Focused Approach, Measurable Impact.

ANNUAL REPORT 2011/12

CANADIAN **PARTNERSHIP**
AGAINST **CANCER**

PARTENARIAT CANADIEN
CONTRE LE **CANCER**

Our Goals

Working with the cancer and broader health communities to improve consistency and co-ordination across the entire cancer system, the Partnership's goals are to:

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

No single cancer organization in the country carries such a broad mandate.

Our 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 the generation of new knowledge and accelerate the implementation of existing knowledge about cancer control across Canada.

Our Values

Building on the principles defined in the Canadian Strategy for Cancer Control, the Partnership pursues its mission guided by core values.

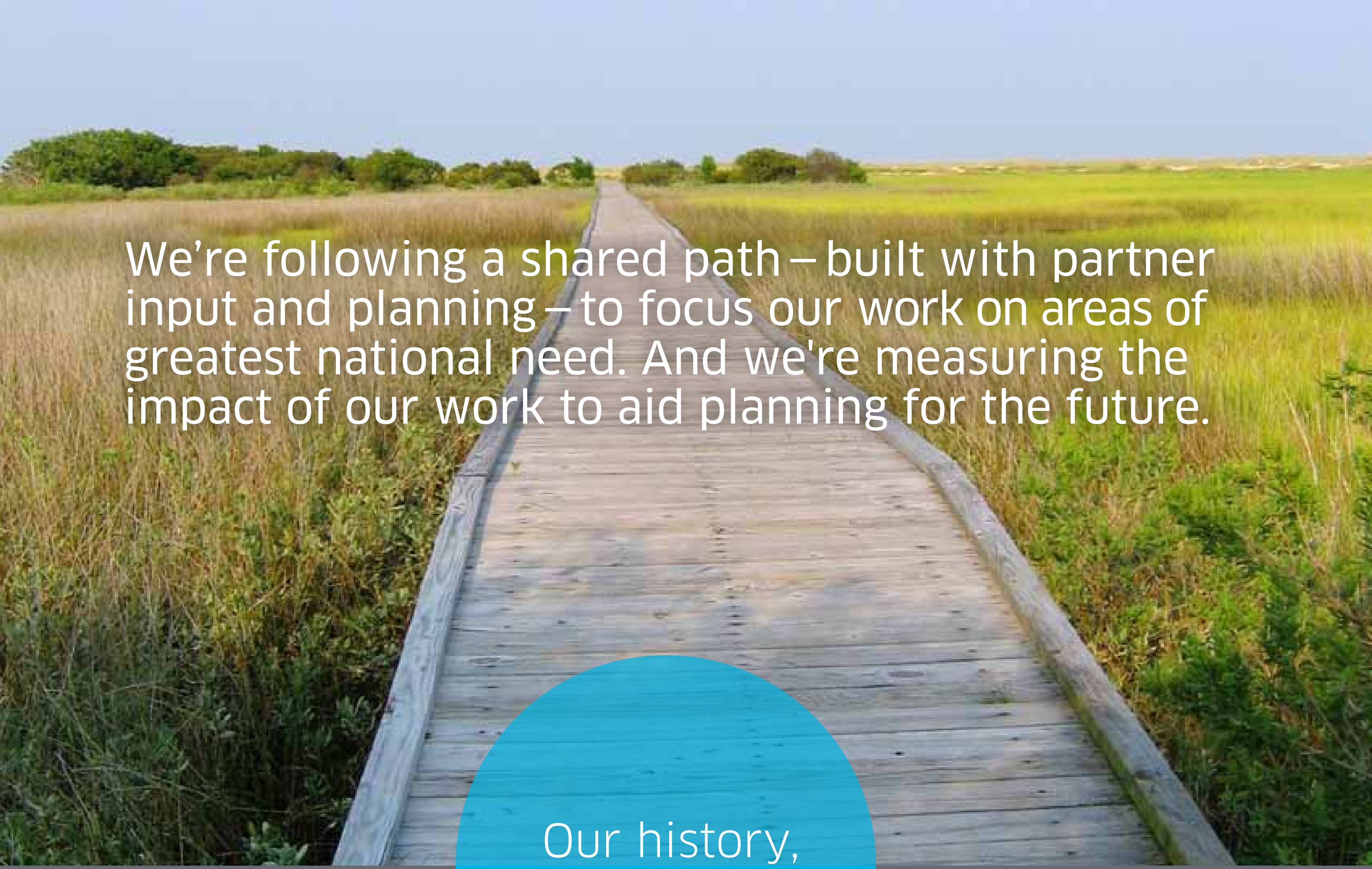
We are:

- Transparent to the public, our partners and stakeholders
- Accountable to Canadians
- Collaborative with experts in Canada and around the world
- Innovative in our approach to accelerating cancer control
- Respectful of federal, provincial and territorial boundaries
- Integrative and inclusive to ensure we represent a pan-Canadian approach
- Evidence driven in decision-making

Contents

On course to effective cancer control for all Canadians.

Together with our partners, we're working to stimulate new knowledge and accelerate the implementation of existing cancer control knowledge across Canada.



We’re following a shared path – built with partner input and planning – to focus our work on areas of greatest national need. And we're measuring the impact of our work to aid planning for the future.

Our history, our story

Bringing together the efforts of partners across the country in a co-ordinated, highly collaborative approach to cancer control, the Canadian Partnership Against Cancer is a uniquely Canadian response to a global health challenge.

Funded by the federal government, the Partnership was created in 2007 to implement Canada’s first national cancer control strategy to reduce the impact of the disease on Canadians. The terms of that strategy were defined by the collective vision, expertise and first-hand experience of hundreds of cancer professionals, patients and survivors from coast to coast to coast.

Canada’s cancer strategy embraces the full spectrum of cancer control, from prevention to palliative and end-of-life care, from policy to practice, and from research to health systems applications. The strategy recognizes that all of these elements are essential if we are to effectively address incidence, reduce mortality, improve quality of life and ensure safety and affordability of care.

Together with the cancer community, the Partnership identified areas of focus and launched successful initiatives fuelled by existing knowledge while encouraging the constant search for new insights. Designed to have the greatest impact, these programs are creating a powerful, sustainable foundation for long term success.

The Partnership’s areas of focus align with federal, provincial and territorial priorities to ensure that Canada’s cancer strategy is well integrated into broader health considerations. For Canada, where provinces and territories deliver health care, the challenge has been to devise a collaborative model that leverages best practices and encourages, supports and facilitates every jurisdiction in customizing resources and applying knowledge to serve its own population.

Dr. Simon Sutcliffe
Chair, Board of Directors

Jessica Hill
CEO

Message from the Chair and the CEO

The Canadian Partnership Against Cancer just turned five years old, marking the end of our first mandate and the beginning of the second. This is a time of celebration, reflection and evaluation of the significant progress made in advancing cancer control in Canada. It is also a time of looking forward to how the Partnership will continue to work closely with its partners to improve the lives of Canadians in the coming years by building on the solid foundation now in place.

Since opening its doors in 2007, the Partnership has worked in collaboration with the cancer community to advance a comprehensive and aggressive portfolio of work. The effectiveness of this co-ordinated approach has resulted in exciting advances across Canada, from collection of population-based stage data for the four most common cancers and improvements in quality of life for cancer patients and their families, to co-ordinated efforts to improve culturally relevant and people-specific cancer control initiatives for First Nations, Inuit and Métis communities.

These significant accomplishments demonstrate the rapid and effective progress that can be made through teamwork, a focused approach, shared goals and commitment to measurable results. These are the cornerstones to our shared success now and in the future.

A disease as complex and prevalent as cancer requires a long-term view, and the Partnership has always approached its mission as part of a longer journey. With the opportunity provided by the federal government to continue our work for a second five-year mandate, the Partnership worked closely with the cancer community to develop a strategic five-year plan for 2012 to 2017 that reflects the evolving needs of Canadians and the cancer system. We are now putting this plan into action.

Looking back to when we started, we were all overwhelmed with excitement and optimism about the future. Today, we see people and organizations working together across disciplines, geographic boundaries, jurisdictions and mandates in new and exciting ways. We see Canada, one of a handful of countries with a national cancer strategy, playing a leading role on the international stage. And we see a community not only united in its desire to change how cancer affects Canadians but also in its belief that by working together, this goal is being achieved. Today we are even more excited by the possibilities.

It is with profound gratitude and humility that we thank everyone for the unique privilege of working with you over the past five years in creating the Partnership, shaping its work and contributing to its success in improving cancer-related outcomes for all Canadians.

Simon Sutcliffe

Dr. Simon Sutcliffe
Chair, Board of Directors

Jessica Hill

Jessica Hill
CEO

The pathway – from national strategy to partnerships to impact

1996 – 2002
Identify Need
Initial idea of Canada's need for a plan to control cancer and early discussions of a national strategy.

2002 – 06
Convene
700 cancer leaders, advocates, patients and survivors from across Canada develop a national cancer control strategy and advocate for its funding.

2006 – 07
Establish
The federal government funds the strategy with $250 million over five years and creates the Canadian Partnership Against Cancer to implement it.

2007
Strategize
Working from the strategy as a blueprint, the Partnership prioritizes activities with the greatest potential for impact within its mandate and engages partners from across Canada's cancer control community.

2007 – 08
Build
More than 40 groups, committees and networks collectively representing 150+ partner organizations collaborate to move from planning to evidence-based best practice implementation.

2008 – 10
Implement
Initiatives move from the planning stages into action.

2010
Consult
The Partnership seeks the input of 250+ cancer control professionals to join the dialogue on the future of cancer control in Canada.

2011
Evaluate and Renew
Initiatives yield preliminary results as they become part of policy and practice. The strategy is renewed for a second five-year mandate in 2012.

2012
Plan
Sustaining Action Toward a Shared Vision, the Partnership's five-year plan for the next phase of Canada's national cancer strategy, is released.

2011/12 at a Glance

Focused approach, measurable impact

Each day over 500 Canadians are diagnosed with cancer and 200 will die from the disease.[1] The complexity of cancer and the sheer number of Canadians affected requires a co-ordinated national approach that brings together the efforts of the many different cancer organizations, with different mandates and expertise, from across the country.

The Partnership's role is to implement Canada's cancer strategy, working with partners nationwide to harness and advance the best of what is working in cancer control. This active collaboration is resulting in considerable progress and transforming the way Canada is taking action on cancer. Together we are:

- Saving lives by collaborating to prevent and detect cancer and chronic disease
- Optimizing cancer control planning and delivery by putting data to work in a systematic way
- Improving the experience of Canadians affected by cancer
- Advancing cancer control among First Nations, Inuit and Métis peoples
- Promoting greater efficiencies and better care by sharing knowledge
- Driving evidence into best practice and clinical care

The following pages provide some highlights of the Partnership's work in these areas. For the full range of accomplishments in 2011/12 please see pages 16 to 55.

Saving lives by collaborating to prevent and detect cancer and chronic disease

The Partnership is leading innovative initiatives focused on preventing cancer and detecting it early, when it can be treated more effectively. By bringing together provincial and territorial efforts and leveraging expertise from across the country, these collaborations are driving meaningful change in cancer prevention and early detection.

The Colorectal Screening Initiative (page 37) seeks to improve screening rates for the second leading cause of cancer death by supporting the expansion of population-based screening programs across Canada and raising awareness of the importance of screening. These goals are achieved through enabling provincial program staff to learn from other jurisdictions, which reduces duplication of effort and accelerates the rollout of colorectal cancer screening programs.

In 2011/12, the Partnership and the National Colorectal Cancer Screening Network commissioned a second pan-Canadian survey, Colon Cancer Screening in Canada, which polled 4,050 Canadians aged 45 to 74 years on their understanding of and attitudes toward getting checked for colon cancer. Results suggest that awareness initiatives to promote colon cancer screening are working. Half (50 per cent) of Canadians age 50 to 74 polled have been screened recently for colon cancer, showing a Canada-wide increase when compared with similar data captured in 2009. However, more than half (53 per cent) of those polled believe, incorrectly, that people should get checked only after experiencing symptoms.

30%

About 30% of cancer deaths are due to the five leading behavioural and dietary risks: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use and alcohol use.[2]

52%

More Canadians aged 50 to 74 are getting screened for colorectal cancer compared with 2009, with participation rates ranging from 22-52% across the country.[3]

2011/12 at a Glance

Canada is home to the Canadian Partnership for Tomorrow Project, a living population laboratory that will help expand understanding of what causes cancer and related chronic diseases. As the national funder and co-ordinating body of the study, the Partnership is supporting and connecting five regional studies in British Columbia, Alberta, Ontario, Quebec and the Atlantic provinces. As of March 31, 2012, more than 200,000 participants had enrolled and bio-samples had been collected from 61 per cent of recruits. To prepare for the expansion of the research platform in order to deepen the understanding of cardiovascular disease, in 2011/12 a call for proposals was issued to the Canadian scientific community to obtain submissions to conduct research on risk factors for cardiovascular disease.

Unprecedented high-impact approaches to preventing cancer and other chronic diseases are being implemented across Canada through Coalitions Linking Action and Science for Prevention (CLASP). By mobilizing research, practice and policy professionals to work together across provinces and territories, and focusing on risk factors for cancer and other chronic diseases, CLASP is helping to improve the overall health of Canadians.

With lead funding from the Partnership and co-funding from the Public Health Agency of Canada and the Heart and Stroke Foundation, CLASP has engaged more than 60 organizations in seven distinct projects that tackle different chronic disease prevention priorities, including nutrition, physical activity, body weight and tobacco use. Results from projects are promising. For example, partner schools of the Children's Mobility Health and Happiness CLASP are demonstrating an increase in active school travel. Of 72 schools participating in the program evaluation, preliminary results demonstrate that 30 schools (42 per cent) saw an increase in walking to school, 36 schools (50 per cent) saw a decrease in driving to school and 18 schools (25 per cent) saw an increase in biking to school.

Optimizing cancer control planning and delivery by putting data to work systematically

Optimizing cancer control in Canada requires accurate data and related tools so cancer agencies and other health partners know where to focus their efforts for improvements and investments. By compiling and building on existing cancer information across Canada, the Partnership is helping to provide a sharper picture of cancer control.

The Partnership is putting data to work in a systematic way with the National Staging Initiative. Bolstering the ability of provinces and territories to collect standardized cancer stage data for the four most common cancers, this initiative will yield significant gains in our collective ability to improve cancer patient outcomes and to continuously monitor the effectiveness of screening and treatment programs. As of March 31, 2012, nine provinces reached the goal of capturing stage data for 90 per cent of new cases of breast, colorectal, lung and prostate cancers diagnosed since January 1, 2010. Several provinces exceeded the targets, with seven provinces achieving 100 per cent stage data capture for those cancers and six provinces capturing data for all cancers, not just the four most common.

21%

Since 1989, the mortality rate for all cancers combined has dropped 21% for males up to age 79 and 9% for females up to age 69.[4]

1/3

The World Health Organization proposes that a third of all cancer cases could be prevented, another third cured and the rest effectively managed if care consistently complied with existing evidence-based strategies.[5]

2011/12 at a Glance

In work that is helping to shape cancer control planning and delivery across Canada, the System Performance Initiative (page 47) collects data from across the country to consistently and systematically measure progress. Working with national and provincial partners, in-depth comparisons are made across provinces and territories to identify areas of cancer control that require further attention, as well as high-performing jurisdictions that can act as models of change. This information is made available through System Performance reports. The 2011/12 reports included the *2011 Cancer System Performance Report* and *Lung Cancer in Canada: A Supplemental System Performance Report*.

Improving the experience of Canadians affected by cancer

In 2012 an estimated 186,400 Canadians will be diagnosed with cancer.[6] This will affect individuals, as well as families and friends, as they move from initial diagnosis to treatment to learning to live with the disease. The Partnership's work promotes integrated person-centred care spanning three primary areas: screening for distress, survivorship and palliative and end-of-life care.

Through collaborative work with provincial jurisdictions, the Partnership is improving the quality of life and experience of people with cancer. Central to this work is Screening for Distress (page 41), a program that supports identification of patients with distress, such as pain, fatigue or anxiety, who would benefit from additional support services. As a result of this program, more than 42,000 patients have been screened since 2009, and more than 2,200 health professionals have been trained and are helping to further improve patient care.

In response to the growing population of cancer survivors, which is expected to reach nearly two million by 2020, the Partnership is working with survivors and health-care professionals across Canada to support innovative survivorship programs and resources. Two such programs are CancerChatCanada, a real-time online counselling service for survivors and caregivers, and Cancer Transitions, a program that helps survivors make the transition from active to post-treatment care. In 2011/12 more than 50 professionally led online CancerChatCanada support groups were conducted with participants from across the country, including those living in remote and rural locations. Support group facilitators have been trained in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and Newfoundland and Labrador. These supportive care programs help to address the needs of patients and their families after their active treatment in the cancer care system ends.

Another important focus for the Partnership is integrating palliative and end-of-life care into the cancer system. This initiative focuses on supporting clinicians in delivering care and improves access to information and support. This work in 2011/12 included rolling out the Education in Palliative and End-of-Life Care for Oncology (EPEC™-O) curriculum nationally, providing support for the efforts of the Canadian Virtual Hospice and the Advanced Care Planning program working with the Canadian Hospice and Palliative Care Association.

