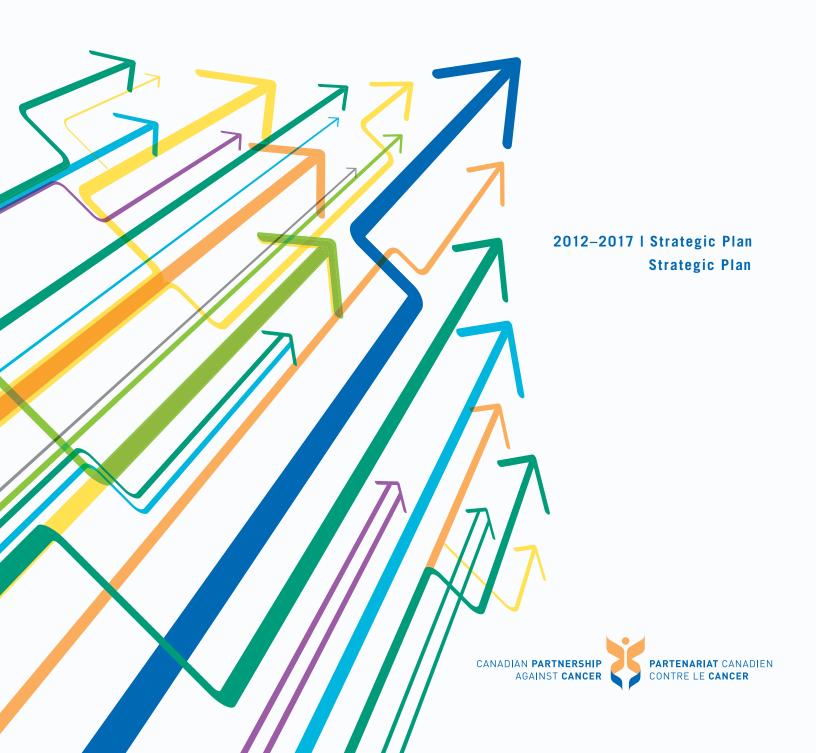
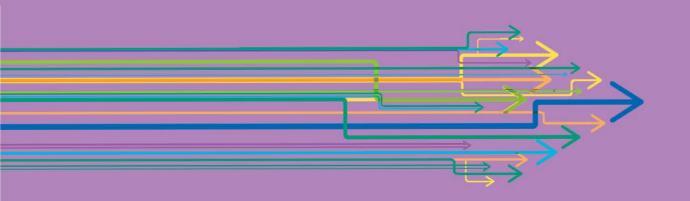
SUSTAINING ACTION TOWARD A SHARED VISION







THE GROWING CHALLENGE OF CANCER

Canadians continue to fear cancer more than any other disease. The statistics speak for themselves:

- > Forty per cent of Canadian women and 45 per cent of men will develop cancer.³
- > Cancer is the leading cause of premature death in Canada.
- > Cancer is not only a disease of the aged, it is the leading cause of death for Canadians aged 35 to 64, killing a greater number of younger Canadians than heart disease, injuries, stroke and diabetes combined.⁴



There were an estimated 177,800 new cases of cancer and 75,000 deaths from cancer in 2011.5 This translates into an average of 20 Canadians being diagnosed with some type of cancer and eight people dying from cancer every hour of every day.⁶ The annual numbers of new cancers and deaths from cancer are expected to continue to rise (Figure 1) to 280,000 cases and 107,000 deaths by 2031. While this is largely a result of the aging of Canada's population and population growth, the anticipated growth rate in cancer cases will outpace population growth by a substantial margin. Between 2007 and 2031, it is expected that new cancer cases will increase by 71 per cent, while the population will increase by only 19 per cent over the same period.

As Figure 2 illustrates, the distribution of new cancer cases and cancer deaths varies by province and territory. This fact, coupled with vast differences in geography and population density, contributes to variations in the way services and programs are organized and delivered across the country to address cancer, from prevention to end-of-life care.

⁶ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 15.



³ Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto: Canadian Cancer Society, 2011. p. 5.

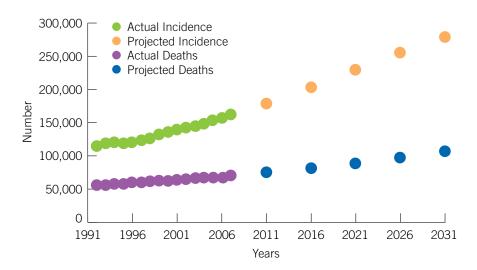
⁴ Statistics Canada. "Leading Causes of Death in Canada, 2008: Highlights." Retrieved Jan. 30, 2012, from http://www.statcan.gc.ca/pub/84-215-x/2011001/hl-fs-eng.htm.

⁵ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 15.

Figure 1.

Numbers of cancer cases and deaths in Canada (all cancer sites, both sexes)

Data Source: Statistics Canada - Canadian Cancer Registry and Vital Statistics Death Database



Note: The numbers reported for 2011 onward are projected using the average historical trend (incidence: 1992 onward, mortality: 1987 onward).

With important advances in cancer screening, early detection and treatment, the long-term prognosis for cancer has improved and will continue to do so. Assuming that past survival improvement trends continue, more Canadians will be living with cancer. It is projected that in 2031, the number of Canadians who will have benefited from advances in cancer control and are therefore living with a cancer diagnosis (the prevalence) will be 2.2 million, two and a half times the estimated 900,000 Canadians living with cancer in 2007. As Figure 3 shows, the increase in the number of people living with a cancer diagnosis will be much greater than the number of new cancer cases and cancer deaths over the 25 years from 2007 to 2031.



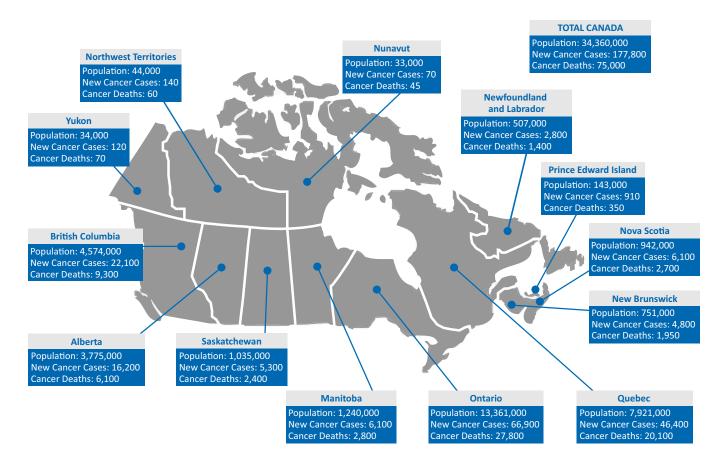


Figure 2.

Distribution of new cancer cases and cancer deaths by province and territory per year

Data Source: Canadian Cancer Society's Steering Committee on Cancer Statistics. Canadian Cancer Statistics 2011. Toronto: Canadian Cancer Society, 2011. p. 23.

