

# DELIVERING AS ONE



## Contents

- 08 Messages from our Chair and CEO
- 10 First Nations, Inuit and Métis Cancer Control Initiative
- 12 Person-Centred Perspective Initiative
- 14 In their own words
- 18 Research
- 21 System performance
- 22 Diagnosis and clinical care
- 25 Prevention and screening
- 26 Knowledge management and engagement
- 28 Board of Directors
- 29 What will be different after 10 years?
- 30 How funding is invested
- 31 Changing the cancer landscape

## About the Partnership

Canada is on the leading edge as more and more countries embrace a national cancer strategy — a coordinated response to reducing cancer’s impact on their populations. Developed by Canadians affected personally by cancer and by people working in the health system, the national cancer strategy makes it possible for the many cancer-focused organizations across the country to work collaboratively to reduce the impact of cancer on Canadians.

The **Canadian Partnership Against Cancer** was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada’s cancer strategy into action and help it succeed. In this publication, we share highlights of our 2013/14 work with partners across the country and across the cancer landscape.

Visit [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca) to download our full 2013/14 annual report.



## **MORE THAN ONE IN THREE CANADIANS WILL BE DIAGNOSED WITH CANCER.**

*And many more of us will be touched by its impact on the lives of our families and friends.*

*The good news is that earlier diagnosis and more effective treatments are improving the cancer journey. But despite these advances and better prevention strategies, cancer remains our leading cause of death. Cancer risk also increases with age and the average age of Canadians is rising. Meanwhile, our health system must keep up with new research, advancing technology and changing demands.*



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*Canada's national cancer strategy was developed to tackle these and other challenges with a coordinated response. For the past seven years, the Canadian Partnership Against Cancer has worked collaboratively with provincial, territorial and national partners; cancer experts; and patients and families to move the strategy forward.*

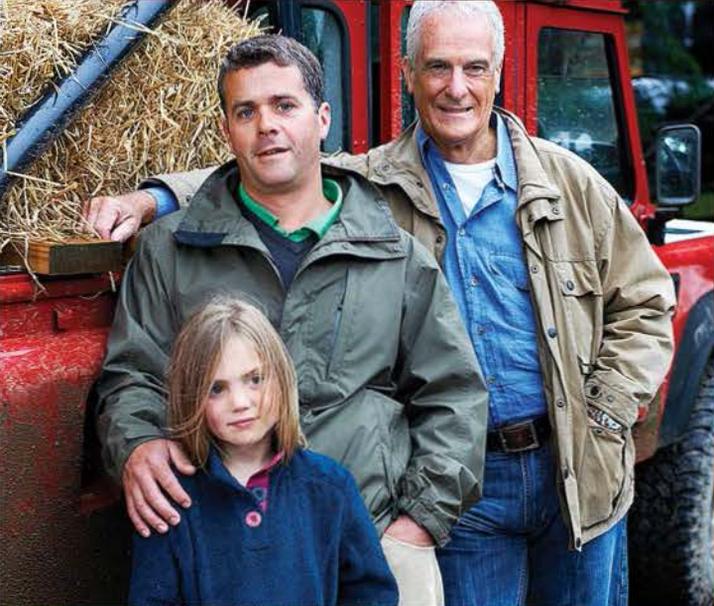
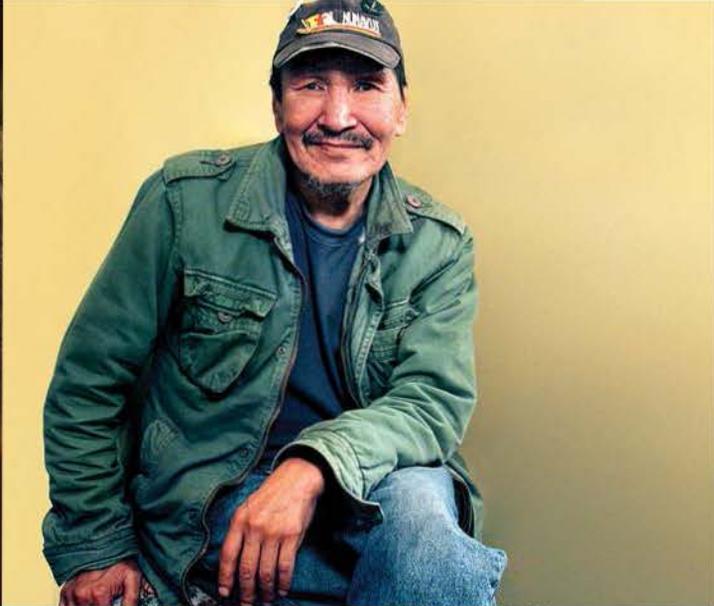
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*As we move from planning to implementation in many key areas, the scope and reach of our work impacts the lives of more and more Canadians with cancer.*

*For example, this past year the Partnership launched a multi-year strategy to improve all aspects of the cancer journey for First Nations, Inuit and Métis peoples, especially for patients in rural and remote locations. We also launched the Person-Centred Perspective Initiative to address patients' needs and priorities by funding 14 projects across the country focused on best practices that improve the patient experience for all Canadians. And a third initiative identifies successful quality initiatives and provides them with the necessary support to accelerate uptake in other jurisdictions and across the country.*





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*We know that continually measuring and monitoring the performance of our cancer system is critical, and we continue to make significant progress in this area. Thanks to successful collaboration with provincial and national partners, Canada is now a world leader in collecting comparable data across the country.*

*As you will read in the pages that follow, the Partnership's efforts extend across the whole continuum of cancer—from preventing cancer before it begins to ensuring that patients and families have access to appropriate cancer and end-of-life care.*

*Together, we will realize our ultimate goal: a future in which fewer Canadians get cancer, fewer die from it, and those living with the disease have a better quality of life.*

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## MESSAGES FROM OUR CHAIR AND CEO

*In 2013/14 we continued to work with our cancer control partners from across Canada to make progress toward our shared goal of reducing the burden of cancer.*

*Since 2007, we've moved from bringing people together to work collaboratively to improving the journey for Canadians living with and affected by cancer. The passion and commitment our partners bring to their work and that of the Partnership is making a real difference today and will continue to have an impact for years to come.*



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As I step down from my role as Chair after seven years on the Board, I want to say what a privilege it has been to be associated with the Partnership during this exciting time. I've seen first-hand how health professionals and organizations are now working together differently to share knowledge, establish relationships across geographical boundaries, and increase consistency in practice to control cancer in this country.

