. This means that Nova Scotia and PEI palliative cancer patients will be able to receive relief of common symptoms, 24-hours-a-day, 7-days-a-week anywhere in the province, by calling 911. The Nova Scotia Special Patient Protocol database will be expanded to assist providers in understanding and providing care consistent with patients' wishes.

Partners: Cancer Care Nova Scotia, Emergency Health Services Nova Scotia, Health PEI.

Knowledge Tools: Addressing National Gaps

The project will develop a series of virtual knowledge tools that are clinically relevant, patient-centred and evidence-informed, targeted at filling critical national gaps in information and support to advanced cancer patients, their families and health-care providers. While relevant to all Canadians, special focus will be given to underserved populations, including people living in rural and remote areas; First Nations, Inuit and Métis; and cultural communities. Examples of tools include: First Nations, Inuit and Métis Empowerment Tool; Family Loss and Grief Learning Modules; and Caregiver Symptom Management Video Series and many others.

Partners: Canadian Virtual Hospice, engaging cancer centres, community and academic centres across multiple provinces and territories.

Multi-jurisdictional Initiatives – Renewed Funding

Survivorship Initiative

In Canada, there are currently more than a million people living as cancer survivors. With further advances in prevention, screening and treatment, as well as the expected increase in the number of cancer diagnoses, the total number of cancer survivors is expected to increase in the future (Canadian Cancer Statistics, 2008). The Canadian health-care system will see a higher number of people living with survivorship issues and it is therefore critical to understand the unique needs of this growing population. In the Partnership's first mandate, The Cancer Journey Action Group had identified the development of improved approaches to cancer survivorship as a key priority. A number of national workshops and meetings have been held and two projects remain a focus on survivorship care and have received continued funding in the second mandate.

Projects receiving renewed funding in survivorship:

Canadian Task Force on Adolescents and Young Adults with Cancer

Deficiencies in the care provided to adolescents and young adults (AYA) with cancer result in long-term adverse health and social consequences, an increased burden on the health-care system, and an overall loss of productivity. The economic burden to individuals, families, and society is considerable given the life expectancy of patients in this age group. This initiative will ensure that AYA Canadians with cancer and AYA survivors of cancer have prompt, equitable access to the best care, and to establish and support research to identify how their health outcomes and health-related quality of life can be optimized.

Partners: McMaster University working with partners in multiple provinces and territories.

CancerChatCanada

CancerChatCanada (CCC) is a virtual support offering professionally-led, online support groups to Canadians affected by cancer, regardless of where they reside. Cancer survivors and family members can access psychosocial support from the privacy and convenience of their home, despite geographical distance from cancer centre, fatigue, disability or other barriers to accessing face-to-face professional support. Cancer Centres in six provinces collaborate to offer this national service hosted by the British Columbia Cancer Agency.

Partners: BC Cancer Agency working with partners in multiple provinces and territories.

Palliative and End-of-Life Care Initiative

Project receiving renewed funding in palliative care:

Education for Palliative and End-of-Life Care in Oncology (EPEC-O) Canada

This highly regarded and recognized inter-professional educational program in palliative and end-of-life care, which is geared to oncology professionals, will be offered as six regional training sessions. The program is focused not only on increasing the skills and knowledge of palliative and end-of-life care for health-care providers, but also on creating capacity of the participants to be able to teach the curriculum at their home institutions.

Coordinated by: This is a Partnership funded and managed initiative until March 2015. To ensure that that the investment in the palliative and end-of-life care professional training program that the Partnership has made is sustainable over time, plans are underway to develop a transition plan to transfer this program to an organization that has a national focus and the academic capacity to maintain the standards, integrity and curriculum of the EPEC™-O Canada program.

STRATEGIC PRIORITY: Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

By 2017, cancer researchers will be working together more collaboratively to benefit Canadians.

Research is critical to the continued enhancement of our understanding of cancer and related chronic diseases, providing insights and applications that will enhance prevention, treatment and quality of life. The Partnership is enabling targeted research into cancer and related chronic diseases and working with a broad range of partners to enhance research coordination and improve population research capacity.

The Canadian Partnership for Tomorrow Project (CPTP) is the key initiative advancing this strategic priority and is the Partnership's single largest investment.

In 2013/14 our work focused on:

- Surpassing the minimum enrollment target of 230,000 for CPTP. Today, close to 300,000 Canadians between 35 and 69 years old are enrolled, making it one of the largest research platforms in the world. Over 114,000 blood specimens and thousands of additional biological specimens have been gathered and stored for future analysis.
- Launching *The Canadian Alliance for Healthy Hearts and Minds* in partnership with the Heart and Stroke Foundation. This new investment will expand efforts to identify the early root causes that lead to chronic diseases of the brain, the heart and the cardiovascular system. Detailed additional information will be gathered from approximately 10,000 participants on their environments, lifestyle and behaviours that could affect their cardiovascular health.
- Successfully completing the CPTP data access pilot. This is an important step in realizing the goal of having the data platform ready for researchers to use by mid-2015.

What is the Canadian Partnership for Tomorrow Project?

The Canadian Partnership for Tomorrow Project is a long-term initiative involving approximately 300,000 Canadians, ages 35 to 69, who agree to share their health and lifestyle information over their adult lives. By analyzing and comparing the data collected through this project, researchers can explore and better understand regional, national and international patterns and trends and find the answers to questions about the causes of cancer and related chronic diseases. These studies will also help to confirm whether emerging international evidence and information is applicable to Canada's population. The project is currently made up of five regional studies: the BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTa-GENE and Atlantic PATH.

By 2017, we expect that studies will report results based on data drawn from this resource. For the next 25 years and beyond, the data from the Canadian Partnership for Tomorrow Project will help researchers to explore—and hopefully answer—some of the most challenging questions about the causes of cancer and related chronic diseases.

Achievements in 2013/14:

- Close to 300,000 people had joined in the Canadian Partnership for Tomorrow Project by the end of 2013/14 and nearly 114,000 blood samples had been collected. This sample size is beyond the threshold needed in order to have significant international impact.

- In 2013/14, the cardiovascular disease component of the Canadian Partnership for Tomorrow Project was initiated in partnership with the Heart and Stroke Foundation. *The Canadian Alliance for Healthy Hearts and Minds* is an important partnership between the cancer and cardiovascular research communities that will strengthen our understanding of chronic disease.

- Harmonization of core datasets from the regional cohorts was initiated and a data access pilot was successfully completed.

2013/14 achievements for other research initiatives

- An efficiently functioning system for cancer research funding requires a coordinated approach that maximizes opportunities for collaboration and helps to reduce duplication. This, in turn, will magnify the impact of research investments across the country. To this end, the Canadian Cancer Research Alliance (CCRA) brings together organizations that collectively fund most of the cancer research conducted in Canada. Members include federal research funding programs and agencies, provincial research agencies, cancer charities and other voluntary associations. The Alliance fosters the development of partnerships among cancer research funding agencies in Canada, promotes the development of national cancer research priorities and strategies, and reports to donors and the public on the nature and impact of the investment in cancer research funding in Canada. The Executive Office of the CCRA is supported by the Partnership and the Partnership is a CCRA member organization.

In 2013/14, the CCRA published the following reports that provide valuable insights into the nature of cancer research funding in Canada. The reports also help member organizations identify gaps in funding and prioritize future research investments to better address the needs of cancer patients, caregivers and survivors:

- *Investment in Cancer Survivorship Research in Canada, 2005-2010*
- *Investment in Palliative and End-of-Life Care in Cancer Research in Canada, 2005-2010*
- *Investment in Cancer Risk and Prevention Research, 2005-2010*
- *Investment in Research on Childhood and Adolescent Cancers, 2005-2010*
- *Cancer Research Investment in Canada, 2011*
- *Investment in Early Translational Cancer Research, 2005-2010*

In November 2013, the second Canadian Cancer Research Conference brought together over 1,000 researchers from across Canada for three days for plenary, symposia and poster sessions. The scientific program, which spanned the cancer research spectrum, was well-received. The Careers in Cancer Research Development Program, hosted by the Institute of Cancer Research (an institute of the Canadian Institutes for Health Research) and the Canadian Cancer Society Research Institute, was interwoven throughout the conference and provided useful information and resources for the new generation of Canadian cancer researchers.

In 2013/14, CCRA members began developing a new strategic plan (2014-2020). A final report on the *Pan-Canadian Cancer Research Strategy (2010-2014)* will be released later in 2014.

CORE ENABLING FUNCTION: System performance analysis and reporting

By 2017, Canadians will have better information about how well the cancer system is working and professionals in the health system will use this information to drive improvements.

The System Performance Initiative is a collaborative effort of provincial and national partners to identify aspects of the cancer control system that need to be measured, define performance indicators, collect valid and comparable data and report findings in an integrated manner that allows for synthesis of results and interpretation of patterns to inform quality improvement strategies. Findings are published in a series of reports targeting the cancer control community, especially provincial cancer agencies, provincial departments/ministries of health, clinicians, researchers and cancer patients and their families. The performance indicators are intended to aid policy-makers and health planners in identifying best practices and opportunities for quality improvements in cancer control across Canada.

The initiative's portfolio of work includes an annual system performance report comprising indicators that span the various dimensions of cancer control (prevention, screening, diagnosis, treatment, patient experience and end-of-life care, research and long-term outcomes), cancer sites and the Canadian population. In addition, the System Performance Initiative produces spotlight reports that focus on specific aspects of cancer control through more detailed indicators and other exploratory information to help contextualize and explain performance for specific disease sites or other topics of interest. Furthermore, the initiative also conducts in-depth studies to shed light on areas of cancer control that are unmeasured or under-measured. Finally, a new system performance web application (launched in June 2014) will provide users with more user-friendly and customizable access to system performance results, including downloadable content.