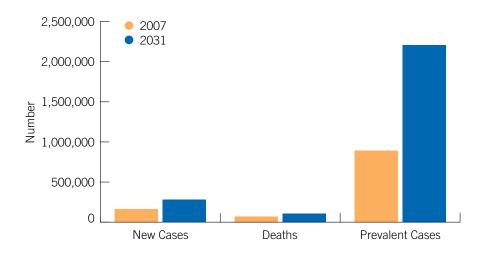
The increase in the numbers of survivors and those living with a cancer diagnosis is creating new challenges and pressures on many fronts, including the cancer treatment system, primary care and informal caregiving. This change is also creating a need for resources to support those affected by cancer as they transition back to the community, school and the workplace.



Figure 3.

New cancer cases, deaths and prevalent cases in Canada, 2007 and 2031

Data Source: Statistics Canada - Canadian Cancer Registry and Vital Statistics Death Database



Note: The 2007 numbers for new cases and deaths are actual numbers from the Canadian Cancer Registry and Vital Statistics Death Database, respectively. The prevalence is estimated for 2007. Only the 2031 numbers are projected.

Figure 3 shows that the expected number of deaths from cancer will also rise, increasing the need for high-quality palliative and end-of-life care services. While most Canadians would prefer to die at home or somewhere else outside of hospital, most are still dying in hospitals or long-term care homes.⁷ The availability of high-quality care at the end of life varies widely in different parts of the country and in different settings.8

While cancer affects everyone, its distribution, impact and outcomes are not shared equally. Of particular concern is the dramatic increase in cancer among Canada's First Peoples in the past few decades.

⁸ Quality End of Life Care Coalition of Canada. "Blueprint for Action 2010 to 2020," 2010. http://www.gelccc.ca/Home.



⁷ Canadian Cancer Society's Steering Committee on Cancer Statistics: Canadian Cancer Statistics 2010. Toronto: Canadian Cancer Society, 2010. p. 72.

"When I was a kid, cancer used to be a death sentence...now people can survive."

Focus group participant

In some First Nations, Inuit and Métis communities, incidence of common cancers is now at or above that of the general Canadian population, cancers tend to be discovered at later stages and preventable cancers tend to have higher mortality rates.9-14

Parallel to the increase in cancer cases and deaths across the population, and to the increase in the number of Canadians living with cancer, advances in prevention, screening, treatment and supportive care are emerging more quickly as cancer research in Canada and internationally delivers important new knowledge. The opportunities afforded by appropriate and rapid uptake of that knowledge are key to tackling the rise in cancer incidence and mortality. Collaboration across the country is vital to ensuring that knowledge is shared and translated into action. Many Canadians have acknowledged this and feel it is important to have a national cancer strategy. ¹⁵ The Canadian Partnership Against Cancer was created to address this challenge and now has a second mandate and a funding commitment for five years to further the work.

¹⁵ 2011 Harris/Decima research conducted for the Partnership.



⁹ L. Marrett and M. Chaudry. "Cancer incidence and mortality in Ontario First Nations, 1968–1991." Cancer Causes and Control 2003;14(3):259-268.

¹⁰ J.T. Friborg and M. Melbye. "Cancer patterns in Inuit populations." Lancet Oncology 2008(9):892–900.

¹¹ CancerCare Manitoba. "Aboriginal Cancer Care Progress Report." 2008. http://www.cancercare.mb.ca/ resource/File/Aboriginal_CancerControlProgressReport_07-08.pdf.

¹² National Aboriginal Health Organization. First Nations Regional Longitudinal Health Survey 2002/03, second edition, 2003.

¹³ CancerCare Manitoba, 2008.

¹⁴ Health Council of Canada. "The Health Status of Canada's First Nations, Inuit and Métis Peoples -A background paper to accompany Health Care Renewal in Canada: Accelerating Change." Toronto: Health Council of Canada, 2005.

ADVANCING A SHARED VISION

The Canadian Partnership Against Cancer opened its doors in 2007 with the mandate to implement the Canadian Strategy for Cancer Control. The terms of this strategy were defined by the collective vision, expertise and firsthand experience of more than 700 cancer leaders, experts, advocates, practitioners, patients and survivors from across the country.



About the Partnership

The Partnership is a uniquely Canadian response to the national and global health challenge posed by cancer, bringing together the efforts of partners across the country in a co-ordinated and highly collaborative approach to reduce the impact of cancer. Partners include:

- Federal, provincial and territorial governments
- Cancer agencies and programs
- Health delivery organizations
- Non-governmental organizations
- Cancer control and health experts
- Clinicians and researchers
- Patient groups, including patients, survivors and family members

As well, the Partnership engages the public, including people with an interest in or affected by cancer, and First Nations, Inuit and Métis partners, in implementing Canada's cancer strategy.

These partners share the common goals of reducing the risk of cancer, lessening the likelihood of Canadians dying from cancer and enhancing quality of life of those affected by cancer. These goals drive the national cancer strategy and are central to the work being advanced from coast to coast to coast.



Imagine it is second nature for jurisdictions, organizations and health-care professionals to work together on common approaches to take action on cancer and reduce the toll of the disease on Canadians and the health-care system.

The areas of focus in the Partnership's first mandate were aligned with federal, provincial and territorial priorities to ensure that the cancer strategy was well integrated into broader health considerations.

The federal government provided an initial five-year funding commitment. The work implemented over the past five years has stayed true to the vision set out in the Canadian Strategy for Cancer Control. Because the Partnership is one of many organizations with roles in reducing the impact of cancer, the challenge has been to devise a collaborative model that leverages, encourages and supports adoption of best practices and allows for customization to address local needs and priorities. The Partnership promotes integration and co-creation of solutions, acts as a catalyst for leveraging resources, facilitates the exchange and creation of knowledge, and convenes and connects those working in and affected by cancer to advance cancer control across Canada.

In March 2011, the Government of Canada renewed the Partnership's mandate and funding for another five years, from 2012 to 2017. The renewal affirms the value of co-operation and collaboration in making progress on actionable priorities. It also recognizes the long-term commitment required to translate and exchange knowledge, establish measurable outcomes and meaningfully address the challenge of cancer in Canada.



"To accomplish anything, you need a team. It needs to be a partnership...that goes for anything, building a house, a road, whatever...no one group alone can move cancer control to the next level."

Focus group participant

Collaboration: The foundation for success

Cancer is a complex set of more than 200 diseases. And there are as many, if not more, organizations in Canada working to control cancer — from prevention to treatment to management and research. While a cancer strategy alone will not cure cancer, it does provide a clear plan and a set of actions that will build on the strengths of Canada's cancer system and patient communities. Inherent in a strategy is the concept of making conscious and informed choices about using resources to achieve the maximum impact for the whole population.

Canada's cancer strategy draws on the country's cancer community to work together to promote best practices to deal with the predicted increases in incidence and to guide informed decision-making with available resources.

The national strategy is a co-ordinated framework that leverages and expands the efforts being made by those working in the cancer system. By looking across Canada, the Partnership can identify what is working well in one jurisdiction and encourage transferability and adoption of these best practices for the benefit of others. Doing so not only reduces duplication, but is a more effective way to use scarce health resources.