Since 2007, we've moved from bringing people together to work collaboratively to making real strides in reducing the impact of cancer on Canadians. By harnessing the passion and unique skills and experiences that everyone involved in cancer control brings to their work and that of the Partnership, we are reducing the burden of cancer.

People from around the world look to the Canadian model—the Partnership model—for ideas and inspiration. And when we look back in 2037, we'll see that in these formative years we laid the ground work for tremendous improvements that took place 10, 20 and 30 years hence. As a cancer survivor, I am confident that the progress we are making together is making a real difference for patients and their caregivers, and will continue to have an impact for years to come.

Thank you for sharing this journey with me. I look forward to watching the impact of the Partnership's efforts for years to come.

**Chris Clark**  
Chair, Board of Directors

In 2013/2014, we worked with our cancer control partners from across Canada to deliver excellent results in many key areas.

We hosted a national event to launch the First Nations, Inuit and Métis Cancer Control Initiative, celebrating this milestone with the leaders of the National Aboriginal Organizations, partners and stakeholders. We surpassed the enrollment target for the Canadian Partnership for Tomorrow Project, securing the commitment of nearly 300,000 Canadians and building a legacy in health research that all Canadians can be proud of.

To ensure our efforts really make a difference to Canadians living with cancer, we undertook the challenge of embedding the patient perspective in all of our work in an authentic way. And through planned and thoughtful measurement, we are able to track now—and over many years—the difference we are making across the country.

The progress we are making toward our shared goal of reducing the burden of cancer would not be possible without the collaborative efforts of dedicated people from across the country and the team at the Partnership. We thank all of you for your ongoing contributions to Canada's cancer strategy.

**Shelly Jamieson**  
CEO

## FIRST NATIONS, INUIT AND MÉTIS CANCER CONTROL INITIATIVE

*More than one-third of us will develop cancer. But cancer rates among Canada's First Nations, Inuit and Métis peoples are growing faster than among the general population. The cancer experience of First Peoples is also challenging due to language, cultural diversity and geography. Many individuals live in rural and remote areas; to get the care they need, they must leave their homes and families and travel long distances. Culturally appropriate care and resources are often not available.*





Such complex challenges require a large scale and collaborative approach. In response, the Partnership has launched a new initiative with First Nations, Inuit and Métis organizations, health-care providers, and individuals and families impacted by cancer.

With funding from the Partnership, a variety of multi-year projects will focus on the patient journey: from improving culturally responsive supports during diagnosis to providing culturally responsive care and supportive and safe transitions when patients return to their home communities. The funded projects span nine jurisdictions—the Yukon, the Northwest Territories, British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick and Newfoundland and Labrador—and will help to lay the foundation for addressing other chronic diseases as well.

As the new initiative has made clear, the first step in improving cancer prevention and care among First Nations, Inuit and Métis peoples is to better understand their cancer journey. This past year, the Partnership released two important reports—the *First Nations Cancer Control in Canada Baseline Report* and the *Inuit Cancer Control in Canada Baseline Report*—that examine the health care gaps and barriers First Peoples face. A third report focused on the Métis population is almost complete. The reports describe the cancer care pathway, examine emerging priorities and identify promising practices and models of care across the cancer continuum.

Building effective networks and sharing information is also critical. In the past year, the Partnership hosted knowledge exchange meetings that brought together partners from the funded projects as well as others involved in First Peoples cancer care. In addition,

new information-sharing strategies are helping partners to benefit from each other's experiences as they work to resolve common challenges.

Together, we will reach our goal: to reduce the rate of cancer among First Nations, Inuit and Métis peoples and to ensure patients and families have access to culturally responsive care.

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Partners from across First Nations, Inuit and Métis organizations, the health sector and the Partnership met in Ottawa on March 6 to launch a new initiative to improve cancer control with and for First Peoples.

**Pictured from left:** Clément Chartier, President of Métis National Council; Shelly Jamieson, CEO of the Partnership; Shawn Atleo, then National Chief of Assembly of First Nations; and Terry Audla, President of Inuit Tapiriit Kanatami.



## PERSON-CENTRED PERSPECTIVE INITIATIVE

*Each person's experience with cancer is unique. And every individual and family will have different needs and priorities. The challenge is to create a cancer system that respects and responds to these unique needs from the perspective of the person living with cancer — one that focuses on the whole person, not just their disease. To address this challenge, the Partnership is funding 14 new projects led by provincial and territorial cancer agencies and other cancer organizations across Canada.*





Created by graphic artist Tanya Webb at the first Person-Centred Perspective Knowledge Translation and Exchange meeting in May 2014, the puzzle pieces represent how the individual projects fit together to move the four initiatives of the Person-Centred Perspective Program forward.

The projects focus on best practices aimed at improving the patient experience and the delivery of cancer care in four areas:

### Learning from Patients' Experiences

To understand how best to deliver quality care, we need to hear directly about patients' experiences. This information must be gathered in a standardized and systematic way so cancer care providers can reliably understand and measure whether the actions they take improve quality of care and enhance the patient's experience of that care.

For example, in Nova Scotia, Prince Edward Island and Newfoundland and Labrador, a new project will measure outcomes reported by cancer patients in the specific areas of anxiety, depression, fatigue and pain and identify how best to help them address these important symptoms.

### Integrating Primary Care with Cancer Care

Earlier detection and better treatments mean more and more Canadians with cancer are living longer. As a result, patients often receive their follow-up care and ongoing monitoring from primary care (family physicians and community health providers). Improving care transitions

between cancer specialists and primary care providers will improve the quality of care that patients receive as they transition from one health provider to another.

For example, partners in Ontario, Manitoba and British Columbia are working together to enhance collaboration between health care providers to improve transitions between cancer and primary care. This project will develop a residency training program, complete an environmental scan of the primary care support structures available for cancer patients; and pilot an electronic platform for survivorship care plans to enhance continuity of care.