The initiative also works with national and provincial partners and knowledge leaders to set evidence-based targets and benchmarks for a number of performance indicators. Targets help identify the magnitude and directionality of performance improvement efforts and opportunities, which informs the implementation of quality improvement initiatives at the local or national levels.

Our work in system performance provides nearly 70 per cent of the measures used in the Partnership's newly developed performance measurement strategy and accompanying evaluation framework. Over time, these measures will track the progress of the Partnership and Canada's cancer control strategy.

In 2013/14 our work focused on:

- Reporting on special populations, disparities and social determinants.
- Developing new indicators, benchmarks and targets related to patient satisfaction and system efficiency.

Achievements in 2013/14:

- *Population Health in Canada's Largest Cities – A Cancer System Performance Spotlight Report*, released in September, measured differences in the cancer risks of populations in Canada's largest cities. The report presented indicators for selected cancer risk factors including tobacco use and exposure, physical activity, obesity, alcohol use and fruit and vegetable consumption. The report also included information on the percentage of Canadians in each of the featured cities who reported up-to-date cancer screening for colorectal, breast and cervical cancers.

- *The System Performance Special Focus Report: Examining Disparities in Cancer Control* was released in February and looked at potentially important disparities in cancer care based on income, geography and immigrant status. The report showed that people from the poorest neighbourhoods were less likely to survive cancer compared with urban residents from the richest neighbourhoods and that this might be related to inequities in access to diagnosis and treatment services.

- *The 2014 Cancer System Performance Report*, the Partnership's comprehensive annual review of Canada's cancer control systems was released in March 2014 and highlighted a number of important patterns of cancer care. For example, some older Canadians with breast, colon or lung cancers were not receiving guideline-recommended radiation and chemotherapy at the same rate as younger patients with these cancers. The 2014 report introduced two new indicators on system efficiency and three new targets for treatment indicators.

- Work was started on a spotlight report on prostate cancer that will be released in early 2015. This report will present and discuss a broad range of system performance measures as they relate to Canadian prostate cancer control across the continuum. The primary objective is to present indicator results where pan-Canadian data currently exist and to signal opportunities for future measurement. As well, this report will embed the Partnership's person-centred perspective into measuring the success of cancer control efforts. The report will include the voices of men affected by prostate cancer, providing a richer context for the cancer experience that includes understanding the needs and perspectives of patients. This will be our first organized effort to add qualitative data in a way that we believe can enrich health system reporting.

- A system performance web application was developed and will be launched in June 2014. This new, interactive tool will provide online access to the latest data and analysis measuring the quality of cancer control across Canada. Accessible from desktop computers, laptops, tablets, mobile phones and other portable devices, the web application will allow users to browse and navigate through charts, tables and analysis of results in an interactive and user-friendly manner. Users can also download charts and data for their own analysis. The web application will be accessible at systemperformance.ca.

STRATEGIC PRIORITY:
Advance high-quality diagnosis and clinical care

By 2017, a more consistent approach will be taken to improving the quality of cancer diagnosis and care.

Canadians deserve the highest quality of health care services, including excellence in cancer care. By working with the health care community to translate data, evidence and best practices into action, the Partnership helps advance high-quality diagnosis and clinical care for all of us.

The Partnership places a major emphasis on applying the information available through system performance analysis and reporting. This information helps us work with partners responsible for care delivery, including practitioners, to assess system level quality successes and gaps that may benefit from national action.

A key initiative advancing this strategic priority is the synoptic reporting initiative, which embeds evidence into care provision.

In 2013/14 our work focused on:

- Implementing electronic synoptic pathology reporting tools in five provinces to expand the adoption of pathology standards and guidelines and drive practice improvements across the cancer care continuum.
- Continuing to expand synoptic surgery reporting (number of users and cancer types) in four provinces through co-investment by these provinces, Canada Health Infoway and the Partnership.
- Launching multi-jurisdictional quality implementation initiatives across seven provinces.

What is the synoptic reporting initiative?

Surgery and the testing of related tissue samples (pathology) yield a large amount of information about a patient's cancer that is used to guide treatment. Combined with data from a large group of patients, this information can also help professionals in the cancer system to plan their work and measure its effectiveness. For either purpose, patient information needs to be gathered quickly, accurately and in high-quality, standardized formats. There is a growing movement to do this through an approach called synoptic reporting, which uses structured templates and checklists to gather and report information. This is a major change from the traditional practice of dictating narrative reports.

Building on a major investment in the Partnership's first five years, the synoptic reporting initiative is supporting the expansion of synoptic surgery and pathology reporting in multiple jurisdictions across Canada. A key to these reporting systems is that they seamlessly integrate guidelines and evidence-based best practices. The result is safer surgical care and more effective treatment. Reporting standards also ensure that better data is made available to cancer registries, which record data the cancer control community uses to shape many aspects of its work.

By 2017, we expect that tools, standards and guidelines will be adopted and integrated into practice. With continued effort over time, this work will lead to consistent, more efficient and higher quality reporting, improving patient care.

Achievements in 2013/14:

Synoptic pathology

- Electronic synoptic pathology projects began implementation in British Columbia, Alberta, Manitoba, Nova Scotia and Prince Edward Island, with expansion in New Brunswick. A total of seven jurisdictions have now implemented synoptic pathology.

- An endometrial cancer expert panel was established to provide Canadian input to staging and pathology standards.

- Planning was initiated to build a reference network for breast, colorectal, lung and prostate cancers to enable updates to standards. Seven other disease site reference networks will be established in future years.

- Clinical and vendor education sessions were held with communities of practice to promote the adoption of synoptic pathology reporting standards.

Synoptic surgery

- More hospitals and surgeons used electronic synoptic surgical reporting as a result of the initiative's continued expansion in Alberta, Manitoba, Ontario and Nova Scotia. This expansion was enabled by co-funding from Canada Health Infoway, the Partnership and the participating provinces.

- Disease templates for breast, lung, prostate, colorectal and thyroid cancer and generic discharge summary templates were implemented.

- International coding standards were added to all elements in surgical templates related to pan-Canadian clinical indicators for breast, colorectal, lung, ovarian, prostate and thyroid cancer.

- Work began on a benefits evaluation of the synoptic surgical reporting program.

- A pan-Canadian network was developed to focus on improving patient outcomes through standardized data reporting to drive quality initiatives, maintenance of clinical content standards and endorsement of reporting templates. Through this network, disease-site and informatic expert panels will be established.

2013/14 achievements for other initiatives advancing high-quality diagnosis and clinical care

Enhancing Canadian Cancer Clinical Trials – In 2013/14, the Partnership funded the Ontario Institute for Cancer Research (OICR) to be the coordinating centre of the Canadian Cancer Clinical Trials Network (CCCTN) and develop a business case to determine the feasibility of, and confirm future funders for this pan-Canadian network . The business case will be reviewed and consideration given to joining other funding partners with the intention of building this initiative in 2014/15.

- The quality implementation initiative uses evidence and system performance measures to inform coordinated action to enhance quality in patient care. In 2013/14, the Partnership launched a request for proposals to fund multi-jurisdictional implementation of effective quality initiatives. Four funded initiatives will begin implementation in 2014/15:

1. external quality assurance and proficiency testing for cancer biomarkers in Canadian clinical diagnostic laboratories;

2. a national quality improvement initiative for peer review in radiotherapy;

3. accelerated implementation diffusion of quality initiatives for rectal cancer across Canada; and

4. expanding access to diagnostic assessment program electronic pathway solution.

- A guidance document on *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* was published through the Canadian Partnership for Quality Radiotherapy (CPQR). The Partnership also worked with the Canadian Institute for Health Information, through the CPQR project, to lay the foundation for a national incident reporting system.

New Quality Initiatives

External Quality Assurance & Proficiency Testing for Cancer Biomarkers in Canadian Clinical Diagnostic Laboratories, and a Program for Introduction of New Diagnostic Tests into Labs across Canada

External quality assurance of laboratories performing any clinical diagnostic testing is critical to ensure optimal patient care and safety. The Canadian Immunohistochemistry Quality Control (cIQc) program currently provides proficiency testing of immunohistochemistry (IHC) and in situ hybridization tests for breast cancer for more than 100 laboratories across Canada.

This initiative will enhance cIQc's cancer biomarker quality assurance service by expanding the range of diagnostic tests and by providing support to help laboratories optimize and validate new biomarker tests and facilitate their introduction into practice. And, the IHC program will be expanded to make these important tests available to all patients in Canada.

Partners: University of British Columbia, University of Saskatchewan, University of Toronto

Peer Review in Radiotherapy: A National Quality Improvement Initiative

A radiation oncology program has many quality assurance processes, many of which involve one individual verifying the work done by another individual. In the context of radiation oncology, peer review has been defined as "the evaluation of components of a radiation treatment plan by a second radiation oncologist". Peer review can effectively improve the quality of treatment by detecting deficiencies in a specific patient's proposed treatment plan, and correcting the plan prior to proceeding with treatment. This initiative will accelerate the uptake of peer review in radiotherapy programs by optimizing peer review in centres with existing peer review activities, accelerating the uptake of peer review in centres with little or no existing peer review processes, and establishing a culture of peer review in radiation oncology in Canada.

Partners: Canadian Partnership for Quality Radiotherapy, an alliance of the Canadian Association of Radiation Oncology, the Canadian Organization of Medical Physicists, the Canadian Association of Medical Radiation Technologists, and provincial cancer agencies.

Accelerated Implementation Diffusion of Quality Initiatives for Rectal Cancer across Canada

High-quality rectal cancer treatment is comprised of three key elements:

1. Use of the "gold standard" surgical technique called total mesorectal excision
2. Use of multidisciplinary cancer conferences, which are regularly scheduled meetings where representatives from surgery, medical oncology, radiation oncology, pathology, radiology and nursing discuss relevant diagnostic tests and suitable treatment options for an individual patient.
3. Use of MRI for pre-treatment staging

Currently, there is significant variation in the uptake and use of these quality initiatives across Canadian centres. This project brings together clinicians, patients and families at eight leading centres for treating rectal cancer across Canada to apply these quality initiatives more consistently. It will lead to improved rectal cancer care and clinical outcomes for rectal cancer patients in those centres and set a national standard for these quality initiatives across Canada.