The Partnership is rooted in a collaborative model and recognizes its unique role in identifying gems in cancer control, sharing learning and facilitating accelerated uptake to ensure that a comprehensive evidence-informed approach to cancer control is in place. Collaboration entails breaking down "silos" and co-ordinating efforts to achieve better results. Collaboration also means responding and adapting to the diversity of patients, care providers, cultures and health systems in our federated environment.

Recognizing collaboration as the foundation, the following objectives have guided and will continue to guide the Partnership in working with its partners to optimize the effectiveness and efficiency of cancer control in Canada:

- Focus on large-scale, evidence-informed, multi-jurisdictional actions
- Translate knowledge to action and enable the adoption of best practices and innovations
- Attract, connect and retain key stakeholders to co-create, inform and lead change
- Pursue synergies with related chronic diseases in prevention and end-of-life care
- Leverage resources through the commitment of partner time, expertise and financial investment
- Demonstrate sustainable progress toward the achievement of shared cancer control goals



"I think it's comforting to know that a national cancer strategy exists."

Focus group participant

Powered by a shared purpose, accelerating the uptake of knowledge into action and working in partnership, the cancer control community is changing the cancer landscape.

Tangible benefits for Canadians

Based on the principles of the Canadian Strategy for Cancer Control, the Partnership has established an innovative and effective business model to optimize cancer control in Canada. This approach will lead to tangible progress in addressing the burden of cancer in Canada over the next 25 years and will yield consistent improvements for Canadians along the way.

KEY ACHIEVEMENTS: 2007–2012

Canada's first cancer plan addressed the full spectrum of cancer control, from prevention to palliative and end-of-life care, from policy to practice and from research to health system applications. All these elements are essential to effectively modify rising incidence, reduce mortality and improve the quality of life of those affected by cancer.

Working with the cancer and broader health communities, the Partnership identified areas of focus and launched several successful pan-Canadian initiatives consistent with the areas for investment identified in the Canadian Strategy for Cancer Control. These initiatives were designed to have the greatest impact within five years of the Partnership's initial mandate. They have created a solid foundation for accelerating cancer control in Canada. Given the breadth of organizations and individuals working in cancer



control, and the importance of provincial and territorial partners in the delivery of health care, these initiatives have been carefully aligned with jurisdictional priorities.

Since the Partnership was created, the organization has made notable progress working with and through partners. In the past five years, the following advances have been made:

Prevention and screening

- Unprecedented high-impact approaches to prevent cancer and other chronic diseases are being implemented across Canada. Through the Coalitions Linking Action and Science for Prevention (CLASP) initiative, seven large-scale efforts are being implemented to address common risk factors for cancer and other chronic diseases, collectively touching every province and territory in Canada. 16-17
- Organized population-based colorectal cancer screening programs are underway in every province. At the beginning of the Partnership's mandate, only three provinces had organized colorectal cancer screening programs. To improve Canada's relatively low rates of screening for colorectal cancer, the National Colorectal Cancer Screening Network enabled



¹⁶ E. Manafo, L. Petermann, R. Lobb, D. Keen and J. Kerner, "Research, Practice, and Policy Partnerships in Pan-Canadian Coalitions for Cancer and Chronic Disease Prevention." Journal of Public Health Management Practice 2011;17(6):E1-E11.

 $^{^{17}}$ R. Lobb, L. Petermann, E. Manafo, D. Keen and J. Kerner. "Networking and knowledge exchange to promote the formation of trans-disciplinary coalitions and levels of agreement among trans-disciplinary peer reviewers." Journal of Public Health Management Practice (in press).

provinces to learn from one another and to plan together to accelerate the roll-out of organized screening in every province while minimizing the duplication of effort.

Early detection and clinical care

- Population-based cancer-stage data is now within reach. By bolstering the ability of provinces and territories to collect standardized cancer-stage data, the Partnership's National Staging Initiative will yield significant gains in our collective ability to improve cancer patient outcomes and to continuously monitor the effectiveness of screening and treatment programs.
- Standardized electronic surgical and pathology reporting to improve quality and patient safety is now being used in a **number of provinces.** Clinicians are leading and implementing efforts to ensure the availability of the information necessary to provide timely top-quality care. By developing and embedding pan-Canadian quality standards into reporting tools, surgeons and pathologists can now assess and compare their practice and outcomes against best evidence and with those of their colleagues practising in other areas of the country.
- The Partnership has fostered quality improvements in cancer control through the development and implementation of cross-Canada standards, and has facilitated efforts to address specific quality issues in areas of defined need. The Partnership worked with partners, including front-line service providers, to develop and implement a set of standards that will contribute to the safe delivery of outpatient chemotherapy across the country.



Imagine communities across the country benefiting from advances and lessons learned in cancer control.

In addition, the Partnership collaborated with professional associations involved in delivering radiotherapy and developed and disseminated two sets of guidance documents for the delivery of radiation therapy. Work has also progressed in developing quality indicators in colonoscopy and in implementing a patient-based rating scale at colonoscopy sites across the country.

Cancer journey

Increased attention and action are being directed to improving the quality of life and experience of people with cancer and their families across Canada. The Partnership is enabling improvements in helping patients navigate the system through their journey, including supportive care, palliative and end-oflife care, psychosocial care and survivorship, and in screening for distress, through pan-Canadian initiatives in these domains.

Research

Canada is now home to the Canadian Partnership for Tomorrow Project, a living population laboratory that will help expand understanding of the natural history of cancer and related chronic diseases. Building on the foundation of two previously independent research studies, this project combines population health research expertise in Atlantic Canada, Quebec, Ontario, Alberta and British Columbia. The development of harmonized research protocols and pilot



"Cancer is so much more complicated. Because we live longer, almost all of us will have to face cancer at some point."

Focus group participant

- work is complete, and all five regions have either completed recruitment or are actively enrolling tens of thousands of Canadians as participants.
- The first pan-Canadian cancer research strategy has been launched to address emerging priorities in cancer research.

The Partnership's leadership in support of the Canadian Cancer Research Alliance brought together all major government and charitable cancer research funders to identify priorities for action and to accelerate progress in cancer control through knowledge generation. Strategic investments to improve the co-ordination of Canadian cancer research, through the Canadian Cancer Research Alliance, have also improved the targeted generation of new knowledge.

First Nations, Inuit and Métis cancer control

Co-ordinated efforts to improve culturally relevant and people-specific cancer control initiatives with and for First Nations, Inuit and Métis partners are gaining momentum. First Nations, Inuit and Métis communities have guided the Partnership's work in this area to best reflect their needs and priorities. This work includes the development of a First Nations, Inuit and Métis cancer control action plan; a new online site with First Nations, Inuit and Métis cancer control tools and resources on cancerview.ca; and the development and dissemination of an online cancer course, the @YourSide Colleague® Cancer Course, for community health providers

working in remote and rural First Nations communities.



To date, more than 1,100 participants from 319 First Nations communities and organizations have used the online course. By March 2012, access will expand to all provinces.

