



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 5. 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](https://partnershipagainstcancer.ca/cancer-strategy)

# Deliver information and supports for people living with cancer, families and caregivers

## **ACTION 1:**

Integrate the full spectrum of information and support services to ensure people are fully supported throughout the cancer journey.

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## **ACTION 2:**

Address the limited and unequal access to palliative and end-of-life care across Canada.

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## **ACTION 3:**

Support children, adolescents and young adults at key transition points in their unique cancer journeys.

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## Diagnosis

Being diagnosed with cancer can be an overwhelming, life-changing experience that triggers a range of emotions including fear and anxiety.

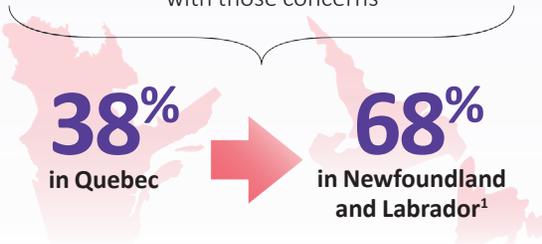


More than **9 in 10** (94%) report being told they had cancer in sensitive manner<sup>1</sup>

Nearly **7 in 10** (68%) report having anxieties and fears upon diagnosis<sup>1</sup>



Of these people **More than 5 in 10** (56%) were not referred to a care provider for help with those concerns

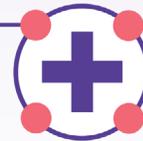


## Treatment

People undergoing cancer treatment often experience symptoms causing distress such as fatigue, anxiety, pain and depression.

Nine provinces are using standardized tools to screen for symptoms causing distress in 159 cancer centres.

More than **1 in 2** patients with cancer report they have symptoms causing distress during treatment.



Of these people

**76%** experienced **fatigue**



**56%** experienced **anxiety**



**51%** experienced **pain**



**45%** experienced **depression**.<sup>1</sup>



## Palliative care

For people with cancer,



beginning palliative care early, such as during curative treatment, can **improve quality of life and, in some cases, extend life**, but there is little routinely collected national data on the quality and timeliness of palliative care in Canada or the integration of palliative care into curative treatment; existing data are mostly limited to end-of-life care.

Of people who died in hospital: **14%** were not referred to palliative care.<sup>3</sup>



For those who were referred,

**66%** received inpatient palliative care only during their **last hospitalization**, which can be too late for patients to experience the full benefits of palliative care.<sup>3</sup>

A three-province study suggests

**58%** in British Columbia  
**42%** in Ontario  
**46%** in Nova Scotia

received palliative home care from a nurse or personal support worker in their **last six months** before death.<sup>2</sup>

86% of Canadians believe palliative care should be provided at home as much as possible.<sup>7</sup>

- Starting in 2019, 5000+ paramedics in six provinces began providing palliative care to eligible patients with cancer in their home
- The Paramedics Providing Palliative Care at Home Program in Nova Scotia and Prince Edward Island has saved more than \$3 million through avoidable ED visits and hospital admissions, which could be redirected to other health care services in these provinces<sup>8</sup>

# Survivorship

**2 in 3** cancer survivors experience difficult times after treatment ends. Of these people<sup>1</sup>:



**Physical challenges:**

**8 in 10** reported having physical challenges after their treatment ended. **Fatigue** was the most difficult to get help for.



**Emotional challenges:**

**7 in 10** reported having emotional challenges after their treatment ended. **Worry about cancer returning** was the most difficult to get help for.



**Practical challenges:**

**4 in 10** reported having practical challenges after their treatment ended. Financial problems such as paying **healthcare bills** and getting **life insurance** were the most difficult to get help for.



**1 in 3** people who sought help for their most difficult concerns reported waiting too long or being unable to get help.



Adolescents and young adults with cancer are even more likely than adults to have physical, emotional or practical concerns after treatment ends:

**9 in 10** have physical challenges

**9 in 10** have emotional challenges

**8 in 10** have practical challenges

Investment in cancer survivorship research has more than doubled.

