

WORK IN PARTNERSHIP ● INCREASE UNDERSTANDING OF CANCER RISKS ● HELP PREVENT CANCER ● PROMOTE SCREENING AND EARLY DETECTION ● SUPPORT CANCER PATIENTS AND THEIR FAMILIES ● PROPEL KNOWLEDGE TO ACTION ● CANCER CONTROL IN ACTION ● WORK IN PARTNERSHIP ● INCREASE UNDERSTANDING OF CANCER RISKS ● HELP PREVENT CANCER ● PROMOTE SCREENING AND EARLY DETECTION ● SUPPORT CANCER PATIENTS AND THEIR FAMILIES ● PROPEL KNOWLEDGE TO ACTION ● CANCER CONTROL IN ACTION ● WORK IN PARTNERSHIP ● INCREASE UNDERSTANDING OF CANCER RISKS ● HELP PREVENT CANCER ● PROMOTE SCREENING AND EARLY DETECTION ● SUPPORT CANCER PATIENTS AND THEIR FAMILIES ● PROPEL KNOWLEDGE TO ACTION ● CANCER CONTROL IN ACTION ● WORK IN PARTNERSHIP

Annual Report 2008 ● 2009



CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

WORK IN PARTNERSHIP ● INCREASE UNDERSTANDING OF CANCER RISKS ● HELP PREVENT CANCER ● PROMOTE SCREENING AND EARLY DETECTION ● SUPPORT CANCER PATIENTS AND THEIR FAMILIES ● PROPEL KNOWLEDGE TO ACTION ● **CANCER CONTROL IN ACTION** ●

‘A well-conceived, well-managed national cancer control programme lowers cancer incidence and improves the life of cancer patients, no matter what resource constraints a country faces.’

World Health Organization

‘The commitment to fund a national cancer control strategy makes Canada one of the few countries worldwide committed to implementing a national strategy aimed at systematically reducing cancer incidence and cancer deaths.’

Jessica Hill, CEO, Canadian Partnership Against Cancer

Cover photos, left to right:

A participant in Alberta's The Tomorrow Project, one of five regional partners in the **Canadian Partnership for Tomorrow Project**, undergoes regular assessment; **Dr. John Srigley**, head of the Pathology and Laboratory Medicine Program at Cancer Care Ontario and Professor at McMaster University's Faculty of Health Sciences; Partnership Board Chair **Jeff Lozon**, President and Chief Executive Officer of St. Michael's Hospital in Toronto, and Board Member **Dr. Louis Dionne**, a cancer surgeon and founder of La Maison Michel-Sarrazin in Quebec City, the first free-standing hospice in Canada; representatives of the Partnership-led **National Colorectal Cancer Screening Network**

Table of Contents

| | |
|--|---|
| Message from the Chair..... | 2 |
| Message from the Chief Executive Officer | 3 |
| Governance..... | 4 |
| Advisory Council..... | 5 |
| Partnerships and Community Linkages | 6 |

PRIORITIES

| | |
|--|----|
| Knowledge Management..... | 10 |
| Primary Prevention..... | 13 |
| Research | 16 |
| Screening..... | 19 |
| Cancer Guidelines..... | 22 |
| Surveillance | 25 |
| Health Human Resources | 28 |
| Cancer Journey | 30 |
| Quality Initiatives and System Performance | 33 |
| Looking Forward | 36 |

FINANCIALS

| | |
|--|----|
| Auditors' Report..... | 39 |
| Financial Statements..... | 40 |
| Notes to the Financial Statements..... | 43 |
| Materials Completed | 49 |
| Endnotes..... | 52 |

Message from the Chair



Jeffrey C. Lozon
Chair

It would be difficult to replicate the excitement brought by the announcement in 2006 of federal funding for a national cancer control strategy. For so many of us in the cancer community and health-care system – from research teams toiling at lab benches and transfixed by computer screens, to physicians, nurses and so many others working on the front lines of care – that exhilaration was seeded in the clear knowledge we were about to receive the biggest boost yet to our ability to make a positive difference in the lives of Canadians affected by cancer.

But other feelings accompanied that sense of hope. The funding announcement, which led the Canadian Partnership Against Cancer (the Partnership) to begin operations in April 2007, also brought keen awareness of the momentous responsibility with which we were being charged. As the first-ever organization to oversee implementation of a national strategy to control cancer in Canada, we are accountable to all Canadians, and especially to the patients, survivors and families who stand at the centre of our mandate.

According to the World Health Organization, a coordinated plan to control cancer from a national population perspective is effective in reducing cancer incidence and improving the lives of cancer patients – a meaningful outlook given finite health-care resources.

Our accomplishments to date leave no doubt of the value of partnerships in this approach. Thanks to the hard work and great willingness of our partners to teach and share, we have grown regional solutions into tangible quality improvements for patients nationwide. Coordinated resources across the country are creating valuable legacies, such as the Canadian Partnership for Tomorrow Project. This landmark study of 300,000 Canadians is certain to drive progress against cancer both in the short and long term.

Woven through all these successes is the courage and determination of the cancer community. Researchers, physicians and other care providers, patients and their advocates – these people are the biggest testament to the hope and the promise the Partnership represents.

As I take my leave of the Board in June 2009, I am confident our initial hopes were justified and we are meeting our promise to Canadians. I am thankful for the great commitment from our provincial cancer agencies, and provincial, territorial and federal governments, that has made this work possible. I also leave with heightened respect for the talented men and women who make up the Partnership's Board of Directors and Advisory Council on Cancer Control. Their diligence has been instrumental in refining the broad-based document of well-conceived goals that is the Canadian Strategy for Cancer Control into a plan with tangible objectives and defined strategies for achieving them.

It has been an honour to be a part of these tremendously exciting times. Indeed, the elation of those early days remains close at hand, especially with the knowledge that momentum built in these foundational years is destined to catalyze even greater progress.

A handwritten signature in black ink, appearing to read 'J. Lozon', written in a cursive style.

Message from the Chief Executive Officer

As the Canadian Partnership Against Cancer enters the third year of its mandate, we are pleased to report on our achievements in 2008-2009 and offer a look at the broader work we have undertaken to accelerate progress in cancer control.

This report speaks to the important strides being made across all priority areas. A landmark population study to better understand and control cancer risk; more consistent screening for the often-overlooked vital signs of pain and distress in cancer patients; and increasing uptake of colorectal cancer screening through a shared national network are just a few examples of Canada's cancer control strategy in action.

Partnership-initiated programs such as these and the many others detailed in this report demonstrate the power of cooperation among a myriad of cancer community members, including provincial and territorial governments, cancer agencies and the medical community.

Meanwhile, the efforts of countless individuals working in cancer control are driving the creation of Cancer View Canada, a single online community and workspace that showcases and expands access to existing cancer control information and resources, and provides a forum for people from across the country to work together.

These collaborative efforts exemplify the Partnership's work: starting with the best in Canada in cancer control, no matter where the initiative is based, we bring together the people and resources necessary to catalyze this knowledge into benefits for the broad Canadian public. Our cross-country networks of cancer agencies, clinicians, researchers, the Canadian Cancer Society, patients and others are widening the availability of vital knowledge.

Yet even as we highlight our shared accomplishments, we are firmly focused on the future and the overriding challenge that continues to inform our work. Every year, more than 165,000 Canadians are told they have cancer and almost 74,000 die from the disease. These numbers are more than troubling statistics; they represent cancer patients, survivors and families – make no mistake, this is urgent work.

As the organization that brings a national lens to a federated cancer control system, we know meaningful progress can only be achieved and sustained through collaboration. Whether investing in infrastructure, generating new knowledge, or sharing promising and emerging practices, we continue to build on the vision, innovation and commitment of our partners to create better possibilities in controlling cancer.

I am greatly encouraged by the depth of partnerships forged this past year. Above all, this annual report highlights the growing momentum, achieved through cooperative efforts, in advancing Canada's cancer control strategy. By harnessing the remarkable work being done by our partners in the communities, regions, territories and provinces across our vast country, we made real progress in our efforts to control cancer.



Jessica Hill
Chief Executive Officer

A handwritten signature in black ink that reads "Jessica Hill". The signature is written in a cursive, slightly informal style.

Governance

BOARD OF DIRECTORS 2008 – 2009

The Partnership's Board of Directors ensures strong governance and accountability. The Board has representatives from cancer organizations, the provinces and territories, survivor and patient groups, the Aboriginal community and the federal government.

Jeffrey C. Lozon, Chair

President and Chief Executive Officer,
St. Michael's Hospital, Toronto

Simon Sutcliffe, MD, Vice-Chair

Past President and Chief Executive Officer,
BC Cancer Agency, Vancouver

Chris Clark

Chief Executive Officer and Canadian Senior Partner,
PricewaterhouseCoopers LLP, Toronto

Catherine L. Cook, MD

Executive Director, Aboriginal Health Programs,
Winnipeg Regional Health Authority, Winnipeg
(Joined Board May 2008)

Peter Crossgrove

Past Chair, Canadian Association of Provincial Cancer
Agencies, Sudbury

Louis Dionne, MD

Cancer surgeon; pioneer in palliative care; founder,
Maison Michel-Sarrazin, Quebec City

René Gallant

Past National President, Canadian Cancer Society,
Halifax

Perry Kendall, MD

Provincial Health Officer for British Columbia, Victoria
(Stepped down from Board December 2008)

Joy Maddigan

Assistant Deputy Minister, Department of Health and
Community Services, Government of Newfoundland and
Labrador, St. John's

Paddy Meade

Executive Operating Officer, Continuum of Care
Division, Alberta Health Services, Edmonton

Gary Semenchuck

Past Chair, Saskatchewan Cancer Agency, Regina

Marla Shapiro, MD

Associate Professor, Department of Family and
Community Medicine, University of Toronto; medical
consultant, CTV Broadcasting Network; cancer
survivor, Toronto

Terrence Sullivan, PhD

President and Chief Executive Officer,
Cancer Care Ontario, Toronto

Laura M. Talbot

President and Senior Partner, Talbot-Allan Consulting,
Kingston

Sally Thorne, PhD

Professor and Director, School of Nursing, University
of British Columbia, Vancouver

Elisabeth Wagner

Executive Director, Corporate Policy and Research
Branch, BC Ministry of Health Services, Victoria
(Joined Board January 2009)

Elizabeth Whamond

Vice-Chair, Canadian Cancer Action Network; Chair,
Cochrane Collaboration Consumer Network,
Fredericton

Barbara Whylie, MB BCh BAO

President and Chief Executive Officer,
Canadian Cancer Society, Toronto

Arlene Wilgosh

Deputy Minister, Manitoba Ministry of Health
and Healthy Living, Winnipeg

Observer: Antoine Loutfi, MD

Director of Cancer Control, Quebec Ministry
of Health and Social Services, Quebec City

Board members Dr. Antoine Loutfi (l.)
and Dr. Barbara Whylie (r.), with the
Partnership's Dr. Jon Kemer, Chair,
Primary Prevention Action Group



Advisory Council

ADVISORY COUNCIL ON CANCER CONTROL 2008 – 2009

The Advisory Council acts as a resource for the Board. Members include experts in cancer control and the Partnership Action Group Chairs. They ensure the organization is nimble and responsive to new breakthroughs and emerging issues.