Partners: St Paul's Hospital, Vancouver, BC; Foothills Hospital, Calgary, AB; Victoria General Hospital, Winnipeg, MB; Mount Sinai Hospital, Toronto, ON; St. Michael's Hospital, Toronto, ON; McGill Montreal, QC; CHUQ Pavillon St-Francoise d'Assise, Quebec City, QC; QEII Health Science Centre, Halifax, NS

Improving the Diagnostic Phase by Leveraging the Benefits of the DAP-EPS to Expand Access across Ontario and Support Development in Manitoba

The Diagnostic Assessment Program–Electronic Pathway Solution (DAP-EPS) is an innovative, web-based solution that empowers patients to better navigate their care journey by providing them and everyone involved in their care - family members, caregivers and health-care providers – with secure, real-time access to diagnostic information such as appointments, test results and consult notes. The initiative will facilitate patient navigation through the diagnostic phase in a patient-centred manner for both patients and the staff overseeing patients undergoing a cancer diagnosis. Broadening the diffusion of this navigation tool into new jurisdictions will improve accessibility of the tool for patients and providers, create efficiency gains for staff managing patients undergoing a cancer diagnosis, and improve diagnostic care coordination through uniform performance management data.

Partners: CancerCare Manitoba, Cancer Care Ontario

STRATEGIC PRIORITY:
Develop high-impact, population-based prevention and cancer screening approaches

By 2017, Canadians will have improved access to proven ways to prevent cancer and more people will be getting checked and finding cancer earlier.

The Partnership collaborates with a broad range of cancer and chronic disease partners to develop high-impact approaches to cancer screening and population-based prevention. Taking action now and sustaining these activities over time means that fewer people will develop cancer in the long term. It also means that Canadians will benefit fully from screening programs designed to limit the impact of breast, cervical and colorectal cancers and in some cases, to prevent cancer from occurring.

The two key initiatives advancing this strategic priority are Coalitions Linking Action and Science for Prevention (CLASP) and Population-Based Screening Initiative.

In 2013/14 our work focused on:

- Launching phase two of CLASP. Three CLASP projects from phase one were renewed for an additional two years and five new projects were selected to support the implementation of chronic disease programs and policies across Canada over the next three years. Through CLASP, more than 100 organizations across Canada are united as partners to improve the health of Canadians by preventing chronic disease.
- Transitioning the Canadian Breast Cancer Screening Network from the Public Health Agency of Canada to the Partnership.
- Developing a consensus statement-based lung cancer screening framework for release in 2014. Lung cancer screening for a high-risk population is a new area of development and will evolve differently across the provinces and territories. As a result, the Pan-Canadian Lung Cancer Screening Network developed a framework that is intended to guide and support Canadian jurisdictions in their deliberations and planning.

What is CLASP?

Coalitions Linking Action and Science for Prevention aims to improve the health of communities and Canadians by bringing together organizations from two or more provinces and territories to form research, practice and policy coalitions to address common risk factors for cancer and other chronic diseases. These coalitions work together to integrate the lessons learned from science with those from practice and policy. CLASP responds to the fact that healthy living and a healthy supportive environment can help to reduce the risk not only of many cancers, but also of other chronic diseases such as diabetes, lung disease and heart disease. Programs and policies that make the healthy choice the easier choice, such as maintaining a healthy body weight or quitting smoking, can encourage healthy living. Policies that integrate health priorities into planning and improve the design of our communities improve the health of Canadians by increasing opportunities for physical activity, access to healthy food, and reducing exposures to environmental carcinogens.

By 2017, we expect there will be more places and people using innovations enabled by CLASP to reduce the risk of developing cancer and related chronic diseases. Taking action now and sustaining the activities of CLASP into the future means that fewer Canadians will develop cancer in the longer term.

Achievements in 2013/14:

- Coalitions now operate in 11 of 13 provincial and territorial jurisdictions through funding of CLASP projects in cancer and chronic disease prevention.
- Three CLASP1 initiatives were renewed, broadening their reach from five to 11 provinces and territories. The initiatives address a variety of areas including cancer screening and risk factors such as tobacco use, alcohol consumption and consumption of fruit and vegetables.
- In 2013/14, five new CLASP2 coalitions were established that include partners in 10 of 13 provinces and territories.

New coalitions

Working on Wellness in Strategic Populations

Working on Wellness (WoW) in Strategic Populations aims to pave the way for better health promotion programming in rural, remote and First Nations workplaces and communities. Partner organizations will work with employers and employees in workplaces (e.g., forestry, mining) in northern British Columbia, the Yukon and the Northwest Territories to improve healthy living policies and to increase awareness, education and access to information on healthier choices.

WoW will expand the evidence base for Canadian workplace wellness programs. The lessons learned from working closely with these underserved populations will be used to influence policy change and to produce a guide on how to tailor workplace wellness programs for hard-to-reach employee groups. The partnering organizations include:

- **National:** Chronic Disease Prevention Alliance of Canada
- **British Columbia:** British Columbia Healthy Living Alliance, Canadian Cancer Society BC/YK, Selkirk College, University of British Columbia, BC Ministry of Health, Northern Health
- **Northwest Territories:** Government of Northwest Territories
- **Yukon Territory:** Council for Yukon First Nations

Nourishing School Communities

Nourishing School Communities aims to change the way students think about and choose food through the creation of healthy food environments in their schools. First Nations schools, public schools and after-school facilities will be actively engaged through a comprehensive school health approach. The project seeks to transform school and community food systems to include healthy, regionally-sourced and sustainably-produced food. The goal is to improve healthy eating among school children and to increase opportunities for collaboration with community partners.

Results, policy and best practice tools from the **Nourishing School Communities** project will be shared among partners and local, provincial and national networks to ensure broader uptake and adaptation of healthy eating interventions. The partnering organizations include:

- **National:** Heart and Stroke Foundation of Canada, PROPEL Centre for Population Health Impact at University of Waterloo, Farm to Cafeteria Canada, YMCA Canada
- **British Columbia:** Northern Health Authority
- **Saskatchewan:** Federation of Saskatchewan Indian Nations
- **Ontario:** Sharon Brodovsky Consulting
- **Newfoundland and Labrador:** Labrador Grenfell Health Authority

ACCELERATION

The *ACCELERATION* (Activity, Smoking Cessation, Healthy Eating and Alcohol Intervention & Motivation) Program aims to deepen the individual and collective impact of cancer and cardiac prevention and rehabilitation centres in British Columbia, Ontario, Quebec and Nova Scotia in preventing cancer and other chronic diseases. Family and friends of people who have suffered an acute event associated with a chronic disease are recruited into primary prevention programs and provided with tools to create a health-promoting environment for their loved ones once released from hospital.

ACCELERATION uses a population-based approach to reach at-risk communities and new populations to advance disease prevention. The knowledge gained through this approach will be shared with the use of toolkits, a social networking platform, training materials and guidelines. The partnering organizations include:

- **National:** Heart and Stroke Foundation of Canada
- **British Columbia:** University of British Columbia Cardiovascular Physiology and Rehabilitation Laboratory
- **Ontario:** Toronto Rehabilitation Institute – University Health Network, Princess Margaret Cancer Centre, Cancer Care Ontario
- **Quebec:** Centre Readaptation Jean-Jacques Gauthier Hôpital du Sacré-Coeur de Montreal, McGill University
- **Nova Scotia:** Community Cardiovascular Hearts in Motion (CCHIM), QE II Health Sciences Centre
- **Other:** 3DRX Technologies

Policy Opportunity Windows: Engaging Research Uptake in Practice (POWER Up!)

Policy can address the underlying social and economic drivers of unhealthy eating, physical inactivity and, ultimately, obesity. Building on lessons from successful policy work in tobacco control holds promise for obesity prevention. This project aims to provide leadership and support for the development, implementation and evaluation of obesity-related policy activities for cancer and chronic disease prevention (including those focused on healthy eating and physical activity). This will be achieved by creating a searchable database of obesity-relevant policies for the public, professionals, researchers and policy-makers to gather evidence on the implementation of prevention policies in Canada as well as their evaluated outcomes.

By creating a theory-driven toolkit supported by targeted capacity-building workshops, **POWER Up!** will increase the capacity for researchers to work closely with practitioners and policy makers to implement policy change based on best available evidence.

Project partners will engage the general public and professionals through an online community for sharing knowledge about policy influences on childhood obesity. An annual policy report card on food environments and nutrition will help broker knowledge for obesity-related policy development. The partnering organizations include:

- **Alberta:** Alberta Policy Coalition for Chronic Disease Prevention, University of Alberta
- **Northwest Territories:** Government of Northwest Territories
- **Quebec:** Coalition québécoise sur la problematique du poids

Sun at Work

Sun at Work will create an effective and sustainable sun safety program for outdoor workers that will address both skin cancer prevention and heat illness prevention and can be implemented by individual workplaces across Canada.

The **Sun at Work** team will build on the success of Alberta's Be Sunsible program by expanding it into a comprehensive project that extends to more workplaces in British Columbia, Alberta, Ontario and the Atlantic provinces. The team will tailor a comprehensive sun safety program to the specific characteristics of each worksite and embed the program into existing prevention and occupational health and safety efforts. A website with tools and resources will be created to help workplaces across Canada implement their own effective and sustainable sun safety policies and practices. The partnering organizations include:

- **Alberta:** Alberta Health Services
- **National:** Save Your Skin Foundation
- **Nova Scotia:** Sun Safe Nova Scotia
- **Ontario:** Occupational Cancer Research Centre, Ryerson University

What is the Population-Based Screening Initiative?

