

Mobilizing positive change

Improving cancer control in Canada





Ten years ago,
Canada's cancer
community launched
an ambitious plan
to reduce the burden
of cancer in Canada.

Today, the Canadian Partnership Against Cancer
and its partners can celebrate 10 years of significant
progress toward that goal.

Positive change is underway.
And the momentum continues to grow.

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The Canadian Partnership Against Cancer was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada's cancer strategy into action and help it succeed. In this publication, we share highlights of our 2016/17 work with partners across the country and across the cancer landscape.

Visit partnershipagainstcancer.ca to download our full 2016/17 annual report.

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Only a few countries in the world have implemented a robust national cancer strategy. Canada is one of them.

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 cancer control. In 10 short years, we've grown from a start-up organization with big goals—to a Canada-wide partnership that is mobilizing change across the cancer control system.





Achieving outcomes through collective action

Our collaborative approach has made this progress possible.

Our partner network represents the breadth of the cancer community: cancer agencies, governments, Indigenous organizations, health professionals, research organizations and most importantly, people affected by cancer. Together, they bring a wide variety of perspectives and expertise to every aspect of our work. And their commitment to collective action has generated new connections and synergies.

That's evident in the area of prevention, where projects funded through the Partnership's CLASP initiatives (Coalitions Linking Action and Science for Prevention) formed partnerships across the country to adapt and spread successful cancer and disease prevention projects. The projects addressed risk factors from physical inactivity to tobacco use, creating healthier communities and influencing practice and policy changes at the municipal, provincial, territorial and national levels.

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 initiatives designed to improve the cancer journey for Indigenous peoples, and work on the other priorities will continue.

We've also made significant progress in ensuring that the cancer system is better able to respond to patient and family needs. Through projects engaging partners and our patient and family representatives across the country, we've worked to better measure patient experience, enhance palliative and end-of-life care, address the needs of survivors and improve integration between primary care and cancer care.

Enabling performance through better systems

Measuring performance is critical if we are to truly improve the quality of cancer control in this country. The Partnership has made Canada a world leader in this regard. Working with our partners, we've put in place systems that allow us to review and compare performance using over 100 indicators. In addition, we've made major advances in linking diagnostic, treatment and outcome data from databases across the country so we can begin to answer critical questions about the effectiveness and efficiency of cancer care.

The Partnership has also significantly enhanced the capacity for population health research in Canada by working with partners from eight provinces to establish the Canadian Partnership for Tomorrow Project (CPTP). This rich research tool of health and lifestyle data collected from 300,000 Canadians is the country's largest population health research platform. Now open for business, CPTP is creating opportunities for researchers from around the world to discover new ways to detect and treat disease.

Mobilizing change

As we look ahead, we now shift our attention to the 20- and 30-year outcomes the cancer community identified to guide the national cancer strategy. Our efforts will be organized under five themes set out in our new strategic plan: quality, equity, seamless patient experience, maximize data impact and sustainable system.

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.

The result will be a stronger and more responsive cancer system for all Canadians.

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.



Graham Sher
Chair



Improving transitions for cancer patients

A large-scale study of cancer survivors from across the country is providing new insights into the experience of patients once their cancer treatment ends.

Cancer patients return to their primary care provider for follow-up care after treatment. But for many patients, this transition is challenging. Too often, there is poor communication and coordination between cancer centres, primary care providers and community care. As a result, patients and families frequently don't get the care and support they need for their physical, emotional and practical needs.

To better understand the patient experience, the Partnership worked with cancer agencies and programs across the country to conduct the first Canada-wide study of cancer survivors. The study reached out to more than 40,000 patients and survivors who had completed treatment in the past three years, focusing on people over the age of 30 who were diagnosed with the five most common cancers—breast, colorectal, prostate, melanoma and haematological. The study also included adolescents and young adults aged 15–29 with any form of cancer, as this group has a unique set of challenges.

More than 13,000 individuals from all 10 provinces completed the survey, a response rate of 33 per cent. Participants answered questions on their physical, emotional, informational and practical needs; the support they sought to address those needs; and any barriers they faced in getting that support.

While analysis of the data is still underway, preliminary findings point to the struggles many adult cancer survivors face:

- A high percentage of respondents continued to experience physical and emotional challenges one to three years after treatment, including fatigue (67 per cent), anxiety about cancer returning (68 per cent) and changes in sexual activity or function (44 per cent).
- More than 50 per cent of respondents tried to get help for their physical concerns, but over one-third of these said it was hard to get help or they couldn't get the help they needed.
- Up to 37 per cent did not get support for their emotional concerns when they needed it, or found it hard to access that support.

