

A photograph of a woman with short, curly blonde hair, smiling as she waters plants in a garden. She is wearing a blue long-sleeved shirt under denim overalls and blue gardening gloves. She holds a large, silver metal watering can, pouring water from its spout onto a planter box filled with purple flowers. The background is a soft-focus green garden.

# Progress in Action

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2014/15 ANNUAL REPORT

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER

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.

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## MESSAGES FROM THE CHAIR AND CEO



It's been a tremendous privilege to be a member of the Partnership's Board since 2009 and to serve as Chair for the past year. In this time, I've watched the Partnership evolve from a volunteer-driven coalition of more than 700 cancer

agencies and organizations, governments, cancer experts, patients and survivors who shared a vision for cancer control—to an entity that is truly making a difference in the lives of Canadians.

The unique combination of a national cancer strategy and the Partnership's collaborative approach to its work has galvanized the cancer community and ensured an unwavering focus on shared priorities.

Together, we established the Canadian Partnership for Tomorrow Project, Canada's largest population health research platform; accelerated the establishment of colorectal cancer screening programs across Canada; and bolstered the transition to standardized reporting, known as synoptic reporting, to advance the use of data in clinical and system decision-making.

Most importantly, we have kept patients and families, to whom this work matters most, at the forefront. I started my career as a nurse, and I've witnessed the fundamental way personal experiences and perspectives can shape the conversation and influence the health system. I'm proud of the Partnership's approach and commitment to embedding the person-centred perspective in all that we do and to ensuring patients are equal partners at the table—the CEOs of their own health care.

As the Board travels across Canada, we meet with and learn from colleagues implementing cancer control strategies. And we see firsthand the results of our collaborative efforts to reduce the burden of cancer across the country, from Halifax, Nova Scotia to Whitehorse, Yukon.

Ultimately, we will know we have achieved success when cancer control is embedded in all aspects of health care and Canadians are living with cancer in a much better way than ever before.

**Chris Power**  
Chair





The Canadian Partnership Against Cancer is committed to creating a future in which fewer people get cancer, fewer die from it and those living with the disease have a better quality of life. It's a significant undertaking,

and one that requires the collaboration and commitment of a great many individuals and organizations across the country.

As you will read in this annual report, we are making meaningful progress. The collaborative efforts of Canada's cancer community are delivering results and moving the national cancer strategy ever closer to its 10-year goals.

We are now well into the Partnership's second mandate and continue to build momentum. This year is noteworthy in that we expanded and built on existing initiatives to include more jurisdictions, broaden the participation of practitioners and professionals, and increase our impact.

For me, the need to accelerate that impact is as clear as ever. When asked in a recent survey, 94 per cent of Canadians supported a national cancer control strategy and called for a plan that would prioritize timely access to treatments, timely and effective access to screening and the spread of effective prevention techniques.

We know that Canada is one of a handful of countries implementing a robust national cancer control strategy. Indeed, our work spans the entire continuum of cancer control and with each achievement we continue the steady advance to our ultimate goal of reducing the burden of cancer on Canadians.

As we approach the 10-year mark, we are taking stock of our progress since inception and identifying future opportunities to deepen our impact and drive progress toward our 30-year goals. As we imagine the possibilities for cancer control beyond 2017, we must continue to meet the challenge of creating a cancer system that respects and responds to the needs and priorities of Canadians living with cancer and truly makes a difference in their lives.

I hope you share our enthusiasm for all that we have achieved this past year. Together, we are changing the cancer landscape in Canada.

A stylized, handwritten signature in blue ink, consisting of a large, loopy initial 'S' followed by a horizontal line.

**Shelly Jamieson**  
Chief Executive Officer

# INTRODUCTION

Two in five Canadians will develop cancer in their lifetime and one in four will die of the disease. The critical need to improve cancer outcomes for Canadians and reduce the burden of cancer on individuals, communities and the health care system could not be clearer.

The Partnership is leveraging the collective efforts of many to meet that need. Using an innovative model that creates and supports opportunities for collaboration across the entire cancer control system, the Partnership—together with cancer agencies, governments, national organizations, and patients and family members from across the country—is delivering real impact and sustainable change.

This collaborative model supports the innovation necessary to accelerate improvement within the system. A prime example is the Canadian Partnership for Tomorrow Project (CPTP), which opened its data to researchers around the world this year. Established through the joint efforts of the Partnership and its partners in five regional centres, CPTP is one of a handful of population cohorts with global significance and will advance research in cancer and chronic disease across the world.

Likewise, the collaborative approach of the Partnership helps the cancer system to respond to emerging issues with speed and in a coordinated manner. When new data indicated that screening could reduce deaths from lung cancer in populations at high risk for the disease, the Partnership quickly convened experts from across Canada to review the evidence. The result was a framework, released this past year, which provides guidance to provinces considering the feasibility of screening programs, eliminating the need for individual jurisdictions to invest time and resources to develop their own approaches.

By bringing together organizations from across Canada to share successful cancer and chronic disease prevention strategies, the Coalitions Linking Action and Science for Prevention (CLASP) Initiative is also reducing duplicative work. CLASP has influenced more than 1,700 practice changes and 60 policy changes in the last two years, as innovations are shared, spread and scaled up across the country.

The Partnership constantly seeks out mutual opportunities to engage with other organizations in improving cancer control. This year, the Partnership began a multi-year initiative with the tobacco control and cancer control communities to better coordinate efforts and resources in order to reduce tobacco use by cancer patients. We also continue to work in partnership with First Nations, Inuit and Métis communities to identify and address health-care gaps and barriers faced by First Peoples through the funding of jointly designed initiatives. The Partnership's focus on improving the patient experience is ongoing through our Person-Centred Perspective Initiative and our support for 15 projects led by cancer agencies and organizations across Canada.

Collaborative efforts will only improve cancer control if we know what actions are making a difference. This year, the Partnership and all 10 provinces reached agreement on 17 “dashboard” performance indicators to be reported in the annual cancer system performance report in 2015 and future years. These evidence-based indicators span the continuum of cancer control—from prevention to long-term outcomes and survivorship—and shed light on areas where progress is being made and where further action is required.

And thanks to the efforts of Canada's cancer agencies and the Partnership's investment, decision-makers recently gained another

important tool to support assessment and planning. Stage data for the country's four most common cancers are now collected in a consistent electronic format in over 90 per cent of cases, enabling comparative analysis of data across the country to inform system-level policy and resource allocation decisions. The Partnership released the first analysis of the pan-Canadian data in *Cancer Stage in Performance Measurement: A First Look*.

Collaboration and coordination, innovation and action, analysis and reporting—these are the hallmarks of the Partnership's model for moving Canada's national cancer strategy forward as we continue to work to achieve our shared goals for 2017 and beyond. Together, we will change how Canadians experience cancer.

For the full range of accomplishments for 2014/15, please see pages 8 to 29.

## ABOUT THIS DOCUMENT

In compliance with the Partnership's funding agreement with Health Canada, this report describes the achievements of the 2014/15 fiscal year. It also contains the 2014/15 financial statements and independent auditor's report, a list of materials produced during the year, an overview of expected results for 2015/16 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 *Progress in Action: Annual Highlights 2014/15*, is also available. New multimedia content, accessible through [partnershipagainstcancer.ca](http://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

Our achievements in 2014/15 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	
ULTIMATE OUTCOMES (BY 2027)	Enhanced population-based prevention and screening	
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
STRATEGIC PRIORITIES & CORE ENABLING FUNCTIONS	STRATEGIC PRIORITIES	
	Develop high-impact, population-based prevention and cancer screening approaches	Advance high-quality diagnosis and clinical care
INITIATIVES	Coalitions Linking Action and Science for Prevention	Embedding evidence in care - synoptic reporting and staging
	Population-based screening	Emerging screening and early detection
	Healthy public policy	Quality Implementation Initiative
	CAREX Canada	Enhancing Canadian cancer clinical trials



# FUNCTIONS AGAINST 2017, 2027 AND 2037 OUTCOMES

	Lessened the likelihood of Canadians dying from cancer	Enhanced the quality of life of those affected by cancer
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Enhanced quality of diagnosis and clinical care	Improved cancer experience with and for Canadians	Enhanced cancer control system and synergies with broader health system
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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
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## CORE ENABLING FUNCTIONS

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
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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
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Priority initiatives appear in blue

# 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 sees the care through the lens of the patient and is responsive to patient preferences. Person-centred care considers emotional, psychological, spiritual and practical issues and recognizes that the role of the patient in the management of and partnering in their own health is critical.

Care providers and cancer care leaders must work in partnership with patients and survivors in direct care environments, in research and at system levels to understand how to shape the system to better meet patient needs and to ensure that efforts to improve each person's experience are 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 screening, 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 be useful 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 be better measurement of the patient experience, better transitions to primary care, earlier identification of patients who would benefit from a palliative approach and improved end-of-life care.

## WHAT IS PERSON-CENTRED PERSPECTIVE?

The Partnership has chosen to make person-centred care a foundational element in our efforts to improve cancer control.

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 people based on their needs and goals of care.

The Person-Centred Perspective Initiative is comprised of four areas: patient experience and patient-reported outcomes, survivorship, palliative and end-of-life care, and primary care and cancer care integration.

## ACHIEVEMENTS IN 2014/15:

### Patient Experience and Patient-Reported Outcomes

- The Partnership supported the implementation of four funded projects in eight jurisdictions (Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia, Prince Edward Island and Newfoundland and Labrador) that are focused on interventions to: understand patient needs, measure patient experience and patient-reported health outcomes more routinely across Canada, and agree on a common set of measures to be collected by all provinces and territories. Funded projects include:
  - Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)
  - Improving Patient Outcomes: A Pan-Canadian Knowledge Translation Strategy to Advance Oncology Professionals' Distress Management Knowledge and Skills
  - Measuring Patient-Reported Outcomes to Address Patient Experience in Three Atlantic Provinces
  - Patient Experience and Outcomes in the Prairie Provinces.
- A National Measurement Steering Committee was convened to provide input and expertise to identify and advance a national set of measures and tools related to patient-reported outcomes, patient experience, palliative and end-of-life care, survivorship and primary care integration.

### Survivorship

- Support continued for two multi-jurisdictional projects focused on survivorship: CancerChat Canada and the Canadian Task Force on Adolescents and Young Adults with Cancer.