Checking people for certain cancers before there are any symptoms—cancer screening—saves lives. The challenge is to make sure the right people get the right tests at the right times and that the screening programs continue to be of the highest possible quality. Ensuring high-quality follow-up of people's test results is also central to our work to support early diagnosis.

To meet these complex challenges, key provincial players in cancer screening are brought together from across the country. Together, we focus on strengthening existing screening programs that are proven to save lives and consider the implications of new research and practice evidence. We pinpoint where improvements are needed through information exchange, sharing of best practices and regular reporting and analysis of data related to quality.

The Partnership is maximizing the benefits of population-based screening through focused actions in breast, cervical and colorectal screening. In addition, the Partnership continues to assess emerging areas of screening and responded quickly to new evidence suggesting lung cancer screening may be appropriate for a high-risk population. Three large-scale programs of work are central to the initiative:

- National networks that promote active engagement across the country and connect stakeholders for each of the four focus areas, (breast, cervical, colorectal and lung);
- Screening program evaluation activities that enable regular reporting and analysis of quality indicators; and
- Quality improvement opportunities identified through the screening program evaluation work.

By 2017, we expect that more people who would benefit from screening will be participating in screening programs, the programs will be of even greater quality and there will be an evidence-based approach to addressing cervical cancer screening in an era when many women have been vaccinated for human papillomavirus (HPV). Over time, this means Canadians will benefit fully from screening programs designed to limit the impact of breast, cervical and colorectal cancers.

Achievements in 2013/14:

- The Population-Based Screening Initiative continued working with the established integrated, pan-Canadian networks for cervical and colorectal cancer screening and now hosts networks for breast and lung cancer screening. Collaborating to share resources and best practices results in quality improvements in screening strategies and programs across the country, meaning more Canadians have access to high-quality screening programs than ever before.
- The Canadian Breast Cancer Screening Network was successfully transitioned from the Public Health Agency of Canada to the Partnership, adding to the breadth of national cancer screening networks already hosted by the Partnership.
- The Pan-Canadian Lung Cancer Screening Network was created in response to new evidence suggesting screening may be appropriate for a high-risk population. To help guide jurisdictions in their deliberations and discussions, the network developed a lung cancer screening framework for Canada.

- Provincial/territorial programs, government and national organizations continued to be actively engaged in the activities and priorities of the Colorectal Cancer Screening Initiative and the Cervical Cancer Screening Initiative.
    - National targets were established for core cervical screening indicators and colorectal cancer screening.
    - The program performance results report for cervical cancer screening for the period of 2009-2011 was released.
    - The program performance results report for colorectal cancer screening for the period of 2009-2011 was released, which included newly established targets for colorectal cancer screening. Participation rates in colorectal screening among Canadians have progressed, with the proportion of average-risk Canadians aged between 50 and 74 who reported being up-to-date for colorectal screening increasing from 38 per cent in 2009 to 43 per cent in 2011.
    - An expert forum was hosted to discuss the future of cervical cancer screening in an era that includes an HPV-vaccinated population. Addressing this issue before the first cohort of Canadian girls vaccinated reaches 21 – the age when routine cervical screening typically begins in most provinces and territories – allows jurisdictions to coordinate planning and prepare for potential changes to their screening programs.

2013/14 achievements for other prevention and screening initiatives

- The Healthy Public Policy Initiative is centred on the Prevention Policies Directory created in the Partnership's first mandate. The directory brings together cancer and chronic disease prevention policies from hundreds of Canadian sources in a searchable online tool. It supports public health professionals, academic researchers and policy specialists working to create healthier communities through evidence-informed policy development. In 2013/14, the Partnership continued to target knowledge transfer and exchange activities with Canadian research, practice and policy specialists working on the built environment and, more specifically, active transportation at the municipal level. Building on engagement with the Urban Public Health Network, outreach was conducted to highlight the directory's new municipal content and collaborative map on active transportation policies. A partnership was established with the Propel Centre for Population Health Impact to conduct a multiple-case study on active transportation policy to inform future active transportation policy work across Canada.
- Funded by the Partnership, CAREX Canada provides national, provincial and territorial occupational and environmental carcinogen exposure surveillance information and tools. In 2013/14, the project focused on developing targeted outreach and knowledge products in partnership with WorkSafeBC, the Government of Alberta, the Occupational Cancer Research Centre, First Nations Environmental Health Innovation Network, the Institut national de santé publique du Québec and the Nova Scotia Ministry of Health. An online version of eWORK (a tool that allows users to access occupational carcinogen exposure estimates) was launched in January with training materials and webinars.

CORE ENABLING FUNCTION: Knowledge management through tools, technology, connections and resources

By 2017, patients and professionals will have timely and easier access to high-quality information, tools and resources about cancer.

Knowledge translation and exchange (KTE)—putting evidence into practice—is central to the mandate of the Partnership. We do this by creating platforms, tools and pan-Canadian networks and forums to help the cancer community access the knowledge and resources it needs to support evidence-informed decision-making. Routinely measuring the extent and impact of our knowledge transfer and exchange activities is critical to supporting the overall strategy. The portfolio of work includes the Partnership's online hub for cancer evidence, policy and practices, cancerview.ca; tools to support the synthesis, interpretation and use of evidence such as the cancer risk management modelling platform; and analytic capacity building to support greater coordination in the use of cancer control data to inform policy, planning and system performance reporting.

In 2013/14 our work focused on:

- Developing and launching the 1 in 3 cancerview digest—a key driver of expanded efforts to provide evidence-based content for health-care professionals and support adoption and use of cancerview.ca.
- Launching the analytic capacity building and coordinated data development initiative to enhance and create new capacity to support analysis and use of evidence and to enable consistent pan-Canadian reporting related to cancer treatment.

What is cancerview.ca?

Launched in 2009, cancerview.ca is a knowledge hub and online community that offers trusted, evidence-based content and a wide array of tools and resources. It provides specialized platforms that support planning and collaboration in cancer control across jurisdictions and cancer risk management projection modelling to guide decision-making at the clinical, management and policy levels. The website also provides professionals working in cancer control with timely access to trusted information and evidence from a variety of partner organizations across Canada. As a platform for virtual collaboration, it allows experts and colleagues from across Canada to easily connect and work together regardless of their geographic location.

A key focus for 2013/14 was to further refine cancerview.ca to increase its relevance and usability for health professionals—an important Partnership audience. We are expanding the impact of the site by broadening and deepening the availability, synthesis and application of evidence to support collective actions in cancer control. Between 2,300 and 5,500 unique visitors access cancerview.ca for a wide variety of resources on a monthly basis, including: the guidelines resource centre, *The Truth of It* video series microsite, the system performance microsite, the Prevention Policy Directory and the First Nations, Inuit and Métis microsite.

The desired 2017 outcomes are to enable more effective knowledge exchange and better cancer control decision-making. As well, we are accelerating the implementation and uptake of cancer control knowledge and evidence while reducing unnecessary duplication of effort. These activities must continue over the long term so the value of knowledge exchange can be maximized to benefit Canadians.

Achievements in 2013/14:

- The content strategy for cancerview.ca was refined and formalized to target health professionals (including those in primary care), to curate and deliver knowledge products that synthesize and provide expert perspectives on cancer evidence, and to better align cancerview.ca offerings with other strategic priorities.

- The 1 in 3 cancerview digest was launched in August 2013 to support access to topic-based evidence products for health-care professionals and to help increase audience and partner engagement. Each topic area features a variety of infographics, videos and partner resources. The ultimate goal is the use of evidence to influence public policy. Issues launched in 2013/14 included smoking cessation, HPV vaccine, palliative care, First Peoples' patient journey, healthy behaviours and World Cancer Day. The goals for 1 in 3 are to synthesize the evidence and connect it to practice, produce and curate novel knowledge products that can be used and shared, and build a hub of accessible cancer expertise and information.

- Internal processes to review and update content on cancerview.ca were developed that ensure both quality and accuracy of information. In addition, a new web presence for Synoptic Reporting was launched and a new web application for System Performance was developed and will be launched in June 2014.

- An integrated website strategy was developed to ensure alignment and increase usability for the Partnership's digital properties, cancerview.ca and partnershipagainstcancer.ca.

2013/14 achievements for other knowledge management initiatives

- We continued to use the Cancer Risk Management Modelling platform, a web-based tool that allows users to estimate the long-term impact of policy and program change, including economic impact. In 2013/14, progress was made in the following areas: completing enhancements to the cervical, colorectal, HPV and lung models to meet the needs of the pan-Canadian screening networks and address key policy questions; actively working with the pan-Canadian cervical, colorectal and lung screening networks to provide relevant and timely model results to inform current policy questions in jurisdictions across the country; and beginning the development of the breast cancer model. Workshops and forums were held to promote the HPV and cervical models and to facilitate knowledge transfer and exchange. Two foundational manuscripts were published on the lung model, with work initiated on six more manuscripts related to cervical, colorectal and lung cancer screening. A plan was developed to measure the total economic burden of cancer in Canada and the impact of a coordinated cancer control strategy. A methodology will be further refined in 2014/15.

- The Evidence, Synthesis and Guidelines Initiative builds on the Partnership's earlier work to enable stakeholders to use evidence in practice through knowledge syntheses, resources and toolkits for action. In 2013/14, efforts focused on establishing evidence foundations for the Partnership, including access to journals, databases and guidance documents, defining training needs and initiating an evidence synthesis service. Relationships were established with key evidence partners such as the Health Sciences Information Consortium of Toronto, CADTH and the Canadian Cochrane Centre. In collaboration with pan-Canadian Oncology Drug Review (pCODR), a tutorial for patients, caregivers and interested public on how cancer drug funding decisions are made was launched on cancerview.ca.

