

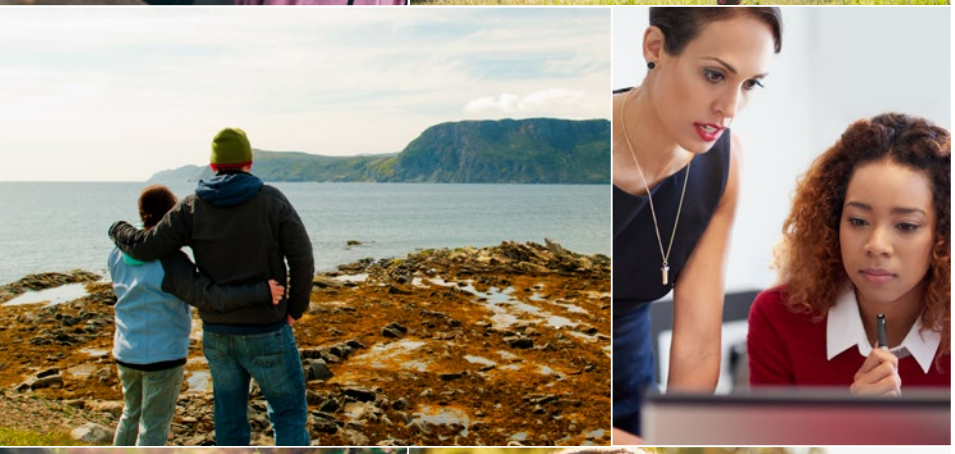

ANNUAL REPORT 2019/20

DOING WHAT CAN ONLY BE DONE TOGETHER

CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

CONTENTS

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The Canadian Partnership Against Cancer (the Partnership) worked across Canada this past year to identify gaps in cancer services and solutions to address them.

More than 7,500 people—cancer patients, health-care providers, policy-makers, Indigenous and health system leaders, and members of the public—worked with us to refresh the *Canadian Strategy for Cancer Control* (the Strategy) for the next 10 years. Canada's cancer systems have many strengths, but this is a geographically large country with diverse populations whose access to culturally appropriate cancer care varies. Implementation of the changes needed to improve access to quality cancer care is already underway to ensure that all people in Canada have the same access to high-quality cancer care.

The impact of the COVID-19 pandemic on all aspects of health care has been far reaching. The Partnership has dedicated much of our recent time and resources to collaborating with partners across Canada to sustain cancer care through the pandemic and act on opportunities to accelerate innovations such as the adoption of at-home cancer screening or cancer-specific virtual care. Together, we are working tirelessly to restore cancer services affected by COVID-19 with new tools and models of care that will address long-standing disparities in access and care.

This annual report highlights key achievements from a year bookended by events that both challenged and motivated the cancer and broader health community in irrevocable ways. In June 2019, the Partnership released Canada's refreshed cancer strategy and set out a 10-year action plan to improve equity in the cancer system. In March 2020, Canada faced the onset of the COVID-19 pandemic that is affecting all aspects of health-care delivery, including cancer screening, diagnostic services and surgeries.

Despite the challenges brought about by COVID-19, the Partnership and our partners remain focused on creating a cancer system for the future to ensure all people in Canada will have access to high-quality cancer care no matter who they are or where they live. Addressing equity and improving health outcomes for diverse and underserved communities, improving the efficiency and effectiveness of cancer services and ensuring the integration of cancer care with the broader health-care system are at the heart of the refreshed Strategy.

To move the refreshed Strategy's eight priorities into action, the Partnership travelled across Canada in 2019 to meet with partners and begin implementation planning. We continue to engage new partners who can lead or participate in the actions laid out in the Strategy. As the steward of the Strategy, the Partnership is a lead participant in a unique movement across Canada's many health-care systems to create shared goals for cancer reform and shared strategies to achieve them. At our core, we are committed to providing the highest value to cancer patients, cancer care leaders and people across Canada in all we do and how we do it.

The positive change we are working together to achieve is guided by the data and evidence that point to both gaps in care and international best practices Canada should consider adopting. Change takes many forms. For example:

- We are strengthening and expanding prevention and screening by engaging partners to eliminate cervical cancer in Canada by 2040, supporting provinces and territories in their efforts to implement lung cancer screening for those at high risk and guiding efforts to reduce abnormal call rates for breast cancer screening and reduce unnecessary follow-up and contact with the health-care system.
- We are supporting people throughout their cancer journey by helping clinicians meet the physical and emotional needs of cancer patients by expanding the use of patient-reported outcomes tools in cancer systems. As virtual visits increase, doctors and nurses will monitor patients' symptoms in new ways using these tools.
- We remain focused on closing the gaps in cancer care and outcomes between First Nations, Inuit and Métis and others in Canada, through meaningful engagement that shaped the refreshed Strategy, the action plan to eliminate cervical cancer and Peoples-specific, First Nations, Inuit and Métis cancer plans in every province and territory.

With the refreshed Strategy as our guidepost, the Partnership will continue to collaborate with partners, cancer patients and people affected by cancer to move its priority initiatives forward, leverage opportunities to innovate or accelerate areas of work and support partners to restore services affected by COVID-19.

In the early days of the pandemic, the Partnership recognized that partners across the country were facing new challenges and allocated immediate funding and technological supports to assist provincial and territorial cancer agencies and health ministries to keep those affected by cancer and their communities safe, informed and well cared for. We also worked with many partners to develop a guidance document to assist all provinces and territories with the prioritization of cancer surgeries during the pandemic. We have tailored our support to the needs of our partners in the east, west and north to provide jurisdiction-specific assistance to sustain cancer care and contact with cancer patients during the COVID-19 pandemic.

Ongoing collaboration with Health Canada and among pan-Canadian health organizations (PCHOs) is another way the Partnership is adding value to the health system at such a challenging time. We are playing a key role in several priority areas such as virtual care, home-based services for cancer patients, mental health, patient supports, palliative care and data governance. In addition, the Partnership developed a joint online dashboard to create an overview of all PCHO activities aligned with Health Canada's priorities for restoring health services.

The Partnership is committed to aligning our efforts to implement the refreshed priorities of the *Canadian Strategy for Cancer Control* with the health-care reforms being embraced across Canada. This is a critical success factor for restoring health-care system service and ultimately, achieving a future in which fewer people develop cancer, more people survive cancer and those living with the disease have a better quality of life.

Together, we will do what cannot be done alone.

Dr. Graham Sher
Chair

Cynthia Morton
Chief Executive Officer

SHAPING A CANCER SYSTEM FOR THE FUTURE

Since 2006, the *Canadian Strategy for Cancer Control* (the Strategy) has united partners across the cancer system in efforts to reduce the burden of cancer on Canadians. Now, a renewed Strategy is shaping a cancer system for the future.

The refreshed Strategy, released in June 2019, provides a 10-year roadmap to drive this work forward (see page 10). The Strategy's ambitious vision reflects the voices of experts, patients and families—and highlights the challenges to be overcome in all parts of the country and across our federated health-care system.

It is a unique and shared vision of the changes needed in cancer care in the coming decades to ensure equitable access to high-quality cancer care for all people in Canada and a sustainable cancer system ready for the challenges and opportunities that lie ahead. Together, the Partnership and its many partners will deliver on the priorities and actions of the Strategy by designing and implementing the incremental and transformative changes identified in the Strategy and discussed in this report.

Some of the challenges that must be addressed are longstanding. Canada continues to see persistent and widening inequities across populations, even though our overall cancer rates remain amongst the lowest in the world.[1] People who are poor, or who live in remote areas are still more likely to develop cancer than other people in Canada. First Nations, Inuit and Métis continue to experience poorer outcomes and face many barriers in accessing care. The comprehensive engagement process used to refresh the Strategy delivered a clear message from the provincial and territorial cancer systems and the people they serve: all Canadians deserve equitable access to quality care. Addressing this concern is the foundation of the refreshed Strategy.

In the coming year, the Partnership's work with partners across the country will continue and shift to align with the priorities set out in the Strategy. New work will begin, other initiatives will expand to build on successes and some work will come to a close. Progress against the goals of the Strategy will be measured and reported to all Canadians in the years ahead.

Advancing the Strategy while responding to COVID-19

As steward of the Strategy, the Partnership's role is to work with partners to advance the Strategy's priorities. Research shows that countries with a cancer control strategy deliver better results, and that those with a steward across a federated system are uniquely equipped to effect change.[2] The Partnership has acted as steward since the Strategy was first launched, and Canadians and leaders across the cancer system have affirmed the role. It has proved essential to the creation of enduring and effective pan-Canadian networks and partnerships focused on coordinated action.

This past year, the Partnership's CEO and senior leadership travelled to all 13 provinces and territories to meet with partners to begin implementation planning. Almost 400 partners are currently involved in all aspects of our work, and as planning progresses, we are identifying new partners who can join our work to lead or participate in the actions laid out in the Strategy.

While the COVID-19 pandemic has created many difficulties, it has also created an urgent need to accelerate Strategy priorities that are focused on new, more accessible models of care—whether that's cancer care closer to home, virtual care, paramedics delivering care in the home or at-home screening kits. This emphasis on finding and adopting new ways to deliver care and services is even more critical in this evolving context and includes addressing the need for current and meaningful health system data. The Partnership is working with partners to find and leverage these opportunities to not only restore the cancer system after the impact of COVID-19—but improve it.

