

Mobilizing positive change

Improving cancer control in Canada





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For more than a decade, the Canadian cancer community has worked together to realize a bold vision: a future in which fewer people get cancer, fewer die from it and those living with the disease have a better quality of life.

In 2016/17, we reached a significant milestone. We celebrated 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, a broad-reaching plan of action to reduce the burden of cancer on Canadians. As steward of the Strategy, the Partnership is proud to collaborate with hundreds of dedicated partners across the continuum of cancer control to bring about positive change throughout the system and the country.

As you will read in this annual report, the positive change we collectively strive to achieve comes in many forms. For example, with the help of our partners we conducted the first Canada-wide study of cancer survivors to better understand the experience of patients once their cancer treatment ends. We're also working with partners to strengthen the quality of interpretive pathology across the country in order to improve reporting and diagnosis. And, we're increasing access to palliative care for children with advanced cancer to provide them with quality of life for as long as possible. Together with our partners — cancer agencies, governments, Indigenous organizations, health professionals, research organizations and most importantly, people affected by cancer — we are building a stronger cancer system for all Canadians.

Moving forward, we are shifting our attention to the work necessary to achieve the 20- and 30-year outcomes set out in the national cancer strategy. On behalf of the Partnership's Board of Directors, it gives me great pleasure to confirm that this work will be guided by newly appointed CEO Cynthia Morton. Cynthia brings a genuine passion for our goal of reducing the burden of cancer and has considerable experience in leading complex systems initiatives in a number of sectors, including health. I'd also like to extend our sincerest gratitude to outgoing CEO Shelly Jamieson for her tireless efforts over the past five years to accelerate action on cancer control for all Canadians.

Together, we've built a strong foundation for mobilizing positive change across the system. We thank all of you for your ongoing contributions to Canada's cancer strategy.

A handwritten signature in black ink, reading 'Graham Sher'.

Graham Sher
Chair

MOBILIZING POSITIVE CHANGE IMPROVING CANCER CONTROL IN CANADA

Canada is one of the few countries in the world to implement a robust national cancer strategy.

As steward of the *Canadian Strategy for Cancer Control*, the Canadian Partnership Against Cancer has worked with hundreds of stakeholders across the country to build a coordinated, national approach to address shared priorities in cancer control. In 10 short years, we've grown from a start-up organization with big goals—to a Canada-wide partnership mobilizing change across the cancer control system.

ACHIEVING OUTCOMES THROUGH COLLECTIVE ACTION

Our collaborative approach has made this progress possible. Our partners represent the breadth of the cancer community: cancer agencies, governments, Indigenous organizations, health professionals, research organizations and most importantly, people affected by cancer. Together, these individuals and organizations bring a wide variety of perspectives and expertise to every aspect of our work, and their commitment to collective action has led to achievements that would not have been possible without their unique contributions.

That's evident in the area of prevention, where the Partnership brought the cancer control and tobacco control communities together for the first time in a joint initiative to support cancer patients who want to quit smoking. With Partnership funding, seven provinces and two territories are now building or expanding the cancer system's ability to support smoking cessation among cancer patients.

Collaboration is also at the heart of the first-ever *First Nations, Inuit and Métis Action Plan on Cancer Control*, developed in partnership with Indigenous organizations, people affected by cancer, cancer agencies and health organizations across the country. Several priorities from that plan have been implemented through Partnership-funded projects designed to improve the cancer journey for Indigenous peoples, and work on the other priorities will continue.

USING DATA TO DRIVE IMPROVEMENTS

Measuring performance is critical if we are to truly improve the quality of cancer control in this country.

With the Partnership's support, six jurisdictions have implemented electronic synoptic pathology reporting and approximately two thirds of pathologists in Canada now submit findings electronically. This shift allows large amounts of data to be extracted and analyzed, providing valuable information to guide improvements across the cancer system. To facilitate this analysis, the Partnership worked with experts to develop 48 performance indicators, and this year, the feasibility of collecting data and measuring results against those indicators was tested and confirmed. This achievement is a significant step forward, allowing variations in cancer diagnosis and treatment to be tracked at a local and system level to identify areas for quality improvement.

The Partnership also partnered with the Canadian Association of Pathologists to develop Canada's first *Pan-Canadian Quality Assurance Recommendations*. The recommendations are designed to enhance patient safety by promoting more consistent pathology quality assurance processes across the country. This will help to reduce discrepancies and errors in how pathology results are interpreted and reported.

The Partnership's pan-Canadian breast, cervical, colorectal and lung cancer screening networks also focus on data collection and analysis to drive improvement. This approach is evident in the new Partnership report *Cervical Cancer Screening in Canada*. The report revealed that more than half of Canadian women aged 18 to 20 had at least one Pap test between 2010 and 2013. As of 2013, new national guidelines no longer recommend screening for women in this age group. Most jurisdictions have increased the start age for cervical cancer screening to 21 or 25, beginning the process of alignments with the new guidelines. The report notes that screening women aged 18 to 20 results in unnecessary anxiety, tests and treatments and costs the health care system almost \$58 million a year.

ADDRESSING THE NEEDS OF PEOPLE AFFECTED BY CANCER

For most patients, the transition from the end of cancer treatment to follow-up care with their primary care provider is a challenge. To learn more, the Partnership collaborated with all 10 provinces to conduct the first Canada-wide study of cancer survivors from across the country. More than 13,000 people from all 10 provinces completed the survey, providing comprehensive information that will guide changes in the system. While analysis of the data is just beginning, preliminary findings indicate that the majority of patients completing cancer treatment faced physical, emotional and practical challenges and many were not able to access the help they needed. Initial findings will be released in an upcoming patient experience report, with further analysis to follow.

Another Partnership report, focused on young people with cancer, revealed that the cancer system is also not meeting the needs of this population. *Adolescents and Young Adults with Cancer: A System Performance Report* looked at the many unique challenges experienced by cancer patients between the ages of 15 to 39. The report notes that adolescents and young adults experience long-term effects related to cancer treatment, including loss of fertility due to treatments, disconnection from peers, loss of independence, interrupted education and career and may not have access to services they need. The report also recommends that the cancer system develop solutions specific to these age groups. As a first step, the Partnership is creating an Adolescent and Young Adult National Network to set priorities and begin work to improve care for young people with cancer.

EXPANDING DATA TO ENHANCE RESEARCH AND DISCOVERY

The Partnership continues to support the enhancement of data available through the Canadian Partnership for Tomorrow Project, one of the largest population health research platforms in the world. The platform provides researchers with a powerful research tool: health and lifestyle data collected from 300,000 Canadians, blood samples from 150,000 of the participants, and the first follow-up questionnaire since recruitment is underway with all participants to gather updated health information. Such comprehensive, longitudinal data holds promise for new discoveries and is already being used by researchers to answer important questions about cancer and chronic diseases.

As we look ahead, the Partnership is now shifting attention to the 20- and 30-year outcomes identified in the cancer strategy. They are ambitious goals, but our collective action over the past decade has created a strong foundation on which to build. Working with our partners, we will continue to mobilize positive change across the system.

For a full range of accomplishments for 2016/17, please see pages 7 to 29.

ABOUT THIS DOCUMENT

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

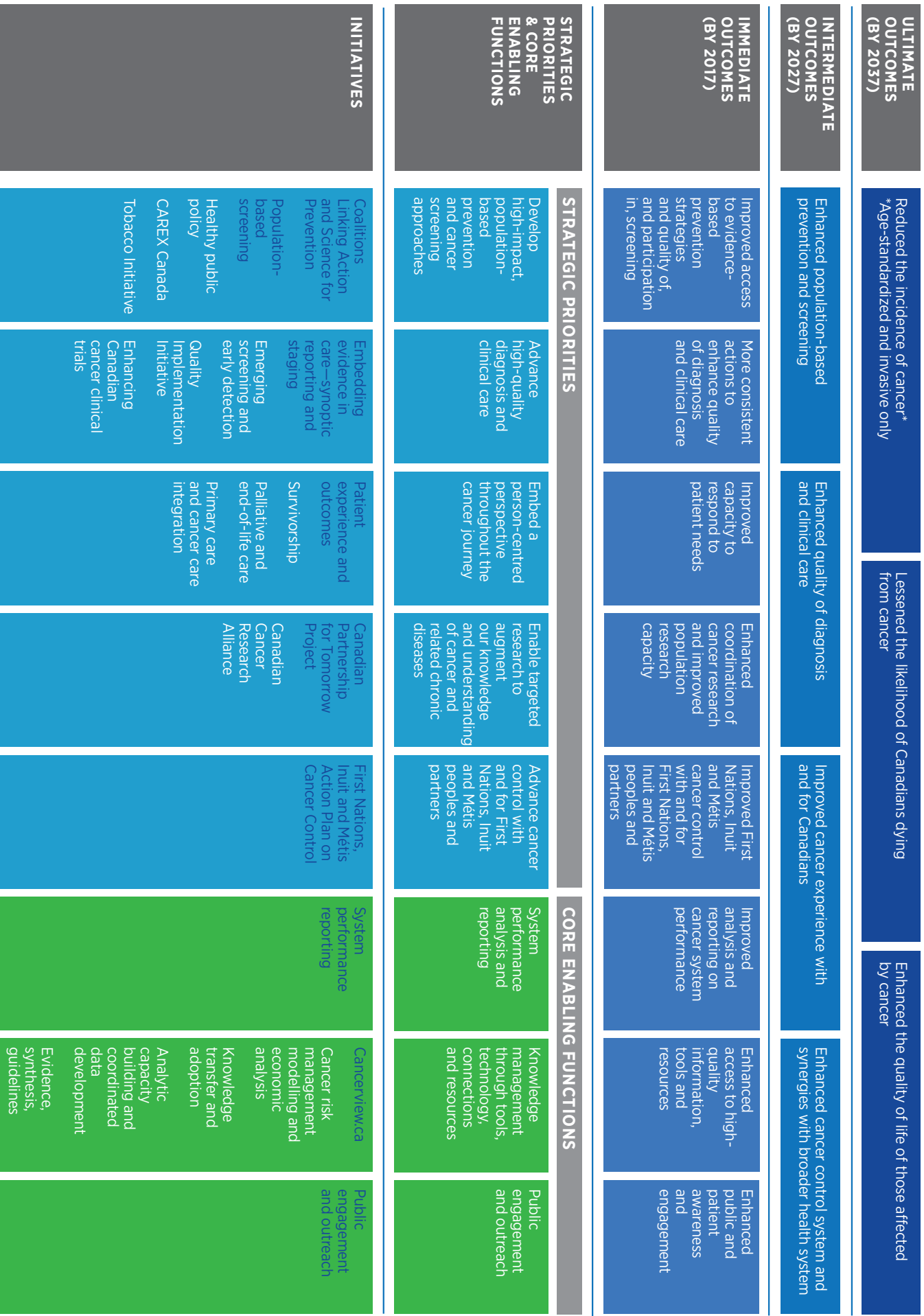
Since the Partnership's inception, there has been significant progress in transforming the way the cancer control community in Canada works together to reduce the burden of cancer through coordinated, system-level change. Informed by the experiences of those most affected by cancer, the organization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

In compliance with the Partnership's funding agreement with Health Canada, this report describes the achievements of the 2016/17 fiscal year. It also contains the 2016/17 financial statements and independent auditor's report, a list of materials produced during the year, an overview of expected results for 2017/18 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. In addition, select achievements of the Partnership's work over the past year are reported in the annual highlights report for 2016/17, entitled *Mobilizing Positive Change: Improving Cancer Control in Canada*. Visit partnershipagainstcancer.ca/impact to learn more about progress being made in implementing Canada's cancer strategy.

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

Our achievements in 2016/17 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.



Priority Initiatives appear in blue

DEVELOP HIGH-IMPACT, POPULATION-BASED PREVENTION AND CANCER SCREENING APPROACHES**10-YEAR GOAL: CANADIANS WILL HAVE IMPROVED ACCESS TO PROVEN WAYS TO PREVENT CANCER, AND MORE PEOPLE WILL BE GETTING SCREENED 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 programs designed to prevent cancer from occurring and screening programs designed to prevent and 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 that advanced this strategic priority were Coalitions Linking Action and Science for Prevention (CLASP) and the Population-Based Screening Initiative.

WHAT IS CLASP?

Coalitions Linking Action and Science for Prevention aimed 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 worked together to integrate the lessons learned from science with those from practice and policy. CLASP responded to the fact that healthy living and a healthy supportive environment can help to reduce the risk not only of many cancers, but also of other chronic diseases such as diabetes, lung disease and heart disease. Programs and policies that make the healthy choice the easier choice can encourage healthy living (e.g., maintaining a healthy body weight or quitting smoking). 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.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, there are 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 2016/17:**Coalitions Linking Action and Science for Prevention**

- Through CLASP, more than 100 organizations across Canada were united as partners to improve the health of Canadians by preventing chronic disease. In September 2016, the Partnership marked the end of seven years of the CLASP initiative with the conclusion of the five second phase projects (CLASP2):
 - 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 Safety at Work Canada
- The cross-CLASP evaluation found that the 12 CLASP1, CLASP1 renewal and CLASP2 projects resulted in 522 policy and 5,668 practice changes, meaning a significant number of places and people are using innovations enabled by CLASP to reduce the risk of Canadians developing cancer and related chronic diseases.
- Many of the CLASP2 activities and impacts will be sustained beyond Partnership funding. For example:

Acceleration:

- Online program will continue with funding from Toronto Rehab Foundation and Medavie Blue Cross.
- Project staff positions will continue in Ontario and Quebec until 2017.

Nourishing School Communities:

- YMCA Canada launched and will continue to offer the Leadership Management Training Module on healthy eating to all staff across Canada.
- Newfoundland and Labrador School Lunch Association healthier menus will remain in 25 schools and new funds will support expansion to after-school and weekend programs.

POWER Up!:

- Northwest Territories Association of Communities will support adoption of 15 model healthy policies and 16 smart management practices across the territory.

Sun Safety at Work Canada:

- Sunsafetyatwork.ca website will provide ongoing access to Sun Safety at Work Canada resources.
- Burlington Hydro incorporated sun safety into 5-year occupational health and safety strategic plan.

Working on Wellness (WoW):

- Workplace wellness embedded within new strategic plan of Northwest Territories Workers' Safety and Compensation Commission.
- WoW resources adopted across all Government of the Northwest Territories departments.
- The Partnership synthesized lessons learned from the CLASP initiative in a report titled *Pathways to Policy: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative for Physical Activity and Built Environment Policy* (April 2016). The report will help public health professionals, urban planners, transportation engineers and education partner and stakeholders leverage the more than 722 resources developed through CLASP. This report is undergoing an update to include lessons learned from the completed CLASP2 projects. A companion report, *Pathways to Policy: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative for Nutrition and Food Environment Policy*, is under development for 2017/18.
- A third CLASP report on lessons-learned is under development for 2017/18. *Working Together: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative in Supporting Indigenous Health and Wellness* will focus on how non-Indigenous organizations can work in a good way with Indigenous communities, organizations and groups to support Indigenous health and wellness. In collaboration with the First Nations, Inuit and Métis portfolio, key First Nations, Inuit, Métis and non-Indigenous partners were convened in March 2017 to validate the preliminary synthesized lessons learned from the CLASP Initiative.

Tobacco Initiative

- In 2016/17, work focused on implementation and evaluation of the projects underway in seven provinces and two territories across Canada to plan, implement or evaluate approaches to support cancer patients to quit smoking. Evidence shows that providing smoking cessation support to cancer patients can improve the effectiveness of treatment, improve recovery, increase their chances of survival and reduce the risk of complications and death.
- Knowledge products were released to support professionals in making evidence-informed decisions related to tobacco cessation programs and policies:
 - » More than 400 stakeholders from across Canada attended three webinars focused on annual results from tobacco cessation program scans:
 - *Leading Practices in Clinical Smoking Cessation*
 - *Leading Practices in First Nations, Inuit and Métis Smoking Cessation*
 - *Leading Practices in Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions*
 - » Backgrounders on emerging issues in tobacco control were disseminated to stakeholders during National Non-Smoking Week (January 2017):
 - *Waterpipe Use in Canada*
 - *Flavoured Tobacco in Canada*
 - *Electronic Nicotine Delivery Systems in Canada*
- The Partnership convened project teams and leaders from the broader cancer care and tobacco cessation system at two workshops (April 2016 and January 2017) to support spread and scale-up of evidence-based approaches to tobacco cessation within cancer care systems.
- The Partnership developed resources to support sustainability, scale-up and spread of evidence-based approaches to tobacco cessation within cancer systems in Canada, including:
 - *Key Cost Estimates on Cancer Treatment and Smoking Cessation in Canada*
 - *Key Evidence from Peer-Reviewed and Grey Literature on Smoking Cessation for Cancer Patients*
 - *Key Statistics on Smoking Amongst Cancer Patients in Canada*
 - *Quotes from Cancer Patients Who Quit Smoking*

- The Partnership was invited to submit formal responses to open federal consultations on plain and standardized tobacco packaging as well as the future Federal Tobacco Control Strategy.