Early indications are that access to information is the biggest factor in whether or not patients have their needs met. Additional analysis will help to identify what populations are most vulnerable, the profile of patients whose needs are met most effectively and the factors that play a role.

All of these insights will be used to recommend changes to the system and to inform work to improve the experience of patients and survivors. From the patient's perspective, the transition from cancer treatment to primary care may get just a little easier.



“This study is important because up until now, very little has been said about the experience of cancer patients who survived once their treatments are over. If we want to keep improving the continuum of care and follow-up for people who have survived, we have to give them a voice.”

Ghyslaine Neill is the Director of Health Statistics at the Institut de la statistique du Québec. She was a principle investigator for the Partnership's Transition study which looked at the experiences of cancer patients following primary treatment.

13,000+
people

from all 10 provinces
completed the first Canada-wide
survey of cancer survivors

A portrait of Archie Stewart, an older man with a grey beard and mustache, wearing a blue button-down shirt. He is looking directly at the camera with a slight smile. The background is a blurred outdoor scene with green foliage and a red building.

Archie Stewart

Patient and Family Partner

Archie Stewart smoked for 45 years. He was recently diagnosed with terminal lung cancer and chronic obstructive pulmonary disorder (COPD). Although living with the challenges of both respiratory diseases, he has stepped up to support the Partnership's initiative to reduce tobacco use in Canada.

"I want to help young people, especially those who just started smoking or have been doing it for a few years," says Archie. "I want them to know that if they quit now, there will probably be little damage to their health."

"I don't want young people to find themselves in my position: in their 60s with terminal lung cancer and COPD and costing our health care system hundreds to thousands of dollars each year."

Archie was an opening speaker at the Partnership's Integrating Tobacco Cessation and Cancer Care meeting last January. He spoke about his life and shared his experiences in an effort to get the word out about the dangers and long-term impact of smoking.

"I simply told my life story," he says. "It's kind of an average story for 1950s and 1960s kids and teenagers. Back then, we didn't know as much as we do now about how smoking can impact your health."

"Now, we have the information, and it's important to educate young people so they don't make the same mistakes many people my age have."

Archie Stewart is a patient representative for the Pan-Canadian Tobacco Cessation and Cancer Care Network. He lives in Port Hawkesbury, Nova Scotia.



Catherine Elliott

System Partner

Cancer is the leading cause of death in Yukon. One in three deaths each year are related to the disease. Yet despite the impact, the epidemiology of the disease in Yukon is not well understood.

In 2017, Dr. Catherine Elliott, the territory's Deputy Chief Medical Officer of Health, sought to change this by working with the Partnership to develop the first comprehensive analysis of cancer mortality in the territory.

"The project involved using the Yukon's Vital Statistics Registry to produce a report on cancer mortality," says Dr. Elliott. "The findings were groundbreaking and have helped produce broad-sweeping recommendations to improve cancer control in the territory, from prevention through to screening, diagnosis and treatment."

In the past year, Dr. Elliott and a Partnership-funded intern helped to develop the report *Cancer Mortality Trends, 1999–2013*. The report provides detailed information about regional mortality for the most common types of cancer in Yukon and will allow health professionals, researchers

and policy-makers in the territory to make more informed decisions about cancer control.

"The report opened new doors," says Dr. Elliott. "For example, through our analysis of the registry data, we discovered that stomach cancer is one of the highest mortality-causing forms of the disease in the Yukon. Our next step is to learn why this is, so we can implement prevention policies and practices to improve on treatment outcomes."

"Apart from shining a light on cancer mortality in the territory, this initiative has also helped in building relationships with other provinces and organizations, notably in British Columbia where we've had a chance to work with the BC Cancer Registry and the University of British Columbia. This improved collaboration will be helpful for future research."

Dr. Catherine Elliott is the Deputy Chief Medical Officer of Health in Yukon and works closely with an intern placed in the territory as part of the Partnership's Analytic Capacity Building Initiative. She lives in Whitehorse, Yukon.

Advancing the quality of interpretive pathology

Behind every story of good cancer care is an accurate diagnosis.

Interpretive pathology makes that possible, providing the critical information that helps clinicians determine the type and extent of the cancer, the likely course of the disease and the best treatment plan.

To continue to build and strengthen the quality of pathology across the country, the Partnership is working with jurisdictions, pathologists and professional bodies on a number of comprehensive initiatives. The focus is on integrating the latest evidence and best practices into pathology reporting and practice. And pathology in Canada is changing as a result.