### Palliative and End-of-Life Care (PEOLC)

- The Partnership convened a Palliative and End-of-Life Care (PEOLC) National Network meeting to define priorities and next steps. Four priorities were identified:

- Tracking and capturing “goals of care” in practices (including advanced care planning);
  - incorporating palliative care indicators, patient-reported outcomes and patient-reported experience measurement into existing system performance measurement;
  - Streamlining and supporting better integration of PEOLC with cancer agencies, PEOLC specialists and family physicians through adoption of more integrated models of care; and
  - Identifying progress on and better defining a national set of basic education standards for PEOLC for training at community, primary, secondary and tertiary care levels.
- The Partnership supported the implementation of four newly funded PEOLC projects in seven jurisdictions that are improving access to PEOLC, improving continuity of care, and enhancing the end-of-life experience for cancer patients and their families. Funded projects include:
    - Knowledge Tools: Addressing National Gaps (Canadian Virtual Hospice across multiple partnering agencies, provinces and territories)
    - Enhancing the Quality of Palliative and End-of-Life Care for Children with Cancer (Hospital for Sick Children and the University of Toronto, with partnerships with 17 pediatric centres)
    - Integrating Emergency Health Services and Palliative and End-of-Life Care to Enhance the End-of-Life Experience for Nova Scotia and Prince Edward Island Cancer Patients and their Families (Cancer Care Nova Scotia, Emergency Health Services Nova Scotia and Health Prince Edward Island)
    - The Integrate Project: An Initiative to Integrate Palliative Care (Cancer Care Ontario and CHU Laval, Quebec)

- In addition, regional workshops to educate health professionals in palliative and end-of-life care continued. Workshops were held in British Columbia, Saskatchewan, Ontario, New Brunswick and Nova Scotia.

### Primary and Cancer Care Integration

- The Partnership supported the implementation of three funded projects in seven jurisdictions that are implementing improvements in transitions of care between cancer care and primary care through education, training and better access to information for patients and families. Funded projects include:
  - Dialogue and Story Work in Support of First Nations, Inuit and Métis Cancer Patients Throughout Oncology and Primary Care Transition Experience (Public Health of Northwest Territories and 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 (BC Cancer Agency, Canadian Cancer Society and Cancer Care Nova Scotia)
- Primary Care and Regional Cancer Centre Integration Initiative: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care (Cancer Care Ontario, CancerCare Manitoba and BC Cancer Agency)

# 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 population-based prevention and cancer screening. Taking action now and sustaining these activities over time means that Canadians will experience the full benefits of prevention programs designed to prevent cancer from occurring and screening programs designed to limit the impact of breast, cervical and colorectal cancers. It means that in the longer term, fewer people will develop cancer and fewer people will die from it.

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

## 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 clinical and program leaders 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 a new era when many women will 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 2014/15:

- The Partnership continues to engage and collaborate with provinces and territories through the pan-Canadian breast, lung, cervical and colorectal screening networks. By sharing resources and best practices, the networks support quality improvement efforts across the country and ensure Canadians have access to high-quality screening programs.

### ◦ Canadian Breast Cancer Screening Network

- The Network drafted work plans for three priority areas: informed decision-making, participation and retention strategies for underserved populations, and screening policies related to patients at increased or high risk.
- The Partnership hosted a breast cancer wait times workshop for clinicians, researchers, and screening program planners and administrators from across the country. The workshop focused on identifying and discussing solutions for delay points in the pathway from an abnormal mammography screen to the resolution of diagnosis, and in those cases where cancer is confirmed, to the initiation of treatment. This was the first time a pan-Canadian multi-disciplinary group had come together to address coordination issues that impact breast cancer wait times from screening to treatment. The workshop showcased innovative practices and hosted a patient panel to discuss wait time issues from a patient perspective.
- A data-sharing agreement was put in place

as the final step in the transition of the Canadian Breast Cancer Screening Network from the Public Health Agency of Canada (PHAC) to the Partnership. PHAC will continue to collect and store breast cancer screening data from the provinces and territories; the data will be used by the Partnership for reports such as screening program performance.

### ◦ Cervical Cancer Screening Initiative

- The Partnership held two workshops to address planning and implementation issues related to HPV testing in Canada. (The HPV test could replace Pap smears as the primary screening test for cervical cancer.) The workshops examined the requirements for provincial programs that decide to move to HPV testing. This information will be made available through knowledge products in 2016/17.

### ◦ Colorectal Cancer (CRC) Screening Initiative

- The Partnership conducted an environmental scan of FIT (Fecal Immunochemical Test) protocols and modeled impact on program outcomes for discussion by the Colorectal Cancer Screening Network.
- Work also continued on improving colonoscopy reporting standards with the completion of an evaluation of the classification of benign polyps report.
- The program performance results report for colorectal cancer screening for 2011/12 was released.
- The Partnership also conducted an evaluation of the Colonversation website, resulting in a report with recommendations for improving digital dissemination of CRC screening content.

### ◦ Pan-Canadian Lung Cancer Screening Network

- When new data indicated that screening could reduce deaths from lung cancer in populations at high risk for the disease, a pan-Canadian network was formed to assess the evidence and determine what action was needed. Through an extensive consultation process, the *Lung Cancer Screening Framework for Canada* was developed to provide guidance to provinces and territories considering the feasibility of early detection programs for populations at high-risk for lung cancer. A total of 48 partners and experts from all 10 provinces and three territories contributed to the framework.
  - Building on the efforts leading to the framework, the Network drafted a set of quality determinants and indicators.
- The Partnership published *Cancer Screening in Canada: An Overview of Screening Participation for Breast, Cervical and Colorectal Cancer*. The report includes a review of participation rates and the progress being made in meeting national targets.

## WHAT IS CLASP?

Coalitions Linking Action and Science for Prevention (CLASP) 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 (e.g., maintaining a healthy

body weight or quitting smoking) the easier choice can encourage healthy living. Policies that integrate health priorities into planning and improve the design of our communities can improve the health of Canadians by increasing opportunities for physical activity, increasing 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 2014/15:

### Coalitions Linking Action and Science for Prevention

- Through CLASP, more than 100 organizations across Canada are united as partners to improve the health of Canadians by preventing chronic disease. In 2014/15, all renewed phase one CLASP projects completed their projects (including project evaluations) and the focus shifted to supporting implementation for the five projects funded in phase two. These include:
  - Working on Wellness in Strategic Populations (WoW)
  - Nourishing School Communities
  - ACCELERATION (Activity, Smoking, Cessation, Healthy Eating and Alcohol Intervention & Motivation)
  - Policy Opportunity Windows: Engaging Research Uptake in Practice (POWER Up!)
  - Sun at Work

### Healthy Public Policy

- The Healthy Public Policy Initiative is centred on the Prevention Policies Directory created in the Partnership's first mandate. The Directory brings together policies from multiple Canadian sources and is the country's only searchable database of policies and laws related to

modifiable risk factors for cancer and chronic disease. It provides an important tool for public health professionals, academic researchers and policy specialists who are working to create healthier communities through evidence-informed policy development. The Prevention Policies Directory continued to expand in 2014/15: the number of policy documents increased by 29 per cent and municipal content by 116 per cent. The value of the Directory was highlighted in “Supporting the diffusion of healthy public policy in Canada: the Prevention Policies Directory,” an article published in the peer-reviewed *Online Journal of Public Health Informatics*.

- While it is well-known that tobacco use ranks first in the causes of cancer, new evidence shows that tobacco use by cancer patients reduces the effectiveness of their treatment, their quality of life and their likelihood of survival. In response, the Partnership has launched a new initiative to bring together the tobacco control and cancer control communities. A steering committee and work plan are now in place and efforts are underway to engage provincial cancer agencies, provincial and territorial governments, non-governmental organizations and academic researchers in collaborative action to improve and expand smoking cessation programs within cancer diagnosis and treatment settings and expand smoking cessation services into other cancer care service areas, such as cancer screening.

- The Partnership continued to engage in knowledge transfer and exchange activities with Canadian research, practice and policy specialists. In 2014/15, areas of focus included development of resources related to active transportation policy and a new First Nations, Inuit and Métis tobacco cessation program scan.

## CAREX Canada

- Funded by the Partnership, CAREX Canada provides national, provincial and territorial occupational and environmental carcinogen exposure surveillance information and tools. In 2014/15, the project developed and delivered tailored knowledge products (e.g., jurisdiction or industry/occupation-specific carcinogen packages) and capacity building workshops/webinars with and for 12 occupational and environmental health partners in six provinces (British Columbia, Alberta, Ontario, Quebec, Nova Scotia and Newfoundland and Labrador) as well as partners at the national/federal level (e.g., Canadian Cancer Society and the National Collaborating Centre for Environmental Health). The project also developed new tools to broker knowledge on emerging issues and carcinogens in the news, including a new monthly digest and a webpage with links to evidence on emerging issues.

# 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 partners responsible for care delivery, including practitioners, 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.

## WHAT IS THE SYNOPTIC REPORTING INITIATIVE?

The testing of tissue samples from a patient with cancer (pathology) yields a large amount of information about a patient's cancer that is used to guide treatment. Surgical reports (both the process and its findings) are another important source of information for clinicians. When combined with data from a large group of patients, this information can also help professionals in the cancer system 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 are made available to cancer registries, which record data the cancer control community use 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 2014/15:

### Synoptic Pathology Reporting

- Electronic synoptic pathology projects are underway in British Columbia, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island. Discussions with Alberta, Saskatchewan, Quebec and Newfoundland and Labrador are informing implementation plans in those provinces.
- Expert panels on breast, colorectal, lung, prostate and endometrial cancers were convened to provide input into pathology and staging standards.
- The Partnership hosted five clinical education sessions to promote the adoption of synoptic pathology reporting standards. A session for pediatric cancer focused on pediatric protocols was the first session of its kind in Canada.

### Synoptic Surgery Reporting

- Alberta, Manitoba, Nova Scotia and Ontario successfully implemented pan-Canadian synoptic surgery reporting templates by leveraging tools that are integrated into their provincial eHealth systems. Outcomes reporting tools were implemented to support clinical data analysis.
- In order to improve patient outcomes, a pan-Canadian network was convened to address clinical content standards, endorsements of reporting templates and the update and maintenance of informatics standards.
- A new funding opportunity provided provinces with an opportunity to promote additional uptake of synoptic surgical reporting.
- Expert panels were convened for breast, colorectal and prostate cancers to review current pan-Canadian standards and

associated indicators embedded in the synoptic surgery reporting templates.

