

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

Strategic Plan 2008 - 2012

Updated February 2008

Introduction

As the population ages, cancer will increase demands on the Canadian health care system. Unless the current course of events is changed, over the next 30 years it is estimated that:

- Almost 6 million Canadians will develop cancer
- Approximately 3 million will die from the disease; and
- Over 38 million potential life years will be lost due to premature death.

There have been many successes over the past several years. Mortality from lung cancer in males has dropped steadily over the past decade, the result of past successes in reducing tobacco use in this population. Breast cancer mortality among women has decreased dramatically in the last 15 years, due to the diffusion of high quality screening, and advancements in treatment. Despite this, cancer is now the leading cause of death in Canada. While it is true that a large part of the increase in cases is due to the growth and aging of the population, cancer is not a disease that affects only the elderly. In fact, among Canadians aged 35 to 64, cancer kills more people than heart disease, stroke, and injury combined.

The Canadian Partnership Against Cancer Corporation (CPACC) began operations as a not-for-profit organization in April 2007. It was born out of the Canadian Strategy for Cancer Control. That five year plan was developed by a coalition of more than 700 cancer survivors, cancer experts, cancer agencies, governments and advocacy groups. At the beginning of its first year of operations, the CPACC submitted a five year Strategic Plan to Health Canada for approval of funding. It reflected the Canadian Strategy for Cancer Control and included a breadth of activities and outcomes that required attention within the cancer control domain as identified by the eight strategic priority areas of the original strategy.

Since the inception of the CPACC, the Board and transition team, and now the executive team, have consulted extensively with stakeholders in the cancer control system at the federal, provincial and territorial level, as well as patients, NGOs and cancer experts. The clear expectation is that in order to be successful the organization must ensure that there are tangible outcomes that can be achieved in the first five year mandate. The strategic plan must be direction-setting, while the activities identified through the annual funding submissions will continue to evolve as we implement, evaluate and discover new opportunities for initiatives which can advance our objectives and goals. The world of cancer control is dynamic and requires us to be adaptable and responsive. It is also international in scope, allowing us to learn from others and share Canadian best practices. Through international collaboration, we can adjust our strategy as new information becomes available.

The Board, as part of its responsibility to ensure the strategy's success, has undertaken a review of the strategy, the plans and the progress during the first year of implementation. This allowed us, building on the work of many cancer experts, to assess the opportunities, and to identify areas of focus and strategic initiatives that could be implemented in this timeframe and have **measurable impact** on outcomes.

Efforts in the first year of the Partnership were focused on establishing an accountable infrastructure and refining the strategy. There was also recognition that the previously defined Strategic Priority Areas -- primary prevention, screening/early detection, standards, clinical practice guidelines (now called cancer guidelines), rebalance the focus, health human resources, research and surveillance are fundamental over the next four years. In addition, the two supporting activities are central to the implementation of the strategy; quality and performance assurance and the knowledge platform/infrastructure.

Our Strategic Direction for 2008-2012

The eight priority areas continue to be the foundation of the Partnership's strategic direction. Each priority area addresses an important aspect of cancer control. These components are acknowledged by many international agencies to be key to the implementation of an integrated cancer control strategy. There is no material change to the strategy of the Canadian Partnership Against Cancer for the years 2008-2012. However, we have engaged in refining the existing direction, in order to ensure the delivery of measurable outcomes within the remaining mandate.

The CPACC is committed to the shared goals of cancer control as articulated both explicitly and implicitly within the Canadian Strategy for Cancer Control, and broadly shared by all partners in the cancer control domain: *to reduce the expected number of cancer cases; to enhance the quality of life for those affected by cancer; to lessen the likelihood of Canadians dying from cancer; and to increase effectiveness and efficiency across the cancer control domain.*

As the organization has evolved, the Board recognized a need to create focus and ensure key deliverables and tangible outcomes are achieved. The existing strategy included a broad scope of activity across the cancer control domain, and this is to be celebrated. However, there was recognition that greater collaboration across the priorities, including synergies with other partners, was a responsible and strategic approach to generate significant impact.

The Board also noted that it was essential, within the broad cancer control domain, to identify Partnership-specific objectives for which CPACC could be accountable. Ideally, these would highlight the importance of working in partnership with others across the country to implement the strategy, and contribute to the knowledge translation mandate of the organization. Most importantly, all of the work of the Partnership must reflect the patient perspective

The objectives for the Partnership are to:

- 1. Reduce gaps in knowledge to enhance cancer control**
- 2. Facilitate and accelerate implementation of best available knowledge**
- 3. Optimize quality and access**
- 4. Improve the cancer experience for Canadians**

The organization will meet its objectives guided by its vision, mission and a set of values by which the work will be accomplished.

The CPACC vision is to ***achieve improvements in cancer control in Canada by being a catalyst for a coordinated approach that will:***

- ***Reduce the expected number of cases of cancer***
- ***Enhance the quality of life for those affected by cancer***
- ***Lessen the likelihood of Canadians dying from cancer***
- ***Increase the effectiveness and efficiency of the cancer control domain***

This vision recognizes the many years of work invested in the creation of the Canadian Strategy for Cancer Control, the enabling role of CPACC, and the broader goals it shares with other partners, governments and stakeholders across the cancer control continuum.

Aligned with the vision, we identified the following mission:

We are a partnership of cancer experts, charitable organizations, governments, patients and survivors, determined to bring change to the cancer control domain.

We work together to stimulate generation of new knowledge and accelerate the implementation of existing knowledge about cancer across Canada.

Built on the direction and purpose laid out in the vision, mission and values, the Partnership will ensure the most reliable and current cancer knowledge is disseminated across the country regardless of provincial or territorial boundaries. CPACC will provide this information to governments, cancer agencies, health professionals, support groups, patients, their families and individuals in every part of Canada. The Partnership will engage the public and be transparent in its communications efforts

Strategic Priority Areas

The eight strategic priority areas were identified in the formulation of the original strategy documents, and these continue to form the basis of the Partnership's knowledge to action mandate. A series of projects and activities were identified within the priority areas to address the burden of cancer on our health care system and the patients that it serves. These priority areas remain the basis for the Canadian Partnership Against Cancer's strategic direction.

