

# SUSTAINING ACTION TOWARD A SHARED VISION

2012–2017 | Strategic Plan

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER

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# MESSAGE FROM THE CHAIR AND CEO

Cancer continues to be a serious health problem in Canada, with significant implications for individuals, families and communities, as well as the health-care system more broadly. Each day, an average of 487 Canadians will be diagnosed with cancer and 205 will die from cancer.<sup>1</sup> No single organization can tackle cancer alone.

Canada is one of a handful of countries with a national cancer control plan. This strategy is built on the vision shared by organizations and individuals in the country's cancer and health communities, with the aim to reduce the burden of cancer through co-ordinated, system-level change. With the patient and survivor perspective at the heart of this common agenda, the goals of the strategy are to reduce the expected number of cancer cases, to lessen the likelihood of Canadians dying from cancer and to enhance the quality of life of those affected by cancer. *Sustaining Action Toward a Shared Vision* is the Partnership's 2012–17 strategic plan, which will guide the organization's second five-year mandate and the next phase of implementing Canada's national cancer strategy.

Together, we imagine a future in which Canadians with cancer have access to evidence-based information that helps them make informed choices and in which they receive high-quality care no matter where they live. We imagine a future in which it is second nature for organizations and individuals working to control cancer to collaborate and develop common approaches to reduce the burden of cancer. Imagining a future in which best practices are routinely adopted and adapted across the country is a vision that unites the public and those working to prevent, diagnose and treat cancer or to support those affected by cancer. Thanks to the Government of Canada, the Canadian Partnership Against Cancer is making that vision a reality.

The Partnership was created in 2007 with an initial five-year mandate to implement the national cancer strategy. We work with many partners across the country to harness the best of what is working well to

<sup>1</sup> Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2011*. Toronto: Canadian Cancer Society, 2011. p. 15.



A handwritten signature in black ink that reads "Simon Sutcliffe".

Dr. Simon Sutcliffe  
Chair, Board of Directors

control cancer. Over the past five years, this kind of active collaboration from coast to coast to coast has resulted in considerable progress. A transformation is unfolding that is making a difference in the lives of Canadians and in the way the country is taking action on cancer.

However, cancer control requires a long-term agenda. The Partnership's renewal for another five-year mandate from 2012 to 2017 is a testament that the collaborative approach to advancing the strategy is a promising model for change in the cancer control and health sector.

Sustaining action toward a shared vision is about building on the momentum and accomplishments of the first mandate to further collective progress in achieving the shared cancer control goals. Sustaining action is essential to multiplying the benefits, broadening the reach and amplifying the successes achieved to date. The 2012–17 strategic plan anchors the evolution of Canada's national cancer strategy and will guide the Partnership for the next five years. It reflects input and counsel from a broad range of partners and stakeholders, plus the experiences of patients and their families, about what is needed in today's health-care environment. The plan is focused to leverage the sizeable investments in cancer control that governments, cancer agencies and programs, and organizations are making. With greater emphasis on tangible outcomes, some of the work builds on what has been done during the Partnership's first mandate and some of it is new, reflecting the changing needs and knowledge within the cancer control community. The whole cancer control spectrum, from prevention and screening to treatment, research, survivorship and palliative and end-of-life care, continues to underpin the Partnership's mandate.

Sustaining action together creates shared value for all Canadians — improved health outcomes and quality of life through better decisions, better care and a better system. The Partnership is privileged to have continued commitment to optimize the effectiveness and efficiency of the cancer control domain, and to enable the delivery of concrete, meaningful and lasting results for communities and individuals across the country to meet the challenge of cancer.

*Jessica Hill*

Jessica Hill  
Chief Executive Officer



# EXECUTIVE SUMMARY

Canada has a national cancer strategy, an action plan for a co-ordinated response to the challenge of cancer. The Canadian Partnership Against Cancer (the Partnership) has been privileged to implement this strategy, which was adopted by the federal government in 2006, with and through partners. While considerable progress has been made during the Partnership's first mandate, from 2007 to 2012, and through the efforts of the cancer control community, reducing the burden of cancer on the Canadian population requires sustained effort, intensified action and ongoing active commitment. Unprecedented collaboration must be at the forefront of this endeavour to achieve large-scale, sustainable and measurable outcomes.

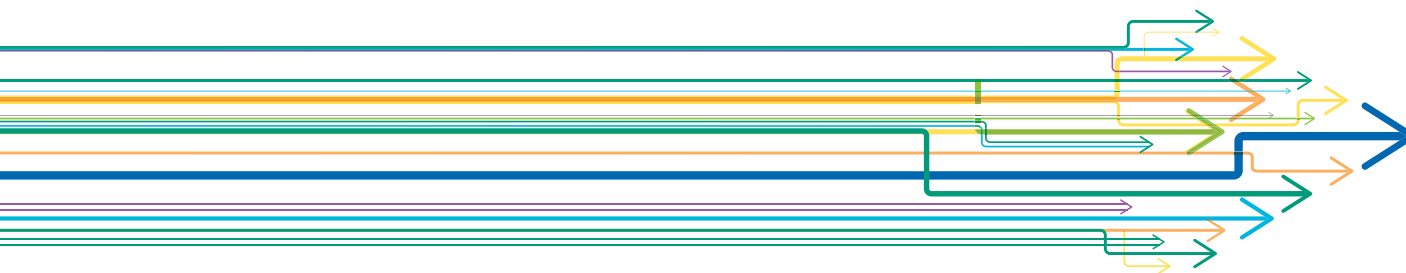
*Sustaining Action Toward a Shared Vision* outlines the Partnership's strategic plan for 2012 to 2017. It articulates the high-level road map that will guide the Partnership's next phase of work to advance Canada's cancer strategy and corresponding desired outcomes. It also shares the organization's business plan to support strategy execution at the initiative level. The business plan outlines the work profile for each initiative based on what has been scoped and defined to date. The business plan will be reviewed regularly to reflect the Partnership's progress against desired outcomes and the evolution of initiatives. The Partnership will present refinements to the business plan in its annual corporate plan.

Together, the strategic and business plans describe the Partnership's approach to further accelerate pan-Canadian cancer control over the next five years and to drive further progress in advancing the shared goals of reducing the risk of cancer, lessening the likelihood of Canadians dying from cancer and enhancing the quality of life of those affected by cancer.

## Desired outcomes by 2017

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

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



## Areas of focus

Through 2012–17, the Partnership will focus on five strategic priorities and three core enabling functions, which are discussed in Section 1. This focused approach will mean that years from now we can measure how the pan-Canadian cancer control strategy has tangibly reduced the burden of cancer on Canadians.

Strategic priorities are the key areas for investment to advance shared cancer control goals:

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

Core enabling functions are the capacities vital to supporting the co-ordinated implementation of initiatives across the strategic priorities for the next five years:

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



In advancing these areas of focus, the program of work planned for the next five years continues to reflect the national cancer strategy and support the cancer control continuum. This means expanding and deepening some of the initiatives started in the first mandate, evolving and further developing other initiatives, and exploring new opportunities to respond to the changing needs and knowledge of the cancer control community.

The Partnership will develop and implement initiatives in a manner that aligns with an enhanced performance measurement strategy to ensure disciplined strategy execution and achievement of the short-term outcomes listed above, as well as medium- and longer-term outcomes. Section 2 provides details on the suite of initiatives slated for the next five years.

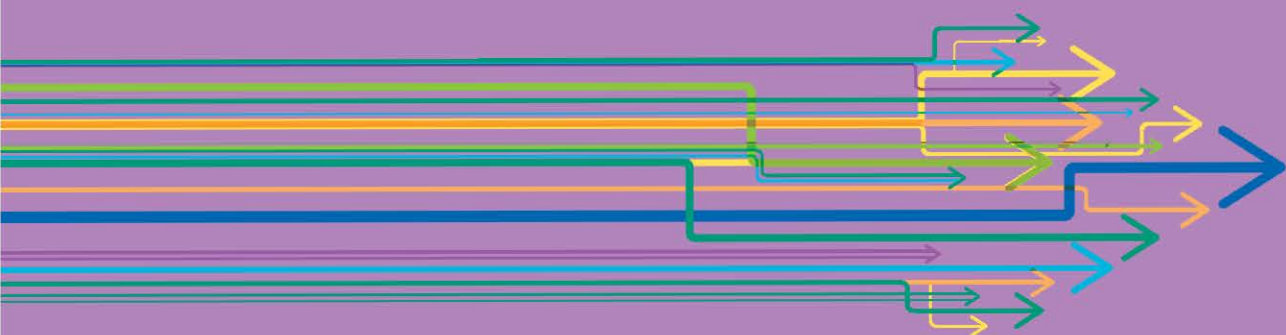
United by common goals, the cancer control community will continue to work together to accelerate cancer control efforts for the benefit of all Canadians.

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**Ninety-three per cent of Canadians feel there should be a national cancer strategy to reduce the risk of cancer, lessen the likelihood of people dying from cancer and enhance the quality of life of those affected by cancer.<sup>2</sup>**

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<sup>2</sup> In 2011 Harris/Decima conducted qualitative and quantitative research for the Partnership on Canadians' awareness of and attitudes toward a national cancer strategy. The qualitative research was done in March and involved a series of 10 focus groups in Halifax, Montreal (in French), Toronto, Calgary and Vancouver. The latter was done in May and involved a national telephone survey of 3,000 Canadian adults; the margin of error for a sample of this size is +/- 1.79% at a 95% confidence level. Survey data was weighted according to variables such as gender, age and region.



# **1. 2012–2017 STRATEGIC PLAN**

# THE GROWING CHALLENGE OF CANCER

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

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



There were an estimated 177,800 new cases of cancer and 75,000 deaths from cancer in 2011.<sup>5</sup> This translates into an average of 20 Canadians being diagnosed with some type of cancer and eight people dying from cancer every hour of every day.<sup>6</sup> The annual numbers of new cancers and deaths from cancer are expected to continue to rise (Figure 1) to 280,000 cases and 107,000 deaths by 2031. While this is largely a result of the aging of Canada's population and population growth, the anticipated growth rate in cancer cases will outpace population growth by a substantial margin. Between 2007 and 2031, it is expected that new cancer cases will increase by 71 per cent, while the population will increase by only 19 per cent over the same period.

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

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

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

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

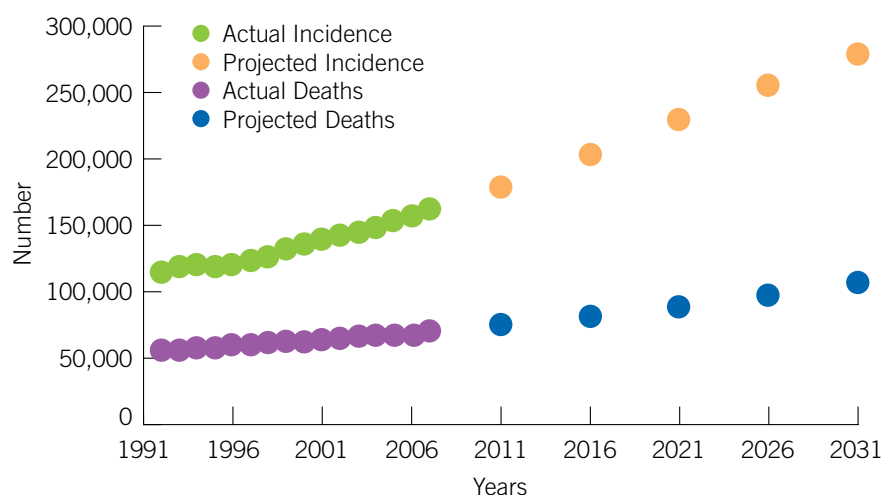
<sup>6</sup> Canadian Cancer Society's Steering Committee on Cancer Statistics (2011), p. 15.



