

# Effective | Efficient | Evolving

Enhancing cancer control in Canada





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

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

## Canadian Partnership Against Cancer

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

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

Email: [info@partnershipagainstcancer.ca](mailto:info@partnershipagainstcancer.ca)  
Website: [www.partnershipagainstcancer.ca](http://www.partnershipagainstcancer.ca)

This document is available in PDF form from the [www.partnershipagainstcancer.ca](http://www.partnershipagainstcancer.ca) website. A highlights document is also available in printed and PDF form from the website or [info@partnershipagainstcancer.ca](mailto:info@partnershipagainstcancer.ca).

Production of this report, and the programs described within it, has been made possible through a financial contribution from Health Canada. The views expressed herein represent the views of the Canadian Partnership Against Cancer.

Ce document est aussi disponible en français sous le titre: *Efficacité, efficience, évolution : Améliorer la lutte contre le cancer au Canada.*

[www.partnershipagainstcancer.ca](http://www.partnershipagainstcancer.ca)

## Contents

- 4 A message from the Chair and Chief Executive Officer
- 5 Introduction
- 7 About this document
- 7 Alignment of strategic priorities and core enabling functions against 2017, 2027 and 2037 outcomes

### Strategic Priorities and Core Enabling Functions

- 9 Advance high-quality diagnosis and clinical care
- 12 Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases
- 14 Advance cancer control with and for First Nations, Inuit and Métis peoples
- 16 Embed a person-centred perspective throughout the cancer journey
- 19 System performance analysis and reporting
- 21 Develop high-impact population-based prevention and cancer screening approaches
- 25 Knowledge management through tools, technology, connections and resources
- 28 Public engagement and outreach
- 30 How we work
- 32 Board of Directors
- 34 Looking ahead to 2016/17
- 36 Independent auditor's report
- 37 Financial statements
- 40 Notes to the financial statements
- 48 Ultimate beneficiaries
- 49 Materials completed
- 55 Additional resources
- 57 Appendix: Initiative descriptions

## A message from the Chair and Chief Executive Officer

The *Canadian Strategy for Cancer Control* is on the cusp of a significant milestone—10 years of collaborative effort to reduce the burden of cancer on Canadians. This notable achievement is the result of hundreds of partners and people affected by cancer working toward a shared goal.

Together, we are making a noticeable impact. A recent independent evaluation and the government's announcement of ongoing funding for the Strategy in the 2016 federal budget confirmed the effectiveness of the Partnership's collaborative, focused approach, underlining the need to maintain our forward momentum.

While there is much to celebrate, there is much more that we can, and must, achieve together.

We are working with cancer agencies from across the country on a wide variety of initiatives. These include strengthening analytic capacity to create a complete picture of cancer care in Canada, funding nine new projects to expand support for cancer patients who want to quit smoking, analyzing what aspects of cancer care are working well and working with partners to find solutions.

To ensure all aspects of our work are informed by and matter to Canadians living with cancer, we continue to expand the breadth and depth of opportunities for patients and families to engage with the Partnership. Our Board of Directors also routinely reaches out and holds its meetings in communities across the country, engaging partners and learning about work underway to accelerate action on cancer control.

As you will read in this annual report, our work spans the entire continuum of cancer control and demonstrates that we are on target to reach our 10-year goals in 2017. We will build on these successes to achieve our ultimate goals—a future in which fewer people get cancer, fewer die from it and those living with cancer have a better quality of life.

As we shift our attention to the next phase of the cancer strategy and transition to our new strategic plan, we thank all of you for your ongoing contributions to Canada's cancer strategy.



  
**Christine Power**  
Chair



  
**Shelly Jamieson**  
Chief Executive Officer

## Introduction

For close to 10 years, the Canadian Partnership Against Cancer and hundreds of partners from across the country have worked collaboratively to build an effective and efficient cancer control system. Our goal is to reduce the burden of cancer for all Canadians—and better cancer control will help us achieve it.

Together, we are making progress. The impact of our work—and the effectiveness of the Partnership’s pan-Canadian collaborative approach—was confirmed this year by an independent evaluation. We received a further vote of confidence with the government’s announcement of ongoing funding for the *Canadian Strategy for Cancer Control* and the Partnership in the 2016 federal budget. Both underline the need for all of us to maintain our forward momentum.

As we prepare for the next phase of the Strategy, the Partnership continues to engage partners across the country and across the continuum. We reached out to more than 130 of those partners as we developed our strategic plan for 2017-2022, *We see progress*. The resulting framework organizes future work under five themes—quality, equity, seamless patient experience, maximize data impact and sustainable system—and reflects our partners and their priorities. It’s a plan that will help us to continue progress toward our shared 2027 and 2037 outcomes.

### Partnering to improve care

The Partnership’s strengths in engaging partners in shared priorities are evident in many of our activities this past year, including our initiative to bring together the cancer control and tobacco control communities. The Partnership is now funding seven provinces and two territories to build or expand the cancer system’s ability to support smoking cessation among cancer patients.

We also continue to engage First Nations, Inuit and Métis partners. An All Partners Forum provided an opportunity to discuss ongoing initiatives to reduce the cancer burden for Indigenous peoples, and we recently launched a joint project to bring together and share promising practices and resources related to Indigenous health supports as a valuable part of cancer control for many Indigenous people.

### Responding to the needs of people affected by cancer

Ensuring the cancer system responds to the needs of people with cancer remains a priority. The Partnership is supporting 20 projects through its Person-Centred Perspective Initiative, including a project to support the use of Patient-Reported Outcomes (PROs). PROs use standardized questionnaires to gather information on symptoms like fatigue, pain and depression that can profoundly affect a person’s cancer experience. The information is used by health care teams to create a personalized care plan for each patient. To promote the use of these questionnaires, we developed animated videos for use in hospital/clinic waiting rooms across the country.

Launched this past year, the Partnership’s new initiative, [yourcancerstory.ca](http://yourcancerstory.ca), is also focused on better understanding the experience of people affected by cancer. Patients, families, caregivers and professionals can submit their own video to the site to share their stories. The project will support people to help each other and bring a patient perspective to system issues the cancer control community is working to address.

### Accelerating cancer research

This year marked the launch of the Partnership’s landmark research portal, providing researchers with access to data from 300,000 Canadians. Now open to researchers across the globe, the Canadian Partnership for Tomorrow Project is one of the largest population health research platforms in the world and allows researchers to conduct long-term studies that look at people’s health, lifestyle and other factors that increase the risk of cancer and chronic diseases. The portal was highlighted at the 2015 Canadian Cancer Research Conference in Montreal, a biennial event that attracted nearly 1,000 cancer researchers from across the country.

### Improving efficiency and effectiveness

The Partnership is continuously analyzing how well the cancer control system is working and exploring ways to improve its efficiency and effectiveness. This year, we hosted a cross-country gathering of cancer experts, researchers and community groups to begin work on improving access to breast, cervical and colorectal screening among underserved populations.

In the area of clinical care, a review of high-risk cancer surgery discovered significant variations in surgical care and patient outcomes across the country. The report findings have paved the way for larger conversations on how and where complex cancer surgeries should take place (including the role of regional centres) and the need to better integrate surgical care within the cancer control system.

The Partnership also released three reports on cancer system performance. In addition to our annual Cancer System Performance Report, we released a spotlight report on prostate cancer control. The report revealed wide variations in the treatment of low-risk prostate cancer across Canada and included insights from prostate cancer survivors, who stressed the importance of informed choice and the need for emotional support.

Another report focused on the quality and sustainability of cancer control and found that Canadian cancer patients undergo an estimated 770,000 interventions each year that may be harmful or of little value. The report, which compares clinical practice patterns from across the country with cancer-related recommendations from Choosing Wisely Canada, provides clinical leaders with important evidence to engage their colleagues in discussions on how to reduce unnecessary tests and procedures. It also provides an important baseline against which progress can be measured.

As we begin to transition into our new strategic plan in the coming year, we will continue working with our partners to build on the progress we have made toward our shared goals.

For a full range of accomplishments for 2015/16, please see pages 9 to 29.

## About this document

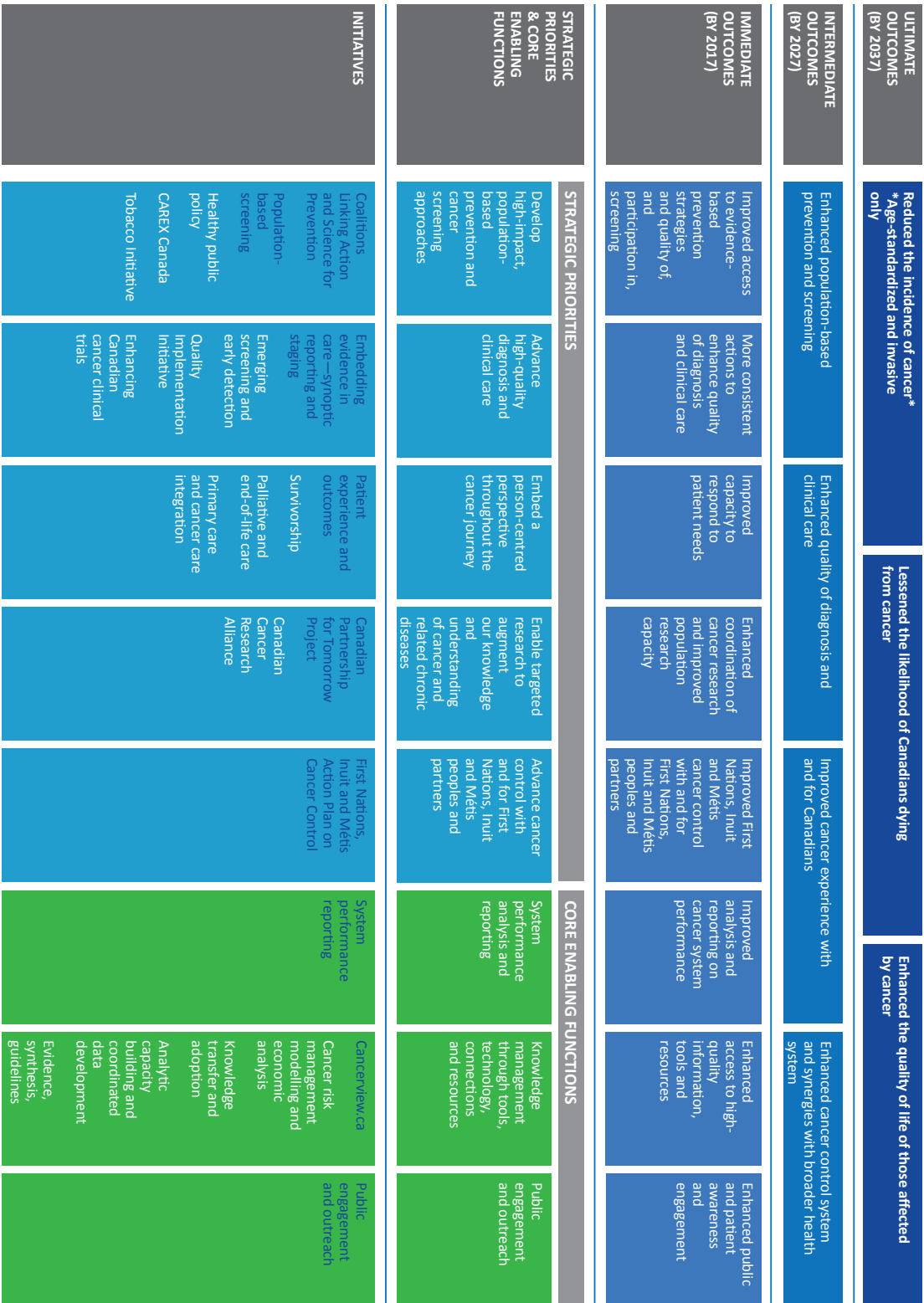
The Canadian Partnership Against Cancer was established by the Government of Canada in 2007 as a not-for-profit, arm's-length corporation to enable a collaborative approach to implementing the *Canadian Strategy for Cancer Control*, a 30-year vision for achieving key outcomes in cancer control.

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

In compliance with the Partnership's funding agreement with Health Canada, this report describes the achievements of the 2015/16 fiscal year. It also contains the 2015/16 financial statements and independent auditor's report, a list of materials produced during the year, an overview of expected results for 2016/17 and a list of ultimate beneficiaries—defined in the funding agreement as the third-party organizations that received funding through the Partnership to advance the programs of the Strategy. In addition, select achievements of the Partnership's work over the past year are reported in the annual highlights report for 2015/16, entitled *Effective, Efficient, Evolving: Enhancing Cancer Control in Canada*. Visit [partnershipagainstcancer.ca/impact](http://partnershipagainstcancer.ca/impact) to learn more about progress being made in implementing Canada's cancer strategy.

### Alignment of strategic priorities and core enabling functions against 2017, 2027 and 2037 outcomes

Our achievements in 2015/16 are summarized in this report under the Partnership's five strategic priorities and three core enabling functions. Within each of these eight areas, there is at least one key initiative representing complex, large-scale, multi-jurisdictional or organizational efforts as well as a significant proportion of the Partnership's total program spending. These key initiatives are primary contributors to the immediate outcomes the Partnership is working toward with its partners by 2017. Alongside these key or "priority" initiatives, a complement of related initiatives forms an integrated program of work reflecting the national cancer strategy and supporting the cancer continuum. (See page 8)



Priority initiatives appear in blue



## Advance high-quality diagnosis and clinical care

***By 2017, a more consistent approach will be taken to improving the quality of cancer diagnosis and care.***

Canadians deserve the highest quality of health care services, including excellence in cancer care. By working with the health care community to translate data, evidence and best practices into action, the Partnership helps advance high-quality diagnosis and clinical care for all cancer patients in Canada. The Partnership places a major emphasis on applying the information available through system performance analysis and reporting. This information helps partners responsible for care delivery, including practitioners, to assess system-level quality successes and gaps that may benefit from national action.

A key initiative advancing this strategic priority is the Synoptic Reporting Initiative, which embeds evidence into care provision.

### What is the Synoptic Reporting Initiative?

The testing of tissue samples from a patient with cancer (pathology) yields a large amount of information about a patient's cancer that is used to guide treatment. Surgery (both the process and its findings) is another important source of information for clinicians. When combined with data from a large group of patients, this information also helps health care professionals in the cancer system to plan their work and measure its effectiveness, helps decision-makers measure cancer system performance and informs cancer program planning. For all of these purposes, patient information needs to be gathered quickly, accurately and in high-quality, standardized formats. There is a growing movement to do this through an approach called synoptic reporting, which uses structured templates and checklists to gather and report information. This is a major change from the traditional practice of dictating narrative reports.

Building on a major investment in the Partnership's first five years, the Synoptic Reporting Initiative is supporting the expansion of synoptic surgery and pathology reporting in multiple jurisdictions across Canada. A key to these reporting systems is that they seamlessly integrate guidelines and evidence-based best practices. The result is safer surgical care and more effective treatment. Reporting standards also ensure that better data is made available to cancer registries, which record

data the cancer control community uses to shape many aspects of its work.

By 2017, we expect that tools, standards and guidelines will be adopted and integrated into practice. With continued effort over time, this work will lead to consistent, more efficient and higher quality reporting, which will improve patient care.

### Achievements in 2015/16: Synoptic Pathology Reporting

- Electronic synoptic pathology projects in British Columbia, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island were monitored and supported via 42 virtual forums, including online collaborative spaces. The Partnership continued engagement with Ontario, Quebec, Alberta and Saskatchewan, including facilitating a discussion between Quebec and the College of American Pathologists (CAP).
- The Partnership supported expert panels on breast, colorectal, lung, prostate and endometrial cancers and developed 44 clinical and three data quality indicators for the Electronic Synoptic Pathology Reporting Initiative (ESPRI).
- Five clinical education sessions were hosted to promote the adoption of synoptic pathology reporting standards. Since 2012, attendance has increased year over year and a total of 743 Continuing Medical Education (CME) certificates were issued as a result of these sessions.

### Synoptic Surgery Reporting

- The Partnership released *A Coordinated Approach to Improve Consistency in Surgical Care Across Canada: Pan-Canadian Standards for Eight Types of Cancer*. The document, which was endorsed by six medical societies, supports the uptake of standards for breast, colon, rectal, thyroid, lung, prostate, ovary and endometrial cancers.

- The Partnership also released *Electronic Synoptic Surgery Quality Reporting Initiative: Data to Support Quality, Patient-Centred Care and Cancer System Performance Measurement in Canada* to illustrate the use of Electronic Synoptic Surgery Quality Initiative (ESSQUI) data in generating 12 indicators.
- Three projects were funded to demonstrate the use of ESSQUI standards and the value of synoptic surgery reporting. Work is complete with University Health Network (Ontario) and underway with Cancer Care Nova Scotia and CancerCare Manitoba.
- Three meetings of the national Electronic Synoptic Surgery Quality Initiative Network were held to inform the endorsement strategy for maintenance of clinical content standards as well as synoptic surgical reporting templates.
- The Partnership convened six expert panels for genitourinary, breast, colorectal, lung, thyroid and gynecology cancers to refine the pan-Canadian standards and clinical indicators.