Jessica Hill, Co-Chair

Chief Executive Officer, Canadian Partnership Against Cancer, Toronto

Simon Sutcliffe, MD, Co-Chair

Vice-Chair, Canadian Partnership Against Cancer
Past President and Chief Executive Officer, BC Cancer Agency, Vancouver

Bob Allen

Chair, Surveillance Action Group
Chief Executive Officer, Saskatchewan Cancer Agency, Regina

Harley J. Ast

Board member, Canadian Prostate Cancer Network;
President and CEO, Campaign to Control Cancer;
member, Health Canada's Scientific Advisory Committee on Oncology Therapies, Regina

Carrie Bourassa, PhD

Assistant Professor, Department of Science,
First Nations University of Canada, Regina

Philip E. Branton, PhD

Chair, Research Action Group
Scientific Director, CIHR Institute of Cancer Research, Montreal
(Stepped down from Advisory Council June 2008)

George Browman, MD

Chair, Cancer Guidelines Action Group
Medical Oncologist, BC Cancer Agency;
Clinical Professor, School of Population and Public Health, University of British Columbia, Victoria

Elizabeth Eisenhauer, MD

Chair, Research Action Group
Co-Chair, Canadian Cancer Research Alliance;
Professor, Department of Oncology, Queen's University; Director, Investigational New Drug Program, NCIC Clinical Trials Group, Kingston
(Joined Advisory Council November 2008)

Mark Elwood, MD

Vice-President, Family and Community Oncology, BC Cancer Agency; Clinical Professor, School of Population and Public Health, University of British Columbia, Vancouver

Margaret Fitch, PhD

Chair, Cancer Journey Action Group
Head, Oncology Nursing and Co-Director, Integrated Psychosocial, Supportive and Palliative Care Program, Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto

Carolyn Gotay, PhD

Professor, School of Population and Public Health, University of British Columbia, Vancouver
(Joined Advisory Council April 2008)

Eva Grunfeld, MD, DPhil

Giblon Professor and Director, Family Medicine Research, University of Toronto; Clinician Scientist and Director, Knowledge Translation Network, Ontario Institute for Cancer Research and Cancer Care Ontario Health Services Research Program, Toronto

Barbara Kaminsky

Chief Executive Officer, Canadian Cancer Society, BC and Yukon Division, Vancouver

Alan Katz, MBChB

Chair, Primary Prevention Action Group
Associate Professor, Departments of Family Medicine and Community Health Sciences, University of Manitoba; Associate Director, Manitoba Centre for Health Policy, Winnipeg
(Stepped down from Advisory Council August 2008)

Jon Kerner, PhD

Chair, Primary Prevention Action Group
Senior Scientific Advisor, Canadian Partnership Against Cancer, Toronto
(Joined Advisory Council September 2008)

Elisa Levi

Public Health Research and Policy Analyst, Assembly of First Nations, Toronto
(Stepped down from Advisory Council October 2008)

Verna Mai, MD

Chair, Screening Action Group
Director of Screening, Cancer Care Ontario, Toronto

Anthony Miller, MD

Professor Emeritus, Dalla Lana School of Public Health, University of Toronto; Director, Canadian National Breast Cancer Screening Study, Toronto

Melanie Morningstar

Senior Policy Analyst, Assembly of First Nations Health and Social Development Secretariat, Ottawa
(Joined Advisory Council November 2008)

Ellen Murphy

Director of Cancer Prevention,
Alberta Health Services, Calgary

Andrew Padmos, MD

Chair, Health Human Resources Action Group
Chief Executive Officer, Royal College of Physicians and Surgeons of Canada, Ottawa

Michael Richards, MD

National Cancer Director for England,
National Health Service, London, UK

Paul Rogers, MBChB

Division Head, Pediatric Oncologist,
BC Children's Hospital; Clinical Professor,
University of British Columbia, Vancouver

Brent Schacter, MD

Chair, Standards Action Group (until December 2008) Chief Executive Officer, Canadian Association of Provincial Cancer Agencies; Professor, Department of Internal Medicine, Section of Hematology/Oncology, University of Manitoba Medical School, and Department of Hematology and Medical Oncology, CancerCare Manitoba, Winnipeg

Jack Shapiro

Chair, Canadian Cancer Action Network, Toronto

Jack Siemiatycki, PhD

Professor and Canada Research Chair in Environmental Epidemiology and Population Health, Guzzo Chair in Environment and Cancer, Université de Montréal, Montreal

Isaac Sobol, MD

Chief Medical Health Officer for Nunavut, Iqaluit

Sylvie Stachenko, MD

Deputy Chief Public Health Officer, Public Health Agency of Canada, Ottawa (Stepped down from Advisory Council December 2008)

Observer: Jean Latreille, MDCM

Hemato-oncologist, Division of Hematology and Medical Oncology, Hôpital Charles LeMoigne, Longueuil

Partnerships and Community Linkages

Spearheading nationwide activities to ease the burden of cancer on Canadians

It took more than 10 years and 700 cancer groups, experts, patients and survivors to develop Canada's cancer control strategy. Now, two years into the mandate to implement that plan, the strength and vision of those pioneers continue to inform all the efforts of the Canadian Partnership Against Cancer.

Our resources are focused on defined strategic initiatives that, within wider areas of priority, support advancements in cancer control. With a clear focus on this goal, the Partnership's participation is wide ranging – from investment in infrastructure and support for nationwide prevention and screening programs, to partnering across diseases to curb common risk factors and sharing best clinical practices to improve quality.

No matter what the shape of our work, the perspectives of cancer patients, survivors and their families, and a spirit of collaboration and inclusiveness with Canada's First Nations, Inuit and Métis, remain central. It is through these community linkages and by working in partnership with governments, federal agencies, patient organizations, provincial cancer agencies, professional associations and others, that we will foster the coordinated effort necessary to succeed in our mandate to address the impact of cancer nationwide.

Snapshot of results

In the first two years of work, the Partnership looked to the expertise of many individuals and groups across the country to support the work of advancing cancer control. A brief highlight of tangible results in 2008-2009 includes:

- Development of a framework for more accurate cancer diagnosis and better treatment planning. In collaboration with the Canadian Association of Pathologists, this initiative focuses on systematic improvements to quality and patient safety through the implementation of checklists to support uniform standards, education and external review to ensure a laboratory quality-control system.
- Creation of a committee to identify innovative and promising models for delivering cancer care, and promoting their use across Canada. The Service Delivery Models project includes members from the British Columbia Academic Health Council, the Canadian Association of Medical Radiation Technologists, CancerCare Manitoba, Cancer Care Ontario, Lakehead University, the McGill University Health Centre, the New Brunswick Cancer Network and the Royal College of Physicians and Surgeons of Canada.
- Establishment of the National Survivorship Working Group to highlight the needs of cancer survivors. From 2008-2009 the focus is the development of models of care and care plans, which include treatment history, recommendations for screening, tips on healthy living, coping strategies, and information and support for those who have experienced cancer. This priority emerged at the group's 2008 cancer survivorship workshop.

Details of these and many more initiatives are outlined in the pages that follow.

Dr. John Potter, Fred Hutchinson Medical Center, Seattle, at the meeting of the Canadian Partnership for Tomorrow Project Governance Committee



Canadian Cancer Action Network

Encompassing the realities of patients, survivors and families

Because they have experienced cancer first hand, cancer patients, survivors and their families make any work in cancer control relevant and help ensure outcomes are tangible and meaningful.

Armed with the knowledge that combined strengths, shared best practices and overall collaboration are central to accelerating progress on cancer control, the Partnership draws on the ability of the Canadian Cancer Action Network to tap into the patients, survivors and family members represented by its council, to ensure the patient voice is informing the work and, in some cases, leading the effort. (See Survivorship, p. 30).

In areas such as prevention and screening, it's important to focus on engaging the broader public as a means of increasing awareness of how to prevent cancer or detect it early. At the same time, we never lose sight of cancer patients and survivors. They are, for example, at the heart of work in 2008-2009 to create a portal (See Cancer View Canada, p. 10) for navigating the breadth of information that exists about cancer. In its ability to provide access to the best-available and most comprehensive services and resources in cancer control, Cancer View Canada takes a ground-breaking approach to supporting those affected by cancer, as well as those working in the cancer community. Importantly, this unique online community also allows us to fulfill our promise that the patient voice resonates throughout the vastness that is cancer control.



'The Partnership provides a unique opportunity for the cancer patient voice to engage in dialogue with clinical, scientific and regulatory bodies. I am also impressed by the ability and willingness to work together to attain results that benefit all parties.'

Murray Gordon, cancer survivor and Advisory Board Member, Prostate Cancer Canada Network

CCAN Member Organizations

Cancer-Site Patient Organizations

Brain Tumour Foundation of Canada
Canadian Breast Cancer Network
Canadian Liver Foundation
Canadian Lung Association
Canadian Prostate Cancer Network
Canadian Skin Patient Alliance
Canadian Thyroid Cancer Support Group (Thy'vors Inc.)
Carcinoid NeuroEndocrine Tumour Society Canada
Childhood Cancer Foundation Candlelighters Canada
Colorectal Cancer Association of Canada
Kidney Cancer Canada
Leukemia & Lymphoma Society of Canada
Lung Cancer Canada
Lymphoma Foundation Canada
Myeloma Canada
Ovarian Cancer Canada
Young Adult Cancer Canada

Population Organizations

Assembly of First Nations
Canadian Cancer Society
Canadian Partnership Against Cancer
Cancer Advocacy Coalition of Canada
Inuit Tapiriit Kanatami

Provincial CCAN Members

British Columbia
Manitoba
New Brunswick
Newfoundland & Labrador
Nova Scotia
Ontario
Prince Edward Island
Quebec (Coalition Priorité Cancer au Québec)
Saskatchewan (Saskatchewan Cancer Action Network [SCAN])

'The needs of young adults with cancer have been largely overlooked when it comes to support, treatment and research. Young Adult Cancer Canada is encouraged by the Partnership's commitment to the Adolescent and Young Adult Task Force, which aims to provide guidance on improving the patient experience for this, until now, forgotten generation.'

Geoff Eaton, Founder and Executive Director, Young Adult Cancer Canada

Adolescent and young adult cancer

Partnership-funded study of cancer's impact on adolescents and young adults

Research by the Canadian Cancer Society indicates that, each year, an average of 2,075 Canadians between the ages of 15 and 29 will be told they have cancer.¹ Teenage and young adult patients pose unique challenges in cancer control, particularly the danger of becoming part of a "lost tribe" of people with cancer. Since they are often diagnosed and treated when they are children, when they reach the age of 18 the team and facility responsible for their care changes. Alternatively, effective treatment for those diagnosed as adolescents must maintain a fine balance between the medical approach used to treat young children with cancer and that used in caring for adult cancer patients.

It is known that survival rates for people in this age group and their follow-up health care require careful attention. With Partnership funding, the Adolescent and Young Adult Task Force project will continue its work to better understand the experience of young cancer patients and help address the special challenges faced by this group. Now in the second year, the four-year investigation is led by Dr. Ronald Barr, a pediatric hematologist and oncologist at McMaster University in Hamilton, Ont., and Dr. Paul Rogers, head of pediatric oncology at BC Children's Hospital.

First Nations, Inuit and Métis

National Forum on Cancer Control: Catalyst for action

To be successful, a Canadian strategy to control cancer must respond to the distinctive cultural and social needs of First Nations, Inuit and Métis peoples. In 2008-2009, the Partnership – together with the leadership of British Columbia, Manitoba and Ontario cancer agencies, Public Health Agency of Canada, First Nations and Inuit Health Branch, and in collaboration with national Aboriginal organizations – convened a national forum in Winnipeg, Manitoba. The overriding goal was to identify areas where the Partnership could add value and deliver concrete improvements to First Nations, Inuit and Métis cancer control efforts.

With 65 representatives in attendance from the cancer community and from First Nations, Inuit and Métis organizations across the country, the conference identified crucial areas for improvement, while creating momentum for collaborative action. The importance of addressing the social determinants of health, and the need for a prevention and early detection strategy based on community-led, grass-roots programs, were among the key themes to emerge. The dialogue also highlighted the need to address challenges for both providers and recipients of cancer care in remote and underserved communities.

Going forward, a concrete plan will be developed to address those priorities, identified by forum participants, where the Partnership can either lead or support tangible progress.

'The AFN Health Secretariat is encouraged with the increased engagement of First Nations in cancer control at a national level. Working with the Partnership, we look forward to improving the lives of those with cancer in First Nations communities.'

Jon Thompson, Senior Director, Assembly of First Nations Health Secretariat

@YourSide Colleague® Cancer Care

Broadening the reach of knowledge through technology

In a step toward meeting the unique challenges that may arise in delivering care to rural and remote First Nations communities, the Partnership joined forces with Saint Elizabeth Health Care (SEHC), a charitable not-for-profit health-care organization, to launch an online educational and networking resource in cancer control, geared to care providers in First Nations communities.

For more than nine years, SEHC has offered @YourSide Colleague® to First Nations communities across Canada. aYSC is a secure web-based learning program that offers around-the-clock access to a virtual support network of experts and peers, as well as 14 self-directed courses that reflect the latest evidence and best practices in e-learning and health care.

Launched in 2008-2009, the @YourSide Colleague® Cancer Care program provides an overview of the fundamentals of cancer, including types, prevention, screening and common treatments, and is offered by SEHC with support from the Partnership. In its initial phase, aYSC Cancer Care is being offered to all 331 First Nations communities in Manitoba, Saskatchewan and British Columbia.

With First Nations communities themselves helping to shape program design and content, key features of the program include e-learning topics in specific aspects of care delivery, direct links to specialists that can speed treatment and care decisions, and real-time forums that allow care providers to learn from each other.



Elders Dr. Fred Shore, Margaret Lavallee and Bernadette Niviatsiak at the Partnership-sponsored National Forum on First Nations, Inuit, and Métis Strategy for Cancer Control

Knowledge Management

FEATURED PROJECTS

- **Cancer View Canada:**
www.cancerview.ca
- **Cancer Risk Management**

'Canadian Cancer Trials offers patients and their health-care teams access to new experimental treatments beyond their own hospital or cancer centre. By bringing together cancer organizations from several provinces in a cooperative initiative, the Partnership has widened the potential impact of our initial efforts to benefit many, many more Canadians. We applaud the leadership of the Partnership in creating this new resource.'

Dr. Robert Phillips, Deputy Director, Ontario Institute for Cancer Research



COLLECT, CONNECT, COLLABORATE AND IMPLEMENT

Vital information for cancer control is being generated every day throughout the country. At the same time, every Canadian can benefit from the best available knowledge about preventing, detecting and treating cancer, and support in facing a diagnosis of cancer.

Knowledge management aims to maximize the value of this constantly evolving information, through the establishment of networks of collaboration, with the ultimate goal of using these resources to solve common challenges in cancer control. Technology plays a crucial role in this work to foster the creation, exchange and application of accurate, timely information.