- The Analytic Capacity Building and Coordinated Data Development Initiative was launched in 2013/14 to identify and fill key data gaps and to support analytic capacity within Canada. The objectives of this initiative are twofold: to enhance and create new capacity to support analysis and use of evidence, and to enable consistent pan-Canadian reporting related to cancer treatment. The analytic capacity stream of work will increase training for both cancer data analysts and cancer data coders, build a pan-Canadian analytic network and increase the supply of cancer-data trained analysts. An additional focus of this work, which will dovetail with the coordinated data development stream, will be to increase the use of existing and new datasets. The coordinated data development stream of work will address the need to achieve pan-Canadian consensus on a core set of treatment data elements and develop common data standards and definitions. Several multi-jurisdictional pilot studies will be funded to test the feasibility of obtaining standardized treatment data through linkage of existing data sets or other data collection means.

- The Knowledge Transfer and Adoption Initiative supports the coordination of the Partnership's approaches to knowledge transfer, exchange and adoption across the cancer control strategy. In 2013/14, efforts focused on developing a KTE framework that supports KTE across the Partnership's initiatives while providing a standard effectiveness measure. The framework is supplemented with the development of various tools to support KTE efforts across the Partnership, including a standard survey that measures reach, usefulness and intent to use knowledge shared through various KTE activities. In 2013/2014, the survey was used in 47 KTE activities across the partnership and received 883 responses. Data collected from the survey measures the Partnership's performance against the organizational indicators of "usefulness of" and "intent to use" knowledge as reported by KTE participants. As of October 2013, these measures are being reported to the Board of Directors on a quarterly basis. In addition, a Knowledge Management Steering Committee comprised of experts in KTE, health systems policy and clinical practice has been developed with the goal of further informing the knowledge management mandate at the Partnership.

CORE ENABLING FUNCTION: Public engagement and outreach

By 2017, people affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.

Engaging with and reaching out to Canadians with cancer, their caregivers and families is extremely important in shaping Canada's cancer strategy and ensuring that it meets its ultimate goals.

Our intention is that patients, survivors, caregivers and families will bring their voices and experiences to issues linked to the immediate outcomes and ultimate goals of the national cancer control strategy. We will help make this happen, in part, by working with individual patients, survivors and families and a wide range of patient organizations and groups. This includes the Canadian Cancer Action Network (CCAN), which brings together more than 90 patient groups, key players such as the Canadian Cancer Society, as well as the national, provincial and territorial agencies and organizations working in cancer and related chronic diseases.

In 2013/14 our work focused on:

- Increasing collaboration with the Canadian Cancer Action Network (CCAN) by participating in a caregivers' roundtable on financial hardship and producing videos on the topic of caregivers and financial hardship.
- Developing a patient volunteer program and related guidelines to be launched in 2014.

What is the public engagement and outreach initiative?

We believe a sustained, strategic public engagement and outreach approach that embeds patient voices will play an important role in driving progress towards the immediate, intermediate and ultimate goals of the national cancer strategy.

Key principles of the public engagement and outreach strategy are as follows:

- Ensuring that patient perspectives are captured to inform system design and direct our efforts.
- Using integrated approaches across multiple communications channels and platforms to reflect the collective efforts of our work with partners and our progress toward our shared goals in cancer control.
- Building on existing partnerships and seeking out innovative opportunities to expand our reach and impact.

The Partnership launched its integrated public engagement and outreach strategy to further strengthen engagement with professional audiences, the patient community as well as the general public. We garnered over 90 million media impressions in 2013/14 as a result of our efforts to raise awareness of different aspects of our work with our partners across the country. And we took new steps in 2013 towards engaging public, partners, and stakeholders online, with the creation of social media channels on Twitter and Facebook. With our videos on YouTube, content on our website properties, and a new social media strategy, the Partnership laid the groundwork for digital engagement on Canada's cancer control strategies. We will use these new channels for dialogue on patient journeys and feed these experiences back to inform our knowledge transfer and exchange processes. The Partnership's growing number of Twitter followers – health and cancer organizations as well as interested individuals – is helping to increase the uptake of our products and reports.

We expect that by 2017 there will be tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer and that the outcomes of the work are measured and publicly available. The ongoing involvement of patients and the public will be critical to shaping the collaborative work taking place to reduce the burden of cancer on Canadians.

Achievements in 2013/14:

- The Partnership's public engagement and outreach strategy was launched. Three primary audiences were identified: health-care professionals, patients and caregivers, and targeted demographics for specific screening initiatives.

- The pan-Canadian Cancer Communications Committee, comprised of communications leads from provincial and territorial cancer agencies/programs, continued to explore opportunities for collaboration on shared communications goals. A key benefit of the committee has been sharing information related to upcoming reports and media announcements. The committee also collaborated to develop and roll out a social media campaign on cancer myths on World Cancer Day 2014.

- The Partnership focused on increasing collaboration with the Canadian Cancer Action Network (CCAN). Key activities included organizing a communications workshop for CCAN member organizations, participating in a caregivers' roundtable on financial hardship and producing videos on the topic of caregivers and financial hardship.

- To increase patient representation and involvement in the Partnership's work, we added patient and family representatives to our advisory group structures throughout the organization through a pan-Canadian recruitment process. A communications volunteer program will be launched in 2014.

- The Partnership developed and launched a social media strategy that includes corporate presence on Twitter and Facebook. Social media efforts are now part of the Partnership's integrated public engagement and outreach strategy and were executed for the 2013 Cancer Research Conference and World Cancer Day, as well as activities related to system performance reports and key events.

HOW WE WORK

In the first year of this mandate, significant planning and stakeholder engagement took place in key areas of our strategic plan such as First Nations, Inuit and Metis peoples, Person Centred Perspective in the Cancer Journey and Diagnosis and Clinical Care. In 2013/14, the Partnership, with its partners, successfully launched these initiatives and are now well on the path to meaningful implementation in a number of areas. We also reached significant milestones in legacy initiatives, such as the recruitment of close to 300,000 Canadians for the Canadian Partnership for Tomorrow Project.

Building on the development of the Partnership's Performance Measurement Strategy in 2012, there have been significant efforts through 2013/14 to fully embed the strategy in the way we monitor and report on progress. This year, we developed a suite of dashboards and used them on a quarterly basis to review progress against outcomes and to assess organizational risks and opportunities and financials. In addition, the Partnership developed a more robust approach to identifying and mitigating risk as well as identifying opportunities for the organization to accelerate shared action in cancer control. As these reporting efforts are further enhanced and take root in the coming year, they will enable the Partnership to focus more efficiently on achieving immediate, intermediate and long-term outcomes.

Board governance: The Partnership’s Board of Directors comprises a wide range of governance skills, cancer control expertise and stakeholder perspectives, including that of cancer survivors. It provides the vision and leadership necessary to drive the organization’s efforts to bring meaningful, long-term improvements to cancer control and to ensure public accountability. There was more than 40 per cent turnover on the Board of Directors in 2013 primarily due to the members’ completion of their maximum term appointment. The board completed a Board composition and governance review to ensure that the composition, skills and attributes of the members are best suited for the second mandate and will position the Partnership for the future. In addition, the bylaw was updated to comply with the Canada Not-for-Profit Corporations Act.

As part of their governance role, board members participate in the standing committees of the Board. As well, a Board member chairs the First Nations, Inuit and Métis National Aboriginal Organizations’ Caucus to ensure the Partnership remains informed of the priorities of the national Aboriginal organizations and that issues related to First Nations, Inuit and Métis cancer control are reflected at the Board governance level. There are five standing committees of the board: Executive, Finance and Audit, Governance and Nominating, Performance and Human Capital.

Engaging with advisors, partners and the international cancer community: With the advisory group renewal complete and senior scientific leads and expert leads in place, the focus in 2013/14 was to engage and fully deploy the deep clinical expertise the members of these groups bring to the Partnership. Each strategic priority has an established advisory structure and the Cancer Control Council brings together our senior scientific leads and expert leads on a regular basis to shape the focus of the Partnership’s work and identify gaps and opportunities as we consider the next areas of focus for cancer control. Importantly, our senior scientific leads and expert leads are ambassadors for the Partnership’s work in the clinical and research domains.

The Partnership also puts considerable effort into ensuring we collaborate effectively with and receive input from the leadership of the provincial cancer agencies. The Partnership engages with these key partners through the Canadian Association of Provincial Cancer Agencies and the Provincial Cancer Agency/Cancer Program Council, which meets four times each year to discuss progress and areas of ongoing alignment. There are also additional advisory and steering mechanisms in place at the initiative level that bring together a variety of expertise required to advance the work. Similarly, each initiative has a variety of ways to engage experts, partners and patient perspectives.

While the Partnership’s focus is reducing the burden of cancer on Canadians, we continue to foster international linkages to ensure Canadians benefit from cancer control efforts beyond our borders. The

Partnership is a member of the Union for International Cancer Control (UICC) and Dr. Heather Bryant, the Partnership's Vice-President of Cancer Control, is a member of the UICC Board of Directors, following her election in 2012.

Identifying opportunities: The Partnership assesses two things on an ongoing basis: Are we likely to achieve the outcomes we are targeting for 2017 and beyond? and Are there significant issues in cancer control that need to be, and should be, addressed through a coordinated approach? The latter is particularly relevant to ensure we continue responding to new and emerging evidence.

The Partnership's revised integrated quarterly reporting process provides a key lens into how the national cancer strategy is progressing towards its long-term outcomes. Through this process, the organization maintains a view of emerging issues and opportunities, as well as our financials. Thus, we are able to act quickly to maximize our ability to effect change and achieve outcomes.

This approach also enables the Partnership and its partners to identify and solve common problems and address shared priorities. As the current mandate progresses, we will continue to convene partners, patients and stakeholders to assess progress towards the immediate outcomes of the national cancer control strategy and identify areas of focus beyond 2017.