1,000,000

Currently there are close to one million cancer survivors in Canada, a number that is expected to increase to nearly two million by 2020.[7]

41%

41% of people looking for health information online have read someone else's commentary or experience about health or medical issues on an online news group, website or blog.[8]

2011/12 at a Glance

Advancing cancer control with and for First Nations, Inuit and Métis peoples

Cancer rates among Canada's First Nations, Inuit and Métis peoples are increasing faster than overall Canadian cancer rates.[9–11] Yet at the community level there remains a gap in awareness about cancer and its causes.[12–14] There is a need for culturally relevant educational materials and expertise to increase awareness and to support prevention and care.[15,16] Broader determinants of health, including factors such as geography and access to health services, also present challenges.[17]

The Partnership works closely with First Nations, Inuit and Métis peoples and organizations to advance culturally relevant and people-specific cancer control initiatives that best reflect their needs and priorities. Over the past year, the Partnership focused on implementing Year 1 of the *First Nations, Inuit and Métis Action Plan on Cancer Control*. This plan was created to identify and build on innovative and leading practices already underway. It was developed together with First Nations, Inuit and Métis partners (including representatives from the Assembly of First Nations, Inuit Tapiriit Kanatami and the Métis National Council), cancer agencies and programs, the Public Health Agency of Canada, the First Nations and Inuit Health Branch of Health Canada, patients and other organizations involved in cancer control and chronic disease prevention.

Also this year the Partnership continued its joint initiative with Saint Elizabeth to expand the reach of the @YourSide Colleague® online cancer care course. This innovative online course provides evidence-based training to health-care providers working in rural, isolated and remote First Nation communities across Canada. The course is now available in all provinces; 1,165 professionals from nearly 329 communities and organizations have accessed it to date.

Promoting greater efficiencies and better care by sharing knowledge

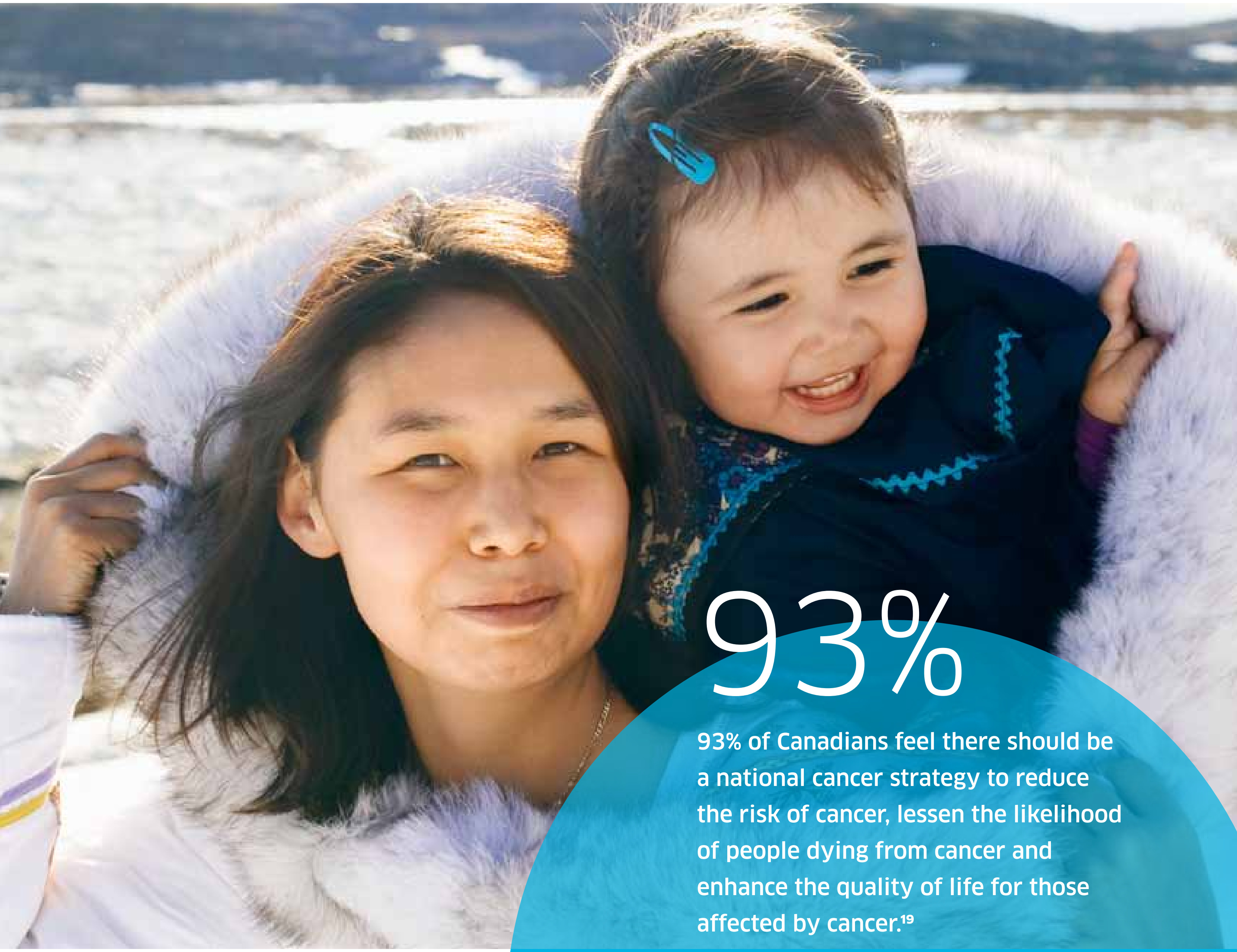
Researchers, clinicians and policy-makers are constantly generating new knowledge that is vital to improving cancer control across Canada. Accelerating the sharing of best available knowledge and evidence, and translating that into practice, is central to the Partnership's mandate.

The Partnership's cancerview.ca knowledge platform is a hub and online community that offers trusted, evidence-based content from more than 30 partner organizations (page 18). This pan-Canadian site is a gateway to high-quality cancer information for those affected by cancer, as well as for health-care professionals. It provides a series of tools and resources generated through the pan-Canadian efforts of the cancer strategy and collaborating partners.

A cancerview.ca resource that is popular with both health-care professionals and cancer patients and their families is *The Truth of It* (page 18). This unscripted online video series offers a range of personal insights from Canadians with cancer, providing a variety of perspectives on common challenges facing patients and their families. Videos of individual interviews are available in full-length format and as compilations featuring different participants, organized by theme. As of late March 2012 *The Truth of It* videos had been viewed more than 19,500 times on YouTube. The Partnership is expanding the series to include interviews with caregivers.

186,400

186,400 people are diagnosed with cancer each year, with an estimated 75,700 deaths expected in 2012.[18]



93%

93% of Canadians feel there should be a national cancer strategy to reduce the risk of cancer, lessen the likelihood of people dying from cancer and enhance the quality of life for those affected by cancer.[19]

2011/12 at a Glance

Serving between 4,000 and 5,000 unique users every month, cancerview.ca is also home to the password-protected Collaborative Group Spaces (page 18). This workspace is available to cancer control groups to exchange information and support virtual collaboration across jurisdictions and organizations. Currently 185 groups are taking advantage of this free service.

To promote greater efficiency in the production and adoption of cancer guidelines by practitioners, the Partnership established the Capacity Enhancement Program (CEP) (page 54). The goals of the CEP are to improve access to evidence-based clinical practice guidelines and resources across Canada, to increase skill capacity in using evidence to inform clinical decision-making and to enable the exchange of knowledge and best practices among Canadian stakeholders. This work is now available on cancerview.ca.

Taking best evidence to best practice and clinical care

With multi-jurisdictional health delivery systems, a vast geography and a highly diverse population, Canada's federated approach to health is complex. In a specialized area like cancer, knowledge is constantly evolving, making it difficult to pick out the most important evidence. Ensuring that health-care professionals have access to the best evidence is a critical component of the Partnership's work.

As a result of Partnership-supported initiatives in electronic synoptic reporting, health-care professionals are able to capture standardized information in surgical and pathology reporting and assess and compare their practice and outcomes against best evidence and with those of their colleagues across the country. Canadian clinicians are leading and implementing two initiatives – Synoptic Reporting in Surgery (page 53) and Synoptic Reporting in Pathology (page 50) – that embed pan-Canadian standards into electronic reporting tools that help improve quality and patient safety. In 2011/12, the Partnership also partnered with the College of American Pathologists, the Royal College of Pathologists (U.K.), the Canadian Association of Pathologists and the Royal College of Pathologists of Australasia in the development of internationally agreed upon and standardized reporting protocols for cancer pathology.

Other quality-focused initiatives the Partnership supports include work with an alliance of experts and organizations from Canada's radiation therapy community to implement a national strategy for quality radiation therapy (page 45) and a collaboration with front-line service providers and other partners on a set of standards that will contribute to safe delivery of outpatient chemotherapy across Canada (page 45). In 2011/12, the Canadian Association of Gastroenterology collaborated with the Partnership and the Canadian Institutes of Health Research to develop the first Canadian guidelines for endoscopy services. The new guidelines were developed to support continuing quality improvement for endoscopic services, including colon cancer screening and diagnosis.

Strategy

ACCELERATING OUR SHARED PROGRESS

With a strong foundation in place and significant gains already made in cancer control, the Partnership had two main objectives in 2011/12: delivering on the commitments of its initial mandate and planning the future of Canada's cancer control strategy in collaboration with its partners.

Reaching first mandate targets

When the Partnership began implementing the national cancer control strategy in 2007, the first step was to transition the broad plan developed by the cancer community into a focused set of deliverables. A series of initiatives spanning the cancer control spectrum was identified, with special focus on six high-impact programs with potential for concrete results within the first five years and longer-term benefits for a wide population.

These initiatives were CLASP (page 29), Colorectal Cancer Screening (page 37), the National Staging Initiative (page 49), System Performance Reporting (page 47), cancerview.ca (page 18) and First Nations, Inuit and Métis Cancer Control (page 22).

In 2011/12, the final year of its initial mandate, the Partnership focused on reaching the five-year targets across these initiatives while evaluating work to date, determining how to best build on the initiatives in the future and identifying sustainability plans where necessary. In March 2012, the Partnership released *Delivering on Our Commitments: 2012 Targets Status Report*, which illustrates achievements and charts the organization's progress on the 55 performance targets set for 2012. Some highlights include:

- Significant gains have been made: 51 of 55 targets were met, with some initiatives exceeding their goals and demonstrating early evidence of impact. Examples of these initiatives are CLASP, Colorectal Cancer Screening, the National Staging Initiative, System Performance Reporting, cancerview.ca and First Nations, Inuit and Métis Cancer Control.
- Work continues on two targets that have been partially achieved for the Partnership's largest and most complex multi-jurisdictional initiatives – the Canadian Partnership for Tomorrow Project (page 33) and the National Staging Initiative (page 49).
- Co-ordinated efforts, facilitated by the Partnership, to improve culturally relevant, responsive, people-specific cancer control initiatives are gaining momentum. These include the *First Nations, Inuit and Métis Action Plan on Cancer Control*, supported by national Aboriginal organizations (page 22).

Planning for 2012–17

In preparation for the second mandate, from 2012 to 2017, the Partnership, in consultation with a broad range of partners and stakeholders, including people personally affected by cancer, worked together to develop and shape the organization's plan for the next five years. The Partnership's five-year strategic plan, *Sustaining Action Toward a Shared Vision*, anchors the evolution of Canada's national cancer strategy, builds on progress already made, responds to emerging needs and priorities and ultimately will guide the Partnership for the next five years.

Building on what was achieved during the first mandate, the following are the desired outcomes for the second phase of Canada's national cancer strategy:

- Improved access to evidence-based prevention strategies
- Improved quality of and participation in cancer screening
- More consistent actions to enhance quality in early detection and clinical care
- Improved capacity to respond to patient needs
- Enhanced co-ordination of cancer research and improved population research capacity
- Improved First Nations, Inuit and Métis cancer control in collaboration with First Nations, Inuit and Métis communities
- Improved analysis and reporting on cancer system performance
- Enhanced access to high-quality information, knowledge, tools and resources
- Enhanced public and patient awareness and engagement

The program of work planned for the next five years will continue to support the cancer control continuum by working with and through partners to benefit Canadians. This means expanding and deepening work that is underway, evolving new areas and developing supporting activities to address changing needs and priorities in the cancer control community, and ensuring that efforts align with jurisdictional priorities.

The five-year strategic plan, including detailed information on areas of focus and the evaluation of the first mandate, is available on partnershipagainstcancer.ca.

Connecting with Canadians

Ongoing connections with health-care professionals and with Canadians affected by cancer enable the Partnership's work across the cancer control continuum. Knowledge management initiatives and stakeholder engagement activities are the practical means by which the Partnership builds and maintains those connections. By seeking to ensure the widest possible access to new and existing knowledge, those working in Canada's federated health-care system can make the best and most timely use of current and emerging information to improve cancer outcomes. And by working in collaboration with patients and survivors, organizations like the Canadian Cancer Society and the Canadian Cancer Action Network, and Canada's First Peoples, the Partnership is addressing distinct cancer control needs and ensuring the work remains meaningful to Canadians.

- KNOWLEDGE MANAGEMENT
- COMMUNITY CONNECTIONS

Connecting with Canadians

Knowledge Management

MAKING NEW AND EXISTING CANCER KNOWLEDGE WIDELY ACCESSIBLE

Researchers, clinicians and policy-makers are constantly generating new knowledge that is vital to improving cancer control across Canada. A key aspect of the Partnership's mandate is to make new and existing knowledge about cancer widely accessible. By capturing and synthesizing new ideas and evidence-based information, the Partnership works to encourage and support the adoption and sharing of cancer control knowledge across the Canadian health system. Sharing information this way requires a combination of approaches, collaboration across jurisdictions and enabling technologies to ensure strategies are in place to support the uptake and adoption of new practices.

1,500+

1,500+ cancer control professionals connected and sharing information across the cancer control continuum through 205 Collaborative Group Spaces.

19,500+

***The Truth of It*, a series of videos offering personal insights from Canadians diagnosed with cancer, has been viewed 19,500+ times.**

86%

86% of survey respondents indicated that they trust the information found on cancerview.ca and 71% indicated they would recommend the site to their colleagues.[20]

Knowledge Management

By participating in one of the community workspaces housed in the Partnership's Collaborative Group Spaces I am able to connect with colleagues in cancer control from across the country, allowing me to tap into their knowledge and experience in topics ranging from prevention to treatment. These online connections foster and strengthen relationships among cancer-related organizations and communities.

Dan Skwarchuk, Executive Director, Health Services Integration and Innovation, Winnipeg Regional Health Authority

Cancerview.ca

Deepening and maintaining tools and resources on cancerview.ca

Cancerview.ca is a knowledge hub and online community that offers trusted, evidence-based cancer content from more than 30 Canadian partner organizations. The online resource allows professionals working in cancer control, as well as patients and families, to gain timely access to reliable cancer information, decision aids, services and links to partner sites. It is also a primary source of tools and resources developed by the Partnership.

Cancerview.ca connects over 160 networks using a platform, Collaborative Group Spaces, for virtual collaboration and allows experts and colleagues from across Canada to easily connect and work together regardless of location. It also offers critical tools to support patients and their physicians directly, such as the Canadian Cancer Trials registry.

Results for 2011/12:

- The Partnership launched a redesigned version of cancerview.ca in January 2012, streamlining the site's navigation, applying search engine optimization best practices and improving content publishing functions. Feedback has been overwhelmingly positive, with the portal experiencing a 17 per cent increase in traffic since the relaunch.
- Resources were updated and new sections were added to cancerview.ca in 2011/12, including microsites for adolescents and young adults with cancer, CLASP, the Canadian Partnership for Tomorrow Project and the Cancer Guidelines Resource Centre. New content features were added for Canadian Cancer Trials, pathology and staging, palliative care, cancer research and online and community patient support.
- In 2011/12, 74 new groups began using Collaborative Group Spaces. This brings the total to 205 groups representing more than 1,500 cancer control professionals using the tool to exchange information across jurisdictions and organizations spanning the cancer control continuum. The Partnership continues to promote cancerview.ca through webinars and conferences.
- The Partnership standardized the way it tracks the portal's user analytics, making it easier to translate results into improvements. In addition, the Partnership will administer its second annual user survey in the spring of 2012 to evaluate the impact of cancerview.ca.

Supporting health-care professionals

The Partnership offers a number of tools and programs on cancerview.ca to support health-care professionals. An example is the Partnership-initiated project *The Truth of It*, a series of videos offering personal insights from Canadians who have been diagnosed with cancer. *The Truth of It* supports patients and their families by providing varying perspectives on common challenges experienced during the cancer journey. The series also allows health-care professionals to improve care delivery by reflecting on learnings from these stories.

Results for 2011/12:

- In April 2011, the Partnership's *Truth of It* Practice Leaders Workshop convened more than 50 oncologists, nurses, social workers and cancer survivors to explore how stories captured through video can improve care and support patients throughout the cancer journey. Workshop feedback enhanced the usability of the videos, leading to the grouping of segments by theme, including "talking to my kids," "finding the support I need" and "being involved in my own care."

> **Health-care professionals need to understand the patient's perspective in order to provide care that addresses the whole person, not just the disease. We use these videos at our Cancer Services Quality Committee meetings because they offer easily accessible information and an important inside view of what it is like to be a cancer patient. It is very powerful that it is the stories and voices of real people.**
>
> **Katherine Chubbs,** Vice President and Chief Nursing Officer, Eastern Health

- Work to expand adoption and uptake of the videos continues. Twelve programs and agencies have embedded videos in their own work, using them, for example, to kick off conferences and stakeholder events. In addition, the videos have been viewed more than 19,500 times on YouTube.
- The Partnership initiated the second phase of the project in 2011/12, which will see the development of additional videos on palliative care and the caregiver perspective. New videos will also include a greater diversity of participants and languages. The new videos will be launched in 2012.

Also available for health-care professionals on cancerview.ca is the *Cancer Control Snapshot* series, which synthesizes available information and provides Canadian health-care professionals with key knowledge about current data, trends and emerging cancer control issues in an accessible, concise, easy-to-read format. All Snapshots are available on cancerview.ca.

