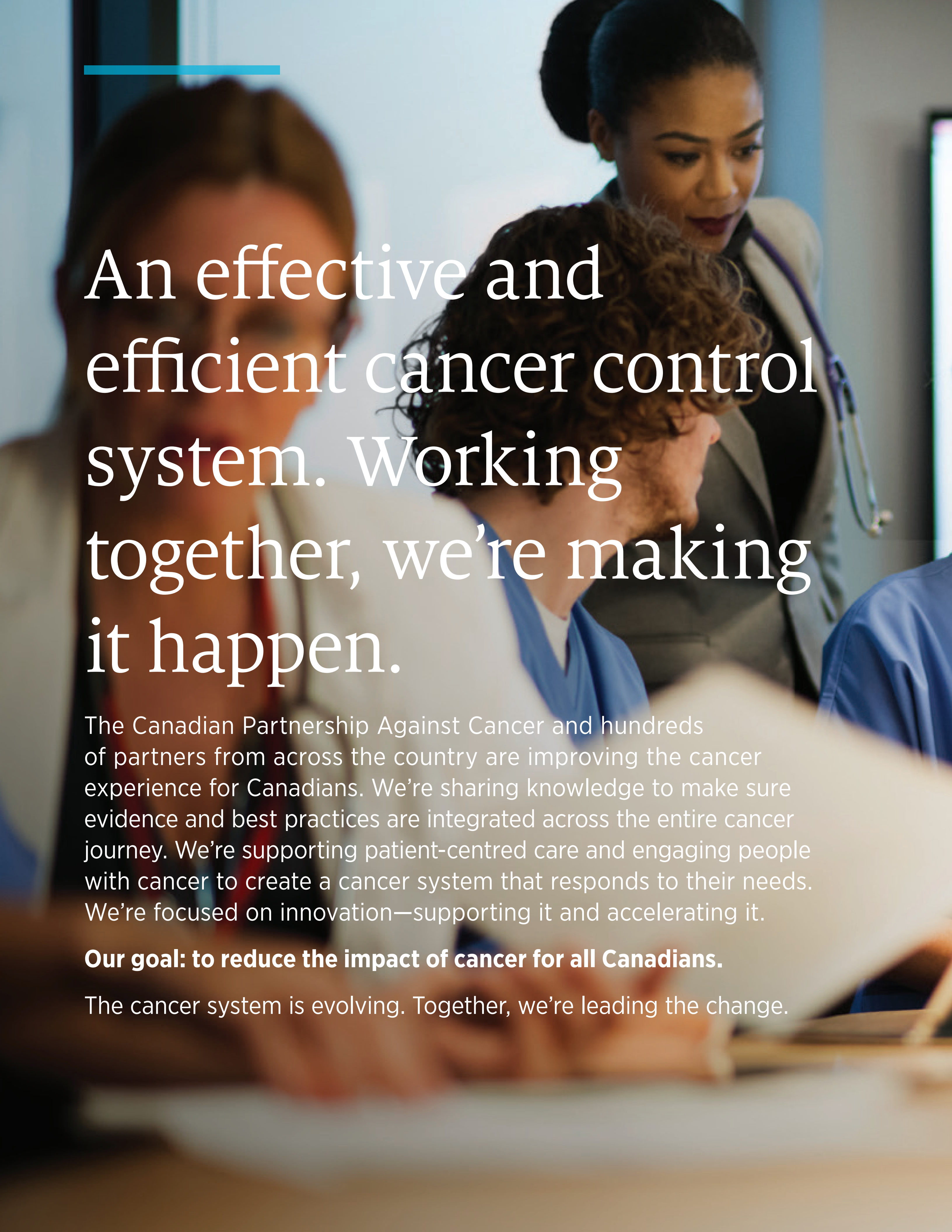
ANNUAL HIGHLIGHTS 2015/16

Effective | Efficient | Evolving

Enhancing cancer control in Canada

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

PARTENARIAT CANADIEN
CONTRE LE **CANCER**



An effective and efficient cancer control system. Working together, we’re making it happen.

The Canadian Partnership Against Cancer and hundreds of partners from across the country are improving the cancer experience for Canadians. We’re sharing knowledge to make sure evidence and best practices are integrated across the entire cancer journey. We’re supporting patient-centred care and engaging people with cancer to create a cancer system that responds to their needs. We’re focused on innovation—supporting it and accelerating it.

Our goal: to reduce the impact of cancer for all Canadians.

The cancer system is evolving. Together, we’re leading the change.

ANNUAL HIGHLIGHTS 2015/16

Contents

The Canadian Partnership Against Cancer was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada's cancer strategy into action and help it succeed. In this publication, we share highlights of our 2015/16 work with partners across the country and across the cancer landscape.

Visit **partnershipagainstcancer.ca** to download our full 2015/16 annual report.

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More than a decade ago, the Canadian cancer community came together in an unprecedented effort to address the growing number of cancer cases and deaths in this country.

Our shared goal was a future in which fewer Canadians develop cancer, fewer die from it, and those affected by the disease have a better quality of life. It was an ambitious goal that would require 30 years of focused Canada-wide collaboration. To hold ourselves accountable, we set 10- and 20-year goals to measure our progress along the way.

Today, we see progress. The collective efforts of the Canadian Partnership Against Cancer and our partners are leading to more effective and efficient cancer control in this country.

The impact of our shared work—and the effectiveness of the Partnership's Canada-wide collaborative approach—was confirmed this year by an independent evaluation. We received a further vote of confidence with the government's announcement of ongoing funding for the *Canadian Strategy for Cancer Control* and the Partnership in the 2016 federal budget. We can now say with confidence that our work will continue. Sustaining our momentum is critical.