System performance

Comprehensive and nationally comparable reporting on cancer system performance in Canada is now available. Four years ago, there was limited information on the performance of the cancer system across the country. At a high level, it was possible to track incidence, mortality and survival, as well as the self-reported risk-reduction behaviours of Canadians. Today, the Partnership works with a number of national partners, including provincial cancer agencies and programs, to report on system quality. The system performance reports make in-depth comparisons across provinces and territories (where possible) to identify areas of cancer control that require further attention, as well as high-performing jurisdictions that can act as models for change. Comparisons are of key health determinants of some of the treatment elements patients receive against best practice standards, and of system capacity, supportive care and survivorship, among other measures. The model and the key indicators needed to evaluate and accelerate system improvement continue to develop in collaboration with system leaders across the country.



Knowledge management

- The Cancer Risk Management Model platform is enabling decision-makers to model the effects of evidence-based health system investments on the long-term disease and economic **impacts of cancer.** Through this platform, decision-makers can now compare the long-term impact of investments in various prevention and screening initiatives and treatment interventions for various cancers.
- The Cancer View Canada knowledge platform, cancerview.ca, is supporting efforts across the national strategy and ensuring those working in and affected by cancer have access to trusted resources and information about cancer. Cancerview.ca is a pan-Canadian knowledge hub and online community for those working in cancer control or affected by cancer. It offers trusted, evidence-based content from more than 30 cancer and health partner organizations. It serves as a gateway to high-quality information about cancer, including directories and repositories covering key topics such as prevention policies and cancer guidelines and specialized tools, resources, services and links to partner sites. It is also a primary source of tools and resources developed by the Partnership. The portal connects over 160 networks using virtual collaboration tools to work together online at no cost. It also offers critical tools to support patients and their physicians directly, such as the Canadian Cancer Trials repository.



Imagine cancer system
leaders having greater
understanding of the
broader costs and
benefits of cancer
interventions, and
working toward
building a more
effective cancer
control system.

Public engagement and outreach

- The Partnership is maximizing its online presence. The
 Partnership is using various vehicles and is rebuilding and
 rebranding its corporate website to better serve stakeholders
 and to communicate progress in priority areas.
- The Partnership is working with partners to profile progress in advancing the cancer control strategy and is sharing its story. The organization is leveraging media opportunities and working with partners to profile progress in advancing the strategy, and shared its story with partners, stakeholders and the broader public through the *Impact Report 2010: Partnership Makes the Difference*.
- The Partnership works closely with patients and survivors, including those from the Canadian Cancer Action Network, to enable the patient voice. The Canadian Cancer Action Network, which comprises more than 30 member organizations, lends a co-ordinated patient voice to the work the Partnership facilitates, highlighting priorities of importance to people with cancer and their families.

The Partnership's first five years ensured that the right foundations were in place so that future efforts could build on knowledge, evidence and best practices. The results from the first five years point the organization in the right direction to fully realize the long-term goals of the cancer strategy. The next five years, until 2017, will allow for more robust measurement of early outcomes, improved efficiency and accelerated adoption of best practices.



A LOOK INTO THE FUTURE

The Canadian Partnership Against Cancer was established in part to allow long-term planning in cancer control. The positive impact that can be achieved through sustained and co-ordinated efforts in cancer control can be illustrated by modelling two cancer sites. Models for lung and colorectal cancer, which account for the greatest number of cancer deaths in Canada, have been developed as examples.

The projections provided below, prepared using the Partnership's Cancer Risk Management Model platform, estimate the long-term impact of implementing co-ordinated actions on these two common cancers in Canada.¹⁸ These examples demonstrate what could be achieved over the next 20 years by continuing to work together to implement system change across the spectrum of cancer control.

Lung cancer

Lung cancer is the leading cause of cancer death in Canada.¹⁹ In 2011, lung cancer resulted in over a quarter of all deaths from cancer in the country.²⁰ Tobacco use accounts for 85 per cent of all new cases of lung cancer.21







¹⁸ Cancer Risk Management Model (version 1.2, Aug. 2011), available at cancerview.ca/cancerriskmanagement, incorporated modelling of the natural history of colorectal cancer, which enabled the simulated reduction in cancer incidence following a one-time complete removal of adenomas. In addition, the model also implemented the relative risk of smoking on mortality from causes other than lung cancer.

¹⁹ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 15.

²⁰ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 4.

²¹ World Cancer Research Fund/American Institute for Cancer Research. Food, Nutrition, Physical Activity, and the Prevention of Cancer: A Global Perspective. Washington: WCRF/AICR, 2007.

Reducing tobacco use is the single most important action that can prevent lung cancer. In 2010, 21 per cent of Canadians reported daily or occasional smoking.²² The following scenario shows the potential impact of addressing smoking as a preventable risk factor. If the Canadian smoking rate of 21 per cent is reduced by 50 per cent today,23 then by 2030,24

- An estimated 45,000 people would be prevented from developing lung cancer
- An estimated 33,000 deaths from lung cancer would be avoided
- \$947 million in treatment costs would be avoided
- A cumulative increase of \$11.6 billion in productivity earnings would be added to the economy²⁵
- A cumulative increase of \$32.0 billion in total income would be gained²⁶

The Partnership is working with a number of cancer control organizations that have the specific objective of reducing tobacco



²² Statistics Canada, Canadian Community Health Survey 2010.

²³ The lowest smoking rates in North America in 2009 were 9.1% in Bethesda, Maryland; 9.8% in Utah; and 12.9% in California.

²⁴ Cancer Risk Management Model (version 1.2, Aug. 2011).

²⁵ Includes earnings from both paid employment (wages and salaries) and self-employment.

²⁶ Total income refers to income from all sources, including government transfers, before deduction of federal and provincial income taxes.

"A strategy sounds very encouraging because it says it's going to be co-ordinated...I had said the problem was there is no united front on cancer and this speaks directly to that."

Focus group participant

use and, ultimately, reducing the number of cases of lung cancer in Canada. Specifically, the Partnership addressed tobacco control through:

- The Prevention Policies Directory on cancerview.ca, a regularly updated, searchable database of Canadian policies (legislation, regulations and codes) relating to key modifiable risk factors, including tobacco control
- Lung Cancer in Canada: A Supplemental System Performance Report, which provides an analysis of smoking rates by province and territory and the impact of smoking cessation on the burden of lung cancer
- Cancer Control Snapshot: Smoking and Lung Cancer in Canada, a publication on smoking, lung cancer and tobacco control targeted at health-care professionals

Colorectal cancer

Colorectal cancer is the second leading cause of cancer death in Canada²⁷ but is highly treatable if caught early. Early detection offers the best chance of effective treatment, can reduce the likelihood of death²⁸ and can also reduce the need for costly treatments. In fact, early detection of precancerous polyps can even reduce the number of people who will develop colorectal cancer, and therefore reduces the need for treatment overall.



²⁷ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 72.

²⁸ Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 76.