### High-risk, Resource-intense Cancer Surgery

The Partnership commissioned a study by experts at McMaster University on the approach to high-risk, resource-intense cancer surgery in Canada. The study found notable disparities between provinces in patterns of practice and patient outcomes for surgical cancer care. In evaluating the outcomes of surgical procedures for esophageal, pancreatic, liver, lung and ovarian cancers, it found up to three to four times difference in mortality rates across provinces. The study's authors recommend the development and implementation of disease-site specific national standards of surgical cancer care, better alignment of cancer surgery within provincial cancer delivery systems, and ongoing collection of cancer surgery data to help identify benchmarks and improve surgical quality. As part of the study, citizen panels were convened in Edmonton, Alberta; Hamilton, Ontario and Charlottetown, Prince Edward Island to gauge patient interest in regional centres of care for high-risk cancer surgeries. In 2016/17, the Partnership will convene expert surgeons from across the country, including surgeons from the Canadian Association of Thoracic Surgeons and The Society of Gynecologic Oncology of Canada, to develop evidence-informed standards for thoracic and ovarian cancer surgery.

### Quality Implementation Initiative

The Quality Implementation Initiative uses evidence and system performance measures to inform coordinated action to enhance quality in patient care.

- In 2015/16, the Partnership supported three multi-jurisdictional partner projects:
  - External Quality Assurance and Proficiency Testing for Cancer Biomarkers Project
  - Radiation Oncology Peer Review
  - Accelerated Implementation Diffusion of Quality Initiatives for Rectal Cancer Across Canada

### Canadian Partnership for Quality Radiotherapy

- The Canadian Partnership for Quality Radiotherapy (CPQR) project team worked with Accreditation Canada to include radiotherapy standards in the accreditation process for Canadian health care organizations. These standards will be embedded in the accreditation process for cancer centres beginning in 2017 and will result in higher quality care for patients undergoing radiotherapy.
- In conjunction with the Canadian Institute for Health Information (CIHI), CPQR completed the pilot evaluation of the national system for reporting adverse incidents that occur during radiation therapy. The system, which builds on CIHI's medication model, will increase transparency within the system and allow clinicians and the system to learn from incidents.
- CPQR drafted Patient Engagement Guidelines for Canadian Radiation Treatment Programs.

### Quality Initiative in Interpretive Pathology

- The Quality Initiative in Interpretive Pathology (QIIP) finalized a pan-Canadian framework for interpretive pathology that recommends a set of minimum standard recommendations to be embedded into existing pathology quality programs. The framework has undergone review from provincial, national and international leaders and quality experts. In 2016/17, it will undergo a public review and will be presented to the Canadian Association of Pathologists for endorsement.

### Oncology Drug Policy and Sustainability Plan

- The Partnership hosted a pan-Canadian meeting on increasing sustainable funding of oncology drugs and produced two background papers in January 2016:
  - *Analysis of Factors Driving Cancer Drug Spending and Levers Available to Influence Sustainability*
  - *Evidence Synthesis on Post-Approval Surveillance of Approved Novel Cancer Drugs*

### Canadian Cancer Clinical Trials Network

- The Partnership is one of eight funders supporting the Canadian Cancer Clinical Trials Network (3CTN) launched in January 2015. The 3CTN is a pan-Canadian initiative to improve the efficiency and quality of clinical trials in Canada. It does this by providing support and coordination for a network of teams at cancer treatment centres and hospitals to enable sites to increase their clinical trial capacity and capability.
- Since approval of the business plan in 2014, 3CTN has engaged and collaborated with key stakeholders across the country to develop this network of regional centres. The end result will be enhanced clinical trial capacity and increased patient enrollment in clinical trials across Canada.

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

***By 2017, cancer researchers will be working together more collaboratively to benefit Canadians.***

Research is critical to the continued enhancement of our understanding of cancer and related chronic diseases, providing insights and applications that will enhance prevention, treatment and quality of life. The Partnership does not fund research through traditional operating grants; that is the role of many of our partners. However, we are enabling targeted research into cancer and related chronic diseases and working with a broad range of partners in innovative ways to enhance research coordination and improve population research capacity.

The Canadian Partnership for Tomorrow Project (CPTP) is the key initiative advancing this strategic priority and is the Partnership's single largest investment to date.

### What is the Canadian Partnership for Tomorrow Project?

The Canadian Partnership for Tomorrow Project is a long-term initiative involving approximately 300,000 Canadians, ages 30 to 74, who have agreed to share their health and lifestyle information over their adult lives. By analyzing and comparing the data collected through this project, researchers can explore and better understand personal risk factors to answer questions about the causes of cancer and chronic diseases. Nearly half of the participants have provided biological samples that can be used to support genomic-based research, and tens of thousands have provided samples that can be used for other types of research such as environmental exposure to contaminants and its impact on health. The CPTP research platform will also support studies that will help to confirm whether emerging international evidence and information is applicable to Canada's population. CPTP is comprised of five regional studies: BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTaGENE and Atlantic PATH. Data from the regional studies are combined into one database and along with biological samples are available through a single point of access—the CPTP Portal and Access Office.

By 2017, we expect that studies will be undertaken based on data drawn from this resource. For the next 25 years and beyond, data from the Canadian Partnership for Tomorrow Project will help researchers to explore—and hopefully answer—some of the most challenging questions about the causes of cancer and chronic diseases.

### Achievements in 2015/16:

#### Canadian Partnership for Tomorrow Project

- The CPTP Portal and Access Office officially launched, facilitating access to harmonized data from more than 300,000 Canadian participants for researchers from around the globe.
- The Partnership hosted the public launch for CPTP on June 29 in Calgary, Alberta to announce that the portal is open to facilitate requests from researchers. A phased communications approach was developed to celebrate this major Canadian contribution to health research and highlight the benefits of this platform to Canadian and international researchers.
- The scientific directors of CPTP partnered with experts in genetics, air pollution and cardiovascular health from across Canada and were recently awarded a grant of nearly \$2 million from the Canadian Institutes for Health Research (CIHR). This grant will fund a study that looks at how our environment and air pollution can make changes to our genes. Some diseases that are thought to be affected by the interaction between environmental factors and our DNA include hypertension, high cholesterol, obesity and diabetes. To carry out this study, the team will apply to the CPTP Access Office for use of CPTP data and biosamples.

- The scientific directors of CPTP initiated a project to genotype samples from 5,000 study participants by March 2017. This project will enrich the CPTP data holdings by providing data that have been analyzed in a well-documented manner that can be applied to other data. This will save researchers the time and cost associated with extracting and analyzing samples or retrieving data from different sources and creates a ready-to-use pool of data. This project also provided CPTP with an opportunity to optimize the process of retrieval and shipment of bio-samples from the regional biobanks.
- A total of 13 large national and international cohorts, including UK Biobank, EPIC (European Prospective Investigation into Cancer and Nutrition), The Nurses' Health Study and the Canadian Longitudinal Study on Aging, have agreed to participate in a Partnership-funded project that will result in an interactive search tool that allows the harmonization potential across these studies to be determined, which include over 2.5 million individuals. In the project's initial phase, 100 variables that are of broad interest to health research have been selected for a deeper analysis and determination of which ones are directly comparable.
- Cohort maintenance is ongoing and a follow-up questionnaire will be rolled out to all participants in 2016/17.
- An agreement has been reached with Manitoba to explore the feasibility of expanding to that region.
- CPTP has developed a plan to guide engagement with key partners related to funding options for longer-term sustainability of the platform.

### Canadian Cancer Research Alliance

Members of the Canadian Cancer Research Alliance (CCRA) include many of the organizations that collectively fund most of the cancer research conducted in Canada. This includes federal research funding programs and agencies, provincial research agencies, cancer charities and other voluntary associations. CCRA fosters

the development of partnerships among cancer research funding agencies in Canada, promotes the development of national cancer research priorities and strategies, and monitors the nature and impact of the investment in cancer research funding in Canada. The executive office of CCRA is supported by the Partnership and the Partnership is a CCRA member organization.

- In 2015/16, the Canadian Cancer Research Alliance provided valuable insights into the nature of cancer research funding in Canada with the publication of the *Cancer Research Investment in Canada, 2013* report, which helps member organizations identify gaps in funding and prioritize future research investments to better address the needs of cancer patients, caregivers and survivors.
- A new pan-Canadian research strategy, *Target 2020: A Strategy for Collaborative Action*, was launched in 2015 with the support of members and other stakeholders. The resulting tactics are organized around six thematic areas: discovery, clinical innovation, prevention, patient experience, health services and core activities.
- CCRA hosted the 2015 Annual Meeting of the International Cancer Research Partnership (ICRP), providing an opportunity for more than 30 cancer research funding organizations from five countries to network and share best practices.
- The biennial Canadian Cancer Research Conference (CCRC) was held from November 8–10, 2015 in Montreal, Quebec. Nearly 1,000 people attended the conference, which featured five plenaries, 20 symposia and nearly 600 posters, 81 of which were submitted by “new scientists.” More than 300 patients and interested public attended the Community Forum, a two-fold increase from previous public events. The conference attracted financial support from more than 50 organizations and there were more than two million visits to the CCRA website during the lead-up to the event. The 2017 Canadian Cancer Research Conference will be held in Vancouver, British Columbia.

## Advance cancer control with and for First Nations, Inuit and Métis peoples

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

First Nations, Inuit and Métis experience a disproportionate burden of disease, and some regional studies have indicated that cancer rates are increasing among First Nations, Inuit and Métis peoples compared to the general population. Furthermore, the cancer experience for Indigenous peoples is often complex: access to care is limited by geography, transportation and the lack of culturally relevant and safe care. Patients and families may have to navigate a complicated circuit of services outside their community in order to access screening, diagnosis, treatment, and survivorship and end-of-life care.

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

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

### What is the First Nations, Inuit and Métis Cancer Control Initiative?

The Initiative supports jurisdictions in advancing key priorities identified in the *First Nations, Inuit and Métis Action Plan on Cancer Control*. The Action Plan was developed during the 2007-12 mandate by engaging First Nations, Inuit and Métis stakeholders, including patients, national and regional community leaders, expert partners, and governments and organizations involved in First Nations, Inuit and Métis health, cancer control and chronic disease prevention. In developing the Action Plan, the Partnership led a comprehensive communication, outreach and planning process in an effort to strengthen collaboration, minimize duplication and maximize outcomes. The First Nations, Inuit and Métis Cancer Control Initiative grew out of this process.

The desired 2017 outcomes of the Initiative include:

- Improved knowledge of the First Nations, Inuit and Métis patient's experience through the cancer journey
- Referral of First Nations, Inuit and Métis patients to culturally relevant and safe cancer care, navigation and traditional supports
- Delivery of cancer diagnosis in a culturally and emotionally safe way, i.e., First Nations, Inuit and Métis patients will have appropriate supports at the diagnosis appointment, traditional supports are considered, and relevant resources are made available
- Improved transfer of care for First Nations, Inuit and Métis patients who return to home communities from secondary/tertiary care centres over the course of their cancer care
- An increase in the number of jurisdictions with specific actions to address cancer control for First Nations, Inuit and Métis peoples
- Improved access to resources and acceleration of progress as a result of a pan-Canadian collaborative approach. Common tools, resources and networks will be developed

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

### Achievements in 2015/16:

#### **First Nations, Inuit and Métis Cancer Control Initiative**

- The Partnership hosted the First Nations, Inuit and Métis Cancer Control All-Partners Forum (October 2015) in St. John's, NL to highlight progress being made in the First Nations, Inuit and Métis Cancer Control Initiative and to continue knowledge-sharing related to culturally responsive resources and services. The Forum also provided the opportunity for non-contractual partners to share knowledge about work they are doing in areas such as the integration of

Indigenous health supports and western models of care with and for First Nations, Inuit and Métis. This was the first time the Partnership brought together partners and non-contractual partners from all provinces and territories.

- Eight jurisdictional partners in Yukon, Northwest Territories, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec and Newfoundland and Labrador were supported on a regular basis. Since the launch of the First Nations, Inuit and Métis Cancer Control Initiative in 2014, each jurisdictional partnership, which include cancer agencies and Indigenous organizations, has developed and implemented plans to advance the Initiative's six desired outcomes (above). Highlights from 2015/16 include the launch of online community profiles in Labrador that are useful for physicians and patients, the development of a cultural competency program for all health professionals in Nunavik and the development of a Métis-specific cancer resource in British Columbia.

#### Indigenous Health Supports Initiative

- The Partnership launched the Indigenous Health Supports Initiative to bring together and share promising practices and resources related to Indigenous health supports as a valuable part of cancer control for many Indigenous people. A report and online repository are under development and will allow decision-makers across the country to learn from successful collaborative models for creating and delivering culturally relevant care.

#### Screening with and for First Nations, Inuit and Métis

- The Action Plan also identified the need for organized cancer screening programs that are adapted to the cultural worldview, cultural safety and practical needs of First Nations, Inuit and Métis populations and are systematically implemented. In an effort to close this gap in cancer control and with the goal of obtaining input specific to First Nations, Inuit and Métis experiences, the Partnership will support regional dialogue on the barriers and facilitators to cancer screening participation for First Nations, Inuit and Métis peoples. At the same time, the Partnership will engage with cancer agencies and organizations responsible for cancer screening regarding opportunities for partnership with First Nations, Inuit and Métis peoples and organizations. Regional engagement, paired with an extensive literature review conducted by the Partnership, will inform a co-created, national strategy on cancer screening with a specific focus on First Nations, Inuit and Métis.

#### Patient Self-Identification

- Through engagement with key informants and existing partners, the Partnership will gather knowledge, best practices and barriers to patient identification for First Nations, Inuit and Métis peoples. In addition to capturing existing and promising practices, a report with recommendations will be provided by an expert working group that will explore opportunities for advancement and sustainability.

*Additional 2015/16 achievements in advancing cancer control with and for First Nations, Inuit and Métis peoples are reflected in other areas of this report.*

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

*By 2017, the cancer system will be better able to respond to patient needs.*

Cancer care must be responsive and centred on the needs of the individuals living with cancer. Embedding a person-centred perspective requires an approach to cancer care that sees the care through the lens of the patient and their family and is responsive to patient preferences. Person-centred care considers physical, emotional, psychological, spiritual and practical issues and recognizes the critical role of the patient as a partner in managing their own health.

Care providers and cancer care leaders must work in partnership with patients and survivors in direct care environments, in research and at system levels to understand how to shape the system to better meet patient needs and to ensure that efforts to improve each person's experience are relevant.

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

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

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

We expect that by 2017, we will be able to demonstrate that we are contributing to improved patient outcomes through agreement on, and collection of, common indicators and measures. In addition, a shared set of

evidence-informed assessment tools and resources will support person-centred program design and implementation. With continued attention to these areas, cancer care will become even more focused on treating the person based on their needs and goals of care.

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

### Achievements in 2015/16:

The Partnership hosted a knowledge transfer and

- exchange (KTE) meeting with partners and patient/family representatives from across the 16 funded projects that comprise the Person-Centred Perspective Initiative.

### Patient Experience and Patient-Reported Outcomes

- Patient-Reported Outcomes (PRO) videos were launched in eight jurisdictions to encourage the use of Patient-Reported Outcomes (PROs). PROs—standardized questionnaires that gather information on various symptoms—help health care teams create a personalized care plan for each patient. Two videos were developed: one for patients, the other for clinicians.
- The Partnership continued to support the implementation of four funded projects in eight jurisdictions. The projects are focused on interventions to understand patient needs, measure patient experience and patient-reported health outcomes more routinely across Canada, and come to agreement on a common set of measures to be collected by all provinces and territories. Funded projects include:
  - Improving Patient Experience and Health Outcomes Collaborative – iPEHOC (Cancer Care Ontario and the Rossy Cancer Network, Montreal, Quebec)
  - Improving Patient Outcomes: A Pan-Canadian Knowledge Translation Strategy to Advance Oncology Professionals' Distress Management Knowledge and Skills (Canadian Association of Psychosocial Oncology in Ontario, Nova Scotia, Manitoba and Quebec)



- Measuring Patient-Reported Outcomes to Address Patient Experience in Three Atlantic Provinces (Cancer Care Nova Scotia, Health PEI and Cancer Care Program Eastern Health in Newfoundland and Labrador)
  - Patient Experience and Outcomes in the Prairie Provinces (Alberta Health Services, CancerCare Manitoba and the Saskatchewan Cancer Agency)
- The National Measurement Steering Committee reached consensus on indicators related to palliative and end-of-life care, patient-reported outcomes and primary care that can be used to support quality improvement initiatives to benefit patients and families.