Engaging partners in action

The Partnership is on target to reach our 10-year goals. Together with our partners across the country, we are developing high-impact strategies to prevent cancer, screening more Canadians to find cancer earlier, and capturing better information about how the cancer system is working so we can continue to improve it. These measurable advances set the stage as we shift our attention to our 20-year goals.

As we prepare for this next phase of the Strategy, the Partnership continues to engage partners across the country and across the cancer system. We reached out to more than 130 of those partners to help us develop our strategic plan for 2017–2022, including cancer agencies, governments, Indigenous organizations, charities, research organizations and, of course, people affected by cancer.

The resulting framework will organize future work under five themes—quality, equity, seamless patient experience, maximize data impact and sustainable system—and reflects our partners and their priorities.

This collaborative approach to developing and achieving shared goals is a hallmark of the Partnership's unique model. It's a model that works.

Creating sustainable change

Throughout all our work, our focus continues to be on achieving measurable results and strengthening capacity across the country. This will ensure that the changes underway are meaningful and sustainable.

In the coming year, we will begin to transition into our new strategic plan. Energized by our renewed mandate, we will continue working with our partners to build on our achievements and the progress we have made.

Together we will reach our goal—and reduce the impact of cancer for all Canadians.

The *Canadian Strategy for Cancer Control* is on the cusp of a significant milestone—10 years of collaborative effort to reduce the burden of cancer on Canadians. This notable achievement is the result of hundreds of partners and people affected by cancer working toward a shared goal.

Together, we are making a noticeable impact. A recent independent evaluation and the government's announcement of ongoing funding for the Strategy in the 2016 federal budget confirmed the effectiveness of the Partnership's collaborative, focused approach, underlining the need to maintain our forward momentum.

While there is much to celebrate, there is much more that we can, and must, achieve together.

We are working with cancer agencies from across the country on a wide variety of initiatives. These include strengthening analytic capacity to create a complete picture of cancer care in Canada, funding nine new projects to expand support for cancer patients who want to quit smoking, analyzing what aspects of cancer care are working well and working with partners to find solutions.

To ensure all aspects of our work are informed by and matter to Canadians living with cancer, we continue to expand the breadth and depth of opportunities for patients and families to engage with the Partnership. Our Board of Directors also routinely reaches out and holds its meetings in communities across the country, engaging partners and learning about work underway to accelerate action on cancer control.

As you will read in this annual report, our work spans the entire continuum of cancer control and demonstrates that we are on target to reach our 10-year goals in 2017. We will build on these successes to achieve our ultimate goals—a future in which fewer people get cancer, fewer die from it and those living with cancer have a better quality of life.

As we shift our attention to the next phase of the cancer strategy and transition to our new strategic plan, we thank all of you for your ongoing contributions to Canada's cancer strategy.

Christine Power
Chair

Shelly Jamieson
Chief Executive Officer

> *"Synoptic reporting represents an opportunity to put data into action to learn more about providing the best care we can. This standardized reporting work allows for full scale national epidemiological studies and is a significant step to consistent validated data. Patients with cancer need to know their journey has been appropriately captured and may contribute to better outcomes for their friends, neighbours, children and themselves."*

Stephen Murray is the Electronic Synoptic Pathology Reporting Initiative project manager in Prince Edward Island.

Linking data to improve care

Each step of a person's cancer journey creates data—a detailed picture of their diagnosis, treatment and outcomes. When combined with the data of thousands of other Canadians, that information can answer important questions about cancer care in this country. Are treatment guidelines being followed? What treatments are most effective? Are Canadians getting high quality care? What does care cost?

It's difficult to get a complete picture of cancer care in Canada. Data are collected and stored in various locations across the country: hospitals, cancer centres, community pharmacies, and provincial and national cancer registries. Linking these databases is critical, but it won't be easy. There are complex technical, analytical, access and privacy issues, and cancer data analysts will need new knowledge and skills to address them.

The Partnership is tackling these challenges by supporting a variety of data linkage projects through its Coordinated Data Development Initiative (CDDI) and by working with cancer agencies across the country to strengthen analytic capacity.

This year, CDDI began funding five projects that are focused on linking treatment data to diagnostic and outcome data. For example, a project led by Statistics Canada will link surgical data gathered by the Canadian Institute for Health Information to diagnostic, staging and survival data captured in the Canadian Cancer Registry. In another project, PEI is partnering with Nova Scotia to link chemotherapy data from community pharmacies to the provincial cancer registry. Nova Scotia, PEI and British Columbia are working to establish links between radiation therapy records and their respective cancer registries.

At the same time, the Partnership continues to grow analytic capacity across the country through its Analytic Capacity Building Initiative. The Initiative helps cancer data analysts enhance their skills through workshops on advanced methodologies and analysis. *Analytically Yours*, the Partnership's online learning hub and community of practice, provides further support for learning through free webinars, e-learning modules and standardized resources and tools.

Analytic capacity is also enhanced through the System Performance Initiative, which enables data analysts from the provinces and territories to collaborate on system performance reports that highlight areas for improvement to advance the cancer strategy. Together, they learn about indicator development, gain access to new datasets and learn new methodologies.

These efforts to link Canada's health databases and build analytic capacity in participating provinces hold great promise. With better access to comprehensive data, clinicians, decision and policy-makers can gain new insights on how to improve diagnosis and treatment. That means better cancer care—and a better cancer experience—for all Canadians.

“Data analysis helps to improve cancer care because it provides us with an opportunity to see how our care and outcomes compare to the other provinces. We can always do analysis within our province, but we won’t know whether the provincial average is the best, the worst, or middle of the road. This gives us a comparison so we can identify where to improve and target efforts.”

Lorraine Shack is the Director of Surveillance and Reporting at CancerControl Alberta. She is a member of the Analytic Capacity Steering Committee and the Technical Working Group for System Performance.

Janice Howes

System Partner

To provide effective person-centred care, health care practitioners need to know and understand more than a patient's physical symptoms. A patient's emotional, psychological and practical needs are just as important.