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 2016/17: new tobacco control and nutrition policy tags were developed to support easier access to these policies within the Directory; the Directory is now fully bilingual and it now indexes prevention policies from 31 municipalities in Canada. The Directory provides users with faster access to policies across jurisdictions on multiple issues that are often used as prototypes for policy development.

- The Partnership produced new videos and resources to support increased uptake of the Directory by Masters of Public Health students and faculty member across Canada. The Partnership measures and reports on the use of the Directory on a quarterly basis.
- The Partnership engaged experts in public health, planning and engineering and municipal affairs to plan and co-host a pan-Canadian workshop in March 2017 to accelerate evidence-informed municipal policy action on supportive environments for cancer prevention.

CAREX Canada

- In 2016/17, CAREX hosted five radon workshops across British Columbia, Alberta and Nova Scotia to provide participants with a better understanding of radon exposure and to identify opportunities for reducing these exposures. The workshops engaged representatives of provincial governments, the Canadian Association of Radon Scientists and Technologists (CARST), the Canadian National Radon Proficiency Program (C-NRPP), the Lung Association's provincial chapters, MLAs, industry professionals,

academics, public health practitioners, NGOs, and occupational health and safety officers.

- The occupational and environmental sections of all carcinogen profiles in the CAREX Profiles and Estimates Library were thoroughly reviewed and updated. All profiles were also refreshed with new resources and links to ensure users have the most up-to-date information.
- Quick summaries were added to 32 profiles (top 20 website hits, plus all pesticides). These were developed in response to past suggestions from users for a short summary of the content in the CAREX profiles.
- CAREX completed the development of eRISK Online, a web-based version of eRISK previously only available using Microsoft Access. This development was supported with a grant from Mitacs and involved a series of user-testing interviews, along with technical support from a Vancouver-based company that specializes in visualizing data and optimizing the user experience.

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, policy and program leaders in cancer screening were brought together on a regular basis from across the country through our national network model. Together, we focused on strengthening existing screening programs that are proven to save lives and exploring the implications of new research and practice evidence. We identified where improvements were needed through exchanging information, sharing best practices and regular reporting and analysis of data related to quality.

The Partnership maximized the benefits of population-based screening through focused actions in breast, cervical and colorectal cancer screening. In addition, the Partnership continued to assess emerging areas of screening and to support the developing area of lung cancer screening for a high-risk population. Three large-scale programs of work have been 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).
- Monitoring and evaluation activities that enable regular reporting and analysis of quality indicators for screening programs across the country.
- Quality improvement opportunities identified through stakeholder consultation.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, quality enhancement of organized screening programs has resulted in an increased number of eligible individuals participating in organized screening programs. As a result of this progress and over time, Canadians will benefit fully from high-quality screening programs designed to limit the impact of breast, cervical and colorectal cancers.

ACHIEVEMENTS IN 2016/17:

In 2016/17, the focus was on continuing to support the work of the screening networks; publishing reports on breast, cervical and colorectal cancer screening; completing a review of objectives and opportunities for lung cancer screening; and analyzing existing data for low income populations to further inform work to narrow the gap in outcomes for this population.

- The Partnership continued to engage and collaborate with provinces and territories through the pan-Canadian breast, cervical, colorectal and lung cancer screening Networks. In 2016/17, the networks adopted a collaborative, cross-programmatic approach to enhance knowledge mobilization and discuss shared priorities. The joint meeting of the breast and cervical networks focused on maximizing the impact of programmatic data reporting, reviewing opportunities to address underserved populations and promoting a more seamless patient experience. The joint meeting of the colorectal and lung networks focused on lessons learned in the development of new screening programs to promote quality.

- The Partnership hosted *Trends in Screening in Canada: Future Opportunities* in June 2016 to identify key developments, issues and trends in cancer screening that will need to be addressed by screening programs and services in Canada in the next five to 10 years. This one-day think tank meeting brought together cancer screening leads from across Canada as well as international screening experts to help inform the discussions. Participants took part in trend mapping, consensus building and prioritization exercises to identify the most important emerging cancer screening issues that need to be addressed nationally in the next five years. These discussions will help inform strategic planning and guide future initiative work.
- An evaluation of the Population-Based Screening Initiative confirmed that the network model, monitoring and evaluation activities, and quality initiatives are effective mechanisms to achieve pan-Canadian improvements in screening and early detection, and that overall, the Portfolio has been effective in meeting all objectives. The evaluation identified future opportunities, including building on the successes of the national networks, enhancing collaboration between networks and monitoring and evaluation activities.

Breast Cancer Screening

- The Canadian Breast Cancer Screening Network hosted an expert meeting with international expert Dr. Jacques Simard, Canada Research Chair in Oncogenetics, to share information on the latest research and implementation considerations related to risk stratification in breast cancer screening. The Partnership will continue to facilitate knowledge exchange opportunities between Dr. Simard and the network.

- The Partnership published *Breast Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators—Results Report January 2011—December 2012*. Monitoring organized breast cancer screening programs provides an opportunity to understand the impact of these programs on breast cancer morbidity and mortality and the potential harms associated with screening. In addition to a special section examining the benefits and harms of screening, the report includes indicators for coverage, follow-up, and quality of screening, detection and diagnosis. A highlights summary was produced to increase awareness and encourage a broader group of stakeholders to explore opportunities for further quality enhancement.

Cervical Cancer Screening Initiative

- The Partnership published *Cervical Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators—Results Report January 2011—December 2013*. The report includes information about screening coverage, follow-up, the quality of screening, pre-cancer and cancer detection, and disease extent at diagnosis for women 21 to 69 years of age. A special feature on cervical cancer screening in young women showed that more than half of Canadian women aged 18 to 20 years had at least one Pap test between January 2010 and June 2013. New guidelines released in 2013 no longer recommend screening for women in this age group as abnormalities that are found rarely lead to cancer and often result in unnecessary anxiety, tests and treatments. Reducing over-screening will benefit young women and the health care system: Pap tests and associated treatments in women aged 18 to 20 cost almost \$58 million a year. A highlights summary was produced to increase awareness and encourage a broader group of stakeholders to explore opportunities for further quality enhancement.
- A working group developed a set of national-level colposcopy quality indicators as a resource for jurisdictions. These indicators can be used to measure the performance and quality of colposcopy services within the context of the introduction of HPV immunization and the possible transition from cytology to HPV testing for primary cervical cancer screening.

Colorectal Cancer Screening

- The Partnership published *Screening in Canada: Monitoring and Evaluation of Quality Indicators—Results Report January 2013—December 2014*, which presents colorectal cancer screening program data from seven provinces for individuals aged 50 to 74. Data is provided for 13 national quality indicators. For the first time, this report provides a breakdown of indicator data by first and subsequent screens, which provides greater insight into the impact of screening programs.

Pan-Canadian Lung Cancer Screening Network

- The Pan-Canadian Lung Cancer Screening Network established two working groups to support provinces and territories as they begin to make decisions about organized lung cancer screening programs for a high-risk population:
 - The *5-Year Questions Working Group* was formed to explore key lung cancer screening-related questions the Network would like to answer within five years and to determine how best to compare approaches to implementation to inform future lung cancer screening delivery.
 - The *National Data Working Group* was formed to identify options for the management of lung cancer screening data and put forward recommendations to help inform the development and implementation of organized lung cancer screening programs.
- To provide guidance and promote lung cancer screening quality, the Network developed national quality indicators for provinces and territories to use in assessing lung cancer screening activity and establishing organized programs.

ADVANCE HIGH-QUALITY DIAGNOSIS AND CLINICAL CARE

10-YEAR GOAL: CANADIANS WILL BENEFIT FROM A MORE CONSISTENT APPROACH TO ENHANCE 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 cancer patients in Canada. 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, to assess system-level quality successes and identify gaps that may benefit from national action.

A key initiative advancing this strategic priority has been 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. Surgery (both the process and its findings) is another important source of information for clinicians. When combined with data from a large group of patients, this information also helps health care professionals in the cancer system to plan their work and measure its effectiveness, helps decision-makers measure cancer system performance and informs cancer program planning. For all of these purposes, 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 supported 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 to support better quality care for all patients. The result is safer surgical care, more effective treatment, increased clinical collaboration for clinical management and rapid report transmission into patient charts. Reporting standards also ensure that better data guides

patient care and is made available to cancer registries, which record data the cancer control community uses to shape many aspects of its work.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, more than 800 pathologists (approximately two-thirds) and 250 surgeons have adopted national standards, tools and guidelines for electronic reporting and there is potential for system-wide integration into practice. With continued effort over time, this work will lead to consistent, more efficient and evidence-based diagnosis and care, which will improve patient care outcomes.

ACHIEVEMENTS IN 2016/17:

Synoptic Pathology Reporting

- In 2016/17, the work focused on establishing baseline data for 48 pathology indicators in five provinces to demonstrate the feasibility of using ESPRI (Electronic Synoptic Pathology Reporting Initiative) data and the value of synoptic reporting for those indicators. The indicators measure cancer diagnosis, staging, prognosis, recurrences, patient survival and other clinical outcomes. The indicators can be used to guide conversations with multi-disciplinary teams and to identify quality improvement initiatives.
- Electronic synoptic pathology projects in British Columbia, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island implemented the College of American Pathologists (CAP) standard checklist to diagnose, stage and inform treatment options of breast, colon, rectal, lung, prostate and endometrial resection cases. As a result more than 800 pathologists – approximately two-thirds of Canadian pathologists – now use electronic synoptic reporting checklist rather than narrative reporting.
- Six clinical education sessions on cancer pathology for various physiologies (e.g. melanoma, colorectal cancer, urinary bladder, ovarian) were held. Each session was attended by 100 stakeholders and a total of 725 Continuing Medical Education (CME) certificates were issued.

Synoptic Surgery Reporting

- The Partnership produced two knowledge products:
 - *Improving patient care in Canada with Pan-Canadian Synoptic Surgery Reporting Standards* reports how cancer surgeons are using synoptic reporting to improve care, and
 - *A path to standardize surgical oncology care* reports how surgeons are using data for 80 indicators to produce comparative feedback reports and facilitate dialogue with peers.
- In 2016/17, three new demonstration projects were completed, showcasing the value of synoptic surgery reporting:
 - UHN Ovarian Cancer (Ontario, Manitoba and Alberta)
 - Variation in Oncologic Surgery in Canada (Manitoba, Alberta and Nova Scotia)
 - Informing Practice through Enhanced Feedback and Data Linkages Project (Manitoba and Nova Scotia Surgical Synoptic Reporting Collaborative)
- The Partnership evaluated current state and assessed readiness for wider-scale implementation of electronic synoptic surgical reporting standards. Findings were shared with the national Electronic Synoptic Surgery Quality Initiative Network in October 2016 and strategies to address the top system-wide barriers were developed by March 2017.

- The Partnership was invited to present to the Council of Deputy Ministers of Health in July 2016 and February 2017 to gain insights on provincial readiness to fund broader implementation of synoptic surgical reporting. Four provinces expressed interest in working with clinical and e-health leaders to develop proposals.

Quality Initiative in Interpretive Pathology

- The Partnership published the *Pan-Canadian Quality Assurance Recommendations* to enhance patient safety by promoting better and more consistent pathology quality assurance processes across the country. Developed in partnership with the Canadian Association of Pathologists – Association canadienne des pathologistes (CAP-ACP), the framework is an informational and decision-making resource to guide and support individual jurisdictions in incorporating recommendations into new and existing quality programs. The framework is an outcome of national consensus-based efforts to enhance performance in pathological diagnoses, quality of care and patient safety. The recommendations will help guide the development of provincial quality assurance programs by providing a minimum set of recommendations that can be adapted and contextualized according to the local health system characteristics.

Quality Implementation Initiative

The Quality Implementation Initiative encourages multi-jurisdictional collaborative groups to work together synergistically to implement, evaluate, and compare their progress in improving the process of cancer diagnosis or improving the quality of treatment delivery.

- In 2016/17, the Partnership completed three multi-jurisdictional partner projects:
 - External Quality Assurance and Proficiency Testing for Cancer Biomarkers Project
 - Radiation Oncology Peer Review - National Quality Improvement Project
 - Accelerated Implementation Diffusion of Quality Initiatives for Rectal Cancer Across Canada

- The paper *Approaches to High-Risk, Resource-Intensive Cancer Surgical Care in Canada* (November 2015) highlighted the tremendous variability in how each province delivers cancer care services and the need for a deliberate approach to improve the organization of complex care surgeries to optimize patient outcomes and reduce the burden on health care resources. The report led to the development of national standards of practice, including defining training and resource requirements, to improve the delivery of surgical care for patients with gynecologic and thoracic malignancies in Canada. The standards for cancer-directed gynecologic and thoracic surgery will be finalized and disseminated in 2017/18. The development of these standards creates a foundation for additional standards for other disease sites.

Canadian Partnership for Quality Radiotherapy (CPQR)

- Radiotherapy standards were launched in January 2016 as part of Accreditation Canada's Qmentum program and are currently being implemented in 44 radiation treatment centres across Canada. The *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* (QRT) outlines the overarching organizational structures and processes that are required to assure high quality and safe radiotherapy.
- CPQR continued to work with the Canadian Institute for Health Information (CIHI) to test and implement the new National System for Incident Reporting – Radiation Treatment (NSIR-RT) in 44 radiation treatment centres to support the reporting, tracking and analysis of radiation treatment incidents and improve patient care. Data gathered during the beta pilot is being used to inform enhancements to the NSIR-RT system and the minimum dataset. The system, which builds on CIHI's medication model, will increase transparency within the system and allow clinicians and the system to learn from incidents.
- CPQR partnered with the Canadian Organization of Medical Physicists (COMP) to develop a comprehensive set of 15 guidelines to provide direction to ensure optimal performance of radiation systems and equipment. Early benchmarking suggests the *Quality Assurance Guidelines for Canadian Radiation Treatment Programs* have helped radiation treatment programs conduct regular quality control testing and contributed to the effective and safe operation of radiation treatment equipment and software.

Oncology Drug Policy and Sustainability Plan

- The Partnership received the final report on the series of five provincial and one pan-Canadian deliberative engagement events that were held across Canada in 2016 on the topic of rising cancer drug costs and the sustainability of Canada's public health care system. The events, titled *Making Fair and Sustainable Decisions about Funding for Cancer Drugs in Canada*, were conducted in partnership with the Canadian Centre for Applied Research in Cancer Control (ARCC) and McMaster Health Forum to seek direction from Canadians on what values should underpin policy decisions related to cancer drug funding when budgets are limited, and how these decisions can be made in a trustworthy manner. The report describes the approach to public deliberation taken for the events, participant recruitment, and provides an analysis of key recommendations that emerged from each of the six events. The outcomes of these deliberative engagement events support the work of the Canadian Association of Provincial Cancer Agencies (CAPCA) and the results were presented to CAPCA's Board of Directors. Key highlights from the report will be shared with partner organizations in 2017/18.

Canadian Cancer Clinical Trials Network

- The Partnership is one of 14 funders supporting the Canadian Cancer Clinical Trials Network (3CTN) launched in January 2013. The 3CTN is a pan-Canadian initiative to strengthen Canada's capability and capacity to conduct practice-changing cancer clinical trials developed by the academic sector and to improve patient outcomes. It does this by providing support and coordination for a network of teams at cancer treatment centres and hospitals.
- In 2016/17, the Partnership continued to support 3CTN. With this support, 3CTN has continued to bring about improvements in trial recruitment, quality and efficiency, facilitate greater communication across sites about trial opportunities and foster patient and public involvement.

EMBED A PERSON-CENTRED PERSPECTIVE THROUGHOUT THE CANCER JOURNEY

10-YEAR GOAL: IMPROVED CAPACITY TO RESPOND TO PATIENT NEEDS.

Cancer care must be responsive to 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 their family and is responsive to patient preferences. Person-centred care considers physical, emotional, psychological, spiritual and practical issues and recognizes the critical role of the patient as a partner in managing their own health.

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

The Partnership promotes the adoption of evidence-based guidelines, the use of standardized approaches to care and the creation of person-centred tools and resources across provinces and territories. The result will be better measurement of the patient experience, better transitions to primary care and earlier identification of patients who would benefit from a palliative approach and improved end-of-life care.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, the Partnership has demonstrated 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 is supporting person-centred program design and implementation. With continued attention to these areas, cancer care will become even more focused on treating the person based on their needs and goals of care.

