DRIVING CHANGE: IMPROVING CANCER CARE FOR ALL CANADIANS

Annual Report
2018/19

PARTENARIAT CANADIEN CONTRE LE CANCER
CANADIAN PARTNERSHIP AGAINST CANCER

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LEADERSHIP MESSAGE

More than 7,500 people—cancer patients, health-care providers, policy-makers, Indigenous and health system leaders, and members of the public—participated in a Canada-wide engagement to shape the *2019–2029 Canadian Strategy for Cancer Control* (the *Strategy*).

The refreshed *Strategy* will drive measurable change over the next 10 years in five priority areas. In addition, for the first time ever, the *Strategy* includes three priorities identified by First Nations, Inuit and Métis. This focus on the priorities of First Nations, Inuit and Métis reflects Canada's commitment to reconciliation, the ongoing expansion of cultural competency in cancer care and the importance of partnerships that have been, or must be, built across the country.

The Canadian Partnership Against Cancer (the Partnership) will now move the refreshed *Strategy* into action. We'll work with a large and diverse group of partners from the cancer and broader health communities, patients and their families, and cancer charities to take collective action on the 2019–2029 priorities. We will achieve a future in which fewer people develop cancer, more people survive cancer and those living with the disease have a better quality of life.

As we plan for the future, we remain committed to delivering change through the many initiatives we are currently implementing with partners. For example, the Partnership is supporting improved access to high-quality screening and HPV vaccinations. We're helping cancer patients to quit smoking by partnering with all 13 provinces and territories to accelerate the provision of smoking cessation support to all cancer patients who smoke. We are working with partners to expand the electronic capture and use of Patient-Reported Outcomes (PROs) to help clinicians provide better symptom management to cancer patients and to support earlier access to palliative care services. We are working to address the unique challenges faced by adolescents and young adults with cancer. And we are supporting the development of Indigenous cancer strategies across Canada.

We're proud of all that the Partnership and our many partners have achieved in the past year and excited about the opportunities that lie ahead to improve cancer care for all Canadians. Together, we will do what cannot be done alone.

Dr. Graham Sher
Chair

Cynthia Morton
Chief Executive Officer

MODERNIZED STRATEGY SETS ROADMAP FOR THE FUTURE

Since its launch in 2006, the *Canadian Strategy for Cancer Control* has served as a powerful tool to reduce the burden of cancer on Canadians and unite a Canada-wide network of partners to improve cancer control. This year, the Partnership released a modernized and future-looking *Strategy*, setting an exciting path forward for cancer control in Canada.

The 2019–2029 *Strategy* provides a 10-year roadmap to deliver world-class cancer care to all Canadians. Building on advances in cancer control, the *Strategy* tackles the most pressing challenges of the next decade to reduce Canadians' risk of cancer, deliver equitable, high-quality cancer care, improve the patient experience and ensure a sustainable health-care system for the future.

More than 7,500 Canadians, health-care providers, policy-makers and members of the cancer community from across the country participated in the process to renew the *Strategy*. First Nations, Inuit and Métis communities, governments and organizations were also engaged through a parallel process to identify Peoples-specific priorities in cancer care.

The *Strategy* has been presented to the federal government and all ministries of health across Canada, and we are now moving ahead to develop action plans with a diverse group of partners from the cancer and broader health communities and other pan-Canadian health organizations. These plans will have clear and meaningful measures of impact, which will be used to monitor progress toward targets and to report back to Canadians. Working with the Canadian Association of Provincial Cancer Agencies (CAPCA) will be crucial to achieving better outcomes for Canadians and a better cancer system.

The Partnership's 2018/19 achievements are integral to achieving these priorities as well as advancing the goals of the Partnership's 2017–2022 strategic plan. We're working with partners to reduce Canadians' risk of getting cancer and ensure that people with cancer get the right diagnosis, treatment and care at the right time.

BETTER CANCER CARE FOR CANADIANS

The Partnership remains focused on advancing our 2017–2022 strategic plan with our partners in order to improve quality, ensure sustainability and create a cancer system that reflects the needs of patients and their families.

The following are some of this year's key achievements:

Helping cancer patients to quit smoking

Smoking cessation has been proven to increase the effectiveness of cancer treatment and significantly improve outcomes for patients with cancer. The Partnership is working to make this support available to patients in all cancer centres across Canada. All 13 provinces and territories are now involved in an initiative to provide smoking cessation support to every patient with cancer who smokes.

Understanding the needs of patients

The Partnership continues to support expansion of the electronic capture and use of Patient-Reported Outcomes (PROs) to help clinicians provide enhanced symptom management to cancer patients and earlier access to palliative care services. PROs are being implemented for the first time in several provinces and territories, while others are expanding their use and integrating them with clinical information systems. The Partnership is also partnering with the Canadian Foundation for Healthcare Improvement to expand a successful program that trains paramedics to provide palliative care at home, preventing avoidable emergency department visits and improving the patient experience.

Improving screening for people at increased risk of colorectal cancer

Colorectal cancer is one of the most commonly diagnosed cancers in Canada and a leading cause of death. Under certain conditions, people with first-degree relatives with colorectal cancer may be at increased risk and require earlier and more frequent screening than those without a family history. This year, the Partnership supported the development and dissemination of a new screening guideline to address this concern.

Ensuring cancer research reflects Canada's greatest needs

The refreshed *Canadian Strategy for Cancer Control* will be complemented by a new 20-year pan-Canadian vision for cancer research. Developed with thought leaders from across the country, the vision will help organizations that fund cancer research to align their strategic planning to the priorities in the refreshed *Strategy* and strengthen Canada's role as an international leader in cancer research. The Partnership also completed the transition of operational and scientific leadership for the Canadian Partnership for Tomorrow Project to the University of Toronto.

Promoting sound public policies

Provinces and territories must make the most of finite budgets as they strive to create an efficient, sustainable health-care system. OncoSim, the Partnership's state-of-the-art modelling platform, helps decision-makers achieve the best value for available health-care dollars by comparing the costs and impact of various policy decisions based on projections of cancer rates, deaths, resource needs, direct health-care costs and other economic impacts, such as lost wages. OncoSim now offers colorectal, lung, cervical, breast and all-cancers models and use of the tool continues to grow: OncoSim analyses have informed more than 50 policy and practice decisions across the country over the past two years.

Supporting self-determined priorities of First Nations, Inuit and Métis from prevention to survivorship

As part of its continued focus on improving cancer care for First Nations, Inuit and Métis in Canada, the Partnership committed $24 million by 2022 to support action on the Peoples-specific, self-determined priorities. More than 500 communities will be impacted by the work being undertaken by over 130 governments, organizations and communities. The funding will support the development and implementation of Peoples-specific, self-determined cancer strategic plans that will improve the delivery of high-quality, culturally respectful cancer services and programs in all provinces and territories. The Partnership's work in this area is enhanced by the Peoples-specific guidance provided by the Partnership's First Nations advisor, Inuit advisor and Métis advisor.

A BOLD STRATEGY FOR THE FUTURE OF CANCER CONTROL

DOING TOGETHER WHAT CANNOT BE DONE ALONE.

Canada has an updated roadmap to deliver world-class cancer care to all Canadians.