Topics were:

- Melanoma and exposure to ultraviolet radiation
- Second-hand smoke and lung cancer
- Alcohol use and cancer in Canada
- Obesity and cancer in Canada

Results for 2011/12:

- Four Snapshots were published in 2011/12 and disseminated through existing partner networks, the Partnership's e-Bulletin and outreach to key stakeholders.
- To widen distribution, the Partnership is working with *Current Oncology*, a peer-reviewed, internationally distributed Canadian journal, to profile the series. As part of this collaboration, the bi-monthly journal will be including *Cancer System Indicator Snapshots*, a series of two-page features, each of which will highlight a different indicator (see page 47 for more information on cancer indicators). The first issue in the series, "Recently Published Indicators Allow for Comparison of Radiation Treatment Rates Relative to Evidence-Based Guidelines for Rectal Cancer," will be featured in the journal's summer 2012 edition.


1


2


3

[1] Dr. Marla Shapiro, member, Partnership Board of Directors **[2]** Doug Gosling, Cancer Patient, Advocate **[3]** Dr. Michael Evans, Director, Health Design Lab, St. Michael's Hospital

> **Cancer can be hard to understand, and coping can be stressful. By featuring resources like the Canadian Cancer Society's Cancer Information Service on cancerview.ca we're helping to connect patients, families and others to cancer information and support services at a time when people are looking for answers.** **Irene Miller,** Manager, Information and Support Services, Canadian Cancer Society

TOOLS AND RESOURCES AVAILABLE ON cancerview.ca

Canadian Cancer Trials

The first national database of clinical trials accessible to patients in Canada, canadiancancertrials.ca is an example of an effective collaboration between the provinces, the Canadian Cancer Society and the Partnership. Users can search for trials seeking participants and register for alerts about new information for a selected type of cancer or trial location.

Cancer Risk Management Model

Developed collaboratively with Statistics Canada, the Cancer Risk Management Model uses computer simulations to project how cancer control initiatives could play out in practice – for example, determining an intervention's impact on cancer and mortality rates – to help identify the most effective allocation of health-care resources.

Canadian Virtual Hospice

Visitors to virtualhospice.ca – patients, family members, health-care providers, researchers and educators – will find trusted, evidence-based information and support about palliative and end-of-life care and grief support. In addition to tools and resources, the Ask a Professional feature provides Canadians online access to a multidisciplinary team of palliative care experts.

Collaborative Group Spaces

Providing a forum for cancer groups to share ideas and resources across organizational and geographic boundaries, the Collaborative Group Spaces tool provides secure community workspaces for initiatives ranging from small projects to work serving the comprehensive collaboration needs of provincial cancer agencies.

Standardized Cancer Pathology Reporting

Recording cancer pathology findings in a thorough, standardized way facilitates timely diagnosis and treatment decisions for patients and the sharing of best practices. An online resource developed for health-care providers working in or with pathology, Standardized Cancer Pathology Reporting provides a central information hub for reports, resources and tool demonstrations.

Cancer Guidelines Resource Centre

For guideline developers, health-care professionals and others interested in improving cancer control, the Cancer Guidelines Resource Centre provides tools and information promoting the development and use of evidence-based cancer control guidelines across Canada. This initiative includes Standards and Guidelines Evidence (SAGE), an online repository of evidence-based information on guidelines and standards for improving cancer control.

Prevention Policies Directory

A searchable database of Canadian policies, legislation, regulations and codes concerning key modifiable risk factors for cancer and chronic disease, the Prevention Policies Directory provides a comprehensive, regularly updated resource to facilitate the development of healthy public policy in Canada.

Community Connections

ENSURING EQUITABLE, RELEVANT CANCER CARE AND SERVICES FOR ALL CANADIANS

The Partnership relies on the advice and perspectives of hundreds of individuals and organizations working in cancer control to ensure that its work builds on existing innovative programs across Canada, that it addresses breakthroughs and emerging issues and that it has a meaningful impact on those affected by cancer. At the heart of the Partnership's work is a commitment to ensuring that the perspectives of patients, survivors and families – the people most affected by cancer – are informing and guiding the development and implementation of initiatives to control the disease.

Year 1

Through enhanced engagement and dialogue with stakeholders across Canada, Year 1 of the *Action Plan on First Nations, Inuit and Métis Cancer Control* was completed, gathering information on the cancer journey experienced by Canada's First Peoples and on leading practices available.

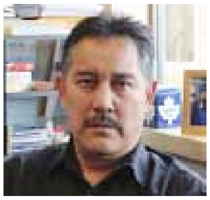
1,165+

1,165+ health-care professionals from 329 First Nations communities and organizations across Canada received training through Saint Elizabeth s @YourSide Colleague® cancer course.

First

Canada's first postgraduate training program on adolescent and young adult oncology is development in partnership with the Royal College of Physicians and Surgeons of Canada.

Community Connections



The Health Empowerment for You project, designed to equip our youth with information to make healthy choices to prevent cancer and chronic diseases, is a truly First Nations–driven initiative. The groundwork is being laid to develop young role models who can share their knowledge about prevention with their communities. With its strong roots in Manitoba and Saskatchewan, we hope this community-based approach will benefit First Nations people across Canada, who are disproportionately affected by cancer and other chronic diseases. **Derrick Henderson,** Band Councillor, Sagkeeng First Nation

To uphold this commitment, the Partnership works closely with patients and survivors, including those from the Canadian Cancer Action Network (CCAN), an organization dedicated to ensuring that patient interests remain a key priority on the national cancer agenda. The Partnership's efforts are yielding important results in addressing the unique health challenges faced by two distinct communities: First Nations, Inuit and Métis peoples, and adolescents and young adults with cancer.

Working with and for Canada's First Nations, Inuit and Métis Peoples

Cancer rates among Canada's First Nations, Inuit and Métis peoples are increasing faster than overall Canadian cancer rates,[21–23] yet at the community level there remains a gap in awareness about cancer and its causes.[24–26] The need for culturally relevant educational materials and expertise contributes to the challenge of disease awareness, prevention and care.[27–29] In addition, broader determinants of health, including factors such as geography and access to health services, must be considered in the development and implementation of strategic initiatives to improve cancer control.[30] To meet these challenges, the Partnership continues to advance cancer control with and for First Nations, Inuit and Métis peoples and organizations.

The Partnership continues to build partnerships and linkages with stakeholders to effect change. In 2011/12, the focus was on better understanding the experiences of Canada's First Peoples with respect to cancer control, and on identifying leading practices and care models that could be further leveraged.

Results for 2011/12:

- In June 2011, the Partnership released the *First Nations, Inuit and Métis Action Plan on Cancer Control*. The plan was developed in collaboration with the Partnership's Advisory Committee, comprising First Nations, Inuit and Métis peoples; patients; and representatives from cancer agencies, government and organizations involved in cancer control and chronic disease prevention. The report is available on cancerview.ca.
- Five projects are underway as part of the first year of the action plan's implementation. The focus is on gathering information for planning in community-based health human resource skills and capacity, community awareness, culturally responsive resources and services, cancer care in rural and remote communities, and patient ethno-cultural identification.
- A meeting in December 2011 enabled sharing of early learnings from Year 1 of the action plan and established a foundation for knowledge exchange and cancer control enhancement. Attendees included First Nations, Inuit and Métis organizations; provincial cancer agencies and programs; federal, provincial and territorial health ministries; and health charities. Among the early findings shared was information about a number of promising practices being used in the areas of patient ethno-cultural identification, cancer screening, cancer care, provider education and patient navigation.

> **Adolescent and young adults already struggle with developmental changes, and while a cancer diagnosis impacts an individual regardless of age, to experience it while balancing these developmental changes brings an additional layer of stress to a time when there is uncertainty. The Task Force is bringing a voice to this group of cancer patients and survivors who are often caught between the pediatric and adult health-care systems, and it is helping them navigate their experience and understand their longer-term follow-up needs.** **Dr. Krista Wilkins,** Assistant Professor, Faculty of Nursing, University of New Brunswick

- The @YourSide Colleague® online cancer care course, a joint initiative of the Partnership and Saint Elizabeth, is now available in all provinces. To date, 1,165 professionals from 329 First Nations communities and organizations have accessed the course, which provides evidence-based training to health-care providers working in rural, remote and isolated areas across Canada.
- The Knowledge Circle – the First Nations, Inuit and Métis portal on cancerview.ca – has several new resources for individuals and organizations working with and for First Nations, Inuit and Métis cancer control communities. Resources added include promotion and prevention tools and videos.

Responding to the needs of adolescents and young adults

Every year in Canada, more than 2,000 people between the ages of 15 and 29 are diagnosed with cancer and approximately 320 die of the disease.[31] Research indicates that this population, which has unique needs related to its developmental stage, is underserved on many levels, including active treatment, psychosocial care and support in survivorship. This gap is significant because the personal, societal and economic impact of cancer in young people is disproportionately large, given their longer life expectancy and therefore the many potential years of life saved.

The Partnership is supporting pioneering work to investigate and increase awareness of the issues facing young people with cancer. This work is being led by the Canadian National Task Force on Adolescents and Young Adults with Cancer, a joint initiative of the Partnership and C¹⁷, the consortium of all Canadian pediatric oncology centres. Since 2008, the Task Force has led an investigation to better understand the experiences of young people with cancer and survivors of cancer early in life and has set an agenda for bridging gaps in knowledge and care to improve cancer control for this unique group. The Task Force has also built a network among pediatric and adult health care providers and other key groups to promote continuing improvement in health care for these individuals.

Recommendations on how to address cancer journey issues specific to the adolescent and young adult (AYA) population were developed. The recommendations highlight the need for developmentally and age appropriate psychosocial, palliative and medical care and for AYA-specific research. Based on this work, the health-care community can steer the system to provide better, more equitable treatment and continuing care to optimize outcomes.

Results for 2011/12:

- Clinical programs are being designed to address AYA needs. In addition, the Task Force is developing a postgraduate training program under the auspices of the Royal College of Physicians and Surgeons of Canada for training in AYA oncology.

Community Connections

- The AYA Task Force's research group continues to focus on surveillance, clinical trial participation rates and oncofertility (which relates to the reproductive future of cancer survivors) for AYA.
- To raise further awareness of the uniqueness of AYA needs, the AYA Task Force developed partnerships with Cancer in Young People in Canada (funded by the Public Health Agency of Canada), the Canadian Cancer Society's National Cancer Institute of Canada Clinical Trials Group and with individual researchers, providing an important foundation and stimulus for expanding research in AYA oncology in Canada.
- In March 2012, the Partnership supported a second international AYA workshop to help develop an implementation framework to address the AYA Task Force recommendations over the next five years and launch regional action groups to execute the framework. The workshop convened nearly 100 Canadian and international stakeholders who discussed an approach to developing new action groups to effect change across the country.

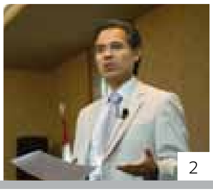
The patient voice: promoting a patient-centred perspective

To further accelerate Canada's cancer control strategy, the Partnership provides support to the Canadian Cancer Action Network (CCAN), which helps to enable ongoing, meaningful patient input from CCAN's cancer patient community.

CCAN's members provide input on key Partnership initiatives, such as cancer research priorities and survivorship activities, often through CCAN-appointed representation on the Partnership's various advisory bodies or through broader consultation. By leveraging its broad membership, CCAN also helps identify and address areas of common concern among those most directly affected by the disease. In turn, the Partnership looks to CCAN members to further disseminate information about the Partnership's collaborative work through their own organizational networks.

Results for 2011/12:

- The CCAN Drug Review Working Group continued to collaborate with the pan-Canadian Oncology Drug Review (pCODR) program to help shape the pCODR review process, guidelines and templates.
- In October 2011, CCAN hosted Sharing Responsibility for Cancer Drug Costs: Envisioning a New Model of Care in partnership with the Canadian Cancer Society and the Public Policy Forum. Following the meeting, a working group on drug access was convened to help address issues of shared responsibility and equitable access.
- CCAN launched an e-learning program for patient voice representatives. The online program helps cancer patients and their families to reflect an informed patient voice in areas where the patient perspective can help improve the cancer landscape.



[1] Dr. Rebecca Johnson, Medical Director, Adolescent and Young Adult Oncology Program, Seattle Children's Hospital **[2]** Dr. Evan Adams, member, Partnership Board of Directors **[3]** Joanne Lucarz Simpson, Knowledge and Exchange Liaison, First Nations, Inuit and Métis Cancer Control, Canadian Partnership Against Cancer

Canadian Cancer Action Network

The Canadian Cancer Action Network (CCAN) comprises 29 member organizations and lends a co-ordinated patient voice to the work the Partnership facilitates, highlighting the priorities of patients and families (page 24).

In 2011/12 CCAN's members were:

National Patient Organizations

- Bladder Cancer Canada
- Brain Tumour Foundation of Canada
- Canadian Breast Cancer Network
- Canadian Cancer Society
- Canadian Liver Foundation
- Canadian Lung Association
- Canadian Partnership Against Cancer
- Canadian Skin Patient Alliance
- Cancer Advocacy Coalition of Canada
- Carcinoid NeuroEndocrine Tumour Society Canada
- Childhood Cancer Foundation Candlelighters Canada
- Colon Cancer Canada
- Colorectal Cancer Association of Canada
- Kidney Cancer Canada
- Leukemia & Lymphoma Society of Canada
- Lung Cancer Canada
- Lymphoma Foundation of Canada
- Melanoma Network of Canada
- Myeloma Canada
- Ovarian Cancer Canada
- Prostate Cancer Canada Network
- Thyroid Cancer Canada
- Young Adult Cancer Canada

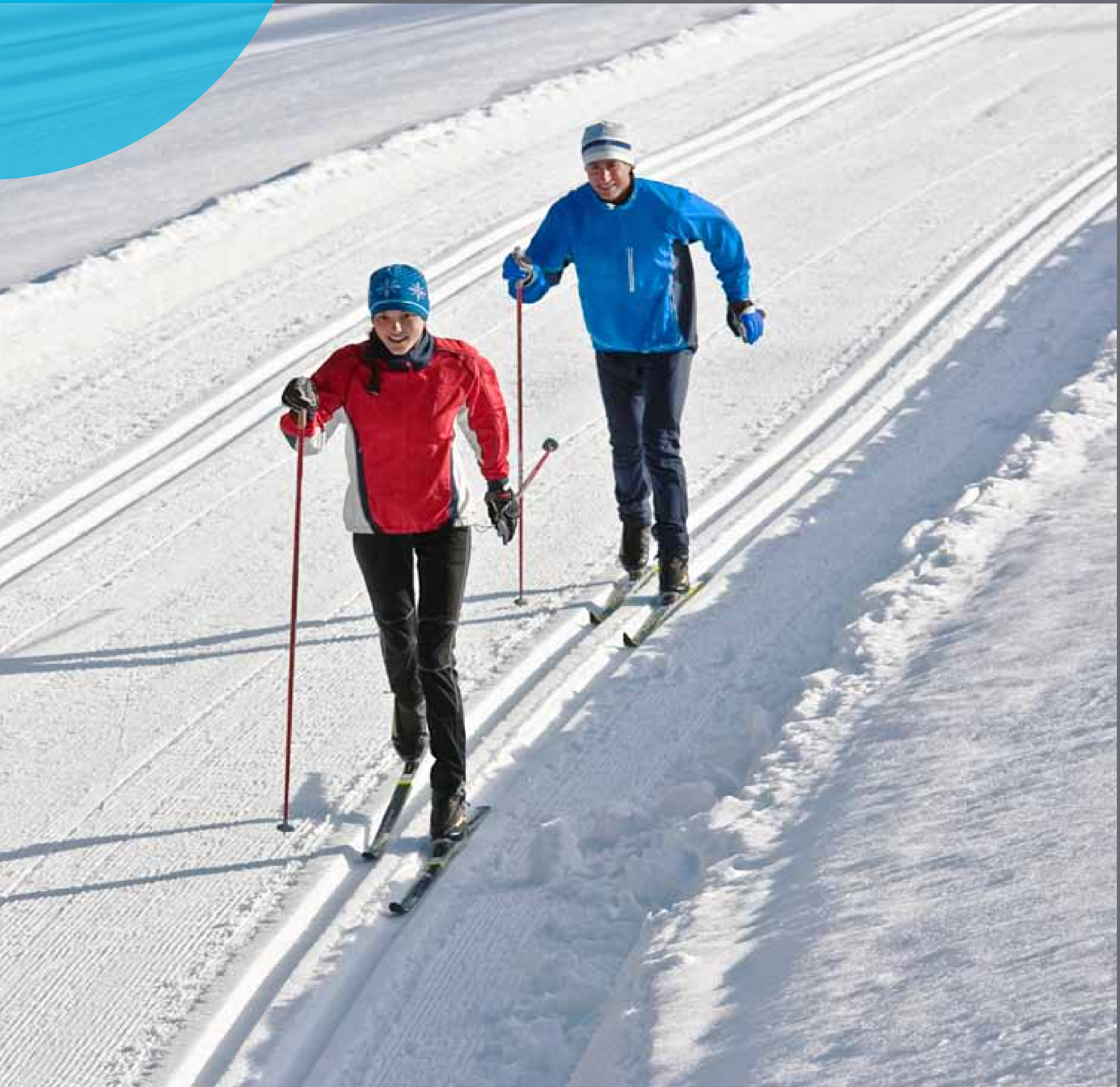
Population Organizations

- Assembly of First Nations
- Inuit Tapiriit Kanatami

CCAN Provincial Groups

- Manitoba
- Newfoundland and Labrador
- Quebec (Coalition Priorité Cancer au Québec)
- Saskatchewan (Saskatchewan Cancer Action Network)

The Partnership's Strategic Priorities



The Partnership was created to implement Canada's cancer control strategy. Collaborating with other organizations in the cancer community, it identifies, accelerates and launches successful initiatives, from prevention and screening to research, surveillance and survivorship. Because an estimated one out of every four Canadians will die of cancer, palliative and end-of-life care are also within the scope of the Partnership's mandate.