Since its inception in 2007, the Partnership, through the National Colorectal Cancer Screening Network, has been working with provinces to:

- Accelerate the implementation of organized population-based colorectal cancer screening programs
- Develop national tools to encourage appropriate participation in screening
- Facilitate agreement on common quality standards and indicators against which to report on these programs

Through this period, organized colorectal cancer screening has gained momentum, with all 10 provinces now having implemented screening programs or announced plans to do so.

Moving into the future, Canadians will also benefit from establishing and achieving national targets for colorectal cancer screening. Continued efforts to increase screening will have a significant impact, as demonstrated by the following estimates from the Cancer Risk Management Model platform.

If 80 per cent of people aged 50 to 74 across Canada had up-todate colorectal cancer screening tests by 2013, then by 2030,

- Approximately 100,000 people would be prevented from developing colorectal cancer
- An estimated 47,000 deaths from colorectal cancer would be avoided



"If a hospital in British **Columbia** is preventing deaths from colorectal cancer, then sharing that approach with hospitals in Quebec and Ontario is ideal."

Focus group participant

- A cumulative \$5.9 billion in treatment costs would be avoided
- A cumulative \$3.3 billion in productivity earnings would be added to the economy²⁹
- A cumulative \$11.7 billion in total income would be gained³⁰

Using the examples of lung and colorectal cancer, these two scenarios show the potential benefits of sustained, co-ordinated action and how the cancer control community can affect the future burden of cancer on the Canadian population. While the two examples illustrate how prevention and early detection can have an impact, opportunities also exist for finding more effective treatments and for increasing the quality of current treatments and care. The first five years of implementing the pan-Canadian cancer strategy provided the building blocks for further progress in these two cancers — and ultimately all cancers. As the Partnership moves into its second mandate, the organization will continue to act as a catalyst for co-ordinated action within the cancer control community.





²⁹ Includes earnings from both paid employment (wages and salaries) and self-employment.

³⁰ Total income refers to income from all sources, including government transfers, before deduction of federal and provincial income taxes.

2012–2017 STRATEGIC FRAMEWORK

The Partnership's 2012–2017 strategic framework provides a road map for continuing the journey that began in 2007. The framework describes strategic priorities and core enabling functions that define the key areas of focus of the second phase of Canada's cancer strategy and will drive the Partnership's efforts over the next five years.



The supporting strategic plan will enable the Partnership and the cancer control community to collectively address the anticipated increase in preventable cancers and unnecessary suffering, as well as escalating pressures on the health system.

By building on what has been achieved during the first mandate, the implementation of the next phase of Canada's cancer action plan (from 2012 to 2017) should benefit all Canadians through:

- Improved access to evidence-based prevention strategies
- Improved quality of, and participation in, screening
- More consistent actions to enhance quality in early detection and clinical care
- Improved capacity to respond to patient needs
- Enhanced co-ordination of cancer research and improved population research capacity
- Improved First Nations, Inuit and Métis cancer control in collaboration with First Nations, Inuit and Métis communities
- Improved analysis and reporting on cancer system performance
- Enhanced access to high-quality information, knowledge, tools and resources
- Enhanced public and patient awareness and engagement

The next sections more fully describe the elements of the strategic framework and what can be achieved through ongoing collaboration over the next five years.



Vision Shared Cancer Control Goals Mission Objectives Strategic Priorities Core Enabling Functions Role **Values**

2012-2017

Strategic Framework

To reduce the impact of cancer for all Canadians

- > Reduce the risk of cancer
- > Lessen the likelihood of Canadians dying from cancer
- > Enhance the quality of life of those affected by cancer

Together with our partners we optimize the effectiveness and efficiency of cancer control in Canada.

- > Focus on large-scale, evidence-informed, multi-jurisdictional actions
- > Translate knowledge to action and enable the adoption of best practices and innovations
- > Attract, connect and retain key stakeholders to co-create, inform and lead change
- > Pursue synergies with related chronic diseases in prevention and end-of-life care
- > Leverage resources through the commitment of partner time, expertise and financial investment
- > Demonstrate sustainable progress toward the achievement of shared cancer control goals
- > Develop high-impact, population-based prevention and cancer screening approaches
- > Advance high-quality early detection 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 communities
- > System performance analysis and reporting
- > Knowledge management through tools, technology, connections and resources
- > Public engagement and outreach

Integrate: Co-create solutions to advance shared cancer control goals and priorities

Catalyze: Invest and leverage resources to accelerate the adoption of best practices across jurisdictions

Broker knowledge: Synthesize and facilitate the exchange of knowledge and information to support

positive change

Convene: Bring together stakeholders to spark and sustain strategic and co-ordinated action

Accountability, collaboration, innovation, respect, transparency

STRATEGIC PRIORITIES

The strategic priorities represent key areas for investment to advance shared cancer control goals. The primary objectives of the priorities are to catalyze and leverage best practices and innovations, and to translate knowledge into action. In scoping the initiatives and activities that support these priorities, the Partnership focused on opportunities in which the organization is uniquely positioned to add value and bring partners together to collectively effect change.



In addition, these initiatives and activities will build on the achievements and successes of the Partnership's first mandate and address significant new opportunities suitable for advancement by the Partnership. The Partnership will continue to support other areas and opportunities as appropriate.

The 2012–17 plan has five strategic priorities:

- i. Develop high-impact, population-based prevention and cancer screening approaches
- ii. Advance high-quality early detection and clinical care
- iii. Embed a person-centred perspective throughout the cancer journey
- iv. Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases
- v. Advance cancer control with and for First Nations, Inuit and Métis communities

i. Develop high-impact, population-based prevention and cancer screening approaches

Prevention

Many cancers and chronic diseases, such as diabetes and heart disease, can be prevented through healthier lifestyles and communities. Maintaining a healthy body weight, ensuring a healthy diet (including appropriate alcohol use), limiting sun exposure, not smoking and improving the quality of our natural and built



Imagine that more Canadians live and work in healthier communities that support their efforts to prevent cancer and chronic diseases.

environment can help reduce the risk of cancer and chronic disease. Left unaddressed, these risk factors will contribute to the growing burden of cancer and chronic disease in Canada.

To yield significant impact, population-wide prevention efforts require a multidisciplinary, multi-sector and multi-jurisdictional approach. It is imperative to provide research, practice and policy specialists with knowledge of effective population-based prevention interventions and policies. The challenge remains creating opportunities for health and other professionals to work across jurisdictions and disciplines in a formal, co-ordinated manner, maximizing benefits from the evidence and from interventions currently in existence. Moving beyond small, isolated pilot projects into comprehensive and co-ordinated models for change can accelerate the adoption of evidence and best practices across provinces and territories. This was a focus for the prevention portfolio during the Partnership's first mandate.

The Partnership is successfully working with partners such as the Public Health Agency of Canada, the Canadian Cancer Society and the Heart and Stroke Foundation to bridge research, practice and policy silos and to increase the availability of evidence-based cancer and chronic disease prevention approaches in public health and primary care practice settings. Activities to expand this work to include additional chronic disease partners and to address sustainability of efforts are already underway and will be a continued focus over the next five years.