### Survivorship

- Support continued for two multi-jurisdictional projects focused on survivorship: CancerChat Canada and the Canadian Task Force on Adolescents and Young Adults with Cancer.
- A new project was launched to create an interactive website to provide information and resources about returning to work for Canadian cancer survivors, health care providers and employers. The new website, [www.CancerandWork.ca](http://www.CancerandWork.ca), will launch in the fall of 2016.

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

- The Palliative and End-of-Life Care (PEOLC) National Network is a national forum comprised of representatives from provincial and territorial governments, cancer agencies and national health care associations and patient/family advisors with a focus on palliative care. The Network co-hosted two meetings, including a joint meeting with the System Performance Steering Committee to leverage the expertise in both groups to determine next steps for measurement priorities in 2017 and in future.
- PEOLC National Network includes working groups in four priority areas: education and capacity building, measurement, goals of care/advanced care planning and integration.
- The Partnership continued to support five PEOLC projects in seven jurisdictions that are improving access to PEOLC, improving continuity of care, providing educational resources for health care providers, creating educational tools for patients and their families and enhancing the end-of-life experience for cancer patients and their families. Funded projects include:
  - Knowledge Tools: Addressing National Gaps (Canadian Virtual Hospice with multiple partnering agencies, provinces and territories)
  - Enhancing the Quality of Palliative and End-of-Life Care for Children with Cancer (Hospital for Sick Children and the University of Toronto, in partnership with 15 regional pediatric centres)
  - Integrating Emergency Health Services and Palliative and End-of-Life Care to Enhance the End-of-Life Experience for Nova Scotia and Prince Edward Island Cancer Patients and their Families (Cancer Care Nova Scotia, Emergency Health Services Nova Scotia and Health Prince Edward Island)
  - The Integrate Project: An Initiative to Integrate Palliative Care (Cancer Care Ontario and CHU Laval, Quebec)
  - Education in Palliative and End-of-Life Care in Oncology (EPEC-O™) Canada: An initiative to support regional educational workshops for interprofessional health care providers in palliative and end-of-life care
- The Partnership began funding new projects in the area of Advance Care Planning and Goals of Care. The four provincial project teams are all working collaboratively with the project team at the Canadian Hospice Palliative Care Association to accelerate this work by sharing ideas and resources and consulting each other on best practices for implementation and sustainability. The newly funded Advanced Care Planning and Goals for Care Project includes the following partners:
  - Manitoba (CancerCare Manitoba)
  - Newfoundland (Eastern Health)
  - Prince Edward Island (Health PEI)
  - Nova Scotia (Cancer Care Nova Scotia)
  - Canadian Hospice Palliative Care Association (CHPCA)

### Primary and Cancer Care Integration

- The Partnership continued to support three funded projects in seven jurisdictions that are implementing improvements in transitions of care between cancer care and primary care through education, training and better access to information for patients and families. Funded projects include:
  - Dialogue and Story Work in Support of First Nations, Inuit and Métis Cancer Patients Throughout Oncology and Primary Care Transition Experience (Government of Northwest Territories, Alberta Health Services, CancerCare Manitoba and BC Cancer Agency)
  - Primary Care and Cancer Care Integration: Leveraging a Suite of Existing Tools to Support Patients and Health Care Professionals in the Post-Treatment Period (BC Cancer Agency, Canadian Cancer Society and Cancer Care Nova Scotia)
  - Primary Care and Cancer Care Integration: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care (Cancer Care Ontario, CancerCare Manitoba and BC Cancer Agency)
- A pan-Canadian Primary Care Working Group was convened to advise on pan-Canadian opportunities and gaps for primary care and oncology integration and to explore national-level metrics for evaluating the impact of the primary care and cancer care transitions. The first national indicator on primary care will be reported in a system performance spotlight report in 2017.

## System performance analysis and reporting

***By 2017, Canadians will have better information about how well the cancer system is working and professionals in the health system will use this information to drive improvements.***

The System Performance Initiative seeks to identify aspects of the cancer control system that need to be measured, define performance indicators, collect valid and comparable data, and report findings in an integrated manner that allows for synthesis of results and interpretation of patterns to inform quality improvement strategies. Findings are published in a series of reports targeting the cancer control community, especially provincial cancer agencies, provincial departments/ministries of health, clinicians and researchers. The performance indicators are intended to aid policy-makers and health planners in identifying best practices and opportunities for quality improvements in cancer control across Canada.

The Initiative's portfolio of work includes cancer system performance reports comprising indicators that span the various dimensions of cancer control (prevention, screening, diagnosis, treatment, patient experience, end-of-life care, research and long-term outcomes), cancer sites and the Canadian population. In addition, the System Performance Initiative produces spotlight reports that focus on different aspects of cancer control through more detailed indicators and analyses to help contextualize and explain performance for specific disease sites or other topics of interest. The Initiative also conducts in-depth studies to shed light on areas of cancer control that are unmeasured or under-measured. Finally, enhancements to the system performance web application provides users with more user-friendly information and customizable access to system performance results, including downloadable content.

The work in system performance provides nearly 70 per cent of the measures used in the Partnership's newly developed performance measurement strategy and accompanying evaluation framework. Over time, these measures will track the progress of the Partnership and Canada's cancer control strategy.

### Achievements in 2015/16:

#### System Performance Reporting

- The *2015 Cancer System Performance Report* was released in June 2015 and included updated results for 17 dashboard indicators spanning the cancer control continuum, several with performance targets. The report also included special features on how positron emission tomography (PET) scans are used in the management of non-small cell lung cancer; self-reported screening rates by income and immigrant status; and participation in active transportation (walking and/or cycling to or from work or school).
- *Prostate Cancer Control in Canada: A System Performance Spotlight Report*, released in November 2015, featured the most recently available pan-Canadian data on the burden of prostate cancer, along with findings on risk factors, early detection, diagnosis, treatment, research and long-term outcomes. The report featured voices of prostate cancer survivors from different parts of the country. Prostate cancer survivors stressed the importance of informed choice and also shared some of their challenges dealing with long-term side effects of treatment.
- *Quality and Sustainability in Cancer Control: A System Performance Spotlight Report* was released in March 2016 and measured how current cancer control practices compare to cancer-related recommendations established by Choosing Wisely Canada—a campaign that aims to help physicians and patients engage in conversations about potentially unnecessary tests, treatments and procedures. The report showed that Canadian cancer patients undergo an estimated 770,000 interventions each year that may be of low value or that expose them to unnecessary harm. In addition, the report presented findings relating to health care system sustainability, including the use of day surgery for mastectomies and how often cancer patients are admitted to intensive care at the end of life.

- The Partnership released enhancements to the system performance web application ([systemperformance.ca](http://systemperformance.ca)) that include an at-a-glance view of featured indicators and the option to browse indicators by province or territory. With these enhancements, users can view and interact with the data in new ways, browse system performance indicators organized by cancer control domain and disease site, and download charts and data for further analysis. Initial feedback from provincial partners has been very positive.
- The *Experiences of Cancer Patients in Transition* study—a collaborative effort of the System Performance and Person-Centred Perspective Initiatives—was developed to look at how to improve the quality of cancer care as patients and survivors finish their cancer treatment and transition from the cancer care system to the broader primary and community care systems. A sample of more than 40,000 cancer patients and survivors who completed treatment in the past one to three years were invited to share their experiences of the support and care they received after cancer treatment in select disease sites. The survey was fielded in June 2016 in participating provinces. Post-consultations and recommendations are planned for late 2016/17.
- The Partnership provided funding to the CONCORD-2 study to gather data on survival by socioeconomic status for 10 cancers across nine provinces, which will enable identification of survival disparities among different income groups. This information can be used by the system to develop strategies to reduce these disparities. This is the most comprehensive data on survival by socioeconomic status available for Canada and will be featured in upcoming system performance reports.
- The results of the 2014/15 impact evaluation study on the impact of system performance work on the Canadian cancer control system were used to develop a plan for the System Performance Initiative to increase the reach, use and impact of the data.
- Research and development took place for several reports to be released in 2016/17:
  - The *2016 Cancer System Performance Report* (released July 2016) includes updated findings and interpretation for 17 dashboard indicators organized along the cancer control continuum. The report also highlights three topics of interest in cancer control: smoking behaviours in current cancer patients; the impact of regionalization of high-risk, resource-intensive surgeries on patient outcomes; and survival by patient income level for several cancers.
  - The System Performance Initiative is working with cancer control partners to develop a common, systematic way to collect and report on both patient-reported outcomes and patient-reported experiences. A spotlight report on the quality of person-centred care throughout patients' cancer journeys will present these under-measured and under-reported aspects of cancer control within five domains: adolescent and young adults with cancer, primary care, palliative and end-of-life care, patient-reported outcomes and experience measures, and transitions in care.

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

***By 2017, Canadians will have improved access to proven ways to prevent cancer, and more people will be getting screened and finding cancer earlier.***

The Partnership collaborates with a broad range of cancer and chronic disease partners to develop high-impact approaches to population-based prevention and cancer screening. Taking action now and sustaining these activities over time means that Canadians will experience the full benefits of programs designed to prevent cancer from occurring and screening programs designed to prevent and limit the impact of breast, cervical and colorectal cancers. It means that in the longer term, fewer people will develop cancer and fewer people will die from it.

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

### What is CLASP?

Coalitions Linking Action and Science for Prevention aims to improve the health of communities and Canadians by bringing together organizations from two or more provinces and territories to form research, practice and policy coalitions to address common risk factors for cancer and other chronic diseases. These coalitions work together to integrate the lessons learned from science with those from practice and policy. CLASP responds to the fact that healthy living and a healthy supportive environment can help to reduce the risk not only of many cancers, but also of other chronic diseases such as diabetes, lung disease and heart disease. Programs and policies that make the healthy choice the easier choice can encourage healthy living (e.g., maintaining a healthy body weight or quitting smoking). Policies that integrate health priorities into planning and improve the design of our communities can improve the health of Canadians by increasing opportunities for physical activity, increasing access to healthy food and reducing exposures to environmental carcinogens.

By 2017, we expect there will be more places and people using innovations enabled by CLASP to reduce the risk of developing cancer and related chronic diseases. Taking action now and sustaining the activities of CLASP into the future means that fewer Canadians will develop cancer in the longer term.

### Achievements in 2015/16:

#### Coalitions Linking Action and Science for Prevention

- Through CLASP, more than 100 organizations across Canada are united as partners to improve the health of Canadians by preventing chronic disease. As of 2015/16, the seven completed Phase 1 CLASP projects resulted in 239 documented policy changes and 4,699 practice changes across 1,409 implementation sites. Implementation support continued for the five Phase 2 projects:
  - Working on Wellness in Strategic Populations (WoW)
  - Nourishing School Communities
  - ACCELERATION (Activity, Smoking, Cessation, Healthy Eating and Alcohol Intervention & Motivation)
  - Policy Opportunity Windows: Engaging Research Uptake in Practice (POWER Up!)
  - Sun Safety at Work Canada
- The Partnership hosted a knowledge translation and exchange meeting with the five Phase 2 projects with a focus on evaluation and sustainability.

#### Tobacco Initiative

- The Partnership began funding seven provinces and two territories across Canada to plan, implement or evaluate approaches to support cancer patients in quitting smoking. Evidence shows that providing smoking cessation support to cancer patients can improve the effectiveness of treatment, improve recovery, increase their chances of survival and reduce the risk of complications and death. This initiative is the first project in Nunavut to receive funding from the

Partnership. Nunavut has Canada’s highest smoking rate, 62% of adults, and will use the funding to identify cancer patients who smoke with the aim of providing cessation support to them in their communities.

### Healthy Public Policy

- The Healthy Public Policy Initiative is centred on the Prevention Policies Directory created in the Partnership’s first mandate. The Directory brings together policies from multiple Canadian sources and is the country’s only searchable database of policies and laws related to modifiable risk factors for cancer and chronic disease. It provides an important tool for public health professionals, academic researchers and policy specialists who are working to create healthier communities through evidence-informed policy development. The Prevention Policies Directory continued to expand in 2015/16: the number of municipal policy documents increased by 6%, visits to the Directory increased by 31% (there were approximately 882 visitors/month), repeat visitors to the Directory increased by 118%, the number of searches in the Directory increased by 20% (~387 searches/month), and traffic to the French version of the Directory increased more than 400%.
- The Partnership continued to engage in knowledge transfer and exchange activities with Canadian research, practice and policy specialists. In 2015/16, areas of focus included development of resources related to active transportation policy, development of a new policy map on electronic cigarettes, and completion of a new First Nations, Inuit and Métis smoking cessation program environmental scan.

### CAREX Canada

- In 2015/16, the CAREX team worked with various partners at federal, provincial and municipal levels to mobilize occupational and environmental carcinogen exposure evidence for the protection of Canadians. For example, the team developed a series of new pesticide profiles to help public health professionals interpret and understand the implications of the latest research on cancer-causing pesticides. The CAREX team also supported organizations like WorkSafeBC in prioritizing the risk of workplace exposure to carcinogens such as the pesticide glyphosate, antineoplastics and crystalline silica.

- The CAREX team fostered connections among provincial governments and non-governmental organizations to integrate the use of exposure evidence on the subject of radon gas, a top priority for exposure reduction in homes.
- The CAREX team also partnered with the Occupational Cancer Research Centre on the *Burden of Occupational Cancer* study, which is assessing how many cancer cases are attributed to 44 carcinogenic exposures in Canadian workplaces (for 27 different types of cancer), and the economic costs associated with these cancers. The CAREX team has played an integral role in completing and mobilizing this important study by integrating CAREX data into the study and offering an inter-provincial symposium to engage various knowledge users in discussion about applying its results.

### What is the Population-Based Screening Initiative?

Checking people for certain cancers before there are any symptoms—cancer screening—saves lives. The challenge is to make sure the right people get the right tests at the right times and that the screening programs continue to be of the highest possible quality. Ensuring high-quality follow-up of people’s test results is also central to our work to support early diagnosis.

To meet these complex challenges, key clinical, policy and program leaders in cancer screening are brought together on a regular basis from across the country through our national network model. Together, we focus on strengthening existing screening programs that are proven to save lives and considering the implications of new research and practice evidence. We pinpoint where improvements are needed through exchanging information, sharing best practices and regular reporting and analysis of data related to quality.

The Partnership is maximizing the benefits of population-based screening through focused actions in breast, cervical and colorectal cancer screening. In addition, the Partnership continues to assess emerging areas of screening and to support the developing area of lung cancer screening for a high-risk population. Three large-scale programs of work are central to the Initiative:

- National Networks that promote active engagement across the country and connect stakeholders for each of the four focus areas (breast, cervical, colorectal and lung)
- Monitoring and evaluation activities that enable regular reporting and analysis of quality indicators for screening programs
- Quality improvement opportunities identified through stakeholder consultation

Evidence shows more people who would benefit from screening are participating in screening programs. By 2017, we expect that programs such as cervical cancer screening will be of even greater quality and that there will be an evidence-based approach to addressing cervical cancer screening in an era when many women will have been vaccinated for human papillomavirus (HPV). Over time, this means Canadians will benefit fully from screening programs designed to limit the impact of breast, cervical and colorectal cancers.

### Achievements in 2015/16:

- The Partnership continues to engage and collaborate with provinces and territories through the pan-Canadian breast, cervical, colorectal and lung cancer screening Networks. In 2015/16, the Networks focused on integrating the patient perspective into their work to enhance the quality of and participation in cancer screening in Canada. As well, efforts to enhance knowledge mobilization across the cancer screening community will continue to support sharing of resources and best practices across the Networks. In addition, the Networks took part in strategic planning to identify current and future priorities and ensure that these collaborative efforts have the greatest impact.
- A Screening in Underserved Populations to Expand Reach (SUPER) workshop was held in September 2015 to explore opportunities to engage underserved populations in breast, cervical and colorectal cancer screening (e.g., populations impacted by low income, rural/remote geography and/or immigrant status). The workshop brought together a diverse range of stakeholders to connect experts from cancer screening programs with researchers specializing in underserved populations, experts from community health centres, professional associations, and other non-profit cancer and health-focused organizations. Based on recommendations from the workshop, it was

determined that a focus on low income populations would have the greatest reach. To this end, a data review will be undertaken to clearly identify national barriers and facilitators to cancer screening within low-income populations and digital technology will be leveraged to encourage knowledge exchange. These components are instrumental to further developing a plan to reach the goal of creating a national framework to increase appropriate cancer screening with underserved populations.

- In July 2015, the Partnership published the following environmental scans for breast, colorectal, cervical, lung and prostate cancer to compare current guidelines and evidence-based recommendations in order to identify leading practices:
  - *Breast Cancer Screening Guidelines: Environmental Scan*
  - *Cervical Cancer Screening Guidelines: Environmental Scan*
  - *Colorectal Cancer Screening Guidelines: Environmental Scan*
  - *Lung Cancer Screening Guidelines: Environmental Scan*
  - *Prostate Cancer Screening Guidelines: Environmental Scan*

These scans are published annually to help screening programs improve the quality of and participation in screening by learning from provincial and territorial policy and practice across the country.