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

ACHIEVEMENTS IN 2016/17:

Patient Experience and Patient Reported Outcomes

- The Partnership supported eight provinces in implementing Patient-Reported Outcomes (PROs)—standardized questionnaires that gather information on various symptoms—to help health care teams create a personalized care plan with each patient. As a result of this project, there is sufficient data to support expanded implementation of the tool.
- Four projects funded by the Partnership were completed by multi-jurisdictional teams. The Partnership reviewed final reports and identified opportunities for scale up and spread of successful initiatives. These projects focused on interventions to understand patient needs, measure patient experience and patient-reported health outcomes more routinely across Canada, and develop agreement on a common set of measures to be collected by all provinces and territories. Funded projects included:
 - Improving Patient Experience and Health Outcomes Collaborative – iPEHOC (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 (Canadian Association of Psychosocial Oncology in Ontario, Nova Scotia, Manitoba and Quebec)
 - Measuring Patient-Reported Outcomes to Address Patient Experience in Three Atlantic Provinces (Cancer Care Nova Scotia, Health PEI and Cancer Care Program Eastern Health in Newfoundland and Labrador)
 - Patient Experience and Outcomes in the Prairie Provinces (Alberta Health Services, CancerCare Manitoba and the Saskatchewan Cancer Agency)

- The National Measurement Steering Committee reached consensus on indicators related to palliative and end-of-life care, patient-reported outcomes and primary care that can be used to support quality improvement initiatives to benefit patients and families. The selected indicators were reported on in the *Person-Centred Perspective Indicators in Canada: A Reference Report*. Subsequent knowledge products were developed to highlight, for example, findings related to adolescents and young adults with cancer.

Survivorship

- Two multi-jurisdictional projects focused on survivorship were completed: Cancer Chat Canada and the Canadian Task Force on Adolescents and Young Adults with Cancer.
- With funding from the Partnership, a national Return to Work website (www.CancerandWork.ca) was launched to provide information and resources about returning to work to Canadian cancer survivors, health care providers and employers. The website is being sustained as a national resource by McGill University and is available in English and French.
- A new Adolescent and Young Adult National Network was established and held its first meeting in April 2017. The Network will identify key issues in adolescent and young adult cancer care such as oncofertility and screening for distress and psychosocial oncology, and will develop a framework to advance the work.

Palliative and End-of-Life Care (PEOLC)

- The Palliative and End-of-Life Care (PEOLC) National Network is a national forum comprised of representatives from provincial and territorial governments, cancer agencies and national health professional associations and patient/family advisors with a focus on palliative care. In 2016/17, the Network identified key priorities, including: integration of palliative and end-of-life care; ongoing work in measurement of palliative and end-of-life care; status of palliative care education of health care providers (e.g., physicians, nurses and others), and focus on advance care planning.
- The Partnership completed the five projects that are improving access to PEOLC, improving continuity of care, providing educational resources for health care providers, creating educational tools for patients and their families and educating providers to deliver better palliative and end-of-life care for cancer patients and their families. Funded projects included:
 - Knowledge Tools: Addressing National Gaps (Canadian Virtual Hospice with 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, in partnership with 15 regional pediatric centres)
 - Integrating Emergency Health Services and Palliative and End-of-Life Care to Enhance the 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 in Primary and Cancer Care (Cancer Care Ontario and CHU (Centre hospitalier de l'Université) Laval, Quebec)
 - Education in Palliative and End-of-Life Care in Oncology (EPEC-O™) Canada: An initiative to support regional educational workshops for interprofessional health care providers in palliative and end-of-life care

- Canadian Virtual Hospice earned the *Patient Care Innovation Team Award* at The Canadian Health Informatics Awards (CHIA) and was recognized at the 2017 CFHI Palliative and End-of-Life Care Innovation Awards hosted by the Canadian Foundation for Healthcare Improvement (CFHI) for MyGrief.ca, a virtual care solution in palliative care.
- The Partnership completed work with four provincial project teams focused on Advance Care Planning and Goals of Care. The teams worked collaboratively with the expert group at the Canadian Hospice Palliative Care Association to accelerate this work by sharing ideas and resources and consulting each other on best practices for implementation and sustainability. The Advanced Care Planning and Goals of Care Project included the following partners:
 - Manitoba (CancerCare Manitoba)
 - Newfoundland (Eastern Health)
 - Prince Edward Island (Health PEI)
 - Nova Scotia (Cancer Care Nova Scotia)
 - Canadian Hospice Palliative Care Association (CHPCA)
- The Partnership participated in the Palliative Care Matters Consensus Conference (led by Covenant Health through its Palliative Institute) and provided funding for the pan-Canadian survey that produced data on Canadians' experiences and beliefs about palliative care. This helped inform deliberations by the conference's independent, 12-member lay panel of Canadians and their recommendations. The resulting consensus statement reflects the groups' analysis of scientific research, and lived experiences of Canadian patients and caregivers, on the state of palliative care.

Primary and Cancer Care Integration

- The Partnership completed three funded projects that implemented 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 included:
 - Dialogue and Story Work in Support of First Nations, Inuit and Métis Cancer Patients Throughout Oncology and Primary Care Transition Experience (Government of Northwest Territories, Alberta Health Services, CancerCare Manitoba and BC Cancer Agency)
 - 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 Cancer Centre Integration: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care (Cancer Care Ontario, CancerCare Manitoba and BC Cancer Agency)
- The pan-Canadian Primary Care Working Group engaged in discussions about potential data sources for baseline national level metrics and developed a shortlist of primary care indicators. The first national indicator on primary care was reported in an internal report, *Person-Centred Perspective Indicators in Canada: A Reference Report*, released in March 2017.
- The Partnership convened funded partners at an integrated knowledge translation and exchange meeting in November 2016. The partners shared the results of their projects, focusing on knowledge mobilization efforts, sustainability and lessons learned.

ENABLE TARGETED RESEARCH TO AUGMENT OUR KNOWLEDGE AND UNDERSTANDING OF CANCER AND RELATED CHRONIC DISEASES

10-YEAR GOAL: ENHANCED COORDINATION OF CANCER RESEARCH AND IMPROVED POPULATION HEALTH RESEARCH CAPACITY

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 by 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) has been the key initiative advancing this strategic priority and is the Partnership's single largest investment to date.

WHAT IS THE CANADIAN PARTNERSHIP FOR TOMORROW PROJECT?

The Canadian Partnership for Tomorrow Project is Canada's largest population health research platform, involving approximately 300,000 Canadian participants, ages 30 to 74, 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 personal risk factors to answer questions about the causes of cancer and chronic diseases. More than 150,000 CPTP participants have also provided biological samples that can be used to support genomic-based research, and tens of thousands have provided samples that can be used for other types of research such as the impact of environmental exposure to contaminants on health. The CPTP research platform will also support studies on the relevance of emerging international evidence to Canada's population. CPTP is comprised of five regional studies: BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTaGENE and Atlantic PATH. Data from the regional studies are combined into one database and, along with biological samples, are available through a single point of access—the CPTP Portal and Access Office.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control*, researchers are using the CPTP platform to undertake studies based on data drawn from this resource. For the next 25 years and beyond, data

from the Canadian Partnership for Tomorrow Project will help researchers explore—and in time answer—some of the most challenging questions about the causes of cancer and chronic diseases.

ACHIEVEMENTS IN 2016/17:

Canadian Partnership for Tomorrow Project

- National recruitment efforts resulted in more than 150,000 venous blood samples from participants across Canada.
- Use of CPTP is growing. In 2016/17, the Access Office started to receive an increasing number of requests from external researchers about CPTP data and biosamples and approved requests to access its data.
- Three initiatives to enrich CPTP data were completed and the data from each will be available for request by external researchers in 2018:
 - All five regional cohorts implemented a follow-up questionnaire to collect updated information on participants. Data from this questionnaire will be available in 2018 for request by external researchers.
 - Genotyping was completed on over 5,000 participants.
 - Completed an analysis of blood samples from 7,000 participants to measure 28 different molecules that are of importance to disease research.
- In partnership with researchers from the CANadian Urban Environment (CANUE), the scientific directors of CPTP were awarded a five-year operating grant of \$4.1 million from the Canadian Institutes of Health Research (CIHR) to study the impact a number of environmental factors have on health outcomes, such as air quality, traffic, and living in urban versus rural settings. This project will further enrich CPTP by linking several years of environmental data to record-level data from the regional cohorts.
- The Cross-Cohort Harmonization Project for Tomorrow (CHPT), a Partnership-funded initiative, was completed. This project will allow researchers to assess the feasibility of bringing together the data from CPTP and those of 12 other large Canadian and international cohorts to support research requiring large datasets. A demonstration project

that used CHPT was completed by the end of 2016/17.

A webinar was held to help promote this tool to the research community and was attended by over 100 investigators.

- Manitoba completed a study to evaluate the feasibility of becoming the sixth CPTP cohort. Leveraging existing tools and documentation developed by the other CPTP cohorts, Manitoba initiated further feasibility work on recruitment and biosample collection.
- In 2016/17, a number of activities were undertaken to promote CPTP to researchers and support participant engagement, including:
 - A workshop and a webinar to inform researchers of the data and samples available from CPTP, its access process and new funding available from the Canadian Institutes of Health Research (CIHR) for projects utilizing data and samples from existing Canadian cohorts such as CPTP.
 - A refresh of the CPTP website with new infographics and up-to-date content.
 - A national media strategy to support utilization of CPTP by researchers and to assist the regional cohorts in their efforts to re-contact participants to complete a follow-up questionnaire. The strategy included a four-part series in the *National Post*, print and radio content for community newspapers and radio stations and animated whiteboard videos in English and French.
- A procurement process was launched to identify a Lead Partner and Scientific Home for CPTP that will provide scientific leadership and long-term support for the project and collaborate with the Partnership as an ongoing Supporting Partner.
- From 2012-2017, the Partnership provided funding and partnered with the Heart and Stroke Foundation of Canada to support the Canadian Alliance for Healthy Hearts and Minds (CAHHM) project. The goal of this initiative was to better understand how socio-environmental (e.g., community support) and contextual risk factors (e.g., tobacco use) may impact the development of cardiovascular diseases. The CAHHM worked with CPTP's regional cohorts to recruit participants who provided information through questionnaires, measurements and MRI scans. By the end of 2016/17 the project had obtained MRI scans on 8,355 participants. The project will continue for one additional year with funding from Heart and Stroke Foundation of Canada.

Canadian Cancer Research Alliance

Members of the Canadian Cancer Research Alliance (CCRA) include many of the organizations that collectively fund most of the cancer research conducted in Canada. This includes 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 monitors 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 2016/17, the Canadian Cancer Research Alliance published three key reports to support implementation of tactics from *Target 2020: A Strategy for Collaborative Action*:
 - *Cancer Research Investment in Canada, 2005 to 2014*, which describes the decade-long investment in cancer research and how it has changed from 2005 to 2014.
 - *Pan-Canadian Research Framework for Cancer Survivorship*
 - *Pan-Canadian Research Framework for Palliative and End-of-Life Care*
- The 2017 Canadian Cancer Research Conference (CCRC) is planned for November 5-7, 2017 in Vancouver, British Columbia. Development of the scientific program is underway and will consist of plenary sessions focused on the burden of cancer, cancer and the immune system, metabolism and cancer as well as concurrent sessions and poster sessions. Other notable features for the 2017 CCRC will be a public lecture titled *Celebration of Science*, a new award recognizing exceptional leadership in patient involvement in cancer research and a patient involvement program. This will be the fourth, bi-annual CCRC and marks the first time the conference will be held in western Canada.

ADVANCE CANCER CONTROL WITH FIRST NATIONS, INUIT AND MÉTIS PEOPLES

10-YEAR GOAL: AS A RESULT OF OUR WORK WITH PARTNERS, WE WILL START TO CLOSE THE GAP IN CANCER CONTROL WITH INDIGENOUS PEOPLES BY MEETING THEIR NEEDS AND PRIORITIES.

First Nations, Inuit and Métis 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 Indigenous peoples is often complex: access to care is limited by geography, transportation and the lack of culturally relevant and safe care. Patients and families may have to navigate a complicated circuit of services outside their community in order to access screening, diagnosis, treatment, and survivorship and end-of-life care.

The Partnership works in collaboration with Indigenous and non-Indigenous partners to improve First Nations, Inuit and Métis cancer control by implementing the *First Nations, Inuit and Métis Action Plan on Cancer Control*.

This portfolio of work has been primarily focused on implementing the *First Nations, Inuit and Métis Cancer Control Initiative* to improve continuity of care with First Nations, Inuit and Métis patients in rural and remote communities who often travel long distances for diagnosis and treatment. In addition, the focus on developing and implementing culturally responsive strategies with jurisdictions helped to improve the patient journey through the Initiative.

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

The Initiative supported jurisdictions in advancing key priorities identified in the *First Nations, Inuit and Métis Action Plan on Cancer Control*. The Action Plan was developed during the 2007-12 mandate by engaging First Nations, Inuit and Métis stakeholders, including patients; national and regional community leaders; 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 included:

- Improved knowledge of the First Nations, Inuit and Métis patient's experience through the cancer journey
- Increased referral of First Nations, Inuit and Métis patients to culturally relevant and safe cancer care, navigation and traditional supports
- Improved delivery of cancer diagnosis in a culturally 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
- Increased number of jurisdictions with specific actions to address cancer control for First Nations, Inuit and Métis peoples
- Improved access to resources and acceleration of progress as a result of a collaborative approach. Common tools, resources and networks were developed.

These outcomes helped build the foundation of ongoing collaborative, long-term efforts that improve the cancer experience of First Nations, Inuit and Métis individuals and families.

ACHIEVEMENTS IN 2016/17:

First Nations, Inuit and Métis Cancer Control Initiative

- The Partnership hosted the *First Nations, Inuit and Métis Cancer Control Forum: Celebrating Partnerships and Progress* (January 2017) in Calgary, Alberta with invited representation from all provinces and territories. The Forum was an opportunity to celebrate the successes of the First Nations, Inuit and Métis Cancer Control Initiative and to continue learning from efforts to develop culturally responsive resources and services. Participants heard from 20 presenters and provided feedback on the strategic direction and the way forward for the Partnership's work to improve First Nations, Inuit and Métis cancer control.

- The Partnership welcomed Ontario and New Brunswick to the First Nations, Inuit and Métis Cancer Control Initiative and supported jurisdictional partners in Yukon, Northwest Territories, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec and Newfoundland and Labrador on a regular basis. Since the launch of the Initiative in 2014, these 10 jurisdictional partnerships, which include cancer agencies and Indigenous organizations, have developed and implemented plans to advance the Initiative's six desired outcomes (above). Highlights from the Initiative included:
 - The development of online community profiles that are used by physicians and patients to better understand the health care services and resources available within rural and remote communities (Newfoundland and Labrador)
 - The development of a mandatory cultural competency program for all health professionals in Nunavik
 - The development of a cancer strategy in Northwest Territories that incorporated feedback and direction from the community. The strategy was a core outcome of the Partnership-funded project "Believe in our Healing Journey: Supporting Continuity of Care for First Nations, Inuit and Métis Cancer Patients in the Northwest Territories."
 - Sustainable partnerships between communities, health organizations and cancer agencies
 - Modifiable, shared resources that can be used in multiple provinces and territories
- The Partnership hosted the Initiative's final KTE (knowledge transfer and exchange) meeting in November 2016 to provide partners with an opportunity to share lessons learned from their respective projects and discuss opportunities for future work to improve First Nations, Inuit and Métis cancer control.
- Supported Prevention portfolio in its efforts to validate lessons learned from the CLASP Initiative that focused on partnerships with First Nations, Inuit and Métis communities. NAO (National Aboriginal Organization) representatives also attended a meeting to provide their input into how to build on partner engagement in the future.

First Nations, Inuit and Métis Health Supports Initiative

- The Partnership launched the First Nations, Inuit and Métis Health Supports Initiative to bring together and share promising practices and resources related to First Nations, Inuit and Métis health supports as a valuable part of cancer control for many Indigenous peoples. Health supports is the

term to describe the cancer system's understanding of and respect for a person's world view of health and well-being, and respecting that the use of personal and Indigenous knowledge is essential to achieving improved health outcomes. In 2016/17, a network of Elders and knowledge holders from across Canada was formed to guide this work. The network's recommendation was to develop an internal training approach to increase the cultural competence of Partnership staff, as they are the stewards of the *Canadian Strategy for Cancer Control* and should model and demonstrate this competence with cancer control professionals, leaders and decision makers.

Screening and Early Detection

- The Action Plan also identified the need for organized cancer screening programs that are adapted to the cultural worldview, cultural safety and practical needs of First Nations, Inuit and Métis populations and are systematically implemented. In an effort to close this gap in cancer control and build awareness of the signs and symptoms of cancer and when to access care, the Partnership undertook regional engagements on the barriers and facilitators to cancer screening participation and will report on recommendations and the needs of First Nations, Inuit and Métis peoples.