**Figure 1.**

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

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

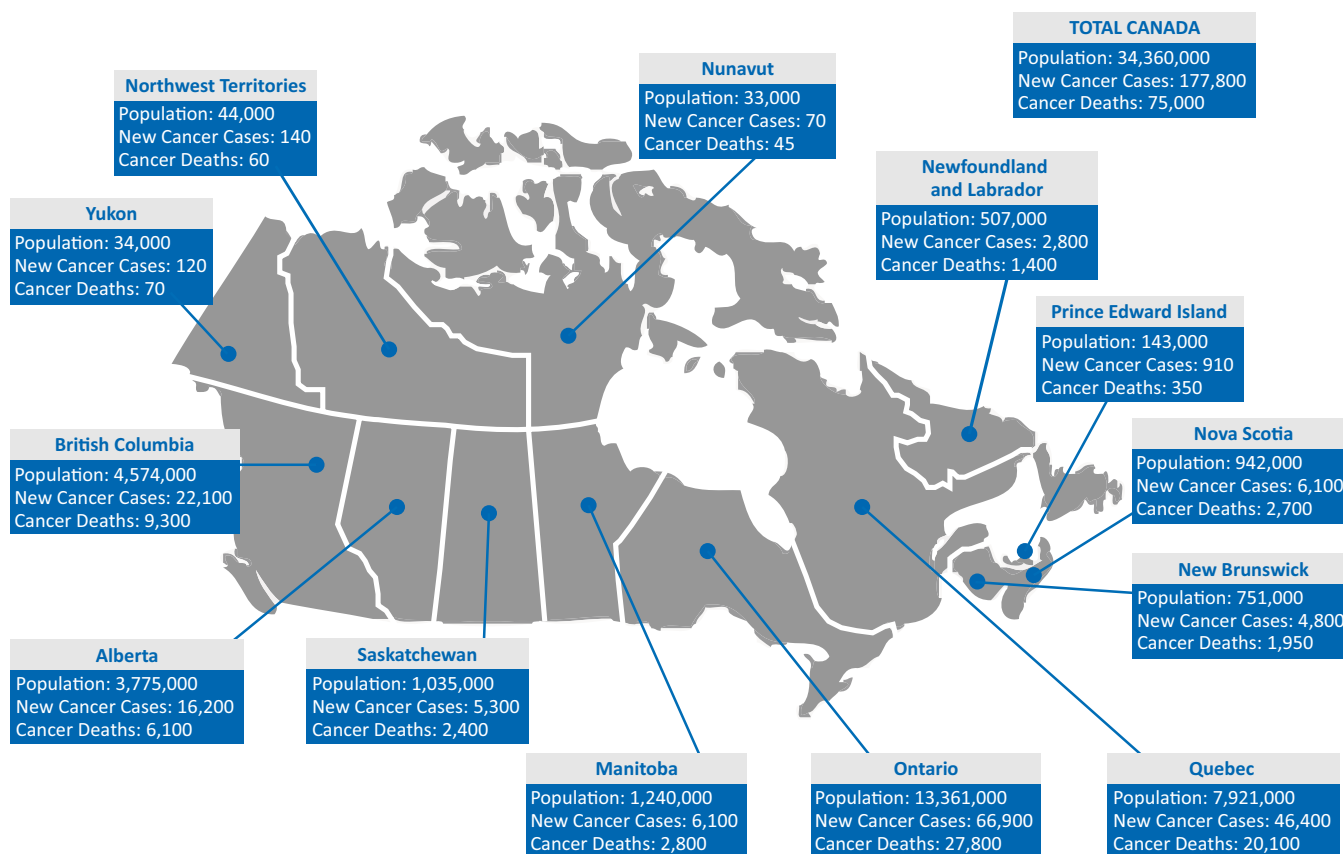


Note: The numbers reported for 2011 onward are projected using the average historical trend (incidence: 1992 onward, mortality: 1987 onward).

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







**Figure 2.**

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

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

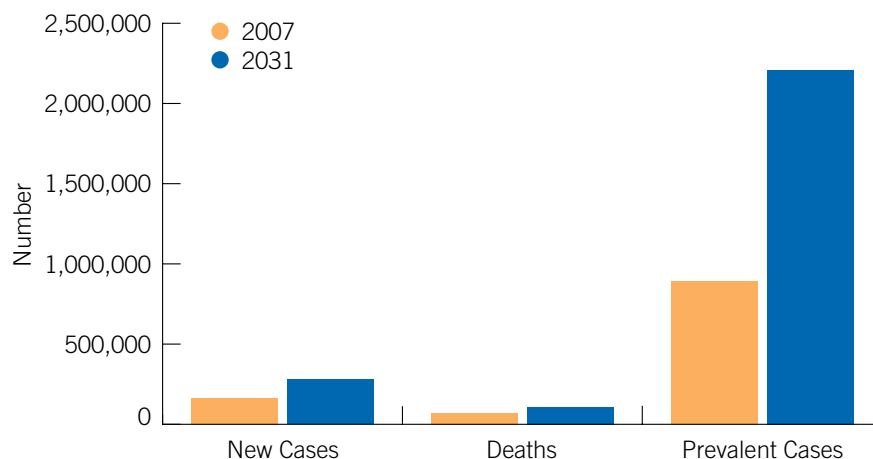
The increase in the numbers of survivors and those living with a cancer diagnosis is creating new challenges and pressures on many fronts, including the cancer treatment system, primary care and informal caregiving. This change is also creating a need for resources to support those affected by cancer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



**Figure 3.**

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

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



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

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

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

<sup>7</sup> Canadian Cancer Society's Steering Committee on Cancer Statistics: *Canadian Cancer Statistics 2010*. Toronto: Canadian Cancer Society, 2010. p. 72.

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





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

Focus group participant

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

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

<sup>9</sup> L. Marrett and M. Chaudry. “Cancer incidence and mortality in Ontario First Nations, 1968–1991.” *Cancer Causes and Control* 2003;14(3):259–268.

<sup>10</sup> J.T. Friborg and M. Melbye. “Cancer patterns in Inuit populations.” *Lancet Oncology* 2008(9):892–900.

<sup>11</sup> CancerCare Manitoba. “Aboriginal Cancer Care Progress Report.” 2008. [http://www.cancercare.mb.ca/resource/File/Aboriginal\\_CancerControlProgressReport\\_07-08.pdf](http://www.cancercare.mb.ca/resource/File/Aboriginal_CancerControlProgressReport_07-08.pdf).

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

<sup>13</sup> CancerCare Manitoba, 2008.

<sup>14</sup> Health Council of Canada. “The Health Status of Canada’s First Nations, Inuit and Métis Peoples – A background paper to accompany *Health Care Renewal in Canada: Accelerating Change*.” Toronto: Health Council of Canada, 2005.

<sup>15</sup> 2011 Harris/Decima research conducted for the Partnership.



## ADVANCING A SHARED VISION

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



## About the Partnership

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

Partners include:

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

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

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





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

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

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

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



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

Focus group participant

## **Collaboration: The foundation for success**

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

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

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



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

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

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



**“I think it’s comforting to know that a national cancer strategy exists.”**

Focus group participant

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

## **Tangible benefits for Canadians**

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

### **KEY ACHIEVEMENTS: 2007–2012**

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

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





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

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

### **Prevention and screening**

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

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

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





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

### Early detection and clinical care

- **Population-based cancer-stage data is now within reach.**

By bolstering the ability of provinces and territories to collect standardized cancer-stage data, the Partnership's National Staging Initiative will yield significant gains in our collective ability to improve cancer patient outcomes and to continuously monitor the effectiveness of screening and treatment programs.

- **Standardized electronic surgical and pathology reporting to improve quality and patient safety is now being used in a number of provinces.** Clinicians are leading and implementing efforts to ensure the availability of the information necessary to provide timely top-quality care. By developing and embedding pan-Canadian quality standards into reporting tools, surgeons and pathologists can now assess and compare their practice and outcomes against best evidence and with those of their colleagues practising in other areas of the country.
- **The Partnership has fostered quality improvements in cancer control through the development and implementation of cross-Canada standards, and has facilitated efforts to address specific quality issues in areas of defined need.** The Partnership worked with partners, including front-line service providers, to develop and implement a set of standards that will contribute to the safe delivery of outpatient chemotherapy across the country.



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

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

### **Cancer journey**

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

### **Research**

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



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

Focus group participant

work is complete, and all five regions have either completed recruitment or are actively enrolling tens of thousands of Canadians as participants.

- **The first pan-Canadian cancer research strategy has been launched to address emerging priorities in cancer research.**

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

#### **First Nations, Inuit and Métis cancer control**

- **Co-ordinated efforts to improve culturally relevant and people-specific cancer control initiatives with and for First Nations, Inuit and Métis partners are gaining momentum.**

First Nations, Inuit and Métis communities have guided the Partnership's work in this area to best reflect their needs and priorities. This work includes the development of a First Nations, Inuit and Métis cancer control action plan; a new online site with First Nations, Inuit and Métis cancer control tools and resources on [cancerview.ca](http://cancerview.ca); and the development and dissemination of an online cancer course, the @YourSide Colleague® Cancer Course, for community health providers working in remote and rural First Nations communities.



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

### System performance

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





## Knowledge management

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



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

## Public engagement and outreach

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

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



## A LOOK INTO THE FUTURE

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

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

### Lung cancer

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

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

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

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

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



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

- An estimated 45,000 people would be prevented from developing lung cancer
- An estimated 33,000 deaths from lung cancer would be avoided
- \$947 million in treatment costs would be avoided
- A cumulative increase of \$11.6 billion in productivity earnings would be added to the economy<sup>25</sup>
- A cumulative increase of \$32.0 billion in total income would be gained<sup>26</sup>

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

<sup>22</sup> Statistics Canada, Canadian Community Health Survey 2010.

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

<sup>24</sup> Cancer Risk Management Model (version 1.2, Aug. 2011).

<sup>25</sup> Includes earnings from both paid employment (wages and salaries) and self-employment.

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





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

Focus group participant

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

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

### **Colorectal cancer**

Colorectal cancer is the second leading cause of cancer death in Canada<sup>27</sup> but is highly treatable if caught early. Early detection offers the best chance of effective treatment, can reduce the likelihood of death<sup>28</sup> and can also reduce the need for costly treatments. In fact,

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

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



early detection of precancerous polyps can even reduce the number of people who will develop colorectal cancer, and therefore reduces the need for treatment overall.

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

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

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

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

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



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

Focus group participant

- Approximately 100,000 people would be prevented from developing colorectal cancer
- An estimated 47,000 deaths from colorectal cancer would be avoided
- A cumulative \$5.9 billion in treatment costs would be avoided
- A cumulative \$3.3 billion in productivity earnings would be added to the economy<sup>29</sup>
- A cumulative \$11.7 billion in total income would be gained<sup>30</sup>

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

<sup>29</sup> Includes earnings from both paid employment (wages and salaries) and self-employment.