Our initiatives are fuelled by existing knowledge and lead to new insights – with the ultimate goal of advancing cancer control for all Canadians. The Partnership has organized its work across the following strategic priorities reflecting different aspects of cancer control:

- PRIMARY PREVENTION
- RESEARCH
- SCREENING
- CANCER JOURNEY
- QUALITY INITIATIVES AND SYSTEM PERFORMANCE
- SURVEILLANCE
- CANCER GUIDELINES

Benefiting all Canadians

Primary Prevention

COLLABORATING FOR A HEALTHIER CANADA

Healthier lifestyles and community environments can help prevent many cancers and chronic diseases, such as diabetes and heart disease. Maintaining a healthy body weight, eating a balanced diet, limiting sun exposure and alcohol use, not smoking and improving the quality of our environments all help reduce the risk of cancer and chronic disease. Left unaddressed, these risk factors will continue to contribute to the growing burden of cancer and chronic diseases in Canada. The primary prevention of cancer and chronic diseases includes having policies and programs in place that enable people to make healthier choices, which in turn can reduce the risk of disease.

The Partnership takes a co-ordinated, national approach to disease prevention by sharing knowledge and working with partners to bridge research, practice and policy to increase the availability of evidence-based cancer and chronic disease prevention efforts in public health and primary-care practice settings.

CLASP

The Coalitions Linking Action and Science for Prevention (CLASP) was launched in 2010 with initial three-year funding from the Partnership, the Public Health Agency of Canada and the Heart and Stroke Foundation. CLASP funds multi-jurisdictional projects that integrate research evidence with lessons learned from disease prevention policy and practice to develop and implement high-impact population-based prevention strategies.

CLASP has engaged more than 60 organizations in seven distinct projects that target individual and community factors that affect the overall health of Canadians, including nutrition, physical activity, body weight, tobacco use and exposure to air pollution caused by vehicles. These groups are collaborating to improve the health of Canadians by preventing cancer and chronic diseases that share common risk factors.

This co-ordinated approach accelerates action to reduce common risk factors by enabling the exchange of knowledge and best practices, while complementing federal, provincial and territorial healthy-living strategies. By broadening the reach and deepening the impact of cancer and chronic disease prevention efforts through linkages of research, policy and practice, CLASP is improving individual and population health. Planning is underway to launch a second funding opportunity for new CLASP applicants. A call for proposals will be issued in early 2013.

Results for 2011/12:

- The BETTER (Building on Existing Tools to Improve Chronic Disease Prevention in Family Practice) CLASP aims to increase prevention and screening for heart disease, diabetes and cancer in primary-care physicians' office in Alberta and Ontario. Participants receiving this patient-level intervention accomplished two and a half times more of their eligible screening and prevention targets compared to individuals not receiving this intervention. Further research will explore the relevance of this approach in other types of primary-care practices.
- As part of the Healthy Canada by Design CLASP, Toronto Public Health produced software for urban and transportation planners to model how urban and transportation planning affect health outcomes. The first tool of its kind in Canada, it is revealing links between built environment policies and health indicators such as physical activity, thus creating opportunities for urban planners to apply health impact assessments to community design. The tool is currently available for use in Toronto and planning is underway to adapt it for use in other Canadian cities.
- The Children's Mobility, Health and Happiness CLASP promotes healthier lifestyles in every province and territory by promoting the use of active modes of transportation to and from school. It also encourages policies and practices that support that goal. To date 122 schools across Canada have participated and 10,808 families have completed surveys as part of the School Travel Planning process. In addition, the project explores sustainable happiness, which is defined as happiness that contributes to individual, community or global well-being and does not exploit other people, the environment or future generations. With connections created through this CLASP project, a workshop was held at the Nunavut Teachers' Association Conference to provide ongoing support for sustainable happiness activities in this

42%

A 42% increase in active school travel at the 30 schools participating in the Children's Mobility, Health and Happiness CLASP.

10

CAREX is mapping how and where people are exposed to occupational and environmental cancer-causing substances in 10 provinces to support evidence-informed policies.

1,151

1,151 public policies are indexed to support healthy living in Canada, a total that represents a 56% increase in content over last year.

Primary Prevention

Participating in the Youth Excel CLASP has allowed us to leverage and build on our ongoing work to implement New Brunswick's Wellness Strategy, a provincial plan to motivate and empower schools, communities, workplaces and homes to become aware of and act on wellness. My organization benefits from the opportunities that CLASP provides to share experiences and lessons learned from across the country to further achieve our goals to improve the health and well-being of New Brunswickers.

Marlien McKay, Manager, Strategic Initiatives, Wellness Branch, Department of Culture, Tourism and Healthy Living, Government of New Brunswick

region and teachers are rolling out the curriculum.

- The HEY (Health Empowerment for You) CLASP successfully piloted the first-ever cancer and chronic disease prevention curriculum for First Nations youth and young adults. More than 100 people were trained to facilitate the curriculum, including representatives from 48 First Nations communities in Saskatchewan and 26 First Nations communities and four Tribal Councils in Manitoba. Plans are being developed to expand the curriculum to more communities.
- The Partnership brought together more than 40 organizations representing all seven CLASP projects to discuss learnings and share best practices so that project members could collectively benefit from each other's experiences. The first meeting was held in May 2011 in St. John's; the second was held in November 2011 in Montreal.
- All seven CLASPs completed initiative-specific and cross-CLASP evaluations for progress, sustainability, scope and reach of knowledge exchange activities.

CAREX Canada

To reduce exposure to carcinogens, we need to know about their presence in our workplaces and in the air, water and soil of our communities. The only resource of its kind in Canada, the Partnership-funded CAREX initiative works with federal, provincial and territorial partners to map how and where people may be exposed to cancer-causing substances. Sharing this information through its carcinogen database, CAREX provides information and tools to support evidence-informed policies and expand occupational and environmental surveillance strategies that together can contribute to lowering cancer incidence and mortality.

Results for 2011/12:

- CAREX completed national indicators of environmental exposures for 28 substances (exceeding its initial target) and reported on occupational exposures for 44 known and suspected carcinogens.
- CAREX developed two knowledge exchange tools that will be available in 2012/13:
  - The Excess Risk Project (eRISK) is a password-protected tool that allows authorized users to explore CAREX's environmental data, create cancer risk estimates using their own local data and develop scenarios based on past or future measured or predicted levels of exposure to carcinogens.
  - The Emissions Project (ePROFILE) is a web-based tool that uses Google Earth to allow users to explore a range of data on known and suspected carcinogens in the air, water and soil across Canada. Using this information, the tool allows users to illustrate differences in environmental quality across the country to help inform potential targeted exposure reduction programs.

Healthy public policy

Effective public policies can greatly reduce the incidence of cancer. In 2010, the Partnership launched the Prevention Policy Directory to facilitate better understanding of Canada's policy landscape. The only searchable database in Canada that collects and disseminates policies and laws relating to modifiable risk factors for cancer and chronic disease, the directory enables health specialists to gather, share and use evidence in policy development to produce meaningful health outcomes for Canadians.

CAREX Canada works to map estimates for cancer-causing exposures in Canadian workplaces and the environment. This important work relies on the collaboration of provincial, territorial and federal governments to capture and share information in a consistent way from coast to coast, which will help inform policy-makers as they develop future cancer prevention efforts. In Alberta, we are getting closer to understanding what kind of action is needed, and we will adopt best practices and learn from other provinces with programs already underway. **Corinne Parker,** Director, Occupational Disease Prevention Section Occupational Health and Safety, Policy and Program Development Human Services, Government of Alberta

Results 2011/12:

- During 2011/12, 414 policies were indexed in the Prevention Policy Directory, bringing the total to 1,151 policies. This total represents a 56 per cent increase in the directory's content over last year.
- To provide a better cross-section of policies at different jurisdiction levels in the directory, the Partnership is working with the Urban Public Health Network to add information for 31 municipalities in March 2012.
- To promote awareness and use of the Prevention Policy Directory, the Partnership launched a series of webinars and conducted a workshop at the Childhood Obesity Network conference in May 2011.
- The directory helped inform prevention efforts, including the Ontario Chronic Disease Prevention Alliance's Toolkit (launched in April 2011) and is being recommended by organizations such as the College of Family Physicians of Canada.

CAPTURE

By making it easier to collect, report and review practice and policy evidence, the web-enabled Canadian Platform to Increase Usage of Real-World Evidence (CAPTURE) helps cancer control system planners evaluate which programs and policies are most effective.

Results for 2011/12:

- Since the launch of the web-based platform in 2011, 248 interventions have been entered in the CAPTURE platform and are available to help practitioners better evaluate the effectiveness of their programs and policies.
- New resources, including expanded metrics for evaluating preventive behaviours and tutorials, were added to the CAPTURE website to offer support to platform users.
- A report on program and policy evaluation in northern communities – *Real-World Approaches to Program Evaluation in Northern, Remote and Aboriginal Communities* – was published and distributed through funding from the Public Health Agency of Canada.
- Working with Cancer Care Nova Scotia, CAPTURE supported the province in advancing the use of practice-based evidence through webinars and meetings with public health practitioners.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[1] Dr. Hasan Hutchinson, Director General, Health Canada's Office of Nutrition Policy and Promotion **[2]** Amanda Douglas, Collaborative Action on Childhood Obesity (N.W.T.) – Coalitions Linking Action and Science for Prevention initiative **[3]** Dr. Tom Warshawski, Chair, Childhood Obesity Foundation; Collaborative Action on Childhood Obesity (B.C.) – Coalitions Linking Action and Science for Prevention initiative

Research

LEVERAGING KNOWLEDGE FOR MAXIMUM IMPACT

Research is critical to enhancing our understanding of cancer and related chronic diseases and to providing insights that will improve prevention, treatment and quality of life. Canada is fortunate to have many organizations including universities, hospitals and cancer agencies that support a wide range of research. These organizations work together to ensure that the impact of research investments is maximized and that significant gaps in knowledge are addressed. Supporting collaboration to ensure that this continues requires ongoing effort and commitment.

By building on knowledge that already exists and is emerging across Canada, the Partnership is reducing duplication to strengthen research capacity and move knowledge into practice so that Canadians can benefit more quickly from the latest research on cancer and related chronic diseases.

Canadian Partnership for Tomorrow Project

The largest study of its kind to date in Canada, the Canadian Partnership for Tomorrow Project has the potential to help researchers better understand what causes cancer and chronic disease in the Canadian population. By collecting bio-samples, including urine and blood, as well as health and lifestyle information over many years from a large group of people across a variety of backgrounds and regions, the study will build a rich library of Canadians' health and habits.

This data is aligned with information collected in similar projects internationally and will form a rich resource to help researchers explore and understand regional, national and international patterns and trends. This will help answer questions about why some people get cancer and other chronic diseases, such as diabetes and heart and lung disease, while others don't.

The project is made up of five regional studies: the Tomorrow Project in Alberta, Atlantic PATH, the BC Generations Project, the Ontario Health Study and Quebec's CARTaGENE.

Results for 2011/12:

- More than 200,000 participants had been recruited as of March 2012. Bio-samples have been collected from 61 per cent of participants. Progress continues toward the creation of a national data and bio-sample repository that will allow researchers access to this robust population library.
- A program was developed and piloted by the Ontario Health Study that gave participants the opportunity to receive Air Miles or a gift card from a selection of retailers upon completion of the baseline health and lifestyle questionnaire. Following the success of this program, other regional studies are exploring similar incentive programs to complement their ongoing recruitment efforts.
- Additional investments were made to support proven recruitment strategies for the BC Generations Project and Atlantic PATH. The Partnership also conducted a series of focus groups and market research surveys, which helped inform recruitment strategies and awareness-raising campaigns.

200,000+

200,000+ Canadians have volunteered to help find answers on why some people get cancer and other chronic diseases, while others don't.

2,537

Baseline assessments completed for 2,537 individuals participating in a study exploring how emerging technologies can improve early detection of lung cancer. Cancer was detected in 97 of these people.

1,000

1,000 individuals connected and showcased Canadian cancer research efforts at the inaugural Canadian Cancer Research Conference.

> **The Canadian Partnership for Tomorrow Project will help unlock new knowledge about the causes of disease – cancer, diabetes, cardiovascular disease – in ways never before possible. The power of this research platform is in its size and duration, and the findings it will generate have the potential to make significant contributions to medical research around the world and improve the quality of life for millions of people. We are building a legacy for future Canadians.** **Dr. Paula Robson,** Research Scientist and Principal Investigator (Alberta), Canadian Partnership for Tomorrow Project, Alberta Health Services • **Dr. John Spinelli,** Department Head and Distinguished Scientist, Principal Investigator (British Columbia), Canadian Partnership for Tomorrow Project, BC Cancer Agency Research Centre • **Dr. Philip Awadalla,** Professor, Department of Pediatrics, University of Montreal and Director, CARTaGENE • **Dr. Lyle Palmer,** Executive Scientific Director, Ontario Health Study and Senior Investigator, Samuel Lunenfeld Research Institute, Mount Sinai Hospital • **Dr. Louise Parker,** Professor, Pediatrics and Community Health and Epidemiology, Dalhousie University

Research

The first Canadian Cancer Research Conference covered a wide array of advances and important emerging topics across the entire spectrum of cancer research. The event attracted top-notch speakers for the plenary and symposia topics and evaluation feedback from attendees was overwhelmingly positive. **Dr. Nicole Onetto,** Deputy Director and Chief Scientific Officer, Ontario Institute for Cancer Research

- The Project launched a new website, partnershipfortomorrow.ca, in January 2012, giving more Canadians the opportunity to learn about the initiative and directing them to the regional studies, where they can learn more about the local projects and have an opportunity to sign up to participate.
- To prepare for the expansion of the research platform in order to deepen the understanding of cardiovascular disease, a call for proposals was issued to the Canadian scientific community to obtain submissions to conduct research on risk factors for cardiovascular disease.

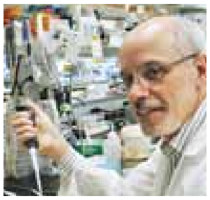
Pan-Canadian Research Strategy

Recognizing the value of strategic collaboration, major cancer research funders across Canada work together as the Canadian Cancer Research Alliance (CCRA), a network of 33 major cancer research funding agencies whose secretariat is funded by the Partnership. The CCRA's goal, together with researchers, patients and survivors, is to develop and co-ordinate cancer research initiatives at the national level.

The CCRA is currently overseeing the implementation of the pan-Canadian Cancer Research Strategy, which was released in May 2010. The strategy provides a framework that guides and optimizes research investments across the cancer control continuum. To identify opportunities and address gaps, the strategy focuses on how the work of Canada's research funders fits within a broader national context.

Results for 2011/12:

- The CCRA held the first-ever Canadian Cancer Research Conference in November 2011. Nearly 1,000 people attended this landmark event. Co-funded by the Partnership and 18 other organizations, the conference showcased research efforts in Canada, connecting researchers with the public to report on the impact of Canada's cancer research investment, and connecting funding agencies with their research communities. The conference attracted more than 550 abstracts and featured more than 35 plenary, symposium and poster sessions. In addition, nearly 150 people attended the conference's Community Forum, which provided an opportunity for volunteers, donors, staff and the public to meet leading researchers and learn about the accomplishments of Canada's cancer research efforts.
- The CCRA released its annual *Cancer Research Investment in Canada* report, focusing this year on investments in survivorship as well as palliative and end-of-life care. Downloaded more than 9,200 times since its release in September 2011, the report enables the cancer community to identify gaps in funding and prioritize to better address the needs of patients, caregivers and survivors.



> **This is a most exciting time for cancer research in Canada, where our collective work is generating new prevention, detection, treatment and supportive care management strategies for cancer patients. Understanding the cancer research landscape, including the gaps and opportunities is key to optimizing research investments to ensure that discoveries benefit patients as quickly as possible.**
>
> **Dr. David Malkin,** Senior Staff Oncologist, Haematology/Oncology, and Director, Cancer Genetics Program, The Hospital for Sick Children

Translational Cancer Research

The Partnership is collaborating with the Terry Fox Research Institute on the Pan-Canadian Cancer Biomarker Initiative to translate research findings into clinical practice. The work's focus is practical: to identify emerging technologies that can improve early detection and treatment methods through the use of biomarkers, which are biochemical features that indicate the progress of disease or the effects of therapy.

The initiative focuses on many types of cancer, including lung, ovarian and prostate. The most advanced study in the initiative is the Early Lung Cancer Detection Study, which explores how emerging technologies can improve early detection of lung cancer by screening high-risk individuals using questionnaires, breathing tests and blood tests. It is hoped that using these tests to triage high-risk people will help identify those who could be recommended for further follow-up, since new screening technologies have been shown to be effective.

Results for 2011/12:

- At the end of March 2012, baseline assessments were completed for 2,537 participants in the Early Lung Cancer Detection Study. Cancer was detected in 97 people, with a number of participants still being followed for lung nodules. Data on direct and indirect costs of diagnosing and treating lung cancer was collected prospectively for health economics analysis.
- The Partnership continued to support biomarker studies – for myeloma and lung, ovarian and prostate cancer – and assessed the studies' progress against established milestones. The lung cancer and myeloma studies, which will improve our ability to detect these diseases, are on track and nearing completion. Work also continues on pilot projects created in 2010/11 in translational research related to ovarian and prostate cancer.

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[1] Dr. John Potter, Chair, International Scientific Advisory Board **[2]** Dr. Duncan Thomas, member, International Scientific Advisory Board **[3]** Dr. Elizabeth Eisenhauer, Chair of the Partnership's Research Advisory Group; Co-chair, Canadian Cancer Research Alliance

Screening

SAVING LIVES THROUGH EARLY DETECTION

Cancer is the leading cause of early death in Canada.[32] Because early detection of cancer and precancerous lesions can be a key to survival, the Partnership is spearheading efforts to deliver population-based screening programs for colorectal and cervical cancer control. These networks are facilitating knowledge exchange and contributing to the development of quality standards. These activities reduce duplication of effort in planning and implementing to enhance organized screening programs across jurisdictions.