The *2019–2029 Canadian Strategy for Cancer Control* builds on the original *Strategy* developed in 2006 and sets out a 10-year action plan with priorities and actions so that all Canadians will have access to high-quality cancer care no matter who they are or where they live. Designed to address new opportunities and growing pressures, the *Strategy* will also ensure the health-care system remains sustainable into the future. Above all, it reflects the voices and priorities of Canadians.

Over the past year, the Partnership led an extensive, Canada-wide process to refresh the *Strategy*, gathering input from more than 7,500 cancer patients, health-care providers, policy makers, health system leaders and members of the public. First Nations, Inuit and Métis communities, governments and organizations were also engaged in a parallel process to establish Peoples-specific, self-determined priorities in cancer care. The result is a strategy that builds on achievements to date and addresses the most pressing challenges of the next decade.

PRIORITIES FOR THE FUTURE

The refreshed *Strategy* will drive measurable change over the next 10 years in five priority areas:

- Decreasing the risk of people getting cancer
- Diagnosing cancer faster, accurately and at an earlier stage
- Delivering high-quality care in a sustainable, world-class system
- Eliminating barriers to people getting the care they need
- Delivering information and supports for people living with cancer, families and caregivers

Three additional priorities with Peoples-specific actions were identified by First Nations, Inuit and Métis:

- Culturally appropriate care closer to home
- Peoples-specific, self-determined cancer care
- First Nations-, Inuit-, or Metis-governed research and data systems

Moving the *Strategy* into action

As steward of the *Strategy*, the Partnership will expand its broad network to include new partners from across the country to act on the priorities and actions and to keep Canadians informed of the progress being made.

The Partnership is already meeting with key stakeholders, including provincial and territorial governments, Indigenous partners, patient groups and cancer organizations, to put implementation plans in place. These efforts reflect a consensus reached in the engagement process: joint planning and action is needed to deliver on this visionary and ambitious plan. No single organization has the resources or ability to implement the *Strategy* by itself, but working together, its promise can be realized—better outcomes for Canadians and a better cancer system.

ADDRESSING SELF-DETERMINED PRIORITIES OF FIRST NATIONS, INUIT AND MÉTIS

First Nations, Inuit and Métis continue to experience poorer cancer outcomes than other people in Canada, and often face inequities and barriers in accessing the cancer care they need.

In recent years, the Partnership and cancer agencies have begun to work collaboratively with First Nations, Inuit and Métis partners to improve Indigenous patient outcomes and experiences. But significant challenges remain.

To address these challenges, the Partnership has committed $24 million by 2022 to improve cancer outcomes by supporting action on Peoples-specific and self-determined priorities of First Nations, Inuit and Métis. More than 130 partners (Indigenous governments, organizations, cancer agencies, national organizations and community partners) are involved in making real change at the point of care, and the number is expected to grow as the initiatives roll out. Over 500 communities will benefit.

The approach reflects best practices and a simple reality: meaningful and sustainable change can only take place when programs and services meet the specific needs and priorities of the Peoples they are intended to serve. First Nations, Inuit and Métis have different geographic, contemporary and historical contexts, including their experience of colonization and residential schools. Each has different health needs and experience differences in the availability and delivery of health-care. There are differences between and among First Nations, Inuit and Métis. Their cancer care must reflect this.

By 2022, the goal is to have Peoples-specific, First Nations, Inuit and Métis cancer plans in place in each province and territory that are developed through collaboration between cancer agencies/programs and First Nations, Inuit and Métis partners. Partners with existing plans will use the new funding to move forward with implementation, including practice and policy changes. Others will develop a plan for the first time and begin implementing initiatives. To date, 12 provinces and territories are participating, and efforts are underway to engage the remaining province. All 12 are taking action on an area identified as a priority for joint work between the cancer programs and First Nations, Inuit and Métis organizations; three are already implementing cancer plans.

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THE WORK IN EACH REGION REFLECTS THE PRIORITIES OF FIRST NATIONS, INUIT AND MÉTIS PARTNERS. FOR EXAMPLE:

- Nunavut will support smoking cessation and establish a colorectal cancer screening program. (This means that within the next several years, all provinces and territories will have colorectal cancer screening programs in place).
- The First Nations Health Authority in British Columbia will prioritize HPV testing and colorectal screening.
- In Newfoundland and Labrador, Eastern Health and First Nations and Inuit governments, organizations and communities will partner to ensure that culturally appropriate cancer services are available, with a particular focus on transitions in care.
- The Northwest Territories will build a robust data system to collect standardized cancer data specific to First Nations, Inuit and Métis to guide high-quality treatment plans for patients.

Many of the partners are also training health-care providers to help them provide culturally competent and culturally safe care (see below). This reflects a call to action of the Truth and Reconciliation Commission and Canada's commitment to reconciliation.

Much work remains to ensure that First Nations, Inuit and Métis patients and families in all provinces and territories have access to high-quality, culturally respectful cancer services and programs. The work begun under this initiative will lay the foundation for action on the Peoples-specific priorities identified in the 2019-2029 *Strategy* and help to close the gaps in cancer care and outcomes between First Nations, Inuit and Métis and other people in Canada.

Providing culturally appropriate care for First Nations, Inuit and Métis

For First Nations, Inuit and Métis patients and families, respect for their culture, values and traditional practices is central to good cancer care. As part of their Partnership-funded plans, currently 70 per cent of partners are working to improve access to culturally safe and culturally appropriate care. The goal is that by 2022, 100% of First Nations, Inuit and Métis partners are engaged in this work.

Partners	Training Participants
Government of the Northwest Territories Health and Social Services	Northwest Territories cancer navigators
BC Cancer Agency/Métis Nation British Columbia/the First Nations Health Authority/BC Association of Aboriginal Friendship Centres	British Columbia primary care providers
CancerControl Alberta	CancerControl Alberta staff
Saskatchewan Cancer Agency	Saskatchewan Cancer Agency staff
CancerCare Manitoba	CancerCare Manitoba staff
Tungasuvvingat Inuit/Cancer Care Ontario	Cancer Care Ontario staff
Nunavik Regional Board of Health and Social Services/Direction générale de cancérologie and McGill University Health Centre	Staff from Direction générale de cancérologie and McGill University Health Centre
Canadian Indigenous Nurses Association	Cancer agencies and programs across Canada

IMPROVING CANCER CARE FOR PATIENTS

The *2019–2029 Canadian Strategy for Cancer Control* is grounded in five priorities—reducing the risk of people getting cancer, diagnosing cancer earlier, providing high-quality care, eliminating barriers to getting that care and supporting those living with cancer.

The Partnership's 2018/19 achievements are integral to achieving these priorities as well as advancing the goals of the Partnership's 2017–2022 strategic plan. We're working with partners to reduce Canadians' risk of getting cancer and ensure that people with cancer get the right diagnosis, treatment and care at the right time. Together with our partners, we are committed to minimizing disparities; our goal for Canada is that all people receive high-quality, culturally appropriate and person-centred care no matter who they are, where they live or where they are in their cancer journey.

Quality cancer care is about more than diagnosing and treating the disease. Many patients need support to find their way through the emotional, psychological and practical issues they face. In addition, some patients have unique needs, including individuals with multiple health problems and adolescents and young adults with cancer. We're working with our partners to create a cancer system where the supports and services patients need are more readily available. By ensuring person-centred care is the standard of practice, we are improving the patient experience and making it easier for people with cancer to get the care they need when they need it.