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



## 2012–2017 STRATEGIC FRAMEWORK

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





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

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

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

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



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**Vision**

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**Shared Cancer Control Goals**

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**Mission**

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**Objectives**

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**Strategic Priorities**

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**Core Enabling Functions**

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**Role**

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**Values**

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2012–2017  
**Strategic  
Framework**

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## To reduce the impact of cancer for all Canadians

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

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

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

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

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

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

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

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

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

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**Accountability, collaboration, innovation, respect, transparency**

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## STRATEGIC PRIORITIES

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





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

The 2012–17 plan has five strategic priorities:

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

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

### **Prevention**

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



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

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

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

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



Desired outcomes by 2017:

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

### Screening

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

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

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



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

Desired outcomes by 2017:

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

## ii. Advance high-quality early detection and clinical care

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





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

Focus group participant

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

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

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

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





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

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

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

Desired outcomes by 2017:

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



**“Cancer affects everyone. If someone in your family gets it, everyone in the family is affected.”**

Focus group participant

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

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

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

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



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

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

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

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

Desired outcomes by 2017:

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



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

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

Research is critical to the continued enhancement of our understanding of cancer and related chronic diseases, providing insights and applications that will enhance prevention, treatment and quality of life. Canada is fortunate to have many cancer research funders that support a wide range of research across the country and work together to ensure that significant gaps are addressed and that the impact of existing research investments is maximized. Supporting collaboration to ensure that this continues requires ongoing effort and commitment.





**Imagine if organizations that fund cancer research all worked together to create initiatives that have the greatest impact in unravelling the unknowns of cancer.**

The Partnership is ideally positioned to play this catalyst role in two ways: the first is convening and planning to reduce duplication and maximize efficiencies; the second is investing in very targeted and specific research consistent with its unique mandate.

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

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

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





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

Desired outcomes by 2017:

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

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

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

<sup>32</sup> CancerCare Manitoba. "Aboriginal Cancer Care Progress Report." 2008.

[http://www.cancercare.mb.ca/resource/File/Aboriginal\\_CancerControlProgressReport\\_07-08.pdf](http://www.cancercare.mb.ca/resource/File/Aboriginal_CancerControlProgressReport_07-08.pdf).

<sup>33</sup> Cancer Care Ontario. "It's Our Responsibility. Aboriginal Cancer Care Needs Assessment." 2002.



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

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

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

<sup>34</sup> Inuit Tapiriit Kanatami. "Inuit & Cancer: Fact Sheets." 2009. <http://www.itk.ca/publication/inuit-and-cancer-fact-sheets>.

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

<sup>36</sup> National Aboriginal Health Organization. *Broader Determinants of Health in an Aboriginal Context*. 2007.

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



**“We’re all hoping a national cancer strategy is what’s going on. We want to believe we’re all heading forward together.”**

Focus group participant

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

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

Desired outcomes by 2017:

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



# CORE ENABLING FUNCTIONS

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





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

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

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

### **i. System performance analysis and reporting**

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





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

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

Desired outcomes by 2017:

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

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

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



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

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

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

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



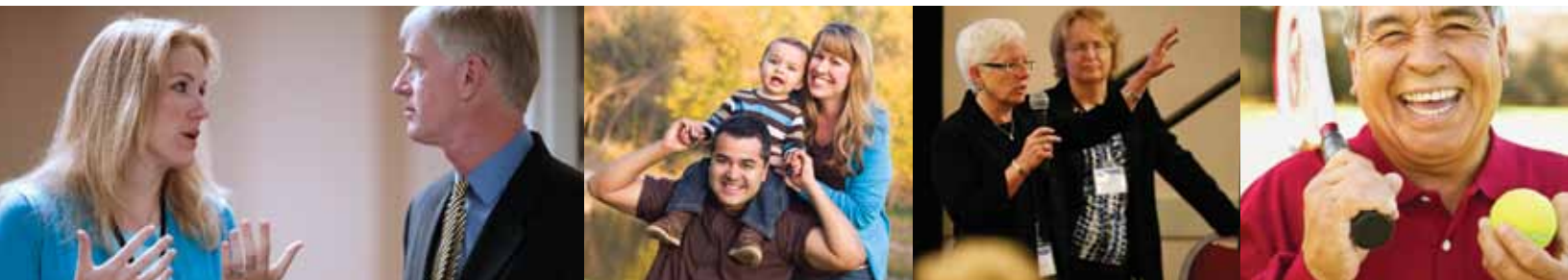
Given the importance of data and analytic know-how to cancer surveillance and the measurement of progress in cancer control, supporting analytic capacity and filling key data gaps is an ongoing focus. This work includes:

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

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

Desired outcomes by 2017:

- [Cancerview.ca](http://Cancerview.ca) will become the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer



**“I think it’s important to get subject matter experts together nationwide. Hopefully we’re getting the best of the best together and sharing best practice.”**

Focus group participant

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

### iii. Public engagement and outreach

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

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

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

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





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

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

### **The patient voice**

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

Public postings on the Partnership's website, engagement of the Canadian Cancer Action Network and its members and the Canadian Cancer Society, and a joint initiative with C<sup>17</sup> to address the cancer experience among adolescents and young adults ensure that diverse perspectives from across the country are captured and reflected in the Partnership's work. From the early days of the Canadian Strategy for Cancer Control, and since the creation of the Partnership, the implementation of the strategy and the organization's renewal for a second mandate, it has been clear that the voices of people with cancer need to guide the work. They will continue to do so. The Partnership will continue to focus on the spectrum of cancer





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

### **Information, tools and resources for Canadians**

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

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



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

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

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

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

### **Public outreach**

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



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

Focus group participant

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

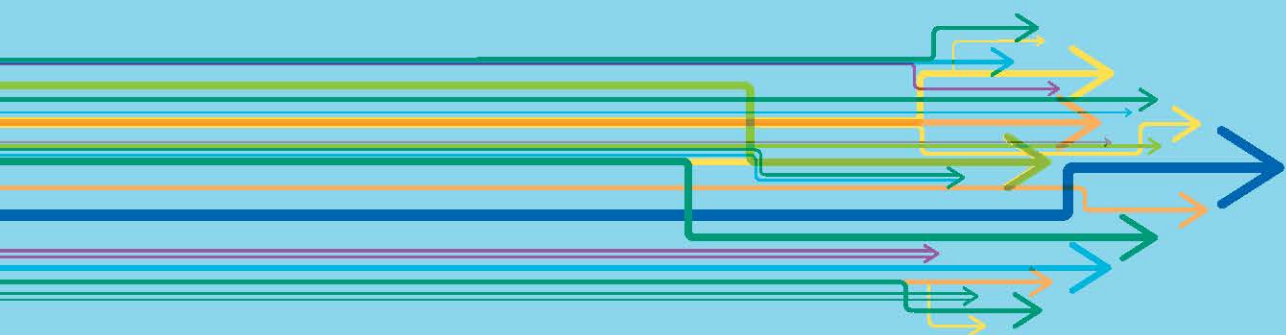
Engaging the public and people with cancer in implementing initiatives and communicating outcomes of the strategy, and the role of partners in accelerating the work, will be an area of enhanced focus during the next mandate.

Desired outcome by 2017:

- There will be tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer, and the outcomes of the work will be measured and publicly available

<sup>39</sup> 2011 Harris/Decima research conducted for the Partnership.





## **2. 2012–2017 BUSINESS PLAN**



## PLANNING FOR RESULTS

April 2012 marks the sixth year of the Partnership's 10-year term. The organization's second mandate is focused on building on the success of the first five years and amplifying the progress achieved to date. Where the strategic plan provides a high-level road map of the Partnership's next phase of work to advance Canada's national cancer strategy, the business plan provides more detail about the work associated with planned initiatives. Specifically, it outlines the objectives, goals, strategies and measures of outcomes for each initiative, as well as implementation partners, as they are known today. Initiatives are presented by strategic priority and core enabling function.

### Approach to planning

The 2012–17 business plan is a rolling plan, rather than a business case or detailed operational plan. The Partnership will review and update it regularly to reflect the organization's progress against desired outcomes; evolution of the program of work, including the achievement of milestones and deliverables; validation of measures; and demonstration of impact. Results of program and initiative evaluations currently underway and scheduled for completion by June 2012 will also inform ongoing business planning, as will the development of an integrated performance measurement strategy by the fall of 2012. The business plan will inform the Partnership's annual corporate plan, which will continue to be a key accountability tool for Health Canada. Any refinements to the business plan will be presented in the relevant annual corporate plan.

## Types of initiatives based on project and financial planning status

The Partnership's program of work continues to reflect the national cancer strategy and support the cancer control continuum. This means expanding and deepening some of the work that has started, evolving other areas and developing supporting activities. It also means exploring new opportunities to respond to the changing needs and knowledge of the cancer control community and to leverage existing evidence, best practices and investments, as well as continuing to align efforts with jurisdictional priorities. For business planning purposes, initiatives are categorized as continuing, evolving or new based on planning details as of April 2012.

- **Continuing:** These initiatives are well developed and continue to be a strong fit with the Partnership's mandate and key areas of focus, as well as with the priorities identified for the Partnership in the announcement of its renewal. The continuation of work in these areas builds on the progress and success of the first five years. The business plan includes the five-year high-level work profile.
- **Evolving:** These initiatives are evolving significantly from the Partnership's first mandate. The business plan includes the initial strategies or work plan for 2012/13, which focuses on developing the initiative. Once developed, the multi-year high-level work profile, including outcomes measures, will be brought forward in the annual corporate plan as appropriate.
- **New:** New initiatives are opportunities for further exploration. Over the course of 2012/13 the Partnership will determine whether the organization could add value in these areas and, if so, define the scope of its approach. The fully developed approach and multi-year high-level work profile, including outcomes measures, will be brought forward in the annual corporate plan as appropriate.

For all initiatives, the work profile for each fiscal year and any change in planning status will be brought forward in the annual corporate plan, available through the Partnership's website, [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca). The following table shows the Partnership's planned initiatives and how they align with the strategic priorities and core enabling functions.

Strategic priorities				
i. Develop high-impact, population-based prevention and cancer screening approaches	ii. Advance high-quality early detection and clinical care	iii. Embed a person-centred perspective throughout the cancer journey	iv. Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases	v. Advance cancer control with and for First Nations, Inuit and Métis communities
Coalitions Linking Action and Science for Prevention	Embedding Evidence in Care — Staging and Synoptic Reporting	Improved Patient-Reported Outcomes	Canadian Partnership for Tomorrow Project	First Nations, Inuit and Métis Action Plan on Cancer Control — Implementation and Evaluation
Healthy Public Policy	Emerging Screening and Early Detection	Survivorship	Canadian Cancer Research Alliance	
CAREX Canada	Multi-jurisdictional Quality Initiatives	Palliative and End-of-Life Care		
Population-Based Screening	Enhancing Canadian Cancer Clinical Trials	Improving Integration Across Care Settings		
Multi-sector Solutions to the Obesity Challenge				

Core enabling functions			
	<b>i. System performance analysis and reporting</b>	<b>ii. Knowledge management through tools, technology, connections and resources</b>	<b>iii. Public engagement and outreach</b>
	System Performance Reporting (including Anticipatory Science)	Cancer Risk Management Modelling and Economic Analysis	Public Engagement and Outreach
		Cancerview.ca	
		Knowledge Transfer and Adoption	
		Analytic Capacity Building and Co-ordinated Data Development	
		Evidence, Synthesis, Guidelines	
<b>Legend</b> <ul style="list-style-type: none"> <li>Continuing Initiatives</li> <li>Evolving Initiatives</li> <li>New Opportunity</li> </ul>			

## From strategy to execution

The Partnership employs a number of approaches to engage partners, deliver against its commitments and achieve results across its program of initiatives. These are:

- **Facilitating the creation of networks of experts and key stakeholders to co-create, inform and lead change**, such as the National Colorectal Cancer Screening Network, which enables provinces to learn from one another and plan together to accelerate the roll-out of organized screening in every province while minimizing the duplication of effort
- **Funding evidence-based, multi-year, multi-jurisdictional initiatives that advance change at both the national level and within jurisdictions**, such as synoptic pathology reporting, which is a pan-Canadian effort to adopt and implement standards for cancer pathology reporting through the use of synoptic reports or checklists, and supports jurisdictions' ability to implement standardized reporting, enabling more complete and timely pathology reporting and improve the quality of patient care
- **Co-funding multi-year, multi-jurisdictional legacy initiatives**, such as the Canadian Partnership for Tomorrow Project, which is a national cohort study on the risk factors for cancer and related chronic diseases that involves five jurisdictions, and is the largest study of its kind ever undertaken in the country
- **Supporting the enhancement and evolution of promising practices to benefit the broader community, and the creation of tools available for use by the country**, such as screening for distress and navigation programming to support patients through their cancer journey
- **Developing platforms for knowledge transfer and exchange**, such as the [cancerview.ca](http://cancerview.ca) portal, which is a knowledge hub and online community for those working in cancer control or



affected by cancer, offering trusted, evidence-based content from more than 30 cancer and health partner organizations and enabling pan-Canadian teams to work together virtually

- **Leading initiatives with partners that target system improvement**, such as the System Performance Reporting initiative, which provides comprehensive and nationally comparable reporting on cancer system performance
- **Co-investing in initiatives with other national health organizations to address common priorities**, such as synoptic surgery reporting, an initiative being advanced in partnership with Canada Health Infoway and five jurisdictions to embed pan-Canadian standards into surgical reporting tools to support quality surgical care and more effective treatment

Regardless of the nature of the work being developed and implemented with partners, the Partnership uses a contractual model that specifies objectives, deliverables and timing. This approach ensures that all parties involved are accountable for the initiative.