BOARD OF DIRECTORS (April 1, 2013 to March 31, 2014)

Top row: Mary Catherine Lindberg, Abby Hoffman, Pamela Fralick, Darren Dick, Mel Cappe, Jean Latreille, Ewan Clark, Laura Talbot, Arlene Paton

Bottom row: Karen Herd, André Robidoux, Eshwar Kumar, Chris Clark, Shelly Jamieson, Christine Power, Evan Adams, Crystal Nett

Not pictured: Peter Crossgrove, René Gallant, Victoria Lee, Helen Mallovy Hicks, Marcia Nelson, Carol Sawka, Gary Semenchuck, Marla Shapiro, Graham Sher, Lyne St-Pierre-Ellis, Milton Sussman

- Chris Clark Chair, Canadian Partnership Against Cancer; Corporate Director
- Christine Power Vice-Chair, Canadian Partnership Against Cancer (July 2013 – present); President and Chief Executive Officer, Capital District Health Authority, Nova Scotia
- Mel Cappe Vice-Chair, Canadian Partnership Against Cancer (July 2012 – June 2013) Professor, School of Public Policy and Government, University of Toronto
- Evan Adams, MD Deputy Provincial Health Officer for Aboriginal Health, British Columbia
- Ewan Clark Cox & Palmer (joined June 2013)
- Peter Crossgrove Chairman, Excellon Resources Inc. (term ended June 2013)
- Darren Dick President, DLD Management Ltd
- Pamela Fralick President and Chief Executive Officer, Canadian Cancer Society
- René Gallant Vice President Legal and Regulatory Affairs, Emera Newfoundland and Labrador (term ended June 2013)
- Karen Herd Deputy Minister of Health, Manitoba (joined October 2013)
- Shelly Jamieson Chief Executive Officer, Canadian Partnership Against Cancer
- Eshwar Kumar, MD Co-Chief Executive Officer, New Brunswick Cancer Network (joined June 2013)
- Victoria Lee, MD Medical Health Officer, Fraser Health Authority, British Columbia
- Mary Catherine Lindberg Corporate Director (joined October 2013)
- Helen Mallovy Hicks National Leader, Valuations, Modelling and Disputes, PricewaterhouseCoopers (joined June 2013)
- Marcia Nelson Deputy Minister, Alberta Health and Wellness (term ended September 2013)
- Crystal Nett Chief Financial Officer and Vice President (Finance, Safety & Risk Division), Saskatchewan Research Council, until March 2014 (joined June 2013)
- Arlene Paton Assistant Deputy Minister, Population and Public Health, Ministry of Health, British Columbia
- André Robidoux, MD Professor of surgery and Scotia Chair in diagnosis and treatment of breast cancer, University of Montreal
- Carol Sawka, MD Vice-President, Clinical Programs and Quality Initiatives, Cancer Care Ontario, until June 2013 (term ended June 2013)
- Gary Semenchuck, QC Arbitrator and President, Gary G.W. Semenchuck Legal Services II Prof. Corp. (stepped down June 2013)
- Marla Shapiro, MD Family physician; medical contributor, CTV's Canada AM; medical consultant, CTV News; Associate Professor University of Toronto (term ended June 2013)
- Graham Sher, MD Chief Executive Officer, Canadian Blood Services
- Lyne St-Pierre-Ellis Associate Deputy Minister, Department of Health, New Brunswick
- Milton Sussman Deputy Minister of Health, Manitoba (term ended July 2013)
- Laura M. Talbot President and Senior Partner, TalbotAllan Consulting
- Abby Hoffman (Observer) Assistant Deputy Minister, Strategic Policy Branch, Health Canada
- Jean Latreille, MD (Observer) Director of Cancer Control, Quebec Ministry of Health and Social Services

LOOKING AHEAD TO 2014/15

To ensure the work of Canada's cancer strategy is grounded in the realities of those most affected by cancer, the Partnership will focus its work in 2014/15 on embedding a person-centred perspective throughout the cancer journey to create a cancer system that respects and responds to each person's needs and priorities.

We will actively support the implementation of the nine initiatives funded under the First Nations, Inuit and Métis Cancer Control Initiative and will release the *Métis Cancer Control in Canada Baseline Report* in August 2014. The Métis report is the final in a series of three population-specific reports and provides an overview of the state of cancer control for Métis and is intended to serve as a baseline to monitor and evaluate efforts to advance cancer control for and with Métis in Canada.

Having successfully completed a data access pilot, the Canadian Partnership for Tomorrow Project will continue to make significant advances to build and launch the data platform to make its resources widely available to support innovative research that will answer some of the most challenging questions about the causes of cancer and chronic disease.

The System Performance Initiative will continue to drive the use of system performance indicators with reports on prostate cancer, stage-based indicators and efficiency indicators. And the new web application – systemperformance.ca – released in June 2014 will allow visitors to browse and download data by performance indicator at various points in the cancer journey.

We will continue to develop high-impact, population-based prevention and screening approaches to foster pan-Canadian uptake of evidence-based prevention and screening programs and policies, particularly in rural and remote settings. And to help guide jurisdictions in their deliberations and discussions about lung cancer screening for a high-risk population, the Partnership will release a new framework, *Lung Cancer Screening Framework for Canada*, in the fall of 2014.

More pathologists and surgeons will be using better tools to consistently embed evidence-based best practice in their day-to-day work as we support the expansion of the synoptic reporting initiative to drive practice improvements across the cancer continuum.

To help the cancer community access the knowledge and resources they need for evidence-informed decision-making, we will continue to create and support platforms, tools and pan-Canadian networks and forums. This includes cancerview.ca, the Partnership's online hub for cancer evidence, policy and practices; tools to support the synthesis, interpretation and use of evidence such as the cancer risk management modelling platform; and analytic capacity building to support greater coordination in the use of cancer control data to inform policy, planning and system performance reporting.

To enhance Canadians' ability to participate in clinical trials, the Partnership will build on the findings of an international expert panel and engage with other funders in an effort to assist in the implementation of the Canadian Cancer Clinical Trials Network business case.

It is anticipated that 2014/15 will see new partners, organizations and people involved in delivering on Canada's cancer strategy and identifying unaddressed gaps and opportunities in cancer control to seed ideas for cancer control beyond 2017. As the current mandate progresses, the discussion will broaden to include input from senior scientific leads and advisory groups as well as key partners from across the country. A key feature is the Partnership's unique model, and our discussions will focus on how it might best advance all areas of cancer control to have the highest impact possible.

Through the collaborative efforts with our partners across Canada, we move closer to achieving the clearly defined outcomes leading up to 2017 and are driving change that will make a lasting difference for all Canadians. Together, we are delivering as one to reduce the burden of cancer on Canadians.

INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Partnership Against Cancer Corporation

We have audited the accompanying financial statements of Canadian Partnership Against Cancer Corporation (the "Partnership"), which comprise the statement of financial position as at March 31, 2014 and the statements 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 accounting standards for not-for-profit organizations, 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 those 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, 2014 and the results of its operations and its cash flows for the year then in accordance with Canadian accounting standards for not-for-profit organizations.

Grant Thornton LLP

Chartered Accountants
Licensed Public Accountants
Toronto, Ontario
June 19, 2014

Canadian Partnership Against Cancer Corporation

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended March 31	**2014**	2013
Expenses		
Population-based prevention and cancer screening	**$ 6,496,840**	$ 4,961,792
Diagnosis and clinical care	**2,977,234**	2,035,582
Person-centered perspective	**1,490,436**	1,590,760
Targeted research	**8,028,127**	6,020,287
First Nations, Inuit and Métis Cancer control	**2,015,508**	865,182
System performance	**1,110,966**	979,882
Knowledge management	**7,881,267**	8,584,056
Public engagement and outreach	**1,443,352**	1,328,417
Program support	**1,389,983**	1,341,501
	32,833,713	27,707,459
Operating expenses (Notes 4 and 5)	**6,120,625**	6,544,920
	38,954,338	34,252,379
Revenue		
Government of Canada (Note 7)	**35,959,048**	32,561,800
Canada Health Infoway	**739,262**	-
Other funding	**595,673**	312,735
Amortization of deferred contributions – Capital and intangible assets (Note 7)	**1,660,355**	1,377,844
	38,954,338	34,252,379
Excess of revenue over expenses for the year, being net assets at the end of the year	**$ -**	$ -

Approved by the Board of Directors

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Chris Clark
Chair of the Board of Directors

Laura Talbot
Chair of the Finance and Audit Committee

See accompanying notes to the financial statements.

Canadian Partnership Against Cancer Corporation

STATEMENT OF FINANCIAL POSITION

As at March 31	**2014**	2013
Assets		
Current		
Cash	**$ 1,213,468**	$ 169,918
Short-term investments	**24,763,337**	16,062,835
Accounts receivable	**1,539,802**	1,008,449
Projects in process and advances (Note 3)	**5,826,879**	2,301,026
Prepaid expenses	**531,377**	724,415
	33,874,863	20,266,643
Capital assets (Note 4)	**319,916**	396,986
Intangible assets (Note 5)	**1,797,421**	3,063,267
	2,117,337	3,460,253
	$ 35,992,200	$ 23,726,896
Liabilities		
Current		
Accounts payable and accrued liabilities	**$ 4,651,373**	$ 3,335,078
Government remittances payable (Note 6)	**167,743**	99,331
Deferred contributions – Expenses of future periods (Note 7)	**29,055,747**	16,832,234
	33,874,863	20,266,643
Deferred contributions - Capital and intangible assets (Note 7)	**2,117,337**	3,460,253
	$ 35,992,200	$ 23,726,896
Net assets	**-**	-
	$ 35,992,200	$ 23,726,896

Commitments and Guarantees (Notes 8 and 9)

See accompanying notes to the financial statements.