Patient Self-Identification

- The Partnership collaborated with the Aboriginal Cancer Control Unit at Cancer Care Ontario to host the *Knowledge to Action* workshop (December 2016) with First Nations, Inuit and Métis organizations, data custodians, users and researchers who are working in this area or who have an interest in expanding their programs to include identification or surveillance. The workshop was designed to share knowledge and build productive and collaborative relationships related to the potential for ethno-culturally specific data and knowledge to help address cancer burden in First Nations, Inuit and Métis populations and to recommend ways to improve data and data systems to support improved cancer control in First Nations, Inuit and Métis in Canada in the Partnership's next mandate.

Additional 2016/17 achievements in advancing cancer control with First Nations, Inuit and Métis peoples are reflected in other areas of this report.

SYSTEM PERFORMANCE ANALYSIS AND REPORTING

10-YEAR GOAL: 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 identifies aspects of the cancer control system that need to be measured. We work with partners across the country to 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 knowledge products 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.

The Initiative's portfolio of work includes annual cancer system performance reports comprising indicators that span the various dimensions of cancer control (prevention, screening, diagnosis, treatment, patient experience, end-of-life care, research and long-term outcomes), cancer sites and the Canadian population. In addition, the System Performance Initiative produces targeted knowledge products that focus on different 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, enhancements to the system performance web application provide users with more user-friendly information and customizable access to system performance results, including downloadable content.

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 against the *Canadian Strategy for Cancer Control*.

ACHIEVEMENTS IN 2016/17:

System Performance Reporting

- *The Experiences of Cancer Patients in Transition* study—a collaborative effort of the System Performance and Person-Centred Perspective Initiatives—was completed. The study looked at how to improve the quality of cancer care as patients and survivors transition from end of cancer treatment to follow-up care and supportive services. With participation from all 10 provinces, the study invited a sample of more than 40,000 cancer patients and survivors who completed treatment for select cancers in the past one to three years to share their experiences of the support and care they received after cancer treatment. The survey was fielded in June 2016 and 13,258 surveys were completed—a response rate of 33 per cent.

The survey found that the majority of patients who completed treatment experienced physical, emotional and practical challenges, that many of those patients were unable to get help for these challenges, and that many didn't know where to go for help.

The data will be reported in the patient experience knowledge product to be released in 2017/18 and other publications to follow. Participating provinces will receive provincial data sets for their own analysis.

- The *2016 Cancer System Performance Report* was released in July 2016 and included updated findings and interpretation for 17 dashboard indicators organized along the cancer control continuum. The report also highlighted three topics of interest in cancer control: smoking behaviours in current cancer patients; the impact of regionalization of high-risk, resource-intensive surgeries on patient outcomes; and survival by patient income level for six cancers.

- The System Performance Initiative worked with cancer control partners to develop a common, systematic way to collect and report on both patient-reported outcomes and patient-reported experiences. A reference report, *Person-Centred Perspective Indicators in Canada: A Reference Report*, was completed. It focused on cancer in adolescents and young adults, palliative and end-of-life care, primary care and patients' experience throughout their cancer journey. This report was shared with key partners and stakeholders who contributed to its development and serves as a background reference document for a set of knowledge products being released throughout 2017.
- The Partnership provided funding to the CONCORD-2 study to gather data across nine provinces on survival by socioeconomic status for 10 cancers in order to enable identification of survival disparities among different income groups. This is the first time Canada-wide data on survival by socioeconomic status is available. The study found significant differences in survival between lower income and higher income patients for seven of the cancers (breast, lung, colorectal, prostate, liver, ovary, adult leukemia) and no significant difference for three of the cancers (stomach, cervical and childhood leukemia). This information can be used by the system to develop strategies to reduce these disparities and will inform the Partnership's program work under *Narrow the gap of cancer outcomes for at-risk populations*.
- The Partnership reviewed the functionality and user experience of its system performance web application (systemperformance.ca) to better understand the extent to which the site is serving its audience's efforts to make evidence-based decisions. An overview of the findings was completed by March 2017 and will provide the foundation for future enhancements.
- Research and development took place for several knowledge products to be released in 2017/18:
 - The *2017 Cancer System Performance Report* (released June 2017) describes how the cancer control system in Canada is performing with respect to quality, equity, seamlessness and sustainability. This report also highlights gaps in existing health system data. Maximizing the impact of data by making information on system performance more readily available will help us tell a more comprehensive story about the current state of cancer control.
 - The System Performance and Person-Centred Perspective Initiatives worked with cancer control partners to develop a common, systematic way to collect and report on patient-reported outcomes, experiences, and other indicators relevant to understanding the patient journey. Targeted knowledge products on person-centred care throughout patients' cancer journeys will be released in 2017/18:
 - *Adolescents and Young Adults with Cancer: A Cancer System Performance Report* (April 2017)
 - *Palliative and End-of-Life Care: A Cancer System Performance Report* (September 2017)
 - *Patient Experience Report* (late 2017)

KNOWLEDGE MANAGEMENT THROUGH TOOLS, TECHNOLOGY, CONNECTIONS AND RESOURCES

10-YEAR GOAL: CANCER CONTROL PRACTITIONERS WILL HAVE TIMELY AND EASIER ACCESS TO HIGH QUALITY INFORMATION, TOOLS AND RESOURCES ABOUT CANCER.

Knowledge mobilization (KMb)—putting evidence directly into practice—is central to the mandate of the Partnership. We do this by convening meetings of pan-Canadian networks and forums, and developing written and digital knowledge products to help the cancer community access the information and resources it needs to support evidence-informed decision-making. In addition, we support and encourage our partners in their efforts to share and use knowledge in their day-to-day work with the aim of ensuring best practices are embedded across Canada.

The Knowledge Mobilization portfolio of work (previously Knowledge Management) includes the Partnership's website for cancer evidence, policy and practices (*cancerview.ca*); tools to support the synthesis, interpretation and use of evidence such as OncoSim (formerly the Cancer Risk Management Model); 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?

Prior to the creation of the Partnership in 2007, a fundamental challenge for the Canadian cancer control community was the lack of a single resource for the sharing of Canadian cancer control knowledge, evidence and best practices across jurisdictions. In 2009, the Partnership launched *cancerview.ca* as a way to fill this gap for the cancer control community in Canada. Since its launch, it has provided access to credible, evidence-based content as well as a wide array of digital tools and resources. It also provides access to virtual collaboration tools (the Cancerview Hub) that allow experts and colleagues from across the country to connect and work together on projects regardless of their geographic location.

Over the course of the Partnership's first two mandates, the number of digital tools, websites and resources developed by the Partnership grew significantly. As a result, work was undertaken in the second mandate to look at the Partnership's entire digital ecosystem and to complete a number of projects to gather insights into how the Partnership could strategically reorganize this digital ecosystem to better meet the needs of its target audiences and increase uptake of tools and resources. This work resulted in the creation of the Partnership's organizational digital strategy. To help guide

the execution of this strategy, a digital strategy roadmap was developed that identified key milestones and priority digital projects for the organization to redesign its ecosystem in a scalable and sustainable manner. One of the most significant recommendations coming from this work is the consolidation of our websites into one single digital destination for Canadian cancer control practitioners. *Partnershipagainstcancer.ca* will be leveraged for this purpose.

With the initiation of the Partnership's 2017-2022 strategic plan, we have established "enhancing use of the Partnership's digital ecosystem to increase use of knowledge and evidence" as a designated cross-cutting function. Completing our digital strategy roadmap is a key component of the scope for this program of work. Given the increased focus on knowledge mobilization in our next mandate, and with the completion of each project, we will strive to optimize use of the Partnership's refreshed digital ecosystem as a means to spread knowledge faster and facilitate evidence-based decision-making, driving policy and practice change in the cancer system.

ACHIEVEMENTS IN 2016/17:

Cancerview.ca

- The Partnership's organizational digital strategy was developed. This strategy aims to address current user experience issues within our digital ecosystem, meet end user needs and create a solid foundation for future success and growth. It also articulates how we can better leverage digital to effectively support our strategic plan and to enable knowledge mobilization. A key component of the organizational digital strategy is the **RACE** framework. This framework includes guiding principles, critical success factors and strategic pillars. The strategic pillars aim to increase **Reach**, drive inter**A**ction, encourage **C**onversion and deepen **E**ngagement. The strategy will be implemented in a phased manner between 2016 and 2020 to provide more cancer control practitioners with easier access to tools and resources.

- Phase 1 of the organizational digital strategy roadmap was implemented in 2016/17. This included the completion of a large-scale digital content audit, development of new information architecture for the consolidated main website, an updated user experience and content strategy as well as net new page design.
- A number of projects were completed to ensure the Partnership communicates effectively with partners and to help ensure that the Partnership is internally set-up to support our digital endeavours, including the identification of future state requirements for the Partnership's centralized eCommunications tools, implementation of the digital measurement framework created in 2015/16 and enhanced digital marketing efforts in support of organizational work.
- The Digital Operations Team, a key mechanism in the Partnership's digital governance structure, was established.

Knowledge Transfer and Adoption Initiative

The Knowledge Transfer and Adoption Initiative supports the coordination of the Partnership's approaches to knowledge mobilization including planning, execution and measurement.

- Routinely measuring the extent and impact of our knowledge mobilization activities is critical to understanding the effectiveness of these activities in supporting progress against the outcomes of the cancer control strategy. The Partnership currently measures its KMB efforts against the organizational indicators of "usefulness of" and "intent to use." Work to update the KTE (knowledge transfer and exchange) measurement framework began in 2016/17 and will continue into 2017/18. The new framework will focus on measurement of all of the organization's KMB activities including knowledge products (e.g., reports, videos, etc.), live events and digital tools such as our databases. Additional indicators of "reach" and "knowledge use" will help to provide a more holistic view of the impact of KMB efforts towards an improved cancer control system.
- The Knowledge Mobilization Steering Committee met twice in 2016/17. The committee is comprised of experts in KTE, health system policy and clinical practice, and has been helping to inform the evolution of the knowledge mobilization mandate at the Partnership.

OncoSim (formerly the Cancer Risk Management Model (CRMM))

2016/17 was a transitional year for the portfolio.

The Partnership renamed its modelling tool and expanded the portfolio's responsibilities to provide and support health economic activities across the Partnership. As a result, a new Health Economics portfolio evolved out of the Cancer Risk Management Modelling and Economic Analysis.

OncoSim, formerly the Cancer Risk Management Model (CRMM), is a web-based tool that allows users to assess options for or project the long-term impact of policy and program change, including health outcomes, resource implications and economic impact. In 2016/17, existing models in the platform were updated and draft breast cancer and all-cancers models were completed. Enhancements made to the online platform will allow for more robust uncertainty analysis and more efficient use of the computing resources. Knowledge mobilization efforts are accelerating as OncoSim is increasingly used to support cancer control policy decisions.

- In 2016/17, OncoSim results were used by key partners and other stakeholders to support cancer control policy:
 - The Canadian Task Force for Preventive Health Care (CTFPHC) published lung cancer screening guidelines, which incorporated evidence from the lung model to measure the impact of opportunistic versus organized lung cancer screening.
 - The Canadian Cancer Society featured results from the cervical model in its *Canadian Cancer Statistics 2016 Special Topics Report*.
 - The Lung, Colorectal and Cervical Cancer Screening Networks continued to rely on model results to inform decision-making. For example, the cervical cancer model was used to support a national guidance document on HPV testing for primary screening of cervical cancer.
 - Several provincial/territorial jurisdictions, including British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia, relied on OncoSim to support policy decisions in the areas of: cervical cancer screening using Pap test versus HPV DNA test, HPV DNA test as a proof of cure; conventional versus liquid-based cytology; and lung and colorectal cancer screening eligibility and implementation strategies.

- Under the guidance of the Expert Lead, Health Economics, a health economics work plan was developed to augment the understanding of and capability to incorporate health economics into programs of work across the Partnership, to increase capacity for economic evaluation in all streams of work and to embed economic evaluation in planning activities.
- The portfolio provided secretariat, research and writing support for the Economics and Business Case Action Group for the national Tobacco Endgame Summit. A chapter on smoking economics was presented at the Summit.
- Two OncoSim papers were published in academic publications in 2016/17 and another two were submitted for publication. The papers focused on the impacts of introducing population-based lung cancer screening, alternative strategies for lung cancer screening, and colorectal screening modalities.
- A knowledge mobilization plan was developed and implemented, including the introduction of the new brand OncoSim to increase awareness and explain the value of the model to key partners and stakeholders.
- The portfolio hosted a team of Japanese cancer control researchers to share lessons learned from applying microsimulation as a decision tool and from the Partnership's pan-Canadian approach to the use and provision of cancer control evidence.

Analytic Capacity Building and Coordinated Data Development Initiative

The Analytic Capacity Building and Coordinated Data Development Initiative supports analytic capacity within Canada and identifies and fills key data gaps. In 2016/17, a number of initiatives continued to further develop analytic capacity among the provinces and territories.

Analytic Capacity Building Initiative

- The Analytically Yours collaborative space continued to evolve as a unique community of practice for cancer data analysts across Canada and the United States, providing high-quality resources, standardized methodology for analysis, and educational forums such as webinars presented by experts in the field.
- Analytically Yours was augmented by launching two e-learning modules to support data analysts, recording four webinars and sharing resources.
- The Partnership funded a joint analytic project on spatial patterns and temporal trends of thyroid cancer in Canada, training data analysts from seven provinces in small area and geospatial analysis to analyze thyroid incidence based on geographic areas, rurality and other confounding factors. A workshop was also provided on small area analysis to enable identification of hot spots in thyroid incidence. Patterns of thyroid cancer across these seven provinces will be analyzed and opportunities for reporting and publishing will be considered.
- Workshops were also delivered to analysts from all provinces and two territories to provide standardized training and methodology on the use of socio-economic factors in data analysis and to provide standardized training on methodology to develop projections using CanProj. Analysts can use these methodologies to analyze other cancer surveillance indicators and to develop incidence and mortality projections within their jurisdictions, both inputs to measuring the burden of cancer and the potential resource requirement for health care services.
- A work placement project to enhance cancer-related analytic capacity among epidemiology/biostatistics masters students led to the creation of five intern positions, with three of the five positions resulting in permanent positions. The intern placed in Yukon was able to develop Yukon's first cancer mortality report.
- A specialized curriculum in cancer data analytics was developed to address the gap in standardized training available. This would enable standardized education and training of potential analysts and in turn build analytic capacity across the country. Implementation planning will begin in 2017/18.

Coordinated Data Development Initiative

- Five treatment data linkage projects completed their implementation. All projects were multi-jurisdictional, involving provincial cancer agencies and pan-Canadian data stewards. They addressed key data gaps and enhanced access to treatment data, including chemotherapy, surgery and radiation therapy. The resulting new linked datasets provide access to data that was previously challenging to access, allowing for treatment patterns and deficiencies to be studied and highlighting areas for targeted quality initiatives. These projects incorporated the proposed set of core treatment data elements and tested the feasibility of their inclusion and the veracity of the proposed definitions. The projects involved British Columbia, Manitoba, Nova Scotia, Prince Edward Island and Newfoundland and Labrador. Statistics Canada has also implemented a project linking the Canadian Cancer Registry to CIHI's Discharge Abstract Database and the National Ambulatory Care Reporting System, resulting in the first national dataset linking diagnostic and staging information to surgical data, which will help identify surgical treatment patterns relative to stage of diagnosis across the country.

Evidence, Synthesis and Guidelines Initiative

The Evidence, Synthesis and Guidelines Initiative enables stakeholders to use evidence in practice through knowledge synthesis, resources and tools.

- In 2016/17, efforts continued to support the Partnership's use, application and production of evidence-based resources, including: literature searches and evidence reviews to support program area work (e.g., an environmental scan to support the work of the Transition Study, an environmental scan on advanced care planning and goals of care in Canada); guidance on publications and copyright; and staff training sessions.
- Close to 900 clinical practice guidelines were reviewed and appraised as of March 31, 2017, and are now ready for integration into the redesigned 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. These guidelines often serve as resources that jurisdictions can adapt to avoid unnecessary duplication in the system. Updated content will be available to end users via Partnershipagainstcancer.ca, with the launch of the Partnership's new website in 2017/18.
- A report summarizing the Partnership's contribution to the academic literature in the second mandate (e.g., peer-reviewed publications by Partnership staff and funded partners) was completed to provide a baseline for measuring future knowledge mobilization within the academic sphere.

PUBLIC ENGAGEMENT AND OUTREACH

10-YEAR GOAL: 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 for Canadians.