## Five-year budget

When the Partnership's mandate was renewed in March 2011, the organization received a funding commitment of \$250 million for 2012 to 2017. As a result of the March 2012 federal budget there was a reduction to the Partnership's five-year budget of 3.6 per cent, or \$9 million. The reduction will be phased in, with zero reduction for the 2012/13 fiscal year, moving to a three per cent reduction for 2013/14 and a five per cent reduction for the final three years, ending March 31, 2017.

Budget allocation for initiatives as well as business units and functions that support the Partnership as an organization will be refined to reflect this reduced five-year budget and allow for ongoing planning and implementation.

## STRATEGIC PRIORITIES

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

Desired outcomes by 2017:

- Leading multi-jurisdictional approaches to cancer and chronic disease prevention will be identified, adopted and implemented
- Changes in evidence-based policy and population-based prevention practices will be demonstrated
- The number of Canadians appropriately participating in population-based cancer screening programs will increase
- Quality will be improved through national reporting of cancer screening quality indicators and through collaborative development of targets in colorectal and cervical cancer screening

Continuing initiatives:

- Coalitions Linking Action and Science for Prevention (CLASP)
- Healthy Public Policy
- National Occupational and Environmental Carcinogens Surveillance Initiative (CAREX Canada)
- Population-Based Screening

New opportunity:

- Multi-sector Solutions to the Obesity Challenge

## CONTINUING INITIATIVES

### 1. Coalitions Linking Action and Science for Prevention (CLASP)

Primary prevention is a cornerstone of cancer control. If successful, it can reduce the risk of cancer. Since cancer and other chronic diseases share similar risk factors, cancer prevention can also improve the overall health of Canadians. Effective primary prevention means moving away from isolated projects and programs and establishing a comprehensive and co-ordinated model to accelerate the adoption of evidence and best practices across provinces and territories.

The CLASP initiative supports pan-Canadian research, practice and policy partnership models that implement high-impact, population-based prevention initiatives focusing on enabling evidence-informed, multidisciplinary and multi-jurisdictional action. The aim is to improve individual and population health by broadening the reach and deepening the impact of cancer and chronic disease prevention efforts.

#### **Objective (strategic priority)**

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

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#### **Goal (desired outcome by 2017)**

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- Expand the implementation of effective multi-jurisdictional prevention interventions to reduce the risk of developing cancer and other chronic diseases that share similar risk factors
-

## Strategies

- |  |         |
|--|---------|
| • Expand knowledge translation and exchange activities of seven CLASP1 coalitions*   | 2012/13 |
| • Renew up to three CLASP1 coalitions for two years, based on external peer review, to expand into new provinces and territories | 2012–14 |
| • Host two CLASP2 consultation workshops and CLASP2 adjudication panel orientation and review meetings**                         | 2012–14 |
| • Minimum of four new CLASP2 coalitions  | 2013–17 |
| • Convene CLASP knowledge exchange meetings and cross-CLASP evaluation support   | 2013–17 |

## Measures

- CLASP1 Expansion: Seven coalitions funded for an additional six months to deepen the impact and broaden the reach of knowledge translation and exchange activities
- CLASP1 Renewal: Three coalitions renewed and expanded to new provinces and territories by 2013
- CLASP2: Minimum of four new coalitions funded to enable multidisciplinary, evidence-informed action across at least two provinces or territories by October 2013
- Three policy and eight practice changes across local, regional and provincial/territorial jurisdictions by 2016/17
- Growing repository of evidence-informed collaborative processes on how to take population interventions from research to action and back

\*CLASP1 refers to the seven CLASP coalitions originally awarded funding during the Partnership's first mandate. CLASP1 Expansion and Renewal refers to the same group or subset of originally funded CLASP coalitions.

\*\*CLASP2 refers to the CLASP coalitions awarded funding after an adjudication process initiated in 2013/14.

## **Implementation partners**

Through a transparent, peer-reviewed adjudication panel process, funding will be awarded for successful proposals for pan-Canadian research, practice and policy partnership coalitions that implement high-impact, population-based prevention initiatives. These initiatives will support evidence-informed, multi-jurisdictional actions to ensure that lessons learned in one jurisdiction inform decisions in others. The coalitions will be expected to leverage initiatives already underway in Canada to deepen their impact. They will also translate knowledge gained from research into practice and policy action, and maximize synergies with related chronic diseases that share risk factors. As well, the coalitions can learn practice and policy solutions from each other. Finally, all coalitions will participate in rigorous evaluations at the project and cross-initiative level.

## **2. Healthy Public Policy**

Healthy public policy is a key component of a comprehensive approach for cancer and chronic disease prevention. Weak links between research evidence of policy effectiveness and policy practice is a key gap that needs to be addressed. Building on the development of the Prevention Policies Directory from the first mandate, inter-jurisdictional knowledge exchange and collaboration will be fostered through a national healthy public policy community of research, practice and policy specialists — including provincial and federal government representatives, non-governmental organizations and academics — to expand evidence-informed cancer and chronic disease prevention policies in Canada.

### **Objective (strategic priority)**

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

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## Goal (desired outcome by 2017)

- Increase the number of evidence-informed prevention policies positively influencing the prevention of cancer and chronic disease across Canada

## Strategies

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|---|---------|
| • Implement knowledge exchange and outreach activities with research, practice and policy specialists across Canada   | Ongoing |
| • Maintain and refresh current Prevention Policies Directory and address data gaps, such as municipal and French language policies  | 2012/13 |
| • Expand the availability and use of linkages between systematic reviews of policy effectiveness research and the policies in the Prevention Policies Directory           | Ongoing |
| • Integrate the Prevention Policies Directory with allied Partnership projects to capture potential synergies, such as CAREX Canada and the CLASP2 consultation workshops | 2012/13 |
| • Evaluate the use of the Prevention Policies Directory, including knowledge exchange and outreach efforts  | Ongoing |

## Measures

- Increase in the number of research, practice and policy specialists engaged in evidence-informed prevention policy knowledge translation and exchange, with representation from every province and territory (from 10 to 30)
- Increase in the number of Prevention Policies Directory users (from 100 to 850)

- Increase in the percentage of municipal policies in the Prevention Policies Directory (from 10 per cent to 30 per cent)
  - Increase in the number of policies explicitly linked to systematic reviews of policy effectiveness research
- 

### **Implementation partners**

The National Collaborating Centre for Healthy Public Policy will inform improvements to French language content in the Prevention Policies Directory. This organization will also inform and collaborate on knowledge exchange and capacity-building activities in relation to evidence-informed healthy public policy.

The Urban Public Health Network will inform the expansion of the Prevention Policies Directory to include municipal policies and knowledge exchange activities in relation to Canadian municipalities.

## **3. CAREX Canada**

CAREX Canada provides national, provincial and territorial occupational and environmental carcinogen exposure surveillance information and tools that can be used to support evidence-informed programs and policies and expand occupational and environmental surveillance strategies that can contribute to lowering cancer incidence and mortality.

### **Objective (strategic priority)**

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

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## Goal (desired outcome by 2017)

- Increase the availability and use of occupational and environmental carcinogen exposure data and increase the number of evidence-informed policies across Canada to reduce environmental and occupational exposures to carcinogens, thereby contributing to cancer prevention

## Strategies

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|--|---------|
| • Implement knowledge translation and outreach activities  | Ongoing |
| • Maintain and refresh current CAREX databases and address data gaps, including incorporating five new provincial data sources into the CAREX system and updating all risk estimates using the results of the 2011 Canadian Census   | Ongoing |
| • Integrate CAREX data sets with allied Partnership projects to capture potential synergies, such as the Prevention Policies Directory, Cancer Risk Management Model, CLASP2 consultation workshop, Cancer Control P.L.A.N.E.T. Canada and the Canadian Partnership for Tomorrow Project | Ongoing |
| • Evaluate the use of CAREX, including knowledge translation and outreach efforts  | Ongoing |

## Measures

- Increase in the number of stakeholders trained to use CAREX tools (from 150 to 500) and participating in CAREX network (from 150 to 400)
- Increase in the number of occupational exposure policies (from 5 to 25) and environmental policies (from 106 to 156) in Prevention Policies Directory

- Partnerships with additional federal, provincial and territorial agencies to expand the data collection and monitoring of occupational and environmental carcinogens across Canada

### Implementation partners

The Partnership works with the University of British Columbia on CAREX Canada — CAREX is located at the university.

## 4. Population-Based Screening

Building on the current function of the pan-Canadian networks for cervical and colorectal cancer screening, the Partnership will continue to advance population-based cancer screening in Canada. The Partnership will explore its potential role in supporting population-based breast cancer screening.

### Objective (strategic priority)

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

### Goals (desired outcomes by 2017)

- Increase appropriate participation in, and the quality of, cervical and colorectal cancer screening programs
- Enable an evidence-based approach to considering HPV vaccination status within cervical cancer screening

### Strategies

- |  |         |
|--|---------|
| • Continue collaboration on and alignment with provincial and national priorities through regular network meetings | Ongoing |
| • Continue national reporting of cancer screening quality indicators   | 2012–17 |

• Establish consensus on national targets for colorectal screening and cervical screening	2012–17
• Continue development of participation strategies, such as Colonversation and cervical guideline uptake	Ongoing
• Continue development and implementation of quality initiatives	Ongoing
• Obtain consensus on national priorities regarding appropriate cervical cancer screening approaches for a population vaccinated against HPV, a non-vaccinated population and a mixed population, and support the advancement of priorities that require national action	2012–17

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### Measures

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- Increased number of Canadians appropriately participating in population-based screening programs
  - Collaboratively developed participation targets for colorectal and cervical cancer screening
  - Demonstrated quality improvements through national reporting of cancer screening quality indicators
  - Established consensus on national priorities regarding appropriate cervical cancer screening approaches for a population vaccinated against HPV, a non-vaccinated population and a mixed population, and provinces and territories working toward a consistent, evidence-based approach
-



## Implementation partners

The Partnership currently hosts pan-Canadian networks for colorectal cancer screening and cervical cancer screening. Network members are nominated by provincial and territorial deputy ministers of health or cancer control program leads. Therefore, governments and screening programs are well represented. The networks' main goal is to ensure consensus and co-ordination on programmatic policy, including high-quality screening services designed for measurable impact. Membership also includes representatives from key related national organizations such as the Canadian Cancer Society, the Public Health Agency of Canada and the Canadian Medical Association, as well as other professional societies and organizations. Network priorities align with the priorities of the Canadian Breast Cancer Screening Initiative hosted by the Public Health Agency of Canada.