Strengthening and expanding screening

Identifying cancer early and accurately is essential to saving lives and is a key priority of the refreshed Strategy. This year, the Partnership led efforts with a broad group of partners and stakeholders, including the Public Health Agency of Canada, to create the *Action Plan to Eliminate Cervical Cancer in Canada, 2020-2030*, which engages partners across the country in work to eliminate cervical cancer in Canada by 2040. This is part of an international effort led by the World Health Organization to eliminate cervical cancer worldwide within the century.[3] The Action Plan identifies several major innovations, including the introduction of HPV screening for cervical cancer to replace the Pap test. HPV testing is a proven and highly effective screening method and allows for self-sampling, which means fewer in-person interactions with the health-care system. Work is underway to accelerate its adoption across Canada in light of COVID-19.

Efforts are also underway to reduce the increasing number of "false positive" results in breast cancer screening, an initiative that will reduce unnecessary testing and the anxiety and disruption that comes with it. It will also result in significant savings for the system. Working with the breast screening and radiology communities, the Partnership developed a framework for action that provides policy and practice recommendations for radiologists and screening programs. As programs resume screening after the pandemic shutdown and prepare for potential future waves of COVID-19, this work is moving ahead quickly to reduce unnecessary follow-up procedures and contact with the health-care system.

This year, Canada continued to lead the world as it moved another step closer to implementing lung cancer screening for those at high risk. In Canada, lung cancer causes more deaths than any other cancer. The Partnership supported provinces and territories in their efforts to establish programs with the development of a business case that includes jurisdiction-specific cost and resource estimates so jurisdictions can customize and enhance their case to decision-makers.

The Partnership also continues to focus on working with partners to reduce rates of colorectal cancer, a leading cause of cancer death in Canada. Early detection significantly improves outcomes, but colorectal cancer screening programs have lower participation rates than other screening programs, particularly among people with lower income or who are new immigrants. The Partnership is working across the country to support adoption of at-home testing, including funding five jurisdictions to work with underserviced communities to co-develop strategies to increase participation. This will include engaging with First Nations, Inuit and Métis partners and communities.

Together, the Partnership and its many partners will deliver on the priorities and actions of the Strategy by designing and implementing the incremental and transformative changes identified in the Strategy.

Supporting people throughout their cancer journey

People with cancer and their families need information and support, and the Strategy calls for action to integrate these services throughout the cancer journey. With funding from the Partnership, the use of patient-reported outcomes (PROs) tools continues to expand across the country, helping patients get the care they need for their physical and emotional symptoms. The COVID-19 pandemic necessitated fewer in-person appointments at cancer centres and created an urgent need for new approaches to help patients avoid the risks associated with sitting in a waiting room. Part of the Partnership's PROs initiative includes identifying and supporting the spread of innovations that enable more patient-centred approaches for reporting on outcomes. An example is the

development of an app in Quebec that allows patients to report on symptoms using their smartphone—an option that has now expanded to include remote check-in and COVID-19 screening.

Through the Partnership's initiative with the Canadian Foundation for Healthcare Improvement, paramedics in British Columbia, Saskatchewan, New Brunswick and Newfoundland and Labrador began delivering palliative care at home this past year, improving care for cancer patients and reducing unnecessary trips to the emergency room. Keeping patients out of hospital has taken on added significance during the COVID-19 pandemic. In response to COVID-19, British Columbia has expanded its training program and St. John's, Newfoundland has added additional palliative care-trained paramedics to its staffing rotation.

Quitting smoking can significantly improve treatment outcomes and Partnership funding in all 13 jurisdictions is increasing the availability of smoking cessation programs for cancer patients. As of this year, 73 per cent of cancer centres have implemented programs and the Partnership's new *pan-Canadian smoking cessation action framework* is providing additional guidance on implementing or enhancing programs.[4] With the Partnership's support, cancer programs across Canada are finding new ways to provide virtual access to smoking cessation aids and counselling during the COVID-19 pandemic.

The Partnership also released the *Canadian Framework for the Care and Support of Adolescents and Young Adults with Cancer* to begin to address the unique challenges experienced by the more than 7,600 Canadians aged 15-39 who are diagnosed with cancer each year.[5] The document sets priorities to improve care and services for this population and will drive policy and action across the system.

Improving cancer care together with First Nations, Inuit and Métis

The Partnership remains focused on closing the gaps in cancer care and outcomes between First Nations, Inuit and Métis and other people in Canada. The refreshed Strategy reflects this commitment; First Nations, Inuit and Métis governments, organizations and communities helped shape the Strategy and developed distinct, Peoples-specific priorities and actions.

This strong and meaningful engagement continued through meetings held across the country this past year to plan the Strategy's implementation.

First Nations, Inuit and Métis governments and organizations were also engaged in developing the action plan on cervical cancer, including Peoples-specific actions that reflect the realities affecting cervical cancer prevention and care among First Nations, Inuit and Métis. In addition, funding from the Partnership is currently supporting more than 130 partners across all provinces and territories to develop Peoples-specific cancer strategies and implement the self-determined priorities of First Nations, Inuit and Métis.

Responding to a changing landscape

As the cancer system responds to a landscape changed by COVID-19, the Partnership will continue to fulfil its role as steward of the refreshed Strategy—helping partners and system leaders restore services, while accelerating action to achieve the goals of the Strategy.

We will also continue the work underway to improve cancer care for all people in Canada. This work is reflected in the pages that follow, which provide a fuller picture of a year of accomplishments and our partners across the country who made them possible.

Canada's cancer strategy moves forward

This year marked the launch of the *2019-2029 Canadian Strategy for Cancer Control*, a 10-year action plan with an ambitious goal: to deliver world-class cancer care to all people in Canada and to ensure a sustainable health-care system for the future.

The Strategy is a shared roadmap to reaching that goal, created through an extensive, Canada-wide consultation that gathered input from more than 7,500 cancer patients, health-care providers, policy-makers, health system leaders and members of the public. In a parallel process, First Nations, Inuit and Métis communities, governments and organizations were engaged to establish Peoples-specific, self-determined priorities in cancer care. The completed Strategy was delivered to the federal Minister of Health and provincial and territorial ministers of health in May 2019.[6]

8

Priorities, including three with Peoples-specific actions to address the most pressing challenges of the next decade.

24

Indicators will be used to measure progress across Canada.

7,500

Cancer patients, health-care providers, policy-makers, health system leaders and members of the public provided input.

Building on achievements to date, the Strategy addresses the most pressing challenges of the next decade. Actions are set out in eight priority areas, including three priorities with Peoples-specific actions (see page 13). The Strategy addresses the full spectrum of cancer control, from improving prevention, diagnosis, treatment and palliative care to eliminating barriers faced by underserviced groups and delivering culturally appropriate care closer to home. Research, health system data and new technologies will provide important support. Measurable change will take place where it is needed most. And above all, all people in Canada will have access to high-quality cancer care no matter who they are or where they live.

Planning implementation together

As steward of the Strategy, the Partnership is playing a key role in facilitating and supporting partners as they move the Strategy into action. Through the summer and fall of 2019, a senior Partnership team travelled to every province and territory, meeting with over 100 partners to develop an implementation plan. Those participating represented a broad range of perspectives, and included provincial, territorial and federal governments; First Nations, Inuit and Métis governments and organizations; the Partnership's First Nations Advisor, Métis Advisor and Inuit Advisor; cancer agencies and programs; pan-Canadian health organizations; and the Canadian Cancer Society as well as other cancer charities such as Ovarian Cancer Canada and Young Adult Cancer Canada.

Together, they identified work already underway that aligns with the Strategy, as well as opportunities for action and gaps that must be addressed. Significant and meaningful discussion also took place between First Nations, Inuit and Métis representatives and other partners about addressing the disparities and poorer outcomes experienced by First Nations, Inuit and Métis and the work needed to advance the Strategy's Peoples-specific priorities and actions. Throughout the consultations, one message was consistent: joint planning and action is critical to deliver on this visionary and ambitious plan.

Through the summer and fall of 2019, a senior Partnership team travelled to every province and territory, meeting with over 100 partners to develop an implementation plan.

Accelerating action in the context of COVID-19

Based on this input, the Partnership has identified priority initiatives that can begin to move forward and the supports that will be needed to advance them.

Some initiatives are already underway, including introducing lung cancer screening for people at high risk. Others have taken on added urgency in the context of COVID-19. For example, the introduction of HPV testing for cervical cancer is one element of the plan to eliminate cervical cancer in Canada by 2040, developed with

partners across the country this past year. That work will accelerate, as HPV testing through self-sampling is one strategy to reduce in-person interactions with the health-care system in a COVID-19 environment. (See page 26 – 29 for early progress on these priorities.)

New opportunities and challenges will continue to emerge in the months to come and implementation of the Strategy will evolve in response. Equally important is the identification of potential partners—both current and new—to lead or participate in this work.

In response to feedback from partners, the Partnership is also adopting a new regional integration model. Six regional leads located across the country will help the Partnership understand and respond to the specific realities, priorities and needs of different jurisdictions and partners and strengthen connections across the regions.

Reporting to Canadians

The Partnership is committed to monitoring and reporting on progress toward the Strategy's priorities.