### Addressing the Needs of Cancer Survivors

In Canada, there are more than a million people living as cancer survivors and this number is increasing. Their needs are as diverse as the country itself and to date are not well understood.

Due to advances in treatment, up to 70 per cent of children diagnosed with cancer now reach adulthood. The Partnership is funding several projects to address their unique needs, including a cross-country Adolescents and Young Adults Task Force focused on improving health outcomes and quality

of life for adolescent and young adult cancer survivors. The task force will also focus its efforts on increasing access to clinical trials and improving care through the development and use of clinical practice guidelines.

Another project supported by the Partnership, Cancer Chat Canada, provides online support groups and information for cancer survivors across Canada. Supporting jurisdictions through online access is especially helpful for people who live in rural and remote communities.

### Improving Palliative and End-of-Life Care

Although research shows that most Canadians want to receive end-of-life care in their own home, the majority of deaths still occur in hospital. Integrating palliative approach and end-of-life care earlier and ensuring it is responsive to the needs of patients and families is a priority.

Services are not always easy to access in a crisis, particularly in remote and rural areas. A project in Nova Scotia and Prince Edward Island focuses on training paramedics in palliative pain and symptom management to assist palliative patients to remain at home and avoid unnecessary and unwanted trips to emergency departments.

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**EVERY PERSON WHO IS LIVING  
WITH CANCER IS UNIQUE AND  
SO IS THEIR CANCER JOURNEY.**

*Engaging with people affected by cancer is key to shaping Canada's cancer strategy and reaching the ultimate goal: a future in which fewer Canadians get cancer, fewer die from it, and those living with the disease have a better quality of life. In their own words, patients and caregivers share their personal experience with cancer.*

## IN THEIR OWN WORDS

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### DARREN

*Cree from the Beardy's and Okemasis First Nation, Saskatchewan and a steering committee member for the First Nations and Métis Cancer Surveillance Program project in Saskatchewan*

In September 2011, I was diagnosed with metastatic adenocarcinoma colorectal cancer, stage four, terminally diagnosed, given eight to 12 months of physical life remaining.

When I was diagnosed, I had no support. I had no place to go for Aboriginal liaison, or even just to dialogue. I think dialogue is the key. There are other people suffering with various types of cancer. And sharing that experience, that journey, only adds support to your own.

As a patient, I have a story to tell. It was my hope that sharing this journey would allow others the support they needed, the voice that they needed, the advocacy they wanted. I've been participating as much as possible by committee work or even dialogue and discussion with the various agencies.

I encourage everyone to find out as much information as they can specific to their own cancer. But for First Nations specifically, it's not just the individual who heals, it's the family and the community that's affected. In finding the answers to your questions, I think they need to be shared and communicated throughout your family and your community. I believe that science has a contribution to make to traditional medicine.

I believe that traditional medicine has an opportunity to enhance western science. I think there's a lot of knowledge for First Nations and Métis people to share.

*“When I was diagnosed, I had no support. I had no place to go for Aboriginal liaison, or even just to dialogue.”*

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### **KELLY**

*Parent of a child with cancer and a participant in the Canadian Cancer Action Network's forum on the financial hardships faced by family caregivers*

There is no facility in Thunder Bay to treat a child with cancer so we had to go to London, Ontario. Bronwyn was there for four months for treatment, but she suffered a side effect, chemo-induced cardiomyopathy and heart failure. She was airlifted to Toronto and is now waiting to go on the heart transplant list. It's been 22 months now.

There is a lot of support for families who have children with childhood cancer, but it only lasts for so long. As a result of being medically displaced in one of the most expensive cities in Canada, we have lost our home, we no longer have a car and when my husband and I go back, we'll be over 50 and trying to start over again.

I remember at the beginning of our journey somebody telling me, "Oh yeah, we've heard of a lot of families of children with cancer who have lost their careers and lost their homes." And I thought, "Oh well, that's not going to happen to us." That's exactly what

happened to us. No family should have to lose so much just because their child got sick. As health care improves and children with cancer live longer, they require medical care longer and their families are going to need financial support for longer periods of time. I don't want any other family to have to endure what we have. I want things to improve.

*"No family should have to lose so much just because their child got sick."*



### **MARION**

*Cancer survivor and patient representative with the Partnership's Diagnosis and Clinical Care Advisory Group*

I was diagnosed in 2011 with ovarian cancer.

Treatment was in some ways the easiest part of my cancer journey. Treatment meant I was doing something active for my health and my well-being.

After treatment, I had to learn how to make peace with being fatigued. At times, I got so frustrated. I wanted my life to start. I wanted to go back to the life I'd known. It took me about four weeks of taking on too much before I realized I couldn't just pick up life where I'd left it. I had to create a new life—the next life—the life that I now have. And that meant learning patience

with fatigue and giving my body time to heal and recover.

I don't think we ever finish the cancer journey. It's always with me. It has helped me to focus on planning a life that I love. I started painting. I started bicycling. I rented a cabin in the woods for a winter. I invite joy in as much as I can. I encourage anybody on a cancer journey to focus on whatever gives them joy and hope.

There's a real need to facilitate people sharing their stories and insights about their cancer experience. Stories help us begin to imagine how to design things in a better way. I believe there are lots of opportunities for growth and change in the cancer care system.



### **CHARLOTTE**

*Cancer survivor and patient representative with the Partnership's Diagnosis and Clinical Care Advisory Group*

I'm a retired nurse. I retired about nine years ago due to repeat cancers. I've had three cancers: ovarian and then left breast and then right breast. I am very happy that I have survived my various cancers and I'm enjoying life to the fullest.

I'm proud that I've been given the opportunity to be a patient representative for the Partnership on an advisory group called Diagnosis and Clinical Care.

I've always had a voice but now someone listens to my voice and that means the world to me. From my perspective, I would like to let everyone know how it feels to be on the other side of the fence.

I think the most important aspect is to know as much as you can about your present situation. A doctor can give recommendations. But in the end, particularly in cancer care, the decision is yours. To me, it felt like someone showed me a cookbook of recipes: you can do this and you can do that. In order for me to make the right decision for me, I needed to educate myself first.