Primary Prevention

Primary prevention activities will focus in two areas. First, some exposures are uniquely linked to cancer. These include environmental and occupational carcinogens, sun exposure, and some infectious agents, such as Human Papilloma Virus (HPV). Secondly, there are many modifiable risk factors that, in addition to the cancer burden, also predispose Canadians to other negative health outcomes. These include tobacco and alcohol use, physical inactivity, poor nutrition, and obesity. For these common risk factors, ongoing collaboration will be required with partners in other areas of public health in order to avoid duplication and maximize opportunities.

Over the next four years, building on recent international consensus statements, CPACC intends to play a leadership role in addressing a specific risk factor, such as the dietary components in cancer prevention, and the closely related area of obesity. Primary prevention research, including policy analysis, and, effective surveillance of risk will contribute to this area. Raising awareness of cancer risk behaviours among Canadians, and of the environments that may limit these behaviours, will be key components..

Action Plan 2008-2012

Develop and execute a national prevention surveillance initiative that will provide new information in the prevalence of environmental and occupational exposure to carcinogens

Collaboratively develop and a strategy to address obesity, and dietary risk factors for cancer, aligned with best available knowledge

Working with stakeholders, develop and execute a sun exposure approach that minimizes the risk of skin cancer, but recognizes the recent information on the potentially positive effects of Vitamin D

Review the role of infectious agents and the development of cancer and identify related approaches to prevention

Work with partners in screening and early detection to develop an integrated approach to HPV prevention and to cervical cancer screening during this era of new opportunities, and some concomitant risks, in cervical cancer control

Expected Outcomes

Canadians will better understand their modifiable cancer risks and will be able to make informed choices – reducing the number of cancer diagnoses and deaths over the long term

Targeting specific high-risk populations will reduce the health inequalities between advantaged and disadvantaged populations

Cutting-edge, reliable and rigorously derived information will be provided to governments, cancer professionals, and cancer support groups, patients, their families and individual Canadians

Management capacity to prevent cancer through the provision of evidence-based information and tools will be enhanced. This will be designed to allow provinces and territories to build cancer prevention strategies tailored to their needs

Screening/Early Detection

Cancer screening, delivered through effective population-based screening programs, in particular breast and cervical screening, has already contributed significantly to cancer control in Canada. However, with the advent of colorectal screening, and with goals still to be reached in breast and cervical cancer screening, there is still much that can be accomplished in this area. Through Screening/Early Detection the CPACC will focus on maximizing the impact of screening in those cancer sites that are known, through evidence based analysis, to have the potential to reduce incidence and/or mortality through screening. For these cancers, CPACC will enable a process to develop and implement screening performance indicators and to foster the development and sharing of effective strategies to improve access to and participation in effective cancer screening. We will establish effective partnerships with key stakeholders in the health-care system to ensure coordination of screening efforts; and actively participate in international screening networks. Finally, we will monitor new evidence and emerging screening technologies for these and other cancers.

Action Plan 2008-2012

Working collaboratively with key stakeholders, the achievement of participation targets for breast, cervical and colorectal screening

Champion the concept of programmatic screening (vs. opportunistic screening) where appropriate with key partners and stakeholders to promote better understanding of the population health approach and facilitate better integration and linkages with other health care system strategies

Develop outcome and process objectives for cancer screening in Canada, including a set of national screening performance indicators and benchmarks, building on previous work and accomplishments of the national breast and cervical screening committees, cancer care agencies and internationally recognized approaches

Identify gaps and key areas for improvement in the delivery of organized screening programs (existing and new) in Canada and develop strategies, working collaboratively, to address these gaps

Expected Outcomes

Appropriate use of screening will contribute over time to improved quality of life through earlier identification and reduction of the expected number of Canadians dying from cancer

Improved patient understanding, supporting informed decision-making about screening

Improved policy-maker knowledge regarding screening

Improved quality of screening provided through performance tools and professional adoption of standards

Provision of a national perspective built on comparability, transparency, consistency and portability of knowledge across Canada

Creation of a participative and evidence-based platform for communication and joint action of all stakeholders to enable efficient alignment of screening/early detection cancer control resources

Standards

During the development of the Canadian Strategy for Cancer Control, the Governing Council identified a lack of standards as a significant impediment to the provision of high-quality cancer care across Canada. Without standards, it is difficult to share information, compare practices or evaluate outcomes. Canadians are unable to determine whether the health-care system is delivering equitable, effective and efficient care.

Standards are required to develop best practices for cancer diagnosis, treatment and care; and to establish performance indicators to evaluate service delivery and foster improved access and quality. Standards will also be used as key measures within the other priority areas, and as benchmarks for cancer system performance. Key partnerships include Accreditation groups/bodies, Professional Societies, Provincial Cancer Agencies and other Provincial/National stakeholders that will facilitate uptake and ease of implementation. In the year to come, work in this area will inform Knowledge Management on means to collect and analyze such indicators.

A key focus of this work will be to ensure that their recommendations are culturally sensitive to Canada's First Nations, Inuit and Métis people by promoting their involvement in all aspects of work.

Action Plan 2008-2012

Identify and develop through collaboration, a core set of evidence-based cancer control standards, indicators and benchmarks for use by cancer agencies and programs

Establish an inter-provincial mechanism to promote and facilitate the development, dissemination, uptake and evaluation of pan-Canadian standards and performance indicators and benchmarks

Establish and recommend rigorous methodologies, including tools and templates for the development, implementation and monitoring of standards, indicators and benchmarks for use within Canada, developed in consultation with key stakeholders

Develop and execute a common data and technology system for storing and accessing performance indicators and best-practice standards information

Improve access to standards and performance indicator information by professionals, patients and the community at large

Expected Outcomes

Widely accepted standards and indicators that enable performance assessment of the cancer control system

Provision of a national perspective by enabling comparability, transparency, consistency of standards and indicators across Canada

Engagement of cancer control community experts, leveraging critical experience and expertise for use by all (capacity building)

Support for target setting and system performance measurement

Cancer Guidelines

Evidence-based clinical practice guidelines are used to guide clinical practice and policy decisions. They promote appropriate practice, help inform investment in new technologies, and contribute to quality improvement programs. Through its three interconnected strategic directions (CPG Tools, CPG Cancer Knowledge Resource and Partners), co-operation among provincial cancer guideline programs will be facilitated, common principles will be established, and a communication infrastructure and training opportunities will be developed.

The CPACC will champion the optimal use of evidence through clinical practice guidelines, promoting a consistent approach to cancer control. An important part of the work is to gather and communicate cancer control knowledge across other priority areas, cancer control practitioner groups and other stakeholders. The CPG work will enhance the ability of provinces, territories, municipalities, NGOs and individual Canadians to access, evaluate, use and share knowledge about the best cancer control practices.