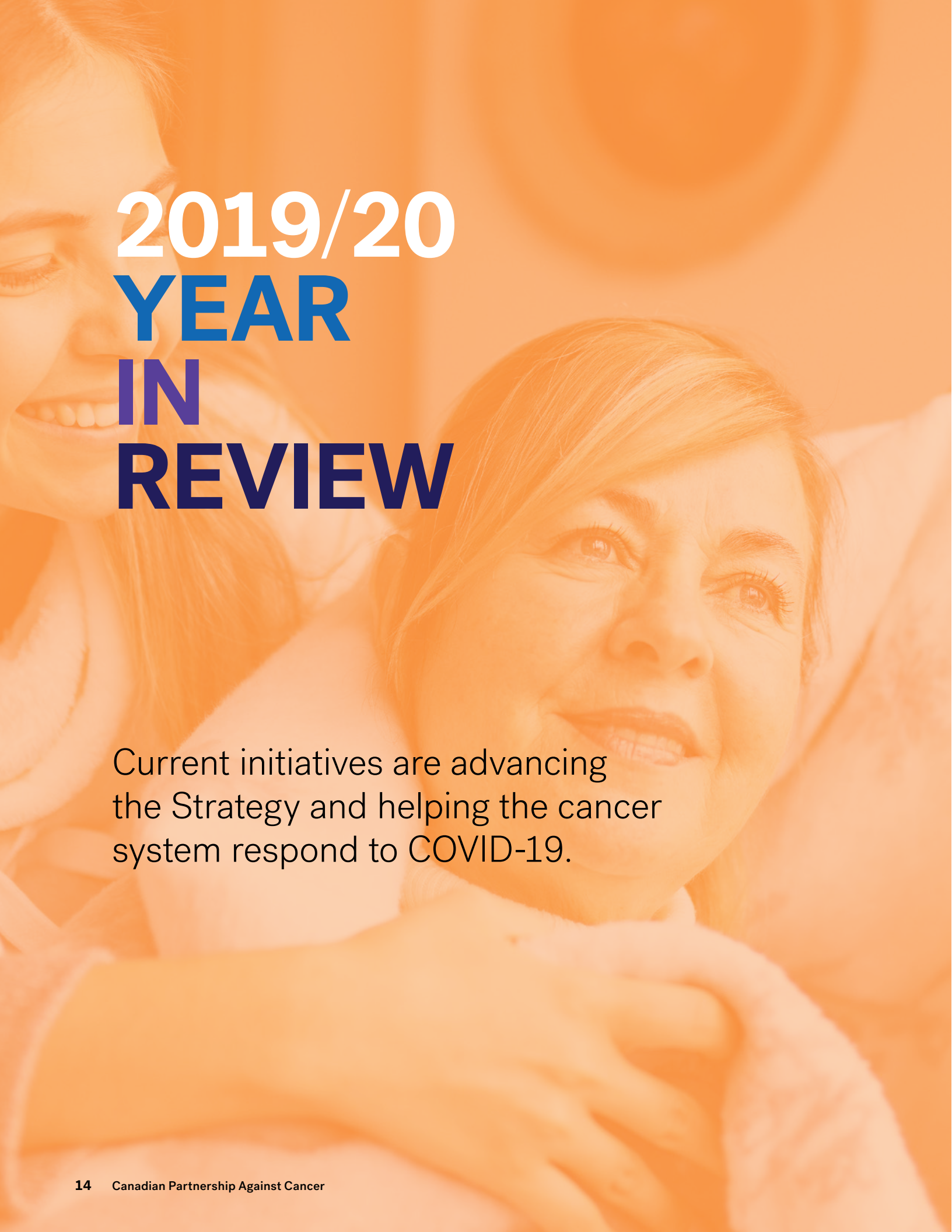
As a first step, over 80 partners and patient and family advisors from across the country participated in a collaborative process to identify 24 indicators that provinces and territories will use to measure progress. All 13 jurisdictions plan to participate in the reporting process and the Partnership will report the results to Canadians annually. A parallel process is also underway with First Nations, Inuit and Métis partners to develop indicators for the Peoples-specific priorities.

The priorities and actions detailed in the Strategy are ambitious, and no single organization has the resources or ability to implement the Strategy alone. By working collaboratively, it can be done. Together, the Partnership and its partners will realize the Strategy's promise—better and more equitable outcomes for everyone in Canada and a more sustainable cancer system.

Priorities for Canada's cancer system

The *2019-2029 Canadian Strategy for Cancer Control* will drive measurable change over the next 10 years in eight priority areas, including three priorities with Peoples-specific actions:

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



2019/20 YEAR IN REVIEW

Current initiatives are advancing the Strategy and helping the cancer system respond to COVID-19.

GOAL:

70%

of paramedics in participating jurisdictions trained to assess and treat palliative care patients at home by 2022

TO DATE:

43%

of paramedics have been trained

↑11%

increase in the number of palliative patients treated by paramedics at home instead of transported ER in Nova Scotia

↓30 minute

reduction in the length of palliative care calls in New Brunswick

3,000+

paramedics to be trained across British Columbia

Training paramedics to deliver palliative care at home

Most patients receiving end-of-life care would prefer to remain at home, and can, if the proper supports are in place. When urgent problems arise—such as breathing, cardiac or pain management issues—families often turn to 911 for support. In fact, paramedics are involved in more than half of emergency department visits for patients receiving palliative care.[7] Now, a new model of care (first implemented in Alberta, Nova Scotia and Prince Edward Island) is focused on reducing the need for emergency department visits by training paramedics across the country to assess and treat palliative patients at home and then refer them back to their doctor or palliative care team for follow-up.

With support from the Partnership, the Paramedics Providing Palliative Care at Home Program was introduced in Nova Scotia and Prince Edward Island in 2014. The Partnership has since expanded the program in partnership with the Canadian Foundation for Healthcare Improvement (CFHI), and this year, paramedics in four other jurisdictions (British Columbia, Saskatchewan, New Brunswick and Newfoundland and Labrador) began delivering palliative care. Three others (Manitoba and two regions in Ontario) will begin in 2020/21.

The teams are receiving plenty of support as they roll out the training, much of which has been developed and provided by Pallium Canada. CFHI is providing expertise in quality improvement, and the paramedics have access to coaching from their colleagues in Nova Scotia, Prince Edward Island and Alberta. The goal is to train 70 per cent of paramedics in participating jurisdictions by 2022, and 43 per cent—or more than 2,600 paramedics—have been trained to date.

Helping patients manage symptoms at home not only supports patients and families, it's also a more efficient use of resources. By treating patients at home rather than transporting them to hospital, Nova Scotia paramedics reduced the number of patients transported to hospital from 59 per cent to 48 per cent. And New Brunswick paramedics reduced the length of palliative care calls (time on task) by more than 30 minutes in the first month of the program. For patients and families, satisfaction levels are high; simply registering for the program provides them with peace of mind.

The initiative has taken on added significance during the COVID-19 pandemic, as health-care systems try to keep patients out of hospital where possible, particularly individuals with compromised immune systems. British Columbia intended to implement the program in five to 10 areas, but will now expand training to over 3,000 paramedics across the province. In St. John's, Newfoundland, where paramedics have been providing palliative care to patients for over a year, the Partnership has provided COVID-19 funding for additional palliative care-trained paramedics to help continue to respond to the palliative care needs of patients and decrease the stress on emergency rooms.

GOAL:

100%

of cancer centres providing smoking cessation support by 2022

TO DATE:

73%

of cancer centres have implemented programs and partners are making steady progress, compared to 26% in 2017

IN 2019/20:

↑12%

increase in number of cancer centres offering culturally appropriate smoking cessation supports

Helping cancer patients to quit smoking

Patients who quit smoking at the time of their cancer diagnosis can improve their treatment outcomes. In fact, cancer patients who quit smoking can lower their risk of dying from cancer by 30 to 40 per cent.[8] Quitting can be tough. To ensure all patients get the support they need, the Partnership is funding smoking cessation initiatives in all 13 jurisdictions. The goal is to provide smoking cessation in all cancer centres by 2022—with all cancer patients who are current or recent tobacco users offered a referral—and partners are making steady progress.

To date, 73 per cent of cancer centres have implemented a smoking cessation support program, up from 66 per cent last year.

Jurisdictions are also partnering with First Nations, Inuit and Métis organizations and communities to expand the availability of culturally competent smoking cessation supports. For example, Ontario now offers culturally appropriate smoking cessation support in 16 Indigenous languages through its telephone quitline. Over the past year, the percentage of centres across Canada offering culturally appropriate supports rose from 18 per cent to 30 per cent; by 2022, these supports will be available in 50 per cent of centres.

To further aid these efforts, the Partnership released a *pan-Canadian smoking cessation action framework* that establishes the gold standard for smoking cessation support in the cancer system. The evidence-based framework addresses the realities and complexities of busy cancer centres and provides them with practical guidance to implement or enhance a smoking cessation program. A checklist allows centres to assess their current programming and identify steps to move to a bronze, silver or gold level of adoption. Currently, three jurisdictions are at the bronze level, seven are at silver and three are at the gold level.

With in-person appointments at cancer centres down due to COVID-19, the Partnership has worked with jurisdictions to maintain smoking cessation supports. For example, Newfoundland and Labrador is now providing telephone counselling and mailing out nicotine replacement therapy (NRT), rather than providing it at the point of care. As a result, they have actually expanded the reach of their smoking cessation support across the province. Nova Scotia and Saskatchewan are also using special COVID-19 funding provided by the Partnership to ensure that patients who need NRT are receiving it. Quitting smoking before surgery is known to improve outcomes; Ontario is developing materials to help patients waiting for cancer surgery quit smoking.

130

partners taking action that will benefit

500

First Nations, Inuit and Métis communities

GOAL:

Peoples-specific cancer plans in place in every province and territory by 2022

TO DATE:

3

jurisdictions have cancer plans and implementation is underway

10

jurisdictions are developing cancer plans through collaboration between cancer agencies/programs and First Nations, Inuit and Métis partners

Improving cancer care for First Nations, Inuit and Métis

Closing the gaps in cancer care and outcomes between First Nations, Inuit and Métis and other people in Canada is essential, and the Partnership continues to collaborate with First Nations, Inuit and Métis partners to work toward meaningful change. With funding from the Partnership, more than 130 partners across all provinces and territories are taking action on Peoples-specific and self-determined priorities of First Nations, Inuit and Métis through initiatives that will benefit over 500 communities. And these partnerships continue to expand. For example, all five Métis Nations are now working with the Partnership for the first time.