### Quality Implementation Initiative

- The quality implementation initiative uses evidence and system performance measures to inform coordinated action to enhance quality in patient care. In 2014/15, the Partnership funded four multi-jurisdictional partner projects (All have now shifted from planning to implementation.):
  - External Quality Assurance and Proficiency Testing for Cancer Biomarkers Project (University of British Columbia)
  - Radiation Oncology Peer Review (Queens University)
  - Accelerated Implementation Diffusion of Quality Initiatives for Rectal Cancer Across Canada (Mount Sinai Hospital, Ontario)
  - Diagnostic Assessment Program–Electronic Pathway Solution (DAP/EPS) Implementation (Cancer Care Ontario)

### Canadian Partnership for Quality Radiotherapy

- The Canadian Partnership for Quality Radiotherapy (CPQR) project team developed new guidelines to address quality assurance for radiation treatment. The team is working with Accreditation Canada to develop the first ever set of radiotherapy standards for cancer care, which will embed the CPQR guidelines.
- Work is progressing with the Canadian Institute for Health Information (CIHI) to develop a national system for reporting incidents that occur during radiation therapy. The system, which builds on CIHI's medication model, will increase transparency within the system and allow clinicians and the system to learn from mistakes. A pilot will begin in fall 2015.
- CPQR has also begun developing patient experience guidelines specific to radiotherapy.



## Quality Initiative in Interpretive Pathology

- The Quality Initiative in Interpretive Pathology (QIIP) developed a national framework that will be publicly reviewed in 2015/16. Provinces are working to ensure their provincial quality assurance programs align with the framework and British Columbia, Alberta, Ontario and Nova Scotia have indicated their commitment to adopting the framework once it is finalized.
- The QIIP thought leaders group convened by the Partnership contributed to recommendations on Interpretive Diagnostic Error Reduction Through Targeted Case Reviews by the College of American Pathologists and the Association of Directors of Anatomic and Surgical Pathology.

## Discussion Paper

- Investigators at McMaster University developed a discussion paper, funded by the Partnership, on the approach to high-risk, resource-intense cancer surgery in Canada. The paper provides objective analyses and discussion about the considerations for the conduct and organization of esophageal, pancreatic, liver, lung and ovarian cancer surgery in Canada. The authors reviewed existing international evidence of volume-outcome relationships and

regionalization on thoracic, esophageal, hepato-pancreatic-biliary ovarian cancer surgery and analyzed province-level data on outcomes for patients undergoing those surgeries in Canada. The discussion paper also includes data from geographic analyses and patient and public perspectives derived through deliberative engagement in urban, rural and remote settings.

## Canadian Cancer Clinical Trials Network (3CTN)

- The Partnership is one of eight funders supporting the Canadian Cancer Clinical Trials Network (3CTN) launched this past year. The 3CTN is a pan-Canadian initiative to improve the efficiency and quality of clinical trials in Canada by providing support and coordination for a network of teams at cancer treatment centres and hospitals to enable sites to increase their clinical trial capacity and capability.
- Since approval of the business plan in 2014, 3CTN has engaged and collaborated with key stakeholders across the country to develop this network of regional centres. The end result will be enhanced clinical trial capacity and increased patient enrolment in clinical trials across Canada.

# ADVANCE CANCER CONTROL WITH AND FOR FIRST NATIONS, INUIT AND MÉTIS PEOPLES

*By 2017, as a result of our work with partners, we will start to close the gap in cancer control for First Peoples by meeting their needs and priorities.*

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. Furthermore, the cancer experience for First Peoples is often complex: access to care is limited by geography, transportation and the lack 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 in order to access care.

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

This portfolio of work focuses on implementing the First Nations, Inuit and Métis Cancer Control Initiative to improve continuity of care for First Nations, Inuit and Métis patients in rural and remote communities.

## WHAT IS THE FIRST NATIONS, INUIT AND MÉTIS CANCER CONTROL INITIATIVE?

The Initiative supports jurisdictions in advancing the First Nations, Inuit and Métis Action Plan on Cancer Control. The development of the Action Plan during the 2007-2012 mandate was realized 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, (i.e., First Nations, Inuit and Métis patients will 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 2014/15:

- A cross-functional group was developed to help programs such as prevention, screening and person-centred perspective to better engage and develop relationships with First Peoples.
- A traditional health supports planning group was established along with a framework to guide this work. A business case will be developed in the next fiscal year.

## First Nations, Inuit and Métis Cancer Control Initiative

- Eight partner initiatives in Yukon, Northwest Territories, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec and Newfoundland and Labrador were monitored and supported. The initiatives focus on diagnosis and delivery and continuity of care for First Nations, Inuit and Métis living in rural and remote areas.

## Baseline Reports

- The Inuit and Métis cancer control baseline reports were released. These reports, together with the previously released First Nations report, describe the cancer journey experiences of patients, families and caregivers, including barriers that are commonly experienced. Most importantly, they provide baseline information on cancer control for all First Peoples against which our Initiative's progress can be measured over the coming years.

*Additional 2014/15 achievements in advancing cancer control with and for First Nations, Inuit and Métis peoples are reflected in other areas of this report.*

# 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 does not fund research through traditional operating grants; that is the role of many of our partners. However, we are enabling targeted research into cancer and related chronic diseases and working with a broad range of partners in innovative ways 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.

## 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 have agreed 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 chronic diseases. The CPTP research platform will support studies that will help to confirm whether emerging international evidence and information is applicable to Canada's population. CPTP combines five regional studies (the BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTaGENE and Atlantic PATH) into one database and provides a single point of access.

By 2017, we expect that studies will be undertaken 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 chronic diseases.

## ACHIEVEMENTS IN 2014/15:

### Canadian Partnership for Tomorrow Project

- The Canadian Partnership for Tomorrow Project (CPTP) has now opened its access portal. Access to core questionnaire data from more than 200,000 CPTP participants can now be requested by researchers around the world.
- With 300,000 participants and 131,000 blood samples to date, the project has exceeded its original recruitment target and is now positioned as a significant resource internationally.

- Cohort maintenance is underway with a draft plan for follow-up and re-contact questionnaires. Meetings have taken place with Manitoba, Saskatchewan and the North on plans for expansion into those regions.
- The CPTP has begun to develop a transition plan and funding options for longer-term sustainability. Opportunities for patient/survivor/family involvement in the project have also been identified, including participation in governance, consultation groups and through the website.

### Canadian Cancer Research Alliance

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. CCRA 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 CCRA is supported by the Partnership and the Partnership is a CCRA member organization.

- In 2014/15, the Canadian Cancer Research Alliance (CCRA) published the report *Cancer Research Investment in Canada, 2008-2012*, which provides valuable insights into the nature of cancer research funding in Canada. The investment 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.
- The CCRA presented its final report on the 2010-2014 strategic plan to its members in December. *Pan-Canadian Cancer Research*

*Strategy, 2010-2014: Final Report*, summarizing the outcomes of the strategy, was released in 2015.

- A new strategic plan, Target 2020 is under development in collaboration with members and other stakeholders for implementation in 2015.
- The 2015 Canadian Cancer Research Conference (CCRC) is planned for November 8 to 10, 2015 in Montreal. Development of the scientific program and associated community forum is well underway. Activities to secure sponsorship support are continuing; to date a record number of organizations have confirmed their support of the conference. This will be the third CCRC and marks the first time the conference will be held outside of Toronto.



# 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 transfer 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. In addition, we support and encourage others in their efforts to share and use knowledge and resources in their day-to-day work with the aim of ensuring best practices are embedded across Canada.

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](http://cancerview.ca)); tools to support the synthesis, interpretation and use of evidence such as the Cancer Risk Management Model platform; and analytic capacity building to support greater coordination in the use of cancer control data to inform policy, planning and system performance reporting.

## WHAT IS CANCERVIEW.CA?

Launched in 2009, [cancerview.ca](http://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 2014/15 was to further refine [cancerview.ca](http://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. An average of 5,100 unique visitors access [cancerview.ca](http://cancerview.ca) for a wide variety of resources on a monthly basis, including the guidelines resource centre, The Truth of It video series, the system performance web app, the Prevention Policy Directory and the First Nations, Inuit and Métis section.

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 2014/15:

### Cancerview.ca

- Eight topics were presented in the Partnership's 1 in 3 [cancerview](#) digest. The digest was launched in 2013/14 to provide health care professionals with access to the latest evidence and resources to help them connect evidence and practice in novel ways. Digest topics included colorectal screening, radon gas exposure in homes and workplaces, smoking cessation, and cancer in adolescents and young adults. Social media and media rich modalities (for example, podcasts) were used to facilitate uptake.
- Work began on an evaluation of [cancerview.ca](#). The evaluation will assess the website's relevancy, frequency of use, usability and impact in order to optimize its effectiveness as a vehicle for collaboration and knowledge-sharing among the Partnership's target audiences.

### Cancer Risk Management Modelling and Economic Analysis

- The Cancer Risk Management Model (CRMM) platform is a web-based tool that allows users to estimate the long-term impact of policy and program change, including health outcomes, resource implications and economic impact. In 2014/15, existing models in the platform were updated and the tool was further enhanced through the development of new models. These include a draft breast model and a projection model for all cancers to determine the total economic burden of cancer in Canada. The latter will also be used in the Partnership's organizational evaluation to assess the impact of a collaborative cancer control strategy in Canada.
- CRMM results are increasingly used by key partners and other stakeholders. In 2014/15:
  - The colorectal, cervical and lung models were used by the Canadian Cancer Society in the *Canadian Cancer Statistics 2015 Special Topics Report*;

- The lung model was used by Alberta Health for an economic evaluation of low-dose computed tomography (LDCT) screening for lung cancer;
  - The Public Health Agency of Canada began evaluating the CRMM on behalf of the Canadian Task Force on Preventive Health Care to assess the feasibility of using the model to support upcoming screening guidelines; and
  - The lung, colorectal and cervical screening networks continue to rely on model results to inform decision-making. For example, the pan-Canadian Cervical Screening Network is using the cervical model to support a collaborative business case for primary HPV DNA testing.
- Four CRMM papers focusing on model validation, new lung cancer treatments, lung screening in asbestos-exposed populations and colorectal screening modalities were accepted into academic publications in 2014/15. Two additional manuscripts were developed in 2014/15: a foundational paper on the cervical model and a paper focused on the cost-effectiveness of lung screening.