THE YEAR IN REVIEW

Eliminating cervical cancer

The Partnership is part of an international effort to eliminate cervical cancer led by the Union for International Cancer Control. Over the last few decades, higher rates of screening and HPV vaccination have led to a decline in cervical cancer incidence and mortality rates in many countries, including Canada. However, gaps remain. For example, although cervical cancer is highly treatable, 12 per cent of cervical cancers are still diagnosed at a later stage when survival rates can be as low as 15 per cent. Regular screening can help find more treatable pre-cancers and early-stage cancers. However, three territories and Quebec do not have organized programs. Where programs do exist, participation rates vary across the country: seven of nine provinces meet the Canadian target of screening 80 per cent of women aged 25-69. The Partnership is leading the creation of a Canada-wide action plan to eliminate cervical cancer (meaning fewer than four cases per 100,000 individuals) with leading health partners, including the Partnership's Pan-Canadian Cervical Screening Network, the Public Health Agency of Canada, the Urban Public Health Network, the Rural, Remote and Northern Public Health Network and many others. Although cervical cancer screening and school-age HPV vaccination programs exist across Canada, the action plan will address gaps in implementation for underserviced populations, such as people outside school age, new immigrants, low-income individuals and First Nations, Inuit and Métis populations.

Addressing cancer prevention and screening in primary care

The BETTER Program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) engages primary care health providers who are specially trained in prevention to ensure patients visiting their family doctors benefit from all the screening and prevention efforts available to them. It's an approach that has proved effective in helping patients make lifestyle changes and take the necessary action to reduce their risk of cancer and participate in cancer screening. Funding from the Partnership has established two training institutes (one each in Eastern and Western Canada) to train prevention practitioners in up to seven provinces, with a focus on primary care settings that serve rural, remote and First Nations, Inuit and Métis communities.

Improving the accessibility and quality of cancer screening programs

Colorectal cancer is one of the most commonly diagnosed cancers in Canada and a leading cause of death. Current guidelines address screening for Canadians without a family history of the disease. However, under certain conditions, people with immediate family members diagnosed with colorectal cancer may be at increased risk and should be screened earlier and more regularly. In 2018/19, the Partnership supported the Canadian Association of Gastroenterology in developing and disseminating a new guideline to address this gap.

The Partnership also continued its efforts to increase equitable access to screening with targeted work in colorectal cancer screening to help provinces and territories better identify where underscreened populations exist and the community-level factors that create barriers to access. This multi-year initiative will help jurisdictions work with underserviced groups to increase their participation in screening programs by using community-level data and evidence-based approaches to create effective, locally based solutions. This approach can then be applied to increase participation in other screening programs as well.

In 2018/19, the Partnership also published the first national quality indicators for colposcopy, an important follow-up procedure for women with abnormal screening test results for cervical cancer. Identifying and reporting on standardized quality indicators allows clinicians and policy-makers to continually evaluate and improve their performance to ensure they are screening the right people with the right tests at the right time.

Expanding quality standards for oncology surgery

This year, the Partnership released evidence-informed, national quality standards for breast and rectal cancer surgery, building on its previously released standards for thoracic and gynecologic oncology surgeries. The case for quality standards is clear: mortality rates for cancers treated by complex surgeries can be three to four times higher in some provinces. The goal of the *Pan-Canadian Standards for Breast Cancer Surgery* and the *Pan-Canadian Standards for Rectal Cancer Surgery* is to provide high-level guidance and emphasize key areas that impact quality and patient outcomes, such as ensuring that surgeons and nursing staff have the necessary expertise and experience and that hospitals have the appropriate resources and services. The Partnership is now working with representatives from provincial ministries of health and cancer centres to move implementation of the standards forward to ensure the greatest benefit to patients.

Improving patient safety

Mistakes or "near misses" offer important learning opportunities to improve the quality of care across the health-care system. The Canadian Partnership for Quality Radiotherapy (CPQR), which is funded by the Partnership, launched the National System for Incident Reporting—Radiation Treatment (NSIR-RT) in 2017/18. Across Canada, 75 per cent of radiation treatment centres have now signed on and are reporting incidents, the first time this information has been available at a national level. The goal is to have all provinces reporting by 2022 to reduce the number of incidents over time.

CPQR will build on the reporting through training sessions and information-sharing to help all programs improve quality. As a result, if a centre reports a practice or equipment issue that affected a patient's care, all participating centres are alerted to the issue that requires attention. The result is more patients receiving safer care.

Connecting patients to the supports they need

Patient-Reported Outcomes (PROs) make the goal of patient-centred care a reality. By collecting data on the patient experience at the point of care, clinicians have timely information that enables them to provide patients with the care and supports they need when they need them. The Partnership is focused on helping clinicians use PROs to identify patients who would benefit from palliative care to gain better control over their pain, anxiety and other symptoms. Currently, 60 per cent of cancer centres are capturing PROs data electronically for approximately 90,000 patients. The goal is to increase that to 70 per cent by 2022—which would include up to 15,000 more patients—with more clinicians using the data to refer patients to services that will improve the quality of their lives.

In a previous phase of work, the Partnership supported the successful introduction of PROs in eight jurisdictions. In 2018/19, four Partnership-funded projects (Newfoundland and Labrador, Nova Scotia, Prince Edward Island and Saskatchewan) began building on this work. The projects will expand their use of PROs to identify patients who need palliative care and help them access those services earlier in their cancer journey. In Alberta and Quebec, Partnership funding is allowing cancer centres to enhance the use of PROs by improving their integration with clinical information systems to incorporate reporting, feedback and triaging mechanisms (including triggers to alert the health team to do follow-ups). This integration also makes remote symptom monitoring possible so patients don't need to travel to a cancer centre and have a better care experience. For example, Quebec plans to introduce a mobile application so patients can report their symptoms from their phone or home computer and avoid unnecessary clinic visits.

The Partnership also continues to expand the use of PROs across the country, with funding for three additional jurisdictions (British Columbia, the Northwest Territories and the Yukon) to introduce the symptom screening tool. The projects will put in place the necessary foundation to implement and report PROs and begin to use symptom screening to support earlier palliative care.

Supporting paramedics to deliver palliative care in patients' homes

Increasingly, palliative care is moving out of the hospital and into the community. Emergency department visits by cancer patients in the last months of life are common: in Ontario and Alberta (the only provinces for which these data are available), 24.5 per cent of patients with cancer visited the emergency department twice or more in the last month of their lives. For several years, the Partnership-funded Paramedics Providing Palliative Care at Home Program has trained paramedics in Nova Scotia and Prince Edward Island to provide palliative care to cancer patients in their home. As a result of the program, patients in those provinces experienced fewer avoidable emergency department visits and a better end-of-life experience: their pain can be managed, and they can die comfortably and at home, surrounded by their family.

In 2018/19, the Partnership expanded the program across the country in partnership with the Canadian Foundation for Healthcare Improvement (CHFI), using the Partnership's expertise in cancer care improvements and CFHI's knowledge of spreading best practices to ensure Canadians have the care needed to support them at home at the end of life. Similar programs are now funded in seven more jurisdictions: British Columbia, Saskatchewan, Manitoba, Ontario (two sites), New Brunswick and Newfoundland and Labrador, with a goal of training 70 per cent of paramedics by 2022. Team members from Nova Scotia, PEI and Alberta—where the program started—will serve as coaches to the new programs.