### Canadian Breast Cancer Screening Initiative

- The Canadian Breast Cancer Screening Network explored the emerging areas of risk stratification and personalized breast cancer screening by engaging researchers and other experts.
- A guidance document was produced to advance knowledge about the processes that allow women to make informed decisions when considering breast cancer screening.

- The Partnership published *Breast Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators—Results Report January 2009–December 2010*. Monitoring organized breast cancer screening programs provides an opportunity to understand the impact of these programs on breast cancer morbidity and mortality, and the potential harms associated with screening.

### Cervical Cancer Screening Initiative

- The Partnership supported the cervical cancer screening community to assess the emerging issue of HPV testing in Canada. The recognition of human papillomavirus (HPV) as the cause of cervical cancer and the development of vaccines to prevent HPV infection are leading to the re-evaluation of traditional screening methods for cervical cancer. We will continue to work with provincial screening programs, professional organizations and other experts to provide resources to support evidence-based decision-making on primary HPV testing.
- To support provincial screening programs, the Partnership is building on the work of previous reports on program performance results for cervical cancer screening in Canada to develop additional indicators to monitor the quality of colposcopy services.

### Colorectal Cancer Screening Initiative

- The National Colorectal Cancer Screening Network continued to focus on improving the quality of endoscopic services by encouraging the uptake of standardized reporting tools such as the Canada-Global Rating Scale.

- The Network explored successful strategies related to correspondence, recruitment and participant registry and information systems to enhance participation in colorectal cancer screening.
- The Network built on the colorectal cancer quality indicators measured in biennial program performance reports to initiate development of a new indicator to measure colorectal cancer incidence after colonoscopy.

### Pan-Canadian Lung Cancer Screening Network

- The Partnership collaborated with the Canadian Task Force on Preventive Health (established by the Public Health Agency of Canada) when it released new guidelines on screening for lung cancer with low-dose CT technology. These evidence-based guidelines will help inform jurisdictional decision-making, while the Partnership's *Lung Cancer Screening Framework* (released in September 2014) speaks to some of the implementation issues at the provincial and territorial level. The Framework outlines screening eligibility, radiologic testing, pathology quality and reporting, diagnostic treatment and follow-up, and the inclusion of smoking cessation programs.
- To provide guidance on lung cancer screening quality, the Network began developing quality indicators to measure and monitor the impact of this emerging area.



## Knowledge management through tools, technology, connections and resources

***By 2017, cancer control practitioners will have timely and easier access to high quality information, tools and resources about cancer.***

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

The knowledge mobilization portfolio of work (previously Knowledge Management) includes the Partnership’s website for cancer evidence, policy and practices ([cancerview.ca](http://cancerview.ca)); tools to support the synthesis, interpretation and use of evidence such as the Cancer Risk Management Model platform; and analytic capacity building to support greater coordination in the use of cancer control data to inform policy, planning and system performance reporting.

### What is [cancerview.ca](http://cancerview.ca)?

Prior to the creation of the Partnership in 2007, a fundamental challenge for the Canadian cancer control community was that there was no single resource available for the sharing of Canadian cancer control knowledge, evidence and best practices across jurisdictions. In 2009, the Partnership launched [cancerview.ca](http://cancerview.ca) as a way to fill this gap for the cancer control community in Canada. Since its launch, it has provided access to credible, evidence-based content as well as a wide array of digital tools and resources. It also provides access to virtual collaboration tools (the Cancerview Hub) that allow experts and colleagues from across the country to connect and work together on projects regardless of their geographic location.

Over the course of the Partnership’s first two mandates, the number of digital tools, websites and resources developed by the Partnership has grown beyond those housed within [cancerview.ca](http://cancerview.ca) itself. A key focus in 2015/16 has been to look at the Partnership’s entire digital ecosystem and to complete a number of projects

to gather insights into how the Partnership could strategically reorganize this digital ecosystem to better meet the needs of its target audiences.

By 2017, we will enable more effective knowledge exchange and better cancer control decision-making. As well, we are accelerating the implementation and uptake of cancer control knowledge and evidence while reducing unnecessary duplication of effort. These activities must continue over the long term so the value of knowledge exchange can be maximized to benefit Canadians.

### Achievements in 2015/16:

#### **Cancerview.ca**

- The [cancerview.ca](http://cancerview.ca) evaluation was completed. The evaluation assessed the website’s relevancy, frequency of use, usability and impact in order to optimize its effectiveness as a vehicle for collaboration and knowledge-sharing among the Partnership’s target audiences. The evaluation confirmed the continuing value that the platform offers by connecting individuals across Canada to cancer control resources.
- A number of projects were completed that looked at how the Partnership could strategically reorganize [cancerview.ca](http://cancerview.ca) and the rest of its organizational digital ecosystem. Key outputs of this work included prioritization of target audiences, as well as insights into their needs, a digital scan of comparators, a user engagement strategy for the Cancerview Hub and confirmation of the organization’s branding hierarchy for our digital presence.
- Four topics were presented in the Partnership’s Cancerview Digest. Digest topics included additions to the colorectal cancer screening and tobacco cessation topics and creation of content on prostate cancer. Content was also created for World Cancer Day 2016 and the “We Can. I Can.” campaign of the Union for International Cancer Control to highlight the collaborative efforts needed, from collectives and individuals, to alleviate the burden of cancer.

### Knowledge Transfer and Adoption Initiative

The Knowledge Transfer and Adoption Initiative supports the coordination of the Partnership's approaches to knowledge transfer, exchange, adoption and evaluation across the cancer control strategy.

- Routinely measuring the extent and impact of our knowledge transfer and exchange activities is critical to supporting the overall strategy. The Partnership currently measures its KTE efforts against the organizational indicators of "usefulness of" and "intent to use." In 2015/16, reporting against those measures was expanded to include reporting at the strategic initiative level rather than just for the organization as a whole. Work to update the KTE measurement framework began in 2015/16 and will continue into 2016/17 to allow us to provide a more holistic view of the impact of Partnership work on the cancer control system.
- The Knowledge Mobilization Steering Committee was engaged twice in 2015/16. The committee is comprised of experts in KTE, health system policy and clinical practice, and has been helping to inform the evaluation of the knowledge mobilization mandate at the Partnership.

### Cancer Risk Management Modelling and Economic Analysis

The Cancer Risk Management Model (CRMM) platform is a web-based tool that allows users to estimate the long-term impact of policy and program change, including health outcomes, resource implications and economic impact. In 2015/16, existing models in the platform were updated and development was accelerated on a breast cancer model and a projection model for all cancers. The latter will also be used in the Partnership's organizational evaluation to assess the impact of a collaborative cancer control strategy in Canada.

- In 2015/16, CRMM results were used by key partners and other stakeholders, including:
  - The Canadian Cancer Society prominently featured results from colorectal, cervical and lung models in its *Canadian Cancer Statistics 2015 Special Topics Report*.
  - The Public Health Agency of Canada completed its evaluation of the CRMM on behalf of the Canadian Task Force for Preventive Health Care (CTFPHC),

which resulted in evidence from the colorectal and lung models being used in the development of CTFPHC screening guidelines.

- The lung model was used to explore scenarios of opportunistic versus organized lung cancer screening, in anticipation of CTFPHC guidelines.
- The Lung, Colorectal and Cervical Screening Networks continued to rely on model results to inform decision-making. For example, the cervical cancer model was used to support a special feature on cervical cancer screening in women 18-20 years old in a recent monitoring and evaluation report.
- The CRMM program established a new advisory role and recruited a new Expert Lead, Cancer Economics to support efforts to deepen the capacity to quantify the burden of cancer and assess the economic impact of a coordinated, pan-Canadian approach to cancer control.
- The CRMM program helped augment the cancer economics evidence base for policy-making by supporting a special supplement in *Current Oncology* entitled *Original Cancer Costing Research Using Canadian Data*, which appeared in February 2016.
- Six CRMM papers were published in academic publications in 2015/16 and another was accepted for publication. The papers focused on model validation, the cervical model, the cost-effectiveness of lung screening, alternative strategies for lung cancer screening, lung screening in asbestos-exposed populations and colorectal screening modalities.

### Analytic Capacity Building and Coordinated Data Development Initiative

The Analytic Capacity Building and Coordinated Data Development Initiative supports analytic capacity within Canada and identifies and fills key data gaps. In 2015/16, a number of initiatives to further analytic capacity development among the provinces and territories continued.

#### Analytic Capacity Building Initiative

- A joint analytic project on relative survival by stage was completed, training data analysts from nine provinces and one territory in survival-by-stage analysis. In the first pan-Canadian study of its kind, this project leveraged stage data from the Partnership's National Staging Initiative to create standardized

methodology for the calculation of relative survival by stage. Analytic mentors then mentored analysts in its application. Results were published in a *Current Oncology* journal article in April 2016.

- Work began on a joint analytic project on geospatial and spatio-temporal analysis of the incidence of thyroid cancer to look at the incidence and co-variables of thyroid cancer diagnoses across Canada.
- Development of an e-learning module on the Cancer Registry Landscape in Canada was initiated, with the module ready for launch in June 2016.
- Two workshops were organized, with participation from 10 provinces and one territory. Cancer Survival: The CONCORD Program was delivered by the CONCORD study team, while the Geographic Information Systems Fundamentals for Cancer Surveillance helped build skills in geospatial analysis.
- Four webinars explored survival analysis, the Cancer Risk Management Model, approaches to high-risk, resource-intensive cancer surgical care, and health and economic impacts of opportunistic versus organized screening for lung cancer in Canada.
- Support was provided for a workshop hosted in collaboration with Statistics Canada that offered training to data coders.
- A work placement project to enhance cancer-related analytic capacity among epidemiology/biostatistics masters students led to the creation of two permanent positions. Five additional intern positions have also been created, with these placements commencing work in 2016/17.

#### Coordinated Data Development Initiative

- Five treatment data linkage projects began implementation. All projects are multi-jurisdictional, involving provincial cancer agencies and pan-Canadian data stewards, and will address key data gaps and enhance access to treatment data, including chemotherapy, surgery and radiation therapy. These projects will incorporate the proposed set of core treatment data elements and test the feasibility of their inclusion and the veracity of the proposed definitions.

The projects involve British Columbia, Manitoba, Nova Scotia, Prince Edward Island and Newfoundland and Labrador. Statistics Canada will also implement a project linking the Canadian Cancer Registry to CIHI's Discharge Abstract Database and the National Ambulatory Care Reporting System, resulting in the first national data set linking diagnostic and staging information to surgical data.

#### Evidence, Synthesis and Guidelines Initiative

- The Evidence, Synthesis and Guidelines Initiative enables stakeholders to use evidence in practice through knowledge synthesis, resources and toolkits for action.
  - In 2015/16, efforts continued to support the Partnership's use, application and production of evidence-based resources, including literature searches and evidence reviews to support program area work (e.g., evidence support for the four key themes of the Palliative and End-of-Life Care Network), guidance on publications and copyright, and staff training sessions.
  - Over 600 recently updated clinical practice guidelines are now ready for integration into the Standards and Guidelines Evidence (SAGE) Directory of Cancer Guidelines. SAGE is a searchable database of more than 2,500 English-language cancer control guidelines and standards released since 2003. The content will be accessible to end users via [cancerview.ca](http://cancerview.ca) in 2016/17.

## Public engagement and outreach

***By 2017, people affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.***

Engaging with and reaching out to Canadians with cancer, their caregivers and families is extremely important in shaping Canada's cancer strategy and ensuring that it meets its ultimate goals.

Our intention is that patients, survivors, caregivers and families will bring their voices and experiences to issues linked to the immediate outcomes and ultimate goals of the national cancer control strategy. We will help make this happen, in part, by working with individual patients, survivors and families and a wide range of patient organizations and groups. This includes the Canadian Cancer Action Network (CCAN), which brings together more than 100 patient groups, key players such as the Canadian Cancer Society, as well as the national, provincial and territorial agencies and organizations working in cancer and related chronic diseases.

### What is the Public Engagement and Outreach Initiative?

We believe a sustained, strategic public engagement and outreach approach that embeds patient voices will play an important role in driving progress towards the immediate, intermediate and ultimate goals of the national cancer strategy. Key principles of the public engagement and outreach strategy are as follows:

- Ensuring that patient perspectives are captured to inform system design and direct our efforts
- Using integrated approaches across multiple communications channels and platforms to reflect the collective efforts of the work of the Partnership and our collective progress toward our shared goals in cancer control
- Building on existing partnerships and seeking out innovative opportunities to expand our reach and impact

The Partnership's integrated public engagement and outreach strategy further strengthens engagement with professional audiences, the patient community as well as the general public. We garnered over 95 million media impressions in 2015/16 as a result of our efforts to raise awareness of different aspects of the Partnership's work with partners across the country. And we continued to engage partners, stakeholders and the public online through Twitter and Facebook. The Partnership's growing number of Twitter followers—cancer organizations, health professionals, journalists as well as interested individuals—is helping to increase the uptake of our products and reports.

By 2017 there will be tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer and that the outcomes of the work are measured and publicly available. The ongoing involvement of patients and the public will be critical to shaping the collaborative work taking place.

### Achievements in 2015/16: Public Engagement and Outreach

- On February 4, 2016, the Partnership celebrated World Cancer Day alongside cancer patients, survivors, caregivers, advocates, clinicians and the Union for International Cancer Control (UICC) by exploring ways “we can” improve the cancer journey. Under UICC's campaign theme “We can. I can.”, World Cancer Day represented an opportunity to draw attention to what can be done to reverse the impact of cancer and save lives. The Partnership began the day with a stakeholder event featuring a panel discussion focused on improving patient engagement within cancer control. Led by The Globe and Mail Health Reporter Carly Weeks, the panel included Pat Hartley, Claudia Hernandez, Dr. Seema Marwaha and Dr. Joshua Tepper. At the event we also showcased a ‘hero’ video profiling some of the everyday heroes of the cancer control system.

- The Partnership launched YourCancerStory.ca, an online initiative by the Partnership to capture stories of Canadians who have been touched by cancer. As a demonstration of the Partnership's commitment to patient engagement, this virtual platform allows individuals to submit testimonial videos to share their personal cancer experiences. By gathering these stories, the Partnership aims to better understand and share personal experiences within the cancer system to ensure that patients, families and caregivers are equal partners in their care.
- The Partnership continued to increase its social media presence on Twitter and Facebook to better engage partners and other stakeholders. In addition, the Partnership enhanced its LinkedIn presence with a corporate page and a careers section.
- The Partnership continued to engage communications leads from partner organizations, including provincial cancer agencies and national health organizations, in areas of mutual interest and benefit. This year, the Partnership convened two meetings of the Pan-Canadian Communications Committee and worked with the Committee on joint plans for World Cancer Day 2016.

#### Canadian Cancer Action Network

- The Canadian Cancer Action Network (CCAN) is a patient-centred organization working closely with more than 100 patient groups and other key cancer control stakeholders across Canada and is solely funded by the Partnership. CCAN promotes the cancer strategy and progress to its members regularly and participates in social media and other coordinated communication efforts with the Partnership.
- In 2015/16, CCAN collaborated with the Canadian Agency for Drugs and Technologies in Health/pan-Canadian Oncology Drug Review to establish a full-time Health Technology Assessment Patient Engagement Navigator (HTAPEN) to support and further enhance cancer patient community involvement in the health technology assessment of new cancer drugs.

## How we work

As the Partnership prepares to complete its second mandate, there has been an increased focus on evaluation and planning activities.

This year, an independent evaluation was conducted to assess the impact of the Partnership's coordinated, pan-Canadian collaborative approach to national cancer control since 2007, and to evaluate the Partnership's performance from 2012-2017. Conducted by Bell, Brown, Molnar & Delicate Consulting Inc. in consultation with Health Canada, the evaluation was positive overall. The report included several recommendations that the Partnership will address through specific action plans. The final evaluation report and the Partnership's management response and action plan were submitted to Health Canada in October 2015.

Evaluation activities are also underway at a program level. Evaluations for four Partnership initiatives were completed in 2015/16 and evaluation planning for other initiatives has begun.

In 2015/16, the Partnership continued its focus on integrating performance measurement across all initiatives and programs using a web-based tool, Active Strategy, to support the ongoing tracking and reporting of indicators and progress against immediate, intermediate and long-term outcomes. Over the past year, efforts also continued to help staff better understand and apply the Partnership's enterprise risk management (ERM) framework and policy.

### Developing a robust strategic plan

The Partnership consulted with more than 130 partners and stakeholders over 18 months to develop its 2017-2022 strategic plan, *We see progress*. Completed this past year, the plan reflects our partners' priorities and will help the Partnership continue its progress to achieving the goals of the national cancer strategy. The accompanying 2017-2022 business plan will be completed in the coming year.