In 2008-2009, the Partnership made significant progress toward creating a common knowledge management infrastructure for cancer control in Canada, and building capacity and skills in knowledge management and leadership in the Canadian cancer sector.

The primary bases for this work are two leading-edge projects, **Cancer View Canada**, a portal to comprehensive cancer control resources, and a **Cancer Risk Management** initiative that aims to support decision-making in cancer control.

PROJECT HIGHLIGHT

Cancer View Canada

Building infrastructure to advance cancer control

Cancer View Canada is an ever-evolving online community and work space that links users to cancer services, information and resources across the country. By showcasing and simplifying the process of accessing and sharing high-quality cancer information, Cancer View Canada supports helpful linkages among people personally affected by cancer, as well as providing a place for collaboration by professionals working in cancer control.

For example, Cancer View Canada's Canadian Cancer Trials – which builds on work by the Ontario Institute for Cancer Research to create a clinical trials database for the province – overcomes the potential barriers posed by geography. Eligible cancer patients and their health-care teams may use Canadian Cancer Trials to search for and learn details of cancer trials across the country that are recruiting participants. This project highlights the principles of knowledge management and also exemplifies the Partnership's guiding principle – taking a “best idea” that may originate locally and supporting the widening of its application to benefit as many Canadians as possible.

Beyond expanding access to cancer resources, the portal harnesses the full value of this information – and the expertise behind it – by allowing users to search, to analyze and to organize the data. For professionals, this enhanced analytical capacity can significantly advance the starting point for a multitude of projects in cancer control.

Knowledge management has been defined as “a conscious strategy for moving the right knowledge, in the right format, to the right people at the right time to assist sharing and enabling information to be translated into action” to improve system performance.¹

Since the end of 2008-2009, Cancer View Canada has been available to partners in the cancer control community to support the Partnership in gathering feedback and making adjustments. It will be publicly available in the summer of 2009.

It is anticipated that Cancer View Canada will continue to evolve and grow to offer an ever-expanding view of cancer control in Canada.



Canada's online community for cancer control

Cancer View Canada offers Canadians access to cancer control information and collaboration tools that address a wide range of needs. Each of the resources highlighted here was developed in 2008-2009.

Q: How can I find out about innovative projects my colleagues are working on in different provinces or territories?

A: **Cancer View Finder** is a keyword search tool that returns results from the high-quality, online cancer control content developed by national, provincial and territorial partner organizations across Canada.

Q: My father is dying of cancer. Where can I get advice about how to talk to him about this?

A: The **Canadian Virtual Hospice (CVH)** enables the public and health-care providers to connect directly with a team of palliative-care experts. With Partnership funding, new CVH features and content offer greater support to patients and caregivers, while professionals now have access to more than 150 clinical tools related to end-of-life care. This valuable national resource is featured on Cancer View Canada, ensuring access to all Canadians dealing with this phase of the cancer journey.

Q: Where can I find temporary lodging close to my cancer treatment centre?

A: **Community Services Locator** offers a variety of community support services related to cancer. The Partnership collaborated with the Canadian Cancer Society, which developed the service, to enhance the usability of the directory and increase online access.

Q: I am graphing cancer incidence and mortality trends. Where can I easily pull these data?

A: **Cancer Control P.L.A.N.E.T. Canada** provides up-to-date data and resources to support provincial and national cancer control planning and research. It was developed in 2008-2009 in collaboration with the National Cancer Institute in the United States, and in partnership with provincial cancer registries for the provision of data.

Q: Where can I find policies and legislation about cancer prevention?

A: The **Prevention Policies Directory** is a searchable inventory of Canadian cancer and chronic disease prevention policies and legislation concerning risk factors for cancer.

'Cancer View Canada is a true reflection of partners working together to improve cancer control. It adds value by enhancing services like the Community Services Locator, and providing a clear point of access to high-quality cancer control services and content.'

Heather Logan, Senior Director, Cancer Control Policy and Information, Canadian Cancer Society

continued on p.12

continued from p.11

'The ability to model impact of policy decisions on disease burden and economic consequences on the population is crucial to informing policy decisions that seek to advance cancer control. Through the Cancer Risk Management initiative, the Partnership's development of a practical and transparent state-of-the-art decision-making tool will provide this facility to leaders, academics and the public across the country.'

Dr. Andy Coldman, Vice President, Population Oncology, BC Cancer Agency

Q: Where can I find clinical practice guidelines for a particular type of cancer?

A: **Standards and Guidelines Evidence (SAGE)** is a searchable repository of published clinical practice guidelines by cancer disease site and stage, including evidence-based ratings of the quality of each guideline. SAGE also provides tools to support the local adaptation and adoption of guidelines.

Q: How can I connect with people who may be interested in collaborating on a new cancer control project I'm starting?

A: **Cancer View Canada** will offer a networking platform for partners in cancer control to connect with each other and collaborate virtually, breaking down barriers to support sharing and transfer of innovation and knowledge.

PROJECT HIGHLIGHT

Cancer Risk Management A toolkit for rigorous evaluation

As the prevalence of cancer continues to rise, the "risks" posed to Canadians are increasing. Those harmful effects include not only the personal impact of the disease, but also the costs and economic impact of treating cancer.

How do health planners compare the projected results of a dollar invested in smoking cessation to a dollar invested in a new cancer therapy? The Partnership is working with partners across the cancer control continuum to develop tools that will provide information in new ways to answer such questions.

The Cancer Risk Management initiative will result in web-based tools that allow both the Partnership and its stakeholders to evaluate strategies in terms of future disease burden over the next 20 to 30 years. These tools will also help assess the economic impact of strategies and will serve organizations and policy-makers as they make decisions regarding investment in cancer control.

In 2008-2009 the Partnership began working with Statistics Canada to develop this platform. The project is steered by an Advisory Committee comprising a deputy minister, an assistant deputy minister, senior system and agency leaders, and experts in cancer epidemiology, biostatistics and health economics.

Initially, the platform will focus on lung and colorectal cancers, with models that project the impact of: reduced smoking; implementation of colorectal screening programs; development of new diagnostics or therapies; and supportive care. Future phases will address other types of cancer.

Supported by the Partnership's Analytics Unit, the Cancer Risk Management platform will be available through Cancer View Canada in the fall of 2009.

Primary Prevention

JOINING FORCES TO PREVENT CANCER

It is estimated that nearly half of cancers can be prevented. Current evidence of both causal and preventive factors shows that some cancers can be prevented over the long term if proven prevention strategies are integrated into our lifestyles and our environments. This will require the application of consistent, integrated, long-term strategies based on the best evidence.

Recognizing that many cancers share the same risk factors as chronic diseases like cardiovascular and lung diseases, and diabetes, the Partnership's approach to primary prevention includes building and fostering relationships and initiatives with other organizations in order to build on chronic disease prevention programs already in place.

In 2008-2009, the Partnership initiated a multi-pronged strategic approach to cancer prevention through:

- Bridging and building on Canada's existing cancer prevention programs
- Aligning with initiatives that broaden and deepen our understanding of behavioural and environmental risk and preventive factors in Canada
- Finding ways to increase the impact of prevention efforts by linking cancer prevention with related prevention efforts for other chronic diseases

The Partnership has laid the groundwork to achieve these goals through:

- A funding program of cross-jurisdictional coalitions to support the prevention of cancer and other chronic diseases
- Ongoing funding of CAREX Canada to map occupational and environmental carcinogen exposure
- Co-hosting a conference to explore policy recommendations promoting healthy eating, physical activity and healthy body weight

This effort requires long-term commitment across many disciplines and sectors, and through all jurisdictions.

PROJECT HIGHLIGHT

Surveillance of exposure to carcinogens

Identifying and quantifying Canadians' exposure to cancer-causing agents at home, at work and in the community is the mandate of CAREX Canada, a long-term strategic initiative based at the University of British Columbia.

continued on p.14

It is estimated that 40% of women and 45% of men will develop cancer at some point during their life.¹

FEATURED PROJECTS

- Surveillance of exposure to carcinogens
- Partnering to prevent cancer and chronic disease
- Applying the evidence in cancer prevention
- Nutrition, alcohol and physical activity

'The Heart and Stroke Foundation of Canada is proud to collaborate with the Partnership in preventing cancer, heart disease and stroke. By working together we can reduce their burden and improve the health and well-being of all Canadians.'

Sally Brown, CEO, Heart and Stroke Foundation of Canada



continued from p.13

'The Partnership's vision to engage all actors in the control and prevention of cancer, and to involve the social, economic and environmental as well as the biological determinants of disease and of well-being, is an international inspiration.'

Geoffrey Cannon, Science and Policy Advisor, American Institute for Cancer Research

In response to the needs of researchers, practitioners and other Canadians, CAREX Canada is integrating data sources on geographic variations in carcinogenic exposures and mapping occupational and environmental carcinogens across Canada. It is developing two databases: one to estimate exposure to carcinogens in the workplace, and one to estimate exposure to carcinogens in the environment.

In 2008-2009, CAREX Canada identified a shortlist of carcinogens, including asbestos, industrial chemicals, metals, pesticides and pharmacologic agents as its starting point. The project's work of gathering and mapping data on Canadians' exposure to carcinogens is well underway. It is now sharing results with governmental and non-governmental organizations concerned about cancer prevention, and with researchers and health and safety professionals.

In the long term the project will help to identify how and where Canadians are exposed to carcinogens, and determine their levels of exposure. This will inform priorities to reduce carcinogens in our work and home environments.

CAREX Canada is modelled after CAREX, the International Information System on Occupational Exposure to Carcinogens, developed in Finland.

'Preventing cancer and chronic disease is possible through focus and action on public policy, which affects individuals' ability to make healthy choices. The symposium we co-hosted with the Partnership was a powerful vehicle to create momentum and action on health-promoting public policy in and beyond Nova Scotia.'

Theresa Marie Underhill, Chief Operating Officer, Cancer Care Nova Scotia

PROJECT HIGHLIGHT

Partnering to prevent cancer and chronic disease

Coalitions Linking Action and Science for Prevention, or CLASP, is a new initiative of the Partnership. With the ultimate goal of improving the health of individuals and populations, CLASP reaches beyond the cancer community by awarding funds to coalitions that cross provincial and territorial boundaries and integrate cancer prevention with other chronic disease prevention strategies.

The development of CLASP has been a collaborative effort involving consultation with researchers, practitioners and policy professionals working in cancer and chronic disease prevention across Canada. This approach ensures that the Partnership's investment in cancer and chronic disease prevention is guided by the needs from the field and builds on what is already being planned and put in place for primary and secondary prevention.

In 2008-2009, the Partnership engaged leaders from research, practice and policy settings in a series of consultations to identify potential strategic partnerships among participating organizations. These consultations were a first step in shaping the planning and development of the CLASP funding program in 2009-2010.

With its commitment to creating and leveraging partner networks as the vehicle for effective cancer and chronic disease prevention, the Partnership is already being cited for leadership both nationally and internationally.

PROJECT HIGHLIGHT

Applying the evidence in cancer prevention

The science of risk factor reduction is a critical tool in shaping effective cancer prevention strategies. With this in mind, the Partnership strives to base our primary prevention initiatives on the best evidence available.

The Canadian Platform To increase Usage of Real-world Evidence (CAPTURE) project engages international and Canadian experts to establish a platform for developing, validating and supporting the use of proven approaches to cancer prevention. The mandate of CAPTURE includes empowering prevention practitioners to assess and report on the impact of their work.

PROJECT HIGHLIGHT

Nutrition, alcohol and physical activity

Nutrition, alcohol and physical activity are important considerations in addressing behaviours significant to cancer prevention. In 2008-2009, the Partnership joined international leaders, including the American Institute for Cancer Research and the World Cancer Research Fund, in highlighting the need to address these factors in the development of public policies that promote healthy living.

In collaboration with Cancer Care Nova Scotia, the Partnership held a conference for 100 academics, practitioners and policy-makers in March 2009 in Halifax. Its focus was to explore the implications for Canada of a recently released global report entitled *Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: A Global Perspective*.

At the conference, the Partnership released a report entitled *Environmental Scan of Cancer Prevention Policy and Legislation as it relates to Food, Physical Activity, Alcohol and Public Education in Canada*. This report, which provides an overview of national, provincial and regional policies and legislations, will allow researchers, health-care professionals and policy-makers to learn from the efforts of others across Canada.