The goal is to have Peoples-specific, First Nations, Inuit and Métis cancer plans in place in every province and territory by 2022, and First Nations, Inuit and Métis partners and cancer agencies/programs are collaborating on this work. Three provinces with existing plans have begun implementation, and work to develop plans is well underway in the remaining jurisdictions. To support these efforts, the Partnership hosted three regional meetings this year that brought partners together to apply innovative thinking to common challenges and scale and spread promising practices.

The Partnership is working particularly closely with the Government of Nunavut and Inuit organizations to support their work in identifying and advancing cancer priorities. Through a Partnership staff member dedicated to this work, the Partnership is working with Inuit organizations at the community level to build trusting relationships and facilitate engagement and input.

Improving access to culturally appropriate services and care is a major focus across all the projects, and many partners are providing cultural awareness training to health-care providers. This reflects a call to action of the Truth and Reconciliation Commission. The Partnership provides cultural awareness training to all Partnership staff and is now supporting its partners as they provide training in their jurisdictions.

GOAL:

100%

of provinces and territories implementing strategies to increase up-to-date colorectal cancer screening by 2022

TO DATE:

8 of 13

jurisdictions (62%) are implementing strategies

LOW INCOME CANADIANS ARE

↓15%

less likely to be up-to-date with colorectal cancer screening compared to the highest income group

NEW CANADIANS ARE

↓8%

less likely to be up-to-date with colorectal cancer screening than Canadian-born individuals

Increasing equitable participation in colorectal cancer screening

Colorectal cancer is a leading cause of death in Canada. Although finding it early can significantly improve outcomes, colorectal cancer screening programs have low participation rates, particularly among people with lower income or who are new immigrants. For example, in 2017, only 56 per cent of individuals with low income were up-to-date with colorectal screening compared to 71 per cent of individuals in the highest income group. Similarly, only 59 per cent of individuals who immigrated to Canada less than 10 years ago were up-to-date compared to 67 per cent of Canadian-born individuals.[9]

The Partnership is funding a multi-year initiative to help provinces and territories better identify populations who are underscreened and to work with local communities to understand and create solutions for the barriers that prevent them from accessing screening programs. As a first step, the Partnership provided jurisdictions with training on the use of geo-mapping to identify communities where colorectal screening rates are particularly low. In the coming year, the Partnership will release a toolkit that provides evidence-based approaches for improving screening participation that can be adapted to suit specific populations and local contexts. Meanwhile, Partnership-funded work has begun in five jurisdictions (Alberta, Manitoba, New Brunswick, Newfoundland and Labrador and the Northwest Territories). The jurisdictions will use these and other tools to engage community groups and co-develop local solutions to increase participation in colorectal cancer screening.

This work complements the Partnership's efforts to support jurisdictions in increasing participation rates across their population. Currently, 62 per cent of provinces and territories are implementing strategies to increase up-to-date colorectal cancer screening. The goal is to have 100 per cent of jurisdictions implement strategies by 2022.

GOAL:

100%

of breast cancer screening programs implementing strategies to reduce the ACR by 2022

TO DATE:

67%

of programs have begun this work

REDUCING THE ACR FOR SUBSEQUENT SCREENS TO 6% WOULD LEAD TO A

↓600,000

decrease in unnecessary tests over the next 10 years, saving the health-care system

↓$110M

Reducing abnormal call rates for breast cancer screening

Across Canada, abnormal call rates (ACR) for breast cancer screening (where people are called back for follow-up testing after an abnormal mammogram result) have been increasing. From 2008 to 2017, abnormal call rates for initial screens rose from 11.5 per cent to 17 per cent, while ACRs for subsequent screens rose from six per cent to almost eight per cent. However, rates of cancer detection remained the same, suggesting many individuals are being told there is an abnormality on their mammogram when there is no cancer (false positive results).[10] As a result, they are subjected to further procedures and the stress of an abnormal mammogram without any additional benefit. High ACRs also have significant implications for the system. For example, reducing the ACR for subsequent screens to six per cent would eliminate more than 600,000 unnecessary tests over the next 10 years, saving the health-care system $110 million.[11]

This past year, the Partnership brought together breast screening program leads and radiologists to review these data and learn from other countries that have tackled this problem, like Australia and the United Kingdom. Since then, the radiology and breast screening community have worked with the Partnership to develop a framework for action on ACR that provides policy and practice recommendations for radiologists and screening programs. The framework will be released this coming year, but change is already underway. The goal is to have all breast cancer screening programs implement strategies to reduce their abnormal call rate by 2022, and 67 per cent have already begun this work. The work to reduce ACRs is even more urgent as programs resume screening following the pandemic shutdown and build resiliency to prepare for potential future waves of COVID-19; false positive scans lead to unnecessary contacts with the health-care system and the unnecessary use of resources that are needed to help clear screening backlogs.

IN 2018:

$491M

was spent on cancer research

5th BIENNIAL CANADIAN CANCER RESEARCH CONFERENCE (CCRC):

900

researchers, trainees, clinicians and decision-makers attended

AT THE 2019 CCRC:

20

patients, caregivers and patient group representatives participated in the Patient Involvement in Cancer Research Program and co-chaired conference sessions

Aligning research and cancer control

In 2018, $491 million was spent on cancer research with approximately $27 million spent on health services research by Canada's major research funding organizations.[12] This research is essential to improve cancer care and patient experiences, and is stronger when informed by the gaps and challenges experienced by clinicians, patients and the cancer system as a whole. This integration of cancer research and cancer control lies at the heart of *Canada's Vision for Cancer Research* and aligns with the *2019–2029 Canadian Strategy for Cancer Control*. The Vision speaks to the need for a bold and innovative approach to cancer research that translates new knowledge and innovation into practice within the cancer control system.

The Canadian Cancer Research Alliance (CCRA), which is supported by the Partnership, developed the Vision in consultation with the broader research community. Work is now underway to share it with researchers, research institutes and others across the country so that all of Canada's research community can work toward common long-term goals.

This year, the CCRA also hosted its fifth biennial conference in Ottawa, bringing together almost 900 researchers, trainees, clinicians and decision-makers to hear the latest developments in Canadian cancer research and network across research disciplines. This year's conference reflected the CCRA's commitment to gender equity in all aspects of the conference, including planning committees, session chairs and speakers; nearly 80 per cent of post-conference survey respondents felt the conference achieved this goal.

A key element of the conference is the Patient Involvement in Cancer Research Program (PIP), designed to integrate the patient perspective into Canadian research. Twenty patients, caregivers and patient group representatives attended sessions specifically tailored to them and also participated in the larger conference. This year, patients had an even higher profile; for the first time, every PIP participant co-chaired a conference session. The conference also hosted a community event with participation from 24 national and local cancer organizations and lectures from leading cancer researchers. Nearly 100 patients, caregivers and others attended to learn more about cancer research in Canada.

GOAL:

↑75%

increase in number of cancer patients participating in clinical trials by 2022.

ACHIEVED IN 2019/20:

4,200

patients now in clinical trials in the participating cancer centres

Increasing access to clinical trials

Clinical trials allow researchers to test new approaches to preventing, diagnosing and treating cancer and provide patients with early access to promising new treatments. Each year, an estimated 10,000 cancer patients in Canada participate in clinical trials. This represents 4.7 per cent of cancer patients diagnosed each year.[13]

The Partnership is committed to increasing patient recruitment to clinical trials by funding the Canadian Cancer Clinical Trials Network (3CTN), an initiative to strengthen the capacity of centres across the country to conduct investigator-led cancer clinical trials. The 2022 goal to increase recruitment across Canada by 75 per cent over baseline (2014) was achieved this year, with almost 4,200 patients now participating in 3CTN portfolio trials. However, not every province reached that goal, and work to increase enrollment in clinical trials will continue.

Because clinical trials are usually offered in larger centres, people living in rural and remote areas often can't participate. To address this, the Partnership has funded 3CTN to find ways to expand access to cancer trials in these underserviced areas. Evidence has also shown that there is a lack of clinical trials for adolescents and young adults with cancer (AYAs).[14] New funding from the Partnership will allow 3CTN to support clinical trial coordination for AYAs through C17, a network of pediatric centres.

GOAL:

↓10%

reduction in rates of complications after thoracic surgery in British Columbia, Ontario, Quebec and Nova Scotia

Improving quality through synoptic reporting

Synoptic data is helping surgeons and pathologists compare their practices and outcomes against both clinical guidelines and their peers—and make changes to improve the quality of care.

Synoptic reporting uses standardized templates to gather and report patient data (including details of tissue samples and information gathered during surgery). The data not only informs treatment decisions, it also allows variations to be tracked between and across clinicians and organizations, as well as across the system. Through Partnership-funded projects across the country, groups of surgeons and pathologists are reviewing synoptic feedback reports, learning from peers who have better results and identifying areas for quality improvement. For example, in British Columbia, Ontario, Quebec and Nova Scotia, thoracic surgeons have set a target in the last year to reduce rates of complication after surgery by 10 per cent and are taking actions to achieve it. And in Prince Edward Island, where advanced gynaecological cancer surgeries and treatment are done outside the province, pathologists have set a target to get biopsy specimens to Halifax two days sooner, speeding up the review and referral process.