Under the new strategic plan, the Partnership's work will be organized under five themes: quality, equity, seamless patient experience, maximize data impact and sustainable system. The Partnership will continue to engage partners as the plan evolves and to work with key partners such as the Canadian Association of Provincial Cancer Agencies

(CAPCA) and the Canadian Institute for Health Information to identify joint areas of work and opportunities for collaboration. The Partnership will also continue to examine its existing portfolio of work to determine what will be concluded, continued or modified.

### Ensuring strong governance

The Partnership's Board of Directors provides the vision and leadership necessary to drive the organization's efforts to bring meaningful, long-term improvements to cancer control and to ensure public accountability.

Board members represent a wide range of governance skills, cancer control expertise and stakeholder perspectives, including that of cancer survivors. As Board members complete their maximum term appointments and step down, the Board has improved its efforts to orient new members to cancer control initiatives and emerging issues so they can carry out their role effectively. The Board conducts an annual self-evaluation to identify areas requiring improvement.

Board members participate on the five standing committees of the Board: Executive Committee, Finance and Audit Committee, Governance and Nominating Committee, Performance Committee and Human Capital Committee. As well, the Aboriginal Board Member-at-Large chairs the First Nations, Inuit and Métis National Aboriginal Organizations' Caucus, established to ensure the Partnership remains informed of national and regional priorities and that issues related to First Nations, Inuit and Métis cancer control are reflected at the Board governance level.

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

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

Each of the five strategic priorities and two of the core enabling functions has an advisory committee comprised of a cross-section of cancer and health system experts and disciplines. To ensure the person-centred perspective is represented in all the Partnership's work, each committee also includes patient/family advisors. In 2015/16, patient, survivor, caregiver, and family

involvement in the Partnership's work increased. There are now up to 50 annual opportunities for patient/family advisors to contribute to advancing Canada's cancer strategy through advisory roles or participation in committees and networks. A patient representative also played an important role on the working group developing the Partnership's 2017-2022 strategic plan.

The Cancer Control Council is comprised of the Partnership's senior scientific leads and expert leads. Council members are thought leaders and ambassadors for the Partnership's work in the clinical and research domains. This year, the Council placed greater emphasis on guiding the strategic focus of the Partnership's program of work, including identifying gaps and opportunities in cancer control. The Partnership also added an expert lead in health economics to reflect emerging needs in the system.

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

While the Partnership's focus is reducing the burden of cancer on Canadians, it continues to foster international linkages to ensure Canadians benefit from cancer control efforts beyond our borders. The Partnership is a member of the Union for International Cancer Control (UICC) and Dr. Heather Bryant, the Partnership's Vice-President of Cancer Control, is a member of the UICC Board of Directors.

### Looking to the future

The government announced in the March 2016 federal budget that the Partnership is to receive ongoing funding. This funding, together with the findings of the independent evaluation, points to the progress and impact of the Partnership's work. In the coming year, evaluation of the second mandate will continue as detailed programs plans for the future are developed in alignment with the 2017-2022 strategic and business plans.

## Board of Directors (April 1, 2015 to March 31, 2016)



**Christine Power**, Chair, Canadian Partnership Against Cancer; Chief Executive Officer, Canadian Patient Safety Institute

**Graham Sher, MD**, Vice-Chair, Canadian Partnership Against Cancer; Chief Executive Officer, Canadian Blood Services

**Tracey Barbrick**, Associate Deputy Minister, Health and Wellness, Nova Scotia (elected December 2015)

**Mel Cappe**, Professor, School of Public Policy and Governance, University of Toronto (stepped down June 2015)

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

**Darren Dick**, Development Officer, Dalhousie University, Faculty of Management, Law and MacEachen Institute

**Pamela Fralick**, Former President and Chief Executive Officer, Canadian Cancer Society (stepped down April 2016)

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

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

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

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



**Front row (seated, left to right):** Eshwar Kumar, Shelly Jamieson, Christine Power, Graham Sher, Arlene Paton, Ewan Clark  
**Back row (standing, left to right):** Pamela Fralick, Darren Dick, Gail Turner, Mary Catherine Lindberg, Jean Latreille, Helen Mallovy Hicks, Tracey Barbrick, Mary O'Neill, Karen Herd, André Robidoux, Shannon MacDonald  
**Not pictured:** Mel Cappe, Abby Hoffman, Victoria Lee, Crystal Nett, Lyne St-Pierre-Ellis



**Mary Catherine Lindberg**, Corporate Director

**Shannon MacDonald**, Partner, Deloitte LLP

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

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

**Mary O'Neill**, Corporate Director (elected April 2015)

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

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

**Lyne St-Pierre-Ellis**, Associate Deputy Minister of Health, New Brunswick (stepped down June 2015)

**Gail Turner**, Consultant

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

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

## Looking ahead to 2016/17

In the year ahead, the cancer control community will mark 10 years of collaborative work to enhance cancer control in Canada and assess our accomplishments against our 2017 outcomes. Many funded projects will come to a close and we will complete evaluations for all initiatives to measure the impact of their work.

With the announcement of renewed funding for the Partnership, we will also begin the transition into our new strategic plan and the work that lies ahead.

### A preview of 2016/17

The Partnership is committed to ensuring cancer care is person-centred and responsive to the needs of patients. This year we will complete and release a spotlight report on person-centred care, reporting on indicators in areas such as palliative and end-of-life care, and patient-reported outcomes.

Patients, families and providers have consistently identified the transition from the end of cancer treatment to follow-up care in the community as an area that needs to be improved. In the coming year, we will survey more than 40,000 cancer survivors about their transition experiences and gather information on how to better address their needs.

The Partnership's Palliative and End-of-Life Care (PEOLC) National Network will continue its work to support better integration of PEOLC in cancer care, improve advanced care planning, enhance PEOLC training for health care professions and incorporate PEOLC indicators into existing system performance measurement.

In 2015/16, the Partnership launched a major initiative to integrate smoking cessation into cancer care. In the coming year, we will measure how much integration the cancer system has achieved.

As multi-year funding for 10 projects with First Nations, Inuit and Métis partners comes to a close, the Partnership will plan and host a wrap-up forum to provide an opportunity to share knowledge and promising practices and identify opportunities for future collaboration with our national and regional partners.

The Partnership works closely with stakeholders across the cancer control system to identify and incorporate new

evidence and best practices into clinical practice. The recognition of human papillomavirus (HPV) as the cause of cervical cancer and the development of vaccines to prevent HPV infection are leading to the re-evaluation of traditional screening methods for cervical cancer. We will continue to work with provincial and territorial screening programs, professional organizations, and other experts to provide resources to support evidence-based decision-making on primary HPV testing.

We also continue to focus on knowledge mobilization, including providing health professionals with easy access to evidence-based resources and tools. To support these efforts, we will launch phase one of our organizational digital strategy, which will consolidate our digital properties to enhance accessibility and improve the user experience.

The Partnership's Synoptic Reporting Initiative continues to expand the use of standardized electronic reporting for surgery and pathology results across the country. Six provinces have fully implemented or are in the process of fully implementing synoptic pathology reporting, and this year we will begin measuring results against 47 performance indicators. This will provide new opportunities to track variations in care and identify areas for quality improvement.

The Partnership will also release the *Pan-Canadian Quality Assurance Recommendations for Interpretive Pathology*. The recommendations will enhance patient safety by establishing minimum quality standards for interpretative pathology that can be implemented within existing quality assurance programs across Canada. Input on the recommendations will be gathered from the Canadian Association of Pathologists and the Canadian Cancer Action Network.

Funding for oncology drugs—what the system can and cannot afford to pay for—is often front-page news. The Partnership will gather the perspective of the public on how to deliver effective and sustainable treatment through a deliberative engagement process. The input will be used to develop a framework of public values and priorities for use in provincial decision-making processes.

With the launch of its research portal, the Canadian Partnership for Tomorrow Project has made its extensive data set available to researchers around the

world through a defined access process. Work will continue to expand use of the data by the research community and to ensure the sustainability of this project.

As one of the first countries to adopt and implement a national cancer strategy, Canada has insights to share with the global cancer community. The Partnership will actively sponsor, contribute to and participate in the 2016 World Cancer Congress and will deliver two Masters courses in the continuing education program offered through the Congress.

## The next phase of the Strategy

Our 2017-2022 strategic plan, *We see progress*, provides five themes—quality, equity, seamless patient experiences, maximize data impact and sustainable system—to focus our work going forward.

As we now turn our sights to our 20- and 30-year outcomes, we will continue to collaborate with our many partners across the country to accelerate our joint efforts and impact. Working together, we have achieved measurable progress to date—progress that will continue. Together, we will reduce the burden of cancer for all Canadians.

## Independent auditor's report

### To the Members of

#### Canadian Partnership Against Cancer Corporation

We have audited the accompanying financial statements of Canadian Partnership Against Cancer Corporation (the "Partnership"), which comprise the statement of financial position as at March 31, 2016 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

The logo for Grant Thornton LLP is written in a cursive, handwritten-style font.

Chartered Public Accountants  
Licensed Public Accountants  
Toronto, Ontario  
June 21, 2016

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Partnership's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partnership's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Canadian Partnership Against Cancer Corporation as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

## Canadian Partnership Against Cancer Corporation

## Statement of operations and changes in net assets

Year ended March 31	2016	2015
<b>Expenses</b>		
Population-based prevention and cancer screening	\$ 7,526,292	\$ 8,436,677
Diagnosis and clinical care	9,345,271	6,597,812
Person-centered perspective	5,367,836	4,760,981
Targeted research	8,060,442	11,193,949
First Nations, Inuit and Métis Cancer control	3,268,151	2,304,897
System performance	1,653,531	1,288,592
Knowledge management (Note 5)	9,651,311	9,729,619
Public engagement and outreach	1,798,170	1,776,026
Program support	<u>1,475,597</u>	<u>1,371,861</u>
	<b>48,146,601</b>	47,460,414
Operating expenses (Notes 4 and 5)	<u>5,958,426</u>	<u>5,537,646</u>
	<b>54,105,027</b>	52,998,060
<b>Revenue</b>		
Government of Canada (Note 7)	53,208,029	51,963,817
Canada Health Infoway	-	595,865
Heart & Stroke Foundation of Canada	400,000	400,000
Other funding	<u>496,998</u>	<u>38,378</u>
	<u>54,105,027</u>	<u>52,998,060</u>
<b>Excess of revenue over expenses for the year, being net assets at the end of the year</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>

Approved by the Board of Directors


Christine Power  
Chair of the Board of Directors

Helen Mallovy Hicks  
Chair of the Finance and Audit Committee

See accompanying notes to the financial statements.

## Canadian Partnership Against Cancer Corporation

### Statement of financial position

As at March 31	2016	2015
<b>Assets</b>		
Current		
Cash	\$ 402,565	\$ 504,830
Short-term investments	17,607,890	26,432,478
Accounts receivable	541,019	622,024
Projects in process – advances (Note 3)	7,784,289	6,807,066
Prepaid expenses	<u>632,050</u>	<u>943,399</u>
	<b>26,967,813</b>	35,309,797
Capital assets (Note 4)	207,321	252,658
Intangible assets (Note 5)	<u>213,551</u>	<u>537,127</u>
	<b>420,872</b>	789,785
	<b>\$ 27,388,685</b>	<b>\$ 36,099,582</b>
<b>Liabilities</b>		
Current		
Accounts payable and accrued liabilities	\$ 6,248,123	\$ 9,185,856
Government remittances payable (Note 6)	139,324	204,459
Deferred contributions – Expenses of future periods (Note 7)	<u>20,580,366</u>	<u>25,919,482</u>
	<b>26,967,813</b>	35,309,797
Deferred contributions - Capital and intangible assets (Note 7)	<u>420,872</u>	<u>789,785</u>
	<b>27,388,685</b>	<b>36,099,582</b>
Net assets	<u>-</u>	<u>-</u>
	<b>\$ 27,388,685</b>	<b>\$ 36,099,582</b>

Commitments and Guarantees (Notes 8 and 9)

See accompanying notes to the financial statements.

## Canadian Partnership Against Cancer Corporation

### Statement of cash flows

Year ended March 31	2016	2015
Increase (decrease) in cash		
<b>Operating activities</b>		
Government of Canada contributions received (Note 7)	\$ 47,500,000	\$ 47,500,000
Other contributions received	947,532	729,136
Interest received on short-term investments	316,976	397,810
Interest paid to Government of Canada	(355,481)	(453,259)
Cash paid for programs and operating expenses	<u>(57,300,676)</u>	<u>(47,286,401)</u>
	<u>(8,891,649)</u>	<u>887,286</u>
<b>Investing activities</b>		
Purchase of short-term investments	(22,373,764)	(27,099,490)
Redemption of short-term investments	<u>31,416,349</u>	<u>25,836,693</u>
	<u>9,042,585</u>	<u>(1,262,797)</u>
<b>Financing activity</b>		
Purchase of capital and intangible assets	<u>(253,201)</u>	<u>(333,127)</u>
Decrease in cash	(102,265)	(708,638)
Cash, beginning of year	<u>504,830</u>	<u>1,213,468</u>
Cash, end of year	\$ <u>402,565</u>	\$ <u>504,830</u>

See accompanying notes to the financial statements.

---

## Canadian Partnership Against Cancer Corporation

### Notes to the financial statements

Year ended March 31, 2016

---

#### 1. Description of the organization

Canadian Partnership Against Cancer Corporation (the “Partnership”) was incorporated on October 24, 2006 under the *Canada Corporations Act* and commenced start-up operations on January 1, 2007. In June 2013, the Partnership submitted Articles of Continuance to Industry Canada and transitioned to the *Canada Not-for-profit Corporations Act* (CNCA).

On March 22, 2016, the Federal Budget confirmed ongoing funding to the Partnership of \$47.5 million annually beyond March 31, 2017. Therefore, these financial statements have been prepared on a going concern basis.

The Partnership plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country. Partners include provincial and territorial cancer programs; federal organizations and agencies; First Nations, Inuit and Métis organizations; national health and patient organizations; and individual experts who provide strategic cancer control insight and advice from both patient and professional perspectives.

With a focus on the full cancer continuum from prevention and treatment through to survivorship and end-of-life care, the Partnership supports the collective work of the broader cancer control community in achieving long-term outcomes that will have a direct impact on the health of Canadians to:

- a) reduce the incidence of cancer;
- b) lessen the likelihood of Canadians dying from cancer; and
- c) enhance the quality of life of those affected by cancer.

The Partnership is funded through an agreement with the Government of Canada. The initial funding agreement provided a contribution of \$240.4 million over five years ending March 31, 2012. The second funding agreement provides for contributions of \$241 million over the period of April 1, 2012 to March 31, 2017. The contributions are subject to terms and conditions set out in the related funding agreements.

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



---

## Canadian Partnership Against Cancer Corporation

### Notes to the financial statements

Year ended March 31, 2016

---

## 2. Significant accounting policies

### Financial statement presentation

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

#### Revenue recognition

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

Contributions for the purchase of capital and intangible assets are recorded as deferred contributions – capital and intangible assets, and subsequently recognized as revenue over the same terms and on the same basis as the amortization of the related capital and intangible assets.

#### Short-term investments

Short-term investments consist of deposits in high interest savings accounts and deposits with a maturity at acquisition of less than 1 year. Under the terms of the funding agreement with the Government of Canada, investment income, which consists entirely of interest, is for the account of the Government of Canada and is recorded on an accrual basis.

#### Capital assets

Capital assets are recorded at cost and are amortized over their estimated useful life on a straight-line basis using the following rates:

Information technology and telecommunication	3 years
Furniture and equipment	5 years
Leasehold improvements	Over the term of the lease

#### Intangible assets

Intangible assets are recorded at cost and are amortized over their estimated useful life on a straight-line basis using the following rates:

Portal and software development	3 years
---------------------------------	---------

---

**Canadian Partnership Against Cancer Corporation**

Notes to the financial statements

Year ended March 31, 2016

---

**2. Significant accounting policies (continued)**

**Financial instruments**

The Partnership considers any contract creating a financial asset or financial liability a financial instrument. The Partnership accounts for the following as financial instruments:

- cash
- short-term investments
- accounts receivable
- accounts payable and accrued liabilities
- government remittances payable

A financial asset or liability is recognized when the Partnership becomes party to contractual provisions of the instrument. The Partnership removes financial liabilities, or a portion thereof, when the obligation is discharged, cancelled or expires.

The Partnership initially measures its financial assets and financial liabilities at fair value. In the case of a financial asset or financial liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption. The Partnership subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less impairment.