"If patients let us know how they are doing in these areas, then as clinicians we can provide better service to help meet their needs and concerns," says Dr. Janice Howes, Psychosocial Oncology Clinical Lead, Cancer Care Nova Scotia, Nova Scotia Health Authority.

That's why Nova Scotia has been implementing the collection of Patient Reported Outcomes (PROs) across the province. PROs use standardized questionnaires to gather information on a wide variety of symptoms.

"It's very important for patients to understand that there are clinical services available to help them cope with concerns such as worry, anxiety, sadness, depression, practical and financial issues, fatigue, and pain—and for them to be able to access that help," Dr. Howes says.

"By measuring Patient Reported Outcomes, we are providing information to better understand the impact and burden of cancer, to help meet individual patient and family needs, and to work toward improving clinical services for all cancer patients."

Dr. Janice Howes is the project lead for the Atlantic Patient Reported Outcomes (PROs) project. She is Psychosocial Oncology Clinical Lead, Cancer Care Nova Scotia and a psychologist with QEII Health Sciences Centre, Nova Scotia Health Authority in Halifax.

Robin Harry

Patient and Family Partner

Robin Harry was diagnosed with Non-Hodgkin's lymphoma five years ago, and the experience made her aware of an important gap in cancer care.

"Often after a patient has experienced cancer, one of the biggest problems is the psychosocial aspect," she says. "There's a lot of uncertainty and fear. That is just as important to deal with as the medical side effects and physical aspects of surviving cancer."

Robin says this is especially true as patients transition from cancer treatment to follow-up care with a family physician. It's a perspective she brings to her role as a patient advisor to the Partnership's *Experiences of Cancer Patients in Transition* study. The study will survey more than 40,000 cancer survivors across the country.

"I'm hoping the study will show some of the gaps and the needs that cancer survivors have outside the medical aspects of their care," she says.

"A lot of what cancer survivors have to deal with comes after the 'all clear'. We still have a lot to go through … survivorship is a lot more than surviving cancer."

Robin Harry is a patient advisor to the Expert Panel for the Partnership's Experiences of Cancer Patients in Transition study. She lives in Toronto, Ontario.

Smoking cessation in cancer care

Cancer patients who quit smoking can lower their risk of dying from cancer by a startling 30 to 40 per cent. And research shows that most want help to quit. But few are offered smoking cessation programs by their cancer care team. The Partnership is working to change that.

A new initiative by the Partnership is funding seven provinces and two territories to build and expand the cancer system's ability to support cancer patients who want to quit.

The stakes for patients are high. Many treatments are less effective if a person continues to smoke, and the likelihood of complications and death is higher. As a result, researchers have found that quitting can be just as beneficial as some of the latest cancer therapies.

Tobacco is addictive. Quitting—and holding to it—is tough. And health professionals don't always know how to communicate the benefits of quitting, or where to refer patients for support.

Partnership funding will help provinces and territories to begin to address these issues. Some provinces will use the funding to evaluate the long-term effectiveness of existing approaches. Others will enhance their systems by finding better ways to identify patients who would like help to quit or by equipping cancer care professionals with the skills to support patients in their efforts.

Still others will develop new approaches to increase access to smoking cessation support. For example the Northwest Territories and Nunavut will focus on ways to provide culturally relevant smoking cessation strategies in remote communities so that patients can access support after they return home from cancer treatment. Nunavut has the highest smoking rate in Canada—62 per cent of residents over the age of 12 smoke—so better options are needed.

This initiative marks the first time that Nunavut is partnering with the Partnership on a funded project and reflects the strength of the Partnership's collaborative model. It's a model that promotes collective action to bring about sustainable change. By working together, governments and cancer agencies—in all parts of the country—can learn from and support each other's efforts to integrate smoking cessation into cancer care.

Most important of all, cancer patients will get support to make a change that can significantly help their recovery.

> *"So much about breaking a tobacco addiction is about getting support in the moment you need it. Expanding tobacco cessation programs in Nunavut so that they're available when they're needed most will make a huge difference to people who need help to quit."*

Frankie Best is the Tobacco Reduction Specialist with the government of Nunavut. The territory's participation in the Evidence-Based Tobacco Cessation as a Cancer Care Quality Improvement Project is the first collaboration on a funded project between the Partnership and Nunavut.

In Nunavut

62%

of residents over the age of 12 smoke—the highest rate in Canada

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Quitting smoking

can lower the risk of dying from cancer by

30–40%

Kevin Trotman

Patient and Family Partner

Kevin Trotman believes talking about cancer helps destigmatize it.

When he was diagnosed with prostate cancer just before his 50th birthday, Kevin was surprised to learn that there was a history of prostate cancer in his family. His family's Caribbean roots may have prevented anyone from saying anything about it.

"You just don't talk about that," he says. "Women talk about all of their ailments and maladies, but men don't speak about it at all. Anything that affects their manhood of any kind, it's 'no, not talking about it.' I've actually had a family member who said, 'I would much rather pass away—I would much rather die—than tell people about this.'"

Kevin is breaking that pattern by speaking on behalf of Prostate Cancer Canada to as many men as will listen. His message is to get screened and discuss treatment options and side effects with your doctor.

"It's tough, people don't want to hear about it. They don't want to think about it. But you've got to do it."

Kevin Trotman is a prostate cancer survivor living in Oakville, Ontario. He participated in a roundtable discussion on prostate cancer in conjunction with the release of Prostate Cancer in Canada: A Cancer System Performance Spotlight Report.

Anne-Monique Nuyt

System Partner

Are there links between pre-term birth and environmental or genetic triggers for cancer and other chronic conditions?