Action Plan 2008-2012

Champion through national collaboration a pan-Canadian strategy to facilitate the optimal use of evidence through clinical practice guidelines for cancer control

Develop a quality Canadian-based online resource designed to provide the optimal use of evidence for clinical practice. This comprehensive cancer knowledge resource will include links to high quality Canadian and international sources

Collaboratively develop and implement resources and tools to help provinces develop, adapt, appraise, disseminate, implement, evaluate and maintain high quality evidence-based clinical practice guidelines that are relevant to their circumstances

Design a core curriculum to assist in the training of information specialists to facilitate the optimal use, evaluation, and utilization of evidence-based guidelines and products related to informed decision-making

Working with key stakeholders, develop and implement reporting tools to enable better clinical decisions

Develop tools for government decision-makers that facilitate greater consistency in clinical practices across the country

Build on participation of key leaders in guideline and knowledge management to foster consistent information sharing, collaborative action and efficiency across organizations, clinical communities, and national and international researchers

Expected Outcomes

Provision of a national perspective by enabling comparability, transparency, consistency and portability of knowledge across Canada

Timely access to optimal evidence-based information for health professionals, government decision-makers, patients and the community

Tools and guidance for jurisdictions and other stakeholders to develop better clinical practice guidelines and adapt existing guidelines

Tools to enable consistent decision-making by governments

Increased public awareness, involvement, and understanding of issues that have a major impact on patient care

Canada seen as a world leader in clinical practice guidelines through participation in international projects

Capacity building through leveraging cancer control experts for use by all practitioners

Rebalance Focus

For many years, cancer patients and their family members have reported that cancer care in Canada is not operating as an integrated whole or in a patient-focused manner. Many feel isolated. Others find their care is fragmented and are uncertain where to turn for help. Access to information, support and services often depends upon where one lives.

When a person is diagnosed with cancer, there are emotional, social, spiritual and practical consequences for both the individual and family members. Support, access to information, and effective communication with health care providers are critically important, yet patients report difficulty accessing information and services in a timely

manner. The objective of “rebalancing the focus” is to ensure that cancer patients’ overall needs are better served by the health-care system. The CPACC will develop and promote strategies, tools and targets to address the urgent need for resources, including programs and staff, and ensure that health care professionals receive education in psychosocial, supportive and end-of-life care. It will also work to improve coordination and continuity of cancer care through a formal partnership between Canadian accreditation stakeholders. The voice of the patient is critical to inform the work within Rebalance Focus.

Action Plan 2008-2012

Define deliverables for a patient-focused system, and validate with patients and their families

Establish best-practice standards and performance indicators in the areas of psychosocial, supportive and palliative care

Increase and enable patient access to knowledge about supportive and palliative care

Expected Outcomes

Improved patient experience for those currently being treated for cancer, and for those living with cancer

Enhanced availability of reliable, current information and supports for patients and their families, cancer support groups, cancer professionals and governments

Human Resources, now called Health Human Resources

Cancer control professionals, among many other healthcare professionals nationally and internationally, have identified a lack of human resources as a potential threat to cancer control and chronic disease efforts in Canada and around the world. Shortages in the cancer workforce have limited the health care system’s ability to care for patients and threatened its sustainability. In coming years, the increasing number of cancer patients will put an even greater strain on Canada’s ability to provide timely and effective cancer care.

The objective of the CPACC is to understand where it can be most helpful in addressing the multi-faceted question of the future needs of health human resources. The CPACC will seek innovative service delivery models, and encourage that relevant cancer workforce information reaches provincial health human resource policy planning discussions. Through the examination of the nature and extent of human resource shortages, and its direct impact on cancer specifically, the CPACC will explore partnership opportunities over the next four years to assist with ongoing planning efforts, leading to working with others on collaboration for an effective human resource planning methodology.

Action Plan 2008-2012

Promote information exchange on health human resource issues across the country and on innovative practices being used to mitigate them

Link into existing human resources planning processes at the federal and provincial level to provide input from the perspective of the cancer workforce

Expected Outcomes

Improved planning information regarding health human resources

Rapid dissemination of effective innovative practices to cancer care agencies and governments

Support to activities within other priority areas

Research

Over the past decades, billions of dollars worldwide have been invested in cancer research worldwide. Outstanding progress has been made in the treatment and cure of childhood cancer and certain adult cancers. The challenge lies in applying and integrating knowledge. Under the CPACC, innovative research partnerships will be leveraged to address emerging issues.

To capitalize on Canadian research strengths and focus them on the challenges in cancer control, the CPACC will work with Canadian Cancer Research Alliance (CCRA). The CCRA brings together all the major organizations and agencies funding cancer research in Canada to coordinate a united research response for cancer control.

The objective of the CCRA is to provide a pan-Canadian voice on key research issues, promote the integration of research with all aspects of cancer control and champion biotechnology and translational research. The CCRA will promote the translation of science into easily accessible knowledge products. It will also organize a major investment in understanding cancer risk factors in the context of other chronic diseases. The CCRA will provide oversight for the development, implementation and evaluation of major research initiatives linked to the CPACC.

Action Plan 2008-2012

Establish and maintain pan-Canadian cancer research network promoting integration of research across Canada

With CCRA, coordinate funding for on cancer translational clinical research to foster the rapid transfer of new knowledge between the scientific community, health professionals, policy-makers and the community at large

As part of CCRA, coordinate funding for a groundbreaking cancer cohort study to better understand risk factors for cancer, and to create a legacy “population laboratory” to enhance the understanding of many population-based health issues

Expected Outcomes

Cost-effective cancer research agenda that avoids unnecessary duplication and overlap

More rapid translation of research into clinical practice and government decision-making

The initiation of a true legacy, in the creation of a large (300,000 people) population cohort, which would not be possible under other funding mechanisms currently in place in Canada

Surveillance

Accurate, integrated and accessible information is required to facilitate effective planning, implementation, monitoring and evaluation of cancer control. Canada is recognized as a world leader in the production of high-quality surveillance data. However, resources are limited; vary in quality between jurisdictions, and lack integration and a centrally coordinated technological infrastructure.