## WHY DO SOME PEOPLE GET CANCER, WHILE OTHERS DON'T?



*“Given Canada’s geographic size, environmental diversity, its multicultural profile and the nature of its health-care system, the Canadian Partnership for Tomorrow Project will be an invaluable research platform for Canadian and international scientists and will ensure Canada keeps pace with population research underway in many other countries.”*

**Tom Hudson**  
President and Scientific  
Director, Ontario Institute for  
Cancer Research

**The Canadian Partnership for Tomorrow Project (CPTP)** is helping researchers find the answer to this complex question. The largest population health research tool of its kind in Canada, the project has recruited almost 300,000 participants across the country and the numbers continue to grow. These volunteers, aged 35 to 69, will share information about their health and lifestyle throughout their adult lives. Blood and other biological samples will provide additional critical information.

The resulting data will be invaluable. A data access pilot was successfully completed this year and beginning in mid-2015, researchers will be able to use CPTP data to explore how eating and physical activity habits, environment, genetics and cultural background influence whether or not we develop cancer or chronic diseases. The study was recently expanded to gather information that will help identify factors that contribute to cardiovascular disease.

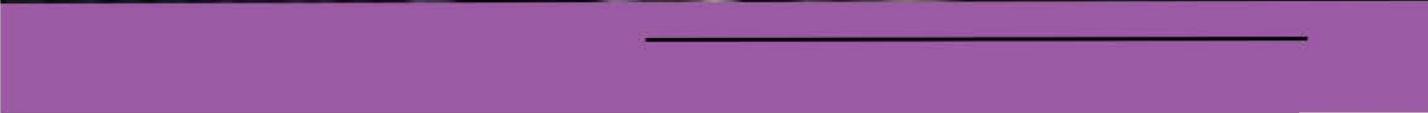
The project, which draws participants from five regional studies across the country, opens the door to better strategies for prevention and treatment of chronic diseases. It also allows researchers to study and compare regional, national and international patterns and trends in areas such as cancer causes and rates.

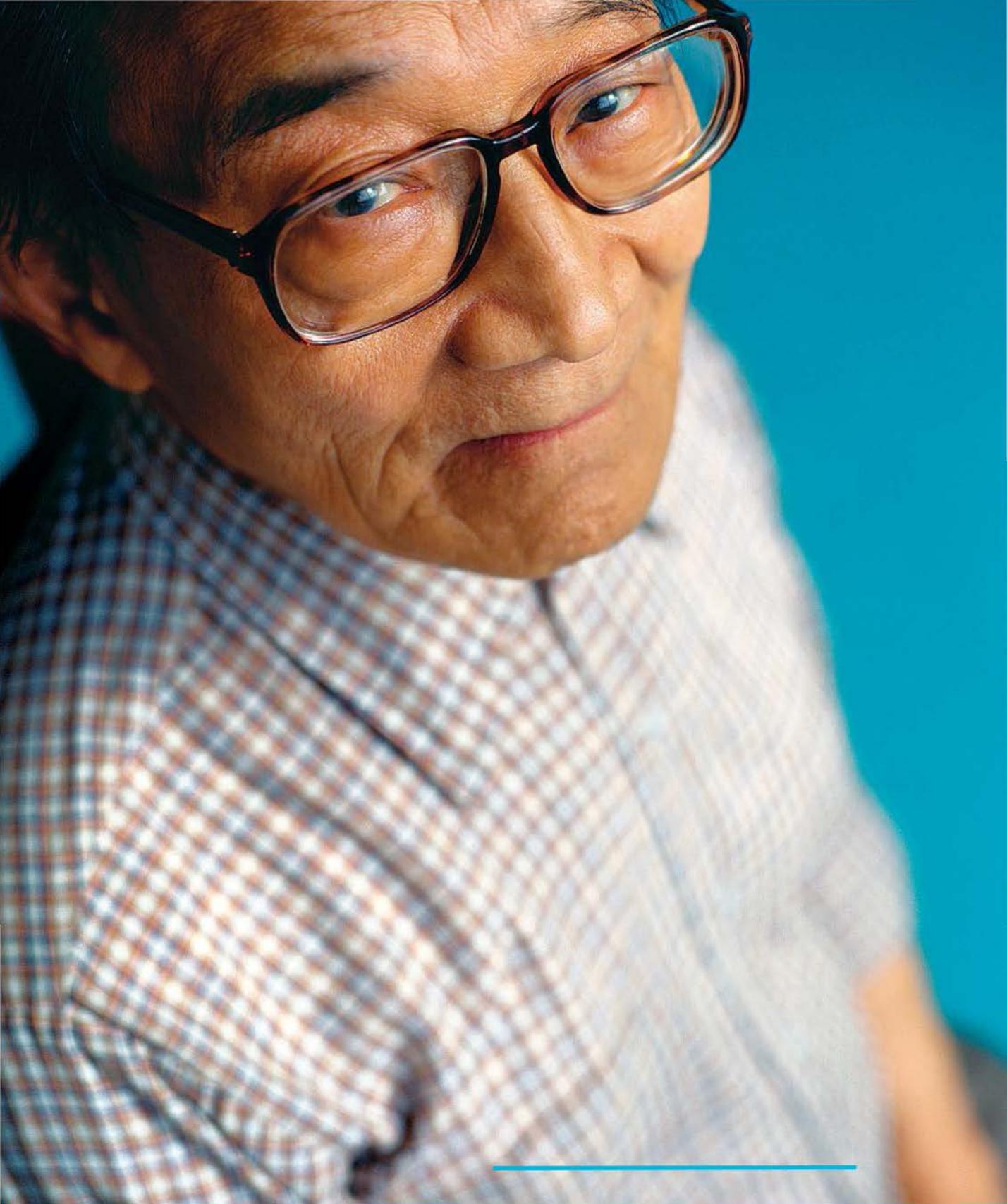
This same commitment to collaboration is reflected in the Partnership’s support for the Canadian Cancer Research Alliance and its efforts to increase the impact of investments in cancer research.