### Knowledge Transfer and Adoption Initiative

- The Knowledge Transfer and Adoption Initiative supports the coordination of the Partnership's approaches to knowledge transfer, exchange, adoption and evaluation across the cancer control strategy. In 2014/15, efforts focused on refining the KTE toolkit, including the Design and Planning Checklist and the standard KTE survey.
- In 2014/15, use and uptake of the KTE survey increased by 200 per cent. 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.

- In 2014/15, the Partnership transitioned its Collaborative Group Spaces from Oracle to the Igloo platform, which is more feature-rich and better leverages social functionality; Igloo offers our partners enhanced tools to collaborate, co-create and communicate more easily.
- The inaugural meeting of the Knowledge Mobilization Steering Committee was held in September 2014. The committee is comprised of experts in KTE, health system policy and clinical practice and was convened to further inform the knowledge management mandate at the Partnership.

### Evidence, Synthesis and Guidelines Initiative

- The Evidence, Synthesis and Guidelines Initiative enables stakeholders to use evidence in practice through knowledge synthesis, resources and toolkits for action.
  - In 2014/15, efforts focused on improving the organization's use, application and production of evidence-based resources including: the promotion of available resources through internal communications channels; regularly highlighting partner reviews and resources of interest to program areas; and staff training sessions.
  - Three hundred and thirty guidelines were reviewed for uploading in the Standards and Guidelines Evidence (SAGE) Directory of Cancer Guidelines. SAGE is a searchable database of more than 2,500 English-language cancer control guidelines and standards released since 2003. The platform and content will be updated in 2015/16.
  - In collaboration with the pan-Canadian Oncology Drug Review (pCODR), the Partnership updated and translated a tutorial for patients, caregivers and interested public on how cancer drug funding decisions are made.

### Analytic Capacity Building and Coordinated Data Development Initiative

#### Analytic Capacity Building Initiative

- Launched in 2013/14, the Analytic Capacity Building and Coordinated Data Development Initiative identifies and fills key data gaps and supports analytic capacity within Canada. In 2014/15, a steering committee was established to advise on a strategy for analytic capacity building and a number of initiatives to further analytic capacity development among the provinces and territories were initiated:
  - Analytically Yours, a collaborative online community of practice for the Canadian analyst community, was launched. The online space allows analysts to make connections with peers and ask experts questions. It also provides a hub for resources, tools and information, including webinar recordings, SAS code, job postings and upcoming events. The use of this online space will be expanded in 2015/16.
  - A joint analytic project on relative survival by stage was funded to train data analysts from nine provinces in survival-by-stage analysis. Conversations are underway regarding future participation of the territories. In the first pan-Canadian study of its kind, this project leveraged stage data from the Partnership's National Staging Initiative to create a standardized methodology for the calculation of relative survival by stage. Analytic mentors then mentored analysts in its use.
  - Two webinars on relative survival by stage were delivered, attracting over 350 Canadian and international participants. In order to offer the content to a wider audience, the recordings have been made available through Analytically Yours.
  - A work placement project was initiated to enhance cancer-related analytic capacity among epidemiology/biostatistics Masters students.

**Coordinated Data Development Initiative**

- Work also progressed on the Coordinated Data Development Initiative (CDDI). A core set of treatment data elements and definitions were proposed in alignment with clinical and policy needs and perspectives.
- CDDI initiated a call for expressions of interest for treatment data pilot projects. The call emphasized a phased approach to planning and implementation in order to encourage jurisdictional and cross-jurisdictional collaboration and to set the stage for successful implementation.
- Following the call for expressions of interest, six pilot projects were funded for their planning phases. All projects are multi-jurisdictional, involving provincial cancer agencies and pan-Canadian data stewards, and will address key data gaps, including chemotherapy. The pilot projects will incorporate the proposed set of core treatment data elements and test the feasibility of their inclusion and the veracity of the proposed definitions. Implementation of these projects is expected to commence in Q3 of 2015/16.

# 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 seeks 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 and researchers. 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.

## WHAT IS THE SYSTEM PERFORMANCE INITIATIVE?

The initiative's portfolio of work includes cancer system performance reports 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 analyses to help contextualize and explain performance for specific disease sites or other topics of interest. 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) provides users with more user-friendly and customizable access to system performance results, including downloadable content.

The initiative also works 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 in turn informs the implementation of quality improvement initiatives at the local or national levels.

The 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.



## ACHIEVEMENTS IN 2014/15:

### System Performance Reporting

- As the result of significant financial investment by the Partnership and its provincial registry partners, stage data for the four most common cancers are now being collected across the country in over 90 per cent of cases. The Partnership released the first analysis of this pan-Canadian data in *Cancer Stage in Performance Measurement: A First Look*. The indicators in the report provide decision-makers with powerful information to help improve outcomes.
- Research and development took place for several reports to be released in 2015/16:
  - The *2015 Cancer System Performance Report* (released June 2015) includes updated results for 17 dashboard indicators spanning the cancer control continuum, several with performance targets. The report also includes special features on PET scanner utilization in the management of non-small cell lung cancer, self-reported screening rates by income and immigrant status, and the rates of active transportation (walking and/or cycling to and from work or school).
  - A spotlight report on prostate cancer will present and discuss a broad range of system performance measures as they relate to Canadian prostate cancer control across the continuum. This report will also introduce qualitative information for the first time, drawing on focus groups of prostate cancer survivors that took place in seven provinces in 2014/15 in order to understand the needs and perspectives of patients as they move through the cancer system.
- The Partnership launched a system performance web application ([systemperformance.ca](http://systemperformance.ca)) to provide online access to the latest data and analysis measuring the quality of cancer control across Canada. Accessible from computers and portable devices, this interactive tool allows users to browse system performance indicators organized by cancer control domain and disease site and download charts and data for their own analysis.
- Four articles focusing on geographic disparities in surgery for breast and rectal cancer, adjuvant and neoadjuvant treatment for rectal cancer, use of PET in the management of non-small-cell lung cancer, and rectal cancer resection and circumferential margin rates were published in *Current Oncology*.
- In 2014/15, an impact evaluation study was conducted, including surveys and key informant interviews aimed at describing the impact that system performance work has had on the Canadian cancer control systems. The study included 10 case studies from a number of provinces. An analysis of the relevant barriers and enablers will inform the System Performance Knowledge Translation and Exchange plan for 2015/16 and beyond.

# 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.

## 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 the work of the Partnership and our collective 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's integrated public engagement and outreach strategy further strengthens engagement with professional audiences, the patient community as well as the general public. We garnered more than 40 million media impressions in 2014/15 as a result of our efforts to raise awareness of different aspects of our work with our partners across the country. And we continued to engage the public, partners, and stakeholders online through Twitter and Facebook. We will continue to use these channels to engage stakeholders in a 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—cancer organizations, health professionals, journalists 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.

## ACHIEVEMENTS IN 2014/15:

### Public Engagement and Outreach

- The Partnership increased its social media presence on Twitter and Facebook to better engage partners and other stakeholders. Work also began on the development of “Your Cancer Story,” a website that will allow patients and their families, caregivers and cancer professionals to share self-made video testimonials detailing their experience on a cancer journey.
- A communications volunteer program was launched to support the Partnership’s commitment to engage with patients and family members and learn from their perspectives. Twenty volunteers—patients, caregivers and family members—were recruited to participate in communication initiatives.
- In celebration of World Cancer Day 2015, the Partnership hosted federal Health Minister Rona Ambrose and experts from across Canada in an exploration of innovations from across the cancer continuum. The Partnership also released results from its recent national public poll. The poll found that 94 per cent of respondents support a national strategy to reduce the burden of cancer.
- The Partnership continued to engage communications leads from partner organizations, including provincial cancer agencies and national health organizations, in areas of mutual interest and benefit.

## HOW WE WORK

As the Partnership reaches the halfway mark of its second mandate, work is well underway to meet the 2017 outcomes identified in our strategic plan.

This year, we continued to expand and build on initiatives in order to include more jurisdictions, broaden the participation of practitioners and professionals, and increase impact.

In addition, we continued to strengthen our Performance Measurement Strategy and the way that we measure and report on progress. As part of these efforts, the Partnership developed metrics that help quantify key milestones and show the relationship between the work that the Partnership is doing and the achievement of the 2017 outcomes. A web-based tool called Active Strategy supports the ongoing tracking and reporting of indicators against targets, and reporting is integrated into a suite of dashboards used on a quarterly basis to review progress against outcomes and to assess organizational risks, opportunities and financials. These efforts have supported the ongoing implementation of the Partnership's enhanced enterprise risk management framework and policy that were completed and adopted in 2014/15.

### Ensuring strong governance

The Partnership's Board of Directors 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.

Board members represent a wide range of governance skills, cancer control expertise and stakeholder perspectives, including that of cancer survivors. To help individual members carry out their role effectively, the Board has increased its efforts to orient new members to

cancer control initiatives and emerging cancer control issues. In 2014, there was more than 29 per cent turnover in the Board of Directors, primarily due to the members' completion of their maximum term appointment.

A part of their governance role, Board members participate on 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 Committee, Finance and Audit Committee, Governance and Nominating Committee, Performance Committee and Human Capital Committee.

### Engaging with patients, partners and the international cancer community

The Partnership's work remains grounded in the experiences of Canadians who have experienced cancer. In 2014/15, the Partnership focused on increasing the involvement and engagement of patients, survivors and families across all of the Partnership's programs of work. We held an open competition for patients and families to join a volunteer program that is engaging patient and family representatives on advisory and other groups throughout the organization. We also launched a communications volunteer program to ensure that the patient/family/caregiver voice is an integral part of all of the Partnership's corporate communications activities.

Each strategic priority has established advisory committees, comprised of a cross-section of cancer and health system experts, clinicians, health care providers, and patients and families.

In addition, 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. These individuals also serve as important 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.

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, was re-elected to the UICC Board of Directors in December 2014.

### Planning for the Future

We also began to take stock of our progress since inception and to identify future opportunities to deepen our impact and accelerate progress towards the 30-year outcomes.

In November 2014, the Partnership brought together members of its cancer control management team, senior scientific leads, expert leads, advisory groups and select initiative steering committee members and thought leaders to discuss future priorities for the cancer control strategy. The meeting was the first of its kind for this mandate and focused on taking stock of the progress and impact of the Canadian Strategy for Cancer Control over the past eight years, as well as future needs and opportunities in cancer control that align with the Partnership's mission and value proposition.

To support these efforts, and in alignment with its funding agreement with Health Canada, the Partnership initiated an independent evaluation (to be completed in 2015/16) to determine the Partnership's relevance and performance in accelerating progress in cancer control.