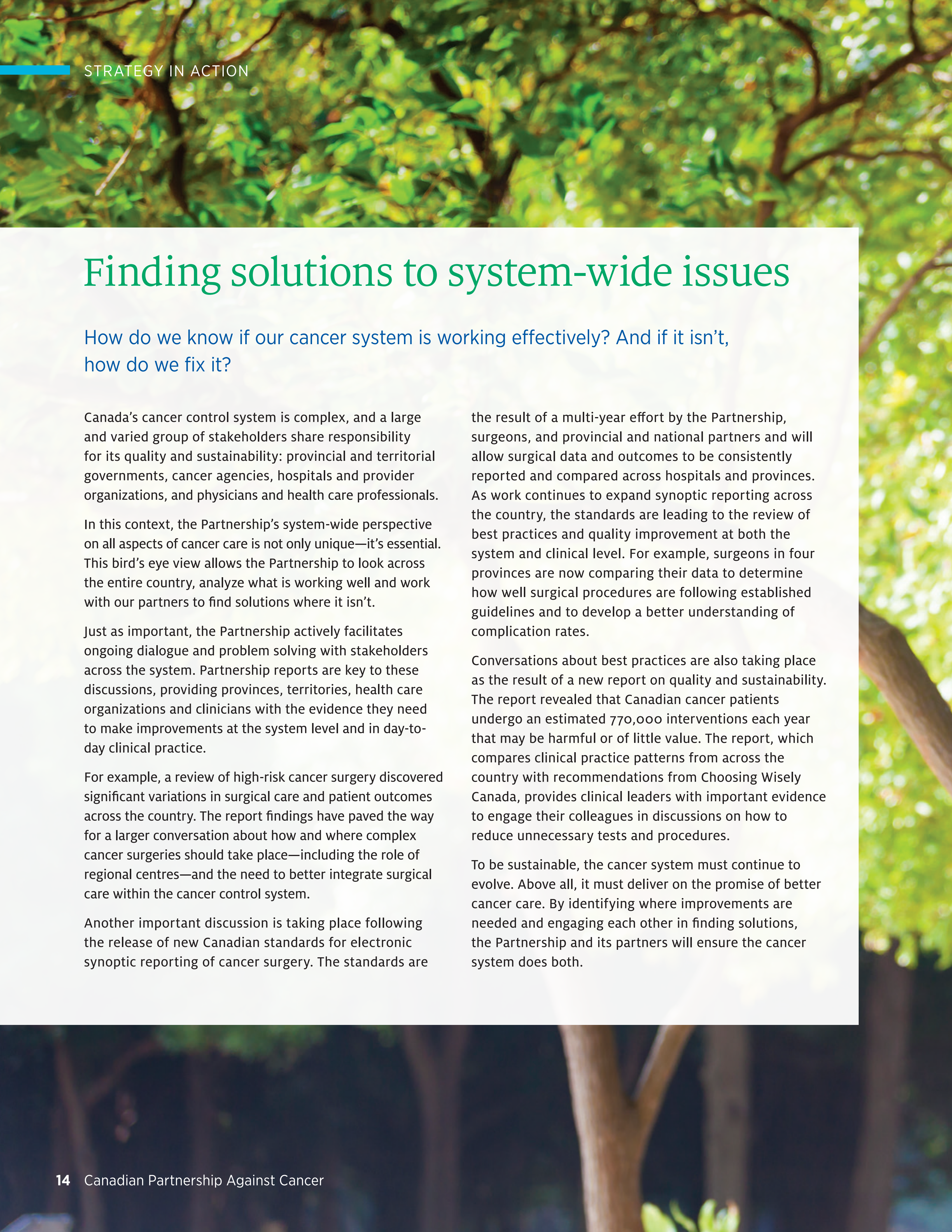
This is the question at the heart of research being conducted by Dr. Anne-Monique Nuyt, a pediatrician and neonatologist. Dr. Nuyt is co-Scientific Director at CARTaGENE, one of five regional cohorts that form the Canadian Partnership for Tomorrow Project (CPTP), Canada's largest population health research platform. She is currently using the data contained in CARTaGENE, and looks forward to digging into CPTP's sizeable data and biological resources.

"I think the answers for certain questions will be much more solid if we're able to ask the questions throughout our country and seize the possibility that CPTP is providing us," she says.

Dr. Nuyt is clear that the potential for discovery within CPTP is enormous, and encourages researchers to maximize its data.

"We have the capacity to provide decision-makers with solid data to make decisions to improve the health of their populations at an optimal cost," she says. "It's our responsibility to provide it and it's their responsibility to use it. We all need to make optimal use of that data."

Dr. Anne-Monique Nuyt is a pediatrician in the neonatal intensive care unit at CHU Sainte-Justine in Montreal. She is also co-Scientific Director at CARTaGENE, one of five cohorts that form the Canadian Partnership for Tomorrow Project.



Finding solutions to system-wide issues

How do we know if our cancer system is working effectively? And if it isn't, how do we fix it?

Canada's cancer control system is complex, and a large and varied group of stakeholders share responsibility for its quality and sustainability: provincial and territorial governments, cancer agencies, hospitals and provider organizations, and physicians and health care professionals.

In this context, the Partnership's system-wide perspective on all aspects of cancer care is not only unique—it's essential. This bird's eye view allows the Partnership to look across the entire country, analyze what is working well and work with our partners to find solutions where it isn't.

Just as important, the Partnership actively facilitates ongoing dialogue and problem solving with stakeholders across the system. Partnership reports are key to these discussions, providing provinces, territories, health care organizations and clinicians with the evidence they need to make improvements at the system level and in day-to-day clinical practice.

For example, a review of high-risk cancer surgery discovered significant variations in surgical care and patient outcomes across the country. The report findings have paved the way for a larger conversation about how and where complex cancer surgeries should take place—including the role of regional centres—and the need to better integrate surgical care within the cancer control system.