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 100 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 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
- Aligning our engagement with Health Canada's Public Involvement Continuum with a goal to move from low to high participation across the spectrum of inform, consult, involve, collaborate, and empower
- 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 over 30 million media impressions in 2016/17 as a result of our efforts to raise awareness of different aspects of the Partnership's work with partners across the country. And we continued to engage partners, stakeholders and the public online through Twitter and Facebook. The Partnership's ongoing engagement with cancer organizations, health professionals, journalists as well as interested individuals is helping to increase the uptake of our products and reports.

After 10 years of progress in implementing the *Canadian Strategy for Cancer Control* there is 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 Partnership's work are measured and publicly available. The ongoing involvement of patients and the public will be critical to shaping the ongoing collaborative work taking place.

ACHIEVEMENTS IN 2016/17:

Public Engagement and Outreach

- On February 4, 2017, the Partnership joined individuals and organizations around the world in recognizing World Cancer Day (WCD). A truly global event, the Union for International Cancer Control (UICC) has seen growth in involvement as it completes the second of a three-year campaign "We Can. I Can.". The Partnership focused on individual efforts by working with patient and public-facing partners such as jurisdictional cancer care agencies, cancer charities, other Canadian health care organizations, our staff and our social media followers. To support partners in participating in WCD social media activities, the Partnership launched a "shareable" Facebook quiz to test Canadians' knowledge of cancer facts and created and shared a unique Canadian social media post for the global "support through sport" campaign. In previous years, Toronto's CN Tower has been lit in orange and blue, and this year, the Partnership expanded this activity considerably with eight landmarks in four provinces recognizing World Cancer Day.

- In September, the Partnership launched an eight-part video series highlighting health care's growing need for meaningful patient engagement. The video vignettes, *A Panel Discussion on Advancing Patient Engagement*, supported our involvement in the National Patient Experience Forum and were produced from the Partnership's 2016 panel discussion with patients and health care professionals.
- The Partnership grew its social media followers and engagement on Twitter, Facebook and LinkedIn. At the time of the UICC World Cancer Congress in November 2016, the Partnership's Twitter handle evolved to include the Canadian designation "CA" (@CancerStratCA) enabling greater engagement on cancer control internationally through social media.
- 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. This year, the Partnership convened one meeting of the Pan-Canadian Cancer Communications Committee and hosted one meeting of the Interagency Collaboration Group Communications Network. We worked with the membership of both groups to cross-promote individual initiatives of the organizations throughout the year.

Canadian Cancer Action Network

- The Canadian Cancer Action Network (CCAN) is a patient-centred organization working closely with more than 100 patient groups and other key cancer control stakeholders across Canada. It is solely funded by the Partnership. CCAN promotes the cancer strategy and progress to its members regularly and participates in social media and other coordinated communication efforts with the Partnership.
- In 2016/17, CCAN hosted its first "Cancer Conversations that Matter" patient engagement dialogue discussing the themes of data privacy, aging population and low-income screening. The resulting insights will be used across the programs of work of the Partnership's new Strategic Plan.

HOW WE WORK

In 2016/17, the Partnership reached the final year of the 2012–17 mandate and focused on completing the strategies outlined in the 2012–17 strategic plan. Attention was also given to the transition to the 2017–22 strategic plan and the shift to theme-based strategic and business plans.

In all its activities, the Partnership ensures that its work supports the needs of partners and the system and has impact and meaning for those who experience cancer. All initiatives must also be sustainable.

EMBEDDING SYSTEMATIC APPROACHES TO DECISION-MAKING

In order to become more systematic in its decision-making process, the Partnership developed a prioritization framework to allow management to assess the value of initiatives in relation to achieving our long-term cancer control outcomes. The structured, analytic framework will be used by strategic management and Executive committees to support strategic discussions.

In 2016/17, the Partnership and its partners examined the progress made against the 2017 (10-year) outcomes and began to refine the indicators associated with the intermediate (20-year) outcomes of the logic model. We continue to strengthen efforts to measure progress against commitments and ensure that quarterly and annual reporting align with the outcomes set out in the logic model.

The Partnership also began to move beyond our current approach to measuring knowledge mobilization to a more holistic measurement framework. This work has been carried out in tandem with Health Canada's initiative to standardize knowledge mobilization reporting by its funding recipients. The new framework will include a more comprehensive set of outcomes related to knowledge mobilization activities, as well as a new set of data collection tools.

ENSURING STRONG GOVERNANCE

The Partnership's Board of Directors provides the necessary vision and leadership to drive the Partnership's efforts to bring meaningful, long-term improvements to cancer control and to ensure public accountability as stewards of the *Canadian Strategy for Cancer Control*.

Board members represent a wide range of governance skills, cancer control expertise and stakeholder perspectives, including that of cancer survivors. When Board members complete their maximum term appointments and step down, the Board ensures new members receive an effective orientation to cancer control initiatives and emerging cancer control issues. The Board conducts an annual self-evaluation to identify areas requiring improvement.

Board members participate on the five standing committees of the Board: Executive Committee, Finance and Audit Committee, Governance and Nominating Committee, Performance Committee and Human Capital Committee. In 2016/17, the Board established a special committee of the Board to provide guidance on Board-relevant issues related to the procurement process for a Lead Partner that will become the scientific home for the Canadian Partnership for Tomorrow Project.

In addition, the Aboriginal Board Member-at-Large chairs the First Nations, Inuit and Métis National Aboriginal Organizations' Caucus, established to ensure the Partnership remains informed of national and regional priorities and that issues related to First Nations, Inuit and Métis cancer control are reflected at the Board governance level.

ENGAGING WITH PATIENTS, ADVISORS, PARTNERS AND THE INTERNATIONAL CANCER COMMUNITY

The Partnership engages with patient/family advisors and partners in a variety of ways throughout its work.

We ensure the person-centred perspective is represented in all the Partnership's work by including patient and family advisors in committees. In 2016/17, the Partnership developed a plan to refresh its Patient and Family Advisor Program. In addition, patient advisors were invited to observe the *Innovative Approaches to Optimal Cancer Care in Canada* conference to provide input on ways to collaborate on the design and delivery of future events.

The Partnership is refreshing its advisory structures to support the programs and objectives of the 2017–2022 strategic and business plans. The advisory structures currently include advisory groups, Senior Scientific Leads and Expert Leads, who provide advice and expertise related to the pan-Canadian and international context of cancer control. Consideration will be given to creating advisory capacity and structure that can provide counsel through the lens of the Partnership's five strategic themes across the cancer control continuum. Embedding the perspective of those with a lived experience of cancer will also remain a priority.

The Partnership actively engages the leadership of provincial cancer agencies and programs through the CPAC and Provincial Cancer Agency/Program Council (Partnership Council), which meets four times each year to discuss progress on the national strategy and shared priorities at a pan-Canadian level. The Partnership is also represented on CAPCA's Board (Canadian Association of Provincial Care Agencies) and supporting committees, contributing to efforts to address complex system issues related to quality cancer care and services.

While the Partnership's focus is reducing the burden of cancer on Canadians, it continues 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, Chief Scientific Officer, was re-elected to serve a third term on the UICC Board of Directors for 2016–2018. Dr. Bryant has served on the UICC Board since 2012.

LOOKING TO THE FUTURE

The Canadian Strategy for Cancer Control was created in 2006 to reduce the burden of cancer on Canadians. After 10 years of implementing the Strategy, the Partnership will begin the process of refreshing it in 2017/18 to ensure that it continues to reflect emerging priorities, targets gaps and opportunities that have the potential for greatest impact, fosters innovation in the cancer system, and drives evidence-based efforts across the cancer control continuum that deliver meaningful results for those affected by cancer.

BOARD OF DIRECTORS

(APRIL 1, 2016 TO MARCH 31, 2017)

FRONT ROW (seated, left to right):

Gail Turner, Darren Dick, Helen Mallovy Hicks, Shelly Jamieson, Graham Sher, Mary Catherine Lindberg, Mary O'Neill

BACK ROW (standing, left to right):

Abby Hoffman, Shannon MacDonald, Tracey Barbrick, Jeff Zweig, Jean Latreille, Ewan Clark, Eshwar Kumar, Julien Billot, William Young, Lynne Hudson

NOT PICTURED: Karen Herd, Victoria Lee, Crystal Nett, Arlene Paton



GRAHAM SHER MD

Chair, Canadian Partnership
Against Cancer;
Chief Executive Officer,
Canadian Blood Services

HELEN MALLOVY HICKS

Vice-Chair, Canadian Partnership
Against Cancer; Partner,
Global Valuation Leader,
PricewaterhouseCoopers

TRACEY BARBRICK

Associate Deputy Minister,
Health and Wellness,
Nova Scotia

JULIEN BILLOT

President and Chief Executive
Officer, Yellow Pages
Group Corporation
(elected June 2016)

EWAN CLARK

Legal Counsel, Cox & Palmer

DARREN DICK

Development Officer,
Dalhousie University,
Faculty of Management and
MacEachen Institute

KAREN HERD

Deputy Minister of Health,
Manitoba

LYNNE HUDSON

President and Chief Executive
Officer, Canadian Cancer Society
(elected December 2016)

SHELLY JAMIESON

Chief Executive Officer,
Canadian Partnership Against
Cancer (retired April 2017)

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

CRYSTAL NETT

Associate Vice President,
Strategy, Saskatchewan
Polytechnic

MARY O'NEILL

Corporate Director

ARLENE PATON

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

GAIL TURNER

Consultant

WILLIAM YOUNG

Partner, Monitor Clipper Partners
(elected June 2016)

JEFF ZWEIG

President and Chief Executive
Officer, TimberWest Forest
Corporation (elected June 2016)

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 2017/18

In 2017/18, we begin year one of our new five-year strategic plan. We will continue to build and evolve our existing initiatives while evaluating the need to add new programs of work to address emerging priorities within the cancer community.

With our new strategic plan, we are increasing the number of new programs of work, a reflection of the strength of our partner relationships and the organizational foundation now in place. To support this growth in activity, we will continue to explore and implement innovative practices and maintain a strong focus on knowledge mobilization.

Over the next five years, our work will be guided by five themes: quality, equity, seamless patient experience, maximize data impact and sustainable system. These themes reflect the priorities of our stakeholders and will sustain our momentum as we progress toward our 20- and 30-year outcomes.

Our programs of work fall into three categories: continuing, evolving or new. The following are some key examples of each:

CONTINUING PROGRAMS OF WORK

Our continuing programs of work build on our achievements from the first 10 years and focus on the scale-up and spread of successful work. Key continuing programs of work include:

Measure and report on cancer system performance

To support the ongoing use of performance data to improve the quality of cancer care, the Partnership will expand its data collection and reporting efforts. Emphasis will be placed on existing indicators, as well as new and under-measured areas of cancer control. The Partnership will also release a series of reports focused on system performance and person-centred care.

Implement the *First Nations, Inuit and Métis Action Plan on Cancer Control*

The Partnership will continue to build on its efforts to advance cancer control for First Nations, Inuit and Métis people. Particular focus will be placed on identifying and addressing the gaps in data needed to improve patient navigation, minimizing disparities, and engaging effectively with patients and families to ensure all work of the Partnership includes the voice of First Nations, Inuit and Métis people.

Implement and enhance population-based screening programs

Through ongoing work with pan-Canadian screening networks and stakeholders, the Partnership will continue to share best practices and ensure screening programs across the country reflect evidence-based guidelines.

EVOLVING PROGRAMS OF WORK

Evolving programs of work will build on high-impact initiatives from 2012-2017. Key evolving programs of work include:

Support use of the Canadian Partnership for Tomorrow Project research platform

The Partnership is seeking to transfer responsibility for the Canadian Partnership for Tomorrow Project to a new lead partner and scientific home. The Partnership will continue to play a key role by continuing to facilitate collaboration across jurisdictions and research organizations and by supporting the continued enrichment and use of the resource.

Improve experience of cancer patients transitioning from cancer care to primary care

Findings from the Partnership's Transition Study demonstrate the need for concerted efforts to improve the experiences of cancer survivors across the country. The Partnership will collaborate with key stakeholders to leverage the findings and focus on ways to improve the experience of cancer patients transitioning from cancer care to primary care.

Increase capacity to mobilize evidence into action

Sharing the knowledge gained from successful initiatives is key to building a responsive and high-performing cancer system. The Partnership has identified a number of effective approaches for knowledge mobilization at the provincial and territorial, regional and local levels. Using these approaches, the Partnership will work with partners across the country to share knowledge on which programs and policies resulted in successful change, are most cost-effective and have the most sustainable impact.

NEW PROGRAMS OF WORK

New programs of work will focus on engaging partners and stakeholders to address new areas of focus or to implement promising interventions tested in the second mandate.

Key new programs of work include:

Improve quality and availability of palliative, end-of-life care

This new program of work will focus on quality improvements to ensure Canadians have access to high quality palliative and end-of-life care at the right place, right time and based on the needs of the individual. A variety of initiatives will focus on providing early and integrated palliative care using interdisciplinary teams.

Leverage the potential of health system data

Canada's health databases hold an immense amount of valuable data. This new program of work will focus on improving our ability to link and integrate data from these various datasets. Improving access to health-related data will allow the cancer community to answer key questions in cancer control and ultimately improve cancer outcomes for all Canadians.

Increase ability of cancer control system to deliver culturally sensitive care

Delivering culturally competent care improves the quality of care and the experience of patients and their families. It also plays an important role in minimizing disparity. The Partnership will continue its work with First Nations, Inuit and Métis organizations, patients and families to build the skills and knowledge of health providers and to integrate culturally competent care across the cancer control system.

As we begin the next phase of Canada's national cancer strategy, we return to the long-term goals it sets out: Fewer Canadians developing cancer. Fewer dying from it. And a better quality of life for those affected by the disease.

They are ambitious goals. By working collaboratively with our partners to mobilize positive change across the system, we are confident we will achieve them.

MATERIALS COMPLETED**(PUBLISHED BETWEEN APRIL 1, 2016 AND MARCH 31, 2017)**

The following materials were completed for stakeholder and/or external audiences in 2016/17. The 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 2017/18.

Corporate

Effective Efficient Evolving – Enhancing cancer control in Canada: Annual Report 2015/2016 (July 2016)

Effective Efficient Evolving – Enhancing cancer control in Canada: Annual Highlights 2015/2016 (July 2016)

A Panel Discussion on Advancing Patient Engagement: Eight-part video series (September 2016)

Social media quiz: World Cancer Day 2017 (February 2017)

Diagnosis and Clinical Care

Infographic: Improving patient care in Canada with Pan-Canadian Synoptic Surgery Reporting Standards (September 2016)

Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology (November 2016)

Infographic: A path to standardize surgical oncology care (March 2017)

Person-Centred Perspective

Issue Background: Medical Assistance in Dying

Jurisdictional Scan: Canadian Implementation of Patient Reported Outcomes (June 2016)

Presentation: Patient Engagement, Sustainability, and Lessons Learned (November 2016)

Presentation: Preliminary Results of the Experiences of Cancer Patients as they Transition from Cancer Care to Primary Care and Supportive Services (January 2017)

Final Report on the Experiences of Cancer Patients as they Transition from Cancer Care to Primary Care and Supportive Services (both Adult and AYA) (March 2017)

Person-Centred Perspective Program Evaluation Report (March 2017)

Person-Centred Perspective Indicators in Canada: A Reference Report (March 2017; in collaboration with System Performance Initiative)

Prevention

Issue Background: Waterpipe Use in Canada (December 2016)

Issue Background: Flavoured Tobacco in Canada (December 2016)

Issue Background: Electronic Nicotine Delivery Systems in Canada (December 2016)

Issue Background: Plain Tobacco Packaging (May 2016)

Canadian Electronic Delivery Systems (ENDS) Policy Map (December 2016)

Leading Practices in Clinical Smoking Cessation Program Scan (May 2016)

Leading Practices in First Nations, Inuit and Métis Smoking Cessation Program Scan (May 2016)

Webinar: Leading Practices in Clinical + First Nations, Inuit, and Métis Smoking Cessation: A 2015-16 Update (July/August 2016)

Infographic: Cessation Aids and Coverage in Canada (May 2016)

Leading Practices in Smoking Cessation for Persons Living with Mental Illnesses and/or Addictions Addictions Program Scan (March 2017)

Integrating Tobacco Cessation and Relapse Prevention to Improve Quality of Cancer Care (January 2017)

Pathways to Policy: Lessons Learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative (September 2016)

Infographic: Pathways to Policy: Eight Ways To Build Successful Partnerships And Create A Path To Policy Change (March 2017)

Key Cost Estimates on Cancer Treatment and Smoking Cessation in Canada (March 2017)