Additional Projects

- Right-to-Know Labelling Consumer Research: Planning underway
- Occupational and Environmental Exposures: Online course was developed and made available in 2008-2009 for health-care professionals
- Pan-Canadian analysis of the economic burden of skin cancer is near completion
- Environmental scans covering primary prevention activities, policy and legislation in Canada are available
- Environmental scan of toxic use reduction activities is near completion



Theresa Marie Underhill, Chief Operating Officer, Cancer Care Nova Scotia, at conference held jointly with the Partnership

Research

FEATURED PROJECTS

- Canadian Partnership for Tomorrow Project
- Translational Research: Early Detection of Lung Cancer
- Canadian Cancer Research Alliance: Cancer Research Survey – 2008

MULTIPLYING THE POWER OF RESEARCH

The Partnership's research mandate complements Canada's wealth of existing cancer research portfolios and programs. Its unique role is to support innovative, high-impact projects that would not be funded through traditional mechanisms. Partnership-supported initiatives of 2008-2009 include:

- The Canadian Partnership for Tomorrow Project on cancer risk and prevention is the most comprehensive population study in Canada to date. It demonstrates the value of working on a national project that is beyond the scope of any of the regional partners alone.
- The Early Detection of Lung Cancer Study addresses the need to bridge gaps between research and practice, known as translational research. The Partnership co-funds this high-impact translational research project with The Terry Fox Research Institute.
- Through the Canadian Cancer Research Alliance, which works within the Partnership as its Research Action Group, the Partnership is leading the development of a pan-Canadian strategic plan for cancer research that involves researchers and funders across the country.

PROJECT HIGHLIGHT

Canadian Partnership for Tomorrow Project

Why do some people get cancer, while others do not? We know that lifestyle, genetics and environment can all be factors, but teasing out the details is not easy. The Canadian Partnership for Tomorrow Project aims to find both the protective and risk factors that make the difference among Canadians.

This study is the largest of its kind ever undertaken in Canada, and is one of the most far-reaching population studies in the world to date. Building on The Tomorrow Project in Alberta, the Canadian Partnership for Tomorrow Project will follow 300,000 Canadians over 20 to 30 years. Population health experts are excited about the study, in part because it will be of value for cancer, as well as diabetes, heart disease and other chronic illnesses.

Janet Lockwood (r), study participant, Alberta



The Canadian Partnership for Tomorrow Project builds on a regional project funded by the Alberta Cancer Foundation and is in collaboration with the Partnership and founding partners and co-sponsors:

- BC Cancer Agency
- Alberta Cancer Board*, with Alberta Cancer Foundation
- Cancer Care Ontario, with Ontario Institute for Cancer Research
- G enome Qu ebec (the CARTaGENE project), with Universit e de Montr eal
- Cancer Care Nova Scotia and Dalhousie University, working in the Atlantic provinces

The Canadian Partnership for Tomorrow Project maintains a National Coordinating Centre at the University of Alberta. In 2008-2009 recruitment of study participants started in four regions, with the fifth to start in 2009-2010.

Additional progress in 2008-2009 includes the successful harmonization of key research elements such as finalizing research protocols, methods of sample collection and consent forms in all five regions. The Governance Committee is chaired by Dr. John Potter, who is based in Seattle, Washington, and Nelson, New Zealand.

(*Alberta Health Services as of April 1, 2009)

PROJECT HIGHLIGHT

Translational Research: Early Detection of Lung Cancer

It is estimated that lung cancer caused the death of more than 20,000 Canadians in 2008.¹ While we know that survival rates are better when cancer is found at early stages, past research, which used simpler screening tests, has suggested that finding earlier cancers does not always lower the risk of lung cancer death. For this reason the Partnership is co-funding a research program with The Terry Fox Research Institute. It is led from the BC Cancer Agency and involves researchers across Canada.

Launched in September 2008, its goal is to find a screening process that is simple and effective enough to be developed as an affordable large-scale screening program for Canadians at high risk of lung cancer. It will build on results of other trials that are investigating the actual mortality impact of spiral computed tomography, one type of test under investigation.

continued on p.18

In 2006, cancer research investment was funded 78% by federal and provincial governments and agencies, 19% by voluntary associations, and 3% by other multi-funded organizations. Total funding amounted to \$390,169,595.²

'To establish and maintain a study as large as the Canadian Partnership for Tomorrow Project, we recognized that a collaboration of different agencies from across the country was critical. Support from the Canadian Partnership Against Cancer has been invaluable in helping build and maintain a working relationship between five regions. This has resulted in the genesis of a powerful study that will follow 1.5 per cent of the population.'

Dr. Paula Robson, Principal Investigator, The Tomorrow Project, Alberta Health Services



continued from p.17

'To succeed, we need strong interactions within the scientific community. One goal is to discover what causes or contributes to the growth of cancer; the active collaboration of the Partnership is helping us achieve it more quickly.'

Dr. Thomas J. Hudson, President and Scientific Director, Ontario Institute for Cancer Research

The study uses a phased protocol of screening tools: biomarkers (substances in the sputum or blood that indicate the presence of cancer), spiral computed tomography that scans the chest for signs of cancer, and bronchoscopy, in which a device is threaded into the chest to examine lung tissue. Early results will be compared with those from other countries, supporting the most timely study and evaluation processes possible.

Equally important, the project is an example of translational research, as it seeks to fast-track evidence-based science into practice.

In 2008-2009 the study began recruiting smokers and former smokers from across Canada between the ages of 50 and 75. Study sites include Vancouver, Calgary, Toronto, Hamilton, Ottawa, Quebec City and Halifax.

PROJECT HIGHLIGHT

Canadian Cancer Research Alliance: Cancer Research Survey – 2008

The Canadian Cancer Research Alliance comprises Canada's major funders of cancer research and also serves as the Partnership's Research Action Group.

The Alliance's second survey of cancer research, published in 2008-2009, is proving to be an invaluable resource for the entire cancer control domain, both domestically and internationally. The survey estimates that investment in cancer research by the Government of Canada represents five per cent of Canada's funding in science and technology research and development.

The Canadian Partnership Against Cancer is committed to building on the momentum created by this survey. The next survey, based on 2007 data, was underway throughout most of 2008 and is slated for publication in August 2009.

Dr. Thomas J. Hudson, Ontario Institute for Cancer Research



Screening

DETECTING EARLY-STAGE, TREATABLE CANCERS

Catching cancers early can have significant impact on treatment and survival. Screening individuals who are at average risk of specific types of cancer helps to detect it at the earliest and most treatable stages, or even prevent it.

With effective screening tests available for the early detection of breast, cervical and colorectal cancers, championing the use of screening in these areas is vital. Ongoing research and monitoring provides insights into how these programs can be most effective. In turn, this information helps us to revise current programs or add new ones.

Currently Canada has guidelines for screening in colorectal, breast and cervical cancers. The Partnership supports organized delivery of screening through population-based programs that offer high-quality tests to everyone who is of screening-eligible age.

In 2008-2009, Partnership initiatives include:

- Supporting and developing the National Colorectal Cancer Screening Network to enhance use of best practices and agree upon national quality determinants for screening
- Hosting two new national networks in cervical cancer control
- Anticipating new science in order to advise and support our many partners as they work within their own provinces and territories

PROJECT HIGHLIGHT

Colorectal Cancer Screening

Colorectal cancer is the second-leading cause of cancer death in Canada, after lung cancer.¹ Although guidelines for colorectal cancer screening were published in 2002, less than 20 per cent of Canadians in the target population report being up-to-date with their screening tests in past surveys. Led by the National Colorectal Cancer Screening Network, this initiative was created to increase the percentage of Canadians who are being screened for colorectal cancer, and ultimately decrease the number of Canadians who develop or die from colorectal cancer.

The National Colorectal Cancer Screening Network, established by the Partnership in 2007, is building momentum towards a shared approach to colorectal cancer screening across the country. As each province and territory develops its own screening program, they will share evaluation methods, quality initiatives and outreach programs, working towards improving quality and consistency.

continued on p.20

Colorectal cancer is a common cancer with a rising incidence. In 2008, an estimated 21,500 new cases were diagnosed in Canada.² By detecting and removing polyps before they become cancerous, screening can reduce colorectal cancer incidence and mortality.³

FEATURED PROJECTS

- Colorectal Cancer Screening
- Cervical Cancer Control
- Anticipatory Science



continued from p.19

'The Partnership fills an essential role in identifying and promoting action on key issues such as colorectal cancer screening. In B.C. specifically, we have benefited from meeting program leaders from across Canada, allowing ideas and successes to be shared efficiently.'

Dr. Mark Elwood, Vice-President, Family and Community Oncology, BC Cancer Agency

At present, membership includes program staff, provincial and territorial government representatives and representatives from the Canadian Cancer Society, Public Health Agency of Canada, Canadian Cancer Action Network, Canadian Medical Association, Colorectal Cancer Association of Canada and Canadian Association of Gastroenterology.

Key focus areas of the network include:

Quality Determinants Framework for Canada: The Partnership sponsored an expert forum in May 2008 to address the need for a pan-Canadian collective understanding, agreement and commitment to a set of draft quality determinants and related quality indicators. Following further development of the quality indicators for colorectal cancer screening by an expert working group, a follow-up forum is taking place this year. The outcome of this forum will be a set of quality determinants and quality indicators that will be applicable to all Canadian provinces and territories.

National Awareness Program: In 2008-2009 planning began for a national public awareness program to support colorectal cancer screening by increasing general awareness of colorectal cancer and the importance of screening. The resources to foster awareness will be offered to all provinces and territories for use within their programs. To provide a baseline of understanding as well as to inform the program focus, a national survey of public and professionals took place. Survey results and rollout of the program will take place in 2009-2010.

PROJECT HIGHLIGHT

Cervical Cancer Control

Despite the relative success of cervical cancer screening based on provincially supported Pap test programs, the Canadian Cancer Society estimated that, in 2008, 1,300 Canadian women would be diagnosed with cervical cancer and 380 would die from it.⁴ This illustrates the need for additional measures of cervical cancer prevention and early detection.

National Colorectal Cancer Screening Network



The human papillomavirus (HPV) is the probable cause of most cervical cancers. The introduction of HPV vaccination, as well as improvements in testing, offer new options for prevention and screening strategies. In October 2008, the Partnership sponsored a Pan-Canadian Forum on Cervical Cancer Prevention and Control in the HPV Vaccine Era to assess these opportunities. The recommendations from *A Pan-Canadian Forum on Cervical Cancer Prevention and Control in the HPV Vaccine Era – Final Report* will be the baseline for the Partnership's strategy to address cervical cancer control.

An HPV Senior Partnership Group was established by the Partnership in December 2008 to communicate and promote integrating the continuum of immunization, screening and diagnosis, and to provide a forum for discussion to limit overlap, maximize synergy, share progress and facilitate the alignment of strategies.

A second national committee, known as the Pan-Canadian Cervical Cancer Screening Steering Committee, is also being formed to accelerate progress in cervical cancer control. This committee will serve as a national forum to discuss and take action on matters of mutual interest or concern related to the continued implementation of organized cervical cancer screening programs and their integration with HPV vaccination, testing and surveillance initiatives.

A follow-up to the Pan-Canadian Forum on Cervical Cancer Prevention and Control in an HPV Vaccine Era is planned for early 2010.

'The Partnership's commitment has re-energized the pan-Canadian approach to cervical cancer prevention. It has helped us to focus our efforts in collaborating to maximize the potential benefits of prevention through both screening and vaccination.'

Dr. C. Meg McLachlin, Deputy Chief of Pathology, Medical Leader, Surgical Pathology, London Health Sciences Centre

Anticipatory Science

The Partnership is sponsoring ad hoc expert panels to address important new and emerging evidence related to cancer screening. When major advances in screening come forward, the panels will provide a service to all cancer agencies in Canada by sharing timely observations and messages, both before and after randomized controlled trial results are published.

The first such panel was convened in 2008-2009 to discuss prostate-specific antigen (PSA) testing for prostate cancer. Panel members provided a readily accessible synthesis of the main issues to be used by provincial cancer agencies to respond to the results of ongoing European and North American screening trials.

A second panel will provide a common understanding of the literature on flexible sigmoidoscopy as an initial screening test for colorectal cancer.

In Canada, both incidence and mortality from cervical cancer are decreasing, which is attributed to the use of Pap tests.⁵

Cancer Guidelines

FEATURED PROJECTS

- Synoptic Reporting – Surgery
- Guideline Adaptation Program (CAN-ADAPTE)
- Capacity Enhancement

EVIDENCE DRIVING PROGRESS

Clinical guidelines in cancer are compilations of the best available evidence on specific treatment options. They bring the evidence to the point of care, where it counts the most.

When surgeons and other clinicians use guidelines that are embedded at the point of care, it helps to ensure that they will consider and apply evidence-based treatment options. At a systems level, policy-makers consult guidelines when allocating funds and resources. Guidelines also drive investments in new technologies and stimulate quality improvement programs.

Championing the understanding, development and optimal use of clinical guidelines is a Partnership priority. In 2008-2009 the Partnership's efforts focused on helping the provinces and territories to share knowledge about their cancer guidelines, while developing educational resources for those who are producing guidelines. These efforts include:

- The Synoptic Reporting project to support and develop the use of standardized checklists in cancer surgery
- The CAN-ADAPTE project to help cancer experts adapt existing guidelines for use in their regions
- The Capacity Enhancement project to help clinicians and others build their capacity to use evidence to inform care

PROJECT HIGHLIGHT

Synoptic Reporting – Surgery

Use of a standardized checklist during surgery is the optimal way to describe the cancer, determine the stage, record the details of surgery and ensure completeness of information needed by subsequent clinicians as well as the patient. For instance, clinicians need accurate information about staging in order to suggest the best possible treatment options.