At the end of each reporting period, the Partnership assesses whether there are any indications that financial assets measured at cost or amortized cost may be impaired. When there is any such indication of impairment, the Partnership determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from that financial asset. Where this is the case, the carrying amounts of the assets are reduced to the highest of the expected value that is actually recoverable from the assets either by holding the assets, by their sale or by exercising the right to any collateral, net of cost. The carrying amounts of the assets are reduced directly or through the use of an allowance account and the amount of the reduction is recognized as an impairment loss in the statement of operations.

**Allocation of expenses**

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

## Canadian Partnership Against Cancer Corporation

### Notes to the financial statements

Year ended March 31, 2016

## 2. Significant accounting policies (continued)

### Use of estimates

Management reviews the carrying amounts of items in the financial statements at each statement of financial position date to assess the need for revision or any possibility of impairment. Many items in the preparation of these financial statements require management's best estimate. Management determines these estimates based on assumptions that reflect the most probable set of economic conditions and planned courses of action.

These estimates are reviewed periodically and adjustments are made to excess of revenue over expenses as appropriate in the fiscal year they become known.

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

## 3. Projects in process - advances

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

## 4. Capital assets

			<u>2016</u>	<u>2015</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net book Value</u>	<u>Net book Value</u>
Information technology and telecommunication	\$ 797,411	\$ 715,434	\$ <b>81,977</b>	\$ 43,097
Furniture and equipment	1,308,260	1,261,582	<b>46,678</b>	80,007
Leasehold improvements	<u>1,147,629</u>	<u>1,068,963</u>	<u><b>78,666</b></u>	<u>129,554</u>
	<u>\$ 3,253,300</u>	<u>\$ 3,045,979</u>	<u>\$ <b>207,321</b></u>	<u>\$ 252,658</u>

Included in operating expenses is amortization expense related to capital assets of \$183,230 (2015 - \$156,650).

## Canadian Partnership Against Cancer Corporation

### Notes to the financial statements

Year ended March 31, 2016

#### 5. Intangible assets

			<u>2016</u>	<u>2015</u>
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net book Value</u>	<u>Net book Value</u>
Portal and software development	\$ <u>10,112,940</u>	\$ <u>9,899,389</u>	\$ <u>213,551</u>	\$ <u>537,127</u>

Included in Knowledge management and operating expenses is amortization expense related to intangible assets of \$438,885 (2015 - \$1,504,029).

#### 6. Government remittances payable

		<u>2016</u>	<u>2015</u>
Interest received on short-term investments payable	\$	<u>98,905</u>	\$ 168,575
Employee withholdings and other payable		<u>40,419</u>	<u>35,884</u>
<b>Government remittances payable</b>	<b>\$</b>	<b><u>139,324</u></b>	<b>\$ <u>204,459</u></b>

#### 7. Deferred contributions

##### Expenses of future periods

Deferred contributions are held for expenses of future periods.

	<u>2016</u>	<u>2015</u>
<b>Deferred contributions, beginning of year</b>	<b>\$ 25,919,482</b>	<b>\$ 29,055,747</b>
Current year contribution from Government of Canada	<u>47,500,000</u>	47,500,000
Interest earned on contributions received	<u>285,809</u>	<u>478,209</u>
	<b>73,705,291</b>	77,033,956
Amount recognized as revenue during the year	<b>(52,585,915)</b>	(50,303,138)
Amount applied towards capital and intangible assets acquired	<b>(253,201)</b>	(333,127)
Interest paid to Government of Canada	<b>(186,904)</b>	(309,634)
Interest payable to Government of Canada	<u><b>(98,905)</b></u>	<u>(168,575)</u>
<b>Deferred contributions, end of year</b>	<b>\$ <u>20,580,366</u></b>	<b>\$ <u>25,919,482</u></b>

## Canadian Partnership Against Cancer Corporation

### Notes to the financial statements

Year ended March 31, 2016

#### 7. Deferred contributions (continued)

##### Capital and intangible assets

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

	<u>2016</u>	<u>2015</u>
Deferred contributions, beginning of year	\$ 789,785	\$ 2,117,337
Contributions applied toward capital and intangible asset purchases	253,201	333,127
Amount amortized to revenues during the year	<u>(622,114)</u>	<u>(1,660,679)</u>
<b>Deferred contributions, end of year</b>	<b>\$ <u>420,872</u></b>	<b>\$ <u>789,785</u></b>

Total Government of Canada revenues recognized during the year, including amounts amortized to revenues from capital and intangible assets, are \$53,208,029 (2015 - \$51,963,817).

#### 8. Commitments

##### Contractual commitments

As of March 31, 2016, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately \$31.0 million for the next fiscal year which are subject to terms and conditions as set out in the related agreements. More specifically, project related commitments are contingent upon meeting contractually defined milestones and deliverables.

##### Operating lease commitments

The Partnership rents premises under operating leases which expire in the 2018 fiscal year. Minimum annual rental payments to the end of the lease terms are as follows (in thousands of dollars):

2017	\$ 1,368
2018	<u>921</u>
	<b>\$ <u>2,289</u></b>

---

**Canadian Partnership Against Cancer Corporation**

Notes to the financial statements

Year ended March 31, 2016

---

**9. Guarantees**

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

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

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

---

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

For the year ended March 31, 2016, remuneration paid to the Partnership's Directors amounted to \$100,850 (2015 - \$98,500) and remuneration paid to the Partnership's five highest paid staff amounted to \$1.6 million (2015 - \$1.7 million).

---

**11. Financial instruments risk**

The Partnership is exposed to various risks through its financial instruments. The following analysis provides a measure of the Partnership's risk exposures and concentrations as at March 31, 2016.

**Credit risk**

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Partnership's main credit risks relate to its accounts receivable. The Partnership provides credit to its third party partners in the normal course of its operations. There is no allowance for doubtful accounts included in accounts receivable as at March 31, 2016.

---

**Canadian Partnership Against Cancer Corporation**  
Notes to the financial statements

Year ended March 31, 2016

---

## 12. Comparative figures

Certain comparative figures have been reclassified from those previously presented to conform to the presentation of the financial statements.

## Ultimate beneficiaries

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2015/16 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

Accreditation Canada	Heart and Stroke Foundation of Canada
Alberta Health Services	Institut national de santé publique du Québec
Assembly of First Nations	Inuit Tapiriit Kanatami
BC Cancer Agency	McGill University Health Centre–Research Institute
Canadian Association of Psychosocial Oncology	McMaster University
Canadian Cancer Action Network	Métis National Council
Canadian Cancer Society BC & Yukon Division	Mount Sinai Hospital
Canadian Hospice Palliative Care Association	New Brunswick Department of Health
Canadian Organization of Medical Physicists	Nunavik Regional Board of Health and Social Services
Cancer Care Nova Scotia	Ontario Institute for Cancer Research
Cancer Care Ontario	Public Population Project in Genomics & Society
CancerCare Manitoba	Queen’s University
Centre for Effective Practice	Ryerson University
Centre hospitalier universitaire Sainte-Justine	Saskatchewan Cancer Agency
Council of Yukon First Nations	Simon Fraser University
Dalhousie University	St. Michael’s Hospital
Diagnostic Services of Manitoba Inc.	Statistics Canada
Eastern Health–Newfoundland and Labrador	Sunnybrook Health Sciences Centre
First Nations Health Authority–British Columbia	University Health Network
Genome Quebec	University of Alberta
Government of Nunavut	University of British Columbia
Government of the Northwest Territories	University of Toronto
Hamilton Health Sciences	
Health PEI	

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



## Materials completed (Published between April 1, 2015 to March 31, 2016)

The following materials were completed for stakeholder and/or external audiences in 2015/16. The list includes both Partnership final reports and selected presentations. Note: Some materials were completed at the end of the fiscal year and will be distributed in 2016/17.

### Corporate

- Progress in Action: Annual Report 2014/15 (July 2015)
- Progress in Action: Annual Highlights 2014/15 (July 2015)
- We see progress – 2017-2022 Strategic Plan (February 2016)
- We Can, I Can – World Cancer Day video (February 2016)

### Diagnosis and Clinical Care

- Surgical Synoptic Reporting Initiative: Benefits Evaluation Report (April 2015)
- Breast Core Needle Biopsies CAP protocols education session (April 2015)
- Pediatric Neuroblastoma CAP protocols education session (June 2015)
- Electronic Synoptic Surgical Reporting: Implementation and Benefits Evaluation (May 2015)
- Approaches to High-Risk, Resource Intensive Cancer Surgical Care in Canada paper (November 2015)
- Cancer Biomarker Testing in Canada: CADTH Environmental Scan (December 2015)
- Analysis of Factors Driving Cancer Drug Spending and Levers Available to Influence Sustainability paper (January 2016)
- Evidence Synthesis on Post-Approval Surveillance of Approved Novel Cancer Drugs (January 2016)
- Radiation Therapy Qmentum Program (January 2016)
- Colorectal CAP protocols education session (March 2016)
- Ovary CAP protocols education session (March 2016)

### Knowledge Mobilization

- Cancerview Digest: An in-depth look at healthy living (April 2015)
- Cancerview Digest: World Cancer Day 2016 (February 2016)
- Cancerview Digest: Interviews about prostate cancer (March 2016)
- Cancerview Digest: Additions to the colorectal cancer topics (March 2016)

### Person-Centred Perspective

- Integration of Palliative Care with Oncology Care for Patients with Advanced Cancer: Literature review (September 2015)
- Targets and Benchmarks for Priority PEOLC Indicators: Literature Review (October 2015)
- Advance Care Planning and Goals of Care: Environmental Scan (November 2015)
- Patient-Reported Outcomes videos for patients and clinicians (January 2016)
- Care of Older Adults with Cancer: Evidence Synthesis (March 2016)

### Prevention

- Rapid Review of Impact of Continued Tobacco Use on Treatment Efficacy in Cancer Patients (April 2015)
- Summary of Tobacco Cessation Interventions across Cancer Care Continuum (April 2015)
- Review of Interventions for Tobacco Use Cessation along Cancer Care Continuum (April 2015)
- Rapid Review on the Economic Evaluation of Smoking Cessation in the Oncology Setting (April 2015)
- Leading Practices in First Nations, Inuit and Métis Smoking Cessation Program Scan (April 2015)
- Leading Practices in Clinical and First Nations, Inuit and Métis Smoking Cessation Webinar (November 2015)
- Issue Background: Flavoured Tobacco in Canada (January 2016)
- Issue Background: Electronic Cigarettes in Canada (January 2016)
- Canadian Electronic Cigarette Policy Map (January 2016)
- Resource Summary: Active Transportation Policy Resources (January 2016)
- Active Transportation Policy Resources Webinar (January 2016)

### Research

- Unlocking the mysteries of cancer – CPTP video (June 2015)
- Target 2020: A Strategy for Collaborative Action, 2015-2020 (September 2015)
- Cancer Research Investment in Canada, 2013 (November 2015)

## Screening and Early Detection

- Breast Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators - Results Report January 2009 – December 2010 (2015)
- Breast Cancer Screening in Canada – Environmental Scan (July 2015)
- Colorectal cancer Screening in Canada – Environmental scan (July 2015)
- Lung Cancer Screening in Canada – Environmental Scan (July 2015)
- Prostate Cancer Screening in Canada – Environmental Scan (July 2015)
- Lung Cancer Screening Framework for Canada: Summary and Key Considerations (March 2016)

## Strategy, Evaluation and Analytics

### Cancer Risk Management Model

- Current Oncology special supplement on Canada-specific cancer costing and economic evaluation research (February 2016)

### Analytic Capacity Building & Coordinated Data Development Initiative

- Webinar: Topics on Survival Analysis (April 2015)
- Webinar: Cancer Risk Management Model (November 2015)
- Webinar: Approaches to high risk, resource-intensive cancer surgical care (March 2016)
- Webinar: Health and economic impacts of opportunistic versus organized screening for lung cancer in Canada (March 2016)
- Workshop: Cancer Survival – the CONCORD program
- Workshop: Geographic Information Systems - Fundamentals for Cancer Surveillance

## System Performance and Surveillance

- 2015 Cancer System Performance Report (June 2015)
  - Webinar: 2015 Cancer System Performance Report
- Prostate Cancer Control in Canada: A System Performance Spotlight Report (November 2015)
  - Webinar: Prostate Cancer Control in Canada: A System Performance Spotlight Report
- Quality & Sustainability in Cancer Control: A System Performance Spotlight Report (March 2016)
  - Webinar: Quality & Sustainability in Cancer Control: A System Performance Spotlight Report

## Published Articles

### Canadian Journal of Public Health

- Frank L, Kershaw J, Campbell M, Swinkels H. The unmet demand for walkability: Disparities between preferences and actual choices for residential environments in Toronto and Vancouver. *Canadian Journal of Public Health*. 2015;106(1).

### Clinical Journal of the American Society of Nephrology

- Troyanov S, Delmas-Frenette C, Bollee G, Youhanna S, Bruat V, Awadalla P et al. Clinical, Genetic, and Urinary Factors Associated with Uromodulin Excretion. *Clinical Journal of the American Society of Nephrology*. 2015;11(1):62-69.

### Current Oncology

- Kerner J, Liu J, Wang K, Fung S, Landry C, Lockwood G, et al. Canadian cancer screening disparities: a recent historical perspective. *Current Oncology*. 2015;22(2):156-63.
- Coldman AJ, Phillips N, Brisson J, Flanagan W, Wolfson, M, Nadeau C et al. Using the Cancer Risk Management Model to evaluate colorectal cancer screening options for Canada. *Current Oncology*. 2015; 22(2):e41-50.
- Major D, Armstrong D, Bryant H, Cheung W, Decker K, Doyle G et al. Recent trends in breast, cervical and colorectal cancer screening test utilization in Canada, using self-reported data from 2008 and 2012. *Current Oncology*. 2015;22(4):297.
- Tran K, Sandoval C, Rahal R, Porter G, Siemens R, Hernandez J et al. Wait times for prostate cancer treatment and patient perceptions of care in Canada: a mixed-methods report. *Current Oncology*. 2015;22(5):361.
- Sandoval C, Tran K, Rahal R, Porter G, Fung S, Louzado C et al. Treatment patterns among Canadian men diagnosed with localized low-risk prostate cancer. *Current Oncology*. 2015;22(6):427-9.
- Tran K, Rahal R, Fung S, Louzado C, Porter G, Xu J et al. Patterns of care and treatment trends for Canadian men with localized low-risk prostate cancer: an analysis of provincial cancer registry data. *Current Oncology*. 2016;23(1):56.
- Bryant H. Original Canadian cancer costing research for cancer control sustainability, quality and value. *Current Oncology*. 2016; 23(Suppl 1):S5.

- Popadiuk C, Gauvreau CL, Bhavsar M, Nadeau C, Asakawa K, Flanagan WM et al. Using the Cancer Risk Management Model to evaluate the health and economic impacts of cytology compared with human papillomavirus DNA testing for primary cervical cancer screening in Canada. *Current Oncology*. 2016;23(Suppl 1): S56-63.

### European Journal of Cancer Care

- Beben N, Muirhead A. Improving cancer control in First Nations, Inuit and Métis communities in Canada. *European Journal of Cancer Care*. 2016;25(2):219-21.

### Health Reports

- Flanagan WM, Evans WK, Fitzgerald NR, Goffin JR, Miller AB, Wolfson, MC. Performance of the Cancer Risk Management Model Lung Cancer Screening Module. *Health Reports*. 2015; 26(5): 11-18.
- Zakaria D, Trudeau R, Sanmartin C, Murison P, Carriere G, MacIntyre M et al. Using personal health insurance numbers to link the Canadian Cancer Registry and the Discharge Abstract Database. *Health Reports*. 2015;26(6):3-11.

### Journal of Cancer Policy

- Miller AB, Gribble S, Nadeau C, Asakawa K, Flanagan WM, Wolfson M, et al. Evaluation of the natural history of cancer of the cervix, implications for prevention. The Cancer Risk Management Model (CRMM) – Human papillomavirus and cervical components. *Journal of Cancer Policy*. 2015;4:1-6.

### Journal of Oncology Practice

- Mitera G, Earle C, Latosinky S, Booth C, Bezjak A, Desbiens C et al. Choosing Wisely Canada cancer list: ten low-value or harmful practices that should be avoided in cancer care. *Journal of Oncology Practice*. 2015;11(3):e296-303.

### JAMA Oncology

- Goffin J, Flanagan W, Miller A, Fitzgerald N, Memon S, Wolfson M et al. Cost-effectiveness of Lung Cancer Screening in Canada. *JAMA Oncology*. 2015;1(6):807.

### Journal of Carcinogenesis

- G1 Gene-environment-lifestyle factors in breast cancer susceptibility: machine learning tools to build predictive models. DELEGATES' ABSTRACTS (GENERAL). *Journal of Carcinogenesis*. 2015;14(1):S16-S20.

### Journal of Hypertension

- EL-Bikai R, Tahir M, Tremblay J, Joffres M, Šeda O, Šedová L et al. Association of age-dependent height and bone mineral density decline with increased arterial stiffness and rate of fractures in hypertensive individuals. *Journal of Hypertension*. 2015;33(4):727-735.