Key Evidence from Peer-Reviewed and Grey Literature on Smoking Cessation for Cancer Patients (March 2017)

Key Statistics on Smoking Amongst Cancer Patients in Canada (March 2017)

Quotes from Cancer Patients Who Quit Smoking (March 2017)

Prevention Policies Directory videos and resources for faculty and students (January 2017)

Webinar: Tobacco Control Policy Resources (October 2016)

Canadian Municipal Active Transportation Policy Map (December 2016)

Canadian Provincial/Territorial Active Transportation Policy Map (December 2016)

Research

Webinar: The Canadian Partnership for Tomorrow Project: Canada's Largest Population Health Cohort (August 2016)

Monitoring of the National Breast Cancer Research Framework (August 2016)

Webinar: The Cross-Cohort Harmonization Project for Tomorrow (November 2016)

CPTP animated whiteboard video (March 2017)

Cancer Research Investment in Canada, 2005 to 2014 (March 2017)

Pan-Canadian Research Framework for Cancer Survivorship (March 2017)

Pan-Canadian Research Framework for Palliative and End-of-Life Care (March 2017)

Screening and Early Detection

Cervical Cancer Screening in Canada: Environmental Scan (April 2016)

Cervical Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators (Posted December 2015, report updated July 2016)

Cervical Cancer Screening in Canada: What Primary Care Providers Need to Know (November 2016)

Colorectal Cancer Screening: Environmental Scan (April 2016)

Colorectal Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators – Results Report January 2013 – December 2014 (March 2017)

Status of Lung Cancer Screening in Canada: Environmental Scan (April 2016)

Breast Cancer Screening in Canada: Environmental Scan (April 2016)

Breast Cancer Screening in Canada: Monitoring and Evaluation of Quality Indicators – Results Report January 2011 – December 2012 (March 2017)

Breast Cancer Screening in Canada 2011–2012: Report Highlights (March 2017)

Prostate Cancer Screening in Canada: Environmental Scan (April 2016)

Strategy, Evaluation and Analytics

Oncosim

Presentation to the Lung Network—The Impacts of Opportunistic Lung Screening Outside Canadian Task Force on Preventive Health Care Guidelines (April 2016)

Webinar for Health PEI: Introduction to Cancer Risk Management Model (July 2016)

Incorporation of model results in Canadian Task Force for Preventive Health Care guidelines on lung cancer (April 2016)

Presentation to the Manitoba working group on lung cancer screening (December 2016)

National Guidance Document on HPV Testing for Primary Screening of Cervical Cancer, Pan-Canadian Cervical Cancer Screening Network's HPV Primary Testing Working Group (July 2016)

The future burden of cervical cancer, Canadian Cancer Statistics 2016 report (October 2016)

Analytic Capacity Building & Coordinated Data Development Initiative

Webinar: Outcomes of Survival by Stage Project: A Partnership Joint Analytic Initiative (June 2016)

Webinar: Spatial Patterns and Temporal Trends of Thyroid Cancer in Canada: A Partnership-DUPC (Data Use and Publications Committee) Joint Analytic Initiative (September 2016)

E-learning module: The Cancer Registry Landscape in Canada (December 2016)

Workshop: Enhancing Data Analysis Using SES Indicators (February 2017)

E-learning module: Person-Centred Measurements (March 2017)

Webinar: Cancer incidence and survival in Canada's First Nations and Metis, 1992-2009: Results from the 1991 census cohort (March 2017)

Workshop: CANPROJ Training Workshop (March 2017)

Core Competencies of a Cancer Analyst (March 2017)

Webinar: Using Administrative Health Care Data to Inform Cancer Care Policy in Canada:

Successes, Challenges and Lessons Learned (April 2017)

System Performance and Surveillance

The 2016 Cancer System Performance Report (July 2016)

Published Articles

BMC Bioinformatics

- Hodgkinson A, Grenier JC, Gbeha E, Awadalla P. A haplotype-based normalization technique for the analysis and detection of allele specific expression. *BMC Bioinformatics*. 2016;17(1):364.

BMC Geriatrics

- Fang ML, Sixsmith J, Sinclair S, Horst G. A knowledge synthesis of culturally- and spiritually-sensitive end-of-life care: findings from a scoping review. *BMC Geriatrics*. 2016;16(1):1-14.

BMC Palliative Care

- Widger K, Friedrichsdorf S, Wolfe J, Liben S, Pole JD, et al. Protocol: Evaluating the impact of a nation-wide train-the-trainer educational initiative to enhance the quality of palliative care for children with cancer. *BMC Palliative Care*. 2016;15:12.

Canadian Journal of Surgery

- Stewart JM, Tone AA, Jiang H, Bernardini MQ, Ferguson S, et al. The optimal time for surgery in women with serous ovarian cancer. *Can J of Surg*. 2016 Aug;59(4):223-232.

Clinical Journal of the American Society of Nephrology

- Troyanov S, Delmas-Frenette C, Bollée G, Youhanna S, Bruat V, Awadalla P, et al. Clinical, Genetic, and Urinary Factors Associated with Uromodulin Excretion. *Clin J Am Soc Nephrol*. 2016;11(1):62-9.

Current Oncology

- Chadder J, Dewar R, Shack L, Nishri D, Niu J, Lockwood G. Current Oncology. A first look at relative survival by stage for colorectal cancers in Canada. 2016 Apr;23(2):119-24.
- Liu J, Chadder J, Fung S, Lockwood G, Rahal R, Halligan M, et al. Smoking behaviours of current cancer patients in Canada. *Current Oncology*. 2016 Jun;23(3):201-3.
- Evans WK, Flanagan WM, Miller AB, Goffin JR, Memon S, Fitzgerald N, Wolfson MC. Implementing low-dose computed tomography screening for lung cancer in Canada: implications of alternative at-risk populations, screening frequency, and duration. *Current Oncology*. 2016 Jun;23(3):e179-87.
- Tran K, Rahal R, Brundage M, Fung S, Louzado C, et al. Use of low-value radiotherapy practices in Canada: an analysis of provincial cancer registry data. *Current Oncology*. 2016;23(5):351-355.
- Bharmal A, Crosskill A, Lam S, Bryant H. Controlled settings for lung cancer screening: why do they matter? Considerations for referring clinicians. *Current Oncology*. 2016;23(6):371-373.

Implementation Science

- Sopcak N, Aguilar C, O'Brien MA, Nykiforuk C, Aubrey-Bassler K, Cullen R, et al. Implementation of the BETTER 2 program: a qualitative study exploring barriers and facilitators of a novel way to improve chronic disease prevention and screening in primary care. *Implementation Science*. 2016;11:158.

International Journal of Epidemiology

- Fortier I, Raina P, Van den Heuvel ER, Griffith LE, Craig C, et al. Maelstrom Research guidelines for rigorous retrospective data harmonization. *Int J Epidemiol*. 2017;46(1):103-5.

Journal of Occupational and Environmental Medicine

- Dale L, Hartley-Folz S, Blackman F, Dobson B, Gotay, C. Men in Rural and Remote Locations: Their Preferences for Worksite Wellness Programs. *Journal of Occupational and Environmental Medicine*. 2016;58(7):279-280.

Lung Cancer

- Goffin JR, Flanagan WM, Miller AB, Fitzgerald NR, Memon S, Wolfson MC, Evans WK. Biennial lung cancer screening in Canada with smoking cessation—outcomes and cost-effectiveness. *Lung Cancer*. 2016;101:98-103.

Nephrology Dialysis Transplantation

- Goupil R, Dupuis D, Agharazii M, Hamet P, Troyanov S, Madore F. Central blood pressures in early chronic kidney disease: an analysis of CARTaGENE. *Nephrol Dial Transplant*. 2016. Epub ahead of print.

Obesity Reviews

- Olstad DL, Teychenne M, Minaker LM, Taber DR, Raine KD, Nykiforuk CI, Ball K. Can policy ameliorate socioeconomic inequities in obesity and obesity-related behaviours? A systematic review of the impact of universal policies on adults and children. *Obesity Reviews*. 2016;17(12):1198-1217.

Safety Science

- Kramer DM, Haynes E, Holness DL, Strahlendorfe P, Kushner R, Tenkate T. Sun Safety at Work Canada: Baseline evaluation of outdoor workplaces recruited to participate in a sun safety knowledge transfer and exchange intervention. *Safety Science*. 2017;96:172-82.

Presentations

Alberta Health Services (July 2016)

- Presentation: Alberta's Tomorrow Project: Health Data in Store for You

American Institute for Cancer Research (AICR) conference on Nutrition, Physical Activity, Obesity and Cancer (November 2016)

- Poster: Diet quality and cancer incidence in men and women in Alberta's Tomorrow Project
- Poster: Adherence to cancer-specific prevention recommendations reduces risk of cancer in participants in Alberta's Tomorrow Project, Alberta, Canada

American Society of Clinical Oncology Quality Care Symposium (March 2017)

- Poster: Measuring palliative and end of life care for cancer patient who die in hospital in Canada
- Poster: Improving consistency of high quality diagnosis, staging and treatment using measurement

Annual Biorepository & Sample Management Conference (October 2016)

- Presentation: Case study: Interoperability in the context of a federated biobanking project

Annual Canadian Human and Statistical Genetics Meeting (April 2016)

- Presentation: The Canadian Partnership for Tomorrow Project: a pan-Canadian platform for chronic disease prevention research

Annual Conference on the Science of Dissemination and Implementation in Health (December 2016)

- Poster: Theories, Models and Frameworks for Implementation: A Rapid Scoping Review Focused on Prevention and Management of Cancer and Chronic Disease

Association for Commuter Transportation (ACT) of Canada Sustainable Mobility Conference (October 2016)

- Presentation: Pathways to Policy: Local level active transportation and built environment policy change learnings from the Coalitions Linking Action & Science for Prevention (CLASP) initiative

Canadian Association of Pathologists (CAP-ACP) Meeting (July 2016)

- Poster: Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology – A National Framework

Canadian Association of Psychosocial Oncology (CAPO) Conference (May 2016)

- Presentation: Patient Reported Outcome Videos: Empowering patients to be active partners in their care
- Presentation: The need for emotional support through cancer trajectory for men with prostate cancer

Canadian Bioethics Society (CBS) Pre-Workshop Meeting (May 2016)

- Presentation: The Canadian Partnership for Tomorrow Project (CPTP)

Canadian Cancer Action Network (CCAN) Annual General Meeting (September 2016)

- Presentation: Alignment for Patients' Sake

Canadian Centre for Applied Research in Cancer Control (ARCC) Conference (May 2016)

- Presentation: The impact of low-value cancer control interventions on patients and the health care system
- Poster: A model for collaborative cancer system performance reporting using colorectal cancer indicator development as an example
- Poster: Comparing the health and economic outcomes of opportunistic lung screening vs. organized lung screening using the Cancer Risk Management Model

Canadian Society for Epidemiology and Biostatistics 2016 National Student Conference (June 2016)

- Presentation: Exploring the health outcomes of various pan-Canadian cervical cancer screening programs using microsimulation modeling

Cancer Care Ontario Research Day (April 2016)

- Poster: The Canadian Partnership for Tomorrow Project (CPTP)

Choosing Wisley (February 2017)

- Presentation: Choosing Wisely in Radiation Oncology: Driving Practice Improvement through Data and Knowledge Mobilization

EUROGIN (European Research Organisation on Genital Infection and Neoplasia) (June 2016)

- Presentation: Evaluation of Cervical Cancer Screening Strategies (Co-Test, HPV, PAP) Using the Cervix-HPV OncoSim (CRMM)

European Public Health Conference (November 2016)

- Presentation: Assessing cancer control initiatives in Canada – The role of CRMM

Health Quality Transformation (HQT) Conference (October 2016)

- Poster: A national rectal cancer quality initiative; a novel approach to system improvement
- Poster: Building capacity, increasing cancer pathology data availability and enabling benchmark reporting
- Poster: Standardizing surgical oncology care using evidence and measures of quality

International Agency for Research on Cancer (IARC) Conference (June 2016)

- Poster: Coordinated Data Development Initiative: Enhancing The Access To And Use Of Standardized Treatment Data In Canada
- Poster: The Canadian Partnership for Tomorrow Project: A Population Cohort for Health Research

International Association for the Study of Lung Cancer (IASLC) 17th World Conference on Lung Cancer (December 2016)

- Presentation: Potential health and economic consequences of organized vs opportunistic lung cancer screening in Canada

International Association for the Study of Lung Cancer (IASLC) Strategic Screening Advisory Committee – Computerized Tomography Screening Workshop (December 2016)

- Panel: Opportunities to enhance the cost-effectiveness of CT screening through the integration of tobacco cessation

International Population Data Linkage Conference (August 2016)

- Poster: An International cross-cohort harmonization and data integration initiative
- Presentation: A federated data linkage strategy to support population health research in Canada

North American Association of Central Cancer Registries (NAACCR) Conference (June 2016)

- Presentation: Examining income disparities in lung cancer incidence, mortality and survival in Canada
- Presentation: Coordinated Data Development Initiative: Enhancing the access and use of standardized treatment data across Canada

North American Microsimulation Workshop (International Microsimulation Association) (November 2016)

- Presentation: An introduction to Canadian Cancer Risk Management Model (CRMM)

Ottawa Model for Smoking Cessation Annual Conference (January 2017)

- Poster: Smoking Cessation for Persons with Mental Illnesses and/or Addictions in Canada: An opportunity to close the gap
- Poster: Tobacco cessation + relapse prevention = quality cancer care

**Saskatchewan Epidemiology Association Conference
(November 2016)**

- Presentation: The cost-effectiveness of lung cancer screening in Saskatchewan

**Society for Medical Decision Making (SMDM)
16th Biennial European Conference (June 2016)**

- Presentation: The effect of fecal immunochemical test threshold on colorectal screening outcomes

**Society for Medical Decision Making (SMDM)
38th Annual North American Meeting (October 2016)**

- Poster: Evaluating colorectal cancer screening options for Canada using OncoSim

Tobacco Endgame Summit (September 2016)

- Presentation: The Economics of Smoking: Dispelling the myths that may stand in the way of an Endgame

World Cancer Congress (UICC) (November 2016)

- Full session: Embedding a person-centred perspective throughout the cancer journey: successes and lessons learned from inclusion of person's perspectives in cancer control system planning
- Full session: Beyond Indicators: Achieving system impacts through performance measurement and reporting
- Full session: Empowering patients through self-management, symptom screening and e-technologies
- Full session: The cancer experience in rural and remote communities: Problems and potential solutions
- Full session: Access to cancer innovation with and for indigenous peoples
- Full session: Colorectal cancer screening: From raising awareness and overcoming taboos to program design and cost effective program implementation
- Panel: The Influence and Impact of a Coordinated Cancer Strategy and Effective Measurement in Four Countries
- Poster: A Pan-Canadian Palliative and End-of-Life Care Network: A collaborative and integrated approach to palliative and end-of-life care across care settings
- Poster: Standardizing surgical oncology care and measuring quality
- Poster: A National Framework for Quality Improvement in Cancer Pathology: The Road to Implementation

- Poster: Canadian Cancer Screening Program Indicators: Harmonization of quality indicator definitions and calculations
- Poster: Enabling Informed Decisions for Women Considering Breast Cancer Screening: A Guidance Document for Screening Programs
- Poster: The Canadian Partnership for Tomorrow Project (CPTP): A Prospective Cohort for Cancer Research
- Poster: Building capacity, increasing cancer pathology data availability and enabling benchmark reporting
- Presentation: National reporting on low-value cancer control interventions: the impact on patients and the health care system
- Presentation: Coordinated Data Development Initiative: Enhancing the access to and use of standardized treatment data in Canada
- Presentation: Adopting a strategy-based performance management framework to optimize the effectiveness of a national cancer control organization
- Presentation: Pan-Canadian Screening Networks: A Model for Collaboration and Accelerated Impact
- Presentation: Health and Economic Impacts of Organized vs Opportunistic Lung Cancer Screening in Canada
- Presentation: Pathways to Policy: Local level physical activity and built environment policy change learnings from Coalitions Linking Action and Science for Prevention (CLASP)
- Presentation: Conquering the next cancer quality frontier: Evidence-based tobacco cessation and relapse prevention for cancer patients and their families
- Presentation: Examining low-value interventions in cancer control: Implications for patients and the health care system
- Workshop: Evidence-based tobacco cessation and relapse prevention for cancer systems
- Workshop: System Performance Measurement and Reporting

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, 2017 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, 2017 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.

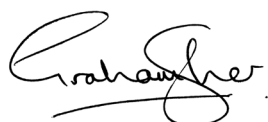
The logo for Grant Thornton LLP, featuring the company name in a stylized, cursive script.