An additional benefit is that surgeons can access data in real time about how their practice compares with that in the region or the province.

In 2008-2009 the Partnership brought together surgeons from across the country to create synoptic report templates for broader use and distribution. National standards for the content of reports are being established across five surgical and disease site areas – breast, colon, rectum, ovary and head and neck cancers. These standards are being developed with input from clinicians across the country, as well as



For 2008, it was estimated that 1,300 Canadians aged 0-19 years would be diagnosed with cancer, and that approximately 180 (99 male, 80 females) would die of cancer. This represents a significant decline in mortality since 1995 among young females with cancer.¹

Canada Health Infoway to ensure consistency with technical standards that are in development. By late 2008 synoptic reporting pilot projects were underway in Nova Scotia, Quebec, Ontario, Manitoba and Alberta. The Partnership is evaluating this initial round of implementation.

PROJECT HIGHLIGHT

Guideline Adaptation Program (CAN-ADAPTE)

CAN-ADAPTE is developing a standardized process and set of resources to allow teams of cancer experts to develop high-quality, locally relevant guidelines, based on pre-existing guidelines. This will ultimately improve the quality and efficiency of cancer care and reduce waste.

By engaging teams of key opinion leaders and experts in the guideline adaptation process, the project secures their input, approval and support for adherence.

An international guideline adaptation methodology is under evaluation to support the development of guidelines with several Canadian groups. Pan-Canadian guidelines are in development on topics including:

- Management of metastatic bone pain
- Pediatric care
- Distress screening of patients, and assessment
- Remote support for symptom management
- Skin care after radiation for breast cancer (provincial)

Both the evaluation and guideline development activities were underway in 2008, targeted for completion in 2009.



'A standardized synoptic reporting template in Alberta has substantially improved quality and achieved meaningful cost savings. Transferring the technology to other provinces is happening quickly and efficiently due to a national, coordinated effort that facilitates the implementation of guidelines.'

Dr. Walley Temple, Professor, Departments of Oncology and Surgery, and Chief, Division of Surgical Oncology, Tom Baker Cancer Centre, Calgary



Dr. Margaret Harrison, Lead, Guidelines Adaptation Project, and Professor, Queen's University, Kingston

PROJECT HIGHLIGHT

Capacity Enhancement

Sorting through and evaluating the volume of evidence in cancer care is challenging in itself. Building skills and capacity to evaluate medical evidence is an important theme for the Partnership's work. In 2008-2009 the Partnership initiated the Capacity Enhancement project to support health-care providers, methodologists and others interested in guideline development to build skills in this area. It develops educational resources, supporting guideline production and adoption by practitioners.

This is being done through:

- Developing curricula and associated training in guidelines development
- Developing an inventory and evaluation of Canadian cancer guidelines for use
- Creating publications that highlight samples of best practices in guideline development across the country

Approximately 1,000 cancer control guidelines have been compiled and reviewed to assess quality of evidence for inclusion in an online searchable repository. Known as SAGE (Standards and Guidelines Evidence), this repository will be available in 2009 to clinicians, cancer patients, researchers, policy-makers and other interested parties, through Cancer View Canada, the Partnership portal. In addition, the portal will provide collaborative and networking tools for all involved in guidelines development or adaptation. Two training courses were completed in 2008 and development of a casebook on best practices across the country was started for completion in 2009-2010.

The Cancer Control Guidelines Inventory will encourage use of existing guidelines, identify gaps where guidelines are needed and facilitate evidence-based decision making.

Additional Projects Underway

Guidelines, Resource Allocation and Public Education (GRAPE): A project that explores resource-allocation, decision-making processes as a key strategy for gaining wider public acceptance when resource-allocation choices must be made. The focus is on the interface between the policy level and the public.

Communities of Practice: A project that explores how communities of practice arise and function in health-care settings related to cancer control, including the ability to measure their effectiveness. The project aims to develop a toolkit to support those working at the provincial and regional levels faced with the task of putting knowledge into practice.

Guidelines Collaboration: At the Cancer Guidelines Leaders Forum in February 2009, cancer guideline leaders from across Canada met to explore the potential for a pan-Canadian collaboration in guideline development. The group agreed on a number of priorities going forward, including contributing to a guideline registry to increase collaboration and reduce duplication, working together on guidelines needing revision, and piloting pan-Canadian groups to work on site-specific topic areas.

Surveillance

THE FOUNDATION OF CANCER CONTROL

Surveillance is measuring and predicting the effectiveness of cancer control efforts at the population level. The collection of high-quality data and the interpretation of data are the necessary tools for this work, and for that reason accurate, standardized information is essential for effective planning in cancer control.

Although we have important data sources within Canadian federal and provincial agencies, several challenges exist for epidemiologists, health-care researchers, providers and planners. Variability in cancer surveillance systems, barriers to accessing data and poor integration of data from different jurisdictions are among issues that have emerged.

To address these challenges, the Partnership is coordinating the planning, development and implementation of pan-Canadian surveillance initiatives, and is collaborating with key agencies across Canada to address these issues. The objective is to increase the quality, consistency and breadth of information products for cancer control.

At the centre of this work are critical strategic alliances forged in 2008-2009 among the provincial cancer programs and Statistics Canada, which manage the cancer registries, the Public Health Agency of Canada and the Canadian Institute for Health Information.

The focus of activities in 2008-2009 has been:

- Launching the national Cancer Staging Initiative
- Developing Surveillance and Epidemiology Networks
- Implementing Cancer Control P.L.A.N.E.T. Canada, an online cancer control planning resource

PROJECT HIGHLIGHT

Cancer Staging

Accurate diagnosis of cancer is vital in achieving successful treatment. The stage of a cancer, a summary measure of several factors that are used to describe the severity of a cancer, is necessary to determine best treatment options and provides information regarding prognosis.

With its staging initiative the Partnership is supporting provinces and territories in collecting population-based, standardized electronic data on the stages of four cancer sites – lung, colorectal, breast and prostate – for patients diagnosed in 2010 and later. This information is essential to assess progress in areas such as the impact of screening programs and new diagnostic tools. It will help to answer the question, “Are we getting better at finding these cancers in the earliest and most treatable stages?”

continued on p.26

Cancer incidence is rising in young women aged 20 to 39. Incidence rates for all cancers combined are higher in the Maritime provinces and Quebec, and lowest in British Columbia.¹

FEATURED PROJECTS

- Cancer Staging
- Surveillance and Epidemiology Networks
- Cancer Control P.L.A.N.E.T. Canada

Key successes in 2008-2009

- Receipt and review of implementation plans from most provinces and territories, leading to funding of project implementation to capture stage information and implement synoptic reporting
- Establishment of a national lead for synoptic pathology and a group of pathologists to champion the checklist standards for synoptic pathology reporting across Canada



continued from p.25

'There is a great deal of anticipation about the collaborative development of the palliative surveillance network. It will have significant value for monitoring, and is an important step toward providing timely and appropriate care for those who need it.'

Dr. G. Michael Downing,
Palliative Medicine, Research &
Development, Victoria Hospice

The Partnership's surveillance work does not duplicate work underway elsewhere but rather harnesses it through national linkages. Key partners include provincial cancer programs and their cancer registries and Statistics Canada, which holds the Canadian Cancer Registry. The Public Health Agency of Canada will provide training programs on cancer staging practices for data collection.

In addition, the staging project is overseeing the adoption of high-quality synoptic pathology reporting across the country. Synoptic reporting uses standardized, published, peer-reviewed checklists to determine what information should be included in a pathology report. These reports ensure that clinicians receive the best-possible information right at the point when they need it. The Partnership is working with the Canadian Association of Pathologists and other organizations to seek endorsement of the checklist standards as set by the College of American Pathologists. An additional benefit of capturing information in this way is that it directly provides a large portion of information required for staging.

National advisory committees in staging and synoptic pathology have been launched with respective chairs Dr. James Brierley of Princess Margaret Hospital and Dr. John Srigley of Cancer Care Ontario.

PROJECT HIGHLIGHT

Surveillance and Epidemiology Networks

Surveillance and Epidemiology Networks are being established to generate enhanced information products needed by clinicians, researchers and policy-makers. The initiative seeks to produce information that can be used to better inform and monitor cancer control interventions. In response to a request for proposal, applicants were challenged to develop multi-provincial and multi-disciplinary teams that would increase analytic capacity and coordination through the development of information products, tools and the sharing of knowledge.

In 2008-2009 proposals were accepted in four areas, with work in development for: cancer projections; cancer survival and prevalence; colorectal cancer; and hospice palliative and end-of-life care.

In February 2009, the Partnership held the Cancer Surveillance Stakeholders Forum for 80 participants. It focused on ensuring that these networks develop products that health-care planners and leaders want and need. To that end, network members started discussions with the end-users of the information products they are creating.

PROJECT HIGHLIGHT

Cancer Control P.L.A.N.E.T. Canada

Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network, with Evidence-based Tools) is an online resource for surveillance information in the United States. Cancer Control P.L.A.N.E.T. Canada leverages this work done by the National Cancer Institute (NCI) in the U.S. and includes data from cancer registries across Canada. Starting in the summer of 2009, Cancer Control P.L.A.N.E.T. Canada will be housed on Cancer View Canada, the Partnership's new portal to provide resources for cancer control planning in this country.

The website uses comparison tables, interactive graphs and maps to aid in health-policy planning. Questions that can be readily examined include assessment of changes in rates of new cancers, such as "Are melanoma rates stable, rising or falling in various provinces?" This resource will show comparison of cancer trends in different jurisdictions, and changes in mortality rates across Canada and over time. Cancer organizations across the country will have access to the data.

Cancer Control P.L.A.N.E.T. Canada will continue to develop in collaboration with NCI.

'The Partnership has allowed the New Brunswick Cancer Network to accelerate our action plan to implement electronic pathology synoptic reporting tools province-wide for breast, lung, prostate and colorectal cancer, and to optimize how we capture staging at our registry.'

Dr. S. Eshwar Kumar, Co-Chief Executive Officer, New Brunswick Cancer Network, Department of Health

Additional Projects Underway

- Review of legislative considerations for cancer registry practice across Canada and internationally
- Development and initiation of a data quality audit plan
- Creation of a limited use data set to increase access to data for surveillance and research, in collaboration with Statistics Canada and the provincial cancer registries



Dr. John Srigley,
Cancer Care Ontario

Health Human Resources

FEATURED PROJECTS

• Service Delivery Models

'The number of Canadians with cancer is rising as survival rates increase and the population ages. To meet the increasing requirements for medical treatment and supportive care, we must look to innovative models of service delivery – both in Canada and around the world – that are optimizing available skills, knowledge and resources across the country. The work of the Partnership in helping to identify creative solutions is providing important support to the provinces that will help us to level the playing field and manage our valuable human resources.'

Joy Maddigan, Assistant Deputy Minister, Department of Health and Human Services, Newfoundland and Labrador



THE HUMAN RESOURCE IN CANCER CONTROL

The work of health professionals is the foundation of all care and services throughout the spectrum of cancer control, from prevention, research and screening through to treatment, survivorship and palliative care.

The Partnership is supporting organizations and individuals engaged in cancer-related human resource issues to assist in developing human resources in a way that is sustainable.

The Partnership's initiatives throughout 2008-2009 include:

- Identifying and sharing promising innovations in models of service delivery across the country
- Developing an inter-professional electronic mentorship program for advanced practices in oncology that begins with an Advanced Nursing Practice module, and builds on experience in Ontario with e-mentorship

In 2008-2009, the Partnership generated two documents for distribution in 2009-2010:

- *A Snapshot of Current Cancer Control System Challenges & Issues: Implications for the Cancer Workforce*
- *Report From the Front Lines: Canada's Cancer Control Workforce in Transition*

PROJECT HIGHLIGHT

Service Delivery Models

New models in health human resources seek to optimize the use of health professionals and afford a seamless transition through cancer care and beyond. They improve patient care and are efficient, effective, sustainable and transferable. Innovative and leading models in cancer control are emerging across Canada as well as in the United States, United Kingdom, Australia and elsewhere.

The Service Delivery Models project is identifying and reporting on innovative and leading models for delivering cancer control. Its goal is to create a repository of proven models, which will be accessible to all health human resource audiences in Canada, and include the ability to connect with teams that have developed those models to further investigate their applicability to other jurisdictions. This product will provide useful input to other existing human resource planning initiatives that are happening at the provincial and territorial levels.

In 2005, there were 190 physicians (excluding residents) and 780 registered nurses per 100,000 Canadians.¹

The project is led by a steering group representing the British Columbia Academic Health Council, the Canadian Association of Medical Radiation Technologists, CancerCare Manitoba, Cancer Care Ontario, Lakehead University, McGill University Health Centre, New Brunswick Cancer Network and the Royal College of Physicians and Surgeons of Canada.

The framework, which will be used to describe the service delivery models in a comprehensive and consistent manner, was completed in December 2008. The next step is identifying, collecting and describing more than 100 models so that they can be shared. Launch of this resource at a stakeholder symposium is planned for the fall of 2009. Attendees will share and learn how they can adapt the best service delivery models to their own jurisdiction.