### Journal of Physical Activity and Health

- Nicholas J, Lo Siou G, Lynch B, Robson P, Friedenreich C, Csizmadia I. Leisure-Time Physical Activity Does not Attenuate the Association Between Occupational Sedentary Behavior and Obesity: Results From Alberta's Tomorrow Project. *JPAH*. 2015;12(12):1589-1600.

### Journal of Surgical Oncology

- Maniar R, Sytnik P, Wirtzfeld D, Hochman D, McKay A, Yip B et al. Synoptic operative reports enhance documentation of best practices for rectal cancer. *Journal of Surgical Oncology*. 2015;112(5):555-560.

### Nature Genetics

- Hussin J, Hodgkinson A, Idaghdour Y, Grenier J, Goulet J, Gbeha E et al. Recombination affects accumulation of damaging and disease-associated mutations in human populations. *Nature Genetics*. 2015;47(4):400-404.

### Neurobiology of Aging

- Leblond C, Gan-Or Z, Spiegelman D, Laurent S, Szuto A, Hodgkinson A et al. Replication study of MATR3 in familial and sporadic amyotrophic lateral sclerosis. *Neurobiology of Aging*. 2016;37:209.e17-209.e21.

### Practical Radiation Oncology

- Caissie A, Rouette J, Jugpal P, Davis CA, Hollenhorst H, O'Donnell J et al. A pan-Canadian survey of peer review practices in radiation oncology. *Practical Radiation Oncology*. 2016;February 3.

**PeerJ**

- Capocasa M, Anagnostou P, D'Abramo F, Matteucci G, Dominici V, Destro Bisol G et al. Samples and data accessibility in research biobanks: an explorative survey. PeerJ. 2016;4:e1613.

**Scandinavian Journal of Work, Environment & Health**

- Fitzgerald NR, Flanagan WM, Evans WK, Miller AB. Eligibility for low-dose computerized tomography screening among asbestos-exposed individuals. Scandinavian Journal of Work, Environment & Health. 2015;41(4):407-12.

**Science of the Total Environment**

- Dummer T, Yu Z, Nauta L, Murimboh J, Parker L. Geostatistical modelling of arsenic in drinking water wells and related toenail arsenic concentrations across Nova Scotia, Canada. Science of The Total Environment. 2015;505:1248-1258.

**Scientific Reports**

- Kardan O, Gozdyra P, Misis B, Moola F, Palmer L, Paus T et al. Neighborhood greenspace and health in a large urban center. Scientific Reports. 2015;5:11610.

**Supportive Care in Cancer**

- Camuso N, Bajaj P, Dudgeon D, Mitera G. Engaging patients as partners in developing patient-reported outcome measures in cancer – a review of the literature. Supportive Care in Cancer. 2016; March 28.

**The Annals of Thoracic Surgery**

- Ivanovic J, Anstee C, Ramsay T, Gilbert S, Maziak D, Shamji F et al. Using Surgeon-Specific Outcome Reports and Positive Deviance for Continuous Quality Improvement. The Annals of Thoracic Surgery. 2015;100(4):1188-1195.

**Presentations****Canadian Association of Psychosocial Oncology (April 2015)**

- Presentation: Empowering First Nations, Inuit and Métis Patients to Access Palliative Care
- Presentation: Exploring the Cultural, Spiritual and Religious Perspectives of Palliative Care
- Presentation: Grief and Loss – An Interactive Tool for Families
- Presentation: Identifying Common Indicators for National Reporting on Person-Centered Care
- Workshop: Addressing Gaps in the Continuity of Cancer Care with and for First Nations, Inuit and Métis Patients

**Ontario Public Health Convention (April 2015)**

- Workshop: Supporting evidence-informed active transportation policies: Key concepts and online tools for public health professionals

**Canadian Obesity Summit (May 2015)**

- Symposium: Using evidence, law and political science to advance obesity prevention policies

**Canadian Public Health Association (May 2015)**

- Workshop: Program sustainability in chronic disease prevention: Lessons learned from five years of CLASP

**Cancer and Primary Care Research International (Ca-PRi) (May 2015)**

- Poster: Understanding Primary Care Transitions in Cancer Care: Results of a Literature Review and Pan-Canadian Environmental Scan

**European Association for Palliative Care (May 2015)**

- Poster presentation: Building Palliative Care Bridges Across Canada

**Canadian Laboratory Medicine Congress (June 2015)**

- Poster Presentation: Quality assurance programs for pathology in Canada: Is there room for improvement

### Canadian Society for Epidemiology and Biostatistics

- Presentation: The Canadian Partnership for Tomorrow Project: Canada's Platform for Chronic Disease Prevention Research
- Presentation: Accessing Data From The Canadian Partnership for Tomorrow Project
- Presentation: Atlantic PATH: Ongoing Research Activity

### North American Association of Central Cancer Registries 2015 (June 2015)

- Presentation: Use of focus group data with cancer registry data to support person-centred system performance reporting

### BioSHaRE Satellite Conference (July 2015)

- Presentation: Data harmonization

### International Research Institute of the McGill University Health Centre (July 2015)

- Presentation: How to facilitate data harmonization and integration: The Maelstrom Research Agenda

### Measuring the difference we make: Outcome measures and quality indicators in palliative care (July 2015)

- Presentation: Outcome Measurement in Canada

### National Canadian Vascular Society Steering Committee (July 2015)

- Presentation: Utilization of Ontario Health Study (OHS) and CARTaGENE

### NCIC - Queens University (July 2015)

- Presentation: National clinical trials workshop for cancer

### Banff International Research Station Workshop (August 2015)

- Presentation: Bioinformatics development in multi-omic applications

### Canadian Association of Radiation Oncology (CARO) Annual Meeting (September 2015)

- Presentation: A pan-Canadian survey of peer review practices in radiation oncology
- Presentation: The peer review of radical

treatment plans and its associated outcomes in radiation oncology programs in Ontario cancer centres

- Presentation: Radiation oncology peer reviews: The facilitators and challenges to implementing a program of peer review

### 30th International Papillomavirus Conference (September 2015)

- Poster presentation: Comparing the health and economic impacts of cervical cancer screening strategies using the Cancer Risk Management Model (CRMM)

### 16th World Conference on Lung Cancer (September 2015)

- Presentation: The Cancer Risk Management Model: A tool to guide Canadian policy-makers implementing low-dose CT (LDCT) screening for lung cancer

### Canadian Hospice Palliative Care Association Conference (October 2015)

- Workshop: Capturing the Voices of First Nations, Inuit and Métis People to Enhance End-of-Life Care
- Workshop: Exploring the Cultural, Spiritual and Religious Perspectives of Palliative Care
- Workshop: Methadone for Analgesia: Online Training Tool to Support Physician Practice

### Federation of European Neurosciences Societies Meeting (October 2015)

- Presentation: "Novel" concepts for harmonizing and sharing study data: The BioSHARE and Maelstrom-Research approaches

### International Association of Cancer Registries 2015 (October 2015)

- Presentation: Using survival by stage and socioeconomic status to explain lung and colorectal cancer survival differences

### Canadian Cancer Research Conference (November 2015)

- Presentation: Choosing Wisely Canada® and the development of pan-Canadian indicators: A new set of metrics to assess the use of low value practices in cancer control
- Presentation: Wait times for prostate cancer treatment and patient perceptions of care in Canada

- Presentation: National programs to support academic cancer clinical trials: The NCIC Clinical Trials Group (NCIC CTG) and the Canadian Cancer Clinical Trials Network (3CTN)
- Poster Presentation: Canadian Cancer Clinical Trials Network (3CTN): Implementation of a pan-Canadian network to increase capacity and capability of academic clinical trials
- Pre-conference workshop: The Canadian Partnership for Tomorrow Project: Canada's Cohort for Cancer & Chronic Disease Research
- Presentation: The Canadian Partnership for Tomorrow Project: Canada's cohort for cancer and chronic disease research
- Presentation: The Canadian Partnership for Tomorrow Project: A research resource for Canada
- Presentation: The Canadian Partnership for Tomorrow Project: Canada's largest population health research platform – open for research proposals
- Presentation: Big data: Mapping the policy landscape
- Presentation: Return of results: Policy (in) coherence?
- Workshop: Unlocking the mystery of cancer and chronic diseases

**American Society of Clinical Oncology (ASCO) Quality Care Symposium 2016 (February 2016)**

- Presentation: Prostate cancer care in Canada: Informed decision-making, patterns of care and treatment trends

**Chronic Disease Prevention Alliance of Canada Conference (February 2016)**

- Pre-Conference Workshop: Sustainable chronic disease prevention impact: Building multidisciplinary approaches to support healthy public policy development
- Workshop: Using multi-sectoral partnerships to mobilize knowledge on active transportation
- Presentation: Leading practices in smoking cessation: Results from three pan-Canadian environmental scans

**Society of Gynecological Oncology Annual Meeting (March 2016)**

- Poster Presentation: Comparing the health and economic impacts of cervical screening strategies using the Cancer Risk Management Model (CRMM)

**Choosing Wisely Canada National Meeting (March 2016)**

- Panel Presentation: Measuring low value care and the impact of Choosing Wisely

## Additional resources

### Introduction

Canadian Strategy for Cancer Control

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

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

(<http://www.partnershipagainstcancer.ca/wp-content/uploads/sites/5/2016/02/canadian-strategy-cancer-control-2017-2022-en.pdf>)

Effective, Efficient, Evolving: Enhancing Cancer Control in Canada

([www.partnershipagainstcancer.ca/impact/](http://www.partnershipagainstcancer.ca/impact/))

### Quality Diagnosis and Clinical Care

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

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

Quality Implementation Initiative

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

Canadian Partnership for Quality Radiotherapy

([www.cpqr.ca](http://www.cpqr.ca))

Quality Initiative in Interpretive Pathology

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

Canadian Cancer Clinical Trials Network

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

### Research

Canadian Partnership for Tomorrow Project

([www.partnershipfortomorrow.ca](http://www.partnershipfortomorrow.ca))

Canadian Cancer Research Alliance reports

([www.ccra-acrc.ca/index.php/publications-en](http://www.ccra-acrc.ca/index.php/publications-en))

2015 Canadian Cancer Research Conference

([www.ccra-acrc.ca/index.php/ccrc-home](http://www.ccra-acrc.ca/index.php/ccrc-home))

### First Nations, Inuit and Métis Cancer Control

First Nations, Inuit and Métis Action Plan on Cancer Control

([www.cancerview.ca/idc/groups/public/documents/webcontent/fnim\\_action\\_plan\\_nov11.pdf](http://www.cancerview.ca/idc/groups/public/documents/webcontent/fnim_action_plan_nov11.pdf))

### Person-Centred Perspective Initiative

Patient Reported Outcomes (PRO) videos

Patient video:

(<http://www.cancerview.ca/treatmentandsupport/personcentredperspectiveinitiative/patientexperienceandpatientreportedoutcomes/>)

Clinician video:

(<http://www.cancerview.ca/treatmentandsupport/personcentredperspectiveinitiative/patientexperienceandpatientreportedoutcomes/>)

## System Performance

2015 Cancer System Performance Report

([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

Prostate Cancer Control in Canada – A System Performance Spotlight Report

([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

Quality and Sustainability in Cancer Control – A System Performance Spotlight Report

([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

System Performance web app

([www.systemperformance.ca](http://www.systemperformance.ca))

2016 Cancer System Performance Report

([www.systemperformance.ca/reports/](http://www.systemperformance.ca/reports/))

## Prevention and Screening

Coalitions Linking Action and Science for Prevention

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

Prevention Policies Directory

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

CAREX Canada

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

Lung Cancer Screening Framework for Canada

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

## Knowledge Mobilization

Cancerview.ca

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

Cancerview Digest

([blog.cancerview.ca](http://blog.cancerview.ca))

Cancer Risk Management Model

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

Analytically Yours website

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

## Public Engagement and Outreach

YourCancerStory

([www.yourcancerstory.ca](http://www.yourcancerstory.ca))

Canadian Cancer Action Network

([www.ccanceraction.ca](http://www.ccanceraction.ca))

## How We Work

Partnership Board of Directors

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

Partnership Cancer Control Council and Advisory Groups

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

Canadian Association of Provincial Cancer Agencies

([www.capca.ca](http://www.capca.ca))

Union for International Cancer Control

([www.uicc.org](http://www.uicc.org))



## Appendix: Initiative Descriptions

### CLASP2 Initiatives

#### Working on Wellness in Strategic Populations

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

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

#### Partnering organizations:

- National: Chronic Disease Prevention Alliance of Canada
- British Columbia: British Columbia Healthy Living Alliance, Canadian Cancer Society BC/YK, Selkirk College, University of British Columbia, BC Ministry of Health, Northern Health
- Northwest Territories: Government of Northwest Territories
- Yukon Territory: Council for Yukon First Nations

#### Nourishing School Communities

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

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

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

#### Partnering organizations:

- National: Heart and Stroke Foundation of Canada, PROPEL Centre for Population Health Impact at University of Waterloo, Farm to Cafeteria Canada, YMCA Canada
- British Columbia: Northern Health Authority
- Saskatchewan: Federation of Saskatchewan Indian Nations
- Ontario: Sharon Brodovsky Consulting
- Newfoundland and Labrador: Labrador Grenfell Health Authority

### ACCELERATION

After an acute event related to a chronic disease, a window of opportunity can open up to break the chain of inter-related cancer risk factors—such as smoking, diet and alcohol consumption—and help create a health-promoting environment for loved ones once they're released from hospital. The ACCELERATION (Activity, Smoking Cessation, Healthy Eating and Alcohol Intervention & Motivation) Program aims to deepen the individual and collective impact of cancer and cardiac prevention and rehabilitation centres in British Columbia, Ontario, Quebec and Nova Scotia in preventing cancer and other chronic diseases.

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

#### Partnering organizations:

- National: Heart and Stroke Foundation of Canada
- British Columbia: University of British Columbia Cardiovascular Physiology and Rehabilitation Laboratory
- Ontario: Toronto Rehabilitation Institute – University Health Network, Princess Margaret Cancer Centre, Cancer Care Ontario

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

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

Successful policy work in tobacco control holds lessons for obesity prevention. Policy can address the underlying social and economic drivers of unhealthy eating, physical inactivity and, ultimately, obesity. POWER Up! aims to provide leadership and support for the development, implementation and evaluation of obesity-related policy activities for cancer and chronic disease prevention (including those focused on healthy eating and physical activity). A searchable database of obesity-relevant policies will help the public, professionals, researchers and policy-makers gather evidence on the implementation of prevention policies in Canada, as well as their evaluated outcomes.

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

#### Partnering organizations:

- Alberta: Alberta Policy Coalition for Chronic Disease Prevention, University of Alberta
- Northwest Territories: Government of Northwest Territories
- Quebec: Coalition québécoise sur la problématique du poids

### Sun Safety at Work Canada

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

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

#### Partnering organizations:

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

## Evidence-Based Tobacco Cessation as a Cancer Care Quality Improvement Project

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

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

#### Partnering organizations:

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

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

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

#### Partnering organizations:

- Government of Nunavut

### Evaluating Alberta's Cancer Patient Tobacco Treatment Programming

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

#### Partnering organizations:

- Alberta Health Services (CancerControl Alberta)

### Oncology Smoking Cessation Assessment and Review

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

#### Partnering organizations:

- CancerCare Manitoba

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

This project will enhance implementation of existing Smoking Cessation Program across 14 regional cancer centres in Ontario and will explore a standard approach to referrals and pharmacotherapy access in smoking cessation.

#### Partnering organizations:

- Cancer Care Ontario

### Integration of Evidence-Based Tobacco Cessation Practices Into Cancer Settings

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

#### Partnering organizations:

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

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

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

#### Partnering organizations:

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

### Tobacco Cessation Program for PEI Cancer Treatment Centre Patients

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

#### Partnering organizations:

- Health PEI

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

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

#### Partnering organizations:

- Eastern Regional Health Authority

## Quality Initiatives

### External Quality Assurance & Proficiency Testing for Cancer Biomarkers in Canadian Clinical Diagnostic Laboratories, and a Program for Introduction of New Diagnostic Tests into Labs across Canada

External quality assurance of laboratories performing any clinical diagnostic testing is critical to ensure optimal patient care and safety. The Canadian Immunohistochemistry Quality Control (cIQc) program currently provides proficiency testing of immunohistochemistry (IHC) and in situ hybridization tests for breast cancer for more than 100 laboratories across Canada. This initiative will enhance cIQc's cancer biomarker quality assurance service by expanding the range of diagnostic tests and by providing support to help laboratories optimize and validate new biomarker tests and facilitate their introduction into practice. The IHC program will be expanded to make these important tests available to all patients in Canada.