The Partnership's work in palliative and end-of-life care aligns with Health Canada's new *Framework on Palliative Care in Canada*, one of the federal government's priorities, and the work of the Partnership's Palliative and End-of-Life National Network will support implementation of the Framework going forward.

THE PARTNERSHIP HAS ACTIVELY SUPPORTED THE IMPLEMENTATION OF SMOKING CESSATION PROGRAMS IN CANCER CARE SETTINGS ACROSS THE COUNTRY AND HAS SET A TARGET FOR CESSATION SUPPORT TO BE AVAILABLE IN THE MORE THAN 100 AMBULATORY CANCER CENTRES BY 2022.

Spreading smoking cessation support for cancer patients across the country

Providing smoking cessation support to patients with cancer can increase the effectiveness of their treatment, improve their recovery, increase their chances of survival and reduce their risk of complications and death. In fact, smoking cessation is now considered a first-line treatment for cancer.

The Partnership has actively supported the implementation of smoking cessation programs in cancer care settings across the country and has set a target for cessation support to be available in the more than 100 ambulatory cancer centres by 2022. The Partnership is also committed to increasing the number of centres that offer culturally appropriate smoking cessation support to address the needs of First Nations, Inuit and Métis patients. All 13 provinces and territories are now engaged in a two-year Partnership-funded initiative to plan, implement, evaluate and sustain smoking cessation support for cancer patients and families in ambulatory cancer centres. As of this year, 66 per cent of ambulatory cancer centres in Canada offer smoking cessation support to cancer patients—a 10 per cent increase from the previous year—and we are working to expand culturally competent supports across these centres from the current 20 per cent to 50 per cent by 2022. The result will be improved outcomes for patients and significantly reduced costs for the cancer system.

Driving quality through synoptic reporting

The Partnership has funded and supported implementation of electronic synoptic reporting across the country to support high-quality care for patients at all stages of the cancer journey. Synoptic reporting uses standardized templates to gather and report patient data (including details of tissue samples and information gathered during surgery) and allows variations in surgical and pathology practice and outcomes to be tracked across organizations and across the system. Surgeons and pathologists are using synoptic feedback reports to review their practice against clinical guidelines and the performance of other clinicians and make changes to improve the quality of care. In some provinces, more than half of surgeons and pathologists use these feedback reports; the Partnership's goal is to engage all surgeons and pathologists in this quality improvement activity by 2022.

To encourage this quality improvement approach, the Partnership is funding initiatives in numerous provinces, including a surgical initiative to examine data from operative reports, identify areas where

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improvements are needed and introduce strategies to address the gaps; an initiative with thoracic surgeons to link synoptic data with morbidity and mortality outcomes and identify where changes to their surgical practices could improve patient outcomes; and an initiative to help pathologists improve the quality of cancer care by using synoptic data to identify and address practice variations within their provinces.

Increasing access to cancer clinical trials

High-quality research is essential to improve cancer prevention, diagnosis and treatment and to ensure the best possible outcomes for patients and survivors. Clinical trials are an important aspect of this research and increasing patient access to trials means that more Canadians will have access to life-saving, cutting-edge treatments. Recruitment has increased by over 55 per cent since the spring of 2014 (baseline) and is on track to exceed a 60 per cent increase from baseline by the end of fiscal year 19/20. The Partnership is committed to increasing overall patient recruitment in cancer clinical trials by 75 per cent by 2022. To help reach this goal, the Partnership continues to fund the Canadian Cancer Clinical Trials Network (3CTN), a Canada-wide initiative designed to strengthen the capacity and capability of centres across the country to conduct investigator-initiated, non-pharmaceutical company-supported clinical trials.

Helping cancer patients transition back to their daily lives

In the Partnership's *Experience of Cancer Patients in Transition Study*, more than 13,000 Canadians across all 10 provinces spoke about the challenges of transitioning from cancer care back to the broader health-care system and their daily lives. The study revealed that many cancer survivors and caregivers did not receive useful information about how to access services to address their mental health and their physical and practical needs and concerns. The Partnership has established a two-year partnership with the Canadian Cancer Society that provides funds to promote the latter's extensive resources for people with cancer, survivors and caregivers and make these resources more widely available. This includes a national, toll-free helpline that provides information and emotional support and a searchable online directory that helps those affected by cancer find cancer-related

services, like emotional support programs and homecare. The overall goal is to expand the range of services and supports available to patients and survivors in their community to address the physical, emotional and practical challenges they face and ensure the best possible quality of life.

Meeting the mental health needs of cancer patients and survivors

Increasingly, the psychological and emotional issues experienced by patients and survivors are being recognized as mental health concerns. In 2018/19, the Partnership began work to help the cancer and health-care system address these concerns. The Partnership is working closely with key partners, including the Canadian Cancer Society, the Mental Health Commission of Canada, the Canadian Foundation for Healthcare Improvement and others on a broad consultation with stakeholders in 2019/20. The result will be a Canada-wide action plan to address the mental health challenges of cancer survivors as they complete treatment and return to their everyday lives, with a particular emphasis on supporting survivors as they return to work.

Meeting the needs of adolescents and young adults with cancer

Cancer patients and survivors between the ages of 15 and 39 face a unique set of challenges, including the need to protect against loss of fertility due to treatments, disconnection from peers and interrupted education and careers. However, the needs of adolescent and young adult (AYA) cancer patients and survivors are currently not well understood by the cancer system and patients often do not get the support they need. In 2018/19, the Partnership led efforts with stakeholders across the country to create the *Canadian Framework for the Care and Support of Adolescent and Young Adult Cancer* that will set priorities and help guide care and services for this population. Implementing the framework will require the efforts of many individuals and organizations. In particular, the Partnership will work with key stakeholders to increase awareness of AYA needs and improve the capacity of health-care providers to deliver high-quality, developmentally appropriate care and access to supports and services. The Partnership is working with the C[17] group of pediatric hospitals to identify opportunities to report system performance data on children with cancer.

SUPPORTING THE *STRATEGY*

Cancer survival rates are improving as cancer is prevented, found earlier and treatment is advanced. Canada's health system faces significant challenges. Our aging population means the number of new cancer cases in Canada is expected to increase in the coming decade, and the costs of cancer care continue to rise.

To address these challenges, we are focused on making the cancer system more responsive, efficient and economically sustainable. To achieve this, we're measuring and monitoring the experience and health outcomes of patients as they move through the system. This allows us to evaluate the quality and efficiency of cancer care across the country and shine a light on issues of equity—such as the differences in access to care experienced by some Canadians.

But data is only valuable if it is acted upon. Our focus remains on helping clinicians, system leaders and decision-makers use the information to take action. We continue to drive system change by showing what is working, what is not and where action is needed to create positive changes that impact cancer patients and their families.