Three key priorities to address population-based screening are program development and implementation, quality assurance and screening awareness through the use of common tools and resources.

The Partnership's screening portfolio provides the infrastructure to lead the networks' projects. Network members volunteer on a rotating basis to participate in working groups.

## NEW OPPORTUNITY

### 1. Multi-sector Solutions to the Obesity Challenge

The Partnership is exploring an opportunity to develop new multi-sector models to address complex challenges associated with obesity prevention. An extensive multi-sector and multi-jurisdiction consultation process is being conducted in 2012/13 to inform development of a business plan for Partnership consideration. If approved, the new initiative would begin in 2013/14.

## **ii. Advance high-quality early detection and clinical care**

Desired outcomes by 2017:

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

Continuing initiative:

- Embedding Evidence in Care – Synoptic Reporting and Staging

Evolving initiatives:

- Emerging Screening and Early Detection
- Multi-jurisdictional Quality Initiative

New opportunity:

- Enhancing Canadian Cancer Clinical Trials

### **CONTINUING INITIATIVE**

#### **1. Embedding Evidence in Care – Synoptic Reporting and Staging**

This initiative builds on the success of synoptic pathology and surgery reporting and staging implementation. These investments were made to support the depth and consistency of information collected for pathology and surgery, to embed guidelines in practices and to enable clinicians to access comparative results

about practice. Specifically, this will translate into improved quality and standardization of reporting and care in the areas of pathology and surgery. In addition, it will result in increased efficiencies by shortening report turnaround and improving availability of reports to manage patient care, by streamlining processes to obtain data required to determine cancer stage, and by reducing reliance on manual processes to gather data for registries.

### **Objective (strategic priority)**

Advance high-quality early detection and clinical care

### **Goal (desired outcome by 2017)**

- Tools, standards and guidelines adopted and integrated into practice to support consistent and more efficient reporting, and improved quality of reporting and patient care

### **Strategies**

- |   |         |
|---|---------|
| • Implement electronic synoptic pathology reporting (minimum of six provinces)  | 2013–17 |
| • Implement electronic synoptic surgical reporting (continued expansion in existing five provinces through co-funding with Canada Health Infoway and jurisdictions)                                     | 2012–17 |
| • Prepare and execute a development and maintenance strategy for clinical and electronic synoptic surgical reporting standards and for reporting templates (including additional standards development) | 2012–17 |
| • Co-ordinate disease site panels to provide clinical input on standards  | 2012–17 |
| • Organize knowledge transfer mechanisms with clinical community and vendor education sessions  | Ongoing |

- |   |         |
|---|---------|
| • Facilitate development of a national surgical outcomes database | 2012–17 |
| • Implement data quality initiatives                              | 2012–17 |

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### Measures

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- Increased percentage of:
    - Pathologists using College of American Pathologists checklists
    - Pathologists using electronically enabled synoptic pathology reporting
    - Surgeons using electronic surgical synoptic reporting
  - Improved percentage compliance with standards for reporting
  - Increased efficiency by improved turnaround time for the availability of pathology and surgical results
  - 90 per cent stage capture for all cancers across Canada
- 

### Implementation partners

For pathology, active partners will include the jurisdictions, specifically organizations with responsibility for laboratory medicine and diagnostics; delivery partners such as regional health authorities, cancer agencies and pathologists; clinical leaders and e-health organizations. This initiative will also continue existing collaborations with the Canadian Association of Pathologists, the College of American Pathologists and Canada Health Infoway to support the setting and maintenance of pan-Canadian clinical standards for pathology reporting.

For staging, in the first mandate, the Partnership worked with all provincial cancer agencies and programs across Canada to advance the capture of staging information; these partnerships will be maintained. The Partnership will expand engagement of clinicians from all disciplines across the country in maintaining collaborative staging standards. In addition, active implementation of collaborative staging initiatives will continue in some provinces, building on work initiated in this mandate. The Partnership will also maintain collaborative relationships with Statistics Canada, the Canadian Council of Cancer Registries and the Public Health Agency of Canada, as well as with international organizations such as the Union for International Cancer Control and American Joint Committee on Cancer, particularly in relation to the maintenance of standards and data quality efforts.

For cancer surgery, a collaborative model has already been established for the continued work with five provincial jurisdictions (Alberta, Manitoba, Ontario, Quebec and Nova Scotia). The cancer agency, specific organizations or health authorities, plus Canada Health Infoway and the Partnership, will further expand implementation. The future plan will also engage surgeons from all provinces in the development of standards and outcome metrics. This initiative is structured as formal contracts between the three types of partners — jurisdictional participants, Canada Health Infoway and the Partnership — so it is clear who is funding what type of work. Generally, jurisdictions and Canada Health Infoway are funding implementation, with the Partnership focusing its future investments on supporting the standards and outcomes development component on a pan-Canadian basis.



## EVOLVING INITIATIVES

### 1. Emerging Screening and Early Detection

There is a need to address screening as evidence emerges to support new modalities, such as low-dose computed tomography scanning to detect lung cancer, and to consider screening that may be targeted only to high-risk groups or occurs outside of population-based programs. In addition, and given that screening tests do not exist for many cancers, detection of cancer through early signs and symptoms also needs to be addressed to minimize delays to diagnosis.

#### Objective (strategic priority)

Advance high-quality early detection and clinical care

#### Goals (desired outcomes by 2017)

- Develop a better understanding of measures of efficiency in screening, and of potential reasons for and patterns of delayed cancer detection in Canada
- Build capability to respond to new evidence on screening modalities to support planning, service delivery and, where appropriate, national action

#### Strategies

- |   |         |
|---|---------|
| • Develop work plan on priorities for national action to address emerging screening and early detection                               | 2012/13 |
| • Develop work plan on priorities for national action arising from the multi-stakeholder lung cancer screening forums held in 2011/12 | 2012/13 |

- Analyze results of the International Cancer Benchmarking Partnership (Module 2) project, develop an understanding of potential delays to diagnosis in Canada and scope priorities for national action

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## Measures

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- To be developed as part of the planning process
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## Implementation partners

When a synthesis of evidence highlights a specific, new or unique area of interest or controversy, such as recent evidence relating to lung cancer screening, further collaboration and expert opinion and discussion are needed to assist with planning.

In the same way population-based networks are formed, the Partnership invites provincial and territorial deputy ministers of health, cancer control leaders and representatives of related national multidisciplinary organizations to identify an individual with particular interest in and influence on the subject to participate in relevant two pan-Canadian forums. These forums will review practical implications, resource issues and other potential concerns from a multidisciplinary perspective. Participants prioritize these topics and then determine what, if any, national action is required. The outcome of the forums may be an informal network that meets regularly but less frequently than do the population-based screening networks, addressing the priorities set during the forums.

This model was piloted in 2011/12 with a lung cancer screening forum. There is an opportunity in 2012/13 to approach prostate cancer screening in a similar way to respond to new evidence expected in 2012.

## 2. Multi-jurisdictional Quality Initiative

The goal of this initiative is to build on the foundation laid in the first mandate to leverage a national approach to identifying gaps in quality, synthesize the evidence about the gaps and identify potential quality initiatives. The Partnership also aims to develop strategic, targeted plans to inform quality initiative development locally.

### Objective (strategic priority)

Advance high-quality early detection and clinical care

### Goals (desired outcomes by 2017)

- Use evidence and system performance measures to reflect on and inform co-ordinated action on quality
- Increasingly systematic and consistent efforts to ensure quality in patient care are identified and undertaken together with clinical leaders, care providers and system level stakeholders, including cancer agencies and programs

### Strategies

- |   |         |
|---|---------|
| • Scope and gather information on potential priority quality initiatives and identify potential initiative partners through consultation and collaboration with provincial cancer agency and program leads, national organizations, professional bodies and thought leaders | 2012/13 |
| • Synthesize findings and develop a synergistic business plan for the program of work   | 2012/13 |

### Measures

- To be developed as part of the planning process

## Implementation partners

The Quality Initiatives portfolio will take a blended approach to working with partners. With input from the field (clinical, policy and methodological), the System Performance Reporting initiative and provincial cancer agencies and programs, the Partnership will identify areas for enhancement in cancer control. Once areas have been identified, the Partnership will disseminate a plan to identify specific approaches and areas of focus, and project teams will be determined. In the area of quality it has been, and will continue to be, important to partner with professional associations delivering care, facilities and agencies administering and overseeing care, and other national organizations with specific expertise and mandates to enhance delivery of care in cancer. Engaging partners and stakeholders will be key throughout the process, from developing initiative plans to achieving goals and from implementation to evaluation. In the case of partnering with other national organizations to collaboratively develop tools such as standards, a network approach will be taken, with all relevant cancer stakeholders involved from the outset.

## NEW OPPORTUNITY

### 1. Enhancing Canadian Cancer Clinical Trials

The Partnership is exploring an opportunity to facilitate the development of a multi-stakeholder collaboration to enhance the efficiency and effectiveness of academic centre–driven Canadian cancer clinical trials.

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

Desired outcomes by 2017:

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

Evolving initiatives:

- Improved Patient-Reported Outcomes
- Survivorship
- Palliative and End-of-Life Care

New opportunity:

- Improving Integration Across Care Settings

#### EVOLVING INITIATIVES

##### 1. Improved Patient-Reported Outcomes

This initiative will build on work to date to enable a person-centred approach to cancer care, further advancing the adoption of practices supported by the tools and resources developed nationally in the



first mandate. Measurement will be used to assess progress in the adoption of these practices and potentially to identify new ways to understand the patient experience.

### **Objective (strategic priority)**

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Embed a person-centred perspective throughout the cancer journey

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### **Goals (desired outcomes by 2017)**

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- Ensure a common measurement framework and core set of indicators are in use across Canada to measure improvements in the patient experience
  - Ensure a common set of evidence-informed assessment tools and programmatic resources are supporting patient-centred program design and implementation
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### **Strategies**

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- |   |         |
|---|---------|
| • Collaborate with the System Performance Reporting initiative and a steering committee of cancer agency and program representatives to develop a systematic approach to identify a common set of measures of patient experience, such as improvements in the management of symptoms (for example, pain, fatigue and anxiety or overall distress) | 2012/13 |
| • Develop an overall strategy to support organizations and jurisdictions in implementing a person-centred approach to care  | 2012/13 |
- 

### **Measures**

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- To be developed as part of the planning process
-

## Implementation partners

This initiative will directly engage provincial cancer agencies and programs or treatment centres to implement and measure provincially reported indicators of improvement in the patient experience. The initiative will build on work, toolkits, evidence-based guidelines and resources developed in the first mandate. The initiative also includes the development and maintenance of practice guidelines and stewardship of those guidelines with third parties. As well, it will engage clinicians, organizational partners such as the Canadian Association of Psychosocial Oncology, and other professional-practice organizations.