'We are working to uncover innovative models of service delivery, no matter where they reside, that can overcome human resource challenges within the cancer system. Once shared, organizations and jurisdictions can apply these models to improve system performance and, ultimately, patient care.'

Dr. Brent Schacter,
Chair, Service Delivery Models
Steering Committee

Additional Projects Underway

- Bibliographic database in cancer human resources, to be completed in 2009-2010
- Examining new approaches to determining health human resource needs across the cancer continuum; incorporating new models of service delivery



The Partnership's Andrew Padmos, Chair, Health Human Resources Action Group, and Lee Fairclough, Vice President, Knowledge Management

Cancer Journey

FEATURED PROJECTS

- Survivorship
- Integrated Person-Centred Cancer Care

CANCER AND THE INDIVIDUAL

The story of cancer is that of each person who receives a cancer diagnosis. The impact is not just on the individual, but also their families, friends and community.

For many patients and survivors the cancer journey lasts long after the initial treatment phase. The cancer journey can extend through many years of health concerns, as well as issues in work, finances and family life.

In 2008-2009, the Partnership's priority in the cancer journey has focused on:

- Implementing programs to screen patients for distress
- Making the complex cancer system easier to navigate for patients
- Providing tools and education for the best palliative care and end-of-life care
- Establishing a national survivorship working group to develop survivorship care plans

PROJECT HIGHLIGHT

Survivorship

'At our first meeting, the oncology pivot nurse spoke with me about what was going to happen and the services available. After that, I knew what to do and where to go. If I had a question, I knew I could call her.'

A comment by one person with cancer in a study conducted by Dr. Lise Fillion, Principal Investigator, Cancer Research Center of Laval University

In 2008-2009 the Partnership initiated the National Survivorship Working Group, with members representing cancer patients and survivors, the Canadian Cancer Society and other cancer support agencies, family practice, pediatrics, oncology, social work and psychosocial care.

An initial project underway is the development of care maps as support tools for use by patients, health-care professionals and navigators in the lifelong cancer journey.

Another survivorship initiative that started in 2008-2009 addresses models of care in survivorship, with special attention to underserved populations in Canada. Similarly, other initiatives address resources and programs for patients, survivors and families.

All initiatives are based upon the findings of a Partnership-sponsored conference of priorities for cancer survivors held in May 2008.



20-30% of cancer patients experience significant psychosocial distress and would benefit from professional intervention.¹

PROJECT HIGHLIGHT

Integrated Person-Centred Cancer Care

Through the Integrated Person-Centred Cancer Care project the Partnership seeks to improve the patient journey by supporting better access to support, tools, resources and experts.

Screening for pain and distress

Screening for pain and distress throughout the cancer journey allows for better coordination of programs and service matched to the individual's needs. Elements may include financial issues, treatment decisions, symptom concerns and emotional needs.

In 2008-2009, the Partnership began working with Cancer Care Nova Scotia and the Quebec City region to implement screening-for-distress programs for patients. The Sudbury Cancer Program is also working with the Partnership to implement a screening-for-distress program in 14 treatment satellites in northeastern Ontario. The Partnership began preliminary discussions with other jurisdictions.

Pain and distress are now recognized as the fifth and sixth vital signs (with heart rate, blood pressure, respiratory rate and temperature). In 2008-2009, with the Partnership's support, screening for distress was included in Accreditation Canada's practice standards.

Navigating the cancer care system

Navigation assists patients and their families to access services such as patient education, emotional support and symptom management, as well as facilitating counseling and coordinating support care services. Navigators may help patients, survivors and family members with transition to survivorship or to palliative care. Navigator models include professional, lay or peer, or online (virtual) approaches.

Building on momentum across the country, in 2008-2009 the Partnership facilitated several navigation-related activities, including:

- Two workshops for navigators from across Canada
- A virtual navigation program for patients with melanoma and colorectal cancer is being piloted at eight hospital sites across Canada
- A navigation workshop in Prince George, British Columbia

Improved palliative and end-of-life care

Canadians care deeply about palliative and end-of-life care. In 2008-2009 an expert working group undertook environmental scans to explore the potential for investment in this area as it relates to cancer care. The group will also work with Health Canada to ensure that program priorities are aligned and resources are not duplicated.

'Through the Partnership's support, health-care professionals across the country are learning about distress as the sixth vital sign, and how to help patients in need get the right help at the right time.'

Dr. Barry Bultz, Psychologist, Tom Baker Cancer Centre and University of Calgary

'The Canadian Virtual Hospice is one of the world's e-health innovators, providing support and personalized information about palliative and end-of-life care, loss and bereavement to patients, family members, health-care providers, researchers and educators.'

Dr. Harvey Chochinov, Canada Research Chair in Palliative Care; Director, Manitoba Palliative Care Research Unit; Distinguished Professor, Department of Psychiatry, University of Manitoba

continued on p.32

A large number of Canadians live with the effects of cancer. One in 40 men and one in 35 women had a cancer diagnosis at some time in the previous 15 years.²

continued from p.31

'In 30 years as a volunteer in the cancer field, my association with the Partnership survivorship plans is the best and most rewarding work I have done.'

David Muise, Cancer survivor and Co-Chair of the Partnership's Survivorship Working Group

The Partnership is also working with Canadian Virtual Hospice to improve palliative and end-of-life care across Canada – including rural and remote locations – with its online tools and resources. Canadian Virtual Hospice is available to the public and to health-care professionals.

Additional Projects Underway

Cancer Patient Education

- *The Framework for Achieving Excellence in the Provision of Cancer Patient Education in Canada*. A document on best practices in person-centred cancer education, for publication in 2009-2010, is built on pioneering work by the Cancer Patient Education Network, Cancer Care Ontario and Cancer Care Nova Scotia.
- *Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient*. For publication in 2009-2010, this guideline for health-care providers is based on a consensus of psychosocial experts regarding the routine assessment of psychosocial health care needs in adult populations affected by cancer. Canadian Association of Psychosocial Oncology is the collaborative partner.

Psychosocial Oncology Education

- A community-of-practice website through Canadian Association of Psychosocial Oncology
- A web-based course, *Families in Oncology and Palliative Care*, is part of the Interprofessional Psychosocial Oncology Distance Education Project
- Expansion of an interprofessional development workshop is underway through the Hôpital Charles LeMoine, Greenfield Park, Longueuil
- National consultation among social workers in palliative care, by Centre for Education and Research on Aging and Health, Lakehead University, Thunder Bay

David Muise and Elisabeth Ross, Co-Chairs, National Survivorship Working Group



Quality Initiatives and System Performance

SHARING STRENGTHS TO DELIVER OPTIMAL CARE

All agencies working in cancer control want to ensure that their work in the cancer control system is delivering high-quality service in every jurisdiction. In order to do so, we need to ensure that cancer system performance is widely understood, that there are standards in place to ensure high-level functioning, and that quality issues with particular concerns are addressed.

Drawing on the strengths and capabilities of a wide range of partners, the Partnership is facilitating collaborative, pan-Canadian initiatives to enable quality across the cancer control system. Partnership-led, collaborative projects include:

- Developing Quality Assurance for Diagnostic Immunohistochemistry
- System Performance Indicators
- Endoscopy Quality

FEATURED PROJECTS

- Developing Quality Assurance for Diagnostic Immunohistochemistry
- System Performance Indicators
- Endoscopy Quality

PROJECT HIGHLIGHT

Developing Quality Assurance for Diagnostic IHC

Systematic improvements to quality and patient safety

The development of quality assurance in the processes that underlie diagnosis and treatment of cancer will help ensure patients receive equitable, high-quality care. In collaboration with the Canadian Association of Pathologists (CAP), the Partnership is supporting a project that will provide a framework for more accurate cancer diagnosis and better treatment planning across the country.

Correct diagnosis of several kinds of cancer depends on diagnostic immunohistochemistry (IHC) – a highly complex, multi-staged test used to examine abnormal (possibly cancerous) cells. Class I IHC tests are used by pathologists to make a diagnosis of cancer. Class II tests are used to report the results of prognostic and predictive markers in some cancers, further defining the type of cancer, and providing crucial information to determine the most appropriate treatment. Accurate and reproducible results are of paramount importance, but Class II tests are subject to technical and interpretive failure. As recent revelations of errors with breast-cancer testing in Canada indicate, problems with Class II tests can have serious impacts on patient care.

There are three main components of the joint Partnership-CAP initiative:

1. Development and implementation of checklists to support uniform standards and improve accuracy nationwide: The development of electronic, standardized process documents for each class of IHC testing will allow guidelines to be embedded.

continued on p.34

At 22,400 new cases, breast cancer leads in incidence among Canadian women and represents twice as many new cases as lung cancer.¹



continued from p.33



'The Partnership has succeeded in aligning multiple initiatives in Canada, all working towards a common standard for cancer patients and families. Pan-Canadian indicators, developed with leadership from the Partnership, will help to assess how our cancer control systems are doing and identify opportunities to improve cancer services. With a team of experts from across the country working on these indicators, Canadians can rest assured there is a commitment to raising standards for quality of service.'

Dr. Terry Sullivan, President and CEO, Cancer Care Ontario;
Bob Allen, CEO, Saskatchewan Cancer Agency

2. Education and collaboration to drive quality improvements: Educational activities, including an online tool that can disseminate case content to be used for case-oriented evaluations using digital microscopy tailored to a pathologist's practice.
3. External laboratory quality-control system to allow independent review: The external Canadian IHC Quality Control Program builds on existing work to systematically monitor and improve the proficiency.

PROJECT HIGHLIGHT

System Performance Indicators

Measurements as the basis of system-wide improvements

Consistent, high-quality cancer care can only be delivered once performance of the existing system has been measured and reported, in order to identify areas that warrant special attention and to learn from high-performing jurisdictions.

System performance indicators make it possible to measure and report on the status of current systems, and to work toward improving outcomes based on those assessments. The goal of the Cancer Control System Performance Indicator Project is to identify a core set of high-level indicators that can be used to measure and report on the cancer control system across Canada.

By sharing information, comparing practices and evaluating outcomes across the country and around the world, we can identify areas for improvement and high-performing jurisdictions as models for uniform change.

A workshop was conducted in February 2008 under the auspices of the Indicators Working Group to review a preliminary set of pan-Canadian indicators. Over the course of the next few months, this list was further refined by a team of Canadian experts, using agreed-upon criteria for prioritization, and taking into account the availability of high-quality data in this first attempt to build such a report.

In November 2008, the Partnership's System Performance Steering Committee – comprising scientists, analysts, cancer policy-makers and health-care practitioners from across Canada – met to identify a core set of 17 high-level, pan-Canadian indicators that span the cancer control continuum. Since that time, a series of identical webinars (online discussion sessions) have been held with cancer practitioners and policy-makers from across the country in order to discuss preferred ways of reporting on these indicators. The first report will be presented in four regional workshops, in June and July 2009, to representatives from provincial cancer agencies, or their equivalent, and Ministries or Departments of Health. Work at that time will also enhance data development for future reports.

PROJECT HIGHLIGHT

Endoscopy Quality

A three-year project in collaboration with the Canadian Association of Gastroenterologists will support the development of quality indicators in colonoscopy. This work will lead to quality and service improvements by identifying strengths as well as areas that require attention. There are four components to the project:

1. Compilation, analysis and reporting on Canadian data using the Global Rating Scale (GRS) to determine key information about colonoscopy to screen for colorectal cancer. Key points include access to colonoscopy, procedure times and polyp detection rate.
2. Use of a Delphi panel approach – a structured dialogue among a panel of experts – to seek national, multi-disciplinary consensus on appropriate indicators in colonoscopy. These results will be disseminated to stakeholders.
3. Identification of all Canadian units performing colonoscopy and subsequent recruitment of 20 new sites in the first year, including site training on use of the GRS tool in order to ensure data is robust and representative of the Canadian experience. Currently, 25 site-participants are using the GRS system.
4. Provision of licenses for use of the GRS tool for the first two years. Currently, licenses for the United Kingdom-developed tool reside on the UK GRS website. By the end of the project, the reporting tool and data will be available through reciprocal links between the GRS and the Partnership sites.

'Benchmarking, using quality determinants for provincial colorectal cancer programs, and using the endoscopy global rating scale for endoscopy units, has the potential to benefit all Canadians via higher standards of care.'

Dr. Catherine Dubé,
Clinical Associate Professor,
Division of Gastroenterology,
University of Calgary

Standards Working Group Survey

A Partnership-commissioned national survey, administered online by the Partnership's Standards Working Group in February 2009, found widespread interest and support among stakeholders for the development and implementation of Canada-wide cancer control standards, and the need to use the latest evidence, research and expert opinion to do so. Five areas ranked as definitely requiring standards: cancer disease staging and other prognostic factors; treatment programs; cancer screening programs; diagnostic imaging and laboratory services; and referral and wait time targets.