We will work in collaboration with the provinces, territories, the Public Health Agency of Canada and Statistics Canada to design, reach consensus and facilitate implementation of a high-quality, pan-Canadian cancer surveillance system. The objective is to provide better data on which to base prevention, screening, health care delivery, and policy decisions by bringing together cancer epidemiological data and cancer control information from the provinces and territories for use in planning, implementing and evaluating Canadian cancer control efforts. The CPACC will monitor and evaluate the Canadian cancer control system, identify opportunities to link together information silos across Canada, build upon the successes of the previous Canadian surveillance coalition (Canadian Council of Cancer Registries, Canadian Institute for Health Information, National Cancer Institute of Canada, Canadian Oncology Society, etc.) and facilitate the expansion of the current cancer control surveillance system, now limited to incidence and mortality data, to acquire and utilize cancer staging data.

Action Plan 2008-2012

Working collaboratively, expand and standardize core set of epidemiological data collected by cancer registries, to ensure high quality staging information is available

Development of more frequent, timely, and relevant cancer surveillance data, which will result in greater application of the information to inform policy and interventions

Enhanced capacity for meaningful analysis through training and development of team reporting of critical information

Improve record link between existing databases

Expected outcomes

Required support for the CPACC's knowledge and evidence-based strategy

Improved information for basing actions to prevent, screen, provide care and decide policy.

Support for a national perspective by enabling comparability, transparency, consistency and portability of cancer data across Canada

Basis for Action Groups to analyze gathered cancer information and knowledge across the cancer control continuum

Improved capacity for evidence-based policy and programs to meet population needs

Capacity building through leveraging critical expertise and providing to cancer community

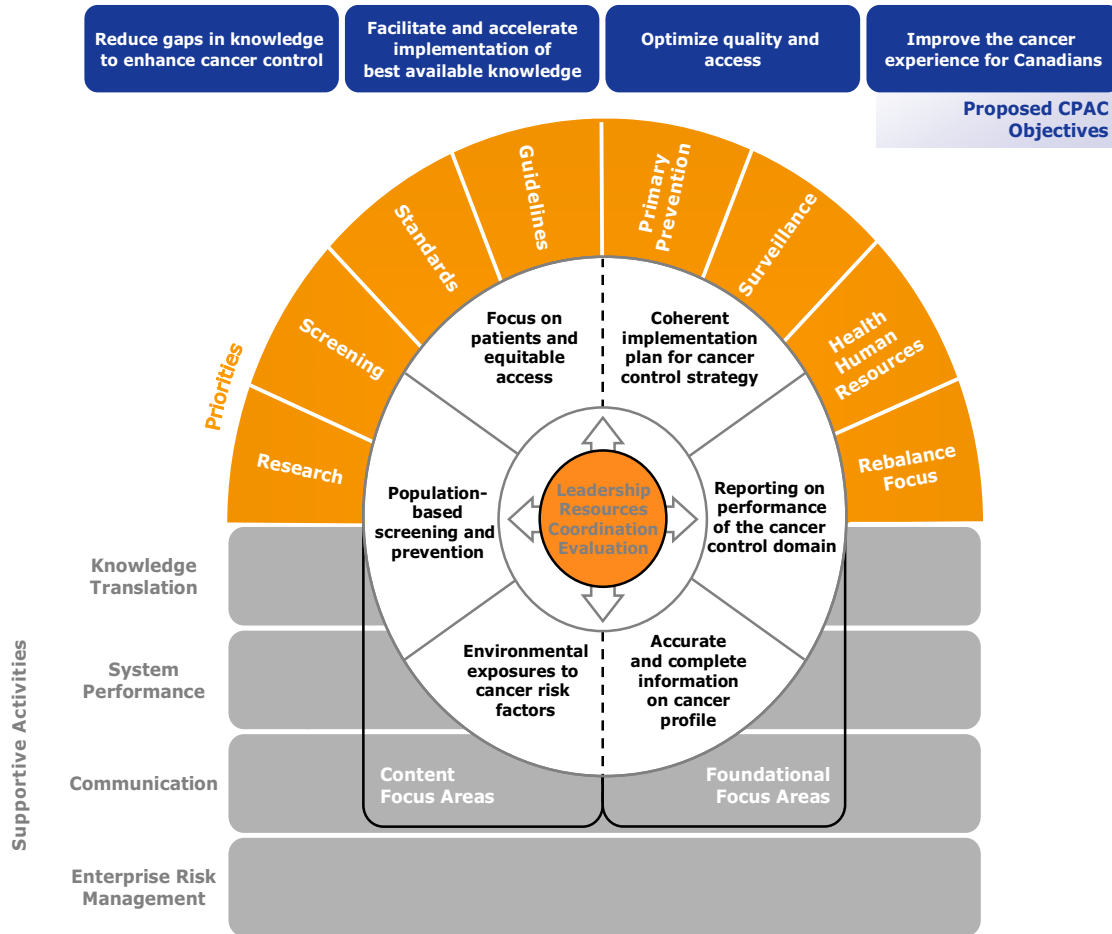
Refining the Strategy for the Future

To create measurable outcomes and sustainable change in cancer control, it was clear that the organization needs to enhance its emphasis in areas where significant outcomes in cancer control can be generated, and will build a legacy for future efforts.

The eight priority areas reflect the continuum of the cancer control domain, and within these priorities six areas are key to the Partnership delivering against its objectives within the next four years. These six **Key Areas of Focus** cut across all priorities and require an integrated approach, and they offer significant opportunity for impact and outcomes. Preliminary analysis of the existing priority areas using a set of assessment criteria identified strategic initiatives that require joint collaboration, planning and execution. These will continue to be refined over the next four years as the initiatives take shape and activities are underway.

Portfolio Assessment Criteria

- ❖ Fulfill a defined need within the cancer control domain
- ❖ Define change and impact on system/patient outcomes
- ❖ Demonstrate impact on economic outcomes
- ❖ Have high potential to integrate activity across Action Groups (priority areas)
- ❖ Have partners/cancer control community ready to participate
- ❖ Be consistent with mandate for Knowledge to Action
- ❖ Have high potential to cross geographic, jurisdictional, and organizational boundaries
- ❖ Be uniquely positioned for CPACC to add value (focus of no other organization)



Key Areas of Focus and Strategic Initiatives

The Key Areas of Focus address specific **content areas** in cancer with potential to generate tangible and sustainable advancements, as well as **foundational areas** that strengthen and support the CPACC’s ability to influence change. Each key area of focus presents a unique opportunity and rationale for potential impact across Canada and internationally. Strategic initiatives will be supported with enhanced leadership, resources, coordination and mechanisms for evaluation and impact.