THE YEAR IN REVIEW

Connecting data to track patient outcomes

The Partnership worked with four provinces (Alberta, Manitoba, Nova Scotia and Prince Edward Island) to determine the feasibility of including radiation treatment data in the Canadian Cancer Registry, setting the stage for provinces to begin submitting that data in the coming year. By 2022, the Partnership plans to integrate chemotherapy data as well, so that all three treatment modalities—surgery, radiation and chemotherapy—are tracked to the Canadian Cancer Registry. This data will allow decision-makers and care providers to monitor performance, identify areas in the country where care or patient outcomes are not what they should be and make improvements.

Reporting on performance to drive change

Measuring and reporting on the performance of the cancer system is the first step to improving it. The Partnership's annual system performance report provides a detailed look across the country, showing where there are problems, what should be done and who should do it. With this information, the Partnership can identify partners and areas for investment and take action for improvement. In the nine years since the first report, indicators and data collection have been standardized across the provinces, and many provinces have developed the necessary expertise in measurement and analysis to begin developing reports of their own to inform their actions and investments.

The *2018 Cancer System Performance Report* marks the final year for the report in this form. As implementation planning for the 2019-2029 *Strategy* gets underway, the Partnership has begun a process with its partners to establish new indicators that can be used to drive change and monitor progress over the next 10 years. The Partnership will also adopt a new approach to reporting, centred on an annual report to patients and the public on the state of cancer control in Canada.

Accelerating cancer research

In 2018/19, operational and scientific leadership for the Canadian Partnership for Tomorrow Project (CPTP) was fully transitioned to the University of Toronto. Over the past 12 years, more than 300,000 Canadians from eight provinces have volunteered to participate in Canada's largest population-based cohort. This number will continue to grow as Manitoba begins to recruit participants. The transfer in responsibility for CPTP will allow its full scientific potential to be realized and support leading-edge research on the causes of cancer and chronic diseases. The Partnership will continue to support the project in an advisory role.

Creating a vision to guide cancer research

The Partnership continued to improve the coordination of cancer research across Canada through its support of and membership in the Canadian Cancer Research Alliance (CCRA), an alliance of organizations that fund most of the cancer research in this country. This year, the CCRA engaged thought leaders across the country to develop a 20-year, Canada-wide vision for cancer research. The vision, which will be aligned with the 2019-2029 *Strategy*, sets out a bold commitment to advance research, strengthening Canada's role as an international leader in cancer research and ensuring that future research translates into the best possible health and well-being for all Canadians. The document will be released in early 2020 and is intended to guide the strategic planning of all stakeholders so that Canada's research community is aligned toward common long-term goals.

Reducing Canadians' exposure to radon

Radon gas, the second leading cause of lung cancer, occurs naturally in the ground but can accumulate in basements and below-ground workplaces. It is one of the substances tracked by CAREX Canada, a national initiative funded by the Partnership that monitors the number of Canadians exposed to carcinogens in workplace or community environments and uses the data to influence important policy changes. In 2018/19, CAREX established a partnership with the British Columbia Centre for Disease Control to develop a methodology to provide real-time access to data on radon exposure that is putting Canadians at risk, including geographic information. This new capability will allow Health Canada, provinces and territories to take evidence-informed action to reduce Canadians' exposure.

Ensuring value for money

Decision-makers need to ensure that the money invested in health-care results in better outcomes for patients, and that provinces and territories get the best value for available health-care dollars. But data are often difficult to find and interpret and cost projections are complex. The Partnership's sophisticated modelling platform, OncoSim, is an evidence-based tool that allows decision-makers to compare the costs and impact of various policy decisions based on projections of cancer rates, deaths, resource needs, direct health-care costs and other economic impacts, such as lost wages.

OncoSim now provides detailed models for four cancer sites (colorectal, lung, cervical and breast) and high-level projections for 28 other cancer sites. Use of the tool by policy- and decision-makers across the country continues to grow. For example, in Quebec, government analysts used OncoSim to project the health and economic impacts of a lung cancer screening program and create a business case for establishing a program in that province. In the Northwest Territories, OncoSim modelling provided a compelling business case to support a move from a two-test screening kit for colorectal cancer to a one-test kit. Over the last two years, OncoSim analyses have been used in policy and practice decisions more than 50 times, and the Partnership wants to increase that to close to 120 uses by 2022.

LOOKING AHEAD

This past year, the Partnership led a Canada-wide engagement and delivered the refreshed *Canadian Strategy for Cancer Control*, a 10-year roadmap for cancer care in Canada. With the refreshed *Strategy* as our guide, the Partnership will begin to move it into action in 2019/20.

No single organization has the resources or ability to implement the *Strategy* by itself; governments, organizations and individuals involved in the development of the *Strategy* will all play a central role in its implementation.

As steward of the *Strategy*, the Partnership will meet with key stakeholders in the coming year to develop plans and take immediate action. The focus will be to identify and engage additional partners to quickly make progress on the priorities identified in the *Strategy*. A new set of indicators will be established to measure progress and drive change across the system, and we will launch a new approach to reporting to patients and the public on the state of cancer control in Canada. We will also continue to engage with First Nations, Inuit and Métis communities, governments and organizations on the Peoples-specific, self-determined priorities and actions in the *Strategy*.

MOVING EXISTING INITIATIVES FORWARD

The Partnership remains focused on advancing the goals of our 2017–2022 strategic plan. The following are some of the key areas of work in the year ahead:

Advancing a shared vision for research: The Canadian Cancer Research Alliance will roll out the new Canada-wide vision for cancer research to stakeholders across the country. This shared vision will support the *Canadian Strategy for Cancer Control* and strengthen Canada's role as an international leader in cancer research by collectively focusing and mobilizing the efforts of the cancer research community.

Reducing false positive screening: Working with the provinces and territories, the Partnership will develop—and begin implementing—a national action plan to tackle Canada's high abnormal call rate in breast cancer screening.

Reaching underscreened populations: The Partnership will expand its initiative with provinces and territories to increase colorectal screening rates in underserviced populations, such as people in low-income, immigrant, or rural and remote communities. New funding from the Partnership will allow jurisdictions to co-create solutions with these communities using community-level data and evidence-based interventions.

Supporting the establishment of lung cancer screening programs: The Partnership will continue to support the establishment of lung cancer screening programs by providing provincial and territorial cancer programs with a business case they can adapt and use as a starting point to advocate for funding and to plan and implement programs.

Developing and implementing First Nations, Inuit and Métis cancer plans: More than 130 Indigenous organizations, cancer agencies, national organizations and community partners will continue work to create or implement First Nations, Inuit and Métis cancer strategic plans with funding from the Partnership.

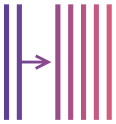
Addressing mental health: Work will accelerate on the Partnership's new initiative to help the cancer system address the mental health concerns of patients and survivors. Together with the Canadian Cancer Society, the Mental Health Commission of Canada, the Canadian Foundation for Healthcare Improvement and others, the Partnership will conduct a broad consultation to identify actions.

Supporting national palliative care framework: The Partnership will support implementation of Health Canada's new *Framework on Palliative Care in Canada* through the work of the Partnership's Palliative and End-Of-Life Care National Network.

Meeting the needs of adolescents and young adults: As it rolls out the new *Canadian Framework for Adolescent and Young Adult Cancer Care*, the Partnership will work with partners to improve supports for AYA care and ensure care providers are better equipped to address the needs of adolescents and young adults with cancer.