**Partners:** University of British Columbia, University of Saskatchewan, University of Toronto

### Peer Review in Radiotherapy: A National Quality Improvement Initiative

A radiation oncology program has many quality assurance processes, most of which involve one individual verifying the work done by another individual. In the context of radiation oncology, peer review has been defined as “the evaluation of components of a radiation treatment plan by a second radiation oncologist.” Peer review can effectively improve the quality of treatment by detecting deficiencies in a specific patient’s proposed treatment plan and making corrections prior to proceeding with treatment. This initiative will accelerate the uptake of peer review in radiotherapy programs and establish a culture of peer review in radiation oncology in Canada.

**Partners:** Canadian Partnership for Quality Radiotherapy, an alliance of the Canadian Association of Radiation Oncology, the Canadian Organization of Medical Physicists, the Canadian Association of Medical Radiation Technologists, and provincial cancer agencies.

### Accelerated Implementation Diffusion of Quality Initiatives for Rectal Cancer across Canada

High-quality rectal cancer treatment is comprised of three key elements: use of a “gold standard” surgical technique called total mesorectal excision; use of MRI for pre-treatment staging; and use of multidisciplinary cancer conferences, which are regularly scheduled meetings where representatives from surgery, medical oncology, radiation oncology, pathology, radiology and nursing discuss relevant diagnostic tests and suitable treatment options for an individual patient. Currently, there is significant variation in the uptake and use of these quality initiatives across Canadian centres. This project brings together clinicians, patients and families at eight leading centres for treating rectal cancer across Canada to apply these quality initiatives more consistently. It will lead to improved rectal cancer care and clinical outcomes for rectal cancer patients in those centres and set a national standard for these quality initiatives across Canada.

**Partners:** St Paul’s Hospital, Vancouver, BC; Foothills Hospital, Calgary, AB; Victoria General Hospital, Winnipeg, MB; Mount Sinai Hospital, Toronto, ON; St. Michael’s Hospital, Toronto, ON; McGill University Health Centre, Montreal, QC; CHUQ Pavillon St-Francois d’Assise, Quebec City, QC; QEII Health Science Centre, Halifax, NS

### Patient Experience and Patient-Reported Outcomes Initiatives

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

### Projects receiving funding in patient experience and patient reported outcomes:

- **Improving Patient Experience and Health Outcomes Collaborative (iPEHOC)**

The iPEHOC project will facilitate the uptake of a core standardized set of patient-reported outcome and patient-reported experience measures, and their use in clinical practice. The ultimate goal is to develop a

common and sustainable patient-reported outcomes and experience measurement system applicable to all jurisdictions in Canada.

**Partners:** Cancer Care Ontario and the Rossy Cancer Network, Montreal, Quebec.

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

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

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

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

This project will benefit adult cancer patients and their families by measuring patient-reported outcomes in four important health areas: anxiety, depression, fatigue and pain. In Nova Scotia and Prince Edward Island, the Screening for Distress Program will be expanded to include re-screening at the end of cancer treatment and in Newfoundland and Labrador, a similar program will be developed and implemented.

**Partners:** Cancer Care Nova Scotia, Health PEI and Cancer Care Program Eastern Health in Newfoundland and Labrador.

- **Patient Experience and Outcomes in the Prairie Provinces**

This project will enhance the person-centredness of our cancer care systems by using patient- and family-reported outcomes to guide quality improvement. By building and implementing a standardized approach to the collection and analysis of patient-reported outcomes, the partners will create a large, consistent set of patient-reported outcomes that will be available for ongoing systematic evaluation.

**Partners:** Alberta Health Services, Cancer Care Manitoba and the Saskatchewan Cancer Agency.

## Survivorship Initiative

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

### Projects receiving funding in survivorship:

- **Canadian Task Force on Adolescents and Young Adults with Cancer**

Deficiencies in the care provided to adolescents and young adults (AYA) with cancer result in long-term adverse health and social consequences, an increased burden on the health care system and an overall loss of productivity. This initiative will ensure that AYA Canadians with cancer and AYA survivors of cancer have prompt and equitable access to the best care, and establish and support research to identify how their health outcomes and health-related quality of life can be optimized.

**Partners:** McMaster University working with partners in multiple provinces and territories.

- **CancerChatCanada**

CancerChatCanada is a virtual support program offering professionally-led, online support groups to Canadians affected by cancer, regardless of where they reside. Cancer survivors and family members can access psychosocial support from the privacy and convenience of their home, despite fatigue, disability or other barriers such as geographical distance from a cancer centre. Cancer centres in six provinces collaborate to offer this pan-Canadian service hosted by the de Souza Institute.

**Partners:** : The de Souza Institute working with partners in multiple provinces and territories.

- **Return to Work**

A group of clinicians, academics, cancer survivors and community-based organizations are working together to create an interactive website which will provide information and resources about return to work (RTW)

for Canadian cancer survivors, health care providers and employers. This website will host online resources and toolkits that embrace multiple elements of RTW such as staying at work, workplace reintegration, or finding work after a cancer diagnosis.

## Palliative and End-of-Life Care Initiatives

Palliative care is a process of care that is driven by early recognition of the need for a whole-person approach to care. This approach acknowledges the importance of “the goals of care,” including early/ongoing needs assessment of the expressed preferences of patients and families for quality symptom management and quality end-of-life care. Patients diagnosed at a late stage and those who will eventually die from their cancer should consider early palliative care and end-of-life care as integral parts of a cancer control strategy. The goal of these projects is to integrate cancer care, palliative and end-of-life care models. These projects establish clear priorities for introducing palliative and end-of-life care earlier and identify methods for benchmarking and measuring improvements in how we respond to the preferences for palliative and end-of-life care expressed by patients and families.

### Projects receiving funding in palliative and end-of-life care:

- **Enhancing the Quality of Palliative and End-of-Life Care for Children with Cancer**

To realize improvements in care quality, health professionals providing care to children with cancer will receive comprehensive education about evidence-based palliative care as well as guidance and support to implement new knowledge and skills throughout the child’s disease course. This project includes the regional rollout of the National Cancer Institute’s Education in Palliative and End-of-Life Care for Pediatrics (EPEC®-Pediatrics) curriculum, specifically designed for pediatric oncology physicians and advanced practice nurses that uses a “Train-the-Trainer” model.

**Partners:** Hospital for Sick Children, University of Toronto, and the 15 Pediatric Oncology programs across Canada.

- **The Integrate Project: An Initiative to Integrate Palliative Care**

Interventions such as education, stakeholder engagement and testing of integrated care models will be used for earlier identification of patients who could benefit from a palliative care approach and management of their symptoms and other palliative care needs at the primary care level. Interventions will target providers and patients in oncology, primary care and community care settings in urban, rural, remote and First Nations, Inuit and Métis communities across Ontario and Quebec.

**Partners:** Cancer Care Ontario and CHU Laval, Quebec.

- **Integrating Emergency Health Services and Palliative and End-of-Life Care to Enhance the End-of-Life Experience for Nova Scotia and PEI Cancer Patients and their Families**

Paramedics will be trained in pain and symptom management using a treat-and-refer versus a treat-and-admit approach to managing palliative care for cancer patients in the home, thus minimizing visits to the emergency room. As a result, palliative cancer patients in Nova Scotia and Prince Edward Island will be able to receive relief of symptoms such as pain, breathlessness or anxiety 24 hours a day, 7 days a week anywhere in the province by calling 911. The Nova Scotia Special Patient Protocol database will be expanded to assist providers in understanding and providing care consistent with patients’ wishes.

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

- **Knowledge Tools: Addressing National Gaps**

The project will develop a series of virtual knowledge tools that are clinically relevant, person-centred and evidence-informed, targeted at filling critical national gaps in information and support to advanced cancer patients, their families and health care providers. While the tools will be relevant to all Canadians, special focus will be given to developing tools that address the needs of underserved populations, including people living in rural and remote areas; First Nations, Inuit and Métis; and cultural communities. The four tools are: First Nations, Inuit and Métis Empowerment Tool; Loss and Grief Interactive Tool for Patients and Families; Cultural and

Religious Perspectives Tool; and Methadone for Analgesia Online Training Tool.

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

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

This highly regarded inter-professional educational program in palliative and end-of-life care is geared to oncology professionals and will be offered to at least three regional sites that have not previously had Partnership support. The program focuses not only on increasing the skills and knowledge of health care providers providing palliative and end-of-life care, but also on building the capacity of participants to teach the curriculum at their home institutions.

**Coordination:** This is a Partnership-funded-and-managed initiative until December 2016.

## Primary Care and Cancer Care Integration Initiative

Demand for cancer and other chronic disease health care services are increasing due to the growing and aging population. With advances in cancer screening and treatment, more people are living with a diagnosis of cancer for longer periods of time. While this is positive, it can create challenges for cancer survivors and the health system given the significant late and persistent effects survivors can experience after treatment. The need to maximize the quality of cancer and chronic disease care while ensuring long-term sustainability of provincially-based health care systems is essential. Created in collaboration with the College of Family Physicians of Canada and the Canadian Association of Provincial Cancer Agencies, the goal of the Primary Care and Cancer Care Integration Initiative is to investigate leading practices that improve transitions of care between cancer specialists and primary care settings, and ultimately to improve the patient experience and enhance the quality of care and efficiencies of the primary care and cancer care systems. These projects focus on the period after primary cancer treatment is complete and follow-up care has begun.

## Projects receiving funding in primary care and cancer care integration:

- **Dialogue and Storywork in Support of First Nations, Inuit and Métis Cancer Patients throughout Oncology and Primary Care Transition Experience**

This project will emphasize trust and relationship-building among First Nations, Inuit and Métis cancer patients and communities; primary and oncology care providers; and other stakeholders in order to generate shared understanding of needs and perspectives on all sides. Traditional storywork and dialogue methodologies will be used to ease fears and misconceptions among First Peoples about cancer as well as to improve cancer patient health outcomes.

**Partners:** Government of Northwest Territories, Alberta Health Services, BC Cancer Agency, CancerCare Manitoba and Saint Elizabeth.

- **Primary Care and Cancer Care Integration: Leveraging a Suite of Existing Tools to Support Patients and Health Care Professionals in the Post-Treatment Period**

To provide support for breast and colorectal cancer patients as they transition from cancer care to primary care after treatment, this project will develop and pilot four different resources: automatically generated, individualized treatment summaries for cancer patients; a model for volunteer transition navigator roles; a web-based survivorship portal; and an evaluation of the use of cancer follow-up guidelines in primary care. These resources will support survivors of breast and colorectal cancers to be informed about and take an active role in their survivorship care, including surveillance of health problems arising from treatment and engagement in healthy lifestyle/cancer prevention activities.

**Partners:** BC Cancer Agency, Cancer Care Nova Scotia and the Canadian Cancer Society in BC and NS

- **Primary Care and Cancer Care Integration: Improving Clinical, Functional and Vertical Integration for Providers of Cancer Care**

This project will develop a collaborative residency training curriculum to strengthen relationships between primary care residents and oncology residents through a structured training program. It will

also develop and pilot the use of an electronic platform for survivorship care plans to enhance knowledge exchange between providers and deliver continuity of care of patients during transition.

**Partners:** Cancer Care Ontario, Cancer Care Manitoba and BC Cancer Agency.

## First Nations, Inuit and Metis Initiatives

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

This project represents a multi-faceted approach of implementing several priorities pertaining to the First Nations and Métis cancer journey within the Yukon, specifically in relation to diagnosis delivery and discharge planning. The work will be carried out in collaboration and partnership with the Yukon cancer system and advance the following outcomes:

- Education and training for more informed First Nations, and Métis patients;
- Education and training for health-care providers within Yukon to support better continuity of care from diagnosis to discharge;
- Consistency in practices around diagnosis, delivery and discharge planning;
- Implementation of a culturally meaningful way of supporting patients through diagnosis to discharge and development of a patient identification strategy.

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

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

ways to increase the use of telehealth or other remote communication technologies by cancer patients and care providers in the NWT.

This project brings the Department of Health and Social Services together with Northwest Territories (NWT) communities, regional health and social services authorities, Aboriginal governments, the Stanton Elders' Council, Alberta Health Services, the Northern Health Services Network, the NWT Breast Health/Breast Cancer Action Group, and other important stakeholders in the NWT.

### First Nations, Inuit and Métis Cancer Control Initiative: Advancing Improvements in Continuity of Care for First Nations, Inuit and Métis Patients in Rural and Remote Communities (British Columbia)

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

Efforts focus on developing additional tools and resources, advancing patient identification, enhancing health literacy of patients, and cultural competency of practitioners and enhancing multi-jurisdictional cooperation and partnerships. Organizational protocols/processes will be reviewed to ensure cultural safety and access to traditional health support and to improve existing services and supports through the continuum of cancer care from diagnosis to discharge.

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

This project is designed to increase First Nations knowledge and understanding of cancer and cancer care services, educate health care workers about First Nations people in Alberta and better coordinate care and services for First Nations people with cancer. The collaborative project involves Alberta First Nations and Alberta Health Services-Cancer Control Alberta and will increase access to culturally responsive cancer care services and develop educational resources and tools to support First Nations cancer pathways. Other partners include the Alberta First Nations Information Governance Centre, First Nations



Inuit Health Branch, Aboriginal Nurses Association of Canada, Indigenous Physicians Association of Canada, Dr. Cora Voyageur and more.

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

Cancer is a growing health concern among First Nations and Métis populations, making it imperative to improve health outcomes in these communities. However, without reliable health data specific to these peoples, it is difficult to design culturally-relevant programs and services that can effectively address the gaps in cancer control.

In Saskatchewan, the cancer journey of First Nations and Métis people often crosses cultures, geography and health systems. This prompted the Federation of Sovereign Indigenous Nations (FSIN) and the Saskatchewan Cancer Agency to come together in an unprecedented partnership to review current cancer surveillance systems and practices both locally and internationally.

This ground-breaking initiative will give the partners the ability to determine a method of identification of Status First Nations and Métis peoples within the health care system, leading to a framework that will be piloted in a select group of communities in Saskatchewan.

Ultimately, a First Nations and Métis surveillance system will serve as a foundational component to effectively advance services across the continuum of cancer care services and reduce the burden of cancer in First Nations and Métis people in Saskatchewan.

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

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

The project will improve communication by adapting existing cancer transition toolkits, including specific follow-up care plans and resources, to ensure they will meet the needs of First Nations and Inuit patients and family and the healthcare providers who serve them. The

toolkit will be provided during a new kind of appointment, in which health care providers review the next steps in a patient's care. Audio recordings of the transition appointment will be introduced to remove the barriers of literacy and language, allowing patients to take the information home, review and share it.

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

### **Quality and Culturally Adapted Care and Services for Inuit and Eeyou Patients with Cancer (Quebec)**

Developed by the Nunavik Regional Board of Health and Social Services (area 17) and the Cree Board of Health and Social Services of James Bay (area 18), this project aims to increase the quality and cultural relevance of health care and health services for First Nations, Inuit and Métis patients with cancer.

Patients' compliance with treatment, as well as their motivation to self-manage their condition, depends on their level of acceptance of the health care approach they receive. This compliance also depends on their understanding of the different treatment options that are presented to them. Providing culturally relevant services not only improves the efficacy of the health care system for patients, taking culture into account makes it possible to fulfill the need for a comprehensive approach to cancer care and to reduce disparities related to cultural differences.

This project will make it possible to improve the coordination of health care services for Inuit and Cree patients, who currently experience a lack of harmonization in the health care system with respect to managing chronic diseases—especially in remote areas. It will improve access to health care and cancer care services in Nunavik and Eeyou Istchee through the development of local health care provision and position areas 17 and 18 within the national cancer control network.

### **Journey in the Big Land: Enhancing Cancer Care Services for First Nations, Inuit and Métis in Labrador (Newfoundland and Labrador)**

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

The initiative will focus on three priority areas, including:

- Enhancing transitions in care between hospital and community setting;
- Expanding Tele-Oncology for enhanced consultation between specialists, family physicians, nurses in community clinics and patients themselves; and
- Increasing cultural sensitivity through employee training programs, information packages in the languages of the Labrador Aboriginal groups and the placement of Labrador imagery at the Dr. H. Bliss Murphy Cancer Centre.

### **Coordinated Data Development Initiatives**

#### **Cancer and Surgery Information Validation Initiative (CanSIVI)**

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

**Partnering agencies:**

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

#### **RT Link**

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

**Partnering agencies:**

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

#### **ReDi Link**

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

**Partnering agencies:**

- Health PEI
- Cancer Care Nova Scotia

#### **Newfoundland & Labrador Provincial Systemic Therapy Database**

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

#### **Canadian Cancer Treatment Linkage Project (CCTLP)**

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



1 University Avenue, Suite 300  
Toronto, Ontario, Canada M5J 2P1

Tel: 416.915.9222  
Toll-free: 1.877.360.1665

[partnershipagainstcancer.ca](http://partnershipagainstcancer.ca)