In one of the most significant achievements of the past decade, six jurisdictions have implemented electronic synoptic pathology reporting. The shift means that more than 800—approximately two-thirds—of pathologists in Canada now submit their reports electronically using standardized data fields and format. This widespread adoption is impressive, and the impact even more so: reports are now more accurate and complete and can be transmitted electronically, giving clinicians faster access to diagnostic information to guide patient care.

Synoptic reporting also 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 expert panels to develop 48 indicators that measure important factors related to the diagnosis of cancer and the processes


needed to ensure timely reporting. The six jurisdictions have now tested and confirmed the feasibility of collecting data against those indicators, opening the door for clinicians, organizations and jurisdictions to track variations at a local and system level. This will allow them to identify opportunities for quality improvement and use these insights to inform new clinical guidelines.

The same emphasis on quality also lies behind the Partnership's work with the Canadian Association of Pathologists (CAP-ACP) to establish recommendations for the standard practice of interpretive pathology.

In recent years, a number of high profile reviews across the country have raised questions about the quality of diagnostic interpretation and patient safety. The *Pan-Canadian Quality Assurance Recommendations*, developed in partnership with the CAP-ACP and experts across the country, are designed to enhance patient safety by promoting better and more consistent pathology quality assurance processes across the country. This in turn will help to reduce discrepancies and errors in how pathology results are interpreted and reported.

The recommendations have been praised by international experts, and together with synoptic reporting, are another important step toward consistently high quality interpretive pathology.

It all adds up to improved reporting and diagnosis—and better cancer care.



“Our hope is that these recommendations will improve the ability of practicing pathologist groups and provincial health bodies to make informed decisions on how to improve the quality of interpretive pathology. This will mean more consistent, timely, and accurate diagnoses for patients with cancer.”

Dr. John Srigley is the Expert Lead, Pathology at the Canadian Partnership Against Cancer. He led the development of the *Pan-Canadian Quality Assurance Recommendations* aimed at enhancing patient safety by promoting better and more consistent pathology quality assurance processes across the country.

In Canada, approximately
2 in 3

pathologists now submit their reports electronically

The Partnership worked with expert panels to develop

48 indicators

that measure important factors related to cancer diagnosis

A portrait of Bronwen Garand-Sheridan, a young woman with dark brown hair and bangs, looking slightly to the right. She is wearing a dark lace top. A large green arrow graphic points from the left towards her.

Bronwen Garand-Sheridan

Patient and Family Partner

Cancer is commonly thought of as an older person's disease. Yet over 7,600 adolescents and young adults (AYAs) are diagnosed with cancer every year. Although the incidence of cancer in AYAs is lower than in older adults, the personal, societal and socioeconomic impact is disproportionately greater, given that survivors will live 50 to 60 years beyond diagnosis and treatment.

Bronwen Garand-Sheridan was diagnosed with Hodgkin's lymphoma in her early 20s and battled the disease while many people her age were pursuing education, careers and relationships. Now in her 30s and cancer-free, she is committed to helping others living with the disease during these key developmental years.

"At the end of treatment, you wonder, 'What now?'" says Bronwen. "You are really redefining yourself and asking, 'Who am I now?' Everything is different and it's a lot to handle as a young person.

"Independence was a major thing. I wanted a normal life, but how do you have a normal life when you were so sick and have fallen behind so many people your age?"

Bronwen worked with the Partnership in developing *Adolescents and Young Adults with Cancer: A System Performance Report*. She shared her experiences on aspects of cancer unique to AYAs, including its impact on psychosocial development, fertility and career progress.

"Information about the cancer experiences of adolescents and young adults should come from the bottom up," she says. "This will get more people involved and help in creating solutions to these complex challenges.

"I am happy to see reports like this that shine a light on this group of cancer patients. They are the future and require different types of support."

Bronwen Garand-Sheridan is a young adult cancer survivor and a member of the Canadian Task Force on Adolescents and Young Adults with Cancer. She served as a media spokesperson for the release of Adolescents and Young Adults with Cancer. Bronwen lives in Winnipeg, Manitoba.



Sandra Dudych
Patient and Family Partner

In April, the Partnership hosted *Innovative Approaches to Optimal Cancer Care in Canada*, a two-day conference held in Toronto. An impressive roster of international and Canadian cancer control thought leaders took the stage. And for the first time, we invited five of our Patient and Family Advisors (PFAs) from across Canada, to observe this learning summit.