Desired outcomes by 2017:

- Leading multi-jurisdictional approaches to cancer and chronic disease prevention will be identified, adopted and implemented
- Changes in evidence-based policy and population-based prevention practices will be demonstrated

Screening

Early detection of cancer and precancerous lesions is a key component of cancer control, since cancers diagnosed at an earlier stage are more treatable. The availability of reliable screening tests for certain cancers such as breast, cervical and colorectal, and scientific evidence indicating that organized population-based screening reduces deaths from these cancers, provide a platform for action. A particular challenge is ensuring that high-quality screening tests are available and are accessed by the right people at appropriate intervals. Efficient and effective use of these screening tests, and of potential new tests as they arise, is imperative to ensure better cancer control.

The Partnership spearheaded efforts in organized population-based screening by providing effective and ongoing support for pan-Canadian networks for colorectal cancer and cervical cancer control.³¹ These

³¹ Since breast cancer screening is under the purview of the Public Health Agency of Canada, the Partnership did not pursue activities in this domain but supported efforts related to breast cancer screening as appropriate. The Partnership will continue to support these efforts where suitable opportunities arise.



networks are facilitating knowledge exchange, development of quality standards and reporting against a common set of indicators. These activities reduce duplication of effort in planning, implementing and enhancing organized screening programs across jurisdictions. The Partnership will continue to build on these efforts so more Canadians in target populations are screened for preventable cancers.

Desired outcomes by 2017:

- The number of Canadians appropriately participating in population-based cancer screening programs will increase
- Quality will be improved through national reporting of cancer screening quality indicators and through collaborative development of targets in colorectal and cervical cancer screening

ii. Advance high-quality early detection and clinical care

Canadians expect that the health-care services they receive will be of the highest quality, and cancer care is no exception. Currently, many efforts are underway across the country, involving local institutions, provincial and territorial governments and national organizations, to address quality. By working with the health-care community to translate data, evidence and best practices into action, the Partnership will enable the advancement of high-quality early detection and clinical care.







"Cancer is different. It takes a lot more effort and medicine to address and can come back years later."

Focus group participant

During its first mandate, the Partnership supported the advancement of quality care through a number of initiatives involving development of guidelines and standards, implementation of electronic tools to support best practices, and system performance monitoring. Specifically, significant investments were made to support the depth and consistency of information to report pathology and cancer surgery results and to embed guidelines within these practices. In collaboration with partners, the Partnership has also facilitated a range of processes aimed at supporting quality in areas such as ambulatory chemotherapy administration, radiation therapy and endoscopy.

Finally, a key aspect of the Partnership's efforts is working with cancer agencies and programs to agree on a common set of indicators for system performance and to begin understanding the practices that lead to variability in outcomes. Collectively, these efforts support policy and practice change aimed at continually improving the quality of care.

Over the next five years, the Partnership will work collaboratively with partners to develop a shared quality agenda and to integrate efforts to support advancement of that agenda. These efforts will focus on:

Using information available through system performance analysis and reporting to support collective understanding of patterns of disease and care outcomes — both successes and gaps



Imagine a more flexible care system that is better designed to respond to the needs of people with cancer.

- Actively engaging clinicians from across Canada in identifying and assessing the best evidence and standards related to clinical practice, including working with other national and international organizations to maintain and further advance these standards and exploring how to build on the role of clinical research as a driver of quality care
- Advancing practice improvement directly with practitioners and with partners responsible for care delivery within jurisdictions through strategies to embed evidence within care processes (for example, electronic synoptic reporting for pathology and surgery) and through system-level quality improvement initiatives

The cycle of continuous feedback to track progress and to reassess areas for ongoing action is critical to the success of this work.

Desired outcomes by 2017:

- Evidence and system performance information will be used consistently to reflect on and inform co-ordinated action in the area of quality
- Tools, evidence, standards and guidelines will be adopted and integrated within clinical practice to improve quality and benefit patient care, leading to system efficiency
- More consistent action to ensure quality in patient care will be identified and undertaken together with cancer agencies and programs



"Cancer affects everyone. If someone in your family gets it, everyone in the family is affected."

Focus group participant

iii. Embed a person-centred perspective throughout the cancer journey

The patient needs to be at the centre of the cancer care delivery system. However, seamless, well-integrated care is often not the experience of individuals with cancer and their families. The patient journey — between primary and community care providers and specialists within the cancer system — requires a bridge to help support seamless transitions and the effective flow of information from diagnosis until after treatment is complete and then through rehabilitation and recovery, survivorship or palliative and end-oflife care. Advance care planning, early referral, anticipating needs of patients and appropriate triaging can further support patient transitions from active treatment back into the community or, when necessary, into hospice, palliative and end-of-life care.

Critical to improving quality and the patient experience is the routine measurement and reporting of that experience, as well as the adoption of validated, standardized, patient-centred tools and resources. Because this is one of the most critical elements in the cancer control strategy, the Partnership is committed to exploring, with partners across Canada, the most effective ways to embed a person-centred perspective throughout the cancer journey.

Baseline data was established for referral, uptake and results using evidence-based guidelines in screening for distress in patients and in helping patients navigate the cancer system. Data was collected from Nova Scotia, P.E.I., Quebec, Ontario, Manitoba, Saskatchewan,



Imagine that we've transformed how we care for, prepare for and support those affected by cancer, including those who will die from their disease.

Alberta and British Columbia. This information can become the foundation on which to establish more extensive measurement of patient-focused indicators to enable better understanding of the effectiveness of the system from this perspective.

The Partnership identified existing resources offered across Canada by partners (for example, Canadian Virtual Hospice), supported the development of new online tools to support patients and families (for example, *The Truth of It* video series), and ensured streamlined access to these tools. Investments were made in training practitioners in the skills required to support patients in palliative and end-of-life care (for example, EPECTM-O Canada). The Partnership developed cancerview.ca, a unique online portal, as a hub to bring these and other partner resources to people affected by cancer and to professionals involved in their care.

Based on accomplishments to date, including work to engage partners and stakeholders to determine the most appropriate and highest-impact priorities for the next five years, the Partnership, working with and through partners, is well positioned to improve the patient experience. The Partnership will continue to drive toward a high-quality, person-centred cancer care system to meet the needs of Canadians through the various phases of the cancer journey.

Desired outcomes by 2017:

 Patients, survivors, caregivers and families will be engaged to identify priorities for, and inform enhancements to, health system design, and workplace and community supports



- Improved measurement of patient and family experiences along the clinical pathway will take place, including measurement of access to and timeliness of care, perceptions of quality and long-term consequences of the disease
- Community care, primary care and oncology practitioners will be better equipped to support patients through the cancer journey
- Advancements will be made in a collaborative approach to palliative and end-of-life care across care settings, informed by elements of the Quality and End-of-Life Care Coalition of Canada's Blueprint for Action

iv. Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

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. Canada is fortunate to have many cancer research funders that support a wide range of research across the country and work together to ensure that significant gaps are addressed and that the impact of existing research investments is maximized. Supporting collaboration to ensure that this continues requires ongoing effort and commitment.