Chartered Public Accountants
Licensed Public Accountants
Toronto, Ontario
June 15, 2017

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended March 31	2017	2016
Expenses		
Population-based prevention and cancer screening	\$ 8,097,156	\$ 7,526,292
Diagnosis and clinical care	7,265,352	9,345,271
Person-centered perspective	5,789,402	5,367,836
Targeted research	14,343,660	8,060,442
First Nations, Inuit and Métis Cancer control	4,716,985	3,268,151
System performance	2,895,080	1,653,531
Knowledge mobilization (Note 5)	11,008,327	9,651,311
Public engagement and outreach	1,700,638	1,798,170
Program support	1,948,693	1,475,597
	57,765,293	48,146,601
Operating expenses (Notes 4 and 5)	7,163,557	5,958,426
	64,928,850	54,105,027
Revenue		
Government of Canada (Note 7)	64,462,427	53,208,029
Heart & Stroke Foundation of Canada	400,000	400,000
Other funding	66,423	496,998
	64,928,850	54,105,027
Excess of revenue over expenses for the year, being net assets at the end of the year	\$ -	\$ -

Approved by the Board of Directors



Graham Sher
Chair of the Board of Directors



Helen Mallovy Hicks
Chair of the Finance and Audit Committee

STATEMENT OF FINANCIAL POSITION

As at March 31	2017	2016
Assets		
Current		
Cash	\$ 1,325,223	\$ 402,565
Short-term investments	9,097,568	17,607,890
Accounts receivable	1,065,601	541,019
Projects in process – advances (Note 3)	–	7,784,289
Prepaid expenses	1,924,710	632,050
	13,413,102	26,967,813
Capital assets (Note 4)	531,750	207,321
Intangible assets (Note 5)	159,237	213,551
	690,987	420,872
	\$ 14,104,089	\$ 27,388,685
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 9,759,845	\$ 6,248,123
Government remittances payable (Note 6)	1,728,547	139,324
Deferred contributions – Expenses of future periods (Note 7)	1,924,710	20,580,366
	13,413,102	26,967,813
Deferred contributions – Capital and intangible assets (Note 7)	690,987	420,872
	14,104,089	27,388,685
Net assets	–	–
	\$ 14,104,089	\$ 27,388,685
Commitments and Guarantees (Notes 8 and 9)		

STATEMENT OF CASH FLOWS

Year ended March 31	2017	2016
Increase (decrease) in cash		
Operating activities		
Government of Canada contributions received (Note 7)	\$ 47,500,000	\$ 47,500,000
Other contributions received	946,299	947,532
Interest received on short-term investments	251,284	316,976
Interest paid to Government of Canada	(49,671)	(355,481)
Cash paid for programs and operating expenses	(55,577,235)	(57,300,676)
	(6,929,323)	(8,891,649)
Investing activities		
Purchase of short-term investments	(35,671,226)	(22,373,764)
Redemption of short-term investments	44,327,431	31,416,349
	8,656,205	9,042,585
Financing activity		
Purchase of capital and intangible assets	(804,224)	(253,201)
Increase (decrease) in cash	922,658	(102,265)
Cash, beginning of year	402,565	504,830
Cash, end of year	\$ 1,325,223	\$ 402,565

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2017

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

In implementing the Canadian Strategy for Cancer Control, 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 provided a contribution of \$241 million over the period of April 1, 2012 to March 31, 2017. On March 17, 2017, the Partnership signed a Contribution Agreement with the Government of Canada, providing a contribution of \$237.5 million over five years ending March 31, 2022. Funding is subject to terms and conditions set out in the Contribution Agreement.

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

2. SIGNIFICANT ACCOUNTING POLICIES

Financial statement presentation

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

Revenue recognition

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

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. Actual results could differ from those estimates.

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.

Funding agreements with these third party partners mentioned above expired on March 31, 2017 coincident with the expiry of the five-year funding agreement with the Government of Canada on March 31, 2017. Amounts receivable from these third party partners of \$546,679 have been included in accounts receivable. Amounts owing to these third party partners of \$3,486,938 is included in accounts payable and accrued liabilities.

4. CAPITAL ASSETS

	Cost	Accumulated Amortization	2017 Net book Value	2016 Net book Value
Information technology and telecommunication	\$ 901,834	\$ 413,065	\$ 488,769	\$ 81,977
Furniture and equipment	1,329,395	1,286,414	42,981	46,678
Leasehold improvements	1,150,029	1,150,029	-	78,666
	\$ 3,381,258	\$ 2,849,508	\$ 531,750	\$ 207,321

Included in operating expenses is amortization expense related to capital assets of \$381,744 (2016 – \$183,230). During the year, the Partnership disposed information technology and telecommunication capital assets of \$578,215 which were fully amortized.

5. INTANGIBLE ASSETS

	Cost	Accumulated Amortization	2017 Net book Value	2016 Net book Value
Portal and software development	\$ 1,328,544	\$ 1,169,307	\$ 159,237	\$ 213,551

Included in Knowledge mobilization and operating expenses is amortization expense related to intangible assets of \$152,365 (2016 – \$438,884). During the year, the Partnership disposed intangible assets of \$8,882,446 which were fully amortized.

6. GOVERNMENT REMITTANCES PAYABLE

	2017	2016
Contribution repayable to Government of Canada	\$ 1,423,114	\$ -
Interest received on short-term investments payable	259,681	98,905
Employee withholdings and other payable	45,752	40,419
Government remittances payable	\$ 1,728,547	\$ 139,324

The 5-year funding agreement with the Government of Canada expired on March 31, 2017. In accordance with the terms and conditions set out in that agreement, any funding installments paid out but not spent or incurred prior to the expiry of the agreement are repayable to the Minister. The amount repayable to the Government of Canada is \$1,423,114.

7. DEFERRED CONTRIBUTIONS

Expenses of future periods

Deferred contributions are held for expenses of future periods.

	2017	2016
Deferred contributions, beginning of year	\$20,580,366	\$ 25,919,482
Current year contribution from Government of Canada	47,500,000	47,500,000
Interest earned on contributions received	210,447	285,809
	68,290,813	73,705,291
Amount recognized as revenue during the year	(63,928,318)	(52,585,915)
Amount applied towards capital and intangible assets acquired	(804,224)	(253,201)
Interest paid to Government of Canada	–	(186,904)
Interest payable to Government of Canada	(210,447)	(98,905)
Contribution repayable to Government of Canada	(1,423,114)	–
Deferred contributions, end of year	\$ 1,924,710	\$ 20,580,366

Capital and intangible assets

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

	2017	2016
Deferred contributions, beginning of year	\$ 420,872	\$ 789,785
Contributions applied toward capital and intangible asset purchases	804,224	253,201
Amount amortized to revenues during the year	(534,109)	(622,114)
Deferred contributions, end of year	\$ 690,987	\$ 420,872

Total Government of Canada revenues recognized of \$64,462,427 (2016 – \$53,208,029) during the year include amounts amortized to revenues from capital and intangible assets.

8. COMMITMENTS

Contractual commitments

As of March 31, 2017, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately \$6.6 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. These are as follows (in thousands of dollars):

2018	\$	1,766
2019		1,283
2020		1,194
2021		1,188
2022		1,130
	\$	6,561

Operating lease commitments

The Partnership rents premises under operating leases. During the year, the Partnership entered into an operating lease agreement with commencement date of June 1, 2018 expiring on May 31, 2028. Minimum annual rental payments to the end of the lease term are as follows (in thousands of dollars):

2018	\$	898
2019		1,194
2020		1,431
2021		1,454
2022		1,494
2023 and thereafter		9,826
	\$	16,297

9. GUARANTEES

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

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

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

10. REMUNERATION OF DIRECTORS AND SENIOR MANAGEMENT

For the year ended March 31, 2017, remuneration paid to the Partnership's Directors amounted to \$100,950 (2016 – \$100,850) and remuneration paid to the Partnership's five highest paid staff amounted to \$1.8 million (2016 – \$1.6 million).

11. FINANCIAL INSTRUMENTS RISK

The Partnership is exposed to various risks through its financial instruments. The following analysis provides a measure of the Partnership's risk exposures and concentrations as at March 31, 2017.

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, 2017.

ULTIMATE BENEFICIARIES

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2016/17 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at partnershipagainstcancer.ca.

Alberta First Nations Information Governance Centre
 Alberta Health Services
 Assembly of First Nations
 BC Cancer Agency
 Canadian Agency for Drugs and Technologies in Health
 Canadian Association of Gastroenterology
 Canadian Association of Psychosocial Oncology
 Canadian Cancer Action Network
 Canadian Hospice Palliative Care Association
 Canadian Institute for Health Information
 Canadian Organization of Medical Physicists
 CancerCare Manitoba
 Cancer Care Nova Scotia
 Cancer Care Ontario
 Centre for Effective Practice
 Centre hospitalier universitaire Sainte-Justine
 Council of Yukon First Nations
 Covenant Health
 Dalhousie University
 Diagnostic Services of Manitoba Inc.
 Eastern Health – Newfoundland and Labrador
 Elsipogtog Health and Wellness Center
 First Nations Health and Social Secretariat of Manitoba
 First Nations Health Authority – British Columbia
 Genome Quebec
 Government of Nunavut
 Government of the Northwest Territories
 Government of Yukon
 Hamilton Health Sciences
 Health PEI

Institut national de santé publique du Québec
 Inuit Tapiriit Kanatami
 Kenora Chiefs Advisory
 McGill University Health Centre – Research Institute
 McMaster University
 Métis Nation of Alberta
 Métis Nation British Columbia
 Métis Nation of Ontario
 Métis National Council
 Mount Sinai Hospital
 New Brunswick Department of Health
 Nova Scotia Health Research Foundation
 Nunavik Regional Board of Health and Social Services
 Ontario Institute for Cancer Research
 Public Population Project in Genomics & Society
 Queen’s University
 Saskatchewan Cancer Agency
 Simon Fraser University
 St. Michael’s Hospital
 Statistics Canada
 Sunnybrook Health Sciences Centre
 University Health Network
 University of Alberta
 University of British Columbia
 University of Toronto

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

ADDITIONAL RESOURCES

Introduction

Canadian Strategy for Cancer Control

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

We see progress: The Canadian Strategy for Cancer Control: 2017-2022

(<http://www.partnershipagainstcancer.ca/resources-publications/strategic-documents>)

Mobilizing Positive Change: Improving Cancer Control in Canada

(www.partnershipagainstcancer.ca/impact/)

Prevention and Screening

Coalitions Linking Action and Science for Prevention

(www.cancerview.ca/cv/portal/Home/PreventionAndScreening/PSProfessionals/PSPrevention/CLASP)

Ingrating Cancer Control with Tobacco Control

(<http://www.cancerview.ca/preventionandscreening/tobacco/>)

Prevention Policies Directory

(www.cancerview.ca/preventionpolicies)

CAREX Canada

(www.carexcanada.ca)

Lung Cancer Screening Framework for Canada

(<http://www.cancerview.ca/preventionandscreening/lungcancerscreeningpage/>)

Quality Diagnosis and Clinical Care

Quality Initiative in Interpretive Pathology

(<http://www.cancerview.ca/qualityandplanning/qualityinitiatives/interpretivepathologyquality/>)

Quality Initiative Implementation

(<http://www.cancerview.ca/qualityandplanning/qualityinitiatives/qualityinitiativeimplementation/>)

Approaches to High-Risk, Resource Intensive Cancer Surgical Care in Canada

(<http://www.cancerview.ca/QualityAndPlanning/QualityInitiatives/AccessAndQualityCancerSurgery/>)

Canadian Partnership for Quality Radiotherapy

(www.cpqr.ca)

Canadian Cancer Clinical Trials Network

(<http://3ctn.ca/>)

Research

Canadian Partnership for Tomorrow Project

(www.partnershipfortomorrow.ca)

Canadian Cancer Research Alliance

(www.ccra-acrc.ca/index.php/publications-en)

2017 Canadian Cancer Research Conference

(www.ccra-acrc.ca/index.php/ccrc-home)

First Nations, Inuit and Métis Cancer Control

First Nations, Inuit and Métis Action Plan on Cancer Control

(<http://www.cancerview.ca/firstnationsinuitandmetis/initiatives/>)

System Performance

2016 Cancer System Performance Report
(www.systemperformance.ca/reports/)

Adolescents and Young Adults with Cancer
(www.systemperformance.ca/reports/)

2017 Cancer System Performance Report
(www.systemperformance.ca/reports/)

Knowledge Mobilization

Cancerview.ca
(www.cancerview.ca)

OncoSim (formerly Cancer Risk Management Model (CRMM))
(<http://www.cancerview.ca/qualityandplanning/oncosim/>)

Analytically Yours website
(<https://analyticallyyours.mycancerview.ca/>)

Public Engagement and Outreach

Canadian Cancer Action Network
(<http://www.ccanceraction.ca/>)

How We Work

Partnership Board of Directors
(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)

Canadian Association of Provincial Cancer Agencies
(www.capca.ca)

Union for International Cancer Control
(www.uicc.org)

CLASP2 INITIATIVES

Working on Wellness in Strategic Populations

Working with employers and employees in northern British Columbia, the Yukon and the Northwest Territories, Working on Wellness (WoW) in Strategic Populations focused on improving healthy living policies aimed at hard-to-reach populations. Better health promotion programming in rural, remote and First Nations workplaces and communities increased awareness, education and access to information on healthier choices.

Lessons from WoW's work with underserved populations were used to build evidence on influencing policy change and to produce a guide on how to tailor workplace wellness programs to hard-to-reach employee groups.

Partnering organizations included:

- **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

Changing the way students think about food is the first step in reducing rising rates of childhood obesity, which is a risk factor for some types of cancer. Nourishing School Communities aimed to get students in First Nations schools, public schools and after-school facilities thinking differently about food through the creation of healthy food environments in their schools.

By adopting a comprehensive school health approach, the project transformed food systems to include healthy, regionally-sourced and sustainably-produced food options. In some areas, this included the development of school gardens. The goal was to improve healthy eating among school children and to increase opportunities for collaboration with community partners.

Tools, policies and results from the Nourishing School Communities project were shared among partners and local, provincial and national networks to ensure wider adoption of healthy eating interventions.

Partnering organizations included:

- **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

After an acute event related to a chronic disease, a window of opportunity can open up to break the chain of inter-related cancer risk factors—such as smoking, diet and alcohol consumption—and help create a health-promoting environment for loved ones once they're released from hospital. The ACCELERATION (Activity, Smoking Cessation, Healthy Eating and Alcohol Intervention & Motivation) Program aimed 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.

ACCELERATION advanced disease prevention by using a population-based approach to reach at-risk communities and new populations. The knowledge gained through this approach was shared through toolkits, a social networking platform, training materials and guidelines.

Partnering organizations included:

- **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 de réadaptation cardio-respiratoire Jean-Jacques Gauthier, Hôpital du Sacré-Coeur de Montreal, McGill University
- **Nova Scotia:** Community Cardiovascular Hearts in Motion (CCHIM), QE II Health Sciences Centre
- **Other:** Kinduct Technologies

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

Successful policy work in tobacco control holds lessons for obesity prevention. Policy can address the underlying social and economic drivers of unhealthy eating, physical inactivity and, ultimately, obesity. POWER Up! aimed 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). A searchable database of obesity-relevant policies helped the public, professionals, researchers and policy-makers gather evidence on the implementation of prevention policies in Canada, as well as their evaluated outcomes.

Researchers, practitioners and policy makers can benefit from theory-driven toolkits and capacity-building workshops to implement policy change based on best available evidence. An online community kept project partners, the public and professionals sharing knowledge about policy influences on childhood obesity. An annual policy report card on food environments and nutrition helped broker knowledge for obesity-related policy development.

Partnering organizations included:

- **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 Safety at Work Canada

Sun Safety at Work Canada created an effective and sustainable sun safety program for outdoor workers that aimed to prevent both skin cancer and heat illnesses. Building on Alberta's Be Sunsible program, Sun Safety at Work expanded into workplaces in British Columbia, Alberta, Ontario and the Atlantic provinces.

A comprehensive sun safety program was tailored to the specific characteristics of each worksite and embedded into existing prevention and occupational health and safety efforts. A website with tools and resources helped workplaces across Canada implement their own effective and sustainable sun safety policies and practices.

Partnering organizations included:

- **Alberta:** Alberta Health Services
- **British Columbia:** WorkSafe BC
- **Nova Scotia:** Sun Safe Nova Scotia
- **Ontario:** Occupational Cancer Research Centre, Ryerson University

EVIDENCE-BASED TOBACCO CESSATION AS A CANCER CARE QUALITY IMPROVEMENT PROJECT

A Step Back from the Cliff: Developing a Sharing Circle Model for Tobacco Cessation and Relapse Prevention for Northwest Territories Cancer Patients and Families

This project developed a sharing circle model for tobacco cessation and relapse prevention services for cancer patients living in the Northwest Territories. These efforts extended the reach of existing services for smoking cessation, such as the NWT Quitline, bringing them directly into communities.