## 2. Survivorship

The objectives of this opportunity are to:

- Create an enhanced survivorship interface on [cancerview.ca](http://cancerview.ca) and consider expanding existing survivorship tools and resources that are available through the online portal
- Explore workplace strategy that addresses the needs and concerns of multiple stakeholders, such as patients, families, employers and benefits managers, in supporting the cancer experience, with issues related to returning to work as a potential focus
- Continue to expand and support the adoption of *The Truth of It* video series to include a broad range of survivors, caregivers and health-care professionals through [cancerview.ca](http://cancerview.ca)

### Objective (strategic priority)

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Embed a person-centred perspective throughout the cancer journey

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## Goals (desired outcomes by 2017)

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- Engage patients, survivors and families in identifying priorities for, and informing enhancements to, system design, and workplace and community supports
  - Make connections among existing services and supports to improve the ability of survivors and others to understand what is available in their jurisdiction and to access what they need
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## Strategies

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|--|---------|
| • Transition and align existing Partnership survivorship initiatives, such as CancerChatCanada.ca  | 2012/13 |
| • Complete scan, survey and consultations with survivors, caregivers, employers, insurers, benefits managers and professional associations, and develop a survivorship strategy that includes priorities for workplace and community supports                                  | 2012/13 |
| • Collaborate with the <a href="http://cancerview.ca">cancerview.ca</a> initiative, and with partners such as the Canadian Cancer Society, to prepare a strategy for the development of an enhanced survivorship interface on <a href="http://cancerview.ca">cancerview.ca</a> | 2012/13 |
- 

## Measures

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- To be developed as part of the planning process
-

## Implementation partners

The Partnership will develop and implement the survivorship strategy and plan with patients, survivors, caregivers, employers, insurers, benefits managers and professional associations. Partnerships will include those with national organizations such as the Canadian Cancer Society, employer associations and other groups.

### 3. Palliative and End-of-Life Care

This initiative will identify, develop and implement one or more high-impact, multi-jurisdictional, integrative initiatives to address a component of the Quality and End-of-Life Care Coalition of Canada's *Blueprint for Action* to improve palliative and end-of-life care in Canada. This will be done by:

- Building on and getting endorsement for advancing the *Blueprint for Action*, a consistent framework for palliative care in Canada
- Developing capacity to report on palliative care and building on the Partnership's experience over its first mandate
- Mobilizing the palliative community and leveraging existing networks around a sustained high-impact initiative to improve palliative care in Canada to benefit those with cancer and other conditions

#### Objective (strategic priority)

Embed a person-centred perspective throughout the cancer journey

## Goal (desired outcome by 2017)

- Advance the establishment of a collaborative approach to palliative and end-of-life care across care settings that is informed by elements of the Quality and End-of-Life Care Coalition of Canada's *Blueprint for Action*

## Strategies

- |   |         |
|---|---------|
| • Engage health system and policy leaders to confirm shared priorities and opportunities in the area of palliative and end-of-life care   | 2012/13 |
| • Define the palliative and end-of-life care initiative, including the multi-jurisdictional, integrative projects that the Partnership will support at a national level, and develop an action plan | 2012/13 |

## Measures

- To be developed as part of the planning process

## Implementation partners

The Palliative and End-of-Life Care initiative will enable quality-based improvements to the end-of-life experience for all Canadians by advancing a component of the *Blueprint for Action* developed by the Quality End-of-Life Care Coalition of Canada. The Coalition includes over 30 organizations with an interest in palliative care, including profession-specific associations, disease-based patient advocacy groups and pan-Canadian organizations representing the end-of-life continuum, particularly the Canadian Healthcare Association and the Canadian Home Care Association. Efforts in this domain will be co-ordinated with efforts of the coalition by working with the Canadian Hospice Palliative Care Association.

## NEW OPPORTUNITY

### 1. Improving Integration Across Care Settings

The Partnership is exploring an opportunity to engage primary care and oncology system leaders, cancer agencies and programs, clinical leaders and patients to identify strategies to improve the provision of more integrated patient care across these settings.

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

Desired outcomes by 2017:

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

Continuing initiatives:

- Canadian Partnership for Tomorrow Project
- Canadian Cancer Research Alliance

## CONTINUING INITIATIVES

### 1. Canadian Partnership for Tomorrow Project

The Canadian Partnership for Tomorrow Project is a living population laboratory designed to improve our understanding of the interaction and long-term impact of behavioural, environmental and genetic risk factors for cancer and related chronic diseases such as diabetes and



heart and lung disease. The project is a 30-plus-year national cohort study, the largest of its kind conducted in Canada. More details are available through [partnershiptomorrow.ca](http://partnershiptomorrow.ca).

### **Objective (strategic priority)**

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

### **Goal (desired outcome by 2017)**

- Ensure that the Canadian Partnership for Tomorrow Project is a well-recognized and well-used platform optimized for cancer and chronic disease research — with a particular emphasis on cancer and cardiovascular disease — and the enrolment of any eligible Canadian wishing to participate is facilitated

### **Strategies**

- |  |         |
|--|---------|
| • Complete core recruitment in Alberta, British Columbia, Ontario, Quebec and Atlantic region                            | 2012/13 |
| • Establish support for cohort maintenance   | 2012–17 |
| • Prepare a plan for re-contacting participants and inform the model that will be used for the future                    | 2012/13 |
| • Plan for and recruit participants outside current regions  | 2012–16 |
| • Develop, pilot and begin operation of a national bio-repository and processes to facilitate access to data and samples | 2012–17 |
| • Complete collection of bio-samples as set out in core protocol   | 2012–16 |
| • Define cardiovascular disease measures and begin study implementation  | 2012–15 |

- Develop sustainability options for the cohort project by 2015 and implement by 2017

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### Measures

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- Incorporation of:
    - Cardiovascular disease measures
    - Data from individuals across Canada, including the territories
  - Collection of bio-samples in core protocol complete
  - Bio-repository and processes to access data and samples established
- 

### Implementation partners

There are partners at the implementation, funder, sponsor and scientific levels involved in guiding this study. These sponsors include the BC Cancer Agency, Alberta Health Services – Cancer Care, Ontario Institute for Cancer Research, Université de Montreal, CHU Sainte-Justine Mother and Child University Hospital Center, Cancer Care Nova Scotia and Dalhousie University. Core funding partners are the Alberta Cancer Foundation, Alberta Innovates – Health Solutions, Génome Québec and the Ontario Institute for Cancer Research. Each of these organizations has made cash or in-kind contributions to support the overall development and creation of the cohort or to enrich the nature of local data collection. The Strategic Advisory Council consists of the sponsors identified above, certain funding partners, a scientific expert and members of the public. The Council’s role is to advise the Partnership on the strategic direction of the cohort, as well as to provide a forum for the sponsors and key funders to discuss their priorities and commitments to the cohort. The International Scientific Advisory Board consists of international experts in population health research and provides counsel to the Partnership and the five project principal investigators.

Other partners include the Ethical, Legal and Social Issues Task Force, which helps the Partnership develop policy and guidance for the project, and the Public Population Project in Genomics and the Harmonization Task Force, which help ensure that the data and samples collected by the five project cohorts are harmonized nationally.

## 2. Canadian Cancer Research Alliance

The Canadian Cancer Research Alliance is a group of 33 Canadian cancer research funders. This initiative focuses on ensuring strong national co-ordination of members’ activities. It is a forum for identifying new collaborations and for advancing the Pan-Canadian Cancer Research Strategy.

### Objective (strategic priority)

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

### Goal (desired outcome by 2017)

- Maximize the impact of research funding, facilitate co-ordination in shared infrastructure and resources and optimize Canada’s cancer research funding system through a pan-Canadian approach

### Strategies

- |  |         |
|--|---------|
| • Develop and publish reports on cancer research investment in Canada, including trend analysis reports on specific areas of investment, a 10-year trend analysis and a bibliometric analysis of cancer research in Canada | 2012–17 |
| • Organize and execute at least one cancer research conference   | 2013–17 |

- |  |         |
|--|---------|
| • Develop annual progress reports on the Pan-Canadian Cancer Research Strategy   | 2013–15 |
| • Continue involvement in the International Cancer Research Partnership  | 2012–17 |
| • Lead the establishment of specific funding opportunities using data and sample sets from the Canadian Partnership for Tomorrow Project | 2012/13 |
| • Develop provincial cancer research asset maps  | 2013–17 |
| • Continue implementation of an integrated cancer research strategic plan and develop a new strategic plan                               | 2012–17 |

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### Measures

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- Hosting a minimum of one national research conference rated positively by stakeholders (researchers, funders, etc.); specific measures for stakeholder evaluation to be developed
  - Brokering the establishment of at least two collaborative, multi-funder research initiatives
  - Evidence that research reports inform decision-making and priority-setting, such as data use in member research strategies and survey assessing utility
  - Renewed pan-Canadian research strategy
- 

### Implementation partners

The 33 cancer research funders that make up the Canadian Cancer Research Alliance are working with the Partnership to implement the Pan-Canadian Cancer Research Strategy. This collaboration could be in the form of leading key initiatives, such as Partnership-funded translational research undertaken by the Terry Fox Research Institute, forming research funding collaborations or simply providing data for research investment reports.

The Partnership provides secretariat support for the Canadian Cancer Research Alliance; the Partnership and the Canadian Cancer Research Alliance are co-located.

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

Desired outcomes by 2017:

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

Continuing initiative:

- First Nations, Inuit and Métis Action Plan on Cancer Control – Implementation and Evaluation

## CONTINUING INITIATIVE

### 1. First Nations, Inuit and Métis Action Plan on Cancer Control – Implementation and Evaluation

In the first mandate, the Partnership facilitated the development of the First Nations, Inuit and Métis Action Plan on Cancer Control, engaging First Nations, Inuit and Métis stakeholders — patients, leadership, expert partners, governments and organizations involved in First Nations, Inuit and Métis health, cancer control and chronic disease prevention.

The Action Plan's strategic priorities include:

- Understanding community awareness and behaviours with respect to cancer and chronic disease prevention and cancer screening
- Identifying culturally responsive resources and services
- Mapping the cancer care pathways and documenting leading models of care in remote and rural First Nations, Inuit and Métis communities
- Identifying existing systems of First Nations, Inuit and Métis patient identification as a means to improve patient navigation
- Engaging First Nations, Inuit and Métis leadership in cancer control efforts and exploring cross-sectoral opportunities

The focus of the next mandate will be putting new evidence into action — disseminating and facilitating adaptation of leading cancer control practices with and for First Nations, Inuit and Métis peoples. In developing the Action Plan, the Partnership led a comprehensive consultation and planning process in an effort to strengthen collaboration, minimize duplication and thus maximize outcomes.