EACH YEAR

7,600

Canadians aged 15–39 are diagnosed with cancer

ONLY

13%

of AYAs used a fertility preserving procedure

Meeting the needs of adolescents and young adults with cancer

Each year, 7,600 Canadians between the ages of 15 and 39 are diagnosed with cancer. These adolescents and young adults (AYAs) face unique challenges during their cancer journey, including the impact of treatment on fertility, loss of independence and interrupted education and careers. For example, young adult cancer survivors may experience difficulty finding work, and those who do are more likely than the general population to make less than $40,000 a year.[15] Often, AYAs don't get the support they need, and there is a lack of good data to inform better treatments and survivorship support for this population.[16]

To address these gaps, the Partnership worked with more than 100 stakeholders across the country—including AYAs and their families—to create the *Canadian Framework for the Care and Support of Adolescents and Young Adults with Cancer*. Released this past year, the framework sets priorities to improve care and services for this population and will drive policy and action at all levels, from individual providers to the broader cancer system.

Cancer centres and others are already using the framework, and the Partnership has begun work on one of the key priorities. Loss of fertility due to cancer treatments is a source of much distress for AYAs, yet few receive counselling on their options or referrals to services such as egg or sperm preservation prior to beginning treatment. Recent data shows that in Canada, only half of AYAs had a discussion about fertility with their medical team, and only 13 per cent used a fertility preserving procedure.[17]

This year, the Partnership brought together the fertility and cancer sectors to determine how best to address this issue. Initial efforts will focus on adding a question on fertility risks to the patient-reported outcome screening tools, which have been implemented across the country with support from the Partnership. This will ensure patients are made aware of the issue before their treatment and will alert their medical team to do the appropriate follow-up or referrals.

OF CANCER PATIENTS REPORTING ON THEIR SYMPTOMS:

35%

report moderate–high levels of fatigue

20%

report moderate–high levels of anxiety

Improving symptom monitoring for patients

People with cancer can experience a wide range of physical and emotional symptoms that make their treatment experience more difficult. Almost 35 per cent of patients who are screened for symptoms report moderate to high levels of fatigue and 20 per cent report moderate to high levels of anxiety.

Patient-reported outcomes (PROs) tools allow clinicians to regularly screen patients for these concerns and put the appropriate care and supports in place. The Partnership supported the successful introduction of PROs in eight jurisdictions in a previous phase of work. With funding from the Partnership, Saskatchewan, Nova Scotia, Prince Edward Island and Newfoundland and Labrador are now expanding their use of PROs to focus on integrating earlier access to palliative care for patients: identifying patients who would benefit from palliative care earlier, screening them on an ongoing basis and connecting them with the services they need. They are also providing palliative care training to more clinicians to improve their competencies in areas like symptom management and conversations with patients and families about advance care planning. Several provinces are expanding a palliative care approach to other settings; Nova Scotia is working with family practice teams and Prince Edward Island is working with long-term care facilities. This work builds off the success of the Integrate Project in Ontario, funded by the Partnership from 2014–17, that improved the delivery of palliative care through early identification and management of patients who could benefit from a palliative care approach early and across health-care settings.

Ontario has a decade of experience with electronic-PROs to screen for distress in all 14 Regional Cancer Centres through the Ontario Cancer Symptom Management Collaborative. Alberta and Quebec are building on their success with PROs to integrate them more fully into their clinical information systems. In Alberta, PROs data is now available in a dashboard, so centres can easily get an overview of patient needs and plan resources accordingly. Quebec has introduced an app that allows patients to report on symptoms using their cellphone. The app has proved even more valuable during COVID-19; patients can check in for their clinic appointment remotely, complete a COVID-19 screening questionnaire and receive a text message when their clinician is available to avoid the risks associated with sitting in a waiting room.

The Partnership also continues to support the expansion of PROs across the country with support for implementation in British Columbia, the Northwest Territories and the Yukon.

GOAL:

47%

of institutions adopting national surgical standards for thoracic surgery by 2022

IN 2019/20, THORACIC SURGEONS REPORTED A

↑17%

increase in the number of institutions adopting surgical standards

Engaging surgeons to improve the quality of cancer surgery

Surgery is the most effective treatment for many cancers, and close to 80 per cent of cancer patients will have a surgical consult or surgery as part of their treatment. In fact, more than 100,000 cancer surgeries are done in Canada each year.[18] However, wide variations in surgical practices across the country mean some patients experience complications after surgery that result in longer hospitals stays, readmission to hospital and sometimes death. Over the last three years, the Partnership has released evidence-based quality standards for breast, rectal, thoracic and gynecologic surgeries to improve surgical quality across the country and achieve better outcomes for all people with cancer.[19-22] And there are already signs the standards are moving into practice. This year, thoracic surgeons across Canada reported that 48 per cent of institutions had adopted the surgical standards, up from 31 per cent last year, and well over the target of 35 per cent.

Because surgeons most often work outside the cancer system, the Partnership created two new networks to reach out to surgeons and encourage adoption of all four sets of standards. The Pan-Canadian Surgery Standards Implementation Network facilitated roadshows in seven jurisdictions to present the standards at hospital grand rounds. Meetings were also held with surgeons, health-care administrators and policy-makers to advocate for the necessary staff and resources to support high-quality surgical care. More than 300 surgeons participated.

The Partnership also brought 11 pan-Canadian surgical societies together for the first time to form the Canadian Network of Surgical Associations for Cancer Care. The associations span all disease sites and allow the Partnership to reach all cancer surgeons in the country. The Network is providing a unified voice on cancer surgery to promote the standards and their shared vision of world-class surgical cancer care for all patients with cancer. In the early days of the pandemic, the Network also provided guidance to the provincial ministries of health about how to prioritize surgeries as services were both suspended and restored.[23] The Partnership presented this advice to the Conference of Deputy Ministers in April.

50+

patient advisors participating in committees, networks and activities

95%

of advisors felt their participation was a valuable use of time

Engaging patients to improve cancer care

For a cancer system to truly meet the needs of people with cancer, patients and families need to help shape its priorities and how services are delivered. The Partnership's Patient and Family Advisors' Program makes that happen. More than 50 advisors from across Canada participate in the Partnership's committees, networks and activities to ground the work in the experience and values of patients, survivors and families. For example, advisors played an important role in developing the *2019–2029 Canadian Strategy for Cancer Control*, in identifying indicators to measure the Strategy's progress and in creating the *Action Plan for the Elimination of Cervical Cancer in Canada, 2020–2030*. And when patients and families speak, others listen. In a survey this past year, 95 per cent of advisors said they felt their participation was a valuable use of time and that their opinions were valued.

Assessing the burden of out-of-pocket costs

Although Canada has universal health coverage, individuals with cancer pay for many expenses themselves, including medications, at-home care and the cost of getting to appointments (travel and parking fees). Many people are off work during treatment, and this economic burden places added stress on patients and their families.

Until now, there hasn't been a clear picture of the scope and magnitude of out-of-pocket costs and how they vary across the country. To address this and other data gaps, the Partnership partnered with Statistics Canada to link a series of national databases within Statistics Canada's social data linkage environment. Linking data such as cancer diagnoses and outcomes, census data, and information about incomes and immigration allows powerful new analyses with an equity lens and sheds light on gaps in the cancer system.

One project conducted using these analyses involves a novel linkage of the Canadian Cancer Registry to Statistics Canada's annual survey of household spending. This allows the Partnership to understand the burden of out-of-pocket spending across Canada, including by jurisdiction, cancer type and for different population groups, such as people with low income or young adults with cancer. The analysis, which is currently underway, will provide important insights to guide policy solutions and better supportive care programs.

To address travel pressures faced by cancer patients in the early days of the COVID-19 pandemic, the Partnership provided funding and travel-related supports for First Nations, Inuit and Métis cancer patients traveling from the territories to British Columbia, Manitoba or Ontario to access care.

Addressing workforce planning through new models of care

Across the country, the cancer system is struggling with human resource challenges. Most cancer care is delivered by specialists, but there are a limited number of them, few are located outside major centres and many jurisdictions are not able to recruit and retain the specialists they need. There is also wide variation between provinces. For example, one province has one radiation oncologist for every 280 new cancer cases, while another has one for every 522 cases—almost twice the caseload. Solutions exist, such as implementing new models of care (including virtual care) and shifting more follow-up care to primary care, but these solutions have yet to be widely adopted across Canada.

In collaboration with the Canadian Association of Provincial Cancer Agencies (CAPCA), the Partnership is working with its partners, including the other pan-Canadian health organizations, to find and build on innovative, evidence-based approaches underway in Canada and elsewhere. To begin, the Partnership is helping jurisdictions identify the location of their supply and demand problems with a new geo-mapping tool that overlays the location of cancer specialists (medical oncologists, thoracic surgeons, etc.) on a map of cancer cases and deaths. The Partnership also met with all jurisdictions to identify their specific workforce challenges and their successes in using different models of care. Based on this information, the Partnership will identify best practice models of care that could improve efficiency, access to care and equitable access across the system. For example, patients may be able to receive care closer to home from a general practitioner oncologist rather than traveling to see a specialist in a major centre.

PREPARING FOR THE FUTURE

The Partnership and its partners are taking action on key priorities of the *2019–2029 Canadian Strategy for Cancer Control*.

Canada moves toward organized lung cancer screening

For someone with lung cancer, early diagnosis is critical as treatment is more effective and the likelihood of survival increases dramatically.

In Canada, one in five lung cancer cases is diagnosed at an early stage.[24] To address that gap, the Partnership is working with partners across the country to establish organized lung cancer screening programs for those at high risk—a key priority identified in the Strategy. While no provincial or territorial organized lung cancer screening programs exist yet in Canada, Ontario has been implementing a four-site pilot program since June 2017.