Colorectal Cancer Screening Initiative

In 2012, it is expected that 23,300 Canadians will be diagnosed with colorectal cancer.[33] If detected early, colorectal cancer is highly treatable and the mortality rate can be reduced by one-third. But many Canadians who should be getting screened regularly for colorectal cancer – those aged 50 to 74 – are not up to date with screening.

The objective of the Colorectal Cancer Screening Initiative is to develop a shared approach to population-based screening and reduce duplication of effort related to program development, implementation, evaluation and quality assurance. The initiative also aims to increase screening awareness through the use of common tools and resources.

The Partnership's efforts related to colorectal cancer screening are primarily channelled through the National Colorectal Cancer Screening Network (NCCSN). The Partnership-initiated network brings together the leads from provincial screening programs, provincial and territorial government representatives and representatives from the Canadian Cancer Society, the Public Health Agency of Canada, the Canadian Cancer Action Network, the Canadian Medical Association, the Colorectal Cancer Association of Canada and the Canadian Association of Gastroenterology. The Network's objective is to develop a shared approach to screening in jurisdictions across Canada. Programs of work include the following:

- Colonversation: A campaign launched in March 2010 to increase public awareness of the benefits of colorectal cancer screening, to assist care providers through provision of patient resources and to support provincial and territorial screening awareness efforts; it includes an online information resource (colonversation.ca), the award-winning "Colon Cancer Home Screening Kit" and "Five Feet of Fabulous" videos and a colonoscopy animation
- Colorectal Cancer Screening Quality Indicators: Collection of and reporting on screening quality indicators nationally to support overall program quality improvement and uptake
- Quality Initiatives: A partnership with the Canadian Association of Pathologists to develop a standard for the classification of benign polyps

Results for 2011/12:

- The Partnership further enhanced the Colonversation public awareness campaign, updating colonversation.ca with an educational video, "Five Feet of Fabulous," which has been viewed over 7,000 times.

First

First cervical cancer screening performance indicator report identifies successes to date and gaps to fill further improve screening and treatment in Canada.

Endorsed

Endorsement of classification of benign colorectal polyps by the Canadian Association of Pathologists.

The Partnership's Cancer Risk Management Model platform, a macro-level planning tool, was presented to the National Colorectal Cancer Screening Network and subsequently made available to provinces involved in the early stages of planning colorectal cancer screening programs. Newfoundland and Labrador took advantage of this opportunity and found the tool very useful and helpful in acquiring program funding. **Gregory Doyle,** Chair, National Committee, Canadian Breast Cancer Screening Initiative

Screening

The National Colorectal Cancer Screening Network and the Pan-Canadian Cervical Screening Initiative allow us to share what is working well, to identify opportunities for collaborative action, and to learn from each other to help accelerate the adoption of best practices. From sharing hands-on experience with different recruitment strategies and screening tests, to working together to establish and report on pan-Canadian quality determinants within screening programs, the networks connect experts throughout Canada to further cancer control at home and across the country. **Erika Nicholson,** Director, Cancer Prevention and Early Detection, Cancer Care Nova Scotia

- The Partnership and the NCCSN commissioned a second pan-Canadian survey, Colon Cancer Screening in Canada. The survey polled 4,050 Canadians aged 45 to 74 years on their understanding of attitudes toward getting checked for colon cancer. Conducted by Ipsos Reid, the survey builds on results from a related survey conducted in 2009 and is part of the Colonversation campaign. The survey results were released on February 2 to recognize World Cancer Day.
- To improve program quality, the NCCSN is working with provinces and territories to develop the second quality indicators report in 2012; data has been received from participating provinces and analysis is in progress. Planning is also underway for the development of the third quality indicators report for release in 2012/13.
- The NCCSN held a workshop in October 2011 to build consensus on attainable targets and timelines for core quality indicators.
- In collaboration with the Canadian Association of Pathologists, the NCCSN facilitated the establishment of pan-Canadian consensus on reporting on benign polyps in October 2011. Planning is underway to support pan-Canadian implementation.

Cervical cancer control

This year, an estimated 1,350 Canadians will be diagnosed with cervical cancer and 390 will die from it,[34] despite the success of cervical cancer screening through provincial and territorial screening programs and strategies.

As new tests become available and more women are vaccinated against human papillomavirus (HPV), cervical screening programs are evaluating whether common tests need to be updated and whether vaccinated women require different types of screening.

The Pan-Canadian Cervical Cancer Screening Initiative (PCCSI) is a Partnership-supported national network working to enhance cervical cancer control. The PCCSI serves as a forum for the provinces and territories to share experiences and successes and to review new evidence, allowing for collaboration on cervical cancer screening, prevention and treatment.

Results for 2011/12:

- Reliable information is essential for improving the quality of screening. In December 2011, the PCCSI published its first national report, *Cervical Cancer Screening in Canada: Monitoring Program Performance 2006–2008*, on results of cervical screening performance indicators for women 20 to 69 years of age for this period. Planning is underway for a second national update to be published in 2013.
- A website on cancerview.ca, Cervical Cancer Control in Canada, which provides stakeholders and the public with information on cervical cancer screening, underwent a redesign and substantial updating.
- In April 2011 representatives from across Canada attended a meeting to develop, disseminate and encourage uptake of key cervical screening program elements.

Developing priorities for lung cancer screening

In November 2010, a large lung cancer screening trial that used low-dose spiral computed tomography to screen current and past smokers was stopped early. The announcement from the U.S. National Cancer Institute indicated that this was because a significant (20 per cent) reduction in lung cancer mortality had been found in the screening arm of the trial, and thus it was decided that the results should be made available as quickly as possible. The first paper on the study has now been published and, as well as providing additional information, reiterates that finding.

The Partnership's ability to mobilize a pan-Canadian group of experts together to discuss new and significant evidence for lung cancer screening is resulting in a network to plan and set priorities for action relating to lung cancer in Canada at the very early stages. This collaboration marks an important step in developing an evidence-based informed approach to addressing emerging issues in lung cancer screening and practical implications for the health-care system. **Dr. John Mayo,** Associate Professor, Department of Radiology, Faculty of Medicine, University of British Columbia, Vancouver General Hospital

Lung cancer is the leading cause of cancer death among Canadians, with an estimated 20,100 expected to die from the disease in 2012.[35] Now that the trial results are published and details known, there is strong interest on the part of many stakeholders to act on the results. The mortality benefits will lead to questions about screening approaches and the benefits and limitations of these approaches. There will be value in having a thorough discussion of how the study findings could translate into real-world practice implications.

Results 2011/12

- The Partnership hosted two meetings, bringing together cancer agency and program representatives, lung cancer professionals, screening experts, national health assessment agencies, national organizations, representatives from key lung health groups and provincial and territorial health ministry stakeholders. The meetings were dedicated to fostering a shared understanding of lung cancer screening issues and potential impacts of developing a national plan for action.
- Participants remarked that the meetings were extremely informative and appreciated the opportunity for continuing collaboration on a pan-Canadian approach to lung cancer screening.

Anticipatory Science

New evidence on cancer screening is often highly anticipated, especially when there is potential to reduce mortality rates. Publication of this type of evidence, particularly from major trials, creates the need for prompt review of existing information and relevant articles by health policy advisors involved in cancer control so they may respond in a timely, credible manner to the media and to briefing requests from provincial and territorial ministries of health.

Through its Anticipatory Science Initiative, the Partnership continues to leverage the collective wisdom of experts from across Canada by convening ad hoc panels to review publications to achieve a common understanding of potential benefits, harms and implications of screening tests.

Results for 2011/12:

- Summary reports were completed for prostate, colorectal, ovarian and lung cancer screening and are available on cancerview.ca.
- A summary report on the U.S. National Lung Screening Trial was completed in February 2012.

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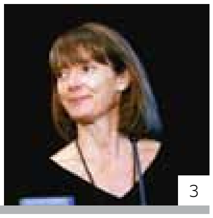

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[1] Julietta Patnick, Director, National Health Services, Cancer Screening Programmes, U.K.; Professor, Cancer Screening, University of Oxford **[2]** Canadian Cancer Screening Conference in Montreal, March 2012. **[3]** Susan Fekete, Program Director, Screening, Canadian Partnership Against Cancer

ourney

THE HUMAN SIDE OF CANCER

osis affects the individual and their family and friends as they face treatment and
enges of learning about and living with cancer. Beyond the initial emotional impact,
t navigate a complex care system, consider treatment options, cope with psychosocial
cal concerns and address quality-of-life issues following treatment.

Patients must be at the centre of cancer care. They require a bridge to support seamless transitions and effective flow of information from diagnosis through treatment, rehabilitation and recovery, survivorship or palliative and end-of-life care.

The Partnership is committed to exploring the most effective ways to embed a person-centred perspective throughout the cancer journey and aims to provide provinces and territories with support, tools, resources and access to experts in supportive care, focusing on screening for distress and navigation programs, palliative and end-of-life care education and implementation of guidelines for psychosocial care.

Screening for Distress

Many people with cancer report physical symptoms such as fatigue and pain, as well as sadness, fear, loneliness, depression, anxiety and panic. Research indicates that up to 40 per cent of patients feel enough distress to benefit from additional support services.[36]

Accreditation Canada recognizes distress as the sixth vital sign, following heart rate, blood pressure, respiratory rate, temperature and pain. Distress can often be detected by talking with patients and by using simple standardized tools, such as a survey that records levels of pain, depression, anxiety and fatigue. Identifying distress proactively allows clinicians to determine whether a patient requires further assessment or referral for supportive care.

Results for 2011/12:

- The Partnership collaborated with Alberta, British Columbia, Manitoba, Nova Scotia, Ontario, Prince Edward Island, Quebec and Saskatchewan through the Screening for Distress Implementation Group to implement screening programs and identify knowledge gaps in the initiative's implementation and management.
- The Implementation Group published three journal articles and presented 10 abstracts at national conferences.
- The first jurisdictions to initiate Screening for Distress were evaluated. Results will inform further planning and an updated guide for screening for distress in 2012/13. More than 2,200 health professionals have been trained and 42,000 patients have been screened using the same evidence-based tools.
- In June 2011, the Partnership hosted a workshop, attended by professionals from nursing, social work and research disciplines, to develop a systematic approach to adoption and uptake of pan-Canadian distress management practice guidelines.

Navigation

Navigation programs help people receive better cancer care by helping them access services, chart their course through the health-care system and overcome barriers. Whether led by health-care professionals or trained survivors or delivered online, navigation programs can ensure continuity of care and timely delivery of

780+

780+ cancer patients, survivors and caregivers participated in the professionally facilitated 12-week CancerChatCanada online program, which provides real-time counselling and support, and connects cancer patients to others going through a similar experience.

42,000+

2,200+ health professionals trained in eight provinces using Screening for Distress evidence-based tools to improve the experience of people with cancer. 42,000+ patients screened to date.

Screening for distress can help to determine and address whether a patient requires further supportive care along their cancer journey. Through the Screening for Distress Initiative, the Partnership is instrumental in bringing health-care professionals together from across the country to share ideas, tools and resources, which is invaluable as we seek to find solutions to improve the experience of individuals with cancer. **Deb Bulych,** Provincial Lead, Supportive Care, Saskatchewan Cancer Agency – Allan Blair Cancer Centre

Cancer Journey

The Partnership's Cancer Journey Group activities represented a foundational step in identifying the needs of cancer survivors and the state of survivorship care in Canada. It was a privilege as a cancer survivor to be invited to be part of a group of experts from diverse backgrounds who valued the survivor's perspective while developing strategies for facilitating the future development of survivorship care in Canada. **Margaret Tompson,** Cancer Survivor

services, improve satisfaction and enhance empowerment and decision-making. In this area, the Partnership focuses on developing and implementing customized local, provincial and territorial programs.

Results for 2011/12:

- The Partnership funded an evaluation of three types of navigation programs being implemented in Ontario, Manitoba and British Columbia: one that enhances learning of programs operating in rural areas, one focusing on the diagnostic phase and another that uses laypeople as navigators for patients. Approximately 3,000 patients have participated in these programs since late 2010. Lessons learned from the evaluations will be included in a revised *Guide to Implementing Navigation*.
- The Partnership hosted a workshop for health-care professionals from cancer agencies, nursing and social work engaged in navigation initiatives to share key learnings, broaden and deepen a national network and identify gaps and next steps.

Guidelines and education

The Partnership's Cancer Journey Guidelines Group has created practice standards for distress symptoms to improve consistency in the quality and level of service cancer patients receive. Recommendations for health authorities, decision-makers and health-care professionals inform practitioners about the clinical care and survivor services that best support the physical and mental health of survivors and their families.

Results for 2011/12:

- In March 2012, the Partnership and the Canadian Association of Psychosocial Oncology released *A Pan-Canadian Practice Guideline: Screening, Assessment and Care of Cancer-Related Fatigue in Adults with Cancer* to help health-care professionals identify and manage fatigue symptoms during and following treatment. The document is available at capo.ca.
- *The Pan-Canadian Practice Guideline: Prevention, Screening, Assessment and Treatment of Sleep Disturbances in Adults with Cancer* will be available in 2012.

Palliative and end-of-life care

Efforts to integrate palliative and end-of-life care into the system are an important part of the Partnership's work. This initiative focuses on supporting clinicians in delivering this unique type of care and improves access to information.

Results for 2011/12:

- The Palliative Care Working Group finalized its evaluation of the Education in Palliative and End-of-Life Care for Oncology (EPEC™-O) curriculum for oncology professionals. EPEC™-O was rolled out across Canada through regional workshops. A French version of the curriculum and a planning toolkit for hosting regional workshops have been completed and the first of seven planned workshops was held.
- The Partnership continues to support Canadian Virtual Hospice, bolstering the site's capacity to provide information on palliative and end-of-life care to a variety of stakeholders. A new video, "A Story about Care," was launched on virtualhospice.ca in February 2012 in collaboration with the Canadian Association of Schools of Nursing. The site expanded its content and discussion forums and experienced a 19 per cent increase in unique visitors over the year.
- With the Canadian Hospice Palliative Care Association, the Partnership launched a national campaign, Speak Up, in April 2011 to raise awareness of end-of-life care issues and the importance of communicating one's wishes for care and treatment. With input from government, health care and business, Speak Up provides tools for effective advance care planning and helps professionals facilitate the process. The Partnership joined over 25 organizations to champion April 16, 2012, as National Advance Care Planning Day.

> **By equipping practitioners with national tools and meaningful resources, and connecting a network of experts working on the same priorities, the Partnership is helping to improve the care cancer patients receive. Within Alberta, thanks to the Partnership's support, we introduced a standardized approach to identifying, assessing and managing distress in select sites. This approach improved symptom management, patient satisfaction, team collaboration and documentation and enabled us to secure provincial funding to expand the program to all cancer care facilities in Alberta.** **Linda Watson,** Leader, Interdisciplinary Practice, Alberta Health Services – Cancer Care Community Oncology

Survivorship

Physical, emotional and financial challenges often persist after cancer treatment. With close to one million cancer survivors in Canada – a number expected to reach nearly two million by 2020 – there is a growing requirement to address patients' and families' post-treatment needs.

Working with survivors and health-care professionals nationally, the Partnership aims to improve the survivorship experience by focusing on innovative programs and resources.

Results for 2011/12:

- The Partnership supports CancerChatCanada.ca, which provides real-time online counselling to survivors and caregivers. More than 50 professionally led online support groups have been conducted and facilitators have been trained in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and Newfoundland and Labrador. An evaluation showed that the site is particularly useful to patients in rural and remote settings or with limited access to survivorship support.
- Cancer Transitions, a program that helps survivors transition from active treatment to post-treatment care, expanded to three new sites for a total of 15 in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and Prince Edward Island.
- Ten facilitators were trained to lead EMPOWER, an education and support pilot program for the families of cancer survivors. Evaluations revealed that participants felt the programs are valuable and contribute to evidence-based knowledge that can guide clinical practice.
- The portfolio's National Survivorship Working Group led focus groups in Montreal, Winnipeg and Vancouver to identify return-to-work challenges for individuals with cancer. Sessions were also held with employers, insurers and benefits managers to gain their perspectives. Results revealed a need for best practices in this area. Planning is underway to develop strategies.

Transitions in care

Evidence suggests there are opportunities to optimize collaborative approaches to care for patients as they transition between oncology care and primary care.

The Partnership is working with the Canadian College of Family Physicians and the Canadian Association of Provincial Cancer Agencies to develop an action plan for this area. The work is informed by two recent documents that confirmed the need to improve transitions in care and helped build the foundation for this initiative:

- *Supporting Primary Care in Cancer Follow Up* from the Canadian Association of Provincial Cancer Agencies
- *A Pan-Canadian Practice Guidance on Organization and Structure of Survivorship Services and Psychosocial-Supportive Care Best Practices for Adult Cancer Survivors* (a guidance document developed by the Partnership's Cancer Journey Advisory Committee in collaboration with the Canadian Association of Psychosocial Oncology)

The program gathers perspectives of patients, cancer agencies, and primary-care and oncology health-care professionals to examine how pan-Canadian collaboration can support patients by improving care transitions. A steering committee will review the guidance document's recommendations and develop a strategy to improve transitions.


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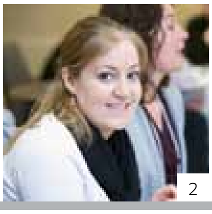
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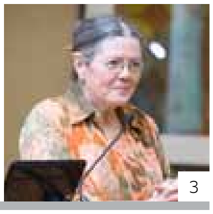
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[1] Dr. Lise Fillion, Professor, Faculty of Nursing, Université Laval; Project Lead, Navigation Research **[2]** Shannon Groff, Co-ordinator, Screening for Distress, Alberta Health Services **[3]** Dr. Margaret Fitch, Head Oncology Nursing and Co-Director Patient and Family Support Program, Sunnybrook Odette Cancer Centre; Chair, Partnership Cancer Journey Advisory Group

Quality Initiatives and System Performance

MEASURING PROGRESS TO IMPROVE QUALITY

Canadians expect that the health-care services they receive will be of the highest quality, and cancer care is no exception. Currently, many efforts are underway across the country involving local institutions, provincial and territorial governments and national organizations to address cancer care quality. By working with the health-care community to translate data, evidence and best practices into action, the Partnership will enable the advancement of high-quality cancer control.