Another important discussion is taking place following the release of new Canadian standards for electronic synoptic reporting of cancer surgery. The standards are the result of a multi-year effort by the Partnership, surgeons, and provincial and national partners and will allow surgical data and outcomes to be consistently reported and compared across hospitals and provinces. As work continues to expand synoptic reporting across the country, the standards are leading to the review of best practices and quality improvement at both the system and clinical level. For example, surgeons in four provinces are now comparing their data to determine how well surgical procedures are following established guidelines and to develop a better understanding of complication rates.

Conversations about best practices are also taking place as the result of a new report on quality and sustainability. The report revealed that Canadian cancer patients undergo an estimated 770,000 interventions each year that may be harmful or of little value. The report, which compares clinical practice patterns from across the country with recommendations from Choosing Wisely Canada, provides clinical leaders with important evidence to engage their colleagues in discussions on how to reduce unnecessary tests and procedures.

To be sustainable, the cancer system must continue to evolve. Above all, it must deliver on the promise of better cancer care. By identifying where improvements are needed and engaging each other in finding solutions, the Partnership and its partners will ensure the cancer system does both.

> *"Looking at cancer surgeries from a pan-Canadian perspective allows us to see trends, opportunities and challenges. Gathering evidence and data to formulate recommendations that will ultimately improve patient outcomes has sparked conversations across Canada about how best to perform these delicate, resource-intensive surgeries."*

Dr. Christian Finley, a thoracic surgeon at St. Joseph's Health Centre in Hamilton, is the lead author of *Approaches to High-Risk, Resource Intensive Cancer Surgical Care in Canada*. He is also Expert Lead, Clinical Measures at the Partnership.

Each year, Canadian cancer patients undergo an estimated

770,000

interventions that may be harmful or of little value

Anya Humphrey

Patient and Family Partner

Anya Humphrey's resolve to improve palliative care came when a man diagnosed with the same cancer that had claimed her husband asked a heartbreaking question: "What was it like at the end?"

"I almost fell apart," she remembers. "I couldn't have told him what it was like. It would have terrified him. It was unacceptable that my husband died the way he did. I realized that if I didn't speak about it, what would change?"

Since then, Anya has helped shape palliative training for physicians and promotes better understanding among patients about the difference between palliative and end-of-life care. Changing attitudes and perceptions takes time, but she's committed.

"It can take a long time for system-level change to occur, but I've said I'll keep at it until I start to see a difference."

Anya Humphrey is an advisor to the Partnership's Integrate Project, which seeks to improve physician training in palliative care and to help patients receive earlier referrals. She lives in Campden, Ontario.

Darlene Kitty

System Partner

When First Nations, Inuit and Métis patients are on their cancer journey, it's important to offer them not only Western medicine such as chemotherapy, radiation and symptom control, but also cultural resources that reflect their traditions.

"For every patient, their journey is unique," says Dr. Darlene Kitty, Director of the Indigenous Program at the University of Ottawa's medical school.

"Some patients are more open to cultural resources and traditional ways of healing and others not. We would like to see our First Nations, Inuit or Métis patients have the opportunity to choose traditional resources such as healing ceremonies, traditional medicines, or even just the presence of a healer or other resource persons. It is important to offer that to them."

As a first step, Dr. Kitty suggests promoting a greater understanding of Indigenous history, cultures and current issues in Canada and how these can affect health through the generations.

"I think once medical teams learn about these, their eyes will be open to more than just statistics about Indigenous people," says Dr. Kitty. "They will have a deeper understanding of what patients have behind them—the residential school experience—and its impact on patients' families, on their communities and the social issues. It really plays a big role in how people access health services."

Dr. Darlene Kitty is the Director of the Indigenous Program of Undergraduate Medical Education and an Assistant Professor in the Department of Family Medicine at the University of Ottawa. She also works as a family physician in Chisasibi, northern Quebec. She is a member of the Partnership's Indigenous Health Supports Working Group.

The year in review

Addressing variations in surgical care

A study of high-risk cancer surgery released by the Partnership revealed significant variations in surgical care and patient outcomes across the country for esophageal, pancreatic, liver, lung and ovarian cancers. The findings of *Approaches to High-Risk, Resource Intensive Cancer Surgical Care in Canada* have opened the door to larger conversations on how and where complex cancer surgeries should take place (including the role of regional centres) and the need to better integrate surgical care within the cancer control system.

Screening adults at high risk for lung cancer

The Lung Cancer Screening Network developed the *Lung Cancer Screening Framework for Canada* in 2014 in response to emerging evidence and in anticipation of new Canadian guidelines on lung cancer screening. Those guidelines have now been released by the Canadian Task Force on Preventive Health Care. Used together, the framework and guidelines provide provinces and territories with the necessary tools to consider the implementation of lung cancer screening programs. The guidelines recommend low-dose CT scans for adults at high risk of lung cancer, but only in health care settings with expertise in early diagnosis and treatment of lung cancer. They also recommend that additional research be done on issues such as how often screening should take place.

Responding to the needs of patients

Symptoms like fatigue, pain, anxiety and depression can profoundly affect a person's cancer experience. The Partnership is supporting the use of Patient Reported Outcomes (PROs)—standardized questionnaires that gather information on various symptoms—to help health care teams create a personalized care plan for each patient. To promote the use of these questionnaires among patients and health-care providers, the Partnership has developed short animated videos for use in hospital and clinic waiting rooms across the country.

Collaborating to improve First Nations, Inuit and Métis cancer care

Patients, Elders and First Nations, Inuit and Métis cancer control partners gathered for an All Partners Forum in Newfoundland to share information and discuss progress on the Partnership's initiative to reduce the cancer burden for First Nations, Inuit and Métis individuals and communities. The Partnership is currently funding multi-year projects in 10 provinces and territories focused on improving the cancer journey for Indigenous Peoples.