Ongoing planning will continue in the coming year, incorporating the results and recommendations from the independent evaluation, and involving broader input from partners, stakeholders and Canadians affected by cancer.

The results of these activities will help shape the future focus of Canada's cancer strategy.

## BOARD OF DIRECTORS (APRIL 1, 2014 TO MARCH 31, 2015)

**Christine Power**, Chair, Canadian Partnership Against Cancer (July 2014 – present); Chief Executive Officer, Canadian Patient Safety Institute

**Chris Clark**, Chair, Canadian Partnership Against Cancer (term ended June 2014); Corporate Director

**Graham Sher**, MD Vice-Chair, Canadian Partnership Against Cancer (July 2014 – present); Chief Executive Officer, Canadian Blood Services

**Evan Adams**, MD Deputy Provincial Health Officer for Aboriginal Health, British Columbia (stepped down June 2014)

**Mel Cappe**, Professor, School of Public Policy and Governance, University of Toronto

**Ewan Clark**, Legal Counsel, Cox & Palmer

**Janet Davidson**, Deputy Minister, Alberta Health (joined April 2014; stepped down September 2014)

**Darren Dick**, Development Officer, Dalhousie University, Faculty of Management

**Pamela Fralick**, President and Chief Executive Officer, Canadian Cancer Society

**Karen Herd**, Deputy Minister of Health, Manitoba

**Shelly Jamieson**, Chief Executive Officer, Canadian Partnership Against Cancer

**Eshwar Kumar**, MD Co-Chief Executive Officer, New Brunswick Cancer Network

**Victoria Lee**, MD Medical Health Officer, Fraser Health Authority, British Columbia

**Mary Catherine Lindberg**, Corporate Director

**Shannon MacDonald**, Partner, Deloitte LLP (joined June 2014)

**Helen Mallovy Hicks**, Partner, GTA Deals Leader, PricewaterhouseCoopers



**Crystal Nett**, Associate Vice President, Strategy Saskatchewan Polytechnic

**Arlene Paton**, Assistant Deputy Minister, Population and Public Health, British Columbia Ministry of Health

**André Robidoux**, MD Professor of Surgery, University of Montreal



**Front row (seated, left to right):** André Robidoux, Helen Mallovy Hicks, Christine Power, Shelly Jamieson, Eshwar Kumar, Graham Sher

**Back row (standing, left to right):** Mary Catherine Lindberg, Arlene Paton, Crystal Nett, Darren Dick, Mel Cappe, Gail Turner, Ewan Clark, Pamela Fralick, Abby Hoffman, Victoria Lee

**Not pictured:** Chris Clarke, Evan Adams, Janet Davidson, Karen Herd, Shannon MacDonald, Lyne St-Pierre-Ellis, Laura M. Talbot, Jean Latreille



**Lyne St-Pierre-Ellis**, Associate Deputy Minister of Health, New Brunswick

**Laura M. Talbot**, President and Senior Partner, TalbotAllan Consulting (stepped down June 2014)

**Gail Turner**, Consultant (joined June 2014)

**Abby Hoffman**, Assistant Deputy Minister, Strategic Policy Branch, Health Canada (Observer)

**Jean Latreille**, MD Director of Cancer Control, Quebec Ministry of Health and Social Services (Observer)

## LOOKING AHEAD TO 2015/16

In the coming year, the Partnership will work with our many partners to continue our shared, steady progress in advancing cancer control across Canada.

We will continue to build on our new initiative that brings together the tobacco control and cancer control communities. Working with provincial cancer agencies, provincial and territorial governments and other stakeholders, we will support the uptake of tobacco cessation strategies within the cancer system in order to reduce tobacco use by cancer patients.

To further advance efforts to increase participation in breast, cervical and colorectal screening programs, a new initiative will engage knowledge leaders from across the country to develop strategies to reduce disparities in screening for underserved populations. Particular focus will be placed on improving access and outcomes for populations affected by low income, immigration status, and rural and remote location. The Partnership is also working with provincial cancer programs to create a single, consolidated online compendium of cancer screening resources for practitioners.

The Quality Initiative in Interpretive Pathology will continue its efforts to ensure high quality interpretation of pathology results. In 2015/16 the new national framework and draft interpretive pathology recommendation, developed by senior pathologists from all provinces, will be reviewed by stakeholders across the country to set the stage for implementation in 2016. Completed care pathways for lung cancer will also be released. These pathways reflect core elements and key performance measures that are common across all provincially-developed lung cancer pathways.

Building on the results of an external evaluation, the Partnership will begin work to improve the user experience and maximize the knowledge mobilization function of [cancerview.ca](http://cancerview.ca), our online knowledge hub for health professionals.

The Partnership is committed to improving the cancer journey by ensuring care is person-centred and responsive to the needs of patients. Providers, patients and families have identified transitions between cancer centres and primary care as an area requiring particular attention. Our newly launched patient study will survey 30,000 to 40,000 patients over the next two years on their experience following cancer treatment, in particular on the transition to follow-up care in primary care and the community. The results will inform recommendations for system improvements.

The Partnership will also convene a new national primary care working group of primary care physicians and advanced practice nurses to address best practices and share resources to improve the quality of care that patients receive as they transition from one health provider to another.

The Canadian Partnership for Tomorrow Project has now opened its access portal to researchers around the world, and in 2015/16 it will continue to expand the data set. CPTP will also actively engage partners in a process to determine a plan for governance and its future sustainability.

As the implementation of the First Nations, Inuit and Métis Cancer Control Initiative moves forward, we will expand our focus with partners and jurisdictions to identify opportunities in the areas of screening, the integration of traditional health supports in care, and approaches to self-identification to ensure individuals access culturally appropriate care.

The Partnership joins with all its provincial and national partners to constantly monitor and report on the performance of the cancer system in order to drive improvements. In 2015/16, the Partnership will release a spotlight report on prostate cancer—the first time that qualitative measures (the perspectives of survivors and families on their journey through the system) will be integrated into a System Performance Initiative report.

And as we plan for the next phase of the Canadian Strategy for Cancer Control, we are working with our partners to develop a high-level

strategic plan that will engage health care providers and professionals as well as Canadians affected by cancer in the collaborative efforts that will be undertaken beyond 2017.

Through its collaborative model and the joint efforts of its many partners across the country, the Partnership continues to make measurable progress toward the defined outcomes for 2017. With each achievement we continue the steady advance to our ultimate goal—a future in which fewer people get cancer, fewer die from it and those living with the disease have a better quality of life.

# 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, 2015 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, 2015 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



**Chartered Accountants  
Licensed Public Accountants  
Toronto, Ontario  
June 18, 2015**

Canadian Partnership Against Cancer Corporation

**STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**

Year ended March 31

2015

2014

**Expenses**

Population-based prevention and cancer screening	\$ 8,436,677	\$ 6,496,840
Diagnosis and clinical care	6,597,812	2,977,234
Person-centered perspective	4,760,981	1,490,436
Targeted research	11,193,949	8,028,127
First Nations, Inuit and Métis Cancer control	2,304,897	2,015,508
System performance	1,288,592	1,110,966
Knowledge management	9,729,619	7,881,267
Public engagement and outreach	1,776,026	1,443,352
Program support	1,371,861	1,389,983
	<u>47,460,414</u>	<u>32,833,713</u>
Operating expenses (Notes 4 and 5)	<u>5,537,646</u>	<u>6,120,625</u>
	<b>52,998,060</b>	<b>38,954,338</b>

**Revenue**

Government of Canada (Note 7)	50,303,138	35,959,048
Canada Health Infoway	595,865	739,262
Heart & Stroke Foundation of Canada	400,000	-
Other funding	38,378	595,673
Amortization of deferred contributions – Capital and intangible assets (Note 7)	<u>1,660,679</u>	<u>1,660,355</u>
	<u>52,998,060</u>	<u>38,954,338</u>

**Excess of revenue over expenses for the year, being net assets at the end of the year**

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ -

Approved by the Board of Directors



**Christine Power**  
Chair of the Board of Directors



**Helen Malloy Hicks**  
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

2015

2014

**Assets**

Current

Cash	\$ 504,830	\$ 1,213,468
Short-term investments	26,432,478	24,763,337
Accounts receivable	622,024	1,539,802
Projects in process – advances (Note 3)	6,807,066	5,826,879
Prepaid expenses	943,399	531,377
	<u>35,309,797</u>	<u>33,874,863</u>

Capital assets (Note 4)	252,658	319,916
Intangible assets (Note 5)	537,127	1,797,421
	<u>789,785</u>	<u>2,117,337</u>

**\$ 36,099,582      \$ 35,992,200**

**Liabilities**

Current

Accounts payable and accrued liabilities	\$ 9,185,856	\$ 4,651,373
Government remittances payable (Note 6)	204,459	167,743
Deferred contributions – Expenses of future periods (Note 7)	25,919,482	29,055,747
	<u>35,309,797</u>	<u>33,874,863</u>

Deferred contributions - Capital and intangible assets (Note 7)	<u>789,785</u>	<u>2,117,337</u>
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**\$ 36,099,582      \$ 35,992,200**

Net assets	-	-
	<u>\$ 36,099,582</u>	<u>\$ 35,992,200</u>

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

**2015**

**2014**

Increase (decrease) in cash

**Operating activities**

Government of Canada contributions received (Note 7)	\$ 47,500,000	\$ 48,500,000
Other contributions received	729,136	1,021,863
Interest received on short-term investments	397,810	307,496
Interest paid to Government of Canada	(453,259)	(294,724)
Cash paid for programs and operating expenses	<u>(47,286,401)</u>	<u>(39,725,070)</u>
	<b>887,286</b>	<b>9,809,565</b>

**Investing activities**

Purchase of short-term investments	(27,099,490)	(26,029,000)
Redemption of short-term investments	<u>25,836,693</u>	<u>17,580,424</u>
	<b>(1,262,797)</b>	<b>(8,448,576)</b>

**Financing activity**

Purchase of capital and intangible assets	<u>(333,127)</u>	<u>(317,439)</u>
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Increase (decrease) in cash (708,638) 1,043,550

Cash, beginning of year 1,213,468 169,918

Cash, end of year \$ 504,830 \$ 1,213,468

See accompanying notes to the financial statements.

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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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**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.

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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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## 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 fiscal 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.