Canadian Partnership Against Cancer Corporation

STATEMENT OF CASH FLOWS

Year ended March 31	2014	2013
Increase (decrease) in cash		
Operating activities		
Government of Canada contributions received (Note 7)	**$ 48,500,000**	$ 50,000,000
Other contributions received	**1,021,863**	587,075
Interest received on short-term investments	**307,496**	149,512
Interest paid to Government of Canada	**(294,724)**	(67,571)
Cash paid for programs and operating expenses	**(39,725,070)**	(41,268,649)
Cash provided by operating activities	**9,809,565**	9,400,367
Investing activities		
Purchase of short-term investments	**(26,029,000)**	(37,500,000)
Redemption of short-term investments	**17,580,424**	29,039,146
Cash used in investing activities	**(8,448,576)**	(8,460,854)
Financing activity		
Purchase of capital and intangible assets	**(317,439)**	(1,485,988)
Cash used in financing activity	**(317,439)**	(1,485,988)
Increase (decrease) in cash	**1,043,550**	(546,475)
Cash, beginning of year	**169,918**	716,393
Cash, end of year	**$ 1,213,468**	$ 169,918

See accompanying notes to the financial statements.

1. Description of the organization

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. In June 2013, the Partnership submitted Articles of Continuance to Industry Canada and transitioned to the *Canada Not-for-profit Corporations Act (CNCA).*

The Partnership plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country. Partners include provincial and territorial cancer programs; federal organizations and agencies; First Nations, Inuit and Métis organizations; national health and patient organizations; and individual experts who provide strategic cancer control insight and advice from both patient and professional perspectives.

With a focus on the full cancer continuum from prevention and treatment through to survivorship and end-of-life care, the Partnership supports the collective work of the broader cancer control community in achieving long-term outcomes that will have a direct impact on the health of Canadians to:

a) reduce the incidence of cancer;
b) lessen the likelihood of Canadians dying from cancer; and
c) enhance the quality of life of those affected by cancer.

The Partnership is funded through an agreement with the Government of Canada. The initial funding agreement provided a contribution of $240.4 million over five years ending March 31, 2012. The second funding agreement provides for contributions of $241 million over the period of April 1, 2012 to March 31, 2017. The contributions are subject to terms and conditions set out in the related funding agreements. The Partnership is economically dependent on funding from the Government of Canada.

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

2. Significant accounting policies

Financial statement presentation

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

Revenue recognition

The Partnership follows the deferral method of accounting for restricted contributions.
Contributions from the Government of Canada are recognized as revenue in the year in which the related expenses are recognized.

Contributions for the purchase of capital and intangible assets are recorded as deferred contributions – capital and intangible assets, and subsequently recognized as revenue over the same terms and on the same basis as the amortization of the related capital and intangible assets.

2. Significant accounting policies (continued)

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 the Government of Canada, investment income, which consists entirely of interest, is for the account of the Government of Canada and is recorded on an accrual basis.

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

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

Portal and software	3 years

Financial instruments
The Partnership considers any contract creating a financial asset or financial liability a financial instrument. The Partnership accounts for the following as financial instruments:

- cash
- short-term investments
- accounts receivable
- accounts payable and accrued liabilities
- government remittances payable

A financial asset or liability is recognized when the Partnership becomes party to contractual provisions of the instrument. The Partnership removes financial liabilities, or a portion thereof, when the obligation is discharged, cancelled or expires.

The Partnership initially measures its financial assets and financial liabilities at fair value. In the case of a financial asset or financial liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption. The Partnership subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less impairment.

At the end of each reporting period, the Partnership assesses whether there are any indications that financial assets measured at cost or amortized cost may be impaired. When there is any such indication of impairment, the Partnership determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from that financial asset. Where this is the case, the carrying amounts of the assets are reduced to the highest of the expected value that is actually recoverable from the assets either by holding the assets, by their sale or by exercising the right to any collateral, net of cost. The carrying amounts of the assets are reduced directly or through the use of an allowance account and the amount of the reduction is recognized as an impairment loss in the statement of operations.

2. Significant accounting policies (continued)

Allocation of expenses
Program support expenses and operating expenses are not allocated to direct program expenses.

Use of estimates
Management reviews the carrying amounts of items in the financial statements at each statement of financial position date to assess the need for revision or any possibility of impairment. Many items in the preparation of these financial statements require management's best estimate. Management determines these estimates based on assumptions that reflect the most probable set of economic conditions and planned courses of action.

These estimates are reviewed periodically and adjustments are made to excess of revenue over expenses as appropriate in the year they become known.

Items subject to significant management estimates include estimated useful lives of capital and intangible assets and allowance for doubtful accounts.

3. Projects in process and advances

Projects in process and advances represent projects where the Partnership has advanced funds to third party partners where project milestones were in process of completion and funds have not been expended by the third party partner.

4. Capital assets

	Cost	Accumulated Amortization	**2014 Net book Value**	2013 Net book Value
Information technology and telecommunication	$ 652,510	$ 607,101	**$ 45,409**	$ 82,849
Furniture and equipment	1,267,959	1,173,480	**94,479**	96,935
Leasehold improvements	1,105,546	925,518	**180,028**	217,202
	$ 3,026,015	$ 2,706,099	**$ 319,916**	$ 396,986

Included in operating expenses is amortization expense related to capital assets of $182,136 (2013 - $218,828).

5. Intangible assets

	Cost	Accumulated Amortization	**2014 Net book Value**	2013 Net book Value
Portal and software development	$ 9,753,895	$ 7,956,474	**$ 1,797,421**	$ 3,063,267

Included in operating expenses is amortization expense related to intangible assets of $1,478,219 (2013 - $1,159,016).

6. Government remittances payable

	2014	2013
Interest received on short-term investments payable	**$ 143,625**	$ 81,942
Employee withholdings and other payable	**24,118**	17,389
Government remittances payable	**$ 167,743**	$ 99,331

7. Deferred contributions

Expenses of future periods

Deferred contributions are held for expenses of future periods.

	2014	2013
Deferred contributions, beginning of year	**$ 16,832,234**	$ 880,023
Current year contribution from Government of Canada	**48,500,000**	50,000,000
Interest earned on contributions received	**356,407**	149,512
	65,688,641	51,029,535
Amount recognized as revenue during the year	**(35,959,048)**	(32,561,800)
Amount applied towards capital and intangible assets acquired	**(317,439)**	(1,485,988)
Interest paid to Government of Canada	**(294,724)**	(67,571)
Interest payable to Government of Canada	**(61,683)**	(81,942)
Deferred contributions, end of year	**$ 29,055,747**	$ 16,832,234

Capital and intangible assets

Deferred contributions related to capital and intangible assets include the unamortized portions of contributions with which assets were purchased.

	2014	2013
Deferred contributions, beginning of year	**$ 3,460,253**	$ 3,352,109
Contributions applied toward capital and intangible asset purchase	**317,439**	1,485,988
Amount amortized to revenues during the year	**(1,660,355)**	(1,377,844)
Deferred contributions, end of year	**$ 2,117,337**	$ 3,460,253

8. Commitments

Contractual commitments

As of March 31, 2014, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately $57.4 million which are subject to terms and conditions as set out in the related agreements. More specifically, project related commitments are contingent upon meeting contractually defined milestones and deliverables. Project related commitments for the next three years are as follows (in thousands of dollars):

2015	$ 27,610
2016	17,422
2017	12,327
	$ 57,359

Operating lease commitments

The Partnership rents premises under operating leases which expire in the 2018 fiscal year. Minimum annual rental payments to the end of the lease terms are as follows (in thousands of dollars):

2015	$ 1,260
2016	1,260
2017	1,260
2018	829
	$ 4,609

9. 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 purchased commercial property and general liability insurance with respect to these indemnities.

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.

10. Remuneration of directors and senior management

For the year ended March 31, 2014, remuneration paid to the Partnership's Directors amounted to $119,257 (2013 - $155,150) and remuneration paid to the Partnership's five highest paid staff amounted to $1.6 million (2013 - $1.6 million).

11. Financial instruments risk

The Partnership is exposed to various risks through its financial instruments. The following analysis provides a measure of the Partnership's risk exposures and concentrations as at March 31, 2014.

Credit and concentration risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Partnership's main credit risks relate to its accounts receivable. The Partnership provides credit to its third party partners in the normal course of its operations. There is no allowance for doubtful accounts included in accounts receivable as at March 31, 2014.

The Partnership is exposed to concentration risk as one organization comprises 67% of the Partnership's accounts receivable balance at year-end (March 31, 2013 – 53%). The Partnership does not obtain collateral or other security to support the accounts receivable subject to credit risk but mitigates this risk by dealing only with what management believes to be financially sound counterparties and, accordingly does not anticipate any loss for non-performance.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Partnership is mainly exposed to interest rate risk on its short-term investments. The fair value of short-term investments will generally increase if interest rates fall and decrease if interest rates rise. There was no significant change in exposure from the prior year and as stated in note 2, the Partnership only invests in short-term investments with maturities of less than one year, and under the terms of the funding agreement with the Government of Canada, investment income is for the account of the Government of Canada.

Liquidity risk

Liquidity risk is the risk that the Partnership will encounter difficulty in meeting the obligations associated with its financial liabilities as they come due. The Partnership is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. The Partnership is exposed to liquidity risk as it is mainly dependent on the receipt of funds from the Government of Canada. There was no significant change in exposure from the prior year.

ULTIMATE BENEFICIARIES

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2013/14 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at partnershipagainstcancer.ca.

- Alberta Health Services
- BC Cancer Agency
- Canadian Association of Psychosocial Oncology
- Canadian Cancer Action Network
- Canadian Cancer Society BC & Yukon Division
- Canadian Organization of Medical Physicists
- Cancer Care Nova Scotia
- Cancer Care Ontario
- CancerCare Manitoba
- Centre hospitalier universitaire Sainte-Justine
- Chronic Disease Prevention Alliance of Canada
- Council of Yukon First Nations
- Dalhousie University
- Diagnostic Services of Manitoba Inc.
- Eastern Health - Newfoundland and Labrador
- Federation of Saskatchewan Indian Nations
- First Nations Health Authority - British Columbia
- Government of the Northwest Territories
- Hamilton Health Sciences
- Health PEI
- Heart and Stroke Foundation of Canada
- Institut national de sante publique du Quebec
- Inuit Tapiriit Kanatami
- McGill University
- McMaster University
- Métis Nation of British Columbia
- Métis National Council
- New Brunswick Department of Health
- Nunavik Regional Board of Health and Social Services
- Ontario Institute for Cancer Research
- Public Population Project in Genomics & Society
- Simon Fraser University
- The Métis Nation of Ontario
- University Health Network
- University of Alberta
- University of Toronto

In addition, we partner with a wide range of other organizations that contribute their own resources, including staff and volunteer time, to implement the strategy and reduce the impact of cancer on Canadians.