Content areas emphasize specific subjects that are of unique importance and relevance within cancer control. The key areas of focus that are content-driven have the potential to generate tangible and sustainable advancements. Foundation areas will support and strengthen the ability for the CPACC to influence change. The key areas of focus that are foundation-specific cut across the cancer control continuum and can be leveraged through the CPACC and its partners.

Key Areas of Focus			
Content Focus Areas	Environmental exposures to cancer risk factors	Accurate and complete information on the cancer profile	Foundational Focus Areas
	Population-based screening and prevention	Reporting on the performance of the cancer control domain	
	Focus on patients and equitable access	Coherent implementation plan for a cancer control strategy	

Each of the Key Areas of Focus has Strategic Initiatives that were embedded in the existing priority areas and can be accelerated in the next four years with enhanced resources and significant leadership and coordination. The initiatives will be evaluated against targets to ensure they have achieved their anticipated results. The linkage between the current priority areas and the evolved key areas of focus is mapped in the following table.

The matrix captures the strategic initiatives we can deliver and that will have an impact in the four year timeframe. As these initiatives continue to evolve and achieve milestones, the CPACC will identify new initiatives to advance.

Priority Areas	Key Area of Focus	Strategic Initiative	Expected Outcomes
<p>Primary prevention Research</p>	<p>Environmental exposures to cancer risk factors</p>	<p>CAREX: Carcinogen Exposures</p> <ul style="list-style-type: none"> Will map known carcinogens, occupational and environmental in Canada Exposure maps could be overlaid with incidence maps to generate hypotheses about cancer risk <p>Cohort Study:</p> <ul style="list-style-type: none"> 300,000 healthy Canadians will be enrolled in a study that will take detailed measurement of risk factors and behaviours to identify predisposition to cancer Biomarker component to collect and store blood and urine samples which provides an opportunity to test hypotheses 	<ul style="list-style-type: none"> An environmental exposures map can be tied to population-based data to inform policy decisions and planning by governments, NGOs and other partners A “population laboratory” for future generation of data A robust Canadian database to inform cancer risk behaviours planning and a legacy for future research
<p>Screening/early detection Primary prevention</p>	<p>Population-based screening and prevention</p>	<p>Colorectal:</p> <ul style="list-style-type: none"> Working with provinces as they initiate screening programs to develop common quality assurance indicators and monitoring Will support diffusion of this seriously underused test <p>Cervical:</p> <ul style="list-style-type: none"> Numerous changes are taking place in the environment surrounding cervical cancer screening; many of these are related to the opportunities presented by the HPV vaccine There are numerous players in HPV, and efforts are not coordinated CPACC opportunity to bring together disparate parts for consistent action and messaging <p>Currently developing strategic initiatives to address important areas such as survivorship, navigation, coordinated care and palliative care. Currently the system is heavily focused on treatment (tumour care) and there is a need and an expectation from patients and their families to move to a patient-centred focus with support for emotional needs of the person.</p>	<ul style="list-style-type: none"> High quality population-based screening and prevention programs for colorectal and cervical cancer, and greater public awareness and utilization of appropriate screening of these cancers
<p>Rebalance Focus Screening/early detection</p>	<p>Focus on patients and equitable access</p>	<p>Staging:</p> <ul style="list-style-type: none"> Fundamental to planning a cancer control 	<ul style="list-style-type: none"> Progress toward and integrated system that is more easily navigated, accessible and supportive of needs of patients and their families
<p>Cancer guidelines</p>	<p>Accurate and complete information</p>		<ul style="list-style-type: none"> Informed cancer risk modeling, directly linked to decreasing disability by causing

<p>Surveillance</p>	<p>on the cancer profile</p>	<p>program in order to capture stage of cancer at diagnosis – the critical predictor of outcome</p> <ul style="list-style-type: none"> • Staging shift is one of the early signs of success of screening programs • Information is critical to define access issues, and to determine if clinical practice guidelines are being implemented <p>Synoptic:</p> <ul style="list-style-type: none"> • Assessments of surgical pathology reports used to link data from service to outcomes • 40% of information to determine treatment decisions needed upstream is missing from reports • Evidence to support use of online checklists to organize information, and improve compliance 	<p>stage shift through earlier detection and prevention</p> <ul style="list-style-type: none"> • Information about cancer surgery will bring concrete data into active management within the cancer system
<p>Screening/early detection Standards Surveillance</p>	<p>Reporting on performance of the cancer control domain</p>	<p>Indicators:</p> <ul style="list-style-type: none"> • Gaining agreement on key indicators used to drive system change is essential, and will require collaboration among partners across Canada • Potential for international comparison is enhanced • Report development will be key to the CPACC communications impact <p>Guidelines:</p> <ul style="list-style-type: none"> • Streamlining activity and improving efficiency around development and dissemination of effective cancer control • Improve knowledge on uptake of guidelines, and reduce re-work that currently exists • Ultimately, will cut across all priority areas as an overall CPACC initiative with key implementation partners 	<ul style="list-style-type: none"> • Widely-accepted national targets for advancing cancer control • Enhanced pan-Canadian system planning and performance to achieve national targets
<p>Primary prevention Screening/early detection Standards Cancer guidelines Rebalance Focus Health Human Resources Research Surveillance</p>	<p>Coherent implementation plan for a cancer control strategy</p>	<p>Guidelines:</p> <ul style="list-style-type: none"> • Streamlining activity and improving efficiency around development and dissemination of effective cancer control • Improve knowledge on uptake of guidelines, and reduce re-work that currently exists • Ultimately, will cut across all priority areas as an overall CPACC initiative with key implementation partners 	<ul style="list-style-type: none"> • Improved uptake of guidelines reinforcing the importance of evidence-based decision making, notably by policy-makers and the public • Strong partnerships with delivery bodies in cancer system