Canadian Partnership for Quality Radiotherapy

Through the Canadian Partnership for Quality Radiotherapy (CPQR), an alliance of Canada's radiation therapy community, the Partnership is collaborating with experts from the Canadian Association of Radiation Oncologists, the Canadian Association of Medical Radiation Oncologists and the Canadian Organization of Medical Physicists, which deliver radiation therapy in Canada.

The CPQR is developing and driving the implementation of a national strategy for quality radiation therapy through the development and dissemination of standards, reaching consensus on measures of success and providing the ability to understand progress through the development of tools and technologies to assess and inform quality plans.

Results for 2011/12:

- In April 2011, the CPQR disseminated a guidance document for national organizations delivering radiation therapy. This document provides an important foundation in the development of tools that will provide information about indicators of quality to help the radiation community ensure the highest quality and safest treatment for Canadians. It is being adopted nationally.

Ambulatory chemotherapy standards

The Partnership continues to foster quality improvements in cancer control through the development and implementation of cross-Canada standards and by facilitating efforts to address specific quality issues in identified areas. The Partnership worked with partners, including front-line service providers, to develop and implement standards that will contribute to the safe delivery of outpatient chemotherapy across the country. The development of ambulatory chemotherapy standards through partnership with Accreditation Canada is a notable milestone for 2011/12. The standards have been successfully implemented in Accreditation Canada's Qmentum accreditation program.

Results for 2011/12:

- The Partnership collaborated in the development of new standards for health-care providers delivering systemic chemotherapy treatment. Developed by Accreditation Canada, the Canadian Association of Provincial Cancer Agencies and the Partnership, the new Ambulatory Systemic Cancer Therapy Services Standards were released in October 2011 and mark an important step in building a comprehensive quality program for the safe delivery of chemotherapy treatment in Canada.

Quality assurance for diagnostic immunohistochemistry

Correct diagnosis of several kinds of cancer depends on immunohistochemistry (IHC) testing – a highly complex multi-stage test that examines abnormal, possibly cancerous cells. To support consistency in IHC diagnostic pathology reporting, which helps determine the best treatment and care options, the Partnership has undertaken a project in conjunction with the Canadian Association of Pathologists.

Two classes of IHC tests are the focus of this project as the initiative moves toward systematic improvements in quality and patient safety. Pathologists use Class I IHC tests to produce correct and more definitive cancer diagnoses. Class II tests are used to report the results of prognostic and predictive markers in cancer. This information determines cancer type and is crucial in determining the most appropriate treatment.

10

10 provinces capturing data to measure progress in cancer control, inform improvements and set priorities for reducing the burden of cancer on Canadians.

New

New quality assurance guidance document developed with and for the radiation therapy community to help assure the highest quality and safest treatment for Canadians.

First

First national standards for out-patient chemotherapy resulting from collaboration between oncology nurses, physicians, pharmacists and accreditation experts, marking an important step towards continuing to ensure safe and consistent delivery of outpatient chemotherapy across Canada.

Quality Initiatives and System Performance

Through ongoing Partnership-led collaboration with provinces and territories, we are working together to provide critical information that will help drive improvements in cancer control. I believe Canada will make strides because of our ability to learn from others to improve our individual efforts and because of the bridge the Partnership provides for us. **Dr. Peter Craighead,** Medical Director, Tom Baker Cancer Centre; Head of Oncology, University of Calgary

Results for 2011/12:

- Checklists for Class I and Class II IHC testing that were published in 2010/11 were made available to all Canadian pathologists in 2011/12. These tools will ensure that pathologists across Canada are capturing and quantifying IHC test results consistently.

Endoscopy quality

Endoscopies are procedures that use tube-like instruments to look inside the human body. In collaboration with the Canadian Association of Gastroenterology, the Partnership is developing quality indicators in colonoscopy, a type of endoscopy that uses a lighted tube to examine the colon. A colonoscopy is the recommended diagnostic test for people who have had a positive colorectal screening test.

Development of quality indicators for endoscopy will improve quality and service for colonoscopy in Canada.

Results for 2011/12:

- With funding from the Partnership and Canadian Institutes of Health Research, the first Canadian guidelines for endoscopy services, *Consensus Guidelines on Safety and Quality Indicators in Endoscopy*, were published in January 2012. Developed to support continuing quality improvement for endoscopic services, including colon cancer screening and diagnosis, the guidelines were released by the Canadian Association of Gastroenterology, a group of gastroenterologists, scientists and other health professionals who support and promote the advancement of the scientific study of the digestive tract.
- The Partnership finalized and published the new Global Rating Scale (GRS), an electronic feedback tool used at the point of care to facilitate the collection and reporting of data on all elements of endoscopy, including wait times, procedure safety and the patient experience. In addition, a final set of quality determinants has been developed and a dialogue to reach consensus was supported by the Partnership.
- In conjunction with the January 2012 launch of the new GRS, the Partnership supported the development of a new Canadian website for GRS data entry that will be launched in 2012.

International Cancer Benchmarking Partnership

Improving cancer survival outcomes starts with gaining a better understanding of what contributes to those outcomes. The Partnership funds and is active in the International Cancer Benchmarking Partnership (ICBP). The ICBP brings together clinicians, academics and policy-makers from Canada, Australia, Denmark, Norway, Sweden and the United Kingdom to examine how and why cancer survival rates vary among jurisdictions. The insights the ICBP generates will help optimize policies and services to improve outcomes for patients around the world.

The first of five ICBP modules produced robust and comparable analyses of cancer survival among all ICBP partners. Survival rates for four cancers – lung, breast, colorectal and ovarian – were analyzed and published as a scientific paper in *The Lancet* in December 2010.

Results for 2011/12:

- The Partnership continues to facilitate and fund data collection for the second of five ICBP modules, which is investigating the role of population awareness, beliefs and care-seeking behaviours relating to cancer survival outcomes.

System Performance Initiative

Gauging the performance of the cancer control system across all jurisdictions provides a basis for system improvement and informs initiatives to improve quality. The Partnership's System Performance Initiative is a first-of-its-kind collaboration with national, provincial and territorial partners. The initiative develops pan-Canadian indicators to measure performance and make in-depth comparisons across jurisdictions and identifiable population groups to report on the Canadian cancer control system. The initiative will also identify gaps, areas for improvement and models for change.

Working with and through partners, the System Performance Initiative collects data from several sources, including provincial cancer agencies, Statistics Canada, the Canadian Institute for Health Information and others to measure progress in cancer control across the country. This information provides insight on performance across the cancer control continuum, from prevention, screening and diagnosis to treatment, the patient experience, and supportive care and survivorship.

The initiative aims to make available meaningful information on the performance of the cancer control system through developing and disseminating widely accepted national indicators to inform improvements in quality and set priorities for reducing the burden of cancer on Canadians. In addition, as part of this initiative, the Partnership produces a number of information products that help shape this work, including:

- An annual publication on system performance
- Special focus reports on specific disease sites, cancer control modalities and special population groups (for example, rural and remote communities and new immigrants)
- Exploratory studies (patient chart reviews and surveys)

These products can help the system to identify opportunities for improvement that may not have been revealed without these pan-Canadian comparisons and analyses.

Results for 2011/12:

- In March 2012, the Partnership completed an evaluation of the 2010 and 2011 system performance reports to explore how performance indicators influence provincial decision-making. Provinces are actively engaged and have indicated their commitment to collaborating on the development of efficiency indicators for use within jurisdictions.
- In December 2011, the Partnership released the *2011 Cancer System Performance Report*. The document builds on the first two reports (published in 2009 and 2010) by updating a number of indicators with more recent data and introducing several new indicators for prevention, screening, treatment and long-term outcomes. Because this is the third such report, the availability of additional years of data makes it possible to begin to identify trends for several of the indicators, particularly in treatment.
- In July 2011, the Partnership produced *Lung Cancer in Canada: A Supplemental System Performance Report*. This is the first report of its kind and includes a comprehensive, pan-Canadian approach to reporting on needs and performance across the cancer system. The report examines patterns in research, treatment, diagnosis, risk factors, burden of illness and future directions.

[1] Dr. Dhali Dhaliwal, President and CEO, CancerCare Manitoba
[2] Dr. Craig McFadyen, Regional Vice President, Cancer Care Ontario

Surveillance

SUPPORTING BEST PRACTICES WITH DATA

Cancer surveillance is the monitoring of cancer trends over time at the population level. It considers health determinants such as where people live, their behaviour and their lifestyle choices. Trends revealed may include frequency and type of cancer, its severity and the extent to which it has spread at first diagnosis. Cancer surveillance also considers the impact these trends can have on the health-care system and provides the ability to evaluate whether cancer control programs are having the desired effect to improve cancer control.

The Partnership is supporting the implementation of several pan-Canadian surveillance programs that aim to identify and fill information gaps, enhance the quality of data and widen access to and uptake of analytic methods and information.

National Staging Initiative

Cancer stage describes the disease's severity or extent. Four possible stages exist for any type of cancer. For individual patients, doctors use stage information to assess the probable course of the disease and to plan treatment. At the population level, health-care planners and policy-makers can use stage information to gain deeper insight into trends such as incidence, mortality and survival rates. This information can help evaluate and improve the cancer control system.

Collaborative staging, a complex staging system that captures detailed information, including pathology, laboratory results and other diagnostic information about the extent of a patient's disease, is the Canadian standard for staging cancer cases for surveillance purposes. The granularity of collaborative stage data means it can be used to better understand cancer patterns over time, demonstrating the effectiveness of screening programs.

The Partnership's National Staging Initiative represents a $20 million investment by the Partnership. Underway since 2008 and developed in partnership with provincial and territorial cancer agencies and programs, the initiative is implementing electronic systems to collect national population-based stage data for new cases of breast, colorectal, prostate and lung cancer diagnosed since January 1, 2010. Currently, the initiative aims to capture collaborative stage data for 90 per cent of these four most common cancers in Canada. The initiative is helping provinces build the infrastructure required to capture the complex medical data needed for collaborative staging.

Results for 2011/12:

- The Partnership hosted two training workshops and three webinars to share best practices and lessons learned and to build provincial capacity in collaborative stage data capture and electronic synoptic pathology reporting.
- The Partnership hosted 10 Communities of Practice on pathology and registry software solutions to share lessons learned, resolve outstanding issues and develop an agenda for future progress.
- In March 2012, nine provinces captured collaborative stage data for at least 90 per cent of breast, colorectal, lung and prostate cancer cases diagnosed since January 1, 2010. Seven provinces achieved 100 per cent stage data capture for those cancers and six provinces captured data for all cancers, not just the four most common.
- In collaboration with provincial partners, the Partnership conducted a progress assessment consisting of 10 indicators to measure the impact of the National Staging Initiative and the health of the registry infrastructure.
- The National Staging Initiative undertook an independent evaluation to determine the initiative's strengths and lessons learned to better inform future similar initiatives.

90%

90% of the four most common cancers are being staged in Canada (excluding Quebec), helping us better understand patterns and the effectiveness of screening programs.

130+

130+ researchers, health economists, epidemiologists, statisticians and provincial and federal government representatives trained on the Cancer Risk Management Model, building capacity to help make better-informed decisions for scarce health-care resources.

The National Staging Initiative provided focus and co-ordination to collecting cancer staging information. This is a first for Canada and by having this information, clinicians will now better understand cancer outcomes and improve treatment options for their patients. For PEI, this initiative helped to increase our ability to collect staging information for all cancers diagnosed in the province. We have also implemented new cancer registry software, which has greatly streamlined the work flow as well as improve the quality, accuracy and productivity for cancer data collection in PEI. **Kim Vriends,** Director, PEI Cancer Registry, Health PEI

Surveillance

By illustrating the potential costs and benefits of different cancer control interventions, the Cancer Risk Management Model provides invaluable insight into how to most effectively allocate scarce health-care dollars to improve cancer outcomes. We used the tool to understand the number of Nova Scotians at increased risk for lung cancer because of their smoking history.

Gordon Walsh, Epidemiologist, Surveillance and Epidemiology Unit, Cancer Care Nova Scotia

Synoptic reporting (pathology)

Pathology is the study of disease, including causes, development and effects on the body.[37] Cancer pathology refers to the careful examination of tissue under a microscope to find out whether it is cancerous or non-cancerous and if so, to determine the type of cancer. Cancer pathology is key to helping determine the stage of an individual's disease because it provides information on the type of cancer, the size of the tumour and the extent to which the disease has spread to the surrounding area.[38]

With pan-Canadian quality standards embedded in reporting tools, surgeons and pathologists can assess and compare their practice and outcomes against best evidence and with those of their colleagues practising in other areas of the country. Reporting standards also ensure that better data is captured for cancer registries.

Results for 2011/12:

- In December 2011, the Partnership partnered with the College of American Pathologists (CAP), the Royal College of Pathologists (U.K.), the Canadian Association of Pathologists and the Royal College of Pathologists of Australasia in the development of internationally agreed upon and standardized reporting protocols for cancer pathology. This initiative was led through the International Collaboration on Cancer Reporting project, which brings together pathology communities from Canada, the U.S., the U.K. and Australasia. It is an important step toward international benchmarking of cancer trends and information sharing.
- Ontario and New Brunswick piloted electronic synoptic pathology reporting projects, enabling access to standardized electronic pathology reports at points of care. These pilot projects provide proof of concept for the transferability of the CAP cancer checklists and a starting point for implementing pan-Canadian synoptic pathology reporting. The efficiencies gained will further improve the quality of data captured through cancer registries.
- The Partnership hosted 10 pathologist-led CAP cancer protocol education workshops. These sessions are accredited by the Royal College of Physicians and Surgeons for continuing education credits.
- Canada's first multidisciplinary disease-site-specific expert panels were established in the spring of 2011 for breast, colorectal, lung and prostate cancer to provide feedback during the review of current pathology and staging standards. Canadian representatives have been assigned to each of the CAP Cancer Protocol Review Panels to allow for Canadian input into the development and review of CAP's cancer protocols to ensure they meet Canadian requirements for pathology reporting.

Cancer Risk Management Model

The Partnership's Cancer Risk Management Model is a web-based decision support tool to enable decision-makers to model the impact of evidence-based health system investments on the long-term disease and economic impacts of cancer. Developed collaboratively by a team of Statistics Canada specialists, Canadian cancer leaders and software experts, the tool allows decision-makers to compare the long-term impact of investments in prevention and screening initiatives and treatment interventions.

The Partnership's Cancer Surveillance and Epidemiology Network promotes the use of evidence-based information to key system decision-makers that include national, provincial and territorial perspectives. By connecting experts across the country to synthesize and share information, the initiative is increasing the uptake of high-quality Canadian cancer surveillance information and helping to build capacity in this area. **Max Parkin,** Senior Epidemiologist Centre for Cancer Prevention, Wolfson Institute, University of London

Results for 2011/12:

- The Partnership expanded the tool and added lung cancer screening using low-dose computed tomography (LDCT), colorectal cancer screening using flexible sigmoidoscopy and cervical cancer control with HPV vaccination, screening and treatment.
- Four groups of Cancer Risk Management Model users from Ontario and British Columbia presented the tool's applications through lung and colorectal cancer case studies at the 2012 Canadian Agency for Drug and Technology in Health Symposium in Ottawa.
- The tool was used to estimate the long-term impact of implementing co-ordinated actions for colorectal and lung cancers in Canada. These examples were highlighted in the Partnership's 2012–17 Strategic Plan (page 15).

Cancer Surveillance and Epidemiology Networks

Cancer Surveillance and Epidemiology Networks stimulate creation of timely, multidisciplinary, high-quality information that can be used to shape and monitor cancer control interventions. This Partnership initiative contributes to the reduction of information gaps and enhances cancer surveillance capacity by connecting experts across the country and fostering collaboration among jurisdictions and surveillance experts, system leaders and analysts.

Four networks were established in 2009, focusing on palliative and end-of-life care, cancer survival and prevalence, colorectal cancer and projecting the burden of cancer. Experts from over 40 organizations from across the country have been collaborating to produce, disseminate and increase the use of high-quality surveillance information to improve cancer control. These networks include national, provincial and territorial perspectives and are crucial to the progress of this initiative.

Results for 2011/12:

- The networks completed 28 major information packages on data quality assessments, methodologies and cancer surveillance parameters. All reports are available on cancerview.ca/CSEN.
- Each of the four networks developed and implemented a knowledge translation plan to help these communities inform program planning.
- The Partnership conducted an evaluation in May 2011 to assess the initiative's effectiveness, ongoing relevance and sustainability. A notable result of the evaluation was that 82 per cent of the cancer surveillance analytic community identified knowledge translation and exchange activities as more important now than before the initiative. A summary report will soon be available on cancerview.ca.
- A scientific evaluation was conducted by a group of international experts in surveillance and methodology. The International Scientific Advisory Committee commended the networks for their contribution to surveillance research and noted that without this initiative many of these advances would not have occurred. Stakeholder feedback revealed that the networks have positively contributed to building analytical capacity and enhancing knowledge transfer in the surveillance field in Canada.


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[1] Keiko Asakawa, Researcher in the Health Analysis Division, Statistics Canada
[2] Dr. Bill Evans, President, Juravinski Cancer Centre

Cancer Guidelines

MOVING FROM BEST EVIDENCE TO BEST PRACTICE

Clinical guidelines help the cancer community make sound decisions regarding the prevention, screening, diagnosis, management and treatment of cancer. Based on the most up-to-date and rigorous scientific and medical evidence, guidelines help physicians and other health professionals navigate ever-evolving practices, sometimes-conflicting research results and the ever-expanding list of new drugs.