Creating a sustainable system: The Partnership will continue its work to quantify the burden of cancer with a focus on out-of-pocket costs to patients and caregivers, indirect costs and the psychosocial burden of cancer. As the Partnership begins implementing the refreshed *Strategy*, it will also undertake forecasting and modelling related to workforce planning and innovative models of care to identify gaps, needs and efficiencies across the system.

Eliminating cervical cancer: The Partnership's commitment to eliminating cervical cancer will take shape as it works with partners to develop an action plan. The plan will be launched at a pan-Canadian summit hosted by the Partnership.



Reducing disparities: The linkage of national immigration, income tax and census datasets to the Canadian Cancer Registry is now complete. Reflecting the *Strategy's* focus on improving equity of access to high-quality care, the Partnership will use the data in the coming year to look more closely at inequities in cancer outcomes, the interrelationship of various factors and how health-care professionals and policy-makers might begin to address the gaps.

The long-term vision of the *Canadian Strategy for Cancer Control* is that fewer Canadians develop cancer, more people survive it and those with cancer have a better quality of life. Delivering results for Canadians depends on moving forward together. Working collaboratively, the Partnership and its partners across the country can deliver on the *Strategy's* promise of better outcomes for Canadians and a better cancer system.

BOARD OF DIRECTORS

Board of Directors (April 1, 2018 – March 31, 2019)

Front row (seated left to right): Mary O'Neill, Cynthia Morton, Graham Sher, Jeff Zweig

Back row (standing left to right): Karen Herd, Darren Dick, David Sabapathy, Victoria Lee, Helen Mallovy Hicks, Ewan Clark, Mary Catherine Lindberg, Abby Hoffman, Cheryl Smith

Not pictured: Julien Billot, Matt Herman, Lynne Hudson, Eshwar Kumar, Jean Latreille, Shannon MacDonald, Crystal Nett, Gail Turner, William Young

Graham Sher, MD
Chair, Canadian Partnership Against Cancer; Chief Executive Officer, Canadian Blood Services

Helen Mallovy Hicks
Vice-Chair, Canadian Partnership Against Cancer; Partner and Global Valuation Leader, PricewaterhouseCoopers LLP

Julien Billot
President and CEO, Scale Ai; Adjunct Professor, HEC Montréal

Ewan Clark
Legal Counsel, Cox & Palmer

Darren Dick
Director of External Relations, Schulich School of Law, Dalhousie University

Karen Herd
Deputy Minister of Health, Seniors and Active Living, Manitoba

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

Abby Hoffman
Observer; Assistant Deputy Minister, Strategic Policy Branch, Health Canada

Lynne Hudson
Chief Executive Officer, Canadian Cancer Society (stepped down February 2019)

Eshwar Kumar, MD
Medical Officer, New Brunswick Cancer Network, Department of Health

Jean Latreille, MD
Observer; National Director, Programme québécois de cancérologie (Quebec cancer control program), Quebec Ministry of Health and Social Services

Victoria Lee, MD
President and Chief Executive Officer, Fraser Health Authority, British Columbia

Mary Catherine Lindberg
Health Consultant

Shannon MacDonald
Senior Managing Director, Accenture Consulting, Health and Public Service (stepped down June 2018)

Cynthia Morton
Chief Executive Officer, Canadian Partnership Against Cancer

Crystal Nett
Associate Vice President, Strategy, Saskatchewan Polytechnic

Mary O'Neill
Corporate Director

David Sabapathy, MD
Deputy Chief Public Health Officer, PEI Department of Health and Wellness

Cheryl Smith
Reeve, Rural Municipality of St. Laurent; Director, Association of Manitoba Municipalities (elected June 2018)

Gail Turner
Consultant (stepped down June 2018)

William Young
Senior Partner, Monitor Clipper Partners

Jeff Zweig
Chief Executive Officer, Mosaic Forest Corporation

INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Partnership Against Cancer Corporation,

Opinion

We have audited the accompanying financial statements of Canadian Partnership Against Cancer Corporation (the "Partnership"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant account policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Canadian Partnership Against Cancer Corporation as at March 31, 2019, and its results of operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Partnership in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, 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.

In preparing the financial statements, management is responsible for assessing the Partnership's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Partnership or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Partnership's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit 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.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Partnership's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Partnership to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDO Canada LLP

Chartered Professional Accountants,
Licensed Public Accountants
Mississauga, Ontario
June 4, 2019

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended March 31	**2019**	2018
	$	$
Expenses		
Prevention (Note 5)	**2,264,718**	2,197,161
Screening	**2,029,884**	1,188,823
Cancer diagnosis and care	**2,544,523**	1,978,768
Patient experience	**3,517,454**	2,021,260
Research	**7,389,971**	7,588,673
First Nations, Inuit and Métis Cancer control	**3,064,325**	1,476,206
System performance	**2,827,853**	2,089,247
Strategy and analysis	**3,421,289**	2,542,582
Knowledge mobilization (Note 9)	**4,463,657**	3,951,501
Public engagement and outreach	**2,225,020**	1,762,369
Program support	**1,323,531**	929,594
	35,072,225	27,726,184
Operating expenses (Note 4, 9)	**8,409,577**	7,730,304
	43,481,802	35,456,488
Revenue		
Government of Canada (Note 7)	**42,936,596**	34,646,942
Canadian Foundation for Healthcare Improvement	**450,000**	–
Other funding	**95,206**	809,546
	43,481,802	35,456,488
Excess of revenue over expenses for the year, and net assets at the end of the year	**–**	–

Approved by the Board of Directors

Graham Sher
Chair of the Board of Directors

Helen Mallovy Hicks
Chair of the Finance, Audit and Risk Committee

See accompanying notes to the Financial Statements

STATEMENT OF FINANCIAL POSITION

As at March 31	**2019**	2018
	$	$
Assets		
Current		
Cash	**3,403,210**	176,559
Short-term investments	**2,613,931**	7,158,134
Accounts receivable	**410,775**	487,997
Projects in process—advances (Note 3)	**3,077,649**	401,775
Prepaid expenses	**921,496**	1,176,677
	10,427,061	9,401,142
Capital assets (Note 4)	**3,415,036**	4,151,898
Intangible assets (Note 5)	**339,976**	32,683
	3,755,012	4,184,581
	14,182,073	13,585,723
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	**4,841,839**	4,518,875
Government remittances payable (Note 6)	**160,680**	98,015
Deferred contributions—Expenses of future periods (Note 7(a))	**5,028,339**	4,517,314
	10,030,858	9,134,204
Deferred contributions—Capital and intangible assets (Note 7(b))	**3,003,820**	3,351,441
Lease inducements (Note 8)	**1,147,395**	1,100,078
	4,151,215	4,451,519
	14,182,073	13,585,723
Net assets	**–**	–
	14,182,073	13,585,723

Commitments and Guarantees (Notes 10 and 11)

STATEMENT OF CASH FLOWS

Year ended March 31	**2019**	2018
	$	$
Increase (decrease) in cash		
Operating activities		
Government of Canada contributions received (Note 7)	**43,100,000**	39,900,000
Other contributions received	**785,272**	708,075
Interest received on short-term investments	**181,873**	155,616
Interest paid to Government of Canada	**(172,680)**	(362,281)
Cash paid for programs and operating expenses	**(44,834,958)**	(39,954,909)
	(940,493)	446,501
Investing activities		
Redemption of short-term investments	**4,589,726**	2,000,000
Financing activities		
Purchase of capital and intangible assets	**(508,969)**	(4,372,648)
Lease inducements	**86,387**	777,483
	(422,582)	(3,595,165)
Increase (decrease) in cash	**3,226,651**	(1,148,664)
Cash, beginning of year	**176,559**	1,325,223
Cash, end of year	**3,403,210**	176,559

NOTES TO THE FINANCIAL STATEMENTS

Year ended March 31, 2019

1. Description of the organization

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 to implement the Canadian Strategy for Cancer Control. In June 2013, the Partnership submitted Articles of Continuance to Industry Canada and transitioned to the *Canada Not-for-profit Corporations Act* (CNCA).

