



The 2019-2029 Canadian Strategy for Cancer Control (the Strategy) is a 10-year road map to improve the quality and outcomes of cancer care for all people in Canada.

This document is a companion to the Strategy's Priority 4. It highlights **data and evidence** showing the magnitude of gaps in care and where action on cancer control could have the greatest impact across Canada.

As Steward of the Strategy, the Canadian Partnership Against Cancer (the Partnership) is responsible for monitoring and reporting on progress that has been made towards achieving the Strategy's goals. The Partnership is working with partners across the country to develop a set of indicators for measuring progress towards the Strategy's goals and associated targets. They will be used to report to Canadians starting in the fall 2020.



For more information about the Canadian Strategy for Cancer Control, visit partnershipagainstcancer.ca/cancer-strategy

Eliminate barriers to people getting the care they need

ACTION 1:

Provide better services and care adapted to the specific needs of underserved groups.

ACTION 2:

Ensure rural and remote communities have the resources required to better serve their people.

ACTION 3:

Ensure care can be delivered between provinces, territories and federal jurisdictions when needed.

The Canadian Strategy for Cancer Control's companion data for priorities specific to First Nations, Inuit and Métis presents what we currently know about access and outcomes for First Nations, Inuit and Métis.



Income

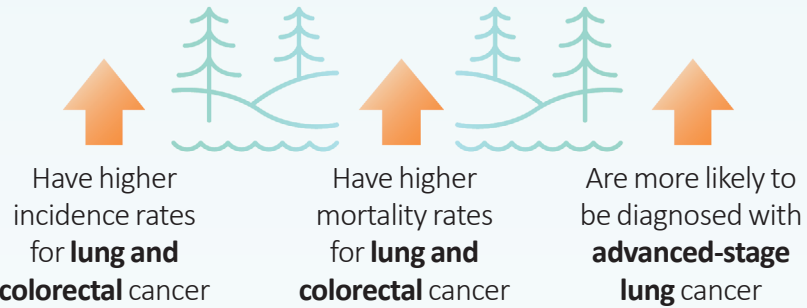
People with lower income are¹

		Lowest income quintile*	Highest income quintile*
more likely to be diagnosed with lung cancer	Incidence rate	89.3 per 100,000	53.7 per 100,000
	Death rate	69.4 per 100,000	42.8 per 100,000
less likely to survive the four most common cancers	5-year net survival rate		
	Breast cancer	83%	88%
	Colorectal cancer	59%	65%
	Lung cancer	16%	19%
	Prostate cancer	89%	94%

* Based on neighbourhood income

Geography

Compared to people living in urban areas, people living in rural and remote communities²



Lung cancer				Age-standardized incidence rates are		
Highest in	Nunavut	Prince Edward Island	Northwest Territories, Nova Scotia, New Brunswick			
	160 per 100,000	90 per 100,000	86 per 100,000			
Lowest in	Yukon	British Columbia, Ontario	Saskatchewan			
	54 per 100,000	61 per 100,000	67 per 100,000			

Colorectal cancer				Age-standardized incidence rates are		
Highest in	Northwest Territories, Newfoundland and Labrador	Nunavut				
	95 per 100,000	87 per 100,000				
Lowest in	Ontario	Yukon	New Brunswick			
	55 per 100,000	57 per 100,000	61 per 100,000			

Research

Many years of advances in cancer research have led to substantial improvements in health outcomes, but these improvements have not been observed across all types of cancer, as this comparison shows:

Share of Canada's total cancer research spending that went to breast cancer vs. lung cancer in 2016⁴



23%

Breast



6%

Lung

Early detection and better therapies have led to⁵

44%

relative decrease in the breast cancer death rate since 1988



Five-year net survival rate
73% → 87%
1980s today



Lung cancer kills more people than:

breast cancer + colorectal cancer + prostate cancer combined

And is the most common cancer in Canada



Lifestyle

Higher smoking rates are found among:^{1,3}



People with low incomes

25%
lowest income quintile

vs

15%
highest income quintile in 2011



People who live in northern and eastern Canada

14%
in British Columbia



62%
in Nunavut in 2015-16



People who live in rural or remote communities

24%
residents of very remote areas

vs

19%
urban residents in 2011



Excess weight is expected to become the **second leading** preventable cause of cancer.

Higher rates of overweight and obesity are found among people living in rural or remote communities.²

61%
rural or remote residents

vs

51%
urban residents in 2011

Access to healthcare



People who live in underserved communities or are socioeconomically disadvantaged are less likely to get screened.



How a cancer is treated may be affected by where patients live.

Cervical cancer screening participation varies by^{2, 3}



% eligible women who reported they have had at least one Pap test in the past three years

Jurisdiction

70%
in Quebec



84%
in Newfoundland and Labrador in 2017



Income

66%
lowest income quintile



vs

82%
highest income quintile in 2017



Immigration status

65%
recent immigrants



vs

82%
Canadian-born population in 2012



% of women who had a **mastectomy** (instead of breast-conserving surgery*)²

*Mastectomy and breast-conservation therapy (BCT) yield comparable survival outcomes, but BCT is less invasive than mastectomy and is associated with lower morbidity, improved cosmetic appearance and better psychological outcomes.

56%



vs

40%



of women who lived 3+ hours from a radiation treatment centre

of women who lived less than half an hour away in 2007-12²

52%



vs

38%



of women who lived in remote areas

of women who lived in urban areas in 2007-12²

What's next?

We need more evidence on:

- **Health care services that have been adapted** to the specific needs of people of all socio-economic and cultural backgrounds, all age groups and all identities
- **Barriers faced by specific groups** (e.g., First Nations, Inuit and Métis, visible minorities, the LGBTQ2)

community and other underserved populations) and effective ways to eliminate those barriers

- **Availability and participation in education and training** for cancer care providers to understand and provide culturally safe and competent care that respects the values of their patients
- **Adoption of innovations and enablers** that allow cancer care to be provided closer to home (when it can be delivered safely)

- **Access to and participation in clinical trials** across provincial and territorial boundaries
- **How models of care and access to health care providers varies** based on where people live (i.e., in rural or remote settings), and the impact this variation has on outcomes and costs to the health care system

References

1. Canadian Partnership Against Cancer. 2017 Cancer System Performance Report. 2017.
2. Canadian Partnership Against Cancer. Examining disparities in cancer control. Toronto (ON); 2014.
3. Canadian Partnership Against Cancer. 2018 Cancer System Performance Report. Toronto (ON); 2018.
4. Canadian Cancer Research Alliance. Cancer research investment in Canada, 2016. Toronto (ON); 2019.
5. Canadian Cancer Society. Infographics [Internet]. Toronto (ON): Canadian Cancer Society; 2017 [Available from: <https://www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication/canadian-cancer-statistics-infographics/?region=on>].