MATERIALS COMPLETED

Partnership materials completed or publically released between April 1, 2013 and March 31, 2014

The following materials were completed for stakeholder and/or external audiences in 2013/14. This list includes both Partnership final reports and selected poster presentations. Note: Some materials were completed at the end of the fiscal year and will be distributed in 2014/15.

Corporate

- Annual Report 2012-13 (July 2013)
- Better Together: Annual Highlights 2012-13 (July 2013)
- Cancer: It's about all of us (July 2013)
- Web-based Progress Report 2012-2017 (September 2013)

Diagnosis and Clinical Care

- Canadian Partnership Against Cancer 2013-14 Update: Engagement of Canadian Pathology Community (Report to the Canadian Association of Pathologists) (July 2013)
- Quality Assurance Guidelines for Canadian Radiation Treatment Programs, Canadian Partnership for Quality Radiotherapy (September 2013)
- Synoptic Reporting microsite
- Lung and Lung Biomarker CAP protocols education session (January 2014)(on Cancerview)
- Head and Neck CAP protocols education session (February 2014)
- Special Q&A Session: Managing Cases Where There are Multiple Surgeries in Melanoma, Breast or Colon CAP protocols education session (February 2014)
- Sarcoma in Community and Centralized Settings CAP protocols education session (March 2014)

First Nations, Inuit and Métis

- First Nations Cancer Control in Canada Baseline Report (December 2013)
- Inuit Cancer Control in Canada Baseline Report (Developed in 2013/14 and released in April 2014)

Knowledge Management

- 1 in 3 Cancerview Digest: Smoking Cessation (August 2013)
- 1 in 3 Cancerview Digest: Healthy Behaviours (August 2013)
- 1 in 3 Cancerview Digest: Palliative Care (October 2013)
- 1 in 3 Cancerview Digest: HPV Vaccine (October 2013)
- 1 in 3 Cancerview Digest: World Cancer Day (February 2014)
- 1 in 3 Cancerview Digest: First People's Patient Journey (February 2014)

Prevention

- Canadian Municipal Active Transportation Policy Map (November 2013)
- Prevention Policies Directory Supports Change at the Local Level to Improve the Lives of Canadians (November 2013)
- Leading Practices in Clinical Smoking Cessation: Canadian Program Scan Results (December 2013)
- Leading Practices in Clinical Smoking Cessation: Canadian Program Scan Results seminar series (January 2014)
- Canadian Municipal Active Transportation Policy Map and Active Transportation Policy in Canada webinar (January 2014)
- Coalitions Linking Action and Science for Prevention (CLASP) microsite revamp (Completed in 2013/14 and launched in April 2014)

Research

- Highlights in Investment in Palliative and End-of-Life Care Cancer Research in Canada, 2005-2010 (April 2013)
- Investment in Palliative and End-of-Life Care Cancer Research in Canada, 2005-2010 (April 2013)
- Highlights of Investment in Cancer Survivorship Research in Canada, 2005-2010 (April 2013)
- Investment in Cancer Survivorship Research in Canada, 2005-2010 (April 2013)
- Highlights of Investment in Cancer Risk and Prevention Research, 2005–2010 (June 2013)
- Investment in Cancer Risk and Prevention Research, 2005–2010 (June 2013)
- Highlights of Investment in Research on Childhood and Adolescent Cancers, 2005–2010 (September 2013)
- Cancer Research Investment in Canada, 2011 (March 2014)
- Highlights of the 2011 Investment Report (March 2014)
- CCRS Supplementary Data 2011 (March 2014)

Screening & Early Detection

- Breast Cancer Screening Guidelines – Environmental scan (June 2013, September 2013, January 2014)
- Cervical Cancer Screening Guidelines – Environmental scan (June 2013, September 2013, January 2014)
- Colorectal Cancer Screening Guidelines – Environmental scan (June 2013, September 2013, January 2014)
- Lung Cancer Screening Guidelines – Environmental scan (June 2013, September 2013, January 2014)
- Prostate Cancer Screening Guidelines – Environmental scan (June 2013, September 2013, January 2014)
- Pan-Canadian Cervical Cancer Screening Initiative. Reporting on Histopathology Specimens from the Cervix and Vagina – Consensus Statements (May 2013)
- Quality Determinants and Indicators for Measuring Colorectal Cancer Screening Program Performance in Canada (May 2013)
- Cervical Cancer Screening in Canada: Setting Targets for Program Performance. Summary Report (November 2013)
- Cervical Cancer Screening in Canada: Program Performance Results Report, January 2009–December 2011 (Dec 2013)
- Colorectal Cancer Screening in Canada: Program Performance Results Report, January 2009–December 2011 (Dec 2013)

Strategy, Evaluation and Analytics

- Canadian Centre for Applied Research in Cancer Control (ARCC) poster (May 2013)
- Canadian Centre for Applied Research in Cancer Control (ARCC) presentation (also available online) (May 2013)
- Presentation to Lung Network (October 2013)
- Newfoundland workshop – materials disseminated (October 2013)
- Presentation to Cervical Network (November 2013)
- Presentation to CRC Network (November 2013)
- Presentation to Cervical Screening Forum (March 2014)

System Performance and Surveillance

- Population Health in Canada’s Largest Cities: A Cancer System Performance Spotlight Report (September 2013)
- Examining Disparities in Cancer Control: A System Performance Special Focus Report (February 2014)
- The 2014 Cancer System Performance Report (March 2014)

Additional resources

To assist readers of printed copies of this report, the online locations of the documents and resources referenced in the text are listed below.

Introduction

- Canadian Strategy for Cancer Control (www.partnershipagainstcancer.ca/wp-content/uploads/CSCC_CancerPlan_20061.pdf)
- Delivering as One: Annual Highlights 2013/14 (www.partnershipagainstcancer.ca)

First Nations, Inuit and Métis Cancer Control

- First Nations, Inuit and Métis Action Plan on Cancer Control (www.cancerview.ca/idc/groups/public/documents/webcontent/fnim_action_plan_nov11.pdf)
- First Nations Cancer Control in Canada Baseline Report (http://www.cancerview.ca/idc/groups/public/documents/webcontent/first_nations_cc_baseline.pdf)
- Inuit Cancer Control in Canada Baseline Report (http://www.cancerview.ca/idc/groups/public/documents/webcontent/inuit_cc_baseline_report.pdf)
- First Nations, Inuit and Métis section on cancerview.ca (www.cancerview.ca/cv/portal/Home/FirstNationsInuitAndMetis)

Research

- Canadian Partnership for Tomorrow Project (www.partnershipfortomorrow.ca)
- Canadian Cancer Research Alliance reports (www.ccra-acrc.ca/index.php/publications-en)
- Pan-Canadian Cancer Research Strategy (www.partnershipagainstcancer.ca/wp-content/uploads/web_Pan-Canadian-Strategy-2010_EN_0.pdf)

System Performance

- Population Health in Canada's Largest Cities – A Cancer System Performance Spotlight Report (http://www.systemperformance.ca/reports/)
- The System Performance Special Focus Report: Examining Disparities in Cancer Control (http://www.systemperformance.ca/reports/)
- 2014 System Performance Report (http://www.systemperformance.ca/reports/)
- System Performance web app (http://www.systemperformance.ca)

Diagnosis and Clinical Care

- Synoptic reporting initiatives (http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSProfessionals/TSDiagnosisTreatment/cSynoptiReportingMS)
- Quality initiatives (http://www.cancerview.ca/cv/portal/Home/QualityAndPlanning/QPProfessionals/SystemPlanning/QualityInitiatives)
- Canadian Partnership for Quality Radiotherapy (www.cpqr.ca)

Prevention and Screening

- Coalitions Linking Action and Science for Prevention section on cancerview.ca (http://www.cancerview.ca/cv/portal/Home/PreventionAndScreening/PSProfessionals/PSPrevention/CLASP)

- Cervical Cancer Screening in Canada: Program Performance Results Report , 2009-2011 (http://www.cancerview.ca/idc/groups/public/documents/webcontent/cervical_cancer_report.pdf)
- Colorectal Cancer Screening in Canada: Program Performance Results Report , 2009-2011 (http://www.cancerview.ca/idc/groups/public/documents/webcontent/ccs_performance_report.pdf)
- Prevention Policies Directory (www.cancerview.ca/preventionpolicies)
- CAREX Canada (www.carexcanada.ca)

Knowledge Management

- Cancerview.ca (www.cancerview.ca)
- 1 in 3 cancerviewdigest (blog.cancerview.ca)
- Guidelines Resource Centre (www.cancerview.ca/guidelines)
- The Truth of It (www.cancerview.ca/thetruthofit)
- Cancer Risk Management Platform (www.cancerview.ca/cancerriskmanagement)
- How Cancer Drug Funding Decisions are Made tutorial (http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSPatientsAndFamilies/LearnAboutCancer/HowCancerDrugFundingDecisionsAreMade)

Public Engagement and Outreach

- Canadian Cancer Action Network (www.ccanceraction.ca)

How We Work

- Partnership Board of Directors (http://www.partnershipagainstcancer.ca/about/who-we- are/board-of-directors/)
- Partnership Cancer Control Council and Advisory Groups (www.partnershipagainstcancer.ca/about/who-we-are/advisory-structure/)
- Canadian Association of Provincial Cancer Agencies (http://www.capca.ca/)