And these research efforts *will* have an impact. In the years to come, CPTP will help researchers explore—and hopefully answer—some of the most challenging questions about the causes of cancer and chronic disease. With ongoing support, this valuable resource will inform changes in policy and practice that will help to prevent cancer and save lives.

### 2013/14 HIGHLIGHTS

- Close to 300,000 Canadians are now participating in the Canadian Partnership for Tomorrow Project and nearly 114,000 have contributed blood samples.
- Through a new partnership with the Heart and Stroke Foundation, the project has expanded to gather data related to the brain, heart and cardiovascular system. The detailed health information and magnetic resonance imaging (MRI) scans from 10,000 study participants will provide new insights into the factors leading to heart disease and stroke.
- The Canadian Cancer Research Alliance draws together 31 funding agencies and charities that fund cancer research in Canada. Supported by the Partnership, the Alliance works to improve coordination among funders and maximize the impact of research investments. In November, over 1,000 researchers from across Canada attended the Alliance’s second Canadian Cancer Research Conference.





## HOW WELL ARE WE PREVENTING, DETECTING AND TREATING CANCER ACROSS CANADA?



“We are evolving and learning to make better use of the data that exists. In the past, we were data rich but information poor. National reporting is labour-intensive for provinces but the information we obtain from our data helps us take action on system improvements.”

**Dr. Jon Tonita**  
Vice-President,  
Saskatchewan Cancer  
Agency

Can we improve outcomes and be more responsive to the needs of individual patients?

Measuring the success—and opportunities—of our cancer care system is fundamental if we hope to continue improving the quality of cancer control and care delivery in this country.

The Partnership is playing a critical role in these efforts. Five years ago, there was no organized approach to collecting and reporting national data on the quality of cancer control. Today, Canada is a world leader in this area thanks to our successful collaboration with our provincial, territorial and national partners. We are now able to review and compare performance across the country using over 30 indicators spanning eight domains: prevention, screening, diagnosis, treatment, long-term outcomes, person-centred perspective, research and system efficiency.

This shared commitment to identifying and reporting on standardized measures allows us to analyze trends and identify opportunities to improve quality. Our reports provide clinicians, policy-makers, researchers and cancer patients and their families with valuable insights and shine a spotlight on important issues such as disparities in cancer care related to geography, age or income.

The Partnership is also working to introduce performance benchmarks that will establish a standard of excellence for Canadian programs and drive improvement efforts. The ultimate goal is reduced burden of cancer for all Canadians—and better measurement and reporting will help to get us there.

### 2013/14 HIGHLIGHTS

- *Population Health in Canada's Largest Cities* assessed differences in the cancer risks of populations in Canada's largest cities. This landmark report reviewed factors such as tobacco use, physical activity, obesity, and fruit and vegetable consumption and showed that people living in Canada's western cities have healthier lifestyles and better cancer risk profiles, which translates to lower incidence and mortality.
- *A Special Focus Report: Examining Disparities in Cancer Control* uncovered potentially important disparities in the cancer care received by Canadians based on how much they earn, where they live, and if they are recent immigrants or Canadian-born.
- The *2014 Cancer System Performance Report*, the Partnership's comprehensive annual review of Canada's cancer control systems, introduced new indicators in areas such as system efficiency. The report also highlighted a number of important patterns of cancer care. For example, older Canadians with breast, colon or lung cancers are less likely to receive guideline-recommended radiation and chemotherapy than younger patients with these cancers.

## HIGH QUALITY CANCER CARE REQUIRES HIGH QUALITY REPORTING TOOLS



*“The Quality Initiative is a great example of how jurisdictions can work together to accelerate improvements in health care. In collaboration with the Partnership, our work will involve both physicians and patients to improve processes of care for patients with rectal cancer and lead to improved patient outcomes across Canada.”*

**Dr. Erin Kennedy**  
Colorectal Surgeon,  
Mount Sinai Hospital,  
Ontario

Surgical results and related tissue samples (pathology) must be gathered and reported quickly and accurately to guide treatment for each patient. Synoptic reporting is helping us to achieve that goal.

Using templates and checklists, synoptic reporting provides information in a standardized electronic format that is easily shared among the pathologist, surgeon, oncologist and patient. It also allows us to measure and compare the quality and effectiveness of cancer care—providing valuable information to guide improvements across the cancer system.

The Partnership’s **Synoptic Reporting Initiative** continues to expand the use of electronic synoptic reporting across Canada and to ensure that reporting reflects the latest evidence, best practices and standards. With the support of the Partnership, five provinces began implementation of synoptic reporting for pathology results from surgical resections this past year.

Across Canada, innovative practices to improve quality are emerging in other areas of cancer care as well. The Partnership has launched a major initiative to identify these innovations and provide the necessary support to accelerate their uptake across jurisdictions and across the country.

Better data. Better reporting. Better diagnosis and care. By working with the health care community to translate data, evidence and best practices into action, we will improve the quality of cancer care for all Canadians.

### 2013/14 HIGHLIGHTS

- With the support of the Partnership, British Columbia, Alberta, Manitoba, Nova Scotia and Prince Edward Island began implementing electronic synoptic pathology reporting. New Brunswick extended its use across the province.
- Alberta, Manitoba, Ontario and Nova Scotia continued to expand their implementation of electronic synoptic surgical reporting. The number of surgeons in these provinces using synoptic reporting doubled and reporting has expanded to include breast, colorectal, prostate, lung, ovarian and thyroid cancers. This expansion reflects investments by the provinces, Canada Health Infoway and the Partnership.
- The Partnership launched a new initiative to identify existing, effective quality initiatives and accelerate their implementation across multiple jurisdictions. Four projects were identified for funding over the next three years, focusing on rectal cancer, cancer biomarkers, peer review in radiation therapy and the use of an electronic diagnostic assessment tool.





## FIND CANCER EARLY. OR BETTER YET, PREVENT IT ALTOGETHER.



*"In the Northwest Territories, the Aboriginal Health and Community Wellness Division is creating synergies and integrating our focus on common health promotion priorities. With four CLASP projects underway, we are focusing our collective efforts on issues such as health promotion in rural, remote and First Nations, Inuit and Métis workplaces and communities and the underlying causes of childhood obesity to dramatically alter the approach to chronic disease prevention."*

**Dr. Kami Kandola**  
*Deputy Chief Public Health Officer, Government of the Northwest Territories*

Easy to say. But what is the best way to help people adopt a healthier lifestyle to reduce their risk of cancer? And how do we make sure that cancer screening programs are as effective as they should be?