Imagine if organizations that fund cancer research all worked together to create initiatives that have the greatest impact in unravelling the unknowns of cancer. The Partnership is ideally positioned to play this catalyst role in two ways: the first is convening and planning to reduce duplication and maximize efficiencies; the second is investing in very targeted and specific research consistent with its unique mandate.

An example of targeted research in which the Partnership is acting as a catalyst is the Canadian Partnership for Tomorrow Project. Building on two regional studies, this innovative research initiative includes five regional partner projects: the B.C. Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, CARTaGENE in Quebec and Atlantic PATH (Partnership for Tomorrow's Health). All are collecting harmonized data and comparable samples to contribute to one large "population laboratory." The Canadian Partnership for Tomorrow Project aims to recruit tens of thousands of Canadians and track them over time.

Funding for establishing this type of research platform is difficult to secure, but through support from the Partnership and regional partners, a solid base is being established. Over the next five years, the Partnership will continue to work collaboratively with partners to optimize the project platform to ensure that it can support research on cancer and related chronic diseases for many years to come.

Recognizing the value of strategic collaboration, major cancer research funders across Canada came together to form the Canadian Cancer Research Alliance, a group of 33 cancer research funding organizations. This alliance, together with researchers, patients and survivors, has created a common strategic agenda for collaborative



initiatives for the next five years. The Partnership will continue to invest in this co-ordinated approach to maximize economies of scale, improve the overall efficiency of the Canadian cancer research funding system and amplify the impact of research investments across the country.

Desired outcomes by 2017:

- The Canadian Partnership for Tomorrow Project will be a well-recognized and well-used platform optimized for cancer and chronic disease research — with a particular emphasis on cancer and cardiovascular disease — and the enrolment of any eligible Canadian wishing to participate will be facilitated
- Co-ordinated cancer research investments and associated actions will maximize the impact of research across the entire cancer control spectrum

v. Advance cancer control with and for First Nations, Inuit and Métis communities

Cancer rates among Canada's First Nations, Inuit and Métis peoples are increasing faster than overall Canadian cancer rates, 32 yet at the community level there remains a gap in awareness about cancer and its causes.³³ The need for culturally relevant educational materials and expertise contributes to the challenge of disease awareness,

³³ Cancer Care Ontario. "It's Our Responsibility. Aboriginal Cancer Care Needs Assessment." 2002.



³² CancerCare Manitoba. "Aboriginal Cancer Care Progress Report." 2008. http://www.cancercare.mb.ca/resource/File/Aboriginal_CancerControlProgressReport_07-08.pdf.

prevention and care. 34,35 In addition, broader determinants of health, including factors such as geography and access to basic health services, play a role in many of the rural and remote communities across the country where much of Canada's First Peoples reside.³⁶ To meet these challenges, the Partnership will continue to advance cancer control with and for First Nations, Inuit and Métis communities.

During its first mandate, the Partnership facilitated the development of the First Nations, Inuit and Métis Action Plan on Cancer Control,³⁷ engaging First Nations, Inuit and Métis peoples (including patients) and partner organizations involved in cancer control and chronic disease prevention. The collaborative work to implement the plan is already underway. It will address the priority cancer control gaps, including those related to cancer and chronic disease prevention, as identified by each of the three peoples and by the health systems serving them. Four strategic areas of focus emerged:

- Community-based health human resource skills and capacity, and community awareness
- Culturally responsive resources and services

³⁷ Canadian Partnership Against Cancer. First Nations, Inuit and Métis Action Plan on Cancer Control. Toronto: Canadian Partnership Against Cancer, June 2011.



³⁴ Inuit Tapiriit Kanatami. "Inuit & Cancer: Fact Sheets." 2009. http://www.itk.ca/publication/inuit-andcancer-fact-sheets.

³⁵ C. Loppie and F. Wein. *Our Journey: First Nations Experience in Navigating Cancer Care*. Mi'kmaq Health Research Group, 2005.

³⁶ National Aboriginal Health Organization. Broader Determinants of Health in an Aboriginal Context. 2007.

"We're all hoping a national cancer strategy is what's going on. We want to believe we're all heading forward together."

Focus group participant

- Access to programs and services in remote and rural communities
- Patient identification systems

Underpinning these strategic areas is a need for co-ordinated leadership across all sectors.

Desired outcomes by 2017:

- Community-based health human resource skills and capacity will be increased, as will awareness of cancer control and chronic disease prevention, among First Nations, Inuit and Métis peoples
- First Nations, Inuit and Métis peoples across Canada will have increased access to and use of leading culturally responsive cancer control resources and services, including leading models of cancer care in rural and remote locations
- First Nations, Inuit and Métis leadership will be further engaged in cancer control efforts, and collaboration across sectors will be enhanced to maximize cancer control among First Nations, Inuit and Métis peoples



CORE ENABLING FUNCTIONS

The Partnership's core enabling functions are areas vital to supporting the co-ordinated implementation of initiatives across the defined strategic priorities for 2012–2017.



Given that, the Partnership has developed organizational capacity and expertise in the following areas:

- System performance analysis and reporting
- ii. Knowledge management through tools, technology, connections and resources
- iii. Public engagement and outreach

These core capacities are central to efforts to optimize the efficiency and effectiveness of cancer control in Canada. As the Partnership moves forward, it will continue to strengthen and deepen these functions.

i. System performance analysis and reporting

Assessing the performance of the cancer control system provides a basis for identifying areas for improvement. The Partnership has developed, in collaboration with provincial and territorial partners, a comprehensive cross-Canada approach based on sharing information, comparing practices and evaluating outcomes from Canada and around the world. Systematically measuring and reporting on cancer control and identifying what is working within the system and what needs to change enables collective understanding and efforts to be harnessed to raise the bar and improve the cancer control system in Canada.



Imagine that every Canadian will have access to information on the performance of their cancer system, and will witness action that makes improvements.

In its second mandate, the Partnership will continue to build on the current model to support the ongoing enhancement and expansion of system performance reporting efforts, including developing new indicators of efficacy and efficiency in co-operation with system partners. It will also build on collaboration with its partners to develop a comprehensive picture of how population and patient needs throughout the patient journey are being met. Moreover, special population analyses will be conducted pertaining to indicators related to, for example, rural and remote areas, the territories, First Nations, Inuit and Métis communities, socioeconomic status and immigrant populations.

Desired outcomes by 2017:

- A key set of agreed-upon cancer control performance targets for the country will be in place, as will system performance measures to inform quality improvements
- Nationally comparable system performance reporting will continue to be used as a key tool to drive system change

ii. Knowledge management through tools, technology, connections and resources

Accelerating the uptake and translation of the best evidence and knowledge into practice and policy is central to the Partnership's mandate. By providing access to specialized tools and resources, the Partnership actively supports collaboration across jurisdictions as well as evidence-informed decision-making at the clinical,



management and policy levels. Some examples, described below, are cancerview.ca, the fostering of a network of guidelines experts, standardized stage data capture and the Cancer Risk Management Model.