Helping cancer patients to quit smoking

Cancer patients who quit smoking can increase their chances of survival and lower their risk of dying from cancer by 30 to 40 per cent. But smoking cessation programs are rarely offered to patients in cancer care settings, even though research shows many want help to quit. To address this gap, the Partnership is funding seven provinces and two territories to build or expand the cancer system's ability to provide cancer patients with support to quit smoking—when they need it most.

Expanding cancer research

The Partnership launched its landmark research portal, providing researchers around the globe with access to health and biological data from 300,000 Canadians who have volunteered to share their health information. One of the largest population health research platforms in the world, the Canadian Partnership for Tomorrow project will allow researchers to conduct long-term studies that look at people's health, lifestyle and health risks. This rich research tool will accelerate new discoveries on how to prevent, detect and treat cancer.

Improving cancer care by reducing unnecessary tests and treatments

Canadian cancer patients undergo an estimated 770,000 interventions each year that may have little value or expose them to unnecessary harm. That's the conclusion of *Quality & Sustainability in Cancer Control: A System Performance Spotlight Report*. The report compares current practice with recommendations from Choosing Wisely Canada and identifies areas where eliminating unnecessary tests and procedures would improve patient care and ensure appropriate use of health care resources.

Supporting healthy neighbourhoods

The athletes' village built for the 2015 Pan Am/Parapan Am Games in Toronto created a neighbourhood designed to get people walking, biking and taking public transit. That's good news for cancer prevention, because an active lifestyle can help to reduce the risk of cancer. To design the neighbourhood, planners used a customized tool traditionally used by urban planners to analyze how various community features could support active living. The Partnership helped to fund the assessment through its Healthy Canada by Design program, a Coalitions Linking Action and Science for Prevention (CLASP) project. It's a model for the future: healthy neighbourhoods make healthy Canadians.

Expanding screening among low-income Canadians

The Partnership hosted a gathering of cancer screening experts, researchers and community groups to take first steps toward a national framework that will improve access to breast, cervical and colorectal screening among underserved populations. Participants recommended that the Partnership focus on enhancing participation among low-income populations, which have significantly lower screening rates than high-income Canadians.

Improving quality of radiation treatment

The accreditation process for Canadian health care organizations now includes radiation treatment standards for cancer treatment, thanks to the work of the Canadian Partnership for Quality Radiotherapy and Accreditation Canada. Health care providers across the county will be held accountable to the new national radiation treatment standards beginning in 2017. The standards will help organizations assess quality at the point of care, bring more consistency to treatment and ensure that all patients receive high quality and safe radiation therapy.

Building the research community

Nearly 1,000 cancer researchers from across the country gathered at the 2015 Canadian Cancer Research Conference in Montreal to share ideas that will shape the future of cancer discovery and care. The biennial event showcases recent innovations in cancer research, features a Community Forum attended by hundreds of patients and is Canada's only conference devoted to research across the entire cancer care spectrum.

Integrating Indigenous health supports

The Partnership is working with First Nations, Inuit and Métis peoples and organizations to bring together and share promising practices and resources related to Indigenous health supports as a valuable part of cancer control for many Indigenous people. The goal is to help decision-makers across the country learn from successful collaborative models for creating and delivering culturally relevant care. A working group of patients, health care providers and knowledge holders will support this work.

Identifying regional variations in prostate cancer treatment

A spotlight report revealed wide variations in the treatment of low-risk prostate cancer across Canada. *Prostate Cancer Control in Canada: A System Performance Spotlight Report* also found that men in many parts of the country may be choosing treatment that has major side effects without understanding their other options. The report included insights from prostate cancer survivors, who stressed their need for more information about treatment and recovery and better emotional support.

Promoting Canadian-specific research on cancer economics

Economic research can help to determine whether investments in health care are delivering high quality care and good value. Unfortunately, very few studies look at the unique elements of the Canadian system. To help address that gap, the Partnership collaborated with the journal *Current Oncology* on a special supplement of Canadian research papers focused on cost-effectiveness and savings within the cancer care system.

Linking cancer data to improve quality of care

The Coordinated Data Development Initiative is funding five projects across the country to help provinces link data on cancer treatment—radiation, surgery and chemotherapy—with stage, administrative and other data. Linking data provides new opportunities for improving the quality of cancer care. Clinicians, policy-makers and health system managers will be able to see and analyze patterns of care, track whether treatment follows recommended guidelines and identify areas for improvement.

Improving patient engagement: World Cancer Day

The Partnership celebrated World Cancer Day with 117 countries around the world by joining the international *"We can. I can"* campaign and hosting an event on how to improve patient engagement in the cancer control community.

Encouraging Canadians to share their cancer stories

Yourcancerstory.ca is the Partnership's new online initiative to capture the stories of Canadians who have been touched by cancer. Patients, families, caregivers and professionals are encouraged to submit their own video to share their personal experiences. The project will help people support each other and bring a patient perspective to system issues the cancer control community is working to address.

Engaging our partners to plan for the future

Building on its successful collaborative model, the Partnership reached out to more than 130 partners to develop *We see progress*, a strategic plan for 2017–2022. The extensive consultation spanned more than a year and resulted in a strategic framework that reflects our partners and their priorities. Moving forward, the Partnership's work will be guided by five themes: quality, equity, seamless patient experience, maximize data impact and sustainable system.