The Partnership works with organizations across the cancer control community to champion evidence-based practice and to enhance the development, implementation and optimal use of clinical guidelines in cancer.

Synoptic reporting in surgery

Synoptic surgical reporting is the collection and application of surgical information through standardized electronic surgical reports. The Partnership's Synoptic Surgical Reporting Tools Project uses technology to create an electronic system that embeds guidelines at the point of care, increasing the completeness and accuracy of surgery reports in Canada. The project aims to advance the development and implementation of standards for surgical synoptic reporting and to test the transferability to Manitoba, Ontario, Quebec and Nova Scotia of processes developed in Alberta.

The evaluation of this initial proof of concept was shared at the end of 2010/11 at a broad stakeholder forum, where it was concluded that it was time to expand implementation but that doing so would require the participation of several other partners and funders.

Through the Synoptic Surgical Reporting Tools Project, the Partnership is leading the development and implementation of pan-Canadian surgical synoptic reporting standards that will ensure consistent quality in reporting across the country, improving the quality of patient care and facilitating cancer control planning.

Results for 2011/12:

- A proposal to expand implementation of synoptic surgical reporting templates in jurisdictions currently participating in the synoptic surgical reporting initiative (Alberta, Manitoba, Ontario, Quebec and Nova Scotia) was successfully funded through Canada Health Infoway's Innovation and Adoption program. This new initiative is now a joint collaboration between the jurisdictions (which contribute 25 per cent of the funds required), Canada Health Infoway and the Partnership.
- The focus for 2011/12 has been on broadening engagement of cancer surgeons involved in the Partnership's pilot implementation project. Three disease-site meetings have been held this year to gather pan-Canadian input on disease-site templates with the goal of developing national standards in these areas. Participants at these meetings also outlined the structure and processes necessary to sustain and maintain standards development in cancer surgery.
- The Partnership is exploring partnerships for the development of a national database for cancer surgery data captured through electronic synoptic templates. The database will facilitate the sharing of best practices among provinces and provide greater opportunities for pan-Canadian review and analysis.

5 Provinces

Surgeons in 5 provinces trained using synoptic templates to report on cancer surgery.

420+

420+ health-care professionals expanded their capacity for guideline development through training initiatives centred on the use and appraisal of scientific evidence.

2,000+

2,000+ guidelines available on cancerview.ca to increase skill capacity in using evidence to inform clinical decision-making to enhance patient care.

In Nova Scotia, we don't have the resources to be doing brand new systematic reviews for every cancer guideline. What we need is better access to existing information and resources, training to improve our knowledge and capacity and support to help us develop our guidelines the best way we can. The Partnership is helping to improve our knowledge and build capacity and our potential to develop guidelines that improve practice. **Jill Petrella,** Quality Coordinator, Cancer Care Nova Scotia

Cancer Guidelines

Using CAN-IMPLEMENT to adapt an existing guideline to our provincial context, we achieved our goal of developing and implementing a guideline on wound care for breast cancer patients in post-radiation treatment. Thanks to the Partnership's tried and tested tools, and being able to build our own knowledge capacity through accessing pan-Canadian expertise in guideline development, we are better able to serve our patients. **Cathy Coates,** Nurse, Guideline Panel Member and Implementation Facilitator, CancerCare Manitoba • **Pam Johnston,** Nurse Practitioner, Radiation Oncology, Guideline Adaptation Panel Chair, CancerCare Manitoba • **Gina Kowaski,** CRT Education and Quality Guideline Adaptation Panel Member and Education Committee, CancerCare Manitoba • **Pamela Johnston,** Director, Quality, Patient Safety and Risk Guideline Adaptation Facilitator, CancerCare Manitoba

CAN-ADAPTE and CAN-IMPLEMENT

The CAN-ADAPTE initiative is creating a standardized process, methodology and set of resources to support cancer experts in implementing cancer control guidelines. The initiative includes the CAN-IMPLEMENT resources, which feature a guide, library supplement and toolkit for adapting evidence to local contexts and to the level of resources available in a given jurisdiction.

The CAN-ADAPTE resource provides practical guidance for Canadian guideline developers engaged in guideline adaptation and is especially suited to novice guideline developers. While examples are drawn from cancer, the process applies to guideline adaptation in any area, thus contributing to overall improved health outcomes for Canadians.

Results for 2011/12:

- CAN-IMPLEMENT Versions 2 and 3 resources were completed and were uploaded to cancerview.ca in the spring of 2012. This three-part resource includes a guide, a library-science supplement and a toolkit.
- Guidelines have been completed using the CAN-ADAPTE/CAN-IMPLEMENT approach for symptom management, psychosocial oncology, screening for distress and platelet transfusion.
- The Partnership's COSTaRS – pan-Canadian Oncology Symptom Triage and Remote Support – collaboration submitted a knowledge-to-action proposal to the Canadian Institutes of Health Research in September 2011. The proposal aims to put into practice and evaluate the use of evidence-based symptom-management protocols for health-care professionals who provide remote support to patients.

Capacity Enhancement Program

The Partnership established the Capacity Enhancement Program (CEP) to improve access to evidence-based clinical practice guidelines and resources across Canada, to increase skill capacity in using evidence to inform clinical decision-making and to enable the exchange of knowledge and best practices among Canadian stakeholders. This work supports the production and adoption of guidelines by practitioners and is available on cancerview.ca.

Results for 2011/12:

- Through the CEP, the Partnership published its second guidelines report, *Cancer Practice Guidelines Status Report Update: All Cancers*, in March 2012. The report examines the strengths, weaknesses and gaps in existing guidelines to inform future development and research. The report is available on cancerview.ca.
- In 2011/12, as part of the CEP, the Partnership held two workshops to provide training to guideline developers. The first workshop, held in Toronto in November 2011, was attended by 30 people from various disciplines, including academics, radiation oncologists, research assistants and clinical program managers. Twenty-five people attended the second workshop, held in Winnipeg in March 2012. In addition, the Partnership hosted 10 webinars throughout 2011/12, attended by 246 participants. Participant evaluations of these programs are very positive, for both the quality and usefulness of the training and for how participants applied what they learned to their daily practice. A summary report is available on cancerview.ca.

Through the CAN-IMPLEMENT initiative, the Partnership is building capacity in the important area of guideline adaptation. This focus is critical to helping health-care professionals make evidence-based decisions. Within the scope of the guideline panels I work with, this means that the quality of life for kids with cancer will improve. **Lee Dupuis,** Clinical Manager, Department of Pharmacy, Division of Haematology/Oncology, The Hospital for Sick Children, Associate Professor, Leslie Dan Faculty of Pharmacy, University of Toronto

- The Partnership continues to add resources to the Cancer Guidelines Resource Centre, a repository that facilitates evidence-based cancer control guideline development. In 2011/12, 22 new resources were added, including FAQs, videos and presentations for guideline developers and other health-care professionals.
- The CEP maintains the Standards and Guidelines Evidence (SAGE) repository, a searchable online evidence-based database of cancer control guidelines and standards housed on cancerview.ca. The repository is intended for individuals interested in sharing knowledge to improve cancer control. In 2011/12, the CEP updated SAGE with 789 guidelines published between June 2010 and January 2012, bringing the number of records available to 2,042.

GRAPE and PrePARE

Through its Guidelines, Resource Allocation and Public Education (GRAPE) initiative, the Partnership is further supporting the understanding, development and optimal use of cancer guidelines.

Members of the public are increasingly asked to sit on panels to help make decisions about health-care funding and resource allocation. As part of its public education efforts to help non-experts better understand how health technology assessments are used in decision-making, GRAPE launched a new tutorial, Preparing Participants for Allocating Resources Equitably (PrePARE).

Results for 2011/12:

- PrePARE is a self-guided, modular tutorial geared toward non-experts tasked with making recommendations about establishing priorities and allocating funding based on a variety of financial, evidence-based and societal factors. The tool was developed in 2011/12 in collaboration with the Canadian Centre for Applied Research in Cancer Control and the Priorities in Cancer Control Network of the Canadian Institutes of Health Research. It was launched in the spring of 2012.


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[1] Dr. Walley Temple, Clinical Director, Cancer Surgery Alberta; Chief of the Division of Surgical Oncology, Tom Baker Cancer Centre; and Dr. Wojciech Brzezinski, pioneering member of Cancer Surgery Alberta; Clinical Lecturer, Department of Surgery, University of Calgary **[2]** Dr. George Browman, Medical Oncologist, BC Cancer Agency

Governance and Accountability

The Partnership is accountable to all Canadians for bringing meaningful, long-term improvements to cancer control. Overseeing the Partnership is a dedicated Board of Directors providing the leadership and vision necessary to drive these efforts and ensure that the Partnership is accountable to the public. To ensure the ongoing relevance and ultimate success of the cancer strategy, hundreds of individuals and organizations across the country provide the Partnership with advice and input, and a number of mechanisms are in place to measure the impact of the Partnership's work and ensure operational efficiency.

Board of Directors

The Partnership's Board of Directors (page 59) reflects the diversity of stakeholders in the cancer control community. It is made up of federal and provincial appointees, regional representatives, policy experts and leaders in cancer control, representatives from the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies, and individuals providing perspectives from patient, family, survivor and First Nations, Inuit and Métis communities.

This past year the Board focused on overseeing several key initiatives, ensured that the Partnership achieved its 2012 targets and delivered the strategic plan to guide the organization from 2012–17. To reflect the diversity and geographic reach of the national cancer strategy and to connect with stakeholders across the country, the Board meets in different locations across Canada. In 2011/12 the Board convened in Victoria, Regina, Toronto and St. John's.

Advice and engagement

Advice and input from hundreds of individuals and organizations across the country is central to the Partnership's effective implementation of the cancer strategy. It ensures that the work builds on initiatives already underway across the country, that it identifies new breakthroughs and emerging issues and, above all, that it has a positive and meaningful impact on Canadians.

The Partnership harnesses the strength of wide-ranging expertise by engaging cancer and health system leaders through a variety of advisory mechanisms. Each of the Partnership's strategic initiatives is driven by a leader in the cancer community, often a clinician or researcher employed by one of the Partnership's partner organizations, to ensure access to the best available knowledge and expertise.

The Partnership also has external expert steering committees and networks of advisors, each chaired by recognized leaders in cancer control with memberships that may include clinicians, researchers, policy-makers, statisticians, patients, families and the broader public. Examples of external groups that guide the Partnership's work are:

- The Cancer Risk Management Advisory Committee
- The Canadian Partnership for Tomorrow Project International Scientific Advisory Committee
- The Advisory Committee on First Nations, Inuit and Métis Cancer Control
- Strategic Advisory Group for System Performance

The Partnership's advisory groups are a collaborative network of volunteer experts and members of the public established to advise the Partnership in each of its cancer control priority areas: prevention, screening, research, surveillance, the cancer journey, quality and standards, and cancer guidelines. Each advisory group is headed by a Chair who is a recognized expert in that priority area's subject matter and membership includes health practitioners and administrators, epidemiologists, researchers, patients and families from across Canada, as well as representatives from our partner organizations, such as the Canadian Cancer Society, the Canadian Cancer Action Network and the Public Health Agency of Canada.

Group members are selected through a formal recruitment, application and renewal process. Candidates are considered on the basis of geography, expertise, patient participation, community or population and appropriate partnerships.

More than 40 networks have been established with nearly 400 people in total involved from across Canada, representing more than 150 organizations. The Partnership is reviewing its advisory mechanisms as it moves into the second mandate for 2012–17 to ensure the working groups, steering committees and other mechanisms are aligned with the priorities of the next five years.

Measuring performance

Measuring the Partnership's progress in advancing cancer control is complex because the Partnership does the majority of its work with and through partners and because of the long-range nature of many of the shared goals and objectives.

The organization has implemented a number of monitoring tools to measure the short-, medium- and long-term impact of its work and to identify where course correction may be needed to keep the Partnership's work on track. This approach has included setting targets for the first five-year mandate, establishing key deliverables for strategic initiatives and employing an enterprise performance and risk management framework, which is monitored by the Partnership's Board of Directors. To provide a single view of the role and value of the Partnership's work relative to the broader cancer community, the Partnership uses the objectives, goals, strategies and measures (OGSM) format to plan initiatives.

In 2011/12 the Partnership focused on two areas related to measuring performance. The first entailed evaluating progress against the targets set for the first mandate. This evaluation is outlined in *Our Commitments: 2012 Targets Status Report* (see page 15 for details). The second was planning for 2012–17 (page 15). Work included refining the Partnership's logic model to reflect the Partnership's focus for the second mandate and using the OGSM format to develop the 2012–17 strategic plan, including the goals and metrics for all programs and initiatives.

Achieving operational excellence

In 2011/12, with the mandate renewed for another five years, the Partnership evaluated its systems and infrastructure to strengthen and improve efficiencies across the organization. To support operational excellence the following efforts were undertaken:

- A systems integration project was launched to streamline financial, project management, procurement and human resources information. A new system is being integrated into the organization to provide staff with a single point of contact for information they need to operate efficiently.
- The Partnership evaluated its information technology infrastructure to ensure that resources are in line with the Partnership's needs and with developments in technology. A number of recommendations were made to help the Partnership further strengthen its privacy, information security and technology governance for the next mandate. Planning is underway to address these recommendations.
- A records management system is being developed to improve information access, sharing and retention. A full needs assessment and analysis were conducted and an implementation plan is in place to create a centralized system that strengthens integration and knowledge sharing efforts across the organization, which will be implemented in 2012/13.
- Staff focus groups were held to probe results of the 2011 employee satisfaction survey and ensure that the Partnership continues to be a fulfilling place to work.
- A thorough review of the organizational structure was undertaken to ensure alignment with the new strategic plan, with rollout of the new structure taking place in 2012/13.

The implementation of these initiatives will continue into 2012/13 and will help maximize the Partnership's operational efficiency, which in turn supports effective implementation of Canada's cancer control strategy.

BOARD OF DIRECTORS 2011/12

Simon Sutcliffe, MD Chair, Canadian Partnership Against Cancer; President, International Cancer Control Congress Association

Evan Adams, MD Deputy Provincial Health Officer for Aboriginal Health, British Columbia (*joined June 2011*)

Mel Cappe Vice-Chair, Canadian Partnership Against Cancer; Professor, School of Public Policy and Government, University of Toronto

Chris Clark Chief Executive Officer and Canadian Senior Partner (until June 2011), Corporate Director (as of January 2012), PricewaterhouseCoopers

Catherine L. Cook, MD Vice-President, Population and Aboriginal Health, Winnipeg Regional Health Authority (*stepped down April 2011*)

Bruce Cooper Deputy Minister, Department of Health and Community Services, Newfoundland and Labrador

Peter Crossgrove Chair, Excellon Resources Inc.

René Gallant Vice-President, Regulatory Affairs, Nova Scotia Power

Peter Goodhand President and Chief Executive Officer, Canadian Cancer Society

Marcia Nelson Deputy Minister, Alberta Health and Wellness (*joined January 2012*)

Christine Power President and Chief Executive Officer, Capital District Health Authority, Nova Scotia

Jay Ramotar Deputy Minister, Alberta Health and Wellness (*stepped down October 2011*)

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 (*joined April 2011*)

Gary Semenchuck, QC Lawyer and Senior Partner, Kanuka Thuringer LLP (retired December 2011)

Marla Shapiro, MD Family physician; medical contributor, CTV s *Canada AM*; medical consultant, *CTV News*

Milton Sussman Deputy Minister of Health, Manitoba

Laura M. Talbot President and Senior Partner, TalbotAllan Consulting

Sally Thorne, PhD Professor, University of British Columbia School of Nursing

Elisabeth Wagner Executive Director, Research Knowledge Translation and Library Services   Health System Planning Division, B.C. Ministry of Health Services

Elizabeth Whamond Administrative Assistant to the Dean, Faculty of Forestry and Environmental Management, University of New Brunswick

Abby Hoffman (Observer) Assistant Deputy Minister, Strategic Policy Branch, Health Canada (*joined February 2012*)

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

Independent Auditor's Report

To the Members of the **Canadian Partnership Against Cancer Corporation**

We have audited the accompanying financial statements of the **Canadian Partnership Against Cancer Corporation,** which comprise the statement of financial position as at March 31, 2012, the statement of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Canadian Partnership Against Cancer Corporation** as at March 31, 2012, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Grant Thornton LLP

Chartered Accountants
Licensed Public Accountants
Toronto, Ontario
June 28, 2012

Statements of Operations and Changes in Net Assets

Year Ended March 31 *(with comparative figures for the year ended March 31, 2011)*

	2012	2011
Expenses		
Programs		
Primary prevention	**$ 10,022,493**	$ 10,692,969
Screening	**2,082,587**	1,307,522
Cancer guidelines	**2,333,558**	3,594,907
Cancer journey	**3,046,217**	3,015,487
Research	**17,246,557**	10,779,921
Surveillance	**8,562,830**	7,225,283
Health human resources	**–**	43,902
Knowledge management	**7,678,298**	6,626,289
Quality, standards and system performance	**3,049,402**	2,800,021
Communication and public engagement	**5,261,157**	4,202,712
	59,283,099	50,289,013
Operating expenses	**7,481,589**	6,049,940
	66,764,688	56,338,953
Revenue		
Government of Canada (Note 6)	**63,529,013**	52,432,080
Public Health Agency of Canada	**975,000**	1,495,000
Heart and Stroke Foundation of Ontario	**100,000**	100,000
Other funding	**26,000**	–
Amortization of deferred contributions – capital (Note 5 & 6)	**2,134,675**	2,311,873
	66,764,688	56,338,953
Excess of revenue over expenses for the year, being net assets at end of year	**$ –**	$ –

See accompanying notes to the financial statements.