### Short-term investments

Short-term investments consist of deposits in high interest savings accounts and deposits with a maturity at acquisition of 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 development	3 years
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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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## 2. Significant accounting policies

### 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.

### Allocation of expenses

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

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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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## 2. Significant accounting policies (continued)

### 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 fiscal year they become known.

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

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## 3. Projects in process - advances

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

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## 4. Capital assets

			<u>2015</u>	<u>2014</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net book Value</u>	<u>Net book Value</u>
Information technology and telecommunication	\$ 696,380	\$ 653,283	\$ 43,097	\$ 45,409
Furniture and equipment	1,299,177	1,219,170	80,007	94,479
Leasehold improvements	<u>1,119,850</u>	<u>990,296</u>	<u>129,554</u>	<u>180,028</u>
	<u>\$ 3,115,407</u>	<u>\$ 2,862,749</u>	<u>\$ 252,658</u>	<u>\$ 319,916</u>

Included in operating expenses is amortization expense related to capital assets of \$156,650 (2014 - \$182,136).

Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

**5. Intangible assets**

			<u>2015</u>	<u>2014</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net book Value</u>	<u>Net book Value</u>
Portal and software development	\$ <u>9,997,631</u>	\$ <u>9,460,504</u>	\$ <u>537,127</u>	\$ <u>1,797,421</u>

Included in operating expenses is amortization expense related to intangible assets of \$1,504,029 (2014 - \$1,478,219).

**6. Government remittances payable**

	<u>2015</u>	<u>2014</u>
Interest received on short-term investments payable	\$ <u>168,575</u>	\$ 143,625
Employee withholdings and other payable	<u>35,884</u>	<u>24,118</u>
<b>Government remittance payable</b>	<b>\$ <u>204,459</u></b>	<b>\$ <u>167,743</u></b>

**7. Deferred contributions**

**Expenses of future periods**

Deferred contributions are held for expenses of future periods.

	<u>2015</u>	<u>2014</u>
<b>Deferred contributions, beginning of year</b>	<b>\$ 29,055,747</b>	\$ 16,832,234
Current year contribution from Government of Canada	<u>47,500,000</u>	48,500,000
Interest earned on contributions received	<u>478,209</u>	<u>356,407</u>
	<b>77,033,956</b>	65,688,641
Amount recognized as revenue during the year	<b>(50,303,138)</b>	(35,959,048)
Amount applied towards capital and intangible assets acquired	<b>(333,127)</b>	(317,439)
Interest paid to Government of Canada	<b>(309,634)</b>	(294,724)
Interest payable to Government of Canada	<u><b>(168,575)</b></u>	<u>(61,683)</u>
<b>Deferred contributions, end of year</b>	<b>\$ <u>25,919,482</u></b>	<b>\$ <u>29,055,747</u></b>



Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

**7. Deferred contributions (continued)**

**Capital and intangible assets**

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

	<u>2015</u>	<u>2014</u>
Deferred contributions, beginning of year	\$ 2,117,337	\$ 3,460,253
Contributions applied toward capital and intangible asset purchases	333,127	317,439
Amount amortized to revenues during the year	<u>(1,660,679)</u>	<u>(1,660,355)</u>
<b>Deferred contributions, end of year</b>	<b>\$ <u>789,785</u></b>	<b>\$ <u>2,117,337</u></b>

**8. Commitments**

**Contractual commitments**

As of March 31, 2015, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately \$48.1 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 fiscal two years are as follows (in thousands of dollars):

2016	\$ 33,426
2017	<u>14,678</u>
	<b>\$ <u>48,104</u></b>

**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):

2016	\$ 1,276
2017	1,276
2018	<u>838</u>
	<b>\$ <u>3,390</u></b>

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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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## **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.

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## **10. Remuneration of directors and senior management**

For the year ended March 31, 2015, remuneration paid to the Partnership's Directors amounted to \$98,500 (2014 - \$119,257) and remuneration paid to the Partnership's five highest paid staff amounted to \$1.7 million (2014 - \$1.6 million).

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## **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, 2015.

### **Credit 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, 2015.

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Canadian Partnership Against Cancer Corporation  
**NOTES TO THE FINANCIAL STATEMENTS**

Year ended March 31, 2015

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**11. Financial instruments risk (continued)**

**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 2014/15 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

- Accreditation Canada
- 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 Physicians
- Cancer Care Nova Scotia
- Cancer Care Ontario
- CancerCare Manitoba
- Capital District Health Authority
- Centre for Effective Practice
- Centre hospitalier universitaire Sainte-Justine
- Council of Yukon First Nations
- Dalhousie University
- Diagnostic Services of Manitoba Inc.
- Eastern Health – Newfoundland and Labrador
- First Nations Health Authority – British Columbia
- Genome Quebec
- Government of the Northwest Territories
- Hamilton Health Sciences
- Health PEI
- Heart and Stroke Foundation of Canada
- Institut national de santé publique du Québec
- Inuit Tapiriit Kanatami
- McGill University Health Centre – Research Institute
- McMaster University
- Métis National Council
- Mount Sinai Hospital
- National Indian Brotherhood
- New Brunswick Department of Health
- Nunavik Regional Board of Health and Social Services
- Ontario Institute for Cancer Research
- Public Population Project in Genomics & Society
- Queen's University
- Ryerson University
- Saskatchewan Cancer Agency
- Simon Fraser University
- Statistics Canada
- Sunnybrook Health Sciences Centre
- University Health Network
- University of Alberta
- University of Toronto
- University of Waterloo
- Winnipeg Regional Health Authority

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

(Published between April 1, 2014 and March 31, 2015)

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

## Corporate

- Delivering as One: Annual Report 2013/14 (July 2014)
- Delivering as One: Annual Highlights 2013/14 (July 2014)
- Web-based progress report update (July 2014)
- Partnership Proves the Power of Collaboration: Submission to the Advisory Panel on Healthcare Innovation (November 2014)
- Written brief to the House of Commons Standing Committee on Health: E-Cigarettes Hearings (November 2014)
- Brochure: Convening, Integrating, Catalyzing, Brokering (February 2015)
- Infographic: Partnering to Reduce the Burden of Cancer (March 2015)

## Diagnosis and Clinical Care

- Pediatric patients with Wilms Tumors CAP protocols education session (April 2014)
- Canadian Partnership Against Cancer 2014-15 Update: Engagement of Canadian Pathology Community. Report to the Canadian Association of Pathologists (July 2014)
- Synoptic Surgery Reporting Initiative Benefits Evaluation (December 2014)
- Cancer Biomarker Reporting Templates CAP protocols education session (January 2015)
- Thymoma/Mesothelioma CAP protocols education session (January 2015)
- Thyroid Electronic Cancer Checklist CAP protocols education session (February 2015)
- Endometrium-Ovary, Peritoneum & Adenomatoid mesothelioma of the peritoneum, Fallopian Tubes CAP protocols education session (February 2015)
- Colorectal Cancer Polyps CAP protocols education session (March 2015)

## First Nations, Inuit and Métis

- Inuit Cancer Control in Canada Baseline Report (April 2014)
- Métis Cancer Control in Canada Baseline Report (September 2014)
- Cancer Care and Métis: A National Picture – Fact Sheet (March 2015)
- Cancer Care and Inuit: A National Picture – Fact Sheet (March 2015)
- Cancer Care and First Nations: A National Picture – Fact Sheet (developed in 2014/15 and released in June 2015)

## Knowledge Management

- 1 in 3 Cancerview Digest: Colorectal Cancer Screening (May 2014)
- 1 in 3 Cancerview Digest: Radon (July 2014)
- 1 in 3 Cancerview Digest: Cancer in Young People (October 2014)
- 1 in 3 Cancerview Digest: Evidence (January 2015)

- 1 in 3 Cancerview Digest: World Cancer Day 2015 (February 2015)
- 1 in 3 Cancerview Digest: Healthy living (March 2015)
- 1 in 3 Cancerview Digest: Smoking cessation update (March 2015)
- 1 in 3 Cancerview Digest: First Nations, Inuit and Métis update (March 2015)

## Person-Centred Perspective

- Literature Review: Survivorship and Primary Care Transition Literature Review and Environmental Scan (October 2014)
- Literature Review: Palliative and End-of-Life Care Literature Review and Environmental Scan (October 2014)
- Literature Review: Patient Reported Outcomes Literature Review and Environmental Scan (October 2014)
- Literature Review: Transition to Primary Care Indicators (January 2015)

## Prevention

- Accelerating Evidence – Informed Action on Tobacco: Integrating Cancer Control with Tobacco Control (April 2014)
- Active transportation policy case study reports: City of Hamilton Active Transportation Policy Case Study (May 2014)
- Active transportation policy case study reports: Metro Vancouver Active Transportation Policy Case Study (May 2014)
- Active transportation policy case study reports: City of Red Deer Active Transportation Policy Case Study (May 2014)
- Canadian Provincial/Territorial Active Transportation Policy Map (September 2014)
- Active transportation policy case study infographic: Overview (November 2014)
- Active transportation policy case study infographic: Public Health Roles (November 2014)
- Active transportation policy case study infographic: Partners (November 2014)
- Active transportation policy case study infographic: Public Engagement (November 2014)
- Active transportation policy case study infographic: Framing (November 2014)
- Active transportation policy case study infographic: Evidence (November 2014)
- Rapid Review of Impact of Continued Tobacco Use on Treatment Efficacy in Cancer Patients (December 2014)
- Active Transportation Policies in Canada webinar (January 2015)
- Leading Practices in Clinical Smoking Cessation – Canadian Program Scan Results (February 2015)
- Infographic: Cessation Aids and Coverage in Canada (February 2015)
- Review of Interventions for Tobacco Use Cessation Along the Cancer Care Continuum (March 2015)
- Leading Practices in First Nations, Inuit and Métis Smoking Cessation – Canadian Program Scan Results (March 2015)

## Research

- Brochure: Building a Legacy: Accelerating Health Research through Partnerships. Canadian Partnership for Tomorrow Project (September 2014)
- Brochure: A Unique Canadian Health Research Resource. Canadian Partnership for Tomorrow Project (March 2015)
- Cancer Research Investment in Canada, 2008-2012 (March 2015)
- Pan-Canadian Cancer Research Strategy, 2010-2014: Final Report (March 2015)