Sandra Dudych is a breast cancer survivor and was one of the PFAs who attended. Their collective mission was to suggest ways to make our future conferences more patient-friendly across design, delivery and content. PFAs were asked: What topics would resonate with a patient audience? Sandra's insights and ideas, along with her fellow PFAs', will go a long way to embed the patient perspective in our next major event.

"I went with the mindset that it was a learning opportunity. Right away, I could see that it was highly scientific and geared towards health professionals," says Sandra. "Of the lectures I attended, there was lots of important

information on cancer care improvements in Canada and how we compare with other countries. This is something many patients would want to know."

Sandra continues to actively inform our work as a key member of our Public and Patient Engagement team. Working closely with a fellow PFA, and staff from across the Partnership, she is helping to guide future patient-focused initiatives, including an upcoming Collaborative Space for PFAs to help them learn from, and empower, each other.

Reflecting on her contribution, she says:

"Quite frankly, I really like to do work like this. It gives meaning to having gone through cancer treatment and being on the other side."

"It's nice to be able to affect change for other cancer patients in the future and hopefully bring their unique perspectives to the table."

Sandra Dudych is Patient and Family Advisor with the Canadian Partnership Against Cancer. She lives in Winnipeg, Manitoba.

Increasing access to palliative care

For children with advanced cancer, palliative care can relieve symptoms and provide them with quality of life for as long as possible.

However, many clinicians providing pediatric care receive very little training in palliative care. As a result, patients and their families may not receive specialized palliative and end-of-life care to address their physical, psychological and spiritual needs, or receive it early enough to experience its full benefit.

That's changing with the help of a highly successful project in palliative and end-of-life care (PEOLC), one of five PEOLC projects in seven jurisdictions funded by the Partnership's Person-Centred Perspective Initiative.

The project, which involved 15 of Canada's pediatric hospitals, focused on addressing the knowledge gap of health professionals through a nation-wide rollout of the *Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics)* curriculum. The curriculum, initially developed by the National Cancer Institute (US) and adapted for the Canadian context, provides knowledge and skills in the principles of palliative care, and pain and symptom management for the pediatric cancer population.

Under the leadership of the University of Toronto and The Hospital for Sick Children, a "train-the-trainer" model was used to prepare regional teams of clinicians to deliver the curriculum to health professionals caring for

children with cancer and their families in cancer clinics, hospitals and community settings. The teams also led a quality improvement project in their hospitals to improve performance in areas such as screening of symptoms, making early referrals to specialized palliative care and providing resources and support to siblings.

The project quickly surpassed its initial goal to educate 40 trainers and 600 health professionals. Within 18 months, more than 70 trainers reached close to 3,500 nurses and physicians across all provinces and territories. And the curriculum clearly addressed a need: 79 per cent of participants reported their palliative care knowledge had improved and that they would use what they had learned.

While it is still early, data collected at the end of the project showed that clinicians were referring children to specialized palliative care services much sooner. Conversations with families about advanced care planning were happening earlier too.

All of this is good news. And while more work is needed to make sure children and families get the palliative care they need—increasing the knowledge of health care professionals is a promising start.



“Often after providing education to health care providers, the follow-up is asking if their knowledge has improved. If it did, you hope it translates into better care. For this program, following our educational sessions, we looked closely at the palliative care provided to children with cancer and their families, and found some improvements with significantly earlier referrals to pediatric palliative care services and earlier advance care planning discussions.”

Dr. Kimberley Widger is a registered nurse and Assistant Professor at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto. She is the Project co-Lead for the national rollout of *Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics)*, an innovative evidence-based program specifically designed for health professionals in pediatric oncology.

79%

of participants

reported their palliative care knowledge had improved



A portrait of Wayne Matthews, a middle-aged man with short, light-colored hair, wearing a blue button-down shirt. He is looking directly at the camera with a neutral expression. The background is a blurred outdoor scene with green foliage and a house. A large blue chevron graphic is on the left side of the image.

Wayne Matthews

Patient and Family Partner

What causes cancer? Is it mostly genetic? Do lifestyle and environment play a role? These are questions that the Canadian Partnership for Tomorrow Project (CPTP) is trying to answer. Wayne Matthews would like to see them answered, too.

Wayne has been personally touched by cancer, having lost his wife and son to the disease. His mother was also a cancer survivor. He has seen firsthand how cancer can change the lives of people and their families overnight. His personal experience led him to participate in CPTP.

"I signed up for the project in 2010 as a volunteer to provide DNA samples, answer questions about my lifestyle, and take part in various medical tests each year," says Wayne.