The **Coalitions Linking Action and Science for Prevention Initiative (CLASP)** brings together more than 100 organizations from across Canada to expand and adapt successful cancer and chronic disease prevention efforts. Through CLASP, teams of research, practice and policy experts reach across traditional barriers of geography and disease to integrate scientific knowledge and best practices into program and policy actions.

This year, the Partnership launched phase two of the initiative and expanded the number and diversity of projects across the country. By supporting innovative strategies, the initiative will help to build communities that make the healthy choice the easy choice.

When someone does get cancer, we know that finding it as early as possible is crucial. Cancer screening programs can reduce the impact of breast, cervical and colorectal cancers and in some cases, prevent cancer from occurring. But we need to ensure the right people get the right tests at the right time. Our **population-based screening initiative** brings together experts from across the country to strengthen existing screening

programs by developing standards, sharing best practices and integrating new evidence. Regular reporting and analysis of program data helps to ensure quality and identify areas where improvements are needed. We also assess emerging areas, such as lung cancer screening for high-risk populations, to determine how best to serve the population at risk.

Over time, these efforts will ensure that fewer Canadians develop cancer and that cancers that do occur will be found earlier, when they are most often treatable.

### 2013/14 HIGHLIGHTS

- The Partnership provided multi-year funding to eight CLASP projects across Canada addressing issues such as obesity, tobacco use, sun safety, screening for cancer and chronic diseases and the unique health needs of First Nations communities.
- The Canadian Breast Cancer Screening Initiative transitioned from the Public Health Agency of Canada to the Partnership, centralizing all four national screening networks (breast, colorectal, cervical and lung) in one pan-Canadian organization and ensuring future alignment of the networks' priorities.
- CAREX Canada provides surveillance information and tools to assess exposure to occupational and environmental carcinogens. A new online tool, eWORK, and training materials were launched to allow users to access estimates of occupational carcinogens, supporting the development of evidence-informed programs and policies.
- To support the spread of healthy public policies, the Partnership expanded its Prevention Policies Directory, an online database of Canadian cancer and chronic disease prevention policies to include selected municipalities across Canada and a new mapping feature.

## PUTTING EVIDENCE INTO PRACTICE—EVERY DAY. THAT’S THE CHALLENGE.



“We are extremely pleased to be working closely with the Partnership as it allows us to keep our more than 90 member organizations more informed and engaged with Canada’s cancer strategy. We believe that meaningful and sustainable advancements in cancer control can only be achieved through a coordinated, collaborative model that the Partnership has helped to establish across the country.”

**Marjorie Morrison**  
CEO, Canadian Cancer  
Action Network

Whether engaged in system planning or delivering care and services to patients, health professionals need support to help them integrate new knowledge into their day-to-day work.

The Partnership ensures that the cancer community and all Canadians have access to high quality information, tools and resources. We also constantly measure the impact of our work, and as new and better ways to prevent, detect and treat cancer emerge, we find innovative approaches to share this knowledge.

Through **cancerview.ca**, our online knowledge hub for health professionals, the Partnership provides evidence-based content and tools from partner organizations across the country. A platform for virtual collaboration, **cancerview.ca** also allows experts and colleagues from across Canada to connect and work together regardless of geographic location.

Our community also includes patients, survivors, caregivers and families; they are central to everything we do. We partner with the Canadian Cancer Action Network (CCAN)—which brings together more than 90 patient groups—as well as the Canadian Cancer Society and national, provincial and territorial agencies and organizations that work in cancer and related chronic diseases.

By helping health-care providers, researchers and policy-makers translate discoveries into action, we will ensure Canadians benefit from these advances going forward and that we continue to improve the lives of those touched by cancer.

### 2013/14 HIGHLIGHTS

- The Partnership expanded its efforts to provide evidence-based information for health professionals by launching the *1in3 cancerview digest*. The digest summarizes the latest evidence on a variety of topics and presents resources to help health professionals connect evidence and practice in novel ways. Other popular tools available on **cancerview.ca** include the Partnership’s Prevention Policies Directory and a tutorial (How cancer drug funding decisions are made) developed in collaboration with the pan-Canadian Oncology Drug Review.
- Since June 2013, the Partnership and partners such as CAREX Canada and the CLASP coalitions have measured the impact of initiatives and programs using our knowledge transfer and exchange survey.
- The Partnership’s support for system planning continued through the cancer risk management modelling platform, a web-based tool that allows users to estimate the long-term impact of policy and program change, including economic impact.
- The Partnership strengthened its collaboration with the Canadian Cancer Action Network, engaging its membership on the cancer control strategy. Other key activities included hosting a communications workshop for CCAN member organizations and participating in a roundtable and producing videos on the issue of caregivers and financial hardship.



## BOARD OF DIRECTORS

APRIL 1, 2013 – MARCH 31, 2014

### **Chris Clark**

Chair, Canadian Partnership Against Cancer; Corporate Director

### **Christine Power**

Vice-Chair, Canadian Partnership Against Cancer (*July 2013 – present*); President and Chief Executive Officer, Capital District Health Authority, Nova Scotia

### **Mel Cappe**

Vice-Chair, Canadian Partnership Against Cancer (*July 2012 – June 2013*); Professor, School of Public Policy and Government, University of Toronto

### **Evan Adams, MD**

Deputy Provincial Health Officer for Aboriginal Health, British Columbia

### **Ewan Clark**

Cox & Palmer (*joined June 2013*)

### **Peter Crossgrove**

Chairman, Excellon Resources Inc. (*term ended June 2013*)

### **Darren Dick**

President, DLD Management Ltd

### **Pamela Fralick**

President and Chief Executive Officer, Canadian Cancer Society

### **René Gallant**

Vice President, Legal and Regulatory Affairs, Emera Newfoundland and Labrador (*term ended June 2013*)