## Screening & Early Detection

- Breast Cancer Screening in Canada – Environmental scan (August 2014; February 2015)
- Lung Cancer Screening in Canada – Environmental scan (August 2014; February 2015)
- Lung Cancer Screening Framework for Cancer (September 2014)
- Colorectal Cancer Screening in Canada – Environmental scan (August 2014; February 2015)
- Colorectal Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators – Results Report January 2011 – December 2012 (December 2014)
- Prostate Cancer Screening in Canada – Environmental scan (August 2014; February 2015)
- Cervical Cancer Screening in Canada – Environmental scan (August 2014; February 2015)

## Strategy, Evaluation and Analytics

### Cancer Risk Management Model

- Canadian Partnership Against Cancer's Cancer Risk Management Model Evaluation Case Study: Cost-Effectiveness of Expanded Prevention and Treatment Programs for Cervical Cancer (August 2014)
- CPAC HPVMM/CRMM Case Study Evaluation – Results of a Case Study Evaluation of Cervical Cancer Control Programs in British Columbia, Canada (September 2014)
- The Cost-Effectiveness of Integrated Cervical Cancer Prevention Strategies in Ontario – Final Report (September 2014)
- Video: What If? (January 2015)

### Analytic Capacity Building and Coordinated Data Development Initiative

- Webinar: Introduction to Relative Survival by Stage – Part 1: Survival basics (January 2015)
- Webinar: Relative Survival by Stage - Part 2: Using a SAS macro for relative survival
- Analytically Yours website (March 2015)

## System Performance and Surveillance

- Cancer Stage in Performance Measurement: A First Look (February 2015)

## Published Articles

### Canadian Journal of Pathology

- Quality Assurance For Interpretive Pathology in Canada – Is There Room for Improvement? (January 2015)

### Cancer Forum

- Of babies and bathwater: Reconsidering the public health approach to breast cancer screening Vol 38, No 3 (November 2014)

### Current Oncology

- Geographic Disparities in Surgery for Breast and Rectal Cancer Vol 21, No 2 (April 2014)
- Two indicators of hospital resource efficiency in cancer care Vol 21, No 3 (June 2014)
- Adjuvant and Neoadjuvant Treatment for Rectal Cancer Vol 21, No 4 (August 2014)
- Use of PET in the Management of Non-small-cell Lung Cancer Vol 21, No 6 (December 2014)
- Rectal Cancer Resection and Circumferential Margin Rates Vol 22, No 1 (February 2015)
- Canadian cancer screening disparities : A recent historical perspective Vol 22, No 2 (April 2015)

### **Journal of Medical Imaging and Radiation Sciences**

- National Quality Improvement in Radiation Therapy: A Look at the Past, Present and Future. Invited Editorial (January 2015)

### **Journal of Oncology Practice**

- Peer Review in Radiotherapy (RT): A National Quality Improvement Initiative (October 2014)

### **Online Journal of Public Health Informatics**

- Supporting the diffusion of healthy public policy in Canada: the Prevention Policies Directory (October 2014)

### **The Oncologist**

- Measuring the Population Impact of Introducing Stereotactic Ablative Radiotherapy for Stage I Non-small cell Lung Cancer in Canada (August 2014)

## **Presentations**

### **Canadian Association of Psychosocial Oncology Conference (May 2014)**

- Poster Presentation: Improving the Cancer Patient Experience: Embedding a Person-Centred Perspective in Pan-Canadian Cancer Control

### **Canadian Centre for Applied Research in Cancer Control ARCC Conference (May 2014)**

- Presentation: The Choosing Wisely Canada® Cancer Initiative
- Poster Presentation: Comparing the health, economic impacts and colonoscopy needs of screening strategies for colorectal cancer (CRC) aimed at increased risk individuals using the Cancer Risk Management Model (CRMM)
- Poster Presentation: Comparing the health, economic impacts and colonoscopy needs of screening strategies for colorectal cancer (CRC) using fecal immunochemical tests (FIT) with different cutpoints using the Cancer Risk Management Model (CRMM)
- Poster Presentation: Annual vs. biennial lung cancer screening - using the Cancer Risk Management Model (CRMM) to fill gaps in evidence

### **Canadian Association of Health Services and Policy Research Conference (May 2014)**

- Poster Presentation: Comparing the health and economic impacts of two screening strategies for colorectal cancer in Canada using the Cancer Risk Management Model (CRMM)

### **North American Association of Central Cancer Registries Annual Conference (June 2014)**

- Presentation: Synoptic Pathology Reporting: Collaborative Approach to National Implementation
- Presentation: Examining Income Disparities in Stage-Specific Incidence Rates for Breast and Prostate Cancer in Canada
- Presentation: Evidence-based Targets for Cancer System Performance Measurement
- Half-day Workshop: Enhancing the Use of Cancer Registry Data to Measure Cancer System Performance
- CRMM Presentation/Workshop

**International Association of Cancer Registries Annual Conference (June 2014)**

- Half-day Workshop: Building Blocks for Cancer System Performance Measurement and Evaluation – A Focus on Latin America

**Cancer and Primary Care Research International Network Conference (June 2014)**

- Poster Presentation: Targeting Transitions from Oncology to Primary Care: A Multi-jurisdictional Collaborative Partnership for Cancer Control

**7th Biennial Cancer Survivorship Research Conference (June 2014)**

- Poster Presentation: Canadian Partnership Against Cancer's Multijurisdictional Approaches in Survivorship Care

**Canadian Association of Pathologists (CAP-ACP) Annual Meeting (July 2014)**

- Poster Presentation: Quality Assurance Programs for External and Interpretive Pathology in Canada – Is there Room for Improvement?

**Canadian Association of Radiation Oncology Annual Scientific Meeting (August 2014)**

- Presentation: A National System for Incident Reporting Radiation Therapy (NSIR-RT): Development of a Severity Classification
- Presentation: Radiotherapy Quality of Care Indicators for Locally Advanced Cervix Cancer: A Canadian Consensus
- Presentation: The Choosing Wisely Canada® Cancer Initiative
- Presentation: Measuring the Quality of Personal Care in Prostate Cancer Radiotherapy: What Aspects of Care are Important to Patients?

**20th International Congress on Palliative Care (September 2014)**

- Presentation: Monitoring Performance in Palliative Care Special Seminar.

**First Nations Health Managers Association National Forum (September 2014)**

- Presentation: Advancing the Quality of the Cancer Journey

**American Society for Radiation Oncology Annual Scientific Meeting (September 2014)**

- Presentation: A National System for Incident Reporting in Radiation Therapy: Development of a Taxonomy and Severity Classification.

**Indigenous Health Knowledge and Development (INIHKD) and Manitoba NEARH Conference (October 2014)**

- Presentation: Weaving Indigenous and Western Health Practices to Support the Cancer Journey of First Nations, Inuit and Métis Patients

**American Society of Clinical Oncology Quality Care Symposium (October 2014)**

- Presentation: A National Strategy for Quality and Safety in Radiotherapy: A Comprehensive Quality Improvement Approach.
- Presentation: The Choosing Wisely Canada® Cancer Initiative.
- Presentation: Enabling Quality Data Reporting: National Implementation of Standardization Pathology Reporting.

**University of Toronto Indigenous Health Conference (November 2014)**

- Presentation: Addressing Gaps in the Continuity of Cancer Care with and for First Nations, Inuit and Métis Living in Rural and Remote Communities in Canada

**American Society of Clinical Oncology Quality Care Symposium (November 2014)**

- Poster Presentation: Examining the Use of PET Scans in the Diagnosis and Management of Non-small cell Lung Cancer Patients in Provinces with Active PET Scanners

**Union for International Cancer Control World Cancer Congress (December 2014)**

- Presentation: A National Strategy for Quality and Safety in Radiotherapy: A Policy Approach for Global Consideration (December 2014)
- Presentation: Canadian Innovation in Technology Solutions for Sustainable Survivorship Care
- Presentation: Listening and Responding Requires a Culture Change
- Presentation: Accelerating Decision-Making with Microsimulation: The Adoption of Evidence in Cervical Cancer Screening
- Panel Discussion: Strategies to Improve Quality and Meaningful Engagement of Indigenous Peoples in Achieving Culturally Responsive Cancer Care Services
- Full-day Master Course: System Performance Measurement and Reporting

## 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/resources-publications/#accordion-strategic-documents-archive](http://www.partnershipagainstcancer.ca/resources-publications/#accordion-strategic-documents-archive))

Progress in Action: Annual Highlights 2014/15 ([www.partnershipagainstcancer.ca/impact/](http://www.partnershipagainstcancer.ca/impact/))

### Prevention and Screening

Coalitions Linking Action and Science for Prevention

([www.cancerview.ca/cv/portal/Home/PreventionAndScreening/PSProfessionals/PSPrevention/CLASP](http://www.cancerview.ca/cv/portal/Home/PreventionAndScreening/PSProfessionals/PSPrevention/CLASP))

Prevention Policies Directory ([www.cancerview.ca/preventionpolicies](http://www.cancerview.ca/preventionpolicies))

CAREX Canada ([www.carexcanada.ca](http://www.carexcanada.ca))

Lung Cancer Screening Framework for Canada

([www.cancerview.ca/idc/groups/public/documents/webcontent/lung\\_framework\\_en.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/lung_framework_en.pdf))

### Quality Diagnosis and Clinical Care

Quality Implementation Initiative

([http://www.cancerview.ca/cv/portal/Home/QualityAndPlanning/QPProfessionals/SystemPlanning/QualityInitiatives/QualityInitiativeImplementation?\\_afrLoop=10579673765758000&lang=en&\\_afrWindowMode=0&\\_adf.ctrl-state=6rc7vzgb8\\_196](http://www.cancerview.ca/cv/portal/Home/QualityAndPlanning/QPProfessionals/SystemPlanning/QualityInitiatives/QualityInitiativeImplementation?_afrLoop=10579673765758000&lang=en&_afrWindowMode=0&_adf.ctrl-state=6rc7vzgb8_196))

Canadian Partnership for Quality Radiotherapy ([www.cpqr.ca](http://www.cpqr.ca))

Quality Initiative in Interpretive Pathology

([http://www.cancerview.ca/cv/portal/Home/QualityAndPlanning/QPProfessionals/SystemPlanning/QualityInitiatives/InterpretivePathologyQuality?\\_afrLoop=10579871583525000&lang=en&\\_afrWindowMode=0&\\_adf.ctrl-state=6rc7vzgb8\\_606](http://www.cancerview.ca/cv/portal/Home/QualityAndPlanning/QPProfessionals/SystemPlanning/QualityInitiatives/InterpretivePathologyQuality?_afrLoop=10579871583525000&lang=en&_afrWindowMode=0&_adf.ctrl-state=6rc7vzgb8_606))