Research trials show that using low-dose computed tomography (LDCT) to screen people at high risk for lung cancer reduces deaths by 20 to 24 per cent.[25] Introduced across the country, screening could save thousands of lives; lung cancer kills more people in Canada each year than colon, breast and prostate cancer combined.[1]

Building the business case

Given this strong evidence, partners across the country are eager to establish screening programs.

In collaboration with the Canadian Association of Provincial Cancer Agencies and the Pan-Canadian Lung Cancer Screening Network, the Partnership developed a standardized business case that could be used to present decision-makers with the evidence and rationale for a lung cancer screening program. Using its OncoSim modelling tool, the Partnership provided jurisdiction-specific information on cost-effectiveness, resource considerations and expected patient outcomes, allowing jurisdictions to customize and enhance their case for establishing a program. A toolkit was also created to help jurisdictions identify strengths they can build on from their existing colorectal, breast and cervical screening programs, gaps they need to address, and opportunities to engage with First Nations, Inuit and Métis partners and other underserviced populations to develop culturally safe screening programs that are responsive to the needs of communities.

Working in partnership

Canada's steady progress toward organized lung cancer screening programs reflects the strengths of the Partnership's collaborative approach. Partners from across the country have participated in the Pan-Canadian Lung Cancer Screening Network for several years, reviewing the latest evidence and preparing to mobilize as the case for screening high-risk populations grew. Jurisdictions are now building on this shared expertise. To date, 11 provinces and territories have taken steps toward implementing a lung cancer screening program, and in the coming year, the Partnership will provide partners with funding to further accelerate planning and implementation. Work continues despite the COVID-19 pandemic, and the Partnership is providing additional project management support to help partners move programs forward.

This commitment to moving research into practice in a thoughtful, collaborative way has made Canada an international leader in lung cancer screening. And as screening is introduced across the country, the benefits of this leadership will be clear: fewer lives lost to lung cancer.

Disparities and lung cancer

As jurisdictions plan their screening programs, addressing issues of equity will be a high priority.

The burden of lung cancer is higher for some populations in Canada, including people with lower income, people who live in rural or remote areas and First Nations, Inuit and Métis. These inequities are highlighted in a Partnership report on disparities and lung cancer to be released in fall 2020.

The report reflects a partnership with Statistics Canada to link the Canadian Cancer Registry with other national datasets for the first time, allowing researchers and decision-makers to examine how income, geographic location or other factors affect lung cancer incidence, access to treatment and survival rates. These findings will help inform policy and strategies to improve outreach and services to these underserviced populations.

Partners create action plan to eliminate cervical cancer

Cervical cancer is almost entirely preventable and highly curable when found and treated early. Yet each year, more than 1,300 people in Canada are diagnosed with cervical cancer and over 400 die from the disease.[26]

Countries around the world share this challenge—and a common goal. The World Health Organization and the Union for International Cancer Control have called for action to eliminate cervical cancer worldwide within the century.

Today, the Partnership is leading efforts to make Canada a global leader in this worldwide movement, with the goal to eliminate cervical cancer in Canada by 2040.*

Developing a Canada-wide plan

The *Action Plan for the Elimination of Cervical Cancer in Canada, 2020–2030* was developed with partners across Canada and reflects evidence from research and practice, guidance from national and international experts and the perspectives of patients and the public. First Nations, Inuit and Métis partners were engaged to inform the Action Plan and to identify Peoples-specific priorities. And the Partnership brought close to 100 partners together on World Cancer Day in February to review and endorse the draft Action Plan and begin to plan their role in its implementation.

Out of this extensive engagement, three clear priorities emerged: improve HPV immunization rates, introduce HPV primary screening to replace the Pap test and improve follow-up of abnormal screening results. All are actions identified in the *2019-2029 Canadian Strategy for Cancer Control*. To move these priorities forward, targets and actions are spelled out and implementation partners identified. Work will build on the success of programs already in place.

The Action Plan also reflects an intentional focus on equity. Throughout the plan, emphasis is placed on addressing the inequities and barriers experienced by some populations, including rural and remote communities, people with low income and First Nations, Inuit and Métis. Peoples-specific priorities and actions address the particular realities affecting cervical cancer prevention and care among First Nations, Inuit and Métis.

Moving the plan into action

Elimination of cervical cancer by 2040 is an ambitious goal. To achieve it, work must begin immediately. Replacing Pap tests with HPV testing is particularly urgent. Modelling from the Partnership's OncoSim tool shows that moving quickly to implement HPV primary screening will save lives and have the greatest impact on Canada's ability to meet its 2040 goal. The COVID-19 pandemic has added another incentive for rapid adoption: HPV testing can be done using self-sampling, requiring fewer in-person interactions with the health-care system.

The Action Plan will be launched this fall with funding for provinces and territories to move forward on the priorities. Work is already underway with partners to accelerate action in several areas, such as improving HPV immunization rates and introducing HPV testing.

Ultimately, the success of the Action Plan will depend on the involvement of a broad group of implementation partners across cancer, public health and primary care systems; First Nations, Inuit and Métis organizations and governments; and non-governmental organizations working in cancer and health equity. Work at the community level is essential and will require outreach to schools and community leaders. The Partnership is committed to action. Through these efforts, Canada will reach its goal to eliminate cervical cancer—for today's children and all future generations.

* Canada is using the World Health Organization definition of cervical cancer elimination: fewer than four cervical cancer cases per 100,000 women, age-standardized to the world population.

The Action Plan for the Elimination of Cervical Cancer in Canada, 2020–2030

Priorities and Targets

PRIORITY 1: Improve HPV immunization rates

BY 2025

90%

of 17-year-olds are fully vaccinated with the HPV vaccine

PRIORITY 2: Implement HPV primary screening

BY 2030

90%

of eligible individuals have been screened with an HPV test

90%

of eligible individuals are up-to-date with cervical screening

No less than

80%

of eligible individuals in any identifiable group are up-to-date with cervical screening

PRIORITY 3: Improve follow-up of abnormal screening results

BY 2030

90%

of all individuals with an abnormal screening result (positive HPV test) should have a clear plan of appropriate follow-up designed and communicated to them within three months of the test that generated the positive result

90%

of all individuals identified as being at elevated risk for significant cervical abnormalities have colposcopy in a timely manner

No less than

90%

of individuals in any identifiable group receive follow-up

Peoples-specific priorities for cervical cancer prevention and care

PRIORITY 1:
Culturally appropriate care closer to home

PRIORITY 2:
Peoples-specific, self-determined cancer care

PRIORITY 3:
First Nations-, Inuit-, or Métis-governed research and data systems

Providing leadership nationally and internationally

Many countries face the same cancer control challenges as Canada. Some have developed solutions we can learn from. In other cases, Canada has made advances that can benefit others. The following events provided opportunities for sharing lessons and best practices which will help the Partnership in its work to advance the Strategy:

Improving Indigenous cancer outcomes: The 2nd World Indigenous Cancer Conference, held in Alberta, brought together more than 500 Indigenous researchers and clinicians, policy-makers and key stakeholders to discuss advances and innovations in cancer research. The event provided an opportunity for the Partnership to support a globally significant conference and learn about successful approaches to improving Indigenous cancer outcomes around the world. The Partnership was also able to share its experience building trusting and collaborative relationships with First Nations, Inuit and Métis partners over many years and how the Partnership is engaging those partners across multiple initiatives.

Engaging diverse voices: At the 2019 International Association for Public Participation (IAP2) conference, the Partnership received two awards in recognition of exceptional community and public engagement during the refresh of the Strategy. The awards—Project of the Year and Respect for Diversity, Inclusion and Culture—reflect the Partnership's commitment to addressing equity issues and actively engaging diverse voices, including First Nations, Inuit and Métis and members of underserviced communities across the country.

Sharing *Canada's Vision for Cancer Research:* The 2019 Canadian Cancer Research Conference—the fifth such conference led by the Canadian Cancer Research Alliance at the Partnership—provided an opportunity to connect with researchers, clinicians, patients, and the public to raise awareness of the refreshed Strategy and its connection to *Canada's Vision for Cancer Research*.

Providing leadership for whole person care: The Partnership's CEO provided opening remarks at the World Congress of Psycho-Oncology hosted by the Canadian Association of Psychosocial Oncology and the International Psycho-Oncology Society. The event provided an opportunity to share the Partnership's work with a broad audience of health researchers, decision-makers and patient organizations to ensure Partnership initiatives continue to reflect and respond to the whole needs of the patient.

Collaborating with other pan-Canadian health organizations

The Partnership is working closely with other pan-Canadian health organizations (PCHOs) to advance our common work. The following are some of the collaborative efforts from the past year:

Working collectively: The Partnership is participating in the newly formed PCHO-CEO/Health Canada table to identify opportunities to collectively plan and align work. This includes an immediate focus on resuming health services during and after the COVID-19 pandemic and leveraging the momentum created by a changing health system that requires new approaches to care. The Partnership is exploring how we can further support innovative models of care in a post-COVID environment, such as enhancing connections with patients through virtual care, and providing greater access to "at home" cancer screening.

Sharing strengths: A partnership with the Canadian Foundation for Healthcare Improvement (CFHI) is strengthening the Partnership's initiative to increase the number of paramedics across the country trained to deliver palliative care at home.

Avoiding duplication: Indigenous health leads from the PCHOs are working together to identify opportunities to enhance collaboration with First Nations, Inuit and Métis partners, while avoiding duplication among organizations. The organizations have identified cultural awareness training with their own partners and networks as an area for shared action.

Expanding diversity: The Partnership is working with CFHI to share practical knowledge and tools with health-care organizations across the country to increase their ability to engage diverse patient and community populations. This collaborative effort resulted in the *Framework for Diversity in Patient Engagement* – a tool to support diverse and inclusive engagement initiatives.