Board of Directors

(April 1, 2015 to March 31, 2016)

Christine Power, Chair, Canadian Partnership Against Cancer; Chief Executive Officer, Canadian Patient Safety Institute

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

Tracey Barbrick, Associate Deputy Minister, Health and Wellness, Nova Scotia (elected December 2015)

Mel Cappe, Professor, School of Public Policy and Governance, University of Toronto (stepped down June 2015)

Ewan Clark, Legal Counsel, Cox & Palmer

Darren Dick, Development Officer, Dalhousie University, Faculty of Management, Law and MacEachen Institute

Pamela Fralick, Former President and Chief Executive Officer, Canadian Cancer Society (stepped down April 2016)

Karen Herd, Deputy Minister of Health, Manitoba

Shelly Jamieson, Chief Executive Officer, Canadian Partnership Against Cancer

Eshwar Kumar, MD, Co-Chief Executive Officer, New Brunswick Cancer Network

Victoria Lee, MD, Medical Health Officer, Fraser Health Authority, British Columbia

Front row (seated, left to right):
Eshwar Kumar, Shelly Jamieson, Christine Power, Graham Sher, Arlene Paton, Ewan Clark

Back row (standing, left to right):
Pamela Fralick, Darren Dick, Gail Turner, Mary Catherine Lindberg, Jean Latreille, Helen Mallovy Hicks, Tracey Barbrick, Mary O'Neill, Karen Herd, André Robidoux, Shannon MacDonald

Not pictured: *Mel Cappe, Abby Hoffman, Victoria Lee, Crystal Nett, Lyne St-Pierre-Ellis*

Photo: Gilles Fréchette

Mary Catherine Lindberg, Corporate Director

Shannon MacDonald, Partner, Deloitte LLP

Helen Mallovy Hicks, Partner, GTA Deals Leader, PricewaterhouseCoopers

Crystal Nett, Associate Vice President, Strategy, Saskatchewan Polytechnic

Mary O'Neill, Corporate Director (elected April 2015)

Arlene Paton, Assistant Deputy Minister, Population and Public Health, British Columbia Ministry of Health

André Robidoux, MD, Professor of Surgery, University of Montreal

Lyne St-Pierre-Ellis, Associate Deputy Minister of Health, New Brunswick (stepped down June 2015)

Gail Turner, Consultant

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

Jean Latreille, MD, Director of Cancer Control, Quebec Ministry of Health and Social Services (Observer)

Changing the cancer landscape

Canada's national cancer control strategy is making a powerful impact across a large geography and a diverse population. The provincial and territorial examples highlighted below and on the accompanying map provide a snapshot of how the cancer strategy is changing cancer control across Canada.

Examples of the Strategy in action

British Columbia
Addressing gaps in culturally appropriate resources for First Nations and Métis cancer patients by developing new tools, advancing patient identification and enhancing cultural competency of practitioners.

Alberta
Collaborating on an electronic synoptic surgery project to understand variations in cancer surgery in Canada.

Saskatchewan
Working with First Nations' schools and students to create healthy food environments, including the development of school gardens, through the *Nourishing School Communities* project.

Manitoba
Implementing the *Therapeutic Practices for Distress Management Program* to embed evidenced-based approaches for common symptoms such as anxiety, depression and pain into cancer care.

Ontario
Introducing palliative care earlier in a patient's journey through the *Integrate Project*.

Quebec
Leading one of five regional cohorts—CARTaGENE—that make up Canada's largest population health research platform, the *Canadian Partnership for Tomorrow Project*.

Newfoundland and Labrador
Improving transitions in care for First Nations and Inuit cancer patients through *Journey to the Big Land* project.

Nova Scotia
Training paramedics to treat and refer palliative patients as part of the *Integrating Emergency Health Services and Palliative and End-of-Life Care* project.

New Brunswick
Integrating the Ottawa Model for Smoking Cessation, a proven approach that helps smokers quit, into cancer care settings.

Prince Edward Island
Participating in two of five projects to build data linkages and analytic capacity as part of the *Coordinated Data Development Initiative*.

Yukon
Implementing workplace wellness programs and policies to prevent cancer and chronic disease in hard-to-reach employee populations through the *Working on Wellness in Strategic Populations* project.

Northwest Territories
Working with communities and their governments to develop policies aimed at preventing cancer and other chronic diseases in rural, remote and northern contexts through the *POWER Up!* project.

Nunavut
Leading its first Partnership-funded project to plan to provide culturally relevant non-traditional tobacco cessation strategies for cancer patients and their families so they can access the support they need.

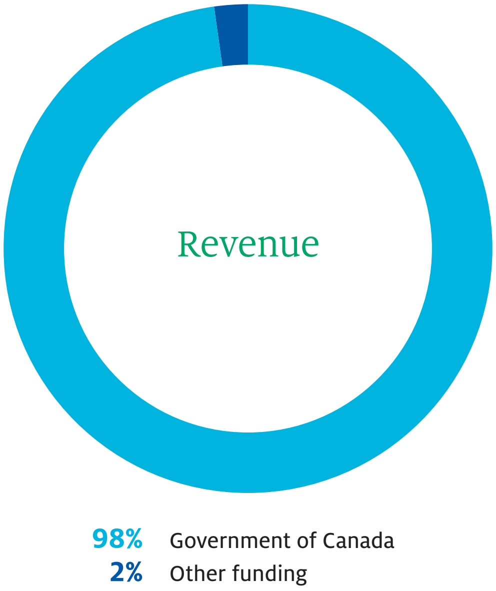
Selected Initiatives

1. Coalitions Linking Action and Science for Prevention
2. Tobacco Initiative
3. Population-Based Screening
4. Synoptic Reporting
5. Person-Centred Perspective Initiative
6. Canadian Partnership for Tomorrow Project
7. First Nations, Inuit and Métis Cancer Control Initiative
8. System Performance
9. Coordinated Data Development Initiative

How funding is invested

2015/16 was the fourth year of the Partnership's second mandate. This mandate will continue to 2017 with a total of $241 million in funding from Health Canada over five years. Expenses reflect funds directed externally to partners as well as the cost of programs that advance the work of Canada's cancer community to reduce the burden of cancer on Canadians. The initiatives highlighted in this report are comprised of more than 300 projects with more than 40 partner organizations. For complete information about progress across all programs of work in 2015/16, please view our full annual report at partnershipagainstcancer.ca.