In implementing the Canadian Strategy for Cancer Control, the Partnership plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country. Partners include provincial and territorial cancer programs; federal organizations and agencies; First Nations, Inuit and Métis organizations; national health and patient organizations; and individual experts who provide strategic cancer control insight and advice from both patient and professional perspectives.

With a focus on the full cancer continuum from prevention and treatment through to survivorship and end-of-life care, the Partnership supports the collective work of the broader cancer control community in achieving long-term outcomes that will have a direct impact on the health of Canadians and create a future where:

a) fewer Canadians develop cancer;
b) more Canadians survive cancer;
c) those affected by cancer have a better quality of life.

The Partnership is primarily funded through an agreement with the Government of Canada. The initial funding agreement provided a contribution of $240.4 million over five years ending March 31, 2012. The second funding agreement provided a contribution of $239.6 million over the period of April 1, 2012 to March 31, 2017. On March 17, 2017, the Partnership signed a Contribution Agreement with the Government of Canada, providing a contribution of $237.5 million over five years ending March 31, 2022. Funding is subject to terms and conditions set out in the Contribution Agreement, including there being an appropriation of funds by the Parliament of Canada for the next fiscal year.

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

2. Significant accounting policies

FINANCIAL STATEMENT PRESENTATION

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

REVENUE RECOGNITION

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

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

SHORT-TERM INVESTMENTS

Short-term investments consist of deposits in high interest savings accounts and deposits with a maturity at acquisition of less than 1 year. Under the terms of the contribution 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

INTANGIBLE ASSETS

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

Portal and software development	3 years

FINANCIAL INSTRUMENTS

The Partnership considers any contract creating a financial asset or financial liability a financial instrument. The Partnership accounts for the following as financial instruments:

- cash
- short-term investments
- accounts receivable
- projects in process
- accounts payable and accrued liabilities
- government remittances payable

A financial asset or liability is recognized when the Partnership becomes party to contractual provisions of the instrument. The Partnership removes financial liabilities, or a portion thereof, when the obligation is discharged, cancelled or expires.

The Partnership initially measures its financial assets and financial liabilities at fair value. In the case of a financial asset or financial liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption. The Partnership subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less impairment.

At the end of each reporting period, the Partnership assesses whether there are any indications that financial assets measured at cost or amortized cost may be impaired. When there is any such indication of impairment, the Partnership determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from that financial asset. Where this is the case, the carrying amounts of the assets are reduced to the highest of the expected value that is actually recoverable from the assets either by holding the assets, by their sale or by exercising the right to any collateral, net of cost. The carrying amounts of the assets are reduced directly or through the use of an allowance account and the amount of the reduction is recognized as an impairment loss in the statement of operations.

USE OF ESTIMATES

Management reviews the carrying amounts of items in the financial statements at each statement of financial position date to assess the need for revision or any possibility of impairment. Many items in the preparation of these financial statements require management's best estimate. Management determines these estimates based on assumptions that reflect the most probable set of economic conditions and planned courses of action.

These estimates are reviewed periodically and adjustments are made to excess of revenue over expenses as appropriate in the fiscal year they become known.

Items subject to significant management estimates include the estimated useful life of capital and intangible assets. Actual results could differ from those estimates.

3. Projects in process—advances

Projects in process—advances represent projects where the Partnership has advanced funds to third party partners where project milestones were in process and funds have not been expended by the third-party partner.

4. Capital assets

	Cost	Accumulated Amortization	**2019 Net book Value**	2018 Net book Value
	$	$	**$**	$
Information technology and telecommunication	1,500,567	1,208,386	**292,181**	658,937
Furniture and equipment	793,673	424,562	**369,111**	493,073
Leasehold improvements	3,164,804	411,060	**2,753,744**	2,999,888
	5,459,044	2,044,008	**3,415,036**	4,151,898

Included in operating expenses is amortization expense related to capital assets of $905,855 (2018—$730,999). During the year, the Partnership disposed of capital assets with a cost of $63,528 (2018—$2,400,330) which were fully amortized. Therefore, no loss was incurred during the year (2018—$21,501).

5. Intangible assets

	Cost	Accumulated Amortization	**2019 Net book Value**	2018 Net book Value
	$	$	**$**	$
Portal and software	1,328,544	1,328,544	**–**	32,683
Software under development	339,976	–	**339,976**	–
	1,668,520	1,328,544	**339,976**	32,683

Included in Prevention expenses is amortization expense related to intangible assets of $32,683 (2018—$126,554). No intangible assets were disposed during the 2019 fiscal year (2018—$8,882,446).

6. Government remittances payable

	2019	2018
	$	$
Interest received on short-term investments payable	**69,459**	55,733
Employee withholdings and other payable	**91,221**	42,282
Government remittances payable	**160,680**	98,015

7. Deferred contributions

(A) EXPENSES OF FUTURE PERIODS

Deferred contributions are restricted for expenses of future periods.

	2019	2018
	$	$
Deferred contributions, beginning of year	**4,517,314**	1,924,710
Current year contribution from Government of Canada	**43,100,000**	39,900,000
Interest earned on contributions received	**186,406**	158,334
	47,803,720	41,983,044
Amount recognized as revenue during the year	**(42,080,006)**	(33,798,618)
Amount applied towards capital and intangible assets acquired	**(508,969)**	(3,508,778)
Interest paid to Government of Canada	**(116,947)**	(102,601)
Interest payable to Government of Canada	**(69,459)**	(55,733)
Deferred contributions, end of year	**5,028,339**	4,517,314

(B) CAPITAL AND INTANGIBLE ASSETS

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

	2019	2018
	$	$
Deferred contributions, beginning of year	**3,351,441**	690,987
Contributions applied toward capital and intangible asset purchases	**508,969**	3,508,778
Amount amortized to revenue during the year	**(856,590)**	(848,324)
Deferred contributions, end of year	**3,003,820**	3,351,441

Total Government of Canada revenues recognized of $42,936,596 (2018—$34,646,942) during the year include amounts amortized to revenues from capital and intangible assets.

8. Lease inducements

The lease inducements include the following amounts:

	2019	2018
	$	$
Leasehold improvements	**751,192**	833,140
Free rent and other	**396,203**	266,938
Total lease inducements	**1,147,395**	1,100,078

During the year, leasehold improvements and other inducements of $129,265 (2018—$1,130,808) were provided. The amortization of leasehold improvements allowances is $81,948 (2018—$30,730).