Access to comprehensive resources to inform and better align actions means that those working in or affected by cancer have the necessary tools to make the most appropriate decisions. Prior to the creation of the Partnership, this meant searching for trusted information and tools from myriad sources, a process that takes time and energy.

Cancerview.ca is a knowledge hub and online community that offers trusted, evidence-based content from more than 30 partner organizations in Canada. It also offers a wide array of tools and resources developed by the Partnership. The site allows professionals working in cancer control, as well as patients and families, to gain timely access to reliable information and decision aids. The tool also offers a platform for virtual collaboration and allows experts and colleagues from across Canada to easily connect and work together regardless of location.

Ensuring the availability and synthesis of evidence is fundamental to supporting collective actions in cancer control; so is systematically assessing the application of evidence and the capacity to support development and implementation of guidelines. Continuing to support training programs and networks of experts and expanding capacity, tools and resources will ensure that up-to-date evidence about cancer control is readily accessible and that it will be put to use.



Given the importance of data and analytic know-how to cancer surveillance and the measurement of progress in cancer control, supporting analytic capacity and filling key data gaps is an ongoing focus. This work includes:

- Continuing to connect those responsible for data analysis
- Providing opportunities to share expertise and methods
- Leveraging existing data sources
- Identifying new areas for targeted investment for data collection and retrieval

Often, new evidence or shifts in cancer control policy impact the broader system. The Cancer Risk Management Model platform, accessible from cancerview.ca, is a key tool to support ongoing system improvement and to assess these impacts. This modelling tool can be used to project the health and economic outcomes of various interventions. Decision-makers and policy-makers can use the outputs that the model generates to examine specific questions — for example, how key cancer control initiatives would play out in practice, including the effect on the number of cancers, mortality rates by cancer site, life expectancy, deaths averted and health-adjusted life expectancy. The Partnership will also use the tool to guide its strategy and to assess the economic impact of its initiatives.

Desired outcomes by 2017:

Cancerview.ca will become the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer



"I think it's important to get subject matter experts together nationwide. Hopefully we're getting the best of the best together and sharing best practice."

Focus group participant

- New capacity will be created to support analysis and use of evidence
- Innovative resources will be used to estimate long-term impacts of policy and program change on cancer, including economic effects, and to evaluate the impact of a co-ordinated approach
- Stakeholders will be able to use evidence in practice through knowledge syntheses, resources and toolkits for action
- Adoption strategies will be co-ordinated by leveraging tools, knowledge and experience

iii. Public engagement and outreach

Many cancer patients, survivors and family members across Canada are involved in implementing the Canadian Strategy for Cancer Control and in achieving our shared cancer control goals. Indeed, patients, through national charitable organizations such as the Canadian Cancer Society and a number of patient advocacy groups, championed the need for a cancer strategy and continue to inform and participate in its implementation.

The Partnership has engaged the public in a variety of ways.³⁸ In general, it has employed three approaches:

Ensuring that advisory mechanisms include the public to inform the development and implementation of initiatives

³⁸ The public includes people with an interest in or affected by cancer, such as patients, survivors, caregivers and family members.



Imagine that people and families who experience cancer feel informed and supported and that their needs and concerns are addressed no matter where they live or work in Canada.

- Ensuring that trusted information, tools and resources are widely available to Canadians affected by cancer
- Ensuring that programs aimed at the public are culturally appropriate and widely promoted

The patient voice

The advisory mechanisms that guide the cancer strategy are anchored by the experiences and perspectives of people affected by cancer, whether they are patients, survivors or family members. Ensuring that the cancer journey respects the needs of cancer patients and their caregivers will continue to anchor system improvements. While health system leaders and care providers focus on providing the best care for all patients, it is recognized that the experiences of people affected by cancer, including families, are important in shaping and informing program and service enhancements.

Public postings on the Partnership's website, engagement of the Canadian Cancer Action Network and its members and the Canadian Cancer Society, and a joint initiative with C¹⁷ to address the cancer experience among adolescents and young adults ensure that diverse perspectives from across the country are captured and reflected in the Partnership's work. From the early days of the Canadian Strategy for Cancer Control, and since the creation of the Partnership, the implementation of the strategy and the organization's renewal for a second mandate, it has been clear that the voices of people with cancer need to guide the work. They will continue to do so. The Partnership will continue to focus on the spectrum of cancer









control while taking a whole-population approach that benefits all Canadians. This can be achieved at many levels — by working with partners in the health and cancer systems, by leveraging the knowledge and leadership of Canada's cancer control experts and by anchoring the initiatives in the realities of Canadians affected by cancer.

Information, tools and resources for Canadians

Many of the Partnership's initiatives across the spectrum of cancer control are geared to the public, including much of the prevention work done through the Coalitions Linking Action and Science for Prevention projects, the Colonversation program encouraging Canadians of appropriate age to seek colorectal cancer screening, and the recruitment of tens of thousands of Canadians as participants in the five regional study arms of the Canadian Partnership for Tomorrow Project. These efforts are widely promoted through and with partners across the country and through traditional and social media vehicles.

In keeping with the Partnership's strategic priority to embed a person-centred perspective throughout the cancer journey, the tools, information and resources for Canadians are housed on cancerview.ca so that they are accessible to the widest audience possible. Cancerview.ca includes trusted information about how to control cancer from organizations across Canada so that their resources are leveraged and not duplicated. This information



includes access to the Canadian Cancer Society Community Services Locator and links to the Canadian Virtual Hospice and to cancer agencies and program websites.

Several new, innovative resources were developed during the Partnership's first mandate, including:

- Canadian Cancer Trials, a searchable pan-Canadian database of cancer trials taking place across the country
- An unscripted video series, by and for patients, called The Truth of It
- A clearinghouse of cancer control resources for First Nations, Inuit and Métis peoples and care providers working in their communities

These resources also serve to inform professionals and others working in cancer control to consider patient and family perspectives in developing programs and services.

Public outreach

The findings of a series of cross-Canada focus groups and a large public opinion survey conducted in the spring of 2011 indicate that Canadians are unified in their desire for a pan-Canadian cancer strategy. Importantly, Canadians want to know that the numerous



"Putting all of these people and organizations together is obviously reassuring...the action is quicker...we should be able to get somewhere faster."

Focus group participant

organizations and people working to control cancer are collaborating and harnessing what is working well in one part of the country and ensuring that others can benefit.³⁹ A focus on broader awareness among, and dialogue with, the Canadian public will provide opportunities for intensified communication outreach through social networks and media and with and through partners involved in implementing the cancer strategy.

Engaging the public and people with cancer in implementing initiatives and communicating outcomes of the strategy, and the role of partners in accelerating the work, will be an area of enhanced focus during the next mandate.

Desired outcome 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 the outcomes of the work will be measured and publicly available

39 2011 Harris/Decima research conducted for the Partnership.









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

1 University Avenue, Suite 300 Toronto, ON M5J 2P1

Tel: 416-915-9222 Toll free: 1-877-360-1665

www.partnershipagainstcancer.ca