Core Frameworks

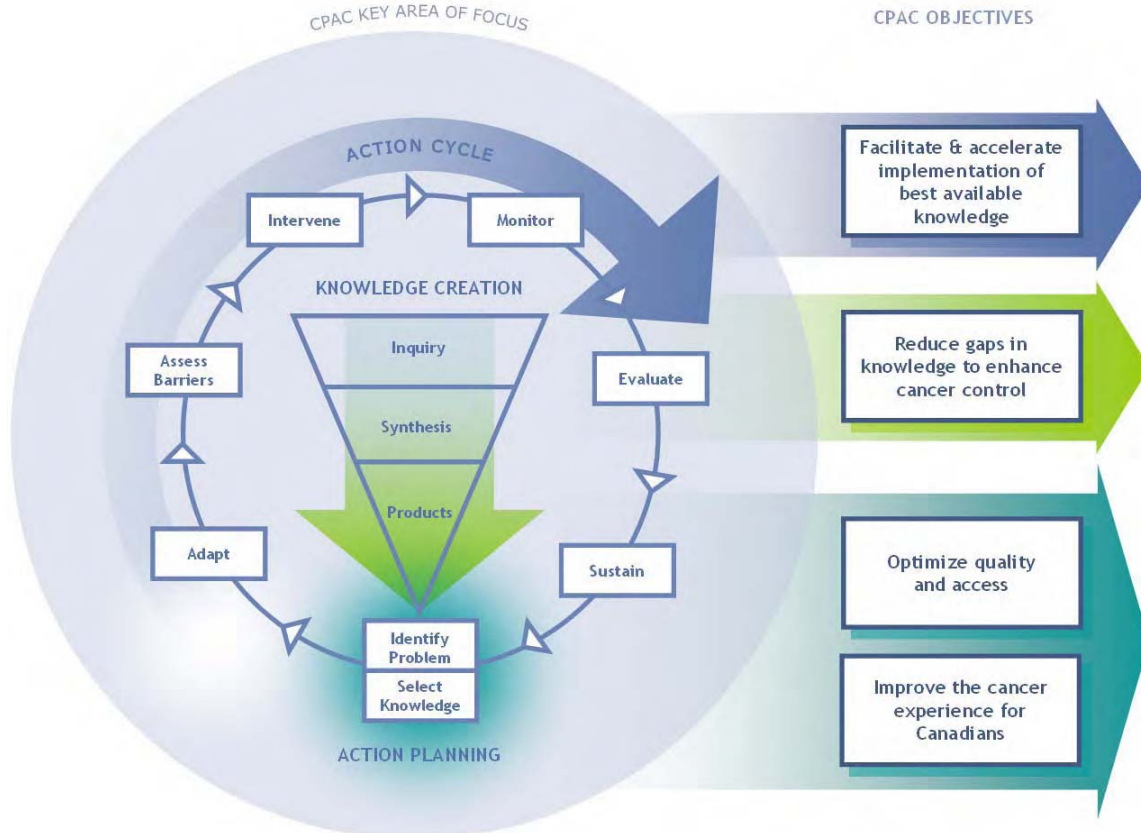
A set of core frameworks is being developed to support and leverage the priority areas, and direct and guide the work of the organization. Given the knowledge translation mandate of the organization, many activities include knowledge management and communications initiatives. CPACC central has initiated work against the frameworks, notably knowledge management, and will continue to build plans around the frameworks to ensure they provide the infrastructure to help the organization succeed. Central coordination will allow for integration across priorities, develop synergies and ensure resources are effectively leveraged across the organization. They include:

1. Knowledge management

Knowledge management refers broadly to knowledge translation, development of new information and data sets, and the tools and necessary capacity to support these activities. The Knowledge to Action framework, adapted from Graham et al, articulates well the a core focus of the partnership in identifying and creating new knowledge, and facilitating its uptake in Canada.

The framework is shown below including the alignment with CPACC’s goals.

CPACC Knowledge to Action Framework showing alignment with objectives



The knowledge management strategy will provide support and leadership in the delivery of **CPACC’s knowledge to action mandate to ensure the most up to date evidence**

and knowledge is available to the cancer control community broadly. The KM strategy will focus in three main areas:

1) Knowledge Broker and Strategy

The focus of this area is to facilitate the processes of knowledge translation associated with the strategy. It will involve the development and promotion of a knowledge to action toolkit – a series of tools that will support the ‘Action’ component of the knowledge to action cycle to. Examples of tools include methods for Knowledge mapping, group collaboration and development of social networks, online knowledge repositories, strategies to target multiple audiences, and methods to conduct assessments of needs for uptake.

The success of our strategy and uptake will rely heavily on the developing strong partnership with key stakeholders, and identifying opportunities for strategic leverage of technology, alignment with existing investments, and funding opportunities. There will be an emphasis on identifying opportunities to take our existing strategic initiatives and develop larger plans where possible through partnership.

2) Development of Core KM Infrastructure – the CPACC Portal

A key priority is the development of a portal as the Partnership’s central knowledge management platform. There is a vast amount of information available to the cancer community in Canada and navigating what exists poses a challenge whether you are a provider looking for innovative new strategies being used in other jurisdictions or you are a patient looking for the most recent information related to care. The portal is intended to provide a single, integrative Internet site where users (providers and the public) can find, develop, exchange and learn from others’ experiences, access the most up to date evidence and the information that they need in their fight against cancer. A core principle is that it is integrative, avoids duplication, and leverages where possible, existing technology and information of our partners. It will provide access to collaborative tools that will increase the efficiency by which information is created and disseminated among the action groups, cancer control providers, and permit online collaboration of patients, care givers and survivors. Its development and success will depend on engagement of the many partners in the cancer community, particularly the Canadian Cancer Society, Cancer Agencies, CCAN and government organizations. An initial launch of the portal is planned for March 08/09.

3) Analytic Capacity and Cancer Risk Management

Essential to improving our ability to advance the cancer control system is to increase our awareness of progress in cancer control through increased reporting capability. This will be achieved by expanding datasets available, generating new indicators and reports on cancer control, and developing a methodology to measure the impact of present and future program decisions in cancer control. The KM strategy will support the delivery of these functions both within the action groups and across the CPAC organization. Expanding analytic capacity through establishment of a small analytic unit will augment the ability for rapid delivery of new knowledge products.

A high priority deliverable of this area is **an integrated Cancer Risk Management Platform**. The development of an integrated knowledge translation and cancer risk

modeling platform for CPACC is a deliverable that charts new territory. The purpose of the platform is to model and identify the impact of program decisions in Cancer Control. Impact will be measured in terms of future disease burden (changes in mortality, incidence of cancer), and the impact of disability (quality of life of those living with cancer) including the impact on the Canadian economy broadly. It is intended to provide a valuable resource for decision makers at both the local, provincial and national level. An important link will be made between the Cancer Control System Performance framework in establishing targets for progress in Cancer Control and modeling the impact of achieving those targets.