The survey was completed by 175 stakeholders and attributed multiple reasons to the importance of developing Canada-wide standards.

| Support (% of respondents) | Conclusions |
|----------------------------|--|
| 91 | standards support informed decision-making for service providers and policy-makers |
| 89 | standards inform and educate practitioners in the field |
| 86 | standards contribute to patient safety |
| 86 | standards provide for consistent measurement, rating and comparison of cancer programs across Canada |
| 84 | standards help ensure the effectiveness of cancer services |
| 82 | standards enable consistency in the delivery of cancer services across Canada |
| 79 | standards help improve timeliness for diagnosing and treating cancer patients |

Looking Forward

'Patient-centred care is a goal that we in Quebec share with the Canadian Partnership Against Cancer. By promoting the implementation of screening for pain and distress – the fifth and sixth vital signs – and identifying models of personalized care, such as the Oncology Nurse Pivot in Quebec and the nurse navigator model elsewhere in Canada, the Partnership plays a major role in optimizing the care and support of all cancer patients across the country. Programs such as these are at the heart of better cancer care.'

Dr. Antoine Loutfi, Director of Cancer Control, Quebec Ministry of Health and Social Services

'For the Inuit of Canada, the cancer care deficit in the North is of great concern. With a sharpened focus and through active involvement in strategy development, Inuit Tapiriit Kanatami (ITK) welcomes the growing collaboration between ITK and the Partnership that is helping to address the severity of the cancer burden on Inuit communities.'

Soha Kneen, Senior Researcher, Health and Environment Department, Inuit Tapiriit Kanatami

With two solid years of foundation-building behind us, the Partnership is focused in 2009-2010 on purposeful implementation of initiatives across the priority areas of Canada's cancer control strategy.

How will we continue to support better outcomes, sustain momentum and widen the benefits of the hard-won progress so far on cancer control? By continuing to listen and respond to our partners in the provinces and territories, and with the ongoing guidance of patients, health-care providers, leaders from cancer agencies and many other partners in the cancer community.

The real-world implications of these principles – seeing the power of partnerships in action – are impressive, and 2009-2010 promises to be an exciting and productive year.

The public launch of Cancer View Canada, Partnership-led initiatives that optimize care and support of cancer patients and their families, pan-Canadian indicators that help us understand how our cancer systems are operating, and close working alliances with members of the First Nations, Inuit and Métis communities to improve cancer control – these are just a few examples of cooperation and the exchange of valuable ideas and evidence that are taking place across the country.

Another important milestone in the coming year will be the scheduled evaluative review of the Partnership by Health Canada. We take seriously the transparency and accountability required of our mandate, and following the successful conclusion of an independent evaluation of the Partnership's operations and governance structure in the first two years of operation, we look forward to this next review.

The work outlined in this report and projects currently underway across the country demonstrate the measurable, tangible advances achieved since the Partnership's inception in 2007. However, there is a great deal more work that needs to be done if we are to significantly reduce the number of Canadians who get cancer, improve the lives of those who live with the disease and reduce the number who are dying from it. Along with our partners and with support from the Government of Canada, we will continue working in partnership to reduce the burden of cancer on Canadians.

Our Mission

We are a partnership of cancer experts, charitable organizations, governments, patients and survivors, determined to bring change to the cancer control domain. We work together to stimulate generation of new knowledge and accelerate the implementation of existing knowledge about cancer control across Canada.

Our Values

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

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



'The Canadian Partnership Against Cancer is a response to the growing burden of cancer in Canada. With the firm knowledge that better cancer control is possible, we can help lead more effective solutions, nationally and globally, if we function as a partnership of collaborators, across disciplines, health sectors and constituencies. Identifying areas where we can coordinate provincial, territorial and federal efforts, the Partnership is raising our combined effectiveness to new and sustainable levels against the burden of cancer in Canada and worldwide.'

Dr. Simon Sutcliffe, Past President and Chief Executive Officer, BC Cancer Agency; Incoming Chair, Canadian Partnership Against Cancer



**FINANCIAL STATEMENTS OF
CANADIAN PARTNERSHIP AGAINST CANCER CORPORATION**

MARCH 31, 2009

TABLE OF CONTENTS

Auditors' Report 39
Statement of financial position. 40
Statement of operations and net assets 41
Statement of cash flows 42
Notes to the financial statements..... 43-48



AUDITORS' REPORT

To the Members of the Canadian Partnership Against Cancer Corporation

We have audited the statement of financial position of the Canadian Partnership Against Cancer Corporation as at March 31, 2009, and the statements of operations and net assets and cash flows for the year then ended. These financial statements are the responsibility of the Partnership's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Partnership as at March 31, 2009, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by Canada Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

The financial statements as at March 31, 2008, and for the year then ended were audited by other auditors who expressed an opinion without reservation on those statements in their report dated May 23, 2008.

A stylized, handwritten-style signature of "Grant Thornton LLP" in black ink.

Chartered Accountants
Licensed Public Accountants
Toronto, Canada
May 22, 2009

Statement of financial position

AS AT MARCH 31, 2009

(with comparative figures as at March 31, 2008)

| | 2009 | 2008 |
|---|------------|------------|
| | \$ | \$ |
| Assets | | |
| Current | | |
| Cash and cash equivalents | 1,322,563 | 1,695,795 |
| Short-term investments | 15,069,838 | 8,238,979 |
| Accounts receivable | 313,943 | 308,604 |
| Projects in process and advances (Note 5) | 5,503,051 | 6,189,512 |
| Prepaid expenses | 179,305 | 152,863 |
| | 22,388,700 | 16,585,753 |
| Capital assets (Note 6) | 6,015,892 | 1,720,153 |
| | 28,404,592 | 18,305,906 |
| Liabilities | | |
| Current | | |
| Accounts payable and accrued liabilities | 9,153,367 | 3,158,734 |
| Due to Health Canada (Note 7) | - | 5,136,312 |
| Deferred contributions – operating (Note 7) | 9,835,333 | 4,890,707 |
| | 18,988,700 | 13,185,753 |
| Deferred capital contributions (Note 7) | 6,015,892 | 1,720,153 |
| | 25,004,592 | 14,905,906 |
| Net Assets | | |
| Reserve Fund (Note 11) | 3,400,000 | 3,400,000 |
| Unrestricted Funds | - | - |
| | 3,400,000 | 3,400,000 |
| | 28,404,592 | 18,305,906 |

(See accompanying notes – Commitments and Guarantees [Notes 8 and 9] and Subsequent event [Note 11])

Approved by the Board



Jeffrey C. Lozon
Chair of the Board



Peter Crossgrove
Chair of the Finance and Audit Committee

Statement of operations and changes in net assets

YEAR ENDED MARCH 31, 2009

(with comparative figures for the year ended March 31, 2008)

| | 2009 | 2008 |
|---|------------------|------------------|
| | \$ | \$ |
| Expenses | | |
| Programs | | |
| Primary prevention | 4,894,048 | 1,254,398 |
| Screening | 1,840,972 | 467,118 |
| Cancer guidelines | 3,984,181 | 1,162,797 |
| Standards | 284,676 | 209,887 |
| Cancer journey | 2,586,696 | 1,403,198 |
| Research | 12,546,762 | 1,128,574 |
| Surveillance | 3,804,353 | 200,867 |
| Health human resources | 727,289 | 394,534 |
| Knowledge management | 3,650,670 | 1,011,985 |
| Quality initiatives and system performance | 1,272,347 | 207,191 |
| Communication and public engagement | 3,352,146 | 633,982 |
| | 38,944,140 | 8,074,531 |
| Operating expenses | 5,549,702 | 2,614,921 |
| Startup expenses | - | 3,753,170 |
| | 44,493,842 | 14,442,622 |
| Revenue | | |
| Health Canada contributions (Note 7) | 44,037,413 | 17,633,854 |
| Amortization of deferred capital contributions (Note 7) | 456,429 | 208,768 |
| | 44,493,842 | 17,842,622 |
| Excess of revenue over expenses | - | 3,400,000 |
| Net assets, beginning of the year (Note 11) | 3,400,000 | - |
| Net assets, end of the year | 3,400,000 | 3,400,000 |

(See accompanying notes)

Statement of cash flows

YEAR ENDED MARCH 31, 2009

(with comparative figures for the year ended March 31, 2008)

| | 2009 | 2008 |
|---|--------------|--------------|
| | \$ | \$ |
| Operating activities | | |
| Health Canada contributions received (net) (Note 7) | 48,223,727 | 27,086,204 |
| Interest received on short-term investments | 550,743 | 465,689 |
| Cash paid for programs, operating and start-up expenses | (37,395,535) | (17,930,265) |
| | 11,378,935 | 9,621,628 |
| Investing and financing activities | | |
| Purchase of capital assets | (4,752,168) | (1,920,092) |
| Purchase of short-term investments | (27,000,000) | (8,000,000) |
| Redemption of short-term investments | 20,000,000 | - |
| | (11,752,168) | (9,920,092) |
| Net (outflow) inflow of cash and cash equivalents | (373,232) | (298,464) |
| Cash and cash equivalents, beginning of year | 1,695,795 | 1,994,259 |
| Cash and cash equivalents, end of year | 1,322,563 | 1,695,795 |

(See accompanying notes)

Notes to the financial statements

MARCH 31, 2009

I. Description of the business

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

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

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

The Partnership is wholly funded through a new Funding Agreement dated March 13, 2009, with Health Canada which calls for \$220.7 million of contributions over the four years ended March 31, 2012. The contributions are subject to terms and conditions set out in the Funding Agreement.

2. Adoption of new accounting policy

Effective April 1, 2008, the Partnership adopted the following Canadian Institute of Chartered Accountants ("CICA") Handbook Section:

Capital Disclosures

Section 1535, "Capital Disclosures", establishes standards for disclosing information about an entity's capital and how it is managed. It describes the disclosures of the entity's objectives, policies and processes for managing capital as well as summary quantitative data on the elements included in the management of capital. The section seeks to determine if the entity has complied with capital requirements and if not, the consequences of such non-compliance.

3. Significant accounting policies

a) Financial statement presentation

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

b) Revenue recognition

The Partnership follows the restricted fund method of accounting for contributions.

Capital contributions for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at a rate corresponding with the amortization rate of the related capital assets.

c) Deferred contributions – Operating

Deferred contributions – Operating represents amounts received from Health Canada which are expected to be recognized as revenue in subsequent fiscal years.

d) Cash and cash equivalents

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

Notes to the financial statements

MARCH 31, 2009

3. Significant accounting policies (cont'd)

e) Short-term investments

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

f) 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 telecommunications | 3 years |
| Furniture and equipment | 5 years |
| Leasehold improvements | Over the term of the lease (5 years) |

In the year of acquisition, 50% of the annual amortization rate is used.

g) Financial Instruments

The Partnership has classified its financial instruments as follows:

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

h) Use of estimates

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

4. Future accounting changes

As of April 1, 2009, the Partnership will be required to adopt the following new standards issued by the CICA:

CICA 4400 – Financial Statement Presentation by Not-for-Profit Organizations, has been amended to permit a Not-for-Profit Organization to present net assets invested in capital assets as a category of internally restricted net assets and clarification of presentation of revenue and expenses on a gross basis when the entity is acting as the principal in a transaction.

CICA 4460 – Disclosure of Related Party Transactions by Not-for-Profit Organizations, has been amended to align the definition of related parties to CICA 3840, Related Party Transactions.

CICA 4470 – Disclosure of Allocated Expenses by Not-for-Profit Organization, establishes disclosure standards for a Not-for-Profit Organization that classified its expenses by function and allocated its expenses to a number of functions to which the expenses relate.

The Partnership has not yet assessed the impact of these new standards on its financial statements.

5. Projects in process and advances

Projects in process and advances represent projects where the Partnership had advanced funds to third parties where project milestones were in process of completion and funds had not been expended by the third party. Health Canada's contributions related to the research projects in process have been deferred as Deferred contributions – Operating.

Notes to the financial statements

MARCH 31, 2009

6. Capital assets

Capital assets at March 31 consist of:

| | 2009 | | | 2008 |
|--|------------------|--------------------------|------------------|------------------|
| | Cost | Accumulated Amortization | Net book Value | Net book Value |
| | \$ | \$ | \$ | \$ |
| Information technology and telecommunication | 322,305 | 126,915 | 195,390 | 170,632 |
| Portal development | 4,398,374 | | 4,398,374 | - |
| Furniture and equipment | 1,028,571 | 273,892 | 754,679 | 771,939 |
| Leasehold improvements | 933,606 | 266,157 | 667,449 | 777,582 |
| Total | 6,682,856 | 666,963 | 6,015,892 | 1,720,153 |

During the year, the Partnership undertook the development of a portal called Cancer View Canada. Although the development of the portal was substantially completed by March 31, 2009, the system was not yet in live production and accordingly, no amortization has been recorded for the year ended March 31, 2009. The portal development costs will be amortized on a straight-line basis over the three years ended March 31, 2012.