Canadian Cancer Clinical Trials Network (<http://3ctn.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](http://www.cancerview.ca/idc/groups/public/documents/webcontent/fnim_action_plan_nov11.pdf))

Inuit Cancer Control in Canada Baseline Report

([www.cancerview.ca/idc/groups/public/documents/webcontent/inuit\\_cc\\_baseline\\_report.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/inuit_cc_baseline_report.pdf))

Métis Cancer Control in Canada Baseline Report

([www.cancerview.ca/idc/groups/public/documents/webcontent/metis\\_baseline\\_report.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/metis_baseline_report.pdf))

## Research

Canadian Partnership for Tomorrow Project ([www.partnershipfortomorrow.ca](http://www.partnershipfortomorrow.ca))

Canadian Cancer Research Alliance reports ([www.ccra-acrc.ca/index.php/publications-en](http://www.ccra-acrc.ca/index.php/publications-en))

2015 Canadian Cancer Research Conference ([www.ccra-acrc.ca/index.php/ccrc-home](http://www.ccra-acrc.ca/index.php/ccrc-home))

## Knowledge Management

Cancerview.ca ([www.cancerview.ca](http://www.cancerview.ca))

1 in 3 Cancerview Digest ([blog.cancerview.ca](http://blog.cancerview.ca))

Guidelines Resource Centre ([www.cancerview.ca/guidelines](http://www.cancerview.ca/guidelines))

The Truth of It ([www.cancerview.ca/thetruthofit](http://www.cancerview.ca/thetruthofit))

Cancer Risk Management Model ([www.cancerview.ca/cancerriskmanagement](http://www.cancerview.ca/cancerriskmanagement))

How Cancer Drug Funding Decisions are Made tutorial

([www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSPatientsAndFamilies/LearnAboutCancer/HowCancerDrugFundingDecisionsAreMade](http://www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSPatientsAndFamilies/LearnAboutCancer/HowCancerDrugFundingDecisionsAreMade))

Analytically Yours website ([www.analyticallyyours.mycancerview.ca/](http://www.analyticallyyours.mycancerview.ca/))

## System Performance

Cancer Stage in Performance Measurement: A First Look ([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

2015 Cancer System Performance Report ([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

System Performance web app ([www.systemperformance.ca](http://www.systemperformance.ca))

## Public Engagement and Outreach

Canadian Cancer Action Network ([www.ccanceraction.ca](http://www.ccanceraction.ca))

## How we work

Partnership Board of Directors ([www.partnershipagainstcancer.ca/who-we-are/board-of-directors](http://www.partnershipagainstcancer.ca/who-we-are/board-of-directors))

Partnership Cancer Control Council and Advisory Groups

([www.partnershipagainstcancer.ca/who-we-are/advisory-structure-en](http://www.partnershipagainstcancer.ca/who-we-are/advisory-structure-en))

Canadian Association of Provincial Cancer Agencies ([www.capca.ca](http://www.capca.ca))

Union for International Cancer Control ([www.uicc.org](http://www.uicc.org))



## APPENDIX: INITIATIVE DESCRIPTIONS

### CLASP2 INITIATIVES

#### 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), QEII 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 problématique 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:

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

## 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

## 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 Experience and Patient-Reported Outcomes Initiative is to improve the capacity to respond to patient needs across the cancer journey that accelerates optimal care and measures impact (health-related outcomes for patients) across Canada. The aim is that by 2017 all participating jurisdictions will have established a measurement and reporting cycle for patient experience 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 core standardized set of patient-reported outcome and patient-reported experience measures, and their use in clinical practice. The ultimate goal is to develop a common and sustainable patient-reported outcomes and experience measurement system applicable to all jurisdictions in Canada.

**Partners:** Cancer Care Ontario and the 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 experiences 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 Prince Edward Island, 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 and 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, CancerCare Manitoba, Saskatchewan Cancer Agency.

## 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). It is therefore critical to understand the unique needs of this growing population. In the Partnership's first mandate, the Cancer Journey Action Group identified the development of improved approaches to cancer survivorship as a key priority. A number of national workshops and meetings have been held and in the second mandate, two projects continue with a focus on survivorship care.

### Projects receiving 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 and equitable access to the best care, and 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 is a virtual support program 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 fatigue, disability or other barriers such as geographical distance from a cancer centre, to accessing face-to-face professional support. Cancer centres in six provinces collaborate to offer this pan-Canadian 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

Given that many patients are diagnosed at a late stage and will eventually die from their cancer, it is important to consider early palliative care and end-of-life care as integral parts of a cancer control strategy.



The goal of these projects is to integrate cancer care, palliative and end-of-life care models that are new and evolving and to leverage existing programs currently in place. 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 preferences for 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. This approach acknowledges the importance of “the goals of care,” including early/ongoing needs assessment of the expressed preferences of patients and families for quality symptom management and quality end-of-life care.

#### **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. This project includes the regional rollout of the National Cancer Institute’s Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics) curriculum, specifically designed for pediatric oncology physicians and advanced practice nurses that uses a “Train-the-Trainer” model.

**Partners:** Hospital for Sick Children, University of Toronto, and the 16 Pediatric Oncology programs across Canada

##### **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

patients who could benefit from a palliative care approach and management of their symptoms and other palliative care needs at the primary care 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 Quebec.

**Partners:** Cancer Care Ontario, CHU Laval, 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, thus minimizing visits to the emergency room. As a result, palliative cancer patients in Nova Scotia and Prince Edward Island 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, person-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 the tools will be relevant to all Canadians, special focus will be given to developing tools that address the needs of underserved populations, including people living in rural

and remote areas; First Nations, Inuit and Métis; and cultural communities. The four tools are: First Nations, Inuit and Métis Empowerment Tool; Loss and Grief Interactive Tool for Patients and Families; Cultural and Religious Perspectives Tool; and Methadone for Analgesia Online Training Tool.

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

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

This highly regarded interprofessional educational program in palliative and end-of-life care is geared to oncology professionals and will be offered as six regional training sessions in designated provinces and the Northwest Territories. The program focuses not only on increasing the skills and knowledge of health care providers providing palliative and end-of-life care, but also on building the capacity of participants to teach the curriculum at their home institutions.

**Coordination:** This is a Partnership funded and managed initiative until March 2015. To ensure that this investment is sustainable over time, plans are underway to develop a transition plan to transfer the 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.

## 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 create challenges 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 to improve the patient experience and enhance the quality of care and efficiencies of the primary care and cancer care systems. These projects focus on the period 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 among First Nations, Inuit and Métis cancer patients and communities; primary and oncology care providers; and other stakeholders in order 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, BC Cancer Agency, CancerCare Manitoba, Saint Elizabeth



### 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 primary care after treatment for breast and colorectal cancer patients, this project will develop and pilot four different resources: patient and family needs for individualized treatment summaries for cancer patients; a model for volunteer transition navigator roles; a web-based survivorship portal; and an 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 of health problems arising from treatment and engagement 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 through a structured training program. It will also 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

## FIRST NATIONS, INUIT AND MÉTIS CANCER CONTROL INITIATIVES

### 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 the 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 Nations, 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.

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

Believe in our Healing Journey: Supporting Continuity of Care of First Nations, Inuit and Métis (FN/I/M) Cancer Patients in the Northwest Territories brings the Department of Health and Social Services together with Northwest Territories (NWT) communities, regional health and social services authorities, Aboriginal governments, the Stanton Elders' Council, Alberta Health Services, the Northern Health Services Network, the NWT Breast Health/Breast Cancer Action Group, and other important stakeholders in the NWT.

Recognizing that communities are a critical part of the health care system, this project will strengthen the cancer care system in the NWT and assist communities to support cancer patients. This involves relationship building, developing language and tools to speak productively about cancer, and integrating greater support for patients and caregivers along the continuum of care. The project aims to strengthen the NWT health system to serve and support Aboriginal cancer patients and their families in a culturally safe and supportive way; increase knowledge among Aboriginal cancer patients and their families about the cancer journey; and identify ways to increase the use of telehealth or other remote communication technologies by cancer patients and care providers in the NWT.

### 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.

### 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 (First Nations Cancer Pathways Project) is a collaborative project with Alberta First Nations and Alberta Health Services-CancerControl Alberta. Other partners include the Alberta First Nations Information Governance Centre, First Nations Inuit Health Branch, Aboriginal Nurses Association of Canada, Indigenous Physicians Association of Canada, Dr. Cora Voyageur and more. The goals of the project are to increase First Nations knowledge and understanding of cancer and cancer care services, educate health care workers about First Nations people in Alberta, better coordinate care and services for First Nations people with cancer, increase access to culturally responsive cancer care services, and develop educational resources and tools to support First Nations cancer pathways.

### 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) 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. Outreach to northern Métis communities to include in this initiative is ongoing.

This ground-breaking 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.

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.

### Improving First Nations and Inuit Cancer Care in Manitoba

In consideration of the unique needs of First Nations and Inuit cancer patients in Manitoba, a project was developed in partnership with First Nations and Inuit cancer stakeholders to improve the continuity of First Nations and Inuit cancer care in Manitoba.

The first objective of the project is to enhance transitions between cancer care and primary care by improving communication between the two. This objective will be met through the adaption of the existing cancer transition toolkits (which include a patient specific follow-up care plan and resources) to ensure they will meet the needs of First Nations and Inuit patients and family, and the healthcare providers who serve them. The toolkit is provided to a patient during a transition appointment (a new appointment type where a health care provider reviews the next steps in a patient's care). Audio recording of the transition appointment will also be introduced to remove the barriers of literacy and language, allowing

patients to take the information home, review and share it.

The second objective is to improve existing practices used to deliver a cancer diagnosis to a patient and their family, to ensure that culturally and emotionally safe methods are used. Diagnosis delivery guidelines and a patient story video will be developed, forming the basis of diagnosis delivery training for health care providers. In addition, a patient support tool for use during a diagnosis delivery appointment will be developed. The diagnosis delivery guidelines, patient video and patient support tool will be made publicly available.

The final objective is to engage stakeholders and support the development of a strategic plan for patient self-identification in Manitoba. To ensure the sustainability of the plan, stakeholders will be invited to sign agreements to ensure the work will move forward.

This project was developed and is guided by a Project Network. The Project Network includes those who provided formal letters of support for the project in the beginning and those who are engaged in the work as it progresses.

### 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.

### **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, family 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.