"I believe in what it is trying to do. I know these questions take many years to answer and require a lot of research, but you have to start somewhere."

Wayne is one of over 300,000 volunteers aged 30–74 who have been recruited from across Canada. As part of the program, he has agreed to share information on his lifestyle and family history of disease. He also shares biosamples such as blood and saliva. The aim is to help researchers better understand what aspects of a person's life history may increase the risk of developing cancer.

"I hope that through the project, it will help scientists develop more targeted cancer treatments that can get people into full remission and living longer. Eventually, one day, I hope we can live in a world where no one has to have their lives disrupted by this terrible disease."

Wayne Matthews is a Fort McMurray, Alberta resident who has been participating with the Canadian Partnership for Tomorrow Project since 2010. He has helped out with several programs to promote the project to other Albertans, including serving as a media spokesperson for an editorial series in the National Post.



Eva Sock
System Partner

Several years ago, Eva Sock, the Intergovernmental Advisor for the Elsipogtog First Nation Health & Wellness Centre, noticed that many women in her community were being diagnosed with breast cancer.

Her team at the Centre also identified that the needs of these women living with cancer were not being appropriately met by health care providers in the community or hospitals outside the community. Through conversations, they heard that many weren't comfortable with the care they received following diagnosis.

"We knew we had to take action to ensure that everyone diagnosed with cancer in our community received appropriate care in a culturally safe manner," says Eva.

Eva's team was impressed with cancer control work being done with First Nations, Inuit and Métis communities in other provinces and territories and contacted the Partnership. She was especially interested in the efforts to integrate modern cancer care practices with traditional health and wellness practices and began working with the Partnership and others on a project for her community.

"When we started this initiative, a guiding principle was that all health care providers at provincial hospitals would be trained on cultural competency and safety," says Eva. "We achieved this by asking them to meet with our elders to learn about our practices and better understand our community-based approach to healing.

"Moving forward, we want to continue to share our culture with hospitals, which will help build strong relationships and establish trust in the cancer care system. The process is slow, but I know we have started a good thing and through the resilience of our people, we can improve cancer experiences in the coming years."

Eva Sock is a resident of the Elsipogtog First Nation (New Brunswick) and the Intergovernmental Advisor for the community's Health & Wellness Centre. Her team leads the Partnership's local Continuity of Care Initiative helping residents of Elsipogtog living with cancer.

The year in review



Identifying gaps in cancer care for adolescents and young adults

A new report from the Partnership reveals that adolescents and young adults with cancer face significant gaps in care. *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, including loss of fertility due to treatments, disconnection from peers, loss of independence and interrupted education and career. As a next 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.



Improving the practice of pathology

Working in partnership with the Canadian Association of Pathologists, the Partnership developed Canada's first *Pan-Canadian Quality Assurance Recommendations*. Implementing standardized quality assurance processes will ensure high quality in the practice of interpretative pathology across the country. Pathology leaders and other senior decision-makers will use the recommendations to develop standards and guidelines for new and existing quality assurance and improvement programs.



Engaging the public in decisions on drug funding

Cancer drugs are often expensive, and governments face tough decisions on what medications they can and can't pay for. Public input can help them make decisions that are fair and reflect the public's values. With that in mind, the Partnership invited more than 100 Canadians from across the country to participate in six, two-day citizen panels. The participants considered a range of topics and developed a total of 86 recommendations for policy-makers on everything from the type of evidence and principles that should guide drug-funding decisions to the need to review existing funding decisions on an ongoing basis. These important insights will now be shared with decision-makers.



Expanding data to enhance research and discovery

The Partnership continues to enhance the 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 and blood samples from 150,000 of the participants. A follow-up questionnaire is underway to gather updated health information from all participants. Such comprehensive, longitudinal data holds promise for new discoveries in the prevention and treatment of cancer. Researchers around the world are taking note of this valuable resource.



Providing online resources on palliative and end-of-life care

With funding from the Partnership, the Canadian Virtual Hospice launched four tools for patients and health care providers to address knowledge gaps in palliative and end-of-life care. *LivingMyCulture.ca* shares stories and wisdom from Chinese, Somali, Pakistani and eight other cultural communities about serious illness, end-of-life and grief. In the print and video series *Indigenous Voices: Stories of Serious Illness and Grief*, First Nations, Inuit and Métis share stories about traditions, rituals and spirituality. *MyGrief.ca* provides online grief resources to complement community resources and *Methadone4Pain.ca* provides training for physicians on prescribing methadone for pain management in oncology palliative care.