### **Karen Herd**

Deputy Minister of Health, Manitoba (*joined October 2013*)

### **Shelly Jamieson**

Chief Executive Officer, Canadian Partnership Against Cancer

### **Eshwar Kumar, MD**

Co-Chief Executive Officer, New Brunswick Cancer Network (*joined June 2013*)

### **Victoria Lee, MD**

Medical Health Officer, Fraser Health Authority, British Columbia

### **Mary Catherine Lindberg**

Corporate Director (*joined October 2013*)

### **Helen Mallovy Hicks**

National Leader, Valuations, Modelling and Disputes, PricewaterhouseCoopers (*joined June 2013*)

### **Marcia Nelson**

Deputy Minister, Alberta Health and Wellness (*term ended September 2013*)

### **Crystal Nett**

Chief Financial Officer and Vice President (Finance, Safety & Risk Division), Saskatchewan Research Council, until March 2014 (*joined June 2013*)

### **Arlene Paton**

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

### **André Robidoux, MD**

Professor of Surgery and Scotia Chair in Diagnosis and Treatment of Breast Cancer, University of Montreal

### **Carol Sawka, MD**

Vice-President, Clinical Programs and Quality Initiatives, Cancer Care Ontario, until June 2013 (*term ended June 2013*)

### **Gary Semenchuck, QC**

Arbitrator and President, Gary G.W. Semenchuck Legal Services II Prof. Corp. (*term ended June 2013*)

### **Marla Shapiro, MD**

Family physician; medical contributor, CTV's Canada AM; medical consultant, CTV News; Associate Professor, University of Toronto (*term ended June 2013*)

### **Graham Sher, MD**

Chief Executive Officer, Canadian Blood Services

### **Lyne St-Pierre-Ellis**

Associate Deputy Minister, Department of Health, New Brunswick

### **Milton Sussman**

Deputy Minister of Health, Manitoba (*term ended July 2013*)

### **Laura M. Talbot**

President and Senior Partner, TalbotAllan Consulting

### **Abby Hoffman**

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

### **Jean Latreille, MD**

(Observer) Director of Cancer Control, Quebec Ministry of Health and Social Services

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**Top row:** Mary Catherine Lindberg, Abby Hoffman, Pamela Fralick, Darren Dick, Mel Cappe, Jean Latreille, Ewan Clark, Laura Talbot, Arlene Paton

**Bottom row:** Karen Herd, André Robidoux, Eshwar Kumar, Chris Clark, Shelly Jamieson, Christine Power, Evan Adams, Crystal Nett

**Not pictured:** Peter Crossgrove, René Gallant, Victoria Lee, Helen Mallovy Hicks, Marcia Nelson, Carol Sawka, Gary Semenchuck, Marla Shapiro, Graham Sher, Lyne St-Pierre-Ellis, Milton Sussman



## WHAT WILL BE DIFFERENT AFTER 10 YEARS?

The Partnership's unique contribution to the cancer landscape is rooted in our collaborative, focused approach. We engage with partners in four key ways:



### CONVENING

Bringing together people and organizations to establish and advance priorities for collective action.



### INTEGRATING

Creating solutions with partners to meet shared goals.



### CATALYZING

Investing in, managing and assessing large projects to support successful implementation and sustained effort.



### BROKERING KNOWLEDGE

Responding quickly to new evidence, knowledge and practices so they can be expertly assessed and made available for others to put into action.

### What difference will a national cancer strategy make to Canadians?

Changing the cancer landscape requires a sustained, long-term focus. However, when we mark 10 years of national collaborative efforts in 2017, there will already have been significant improvements. These immediate outcomes are key early steps toward achieving the strategy's ultimate goals: reducing the incidence of cancer, lessening the likelihood of Canadians dying from cancer and enhancing the quality of life of those affected by cancer.

#### In the short term, by 2017:

- Canadians will have improved access to proven ways to prevent cancer.
- More people will be getting checked appropriately and potentially finding cancer earlier.
- A more consistent approach will be taken to improving the quality of cancer diagnosis and care.
- The cancer system will be better able to respond to patient needs.
- Cancer researchers will be working together more collaboratively to benefit Canadians.
- Working with partners, First Nations, Inuit and Métis people will have their unique needs for cancer prevention and care better recognized and addressed.

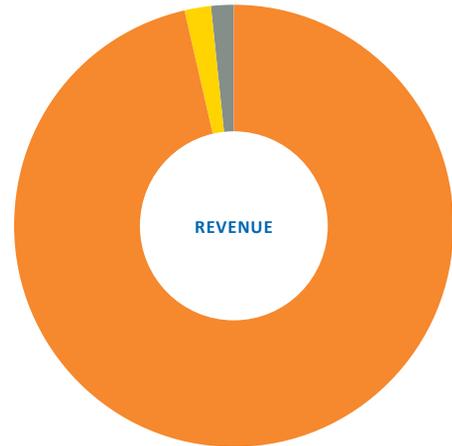
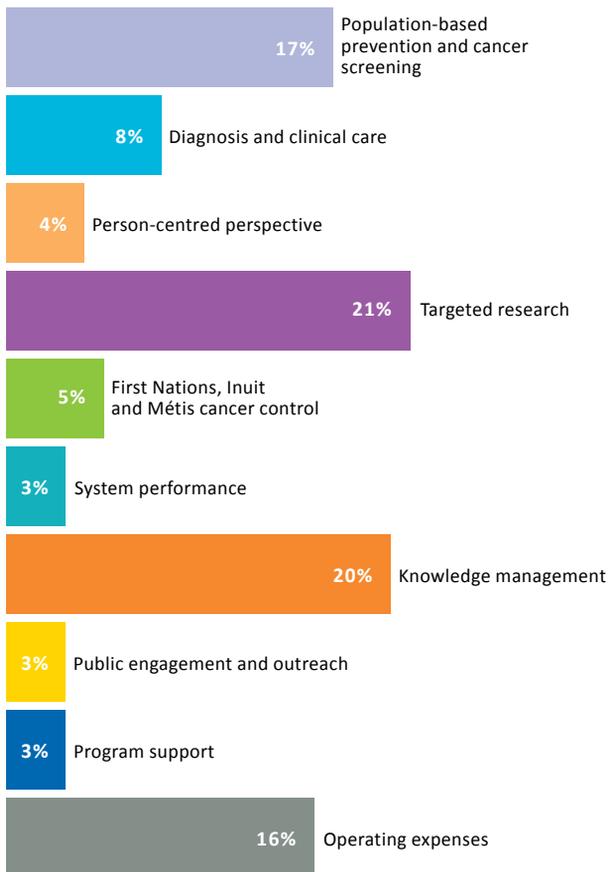
- Canadians will have better information about how well the cancer system is working and professionals in the health system will use this information to drive improvement.
- Patients and professionals will have more timely and easier access to good information, tools and resources about cancer.
- People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.