## Objective (strategic priority)

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

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## Goals (desired outcomes by 2017)

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- Increase community-based health human resource skills and capacity, and increase awareness of cancer control and chronic disease prevention among First Nations, Inuit and Métis peoples
  - Increase access to and use of leading culturally responsive resources and services among First Nations, Inuit and Métis peoples, including leading models of cancer care in rural and remote locations
  - Further engage First Nations, Inuit and Métis leadership in cancer control, and enhance collaboration across sectors to maximize efforts to address cancer control, including chronic disease prevention, among these populations
- 

## Strategies

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- |   |         |
|---|---------|
| • Establish support for the detailed Action Plan for 2013–17, building on the results of the five baseline projects developed collaboratively | 2012/13 |
| • Implement First Nations, Inuit and Métis Action Plan on Cancer Control  | 2013–16 |
| • Evaluate and determine next steps   | 2016/17 |
- 

## Measures

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- First Nations, Inuit and Métis leadership, experts and organizations supportive of, and engaged in, Action Plan implementation

- Provinces and territories, as well as cancer agencies and programs and other key stakeholders, incorporating Action Plan findings in their work
  - Growing repository of leading and promising practices in First Nations, Inuit and Métis cancer control available on [cancerview.ca](http://cancerview.ca)
  - Greater cross-sectoral collaboration, including national and regional First Nations, Inuit and Métis leadership, to maximize efforts in addressing cancer control
  - Co-development of at least three people-specific initiatives with communities, including partnership with government agencies and other non-governmental organizations
- 

### **Implementation partners**

The following partners are engaged in the 2011/12 Action Plan information gathering phase and will continue to be engaged in Action Plan implementation:

- First Nations, Inuit and Métis communities, including national and regional Aboriginal organizations
- Health system and cancer agencies and programs, such as the Canadian Association of Provincial Cancer Agencies and individual provincial cancer agencies and programs
- Provincial and territorial ministries of health and Aboriginal affairs
- First Nations and Inuit Health regions
- Disease-specific organizations, such as the Heart and Stroke Foundation, The Lung Association and the Canadian Cancer Society
- Other partners, such as Health Canada First Nations and Inuit Health Branch, the Public Health Agency of Canada, the Canadian Institute for Health Information, Statistics Canada and the Institute of Aboriginal Peoples' Health

## CORE ENABLING FUNCTIONS

### i. System performance analysis and reporting

Desired outcomes by 2017:

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

Continuing initiative:

- System Performance Reporting

## CONTINUING INITIATIVE

### 1. System Performance Reporting

The Partnership will continue to support the ongoing enhancement and expansion of system performance reporting efforts. It will also build on the collaboration with its partners to develop a comprehensive picture of how population and patient needs throughout the patient journey are being met.

#### Objective (core enabling function)

System performance analysis and reporting

#### Goal (desired outcome by 2017)

- Establish a key set of agreed-upon cancer control performance benchmarks and/or targets for the country and continue to use system performance measures to drive system change

## Strategies

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|---|---------|
| • Develop cancer system performance reports, including one “omnibus” report   | 2012–17 |
| • Develop cancer control performance targets and benchmarks   | 2013–17 |
| • Conduct special studies to explain factors influencing system performance patterns  | 2012–17 |
| • Conduct analyses and produce focus reports on system performance indicators related to special populations, starting with geographic remoteness and rurality, and subsequently other groups such as First Nations, Inuit and Métis peoples, specific socioeconomic groups, new immigrants, etc., as well as focus reports on specific disease sites and cancer control modalities | 2012–17 |
| • Expand measures of patient experience and patient-centred care  | 2012–17 |
| • Develop a full range of indicators of system efficiency   | 2012–17 |
| • Convene Anticipatory Science panels   | 2012–17 |
| • Optimize the reach, usefulness and usability of system performance information through a range of reporting products and tools, and other knowledge transfer and exchange strategies  | 2012–14 |

## Measures

- Improved partner understanding of performance gaps and successes and support for system change as a result of the system performance reports

- Evidence that special reports, analysis and syntheses of expert opinion are used for planning, decision-making and practice improvement
  - Up to five consensus-based national system performance benchmarks and/or targets developed
- 

### **Implementation partners**

The main partners for the System Performance Reporting initiative are the provincial cancer agencies and programs. Each province is represented on the Strategic Advisory Group and the Technical Working Group for System Performance. The Strategic Advisory Group provides input and advice on the direction of system performance measurement and reporting, including expansion into new domains, as well as interpretation of system performance information. The Technical Working Group provides input and advice on methodology and data issues related to indicator development, collecting the required data from provinces and submitting it to the Partnership.

A strategy is in place to ensure that provincial data and information requests from System Performance Reporting and other Partnership initiatives align, thereby avoiding redundancy and minimizing the burden on provinces. The initiative will also work with provincial cancer agencies and programs to conduct a number of exploratory studies aimed at explaining gaps and other variations in key system performance indicators to better inform quality improvement strategies. These studies may involve retrospective chart reviews, surveys or other primary data collection mechanisms.

Nationally, the initiative works closely with a number of partners, including Statistics Canada, the Canadian Institute for Health Information and the Public Health Agency of Canada. The initiative partnered with Statistics Canada to access and analyze key data sets required for indicator development, including the Canadian Cancer

Registry, the Canadian Community Health Survey and the Canadian Vital Statistics Database. The initiative has been collaborating closely with the Canadian Institute for Health Information toward the joint development of a number of key indicators for cancer surgery, including wait times and surgery rates. The Partnership and the Canadian Institute for Health Information are working on producing a joint report on breast cancer surgery in 2012. The Partnership plans to continue and expand these collaborations in the new mandate, and has also worked with the Public Health Agency of Canada on reporting indicators for breast cancer screening.

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

Desired outcomes by 2017:

- Cancerview.ca will become the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer
- New capacity will be created to support analysis and use of evidence
- Innovative resources will be used to estimate long-term impacts of policy and program change on cancer, including economic effects, and to evaluate the impact of a co-ordinated approach
- Stakeholders will be able to use evidence in practice through knowledge syntheses, resources and toolkits for action
- Adoption strategies will be co-ordinated by leveraging tools, knowledge and experience

Continuing initiatives:

- Cancer Risk Management Modelling and Economic Analysis
- Cancerview.ca



Evolving initiatives:

- Partnership Knowledge Transfer and Adoption
- Evidence, Synthesis, Guidelines
- Analytic Capacity Building and Co-ordinated Data Development

## CONTINUING INITIATIVES

### 1. Cancer Risk Management Modelling and Economic Analysis

The Cancer Risk Management Model platform, available through [cancerview.ca/cancerriskmanagement](http://cancerview.ca/cancerriskmanagement), is a web-based tool that allows users to estimate the long-term impact of policy and program change, including economic impact. The tool will continue to evolve with the addition of breast and prostate models to the existing lung, colorectal and HPV and cervical models — accounting for over 55 per cent of all cancer cases in Canada — and with the development of a model for cancer as a whole.

#### Objective (core enabling function)

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Knowledge management through tools, technology, connections and resources

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#### Goals (desired outcomes by 2017)

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- Innovative resources to estimate long-term impacts of policy and program change in cancer, including economic effects, continue to evolve and be adopted
- Support policy and program stakeholders in decision-making
- Quantify the economic impact of a co-ordinated cancer control strategy within the broader context of cancer

- Establish an approach to measuring the economic impact of the Partnership's work to implement Canada's cancer strategy

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### Strategies

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- |  |         |
|--|---------|
| • Develop breast and prostate cancer models  | 2012–16 |
| • Develop an approach to estimate the total economic burden of cancer in Canada  | 2012–17 |
| • Implement model maintenance and enhancements, such as risk factors and new models, including ability to conduct comprehensive analysis of the economic costs of cancer and return on investment of a co-ordinated approach | 2012–17 |
| • Support adoption and use by cancer control community   | 2012–17 |
- 

### Measures

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- Evidence of use of Cancer Risk Management Model platform in policy and decision-making processes
  - Use of the Cancer Risk Management Model to assess potential impact of pan-Canadian co-ordinated strategy
  - Micro-site use and uptake: increase in the number of active users (by jurisdiction and type of user)
  - Contributions to a body of work to measure cost-effectiveness and efficiency of co-ordinated cancer control
-

## Implementation partners

The Partnership works with many partners on the Cancer Risk Management Model platform. It is advised by a steering group with membership that includes experts from the modelling, health economics and cancer control communities. Content-specific advice, such as that regarding cervical cancer and HPV immunization, leverages the Partnership's existing advisory structures in other strategic initiatives. The organization's provincial partners, specifically the cancer agencies and programs, and some research groups with a specific interest in economic assessment, including the Institute for Clinical and Evaluative Sciences and the Canadian Centre for Applied Research in Cancer Control, actively use the model.

The capacity to develop this type of microsimulation modelling is very limited in Canada, but a highly skilled team from Statistics Canada and the University of Ottawa has been contracted to deliver the models, with a multidisciplinary team as content experts.

## 2. Cancerview.ca

The [cancerview.ca](http://cancerview.ca) platform will continue to evolve as the go-to hub for information, tools and virtual collaboration for practitioners and professionals, as well as for people affected by cancer.

### Objective (core enabling function)

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Knowledge management through tools, technology, connections and resources

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### Goals (desired outcomes by 2017)

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- Enable better cancer control decision-making
- Enable more effective knowledge exchange
- Enable access to trusted knowledge available at the point of need

- Reduce unnecessary duplication of effort
- Accelerate implementation and uptake of cancer control knowledge and evidence

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### Strategies

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- |   |                        |
|---|------------------------|
| • Expand content generation, including showcasing partner news, resources, tools, addition of guest contributors or bloggers, development of new micro-sites, and design and implementation of interfaces and online products for new initiatives, etc. | 2012–17                |
| • Develop detailed plans to support initiatives and portfolios across the Partnership’s work, such as public engagement and prevention  | 2012–17                |
| • Pilot and fully implement a content syndication initiative, including streamlining creation and maintenance of common content and information for use by partners   | 2012–17                |
| • Implement marketing and adoption activities   | 2012–17                |
| • Facilitate white labelling, with partner opportunities to be assessed individually  | As opportunities arise |
| • Refresh and redesign <a href="http://cancerview.ca">cancerview.ca</a>   | 2014/15                |
| • Evaluate use of <a href="http://cancerview.ca">cancerview.ca</a>  | 2012–17                |
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### Measures

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- Use of and user satisfaction with [cancerview.ca](http://cancerview.ca), including perceived impact of the site in enabling and accelerating decision-making and knowledge exchange, and reducing unnecessary duplication
- Level of engagement and number of content and collaborative group spaces partners

- Evaluation of white labelling and virtual collaboration initiatives, as well as the extent to which [cancerview.ca](http://cancerview.ca) facilitates the acceleration of specific cancer control initiatives
- 

### **Implementation partners**

The collaborative approach involves:

- Targeted implementation of partnerships, such as a consortium that includes the Canadian Cancer Society
- Advisory mechanisms, such as a content advisory committee
- Working groups on specific initiatives, such as provincial administrators for Canadian cancer trials
- Partnerships to profile content, resources, news and tools of the Partnership's partners
- Partners leveraging the infrastructure to support collaborative action, both for the work to advance the cancer strategy and to support other initiatives, such as jurisdictions using collaborative group spaces
- Partnerships for the delivery of services and resources on the portal, such as the Li Ka Shing Knowledge Institute at St. Michael's Hospital in Toronto

Partners supporting [cancerview.ca](http://cancerview.ca) include:

- All provincial cancer agencies and programs
- The Canadian Cancer Society
- National health organizations, such as Canada Health Infoway, the Canadian Institute for Health Information, Public Health Agency of Canada, the Canadian Institutes of Health Research and Statistics Canada

- Patient-focused partner organizations, such as the Canadian Cancer Action Network, Willow and grassroots survivorship organizations
- Hospitals

The Partnership's white labelling strategy also provides opportunities for partners to leverage the entire portal infrastructure to support their operational needs with a look and feel specific to their organization. An example is the pan-Canadian Oncology Drug Review (pCODR), which took advantage of this opportunity to establish its online presence. The provincial and territorial ministries of health, excluding Quebec, established pCODR to assess the clinical evidence and cost effectiveness of new cancer drugs and to use this information to make recommendations to the provinces and territories to guide their drug funding decisions. The Partnership's collaboration with pCODR will continue into the next mandate; additional partners may pursue this approach over the next five years.

## EVOLVING INITIATIVES

### 1. Partnership Knowledge Transfer and Adoption

This initiative will support knowledge transfer, exchange and adoption across the Partnership. It will include the creation of toolkits, resources and evaluation instruments to help Partnership initiatives measure their impact from a knowledge management perspective. This support will provide a novel approach to fostering knowledge transfer and adoption of information, tools and resources resulting from efforts across the Partnership's initiatives.