Statement of Financial Position

As at March 31 *(with comparative figures for the year ended March 31, 2011)*

	2012	2011
Assets		
Current		
Cash and cash equivalents	**$ 716,393**	$ 302,989
Short-term investments	**7,552,652**	18,109,153
Accounts receivable	**2,332,796**	1,661,071
Projects in process and advances (Note 3)	**–**	5,861,131
Prepaid expenses	**880,023**	305,053
	11,481,864	26,239,397
Capital assets (Note 4)	**3,352,109**	2,317,692
	$ 14,833,973	$ 28,557,089
Liabilities		
Current		
Accounts payable and accrued liabilities	**$ 7,063,596**	$ 4,531,328
Payable to the Government of Canada (Note 6)	**3,538,245**	674,053
	10,601,841	5,205,381
Deferred contributions (Note 6)		
Expenses of future period	**880,023**	21,034,016
Capital Assets	**3,352,109**	2,317,692
	4,232,132	23,351,708
Net assets	**–**	–
	$ 14,833,973	$ 28,557,089

Commitments and Guarantees (Notes 7 and 8)
See accompanying notes to the financial statements

Approved by the Board

Simon Sutcliffe

Simon Sutcliffe
Chair of the Board

Chris Clark
Chair of the Finance and Audit Committee

Statement of Cash Flows

Year Ended March 31 *(with comparative figures for the year ended March 31, 2011)*

		2012		2011
Increase (decrease) in cash and cash equivalents				
Operating activities				
Government of Canada contributions received (Note 6)	**$**	**50,000,000**	$	55,000,000
Other contributions received		**1,101,000**		1,595,000
Interest received on short-term investments		**236,908**		123,055
Interest paid to Government of Canada		**(828,604)**		–
Cash paid for programs and operating expenses		**(57,426,648)**		(50,865,101)
		(6,917,344)		5,852,954
Investing activities				
Purchase of short-term investments		**(36,000,000)**		(24,999,690)
Redemption of short-term investments		**46,499,840**		15,005,797
Proceeds from disposal of assets		**–**		2,860
		10,499,840		(9,991,033)
Financing activities				
Purchase of capital assets		**(3,169,092)**		(130,218)
Net inflow (outflow) of cash and cash equivalents		**413,404**		(4,268,297)
Cash and cash equivalents, beginning of year		**302,989**		4,571,286
Cash and cash equivalents, end of year	**$**	**716,393**	$	302,989

See accompanying notes to the financial statements.

MARCH 31, 2012

Notes To The Financial Statements

NOTE 1 // Description of the business

Canadian Partnership Against Cancer Corporation (the "Partnership") was incorporated on October 24, 2006 under the Canada Corporations Act and commenced start-up operations on January 1, 2007. The Partnership's mandate is to maximize the research, development, translation and transfer of knowledge, expertise and best practices concerning cancer control across Canada with policy-makers, health care providers, patients and the community at large and in doing so help:

a) reduce the number of Canadians diagnosed with cancer;
b) enhance the quality of life of those affected by cancer;
c) lessen the likelihood of Canadians dying from cancer; and
d) increase the effectiveness and efficiency of the cancer control domain.

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

The Partnership was funded through a Funding Agreement with the Government of Canada with an initial contribution of $240.4 million over five years ending March 31, 2012. On March 29, 2012, the Partnership entered into an agreement with the Government of Canada for an additional $250 million for five years ending March 31, 2017. Subsequently, the amount has been adjusted to $241 million as part of the Federal government's fiscal plan. The contributions are subject to terms and conditions set out in the related funding agreements.

NOTE 2 // Significant accounting policies

Financial statement presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles for not-for-profit organizations.

Revenue recognition

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

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

Cash and cash equivalents

Cash and cash equivalents consist of unrestricted cash and short-term deposits with a maturity at acquisition of less than 90 days.

NOTE 2 // Significant accounting policies (continued)

Short-term investments

Short-term investments consist of deposits with a maturity at acquisition of more than 90 days and less than 1 year. Under the terms of the funding agreement with the Government of Canada, investment income, which consists entirely of interest, is for the account of the Government of Canada and is recorded on an accrual basis.

Capital assets

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

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

Financial Instruments

The Partnership has classified its financial instruments as follows:

- Cash and cash equivalents and short-term investments as “held-for-trading”. Held-for-trading items are carried at fair value, with changes in their fair value recognized in the statement of operations in the current period.
- All accounts receivable as “loans and receivables”. Loans and receivables are carried at amortized cost, using the effective interest method.
- All financial liabilities as “Other Liabilities”. Other Liabilities are carried at amortized cost, using the effective interest method.

Allocation of Expenses

General support expenses, or operating expenses, are not allocated to program expenses.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from these estimates.

Future accounting changes

The Accounting Standards Board (AcSB) has issued Part III of the CICA Accounting Handbook: Accounting Standards for Not-for-Profit Organizations (“ASNPO”). These standards are effective for annual financial statements relating to fiscal years beginning on or after January 1, 2012. The standards are applicable to all not-for-profit organizations. The Partnership has not yet assessed the impact of these new standards on its financial statements.

NOTE 3 // Projects in process and advances

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

Funding agreements with these third parties mentioned above expired on March 31, 2012 coincident with the expiry of the initial 5-year funding agreement on March 31, 2012. Amounts receivable from these third parties of $395,266 has been included in accounts receivable. Amounts owing to these third parties of $79,953 is included in accounts payable and accrued liabilities.

NOTE 4 // Capital assets

Capital Assets as at March 31 consist of:

			2012	2011
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Information technology	$ 8,728,075	$ 5,739,179	$ **2,988,896**	$ 1,860,383
Furniture and equipment	1,205,236	1,073,987	**131,249**	245,701
Leasehold Improvements	1,043,173	811,209	**231,964**	211,608
	$ 10,976,484	$ 7,624,375	$ **3,352,109**	$ 2,317,692

During the year, the Partnership undertook a project to integrate and update its knowledge management and corporate information technology platform. Project costs of $2,851,002 have been included in information technology. Once completed and put into use, these capital assets will be amortized on a straight-line basis over the three years ended March 31, 2015.

NOTE 5 // Change in Accounting Estimate

During the year, the Partnership made changes in estimates related to the useful lives of capital assets. The effect of this change is a reduction of amortization expense of $501,107 recognized in the operating expenses for the year ended March 31, 2012. The total amortization for the year including the change is $2,134,675 (2011 – $2,311,873).

NOTE 6 // Expenses of future periods

Deferred contributions related to expenses of future periods represent unexpended contributions. The initial 5-year funding agreement with the Government of Canada expired on March 31, 2012. In accordance with the terms and conditions set out in that agreement, any funding installments paid but not spent or incurred prior to the expiry of the agreement are repayable to the Minister. The amount payable to the Government of Canada is $3,538,245.

		2012		2011
Deferred Contributions, beginning of year	**$**	**21,034,016**	$	19,052,858
Current year contribution from Government of Canada		**50,000,000**		55,000,000
Investment income earned on contributions received		**236,908**		217,509
		71,270,924		74,270,367
Amount recognized as revenue during the year		**(63,529,013)**		(52,432,080)
Amount applied towards capital assets acquired		**(3,169,092)**		(130,218)
Investment income paid to Government of Canada		**(154,551)**		–
Contribution repayable to Government of Canada		**(3,455,888)**		–
Investment income payable to Government of Canada		**(82,357)**		(674,053)
Deferred Contributions, end of year	**$**	**880,023**	$	21,034,016

Capital Assets

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

		2012		2011
Deferred Contributions, beginning of year	**$**	**2,317,692**	$	4,499,347
Contributions applied toward capital asset purchase		**3,169,092**		130,218
Amount amortized to revenues during the year		**(2,134,675)**		(2,311,873)
Deferred Contributions, end of year	**$**	**3,352,109**	$	2,317,692

MARCH 31, 2012

NOTE 7 // Commitments

Contractual commitments

As of March 31, 2012, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately $12.9 million which are subject to terms and conditions as set out in the related agreements. More specifically, project related commitments are contingent upon meeting contractually defined milestones and deliverables.

2013	$ 7,539,248
2014	1,340,720
2015	1,340,720
2016	1,340,720
2017	1,340,720
	$ 12,902,128

Operating lease commitments

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

2013	$ 1,231,580
2014	1,251,832
2015	1,251,832
2016	1,251,833
2017	1,251,833
2018	823,090
	$ 7,062,000

NOTE 8 // Guarantees

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

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

The Partnership has purchased commercial property and general liability insurance with respect to these indemnities.

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

NOTE 9 // Capital

The Partnership's main objective when managing capital is to safeguard its ability to continue as a going concern, so that it can continue to provide services and benefits to it's stakeholders.

The Partnership manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Partnership is not subject to any externally imposed capital requirements, however, as described in Note 1, the Funding Agreement with the Government of Canada has conditions setting out the activities or other expenditures for which the funds may be used.

NOTE 10 // Remuneration of directors and senior management

For the year ended March 31, 2012, remuneration paid to the Partnership's Directors amounted to $143,700 (2011 – $173,616) and remuneration paid to the Partnership's five highest paid staff amounted to $1.3 million (2011 – $1.3 million).

Materials Completed

Partnership materials completed between April 1, 2011, and March 31, 2012

The following materials were completed for stakeholder and/or external audiences in 2010/11. This list includes both Partnership final reports and working reports, plus a sample list of posters presented at conferences this year.

Note that some materials were completed at the end of the fiscal year and will be distributed in 2012/13.

Canadian Partnership Against Cancer

- The Difference Partnerships Make: Canadian Cancer Control Strategy in Action, April 2011
- 2010/11 Annual Report: Partnerships Against Cancer, July 2011
- Delivering on our Commitments: 2012 Targets Status Report, March 2012

Knowledge Management

- Cancer Control Snapshot #5: Alcohol Use and Cancer in Canada, March 2011
- Cancer Control Snapshot #6: Obesity and Cancer in Canada
- Cancer Control Snapshot #7: The HPV Vaccine and Cervical Cancer
- Cancer Control Snapshot #8: Melanoma and Exposure to Ultraviolet Radiation, November 2011
- Cancer Control Snapshot #9: Second-hand smoke and cancer, March 2012
- All content at cancerview.ca

First Nations, Inuit, Métis

- First Nations, Inuit and Métis Action Plan on Cancer Control, June 2011

Primary Prevention

- Knowledge Transfer and Exchange: Doing what we know, knowing what to do, July 2011
- Preventing Childhood Obesity: Moving Policy Recommendations to Action, September 2011

Research

- Investment in Research on Survivorship and Palliative and End-of-Life Care 2005 – 2008, September 2011
- Cancer Research Investment in Canada, 2008, September 2011
- Report on the State of Clinical Trials in Canada, October 2011

Screening

- Anticipatory Science Lung Cancer Screening Expert Panel: Summary of Evidence, September 2011
- Cervical Cancer Screening in Canada: Monitoring Program Performance 2006 – 2008, December 2011
- Cervical Cancer Screening in Canada: Monitoring Program Performance – Backgrounder, December 2011
- National Colorectal Cancer Screening Network: Classification of Benign Polyps Working Group Report, December 2011
- Anticipatory Science HPV Testing in Cervical Cancer Screening Expert Panel: Summary of Evidence, March 2012

Cancer Journey

- Programs and Resources to Facilitate Return to Work for People with Cancer or Other Chronic Diseases Report, February 2012
- Return to Work Concerns Faced by People Dealing with Cancer and Caregivers Report, February 2012
- Research Related to Workplace Support for Cancer Survivors Report, February 2012
- A Pan-Canadian Practice Guideline: Screening, Assessment and Care of Cancer-Related Fatigue in Adults with Cancer, March 2012

Quality Initiatives and System Performance

- Lung Cancer in Canada: A Supplemental System Performance Report, May 2011
- The 2011 Cancer System Performance Report, January 2012

Surveillance

- Cancer Surveillance and Epidemiology Networks (cancerview.ca), ongoing (website)
- National Staging Initiative: 2010 – 11 Standardized Synoptic Pathology Reporting Update, June 2011
- Cancer Risk Management Model user guide, August 2011
- Cancer Risk Management Model brochure, September 2011
- Cancer Risk Management Model evaluation study, December 2011

Cancer Guidelines

- Guidelines Resource Centre (cancerview.ca), ongoing (website)
- Cancer Practice Guidelines Status Report Update: All Cancers, March 2012

References

1 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2012*. (Toronto: Canadian Cancer Society, 2012).

2 World Health Organization. "Cancer," WHO fact sheet no. 297. (Geneva: WHO, Feb. 2012). http://www.who.int/mediacentre/factsheets/fs297/en/.

3 Colon Cancer Screening in Canada, survey commissioned by the Canadian Partnership Against Cancer and the National Colon Cancer Screening Network and conducted by Ipsos Reid (2011).

4 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2012*.

5 World Health Organization. "National Cancer Control Programmes: Policies and Managerial Guidelines." (Geneva: WHO, 2008). http://www.who.int/cancer/media/en/414.pdf.

6 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2012*.

7 At present, there is no agreed-upon international standard for calculating or projecting cancer prevalence, and data on point is not available in Canada. As reported by the Canadian Cancer Society's Steering Committee on Cancer Statistics in *Canadian Cancer Statistics 2011* (May 2011), 748,897 people who had been diagnosed with one or more primary invasive cancers since 1997 were alive on January 1, 2007.

8 Susannah Fox and Sydney Jones. "The Social Health of Life Health Information: Summary of Findings." Pew Internet & American Life Project. Washington, DC: Pew Research Center, June 2009. http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information/01-Summary-of-Findings.aspx?r=1.

9 CancerCare Manitoba. *Aboriginal Cancer Care Progress Report*. (Winnipeg: CancerCare Manitoba, 2008). http://www.cancercare.mb.ca/resource/File/Aboriginal_CancerControlProgressReport_07-08.pdf.

10 L. Marrett and M. Chaudry. "Cancer incidence and mortality in Ontario First Nations, 1968–1991 (Canada)." *Cancer Causes and Control* 14, no. 3 (2003): 259–268.

11 J.T. Friborg and M. Melbye. "Cancer patterns in Inuit populations." *Lancet Oncol* 9, no.9 (2008): 892-900.

12 B.A. O'Brien et al. "Cervical Screening in Canadian First Nation Cree Women." *Journal of Transcultural Nursing* 20, no. 1 (2009): 83–92.

13 Charles Jago and Jeff Burghardt, co-chairs. *Final Report: Premier's Consultation for Improved Cancer Care in Northern BC, July 2006* (Nelson, B.C., 2006).

14 Cancer Care Ontario. *"It's Our Responsibility…" Report of the Aboriginal Cancer Care Needs Assessment*. (Toronto: Cancer Care Ontario, 2002).

15 Inuit Tapiriit Kanatami. "Inuit & Cancer: Fact Sheets." 2009. http://www.itk.ca/publication/inuit-andcancer-fact-sheets.

16 C. Loppie and F. Wein. Our Journey: *First Nations Experience in Navigating Cancer Care*. (Nova Scotia: Mi'kmaq Health Research Group, 2005).

17 National Aboriginal Health Organization. *Broader Determinants of Health in an Aboriginal Context*. (Ottawa: NAHO, 2007).

18 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2012*.

19 Between May 4 and 31, 2011, Harris/Decima conducted a national telephone survey of 3,000 Canadian adults; the margin of error for a sample this size is +/– 1.79% at a 95% confidence level. Survey data were weighted according to variables such as gender, age and region.

20 Evaluating the *Effectiveness of a National, Web-based Portal to Support and Advance Cancer Control in Canada, Final Report* (2010).

21 CancerCare Manitoba. *Aboriginal Cancer Care Progress Report*.

22 L. Marrett and M. Chaudry. "Cancer incidence and mortality in Ontario First Nations, 1968–1991 (Canada)." *Cancer Causes and Control*.

23 J.T. Friborg and M. Melbye. "Cancer patterns in Inuit populations." *Lancet Oncol*.

24 B.A. O'Brien et al. "Cervical Screening in Canadian First Nation Cree Women." *Journal of Transcultural Nursing* 20, no. 1 (2009).

25 Charles Jago and Jeff Burghardt, co-chairs. *Final Report: Premier's Consultation for Improved Cancer Care in Northern BC, July 2006*.

26 Cancer Care Ontario. *"It's Our Responsibility…" Report of the Aboriginal Cancer Care Needs Assessment.*

27 Inuit Tapiriit Kanatami. "Inuit & Cancer: Fact Sheets." 2009.

28 C. Loppie and F. Wein. *Our Journey: First Nations Experience in Navigating Cancer Care*.

29 B.A. O'Brien et al. "Cervical Screening in Canadian First Nation Cree Women." *Journal of Transcultural Nursing* 20, no. 1 (2009).

30 National Aboriginal Health Organization. *Broader Determinants of Health in an Aboriginal Context.*

31 Canadian Cancer Society/National Cancer Institute of Canada. *Canadian Cancer Statistics 2009*. (Toronto: Canadian Cancer Society, 2009).

32 Canadian Cancer Society. "General Statistics at a Glance," May 2012. www.cancer.ca.

33 Canadian Cancer Society's Steering Committee on Cancer Statistics. *Canadian Cancer Statistics 2012*.

34 Ibid.

35 Ibid.

36 J. Zabora, K. Brintzenhofe-Szoc, B. Curbow, C. Hooker and S. Piantadosi. "The Prevalence of Psychosocial Distress by Cancer Site." *Psycho-oncology* 10, no. 1 (2001): 19–28.

37 Canadian Cancer Society. *Cancer Glossary*. http://info.cancer.ca/glossary/default.aspx?cceid=10572&Lang=E.

38 Adapted from Canadian Cancer Society. "Pathology and staging of rhabdomyosarcoma," *Canadian Cancer Encyclopedia*. http://info.cancer.ca/cce-ecc/.

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