9. Allocation of expenses

The Partnership's website and other digital assets are key channels of supporting multi-jurisdictional uptake of knowledge emerging from cancer research and best practices to drive improvements in quality of practice and optimize cancer control planning across the country. As such, some information technology and human resources expenses have been allocated on the basis of level of effort to Knowledge mobilization program—$2,006,942 (2018—$1,462,644).

10. Commitments

CONTRACTUAL COMMITMENTS

As of March 31, 2019, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately $58.6 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. These are as follows:

		(000's)
2020	$	27,520
2021	$	17,874
2022	$	13,198
	$	58,592

OPERATING LEASE COMMITMENTS

The future minimum lease payments for premises and equipment for the next 5 years and thereafter are as follows:

		(000's)
2020	$	712
2021	$	710
2022	$	742
2023	$	750
2024	$	750
2025 and thereafter	$	3,281
	$	6,945

11. Guarantees

In the normal course of operations, the Partnership enters into agreements that meet the definition of a guarantee.

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.

12. Contingencies

The Partnership is a member of Healthcare Insurance Reciprocal of Canada (HIROC), which was established by hospitals and other organizations to self-insure. If the aggregate premiums paid are not sufficient to cover claims, the Partnership will be required to provide additional funding on a participatory basis.

Since the inception, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time distributions are declared by the Board of Directors of HIROC.

13. Comparative figures

Certain of the prior year figures have been reclassified to conform to changes in the current year presentation.

THIRD PARTIES

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2018/19 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at partnershipagainstcancer.ca.

Alberta First Nations Information Governance Centre
Alberta Health Services
Association pour la santé publique du Québec
BC Cancer Agency
Canadian Association of Thoracic Surgeons
Canadian Cancer Society
Canadian Indigenous Nurses Association
Canadian Institute for Health Information
Canadian Organization of Medical Physicists
Canadian Virtual Hospice
CancerCare Manitoba
Centre for Effective Practice
Centre hospitalier universitaire Sainte-Justine
CIUSSS—Ouest-de-l'Île-de-Montréal
Dalhousie University
Eastern Health—Newfoundland and Labrador
First Nations Health Authority
Government of Northwest Territories
Government of Nunavut
Government of Yukon
Health PEI
Interlake-Eastern Regional Health Authority
Kenora Chiefs Advisory
Lennox Island Health Centre
McGill University
McMaster University
Métis Nation of Alberta
Métis Nation British Columbia
Métis Nation of Ontario
Métis Nation-Saskatchewan
New Brunswick Department of Health
Northern Inter-Tribal Health Authority
Nova Scotia Health Authority
Nunatsiavut Government
Nunavik Regional Board of Health and Social Services
Ontario Institute for Cancer Research
Ottawa Hospital Research Institute
Prince Albert Métis Women's Association Inc
Regional Municipality of York
Saskatchewan Cancer Agency
Saskatchewan Health Authority
Simon Fraser University
St. Michael's Hospital
Statistics Canada
Tungasuvvingat Inuit
Union of Nova Scotia Indians
University Health Network
University of Alberta
University of Toronto
University of Waterloo

MATERIALS PUBLISHED

Enhance coordination of Canadian cancer research

Report: Cancer research investment in Canada, 2016 (March 2019)

Report: Canada's Research Investment in Childhood and Adolescent Cancers, 2005–2016 (March 2019)

Report: Canada's Investment in Cancer Risk and Prevention Research, 2005–2016 (March 2019)

Report: Canada's Investment in Cancer Survivorship Research, 2005–2016 (March 2019)

Report: Canada's Research Investment in Palliative and End-of-Life Cancer Care, 2005–2016 (March 2019)

Report: Canada's Investment in Translational Cancer Research, 2005–2016 (March 2019)

Increase access to high-quality cancer risk reduction, screening and early detection

Breast cancer screening in Canada: Environmental scan (December 2018)

Colorectal cancer screening in Canada: Environmental scan (December 2018)

Cervical cancer screening in Canada: Environmental scan (December 2018)

Lung cancer screening in Canada: Environmental scan (December 2018)

Implement quality standards and innovations in care

Pan-Canadian standards for breast cancer surgery (March 2019)

Pan-Canadian standards for rectal cancer surgery (March 2019)

Visual maps (four) depicting the real-world complexity of cancer diagnosis processes from the perspective of patients and clinicians (August 2018)

Improve transitions for patients

https://www.systemperformance.ca/transition-study/ (launched to host data from the *Experiences of Cancer Patients in Transition Study* [February 2019])

Maximize the impact of system performance data

Report: The 2018 Cancer System Performance Report (November 2018)

Develop and implement national prevention programs and policies

Webinar: Leading Practices in Smoking Cessation for Cancer Patients and Families (October 2018)

Healthy eating policy pack: Local and provincial/territorial governments (January 2019)

Rapid synthesis: Economic analyses of policies to reduce cervical cancer (February 2019)

Ultraviolet radiation policy pack: Local and provincial/territorial governments (February 2019)

Prevention Policies Directory website refresh on partnershipagainstcancer.ca (March 2019)

Rapid review: Evidence on therapeutic benefits of cannabis during cancer treatment (March 2019)

Rapid review: Evidence on cannabis use and cancer risk (March 2019)

Leading practices in clinical smoking cessation program scan v6.0 (March 2019)

Leading practices in First Nations, Inuit and Métis smoking cessation program scan v5.0 (March 2019)

Leading practices in smoking cessation for persons living with mental illnesses and/or addictions program scan v3.0 (March 2019)

Infographic: Cessation aids and coverage in Canada v6.0 (March 2019)

Sustainable system design

OncoSim All-Cancers Model (launched, April 2018)

OncoSim-Breast Model (launched, April 2018)

OncoSim Help Centre (launched on Partnership Hub, April 2019)

Leverage the digital ecosystem

www.partnershipagainstcancer.ca (launched Topics and Cancer Strategy section, March 2019)

Partnership Dashboard (March 2019)

Public and patient engagement

Reflection guide: Learning together: How to better engage underserved groups in health-care systems (February 2019)

Environmental scan: Best practices in reaching underserved groups for deliberative engagement and public dialogues (March 2019)

Corporate

Designing for impact: Collaboration improves cancer control: Annual report 2017/18 (July 2018)

Refreshing Canada's national cancer control strategy (September 2018)

Changing cancer in Canada: 10 years of collaboration: Achievement report 2007-2017 (December 2018)

OTHER REPORTING

The Partnership had 107 permanent staff and 18 fixed-term staff, as of March 31, 2019. There are three divisions reporting to the Chief Executive Officer, each headed by a Vice President. The Divisions are Cancer Control, Strategy, and Finance and Corporate Services.

Since the Partnership was established in 2007, its compensation philosophy has been guided by Board-approved principles that include providing a fair compensation package to Partnership employees that is regularly benchmarked to the market and comparator organizations, is publicly responsible and is able to attract and retain highly qualified staff to steward the *Canadian Strategy for Cancer Control*. More specifically, Partnership staff salary ranges are set against the 50th percentile of benchmarking data, and staff are eligible for annual salary adjustments based on merit.

Additional information can be found at www.partnershipagainstcancer.ca.

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