Advancing quality through synoptic reporting

Working with six jurisdictions that have implemented electronic synoptic pathology reporting, the Partnership demonstrated the feasibility of collecting data and measuring results against 48 performance indicators. This data will allow pathologists, health care organizations and jurisdictions to track variations in care and identify areas for quality improvement. With approximately two thirds of pathologists in Canada now submitting data electronically, the potential to improve the quality of cancer diagnosis and the delivery of effective cancer treatment is significant.



Improving First Nations, Inuit and Métis cancer care

The Partnership's *First Nations, Inuit and Métis Cancer Control Forum* in Calgary brought together partners, patients and communities that are working together to improve the cancer experience of First Nations, Inuit and Métis across Canada. The gathering provided an opportunity to share knowledge and resources, strengthen relationships, celebrate accomplishments and discuss opportunities for ongoing collaboration.



Supporting cancer survivors in the workplace

The new website *Cancerandwork.ca* addresses the unique needs of Canadian cancer survivors who are staying at, returning to or looking for work. The site features resources and interactive tools to help everyone involved, including cancer survivors, health care providers and employers. The site, which was funded by the Partnership, is a collaborative effort of the de Souza Institute, McGill University, the BC Cancer Agency and experts and survivors from across Canada.



Reducing over-screening for cervical cancer

The Partnership report *Cervical Cancer Screening in Canada* revealed that more than half of Canadian women aged 18 to 20 had at least one Pap test between 2010 and 2013. New national guidelines released in 2013 no longer recommend screening for women in this age group as the abnormalities that are found rarely lead to cancer and often result in unnecessary anxiety, tests and treatments. Most jurisdictions have now begun to align with the new guidelines, increasing the start age for screening to 21 or 25. Reducing over-screening will benefit young women and the health care system: Pap tests and associated treatments for women aged 18 to 20 cost almost \$58 million a year.



Helping patients transition out of treatment

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 about patients' needs and how to address them, the Partnership conducted the first, large-scale study of cancer survivors from across the country. More than 13,000 people from all 10 provinces completed the survey, providing comprehensive information to guide changes in the system. Preliminary analysis of the data shows that the majority of patients completing cancer treatment faced physical, emotional or 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.



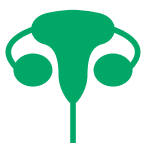
Shining a light on disparities in cancer care

The Partnership's 2016 *Cancer System Performance Report* revealed that lower-income cancer patients are less likely to survive the disease than higher-income patients, even when accounting for other risk factors. For the first time, researchers were able to analyze survival rates for breast, lung, colorectal and prostate cancers adjusting for baseline age-related health risks. The difference in survival rates—in the case of colorectal cancer, a 10 per cent relative change—suggests lower-income patients are not receiving equitable care. Lower-income individuals may not be screened for cancer, have their symptoms recognized early or receive the most effective treatment.



Getting active on cancer control

The Partnership celebrated World Cancer Day with countries around the world by inviting Canadians to "Support through Sport" using social media posts and a shareable Facebook quiz on cancer facts. This year's theme encouraged people to be more active through sports or physical activity. Research shows that physical activity not only plays a role in preventing cancer, it also reduces the risk of the disease getting worse or recurring.



Informing prevention strategies for cervical cancer

The Partnership's web-based microsimulation tool, OncoSim, was used by the 2016 edition of *Canadian Cancer Statistics* to project how different prevention strategies could affect the burden of cervical cancer related to human papillomavirus (HPV). The tool uses the most current Canadian data to help researchers and policy-makers recommend changes to policies on cancer screening, prevention and treatment. OncoSim makes it possible to project how these changes would impact outcomes such as incidence, mortality and economic burden.



Addressing data gaps in cancer control in First Nations, Inuit and Métis populations

It's difficult to map the cancer journey, track cancer incidence and survival rates or determine whether efforts to reduce the cancer burden for Indigenous peoples are successful if we don't know if patients are First Nations, Inuit or Métis. Indigenous patients are often reluctant to identify due to a mistrust of the health care system, and even if they did, cancer registries don't report this information. A workshop held in 2017 brought together Indigenous organizations, data experts and researchers from across the country to share successful approaches to patient identification, discuss ongoing challenges and make recommendations on how to improve data systems.



Spreading healthy public policy

Sharing public policy successes across jurisdictions can help build healthier communities. To broaden use of its Prevention Policies Directory, the Partnership is reaching out to faculty and graduate students in public health programs across the country. Two new videos and related teaching materials promote the online resource, showing how it can be used to quickly and easily find thousands of federal, provincial, territorial and municipal policies that support the prevention of cancer and chronic disease. Use of the resource continues to grow: in the last five years, the number of searches has increased from approximately 800 a year to almost 5,000.