Expected Outcomes

An integrative partnership portal that improves the ability to navigate, disseminate and promote uptake of knowledge about cancer control practices, and new developments in cancer across Canada

A cancer risk management methodology and platform accessible to a variety of decision makers to understand the impact of investments and program decisions in Cancer Control

The collection of new cancer datasets, ie. staging, surgical synoptic reporting and availability of new information on progress in cancer control

Successful knowledge translation strategies that change practice and well developed, proven methods to improve the efficiency and effectiveness of the uptake of new evidence

2. Cancer control system performance

Given that CPACC was created to accelerate action on cancer control in Canada, this framework will establish a mechanism to track continuous progress in cancer control at the system level. Building on work initiated by the Standards Action Group, this work will identify, with the input of cancer agencies, provincial governments, and other key partners, a core set of indicators that will allow assessment of the cancer control system from prevention and early detection through treatment and support. Once these are identified, this initiative will develop the analysis required to report on this core set of pan-Canadian indices and targets related to the goals of cancer control nationally. The report will be publicly accessible and will provide one method to assist in advancing cancer control across the country. Other reports, which may supplement the ongoing reporting of the key indicators, will be developed as required for specific strategic purposes identified throughout the implementation of the strategy.

3. Enterprise performance and risk management

CPACC is committed to managing resources efficiently and demonstrating tangible outcomes within its mandate. The ability to manage and measure the effectiveness of CPACC, both from a financial and non-financial perspective, is imperative. Key outcomes will be tracked against project milestones, and financial management systems are in place to manage budgets across the organization. Financial and non-financial risks that may affect the Partnership's performance have been identified,

and mitigation strategies are being developed to manage the risks. A balanced scorecard, or operations dashboard, will be used to measure the organization's operations. The dashboard will be reviewed at quarterly meetings with the Performance Committee of the Board and reported to the Board.

To be measured:

- Achievement of objectives
- Achievement of project milestones
- Financial objectives/budgets

4. Communications

The Partnership's efforts will ultimately ensure accelerated cancer control for all Canadians. Many stakeholders, and more importantly the public, have a vested interest in the outcomes achieved by the organization. A communications and public engagement framework is a priority to provide access to information for all Canadians. Communications efforts are being coordinated centrally, leveraging the work of the Action Groups. The CPACC portal will provide a vehicle to reach appropriate target audiences with clear and consistent messages.

5. Project Management Office

As an organization with a large project portfolio, CPACC has created an enterprise project management office (PMO) in the portfolio of the Chief Financial and Administration Officer. It provides:

- Standardized methodology and approach for project management activities such as project initiation, project approval, project change control, project budgeting, risk analysis, status reporting, project conclusion, etc.;
- Support and resources to Action Groups in the management of projects;
- Project accountability processes such as monthly and quarterly project status reporting, quarterly project reviews; and
- Reports to CPACC senior management on overall project activity and progress against approved plans.

Implementing the Strategy – Our Business Model:

The Canadian Partnership Against Cancer is a not for profit organization with a Board of Directors that reflects the broad range of stakeholders in the Cancer Control domain including provincial and territorial representatives, patient, family and survivors, an aboriginal representative, cancer experts and people with years of governance experience.

Board members are proven contributors at a Board or executive leadership level and a mix of skills including financial, management and operations. Given the importance of the organization's goals, Board members are expected to have the capacity to oversee planning and execution objectively.

The Board has put in place By-laws and policies that facilitate effective governance and has established Board committees including Governance and Nominating, Finance and Audit and Performance and Planning. Legal Advisors and External Auditors are in place.

The Board's primary responsibility is to provide oversight and direction to the executive as they implement the strategy and to ensure that there are effective accountability mechanisms in place in line with their fiduciary responsibilities. It will monitor the organization's performance against established priorities and deliverables and take corrective action as required.

Expected Outcomes

Development and implementation of a strategy that optimizes actions to achieve the Partnership's core goals

Development and implementation of a business plan with the CPACC organization and Action Groups held to account for effective and efficient achievement of deliverables

Improved public awareness of cancer prevention, treatment, and supports

Recognized vehicle for knowledge transfer

Transparent reporting on activities, achievements, progress against targets and finances

Demonstrated value through evaluation

Fulfillment of Funding Agreement requirements

Advisory Council

The Board has put in place an Advisory Council which comprises cancer experts from across the country and the Chairs of the Action Groups. It both acts as a resource for advice to the Board, to the Executive and the Chairs of the Action Groups on the implementation of the Strategy and as a resource to look forward and ensure that the organization is nimble and responsive to new breakthroughs and emerging issues.

The Advisory Council is co-Chaired by the Vice-Chair of the Board and the CEO. The exact terms of reference is established by the Board, however it is expected:

- to advise on performance measures and targets, policies and best practices from across Canada and internationally
- within the context of the strategy, to align and integrate Action Group activity to achieve optimal outcomes within the prevailing policy and resource environments
- to advise on optimal implementation strategies, including intersectoral and interdisciplinary collaboration, the integration of science and medicine and potential sources for resource leveraging
- to provide advice to the CPACC on system performance measures

- to provide other advice to the Board as requested.

Corporation

The Executive Team of the Corporation and the staff will lead, coordinate and support the activities of the Board, the Advisory Council and the Action Groups.

The Executive Team is as follows:

Chief Executive Officer: Responsible for overall executive leadership to engage stakeholders, create a vision, build the organizational capacity to drive results.