These outcomes are just the beginning of long-term, meaningful change. Ongoing effort will be required to keep us on track to reduce the impact of cancer on Canadians. Our longer-term goals are described in greater detail in our strategic plan *Sustaining Action Toward A Shared Vision*, available through [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

## HOW FUNDING IS INVESTED: THE YEAR IN NUMBERS

2013/2014 was the second year of the Partnership's second mandate. This mandate will continue to 2017 with a total of \$241 million in funding from Health Canada over five years. Expenses reflect funds directed externally to partners as well as program costs that advance the work of Canada's cancer community to reduce the burden of cancer on Canadians. The initiatives highlighted in this report are among more than 20 programs of work underway. For complete information about progress across all programs of work in 2013/2014, please view our full annual report at [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

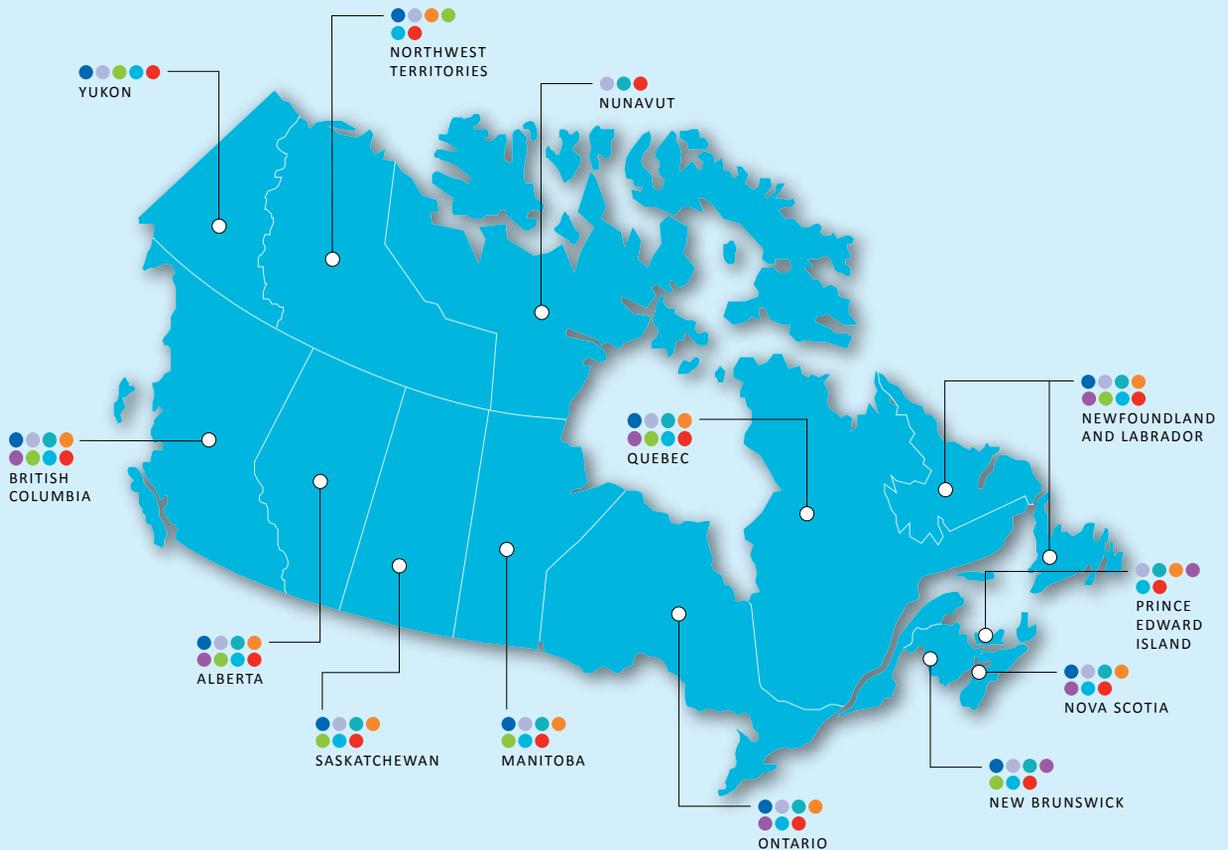
### EXPENSES / 2013/2014 / \$38,954,338



- Government of Canada
- Other funding
- Canada Health Infoway

The above information is excerpted from the Canadian Partnership Against Cancer's financial statements audited by Grant Thornton LLP. To review the complete financial statements, please see our full annual report at [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

## CHANGING THE CANCER LANDSCAPE



*Canada's national cancer strategy is already having a powerful impact across a large geography and diverse population, through the work of Canada's cancer control community. This map shows the reach of the cancer strategy during the 2013/14 year for selected initiatives profiled in this publication.*

### SELECTED INITIATIVES

- Coalitions Linking Action & Science for Prevention (p. 25)
- Population-Based Screening (p. 25)
- Synoptic Reporting (p. 22)
- Person-Centred Perspective Initiative (p. 12)
- Canadian Partnership for Tomorrow Project (p. 18)
- First Nations, Inuit and Métis Cancer Control Initiative (p. 10)
- System Performance (p. 21)
- Cancerview.ca (p. 26)

Public engagement and outreach underpin all areas of Canada's cancer strategy and include partnerships with patient organizations as well as direct engagement with people affected by, or with an interest in, cancer.

### CANADIAN PARTNERSHIP AGAINST CANCER

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