Tracking investment in cancer research

A new report from the Canadian Cancer Research Alliance (CCRA) provides insights into funding for cancer research in Canada. From 2005–2014, nearly five billion dollars was invested in cancer research by government and voluntary organizations, with the most notable increases over the decade in the areas of early detection, diagnosis and prognosis, and treatment. The Partnership is a CCRA member and supports the organization's executive office.



Helping cancer patients to quit smoking

Cancer patients who quit smoking can lower their risk of dying from cancer 30 to 40 per cent. With Partnership funding, seven provinces and two territories are ensuring cancer patients who want to quit smoking have a better chance of getting support. In Newfoundland and Labrador, one regional health authority's efforts resulted in a provincial pilot of free smoking cessation support and pharmacotherapy for cancer patients. In New Brunswick, outpatient cancer clinics significantly improved their rate of identifying smokers and offering support to quit. One clinic offered a referral for smoking cessation services to 80 per cent of its smokers; 100 per cent accepted and a month later, more than half of them remained smoke-free.

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)

Improving cancer control in Canada

Over the past 10 years, Canada's national cancer control strategy has mobilized positive change across the country. The provincial and territorial examples highlighted below and on the accompanying map show how these collaborative efforts are advancing cancer control in Canada.

Examples of positive change

British Columbia

Developed resources to support breast and colorectal cancer patients as they transition from cancer care to primary care after treatment with support from the Partnership's *Person-Centred Perspective Initiative*.

Alberta

Continued leadership of *Alberta's Tomorrow Project*, one of five regional cohorts that make up the *Canadian Partnership for Tomorrow Project*, Canada's largest population health research platform.

Saskatchewan

Implemented the *Patient Experience and Outcomes in the Prairie Provinces* project to improve patient care by standardizing the collection and analysis of patient-reported outcomes.

Manitoba

Evaluated CancerCare Manitoba's *Quit Smoking Program* through the *Oncology Smoking Cessation Assessment and Review* project.

Ontario

Implemented *ACCELERATION* program, a 12-week prevention program that helps people who have suffered an acute event associated with cancer or chronic disease and their family and friends to modify their behaviours and reduce their risk.

Quebec

Developed a cultural competency program for all health professionals in Nunavik as part of the *Quality and Culturally Adapted Care and Services for Inuit and Eeyou Patients with Cancer* project.

Nova Scotia

Implemented comprehensive sun safety programs for outdoor workplaces through the *Sun Safety at Work Canada* project.

New Brunswick

Implemented *Improving the Journey for Elsipogtog First Nation Patients along the Cancer Care Continuum*, a one-year project to improve patient-centred navigation through the cancer system for Elsipogtog community members.

Prince Edward Island

Trained paramedics to provide palliative pain and symptom management to help palliative patients avoid unnecessary emergency room visits as part of the *Integrating Emergency Health Services and Palliative and End-of-Life Care* project.

Newfoundland and Labrador

Expanded plans for a regional program into a provincial pilot of free smoking cessation support and pharmacotherapy for cancer patients with support from the Partnership's *Tobacco Cessation and Cancer Care Initiative*.

Nunavut

Completed its first Partnership-funded project to plan culturally relevant tobacco cessation strategies for cancer patients and their families so they can access the support they need.

Northwest Territories

Adopted *Working on Wellness (WOW)* resources across all government departments to increase awareness and education about healthier choices and access to healthier work environments.

Yukon

Published the first comprehensive analysis of cancer mortality in Yukon with support from the Partnership's *Analytic Capacity Building Initiative*.