Vice-President Cancer Control: Responsible for Leading the Action Council of Chairs; Providing overall cancer expertise, Leading Cancer System Performance initiatives

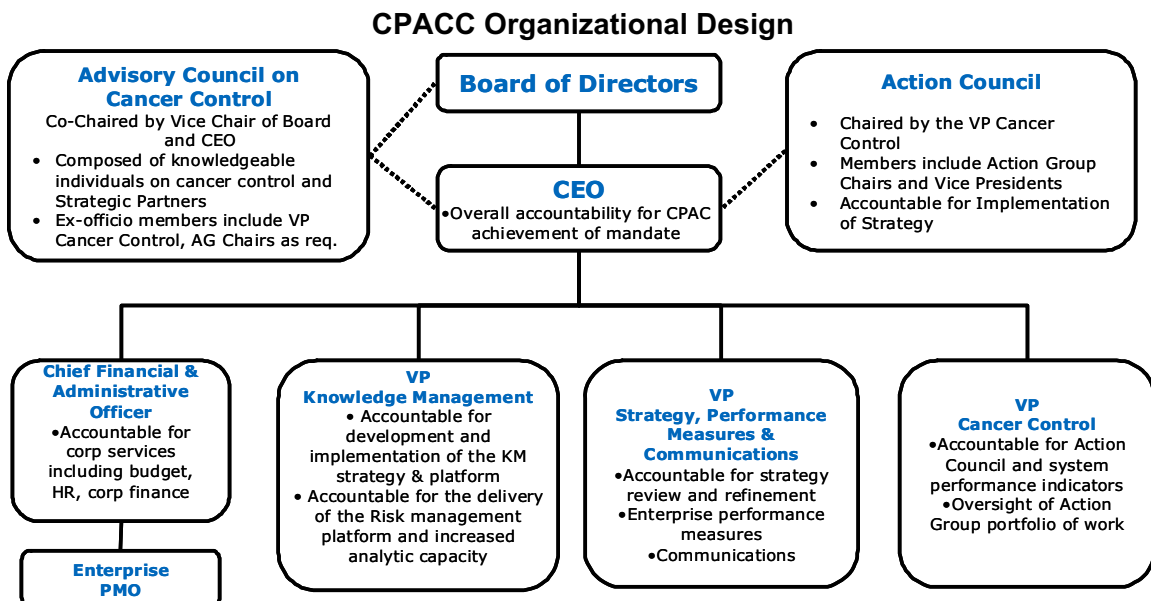
Vice-President Knowledge Management: Responsible for the development and implementation of the KM Strategy and Platform, responsible for the delivery of the risk management platform and building analytic capacity

Vice-President Strategy, Performance Measures and Communications: Responsible for strategic planning, government relations, stakeholder relations, partnerships with cancer organizations, communications, enterprise performance measures

Chief Financial & Administrative Officer: Responsible for: finance, human resources; administration; procurement/contract management.

Enterprise PMO: Project management support and monitoring to assist in the execution of the initiatives and projects for the corporation.

Program Directors and project staff: In addition to the executive team there are full-time program directors supporting the work through the action groups which are located both with the central team and across the country. Project staff similarly is located across the country to deliver projects and initiatives. These staff resources work on a full-time and part-time basis, on staff, on secondment and through contractual arrangements.



Patient/Survivor Linkages

To meet its goals, the Board has and will continue to set its priorities ensuring that the patient perspective is given strong weight. To do so successfully, the patient/survivor perspective is present throughout its ambit: from representation on the Board and the Advisory Council to participation on Action Groups. Funding is set aside for community linkages. The intent is to ensure that the issues identified by patients and survivors of many types of cancer are brought to bear. Communications and knowledge transfer/exchange with patients and survivors will be key to the CPACC's success.

Mechanisms for Delivering Outcomes

Action Groups

Cancer control knowledge and expertise are widely dispersed throughout Canada's health care system. To draw on this information and expertise and make it readily accessible to all stakeholders, the Canadian Strategy for Cancer Control Governing Council established collaborative networks of experts in priority areas known as Action Groups. These Action Groups become part of the CPAC structure as of April 1, 2007. Through the executive they are ultimately accountable to the Board of Directors.

The Action Groups have primary responsibility within CPACC for knowledge formation and direct action. Each Action Group will be headed by a Chair, who is a recognized subject matter expert with strong leadership, relationship management and execution skills. The Chairs will be supported by Program Directors and project teams to execute the work. Members, drawn from across Canada, include health practitioners and administrators, epidemiologists, analysts and cancer survivors. Action Groups gather and critically analyze cancer information and knowledge across the cancer control continuum, provide cancer expertise and management advice in specified priority areas, and coordinate and drive action across Canada. The structure allows the ability to build on optimal practices from each jurisdiction.

Each Action Group will feed information into the CPACC's knowledge management and risk management platforms and communications frameworks. The Action Groups work together, through the Action Council and with CPACC's partners, to share knowledge, eliminate duplication of effort and ensure consistency across activities. The makeup of the Action Groups is flexible and will change as new priorities in cancer control emerge.

Strategic Initiatives

Each key area of focus has strategic initiatives aligned within them that will form the basis of collaborative effort across the priority areas during the four year period of the plan. These initiatives have the potential to make significant impact within cancer control, and will be supported with greater coordination and resources, and will be evaluated against milestones and outcomes to ensure that the anticipated results are being achieved. The strategic initiatives are in a separate funding envelope to reflect their unique emphasis and to provide accountability and performance measures to them.

Strategic Innovation Fund

The purpose of this fund is to enable CPACC to take advantage of opportunities to make strategic investments in areas within the overall cancer control domain. Such investments would be within the strategic areas of focus and the eight strategic priorities. Criteria would include that the particular initiative would likely not happen without this investment. In most cases, CPACC would be looking for the potential opportunity to leverage these investments by securing matching funds from other partners in the cancer control arena. It is understood that the Strategic Innovation Fund would need to be allocated to initiatives and spent during the year.

Over the next year we expect to identify further areas of significant investment. The budget envelopes will evolve as the strategic initiative implementation plans are developed. As new strategic initiatives are identified, or new opportunities emerge from the priority areas, the budgets will be adjusted to reflect the resources required to support their development and planning.

The budget reflects that 2007-2008 was a start up year where the focus was on implementation planning, identifying areas of focus and building accountability, infrastructure supports and reporting mechanisms to support delivery of key initiatives. The Partnership is committed to investing effectively to deliver the key results and responding to opportunities that emerge through a strategic innovation fund.

Conclusion

While there has been progress across all priority areas since the Partnership was established, Canadians expect and deserve continued action to reduce the burden of cancer on patients, their families and the system. The Partnership is committed to achieving its objectives in cancer control through the strategic initiatives and priority areas it has identified. With an effective accountability infrastructure in place, the CPACC is uniquely positioned to deliver on the commitments for improved cancer control in Canada. Fundamental to the work of the CPACC is to leverage its partnerships in the cancer community and beyond to build stronger national knowledge bases, and to continue to integrate new knowledge as the strategy is implemented over the next four years. The cancer control domain covers a wide breadth and scope, and the Partnership's refined strategic plan recognizes that it must be focused in its activities to areas where it can add value and achieve tangible results in a four-year timeframe.