Partnering organizations:

- Government of the Northwest Territories Department of Health and Social Services

Toward an Evidence-Based Tobacco Cessation and Relapse Prevention Strategy: Improving Quality Care for Nunavummiut

This project developed recommendations to identify and document Nunavummiut cancer patients and their families who smoke. This was the first Partnership-funded project in Nunavut and formed the basis of a plan for implementation of tobacco cessation supports for cancer patients in Nunavut.

Partnering organizations:

- Government of Nunavut

Evaluating Alberta's Cancer Patient Tobacco Treatment Programming

This project assessed the feasibility and acceptability of new tobacco treatment services offered by CancerControl Alberta for cancer patients, families and staff, and developed performance measures and a feedback system to drive continuous quality improvement.

Partnering organizations:

- Alberta Health Services (CancerControl Alberta)

Oncology Smoking Cessation Assessment and Review

This project evaluated CancerCare Manitoba's Quit Smoking Program, looking specifically at the program's effectiveness, current data collection processes, economic impact and program components associated with cessation. This supported program refinements and justify program expansion.

Partnering organizations:

- CancerCare Manitoba

Refining Smoking Cessation Efforts to Improve Effectiveness and Sustainability across Ontario's Regional Cancer Programs

This project enhanced implementation of existing smoking cessation programs across 14 regional cancer centres in Ontario and explored a standard approach to referrals and pharmacotherapy access for smoking cessation.

Partnering organizations:

- Cancer Care Ontario

Integration of Evidence-Based Tobacco Cessation Practices into Cancer Settings

This project supported implementation of the Ottawa Model for Smoking Cessation (OMSC) into cancer care settings within New Brunswick's Horizon Health Network. This included staff training and tools to support implementation of a systematic approach to supporting cancer patients in quitting smoking.

Partnering organizations:

- New Brunswick Cancer Network
- Horizon Health Network's Centre of Excellence for Clinical Smoking Cessation

Strengthening Cancer Program Capacity to Integrate Evidence-Based Tobacco Cessation Programming

This project developed processes to support smoking cessation across Nova Scotia, building on the work and sharing best practices from the Cape Breton Cancer Centre's experiences in developing a smoking cessation program for cancer patients. Efforts focused on providing tools for oncology providers on cessation, hosting provincial and regional workshops and developing resources for patients.

Partnering organizations:

- Nova Scotia's Department of Health and Wellness
- Cancer Care Nova Scotia
- Cape Breton Cancer Centre

Tobacco Cessation Program for PEI Cancer Treatment Centre Patients

This project built and standardized implementation of the Ottawa Model for Smoking Cessation within cancer treatment. In addition, the project equipped cancer care team members with knowledge and skills to support cancer patients in quitting smoking during treatment.

Partnering organizations:

- Health PEI

Planning an Evidence-Based Smoking Cessation and Relapse Prevention Program for Cancer Care in Newfoundland and Labrador

This project integrated evidence-based approaches to smoking cessation and relapse prevention into oncology practices, conducted a survey of current cessation practices, developed a model for identification and referral of patients to smoking cessation programs as well as developed a knowledge transfer framework, training, communications, evaluation and sustainability plans.

Partnering organizations:

- Eastern Regional Health Authority

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 enhanced 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 facilitating their introduction into practice. The IHC program was 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, most 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 making corrections prior to proceeding with treatment. This initiative accelerated the uptake of peer review in radiotherapy programs and established 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: use of a “gold standard” surgical technique called total mesorectal excision; use of MRI for pre-treatment staging; and 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. Currently, there is significant variation in the uptake and use of these quality initiatives across Canadian centres. This project brought together clinicians, patients and families at eight leading centres for treating rectal cancer across Canada to apply these quality initiatives more consistently. It led 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 University Health Centre, Montreal, QC; CHUQ Pavillon St-Francois d'Assise, Quebec City, QC; QEII Health Science Centre, Halifax, NS

PERSON-CENTRED PERSPECTIVE INITIATIVE

Patient Experience and Patient-Reported Outcomes Initiative

Person-centred care that is respectful of, and responsive to, individual patients' preferences, needs and values is a hallmark of quality cancer care. The Patient Experience and Patient-Reported Outcomes Initiative accelerated optimal care and measured health-related outcomes for patients across Canada by implementing standardized screening and assessment tools that allowed participating jurisdictions to develop measurements that ultimately guided programmatic quality improvement interventions.

Projects that received funding in patient experience and patient-reported outcomes:

Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)

The iPEHOC project facilitated the uptake of a core set of standardized patient-reported outcome and patient-reported experience measures, and their use in clinical practice. The ultimate goal was 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

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

This project benefitted 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 was expanded to include re-screening at the end of cancer treatment and in Newfoundland and Labrador, a similar program was 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 enhanced the person-centredness of our cancer care systems by using patient- and family-reported outcomes to guide quality improvement. By building and implementing a standardized approach to the collection and analysis of patient-reported outcomes, the partners created a large, consistent set of patient-reported outcomes that are available for ongoing systematic evaluation.

Partners: Alberta Health Services, CancerCare Manitoba and the Saskatchewan Cancer Agency

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

This project improved patient experiences and health care processes by implementing and evaluating the Therapeutic Practices for Distress Management Program in five Canadian cancer programs. The goal was to embed evidence-based responses as outlined by clinical practice guidelines for common symptoms (fatigue, pain, anxiety and depression) into standard cancer care.

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

Survivorship Initiative

There are currently 1.6 million cancer survivors in Canada. With further advances in prevention, screening and treatment, as well as the expected increase in the number of cancer diagnoses, the number of cancer survivors is expected to increase, making it critical to understand the unique needs of this growing population.

Projects that received 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. This initiative was intended to 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

Cancer Chat Canada

Cancer Chat Canada 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. Cancer centres in six provinces collaborated to offer this pan-Canadian service hosted by the de Souza Institute.

Partners: The de Souza Institute, working with partners in multiple provinces

Return to Work

A group of clinicians, researchers, cancer survivors and community-based organizations worked together to create an interactive website that provides information and resources about return to work (RTW) for Canadian cancer survivors, health care providers and employers. This website hosts online resources and toolkits that embrace multiple elements of RTW such as staying at work, workplace reintegration, or finding work after a cancer diagnosis and is available in English and French.

Palliative and End-of-Life Care Initiative

Palliative care is a process of care that is driven by early recognition of the need for a person-centred approach to care. This approach acknowledges the importance of 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. The goal of these projects was to integrate cancer care, palliative and end-of-life care models. These projects established clear priorities for introducing palliative and end-of-life care earlier and identified 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.

Projects that received 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 received comprehensive education in evidence-based palliative care as well as guidance and support to implement new knowledge and skills throughout the child's disease course. This project included the regional rollout of the National Cancer Institute's Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics) curriculum adapted for the Canadian context. The curriculum, which is specifically designed for pediatric oncology physicians, nurses and other health professionals, was delivered using a "Train-the-Trainer" model.

Partners: Hospital for Sick Children, University of Toronto, and the 15 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 were used for earlier identification of 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 targeted providers in Quebec and providers and patients in oncology, primary care and community care settings in urban, rural, remote and First Nations communities in some regions in Ontario.

Partners: Cancer Care Ontario and 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 were trained in pain and symptom management using a treat-and-refer versus a treat-and-admit approach. This approach to managing palliative care for cancer patients in the home is designed to minimize visits to the emergency room. As a result, palliative cancer patients in Nova Scotia and Prince Edward Island received care to relieve symptoms such as pain, breathlessness or anxiety 24 hours a day, 7 days a week anywhere in the province by calling 911. The Nova Scotia Special Patient Protocol database was expanded to assist providers in understanding and providing care consistent with patients' wishes.

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

Knowledge Tools: Addressing National Gaps

The project developed a series of virtual knowledge tools that are clinically relevant, person-centred and evidence-informed to fill critical national gaps in information and support for advanced cancer patients, their families and health care providers. While the tools are relevant to all Canadians, special focus was 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 other 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 for Physicians.

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 inter-professional educational program in palliative and end-of-life care is geared to oncology professionals and was offered to regional sites that had not previously had Partnership support. The program focused 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 was a Partnership-funded and managed initiative until December 2016.

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 positive, it can create challenges for cancer survivors and the health system given the significant late and persistent effects survivors experience after 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 was 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 focused on the period after primary cancer treatment is complete and follow-up care has begun.

Projects that received 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 emphasized trust and relationship-building among First Nations, Inuit and Métis cancer patients and communities with 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 were used to ease fears and misconceptions among First Peoples about cancer as well as improve cancer patient health outcomes.

Partners: Government of Northwest Territories, Alberta Health Services, BC Cancer Agency, CancerCare Manitoba and 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 provide support for breast and colorectal cancer patients as they transition from cancer care to primary care after treatment, this project developed and piloted four different resources: automatically generated, 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 were used to 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, Cancer Care Nova Scotia and the Canadian Cancer Society in BC and NS

Primary Care and Cancer Care Integration:

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

This project developed a collaborative residency training curriculum to strengthen relationships between primary care residents and oncology residents through a structured training program. It also developed and piloted 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, CancerCare Manitoba and BC Cancer Agency

FIRST NATIONS, INUIT AND MÉTIS CANCER CONTROL INITIATIVE

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

This project represented a multi-faceted approach to implementing several priorities pertaining to the First Nations and Métis cancer journey within Yukon, specifically in relation to diagnosis delivery and discharge planning. The work was carried out in collaboration and partnership with the Yukon cancer system and advanced 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)

Recognizing that communities are a critical part of the health care system, this project involved 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 aimed to strengthen the Northwest Territories (NWT) health system to serve and support Indigenous cancer patients and their families in a culturally safe and supportive way; increase knowledge among Indigenous 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.

This project brought the Department of Health and Social Services together with NWT communities, regional health and social services authorities, Indigenous 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.

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)

In this project, the First Nations Health Authority, BC Cancer Agency, Provincial Health Services Authority, Métis Nation British Columbia and British Columbia Association of Aboriginal Friendship Centres worked together to address gaps in culturally appropriate resources for Indigenous cancer patients.

Efforts focused 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. Organizational protocols/processes were reviewed to ensure cultural safety and access to traditional health support and to improve existing services and supports through the continuum of cancer care from diagnosis to discharge.

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

This project was designed to increase First Nations knowledge and understanding of cancer and cancer care services, educate health care workers about First Nations people in Alberta and better coordinate care and services for First Nations people with cancer. The collaborative project, which involved Alberta First Nations and Alberta Health Services-Cancer Control Alberta and increased access to culturally responsive cancer care services and developed educational resources and tools to support First Nations cancer pathways. Other partners included the Alberta First Nations Information Governance Centre, First Nations Inuit Health Branch, Aboriginal Nurses Association of Canada, Indigenous Physicians Association of Canada and more.

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

Cancer is a growing health concern among First Nations and Métis populations, making it imperative to improve health outcomes in these populations. However, without reliable health data specific to these populations, 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 cultures, geography and health systems. This prompted the Federation of Sovereign Indigenous Nations (FSIN) and the Saskatchewan Cancer Agency to come together in an unprecedented partnership to review current cancer surveillance systems and practices both locally and internationally.

This groundbreaking initiative gave 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 a foundational component to effectively advance services across the continuum of cancer care services 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 cancer care.

The project improved communication by adapting existing cancer transition toolkits, including specific follow-up care plans and resources, to ensure they will meet the needs of First Nations and Inuit patients and family and the health care providers who serve them. The toolkit will be provided during a new kind of appointment, in which health care providers review the next steps in a patient's care. Audio recordings of the transition appointment will be introduced to remove the barriers of literacy and language, allowing patients to take the information home, review and share it.

To ensure culturally and emotionally safe methods are used to deliver a cancer diagnosis to a patient and their family, diagnosis delivery guidelines and a patient story video were 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 was developed. The diagnosis delivery guidelines, patient video and patient support tool were made publicly available.

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 aimed to increase the quality and cultural relevance of health care and health services for First Nations, Inuit and Métis patients with cancer.

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. Providing culturally relevant services not only improves the efficacy of the health care system for patients, taking culture into account makes it possible to fulfill the need for a comprehensive approach to cancer care and to reduce disparities related to cultural differences.

This project improved the coordination of health care services for Inuit and Cree patients, who experience a lack of harmonization in the health care system with respect to managing chronic diseases—especially in remote areas. It improved access to health care and cancer care services in Nunavik and Eeyou Istchee through the development of local health care provision and positioned 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)

Recognizing the unique challenges faced by many Indigenous peoples when confronted with a cancer diagnosis, including language barriers, cultural differences and geographical isolation from primary care and secondary and tertiary health centres, this initiative of the Cancer Care Program of Eastern Health was aimed at enhancing cancer care services for Labrador Inuit, Innu and members of the NunatuKavut Community Council Inc.

The initiative focused on three priority areas, including:

- Enhancing transitions in care between hospital and community setting
- Expanding Tele-Oncology for enhanced consultation between specialists, family physicians, nurses in community clinics and patients themselves
- Increasing 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.

Improving the Journey for Elsipogtog First Nation Patients Along the Cancer Care Continuum (New Brunswick)

This initiative focussed on advancing improvements in continuity of care in a culturally responsive and safe way for Elsipogtog First Nation patients.

The specific project goals were:

- To identify the needs of Elsipogtog community members around the cancer care continuum, through interviews with patients and survivors and from data collected by the New Brunswick Health Council;
- To identify solutions to the problems impacting quality patient-centered navigation and discharge planning, in partnership with the initiative steering committee members, which included the regional health networks, hospitals, non-governmental organizations and the provincial cancer network;
- To address the conditions needed to provide culturally responsive/safe care to patients accessing cancer care services through cultural safety training;
- To develop and implement a community-based physical activity and cancer survivorship program.

The activities and resources produced by this initiative will be continued by the Elsipogtog Health and Wellness Centre, including the cancer outreach worker, cancer support group and the physical activity program. The community has plans to share their successful strategies with other First Nations communities in New Brunswick.

First Nations Client Registry Linkage with Cancer Care Ontario Registries Project (Ontario)

The lack of accurate First Nations data, especially data regarding the incidence and prevalence of cancer, is an issue in every region in Canada. There is limited ability to extract First Nation information from regional cancer databases. The First Nations Client Registry (FNCR) is a tool developed by First Nations to address this situation and increase access to and availability of First Nation health information. The Kenora Chiefs Advisory (KCA) is comprised of eight participating First Nations in Northwestern Ontario, near the city of Kenora. In the past, these communities did not have the necessary data to identify the incidence of cancer in their communities for the purpose of evidence-based planning. The KCA communities partnered with the Partnership and Cancer Care Ontario's Aboriginal Cancer Control Unit (CCO ACCU) to link the FNCR with CCO's InScreen Registry and the Ontario Cancer Registry.

InScreen is CCO's registry for identifying an individual at risk for cervical, colon and breast cancer. Ontario's Cancer Registry identifies individuals in Ontario that have a diagnosis of cancer.

The linking of the FNCR with CCO registries was able to provide a more detailed analysis of cancer burden and screening requirements within the KCA communities. The ongoing linking of FNCR with CCO registries will ultimately have a positive impact on the ability of those planning and delivering services to have a more comprehensive view of the cancer health status of First Nations within the KCA communities.

COORDINATED DATA DEVELOPMENT INITIATIVE

Cancer and Surgery Information Validation Initiative (CanSIVI)

The Cancer and Surgery Information Validation Initiative (CanSIVI) tested the quality of select data within the Canadian Institute for Health Information's Discharge Abstract Database.

Partnering agencies:

- BC Cancer Agency
- CancerCare Manitoba
- Eastern Health Newfoundland & Labrador

RT Link

The RT Link project linked and transferred radiation therapy data from the Cancer Agency Information system (ARIA) to the OncoLog cancer registry information system.

Partnering agencies:

- Cancer Care Nova Scotia
- Health PEI
- BC Cancer Agency

ReDi Link

The ReDi Link project linked and transferred systemic treatment data from the community pharmacy-based Drug Information Systems (DIS) to the OncoLog cancer registry information system.

Partnering agencies:

- Health PEI
- Cancer Care Nova Scotia

Newfoundland & Labrador Provincial Systemic Therapy Database

Newfoundland & Labrador's Eastern Health developed and implemented a project to link and consolidate systemic therapy data across the province.

Canadian Cancer Treatment Linkage Project (CCTLP)

Statistics Canada will implement a project to link the Canadian Cancer Registry data to surgical data from CIHI's Discharge Abstract Database (DAD) and National Ambulatory Care Reporting System (NACRS) datasets to create a national dataset.

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