Addressing data gaps: A partnership with Statistics Canada to link the Canadian Cancer Registry with various national databases is providing valuable data on how factors such as income level, geography and immigration status affect access to cancer treatment, outcomes (e.g. cancer incidence, survival rates), and financial issues such as out-of-pocket costs for cancer care. The Partnership is also working with other organizations including the Canadian Institute for Health Information (CIHI), Statistics Canada and the Public Health Agency of Canada to develop race and ethnicity identifiers in health-care databases to further improve understanding of disparities in access and outcomes.

LEADING THROUGH INNOVATION IN 2020/21

The COVID-19 pandemic has created challenges across Canada for patients and for the health-care and cancer systems. The Partnership is responding with supportive leadership and innovative approaches.

Since the pandemic began, the Partnership has worked closely with other pan-Canadian health organizations, provincial and territorial cancer programs and networks across the country to address the adverse impact of COVID-19 on the health of Canadians and to support plans to restore cancer care services safely and as soon as possible.

The complexity of this task has led to renewed partnerships and a commitment to working together to find solutions. It has also provided opportunities to accelerate areas of work identified in the Strategy that can help the cancer system adapt to COVID-19, while addressing inequities and barriers to care experienced by many in this country.

Advancing the Strategy: Responding to COVID-19

As steward of the *Canadian Strategy for Cancer Control*, the Partnership is working with partners across the system on innovative approaches that support the restoration of cancer services, while accelerating progress on the priorities identified in the Strategy. The following Partnership initiatives will take on new urgency in 2020/21 in light of COVID-19:

Accelerating implementation of HPV tests for cervical cancer screening: The Partnership will launch the *Action Plan for the Elimination of Cervical Cancer in Canada, 2020-2030* and provide funding for provinces and territories to move forward on the priorities. This includes supporting partners to move quickly to adopt HPV testing. A key priority in the Action Plan, HPV tests are more effective than Pap smears and provide the option of self-sampling at home, reducing interactions with the health system.

Expanding use of at-home colorectal cancer screening kits: The Partnership will support jurisdictions that want to mail "at home" screening kits directly to individuals, so they don't have to visit a health-care provider to receive a kit. This approach will increase access to screening in rural and remote regions while reducing in-person health-care visits.

Reducing abnormal call rates: The Partnership will release its new framework for action on abnormal call rates (ACR) for breast cancer screening and work with jurisdictions, breast screening programs and the radiology community to reduce ACRs. The result will be better patient care, fewer unnecessary tests and reduced demands on the health-care system as screening resumes.

Expanding the use of digital tools: The Partnership will explore how to build on Quebec's successful use of a patient-reported outcomes (PROs) phone app in other jurisdictions. In addition to screening patients for physical and emotional symptoms, the app is facilitating safe patient visits during the pandemic.

Expanding access to palliative care: The Partnership's program to train paramedics to deliver palliative care in the home will continue to expand and accelerate in response to COVID-19, with paramedics in two Ontario regions and Manitoba beginning to deliver high-quality care that reduces demand on emergency departments.

Addressing workforce planning: The Partnership will release its new geo-mapping tool to help jurisdictions map their human resource shortages and begin identifying new models of care that can help to address the gaps and provide care closer to home.

Supporting virtual care: Virtual care has become a priority in the context of the pandemic. The Partnership is funding jurisdictions who are using virtual care to continue services during the pandemic and will explore other opportunities to support virtual care as they arise.

Advancing the Strategy: Enhancing equity

The Partnership is also accelerating action on initiatives that advance the Strategy's focus on eliminating barriers to high-quality cancer care and supporting individuals throughout their cancer journey. This includes working with partners to advance the following:

Establishing lung cancer screening programs: As jurisdictions continue their efforts to establish lung cancer screening programs for people at high risk, the Partnership will provide funding to accelerate their planning and implementation.

Advancing Peoples-specific priorities: The Partnership will continue to support the work of First Nations, Inuit and Métis partners as they develop or implement Peoples-specific cancer plans in every province and territory.

Reaching underserviced populations: Efforts to increase participation in colorectal cancer screening will continue, with five jurisdictions engaging community groups to develop local solutions to barriers experienced by underscreened populations.

Improving rural access to clinical trials: The Partnership will expand funding to 3CTN to improve access to clinical trials for those in remote and rural areas. The funding will also allow 3CTN to work with a network of pediatric centres to increase clinical trials for adolescents and young adults with cancer.

Addressing oncofertility needs of adolescents and young adults: The Partnership will continue to address fertility preservation for adolescents and young adults with cancer by working with partners to add the topic to patient-reported outcome screening tools so patients receive appropriate follow-up. Work with the Canadian Cancer Society and others will identify the clinical pathways and processes needed to connect patients with fertility preservation services.

Expanding access to nicotine replacement therapy: The Partnership will work with jurisdictions on a business case to support increased access to nicotine replacement therapy, an important smoking cessation support.

Improving the quality of cancer surgery: Publication of the Canadian Network of Surgical Associations for Cancer Care's call to action paper will promote a new vision of surgical care to improve care for all patients with cancer.

Creating a cancer system for the future

Looking ahead to 2020/21, the Partnership will continue to help partners and system leaders navigate the challenges created by COVID-19. Throughout the pandemic, the Partnership has taken a strong leadership position—quickly re-prioritizing work and championing innovative approaches to help the cancer system respond to a rapidly changing environment. This will continue.

At the same time, the Partnership remains committed to driving the *2019–2029 Canadian Strategy for Cancer Control* forward. Together with its partners, the Partnership will continue to create a cancer system for the future—and for all people in Canada.

Board of Directors

April 1, 2019 – March 31, 2020

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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
Chief Executive Officer, Scale Ai; Adjunct Professor, HEC Montreal

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(stepped down June 2019)

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

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Jean Latreille, MD
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Victoria Lee, MD
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Mary Catherine Lindberg
Health Consultant *(stepped down September 2019)*

Cynthia Morton
Chief Executive Officer, Canadian Partnership Against Cancer

Crystal Nett
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Andrea Seale
Chief Executive Officer, Canadian Cancer Society *(elected June 2019)*

Cheryl Smith
Reeve, Rural Municipality of St Laurent; Director, Association of Manitoba Municipalities

William Young
Senior Partner, Monitor Clipper Partners *(stepped down June 2019)*

Jeff Zweig
President and Chief Executive Officer, Mosaic Forest Management

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, 2020, 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, 2020, 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.

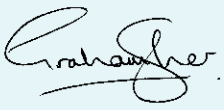
BDO Canada LLP

Chartered Professional Accountants,
Licensed Public Accountants
Mississauga, Ontario
August 20, 2020

Statement of operations and changes in net assets

Year ended March 31	2020	2019
	$	$
Expenses		
Prevention	**3,332,119**	2,264,718
Screening	**2,960,397**	2,029,884
Cancer diagnosis and care	**2,897,651**	2,544,523
Patient experience	**5,553,149**	3,517,454
Research	**6,617,845**	7,389,971
First Nations, Inuit and Métis Cancer control	**7,518,054**	3,064,325
System performance	**2,227,606**	2,827,853
Strategy and analysis (Note 5)	**3,124,533**	3,421,289
Knowledge mobilization (Note 5, 9)	**4,024,167**	4,463,657
Public engagement and outreach	**1,851,658**	2,369,351
Program support	**1,785,313**	1,323,531
	41,892,492	35,216,556
Operating expenses (Note 4, 9)	**7,997,379**	8,265,246
	49,889,871	43,481,802
Revenue		
Government of Canada (Note 7)	**48,740,258**	42,936,596
Canadian Foundation for Healthcare Improvement	**500,000**	450,000
Other funding	**649,613**	95,206
	49,889,871	43,481,802
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

Canadian Partnership Against Cancer Corporation

Statement of financial position

As at March 31	2020	2019
	$	$
Assets		
Current		
Cash	**1,712,144**	3,403,210
Short-term investments	**3,003,132**	2,613,931
Accounts receivable	**444,036**	410,775
Projects in process – advances (Note 3)	**5,473,903**	3,077,649
Prepaid expenses	**824,698**	921,496
	11,457,913	10,427,061
Capital assets (Note 4)	**2,956,153**	3,415,036
Intangible assets (Note 5)	**227,907**	339,976
	3,184,060	3,755,012
	14,641,973	14,182,073
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	**3,198,298**	4,841,839
Government remittances payable (Note 6)	**73,576**	160,680
Deferred contributions – Expenses of future periods (Note 7(a))	**7,777,085**	5,028,339
	11,048,959	10,030,858
Deferred contributions - Capital and intangible assets (Note 7(b))	**2,514,816**	3,003,820
Lease inducements (Note 8)	**1,078,198**	1,147,395
	3,593,014	4,151,215
	14,641,973	14,182,073
Net assets	–	–
	14,641,973	14,182,073

Commitments and Guarantees (Notes 10 and 11)

Statement of cash flows

Year ended March 31	**2020**	2019
	$	$
Increase (decrease) in cash		
Operating activities		
Government of Canada contributions received (Note 7)	**51,000,000**	43,100,000
Other contributions received	**1,321,992**	785,272
Interest received on short-term investments	**207,826**	181,873
Interest paid to Government of Canada	**(206,826)**	(172,680)
Cash paid for programs and operating expenses	**(53,332,730)**	(44,834,958)
	(1,009,738)	(940,493)
Investing activities		
Purchase of short-term investment	**(3,000,000)**	–
Redemption of short-term investment	**2,638,435**	4,589,726
	(361,565)	4,589,726
Financing activities		
Purchase of capital and intangible assets	**(319,763)**	(508,969)
Lease inducements	**–**	86,387
	(319,763)	(422,582)
Increase (decrease) in cash	**(1,691,066)**	3,226,651
Cash, beginning of year	**3,403,210**	176,559
Cash, end of year	**1,712,144**	3,403,210

Notes to the financial statements

Year ended March 31, 2020

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	**2020 Net book Value**	2019 Net book Value
	$	$	**$**	$
Information technology and telecommunication	1,508,963	1,278,564	**230,399**	292,181
Furniture and equipment	793,673	547,665	**246,008**	369,111
Leasehold improvements	3,194,448	714,702	**2,479,746**	2,753,744
	5,497,084	2,540,931	**2,956,153**	3,415,036

Included in operating expenses is amortization expense related to capital assets of $776,761 (2019 – $905,855). During the year, the Partnership disposed capital assets with a cost of $279,838 (2019 – $63,528) which were fully amortized. Therefore, no loss was incurred during the year (2019 - nil).