**\$10.9 million**  
in 2005



**\$23.6 million**  
in 2016



There were substantial increases in investments in

**physiological effects**

**care delivery**

**access and quality**

**quality of life<sup>6</sup>**

Because most adolescents and young adults will live for many years after their diagnosis, it is important to provide long-term follow-up care to identify and treat "late effects," health problems related to cancer or its treatment that appear later in life.<sup>5</sup>



## Survivorship (continued)

**Adolescents and young adult cancer survivors have more difficulty obtaining or retaining employment than the general population.<sup>9</sup>**

		Had Cancer	General Population
% of adolescents and young adults who did not report working in the past year, by age group	20-24	13%	12%
	25-29	16%	10%
	30-34	17%	11%
	35-39	17%	11%

**Those who do find work tend to earn less than young adults who have not had cancer.<sup>9</sup>**

		Had Cancer	General Population
% of adolescents and young adults who reported a personal income below \$40,000 per year, by age group	20-24	84%	85%
	25-29	70%	59%
	30-34	60%	47%
	35-39	54%	44%

### What's next?

**We need more evidence on:**

- **Availability of and access to community-based services** to help people more easily return to work, school and life (including in rural, remote and isolated parts of the country)
- **Patient-reported outcomes and experience measures** in various clinical and community settings, which can be used to direct more comprehensive person-centred care
- **Access to early and integrated palliative or end-of-life care** in all cancer care settings
- **Availability of and participation in palliative care education and training** for a broad range of care providers in institutional and community settings
- **Access to high-quality, person-centred end-of-life care** that is provided to patients in the setting of their choice
- **Financial burden of cancer care** on patients, families and caregivers, including out-of-pocket expenses
- **Availability of and access to supports and processes that enable smoother transitions** from pediatric to adult cancer care
- **Availability and access to services that are geared toward the unique challenges faced by children, adolescents and young adults living with cancer, and their families** (e.g., fertility counselling, mental health services, peer support, psychosocial assistance, rehabilitation support services)

### References

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3. Canadian Partnership Against Cancer. Palliative and End-of-Life Care. Toronto (ON); 2017.
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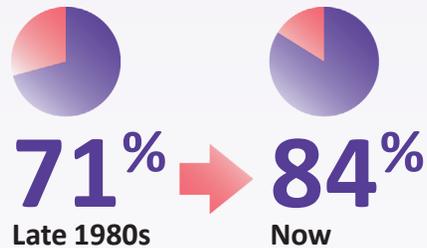
## Special feature: Children with cancer

Approximately **940** children are diagnosed with cancer every year in Canada.<sup>1</sup>



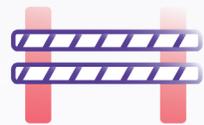
Some of the greatest improvements in cancer cure rates have occurred in children.

### 5-year survival<sup>2,3</sup>:



Acute lymphoblastic leukaemia is the most common cancer

occurring in childhood and it has seen particularly encouraging improvement in survival over time. In the late 1940s, no child was cured, but because large-scale clinical trials resulted in a better understanding of how to deliver treatments, today more than 90% of children with the disease are cured.



There are increasing barriers to the availability of trials in Canada

and this issue must be addressed so that Canadian children can continue to benefit from international research.



The intensive treatments that help children survive their cancer can also lead to health problems.

Children with cancer may experience severe symptoms during and following treatment. Because of that, screening of young cancer patients for symptoms should be routine in order to reduce suffering and to improve the quality of their lives. However, there is no national, standardized screening of children during and after cancer treatments and for late effects.



Providing ongoing, comprehensive follow-up care and supports to children after treatment is important

for preventing and treating any late effects as early as possible, which can improve recovery and long-term survival. Since cancer treatment can have life-long consequences for children and their families, it is important to understand if they are receiving access to services geared toward their unique needs such as fertility counselling, mental health services, peer support, psychosocial assistance and rehabilitation support services.



### References

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