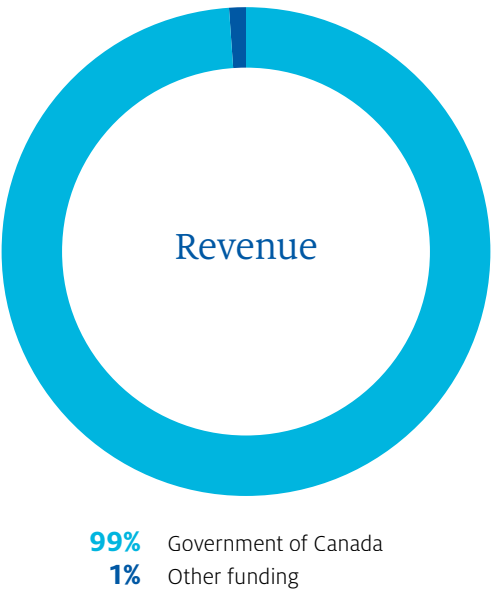
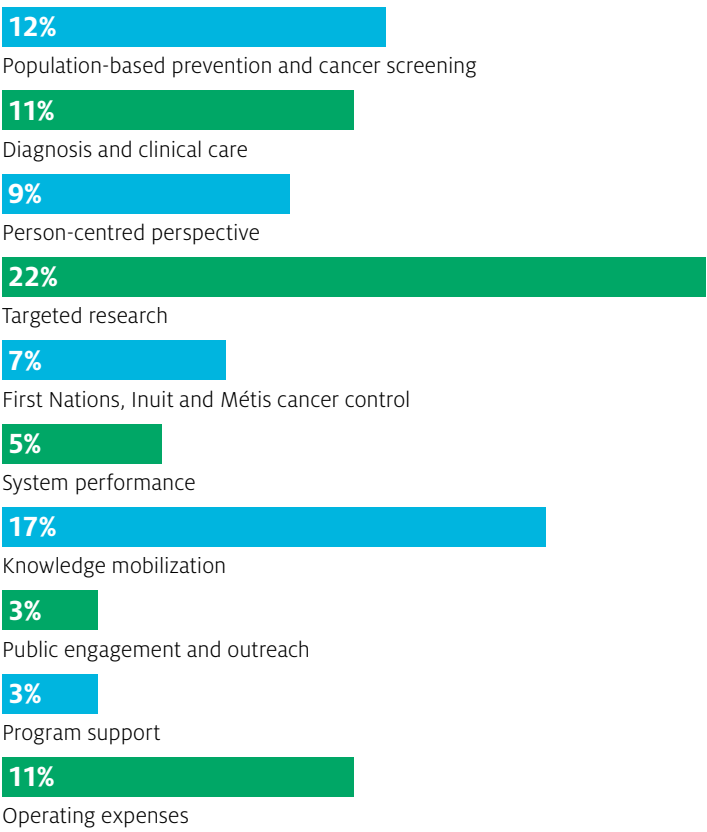
Selected Initiatives

1. Coalitions Linking Action and Science for Prevention
2. Tobacco Cessation and Cancer Care Initiative
3. Population-Based Screening
4. Synoptic Reporting
5. Person-Centred Perspective Initiative
6. Canadian Partnership for Tomorrow Project
7. First Nations, Inuit and Métis Cancer Control Initiative
8. System Performance
9. Coordinated Data Development Initiative

How funding is invested

2016/17 was the fifth year of the Partnership’s second mandate. This mandate concluded in 2017 with a total of \$241 million in funding from Health Canada over five years. Expenses reflect funds directed externally to partners as well as the cost of programs that advance the work of Canada’s cancer community to reduce the burden of cancer on Canadians. The initiatives highlighted in this report are comprised of more than 300 projects with more than 50 partner organizations. For complete information about progress across all programs of work in 2016/17, please view our full annual report at partnershipagainstcancer.ca.

Expenses: 2016/17 \$64,928,850



The above information is excerpted from the Canadian Partnership Against Cancer’s financial statements audited by Grant Thornton LLP. To review the complete financial statements, please see our full annual report at partnershipagainstcancer.ca.

What is different after 10 years?

Changing the Canadian cancer landscape requires a sustained, long-term and focused effort. In 2017, we mark 10 years of collaborating across the country on the *Canadian Strategy for Cancer Control*. Canadians are now starting to benefit directly from meaningful and measurable improvements to cancer prevention and care. The 2017 outcomes for the cancer strategy are key, early steps toward achieving Canada's 30-year goals.



Improved access to evidence-based prevention strategies.



Improved First Nations, Inuit and Métis cancer control with First Nations, Inuit and Métis peoples and partners.



Improved quality of and participation in screening.



Improved analysis and reporting on cancer system performance.



More consistent actions to enhance quality of diagnosis and care.



Enhanced access to high-quality information, tools and resources.



Improved capacity to respond to patient and family needs.



Enhanced public and patient awareness and engagement.



Improved population health research capacity and enhanced coordination of cancer research.





Mobilizing positive change

Over the past decade, the Canadian Partnership Against Cancer and its partners have worked to improve cancer control in Canada. We have made significant progress—positive change is taking place throughout the system and across the country.

As we begin work on our 20- and 30-year goals, we continue to build on this momentum, guided by the national cancer strategy and our new strategic plan.

Together, we will reduce the impact of cancer for all Canadians.