7. Deferred contributions

The continuity of amounts owing to Health Canada and deferred contributions is as follows:

| | Due to Health Canada | Deferred Contributions – Operating | Deferred Capital Contributions | Total |
|--|----------------------|------------------------------------|--------------------------------|-------------------|
| Balance, beginning of the year | 5,136,312 | 4,890,707 | 1,720,153 | 11,747,172 |
| Health Canada funding received | 58,200,000 | | | 58,200,000 |
| Interest earned | 374,168 | | | 374,168 |
| | 63,710,479 | 4,890,707 | 1,720,153 | 70,321,340 |
| Repaid to Health Canada | (9,976,273) | | | (9,976,273) |
| Transfer to Deferred Revenue – Operating | (4,944,626) | 4,944,626 | | - |
| Transfer to Deferred Capital Contributions | (4,752,168) | | 4,752,168 | - |
| Amounts recognized as revenue | (44,037,413) | | (456,429) | (44,493,842) |
| Balance, end of the year | - | 9,835,333 | 6,015,892 | 15,851,225 |

Notes to the financial statements

MARCH 31, 2009

7. Deferred contributions (cont'd)

On March 13, 2009, the Partnership entered into a new funding agreement with Health Canada whereby unexpended funds do not have to be repaid. Accordingly, in these financial statements, unspent funding as at March 31, 2009 has been deferred as Deferred contributions – Operating.

8. Commitments

a) Contractual research commitments

As of March 31, 2009, the Partnership has contractual commitments related to research projects amounting to \$13.9 million as follows:

| | \$ |
|------|------------|
| 2010 | 5,259,504 |
| 2011 | 4,902,570 |
| 2012 | 3,764,658 |
| | 13,926,732 |

b) Operating lease commitments

The Partnership rents premises under operating leases which expire in 2013. Minimum annual rental payments to the end of the lease terms are as follows:

| | \$ |
|------|-----------|
| 2010 | 1,059,406 |
| 2011 | 1,058,116 |
| 2012 | 1,050,396 |
| 2013 | 653,800 |
| | 3,821,718 |

c) Contractual commitments

Additionally, the Partnership has entered into other commitments, including contracts for professional services with various expiry dates. The annual payments are as follows:

| | \$ |
|------|-----------|
| 2010 | 4,902,625 |
| 2011 | 1,193,500 |
| 2012 | 742,500 |
| | 6,838,625 |

Notes to the financial statements

MARCH 31, 2009

9. Guarantees

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

- (a) 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.
- (b) 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.

10. Capital

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

The capital structure of the Partnership consists of cash and cash equivalents and net assets comprised of the Reserve Fund (see Note 11) and the General Fund. The Partnership manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets. The Partnership is not subject to any externally imposed capital requirements; however, as described in Note 1, the Funding Agreement with Health Canada has conditions setting out the activities or other expenditures for which the funds may be used.

11. Subsequent event – Reserve Fund Amendment

On March 4, 2008, the Board of Directors approved the creation of a Reserve Fund of \$3.4 million. Under the terms of the previous Funding Agreement with Health Canada, the establishment of a Reserve Fund required the approval of the federal Minister of Health, which approval was obtained on June 16, 2008. Under the terms of the new Funding Agreement entered into on March 13, 2009, changes in the Reserve Fund no longer require the approval of the Minister of Health. On April 16, 2009, the Board passed a resolution that the Partnership maintain the Reserve Fund as an internally restricted fund at the level of \$3.4 million in order to continue to provide financial stability and protection against unforeseen events.

12. Remuneration of Directors and Senior Management

For the year ended March 31, 2009, remuneration paid to the Partnership's Directors amounted to \$208,450 and remuneration paid to the Partnership's five highest-paid staff amounted to \$1.26 million.

Notes to the financial statements

MARCH 31, 2009

13. Comparative figures

Certain of the prior year figures have been reclassified to conform to the current year's presentation.

Materials Completed

PARTNERSHIP MATERIALS COMPLETED BETWEEN APRIL 1, 2008, AND MARCH 31, 2009

The following materials were completed for stakeholder and/or external audiences in 2008-2009. This list includes both Partnership final reports and working reports. A sample list of posters presented at conferences this year is also included.

Note that some materials were completed at the end of the fiscal year, and will be distributed in 2009-2010. Partnership-supported events may also generate reports that will be available in 2009-2010.

Canadian Partnership Against Cancer

- Canadian Partnership Against Cancer Annual Report 2007-2008 – report, July 2008
- Partnership + Momentum = Progress – newsletter, June and December 2008
- Canadian Partnership Against Cancer Progress Report, Winter 2009 – report, February 2009
- All content at www.partnershipagaincancer.ca – website, ongoing
- Materials for announcements via the media – press releases, fact sheets and biographies for Canadian Partnership for Tomorrow Project, June 2008; Cancer Research Investment in Canada 2006, August 2008; Early-detection Lung Cancer Study, September 2008; World Cancer Day & the Partnership's Progress Report, February 2009; Canadian Virtual Hospice, February 2009; Nutrition Conference & Cancer Poll, March 2009

Community Linkages

- National Forum on First Nations, Inuit, and Métis Strategy for Cancer Control – meeting materials, March 2009

Knowledge Management

- Knowledge Management in Cancer Control: Focus, Impact and Sustainability – forum proceedings, October 2008
- Clinical Trials Database and other selected content at www.cancerview.ca – website, completed March 2009 with regular updates 2009 onwards

Primary Prevention

- Developing a Community of Practice Model for Cancer and Chronic Disease Prevention – report and executive summary, April 2008
- Occupational and Environmental Exposures – online course, April 2008
- An Overview of Selected Cancers and Modifiable Risk Factors in Canada – report, May 2008
- National Sun Survey, Highlights Report – report, July 2008
- CAREX – Surveillance of environmental and occupational exposures for cancer prevention – brochure, November 2008
- Cancer Prevention: Role of Nutrition Educational Module for Physicians – training module, February 2009
- Environmental Scan of Primary Prevention Activities in Canada: Part 1 – Policies and Legislation – report (full report and executive summary), February 2009
- Environmental Scan of Policy and Legislation as it relates to Skin Cancer Prevention – report (full report and executive summary), February 2009
- Literature Review of Evidence-Based Strategies and Practices in Promoting Skin Cancer Prevention – report (full report and executive summary), February 2009
- Environmental Scan of Cancer Prevention Policy and Legislation as it relates to Food, Physical Activity, Alcohol and Public Education in Canada – report, March 2009
- Environmental Scan of Primary Prevention Activities in Canada: Part 2 – Programs Addressing Modifiable Risk Factors for Cancer – report (full report and executive Summary), March 2009

Research

- Canadian Research Investment in Canada, 2006 – The Canadian Cancer Research Alliance's Survey of Government and Voluntary Sector Investment in Cancer Research in 2006 – report, August 2008

Screening

- Guidelines on Performance Measurement for Organized Cancer Screening Programs – report, April 2008
- A Pan-Canadian Forum on Cervical Cancer Prevention and Control in the HPV Vaccine Era – final report, February 2009
- PSA Screening Toolkit – working report, March 2009

Cancer Guidelines

- Surgical synoptic reporting in Canada – Results of pan-Canadian workshops – report, completed and to be distributed in 2009.
- Conceptual and practical challenges for implementing the communities of practice model on a national scale – a Canadian cancer control initiative – manuscript, completed and to be distributed in 2009

Surveillance

- Cancer Surveillance in Canada: An analysis of legal and policy frameworks and options for enhancing surveillance – report, September 2008
- Selected content for the development of Cancer Control P.L.A.N.E.T. Canada site of www.cancercontrolplanet.ca/planet – website, November 2008
- Confidentiality Protection in the Release of Cancer Data: Striking a Balance – report, November 2008
- Data Quality Audit Protocol – report, March 2009
- The Cancer Surveillance Stakeholder Forum – executive summary, March 2009
- Legal & Policy Frameworks for Cancer Surveillance Data: Developing Tools for Clear & Consistent Practices – report, March 2009

Health Human Resources

- A Snapshot of Current Cancer Control System Challenges and Issues; Implications for the Cancer Workforce – report, to be available in 2009
- Report from the Front Lines: Canada's Cancer Control Workforce in Transition – report, to be available in 2009

Cancer Journey

- Screening for Distress Workshop, 5th and 6th Vital Signs – workshop report, April 2008
- Providing Culturally Competent Supportive Cancer Care for Underserved Populations – report, April 2008
- Rebalancing the Delivery of Cancer Care – report, May 2008
- Canadian Survivorship Workshop: Creating an Agenda for Cancer Survivorship – workshop report, July 2008
- Cancer Survivorship Conceptualization, Research and Practice in Canada: Increasing Awareness, Interest and Activity – report, July 2008
- Where Do We Go From Here? Support Services for Women with Breast, Cervical, Ovarian, and Uterine Cancer in Atlantic Canada – report, July 2008
- Building Inter-Provincial Capacity for Achieving Best Practices in Psychosocial and Supportive Care – workshop report, July 2008
- Use of Prophylactic Feeding Tubes for Patients Undergoing Combined Chemotherapy and Radiotherapy for Locally Advanced Head and Neck Cancer – guideline, August 2008
- Cancer Patient Navigation National Workshops, Improving Access to Cancer Care – workshop report, December 2008
- A Knowledge Exchange Model for Supportive Cancer Care – report, December 2008
- Competency-Based Education Approaches in Palliative and End-of-Life Care – environmental scan and report, March 2009
- Cancer and Palliative Care: Integration and Continuity of Care – environmental scan and report, March 2009
- Providing Person-Centred Cancer Care: A Learning Kit for Volunteers – resource, March 2009
- Advance Care Planning in Canada: Environmental Scan – report, March 2009

Quality Initiatives and System Performance

- Standards Working Group: Highlights of a Survey on Cancer Control Standards – report, February 2009
- The CONCORD Study: Relative Survival for the Top Four Cancer Sites: Canada and Selected Industrialized Countries – report, February 2009
- Survey on Cancer Control Standards – report, March 2009

Conference Posters

The following is a sample of posters presented at conferences in 2008-2009:

- Evaluation of nutrient intakes for men and women at lower risk of cancer identified by levels of physical activity and body mass index – June 2008
- Prevalence of Colorectal Screening in Canada Following National Guideline Publications – June 2008
- National Cancer Surveillance in Canada, the Canadian Partnership Against Cancer: Enhanced Collaborations – June and August 2008
- Cancer Control P.L.A.N.E.T. Canada – June and August 2008
- Canadian Partnership Against Cancer: A Strategic Plan for Cancer Control in Canada – August 2008
- Inauguration of the Canadian National Colorectal Cancer Screening Network – August and September 2008
- Colorectal Cancer in Canada: Recent Trends – August 2008
- Communities of Practice: Understanding their use in implementing cancer control strategies – November 2008
- Facilitation as a role or process in achieving evidence-based practice in nursing: a systematic review – January 2009
- System Performance Indicators Project: Toward A Pan-Canadian Scorecard – March 2009

Endnotes

Partnerships and Community Linkages

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2009* (Toronto), 2009, p. 76.

Knowledge Management

1. Adapted from C. O'Dell and C.J. Grayson Jr., *If only we knew what we know: The transfer of internal knowledge and best practice*. (New York: The Free Press), 1998.

Primary Prevention

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, p. 50.

Research

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, pp. 39, 41.
2. Canadian Cancer Research Alliance, *Canadian Research Investment in Canada, 2006* (Toronto), August 2008, p. 13.

Screening

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, pp. 39, 41.
2. *Ibid.*, 12
3. *Ibid.*, 25
4. *Ibid.*, 12
5. *Ibid.*, 26

Cancer Guidelines

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, pp. 15, 44.

Surveillance

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, pp. 15, 44.

Health Human Resources

1. Canadian Institute for Health Information, *Canada's Health Care Providers, 2007* (Ottawa: CIHI) 2007, p. 57.

Cancer Journey

1. Margaret Fitch, "Supportive Care for Cancer Patients," *Hospital Quarterly*, 2000 (Toronto: Longwoods), Volume 3, No. 4, pp. 39-46.
2. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, p. 53.

Quality Initiatives and System Performance

1. Canadian Cancer Society/National Cancer Institute of Canada, *Canadian Cancer Statistics, 2008* (Toronto), 2008, p. 11.

WORK IN PARTNERSHIP ● INCREASE UNDERSTANDING OF CANCER RISKS ● HELP PREVENT CANCER ● PROMOTE SCREENING AND EARLY DETECTION ● SUPPORT CANCER PATIENTS AND THEIR FAMILIES ● PROPEL KNOWLEDGE TO ACTION ● CANCER CONTROL IN ACTION ●

The Annual Report 2008-2009, and the programs described within it, have been made possible through a financial contribution from Health Canada.

The views expressed herein represent the views of the Canadian Partnership Against Cancer.

This report was printed on Environment® paper. This stock was chosen for these reasons.



Environment is 100% recycled of which 80% is postconsumer waste. Every ton of 100% postconsumer fibre saves 2 to 3.5 tonnes of trees.



Environment is made entirely with Green-e Certified renewable energy such as wind, solar, low-impact hydro and biomass.

● CANCER CONTROL IN ACTION ●



1 University Avenue, 3rd Floor
Toronto, ON M5J 2P1
Tel: 416-915-9222
Toll free: 1-877-360-1665
www.partnershipagainstcancer.ca