Expenses 2015/16: $54,105,027



The above information is excerpted from the Canadian Partnership Against Cancer's financial statements audited by Grant Thornton LLP. To review the complete financial statements, please see our full annual report at partnershipagainstcancer.ca.

What will be different after 10 years?

Changing the Canadian cancer landscape requires a sustained, long-term and focused effort. In 2017, we mark 10 years of collaborating across the country on the *Canadian Strategy for Cancer Control*. Canadians are now starting to benefit directly from meaningful and measurable improvements to cancer prevention and care. The 2017 outcomes for the cancer strategy are key, early steps toward achieving Canada's 30-year goals.

Imagine in 2017…

Canadians will have improved access to proven ways to prevent cancer.

More people will be screened appropriately and cancer will be found earlier, when treatment can make a difference.

A more consistent approach will be taken to improving the quality of cancer diagnosis and care.

The cancer system will be better able to respond to patient and family needs.

Canadians will benefit from improved population health research capacity and enhanced coordination of cancer research.

First Nations, Inuit and Métis peoples will have their cancer care needs better recognized and addressed in a culturally appropriate way.

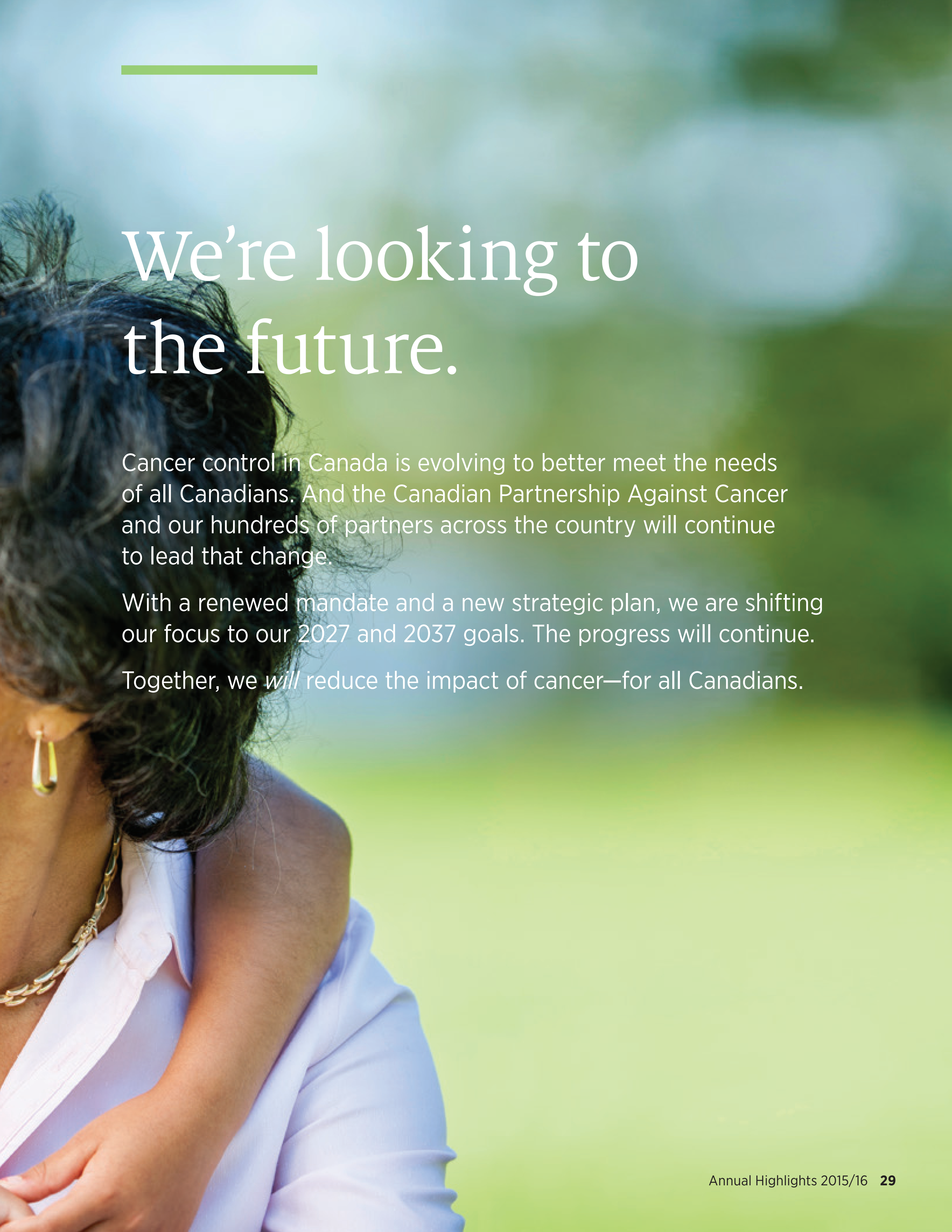
Canadians will have better information about how well the cancer system is working and professionals in the health system will use this information to drive improvement.

People affected by cancer, and professionals, will have timelier and easier access to good information, tools and resources related to cancer.

People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.

> *"The Partnership's Lung Cancer Screening Framework has really enabled Canada to set up effective and efficient screening programs more easily. Lung cancer is the most commonly diagnosed and deadly of all cancers in Canada and is usually diagnosed too late for cure. Initiatives like the Screening Framework move us to a position where we can save over a thousand Canadian lives every year."*

Dr. Natasha Leighl is the President of Lung Cancer Canada.



We’re looking to the future.

Cancer control in Canada is evolving to better meet the needs of all Canadians. And the Canadian Partnership Against Cancer and our hundreds of partners across the country will continue to lead that change.

With a renewed mandate and a new strategic plan, we are shifting our focus to our 2027 and 2037 goals. The progress will continue.

Together, we *will* reduce the impact of cancer—for all Canadians.