#### **Objective (core enabling function)**

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Knowledge management through tools, technology, connections and resources

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### Goal (desired outcome by 2017)

- Ensure greater cohesion in the Partnership's efforts to evaluate its initiatives to better support and understand the impact of knowledge transfer, exchange and adoption across the organization

### Strategies

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|--|---------|
| • Commission an assessment of Partnership evaluation work to assess approaches to measuring the knowledge management component of the organization's mandate   | 2012/13 |
| • Based on assessment results, develop a knowledge transfer and exchange toolkit, engage the Partnership's divisions to validate the toolkit, and develop an implementation plan to embed evaluation practices and support adoption of the toolkit | 2012/13 |

### Measures

- To be developed as part of the planning process

### Implementation partners

As an element of the Partnership's core enabling functions, this initiative will work with all business areas of the organization on support for, and a common measurement approach to, knowledge adoption. An advisory group of experts in this type of measurement will guide the work.



## 2. Evidence, Synthesis, Guidelines

The body of evidence to inform clinical and policy decisions is rapidly expanding. The Evidence, Synthesis and Guidelines initiative builds on the Partnership's work on guidelines in the first mandate to support the need for evidence in cancer control. The aim of this opportunity is to:

- Facilitate access to evidence syntheses and other knowledge products, such as Cochrane reviews, guidelines via the Standards and Guidelines Evidence repository, and prevention policies tied to research through the Prevention Policies Directory and Health Systems Evidence, to support both efforts to advance the cancer strategy and those working in cancer control broadly
- Develop models of collaboration with partners to provide an evidence synthesis function
- Provide supports, such as training, tools and resources, to foster evidence-informed practice within the Partnership and the cancer control community, including groups such as anticipatory science expert panels, guidelines leaders forums, staging and pathology disease site expert panels

### **Objective (core enabling function)**

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Knowledge management through tools, technology, connections and resources

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### **Goal (desired outcome by 2017)**

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- Enable stakeholders to use evidence in practice through knowledge syntheses, resources and toolkits for action
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## Strategies

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|--|---------|
| • Understand and plan for the Partnership's evidence needs   | 2012/13 |
| • Provide tools and resources to foster evidence-informed practice within the Partnership and the cancer control community | 2012/13 |

## Measures

- To be developed as part of the planning process

## Implementation partners

Partners engaged in the Partnership's work in the guidelines area in the first mandate include guideline development groups from every provincial cancer agency and program. The Partnership's Capacity Enhancement Program based at McMaster University provided training, mentorship and support in the development and maintenance of a guidelines repository. The Partnership will explore additional partnerships with organizations involved in the identification, synthesis and reporting of evidence, such as the Cochrane Collaboration, the Canadian Agency for Drugs and Technologies in Health, and other organizations producing evidence products, to identify opportunities to leverage existing infrastructure. The Partnership will maintain linkages and joint efforts with provincial cancer agencies and programs, clinicians and guideline development experts for the co-ordination of guideline development to support the activities of the strategy.

### 3. Analytic Capacity Building and Co-ordinated Data Development

Limited availability of strong analytic capacity in Canada to conduct specialized reporting that supports cancer control efforts is a challenge. There are gaps in data knowledge, data access, technical expertise and data standards. This problem surfaced clearly in the Cancer Surveillance and Epidemiology Networks initiative during the first mandate, which was completed in March 2012. To address this gap, the analytic capacity-building component of the initiative will focus on developing technical capabilities, methodology sharing and mentorship opportunities; addressing specific analytic topics; and supporting connections across the analytic community.

The initiative will also forge new relationships with universities to attract talented analysts to work in cancer control. The co-ordinated data development element of the initiative will seek to maximize the use of existing data sets, such as the staging data now available; to explore linkage of data sets; and to develop strategies that address key gaps in data to inform cancer control efforts. These data gaps include those related to treatment, palliative care and patient experiences and outcomes. Strategies will be connected with other Partnership initiatives appropriately.

#### **Objective (core enabling function)**

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Knowledge management through tools, technology, connections and resources

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#### **Goal (desired outcome by 2017)**

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- Enhance capacity to analyze, measure and report on cancer system performance to inform action
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## Strategies

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|---|---------|
| • Develop a strategy for building analytic capacity   | 2012/13 |
| • Facilitate discussions to develop an approach for leveraging existing treatment data sources and mechanisms for treatment data collection and use | 2012/13 |
| • Improve data request and submission processes to support the Partnership's analytic and reporting requirements                                    | 2012/13 |

## Measures

- To be developed as part of the planning process

## Implementation partners

The ongoing partners for this work include national and provincial organizations supporting cancer control data, such as Statistics Canada, the Canadian Institute for Health Information, the Canadian Council of Cancer Registries, and provincial cancer agencies and programs. The Partnership's role is largely to convene these partners and examine the issues of data standards, gaps and development opportunities. Universities are also potential partners for analytic capacity-building efforts.

### iii. Public engagement and outreach

Desired outcome by 2017:

- There will be tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer, and the outcomes of the work will be measured and publicly available

Evolving initiative:

- Public Engagement and Outreach

#### EVOLVING INITIATIVE

##### 1. Public Engagement and Outreach

This initiative will refocus the Partnership's outreach to the public with the goal of communicating about the national cancer strategy and the collaborative effort among Canada's cancer and health communities to reduce the burden of cancer on Canadians. It will also create positive awareness about the achievements and impact of the strategy, and what more needs to happen to reduce the burden of cancer on Canadians. The Partnership will continue to ensure the advisory mechanisms that guide the cancer strategy are anchored by the experiences and perspectives of people affected by cancer (patients, survivors and family members) and that information, tools and resources developed as a result of the strategy are accessible to the widest audience possible.

## Objective (core enabling function)

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Public engagement and outreach

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## Goal (desired outcome by 2017)

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- Ensure 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 the outcomes of the work are measured and publicly available
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## Strategies

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|--|---------|
| • Develop a comprehensive communications plan that includes a public outreach plan   | 2012/13 |
| • Build and expand awareness and support for the Partnership's role, value and impact, and actively engage partners in opportunities to communicate about the national cancer strategy | 2012–17 |
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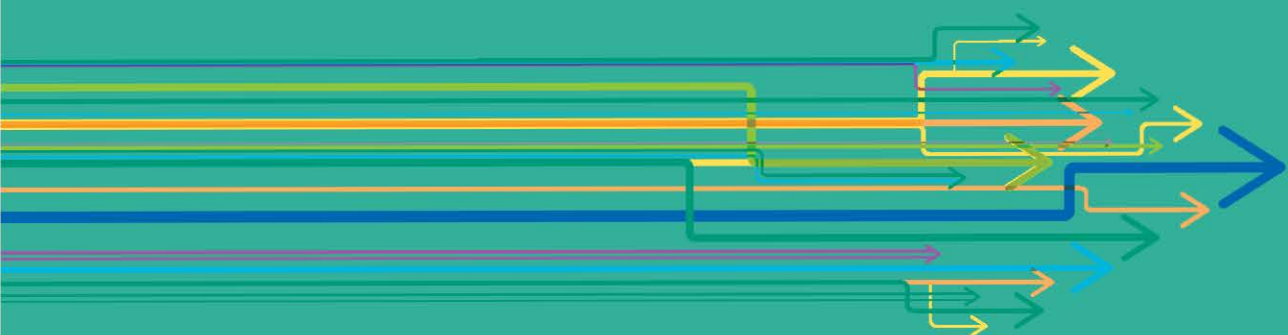
## Measures

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- To be developed as part of the planning process
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## Implementation partners

Ongoing partners include provincial cancer agencies and programs, the Canadian Cancer Society, the Canadian Cancer Action Network, the Canadian National Task Force on Cancer in Adolescents and Young Adults and other organizations and patient groups as needed, depending on the nature of the opportunity. The Partnership will also make new connections with a broader community through various engagement initiatives.





### **3. MOVING FORWARD TOGETHER**

# TRANSFORMING CANCER CONTROL

Reducing the risk of cancer, lessening the likelihood of Canadians dying from cancer and enhancing the quality of life of those affected by cancer are within the realm of possibility.



In the cancer control domain, political will, leadership, collaboration and an engaged community have created levers and building blocks that bolster the cancer control community's collective ability to drive further progress toward meeting these shared goals. As the steward of Canada's national cancer strategy, the Partnership will use the 2012–17 strategic framework to guide the design, implementation and evaluation of pan-Canadian cancer control efforts over the next five years, and demonstrate the value and impact of active co-operation over a 10-year horizon. Desired outcomes for 2017 will ground planning to achieve results for Canadians.

## Planning the work

Cancer control is an ongoing effort with multiple dimensions. The Partnership will review and update the business plan annually to reflect progress on the strategic plan's areas of focus, program of initiatives and plans for emerging opportunities suitable for Partnership involvement. Results-oriented planning that supports sustainable change, aligns with system and jurisdictional priorities and facilitates the creation of shared value for Canadians will be central to the Partnership's business planning process. The Partnership will capture refinements to the business plan in its annual corporate plan.

## Guidance and input

A key aspect of how the Partnership works is ensuring that the input and advice of cancer control partners and stakeholders



guides the organization's efforts. The Partnership is also mindful that the cancer strategy exists within a broader health-care system and that continued collaboration with national health organizations and various levels of government to inform the Partnership's efforts is required. Similarly, best practices gleaned through implementing the cancer strategy may be transferable to other diseases or health challenges. The Partnership is committed to continuing the approach taken during its first mandate: to proactively reach out and seek advice from others, and to share lessons learned with partners and stakeholders.

The Partnership's board of directors, which comprises a wide range of seasoned governance skills, cancer control expertise and stakeholder perspectives, will continue to provide the vision and leadership necessary to drive the Partnership's efforts to the next level and to ensure that it is accountable to the public. The Partnership will also continue to rely on the counsel of health practitioners and administrators, patient and professional organizations, epidemiologists, researchers and individuals with a personal connection to cancer to advance the initiatives it undertakes.

The Partnership's advisory mechanisms, including advisory groups, working groups, networks and ad hoc committees, will continue to evolve to support its ongoing efforts. Ensuring that the perspectives of patients, families and the broader public are reflected in these mechanisms is paramount. In addition, the Partnership will continue to advance efforts that reflect the needs of Canada's First Peoples.





**“Strategy is  
also important  
for accountability...  
so you can measure  
success.”**

Focus group participant

## Charting progress and demonstrating impact

The Partnership is accountable for achieving meaningful outcomes for Canadians. During its first mandate, the Partnership employed a number of tools to monitor its progress in implementing initiatives and advancing the national strategy. These tools included establishing key deliverables and milestones for priority initiatives, an enterprise risk management framework for the organization and initiative-specific targets for 2012.

As the organization moves forward, it will continue to enhance its performance measurement strategy and evaluation frameworks, as well as its economic modelling capacity. Together, these activities will enable the Partnership to continue to link initiatives to outcomes and articulate the impact of collaborative efforts to take action on cancer, make course corrections when required and demonstrate the economic benefits of co-ordinated pan-Canadian cancer control. As part of its accountability to Canadians, the Partnership is committed to regularly reporting on its progress in implementing Canada’s cancer action plan.

Progress will come only from working together — as a partnership of leaders, organizations, professionals and the public — and by co-ordinating efforts to improve cancer outcomes. This commitment to collaboration began with the creation of the Canadian Strategy for Cancer Control and is one that Canadians expect of the Canadian Partnership Against Cancer if it is to successfully reduce the impact of cancer in the years to come.



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