5. Intangible assets

	Cost	Accumulated Amortization	**2020 Net book Value**	2019 Net book Value
	$	$	**$**	$
Portal and software	1,670,405	1,442,498	**227,907**	–
Software under development	–	–	**–**	339,976
	1,670,405	1,442,498	**227,907**	339,976

Included in Strategy and analysis and Knowledge mobilization expenses is amortization expense related to intangible assets of $113,954 (2019 – $32,683 in Prevention). No intangible assets were disposed during the year (2019 – nil). Previous year software under development was completed in current fiscal year and recorded in portal and software.

6. Government remittances payable

	2020	2019
	$	$
Interest received on short-term investments payable	**64,151**	69,459
Employee withholdings and other payable	**9,425**	91,221
Government remittances payable	**73,576**	160,680

7. Deferred contributions

(a) Expenses of future periods

Deferred contributions are restricted for expenses of future periods.

	2020	2019
	$	$
Deferred contributions, beginning of year	**5,028,339**	4,517,314
Current year contribution from Government of Canada	**51,000,000**	43,100,000
Interest earned on contributions received	**201,517**	186,406
	56,229,856	47,803,720
Amount recognized as revenue during the year	**(47,931,491)**	(42,080,006)
Amount applied towards capital and intangible assets acquired	**(319,763)**	(508,969)
Interest paid to Government of Canada	**(137,366)**	(116,947)
Interest payable to Government of Canada	**(64,151)**	(69,459)
Deferred contributions, end of year	**7,777,085**	5,028,339

(b) Capital and intangible assets

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

	2020	2019
	$	$
Deferred contributions, beginning of year	**3,003,820**	3,351,441
Contributions applied toward capital and intangible asset purchases	**319,763**	508,969
Amount amortized to revenue during the year	**(808,767)**	(856,590)
Deferred contributions, end of year	**2,514,816**	3,003,820

Total Government of Canada revenues recognized of $48,740,258 (2019 – $42,936,596) during the year include amounts amortized to revenues from capital and intangible assets.

8. Lease inducements

The lease inducements include the following amounts:

	2020	2019
	$	$
Leasehold improvements	**669,244**	751,192
Free rent and other	**408,954**	396,203
Total lease inducements	**1,078,198**	1,147,395

During the year, leasehold improvements and other inducements of $12,751 (2019 – $129,265) were provided. The amortization of leasehold improvements allowances is $81,948 (2019 – $81,948).

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 - $2,066,324 (2019 - $2,006,942).

10. Commitments

Contractual commitments

As of March 31, 2020, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately $46.5 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)
2021	$	30,326
2022	$	16,140
	$	46,466

Operating lease commitments

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

		(000's)
2021	$	710
2022	$	742
2023	$	750
2024	$	750
2025	$	750
2026 and thereafter	$	2,530
	$	6,232

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.

14. Subsequent event

As the impact of COVID-19 continues, there could be further impacts on the Partnership, including its funding source. Management is actively monitoring the impact on its financial condition, operations, third party partners, suppliers, sector, and workforce. Given the daily evolution of the COVID-19 outbreak and the global responses to curb its spread, the Partnership is not able to fully estimate the effects of the COVID-19 outbreak on its future results of operations and financial condition.

Third parties

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2019/20 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
Cancer Care Ontario
CancerCare Manitoba
Centre for Addiction and Mental Health
Centre for Effective Practice
CIUSSS – Ouest-de-l'Ile-de-Montréal
Eastern Health – Newfoundland and Labrador
First Nations Health Authority
First Nations of Quebec and Labrador
Government of Northwest Territories
Government of Nunavut
Government of Yukon
Health PEI
Horizon Health Network
Interlake-Eastern Regional Health Authority
Kenora Chiefs Advisory
Lennox Island Health Centre
Métis Nation of Alberta
Métis Nation of British Columbia
Métis Nation of Ontario
Métis National Council
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
Regional Municipality of York
Saskatchewan Cancer Agency
Saskatchewan Health Authority
Simon Fraser University
Statistics Canada
Tobique Indian Band Health Department
Tungasuvvingat Inuit
Union of Nova Scotia Indians
University Health Network
University of Alberta
University of Toronto

Materials published

April 1, 2019 – March 31, 2020

Enhance coordination of Canadian cancer research

2019 Canadian Cancer Research Conference (November 3-5, 2019)

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

Lung Cancer Screening Business Case and Lung Readiness Assessment Toolkit (March 2020)

Synthesis map: Colorectal cancer screening pathways (January 2020)

Synthesis map: Breast cancer screening pathways (January 2020)

Implement quality standards and innovations in care

Pan-Canadian Standards for Cancer Surgery: Canadian Journal of Surgery; Vol. 62 (4 Suppl 3) (August 2019)

Improve transitions for patients

Canadian Framework for the Care and Support of Adolescents and Young Adults with Cancer (September 2019)

Approaches for Addressing Mental Health & Return to Work Needs of Cancer Survivors: An Environmental Scan (July 2019)

First Nations, Inuit and Métis Cancer Strategy Implementation

Brochure: First Nations, Inuit and Métis Cancer Strategy: Working together towards reconciliation and healing (September 2019)

Maximize the impact of system performance data

Canadian Strategy for Cancer Control Companion Data: Priorities specific to First Nations, Inuit and Métis (October 2019)

Canadian Strategy for Cancer Control Companion Data: Priority 1 – Decrease the risk of people getting cancer (October 2019)

Canadian Strategy for Cancer Control Companion Data: Priority 2 – Diagnose cancer faster, accurately and at an earlier stage (October 2019)

Canadian Strategy for Cancer Control Companion Data: Priority 3 – Deliver high-quality care in a sustainable, world-class system (October 2019)

Canadian Strategy for Cancer Control Companion Data: Priority 4 – Eliminate barriers to people getting the care they need (October 2019)

Canadian Strategy for Cancer Control Companion Data: Priority 5 – Deliver information and supports for people living with cancer, families and caregivers (October 2019)

Develop and implement national prevention programs and policies

Alcohol tax rates by province and territory (March 2020)

Elimination of Cervical Cancer in Canada Summit (February 4, 2020)

Elimination of Cervical Cancer Action Plan Overview: Targets (February 2020)

Pan Canadian Smoking Cessation and Cancer Care Action Framework (October 2019)

Webinar: Ultra Violet Radiation Policy Pack: Local and provincial/territorial governments (July 2019)

Commercial tobacco policy pack: Local and provincial/territorial governments (June 2019)

Coverage of smoking cessation aids in Canada (March 2020)

2018/19 Smoking cessation program scan (March 2020)

Sustainable System Design

Fact sheet: OncoSim Model (October 2019)

Fact sheet: OncoSim Breast (October 2019)

Fact sheet: OncoSim Colorectal (October 2019)

Fact sheet: OncoSim Lung (October 2019)

Fact sheet: OncoSim Cervical (October 2019)

Corporate

Driving Change: Improving cancer care for all Canadians: Annual report 2018/2019 (September 2019)

Privacy Policy (updated June 2020)

Other reporting

The Partnership had 97 permanent staff and 31 fixed-term staff, as of March 31, 2020. There are four divisions reporting to the Chief Executive Officer, each headed by a Vice President. The divisions are Cancer Control, Strategic Partnerships, Finance and Corporate Services, and Cancer Systems, Performance and Innovation.

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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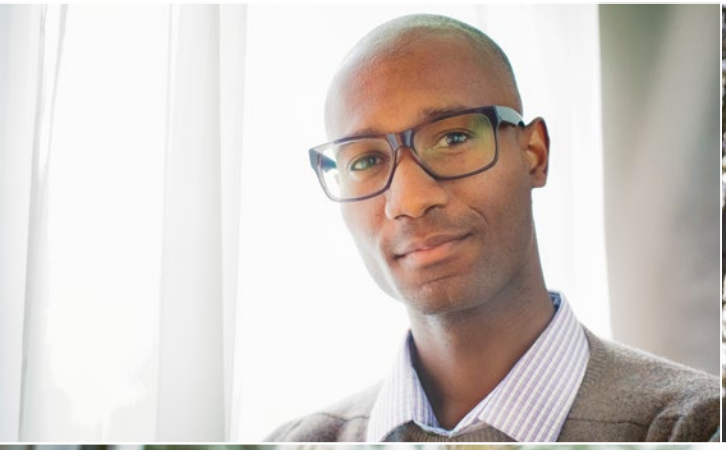

145 King Street West, Suite 900
Toronto, Ontario M5H 1J8
TEL: 416.915.9222
TOLL-FREE: 1.877.360.1665
EMAIL: info@partnershipagainstcancer.ca

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PARTENARIAT CANADIEN CONTRE LE **CANCER**