



Delivering on our Commitments: 2012 Targets Status Report

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Introduction

The Canadian Partnership Against Cancer (the Partnership) has been privileged to implement, in collaboration with its partners, Canada's national cancer strategy. Described in the Canadian Strategy for Cancer Control, the strategy was the result of a decade of work and defined the cancer burden in Canada and the outcome if that burden remained unaddressed. This first cancer control strategy for the country targeted pan-Canadian, systems-level change focused on people with cancer and on survivors. Early in the Partnership's mandate, the organization focused on shaping and defining initiatives to advance the priority areas for investment outlined in the strategy.

In 2009, the Partnership set 55 targets for its initiatives across strategic and core priorities using the 2008–2012 Strategic Plan as the foundation. Targets were established to provide a framework for charting the Partnership's progress in achieving outcomes and to ensure the organization could demonstrate measurable impact by 2012 in implementing Canada's national cancer strategy. As priority areas and initiatives were at varying stages of development when the targets were set, there is variation in the quantitative dimension of the targets, which were reviewed annually to determine any further refinement.

This document is a status report summarizing progress on the Partnership's 2012 targets. Briefly, out of 55 targets set for 2012, 51 will be fully achieved by March 2012, with some initiatives exceeding their 2012 target and demonstrating early evidence of positive impact. Two of the remaining targets will be partially achieved by March 2012; they relate to two of the Partnership's largest and most complex multi-jurisdictional initiatives (the Canadian Partnership for Tomorrow Project and the National Staging Initiative). Implementation setbacks within jurisdictions delayed full achievement of the two targets into the next mandate. A change in implementation approach for two initiatives (Cervical Cancer Screening and Health Human Resources) shifted the definition of another two targets.

As the Partnership completes its first five-year mandate in March 2012 and prepares for the sixth year of its term, the organization is highlighting the successes it has achieved and the building blocks for sustaining collaboration to further accelerate pan-Canadian cancer control.

Details about each of the initiatives are available through the Partnership's website, partnershipagainstcancer.ca, and the online portal, cancerview.ca.

1. Strategic Priorities

The Partnership's eight strategic priorities reflect the key portfolios of work spanning the cancer control spectrum. These priorities evolved from the key areas for investment outlined in the Canadian Strategy for Cancer Control. An advisory group that includes patient and survivor representation guides the work of each strategic priority area. In general, a group or network of experts guides the work of each initiative. The eight strategic priorities are:

- Primary Prevention
- Screening
- Surveillance
- Cancer Guidelines
- Cancer Journey
- Health Human Resources
- Research
- Standards and Quality Initiatives

Primary Prevention

The focus of the Primary Prevention priority is to bridge and build on Canada's existing cancer prevention programs, to align with initiatives that broaden and deepen our understanding of behavioural and environmental risk and preventive factors in Canada, and to find ways to increase the impact of prevention efforts by linking cancer prevention with related prevention efforts for other chronic diseases. The program of work includes the Coalitions Linking Action and Science for Prevention, Healthy Public Policy Knowledge Exchange, CAPTURE and CAREX Canada.

Initiative	Expected Outcomes	2012 Target	Status by	Comments
<p>CLASP (Coalitions Linking Action and Science for Prevention)</p> <ul style="list-style-type: none"> • Fund three cross-jurisdictional collaborations over a two-and-a-half-year period (2009–12) that reach beyond the cancer community and integrate cancer prevention with other chronic disease prevention strategies 	<ul style="list-style-type: none"> • Establishment of a process that builds bridges across behavioural, clinical and environmental approaches to preventing cancer and other chronic diseases • Increased adoption of evidence-based practices and policies in funding and supporting cancer prevention programs • Improved individual and population health through broadening the reach and deepening the impact of existing collaborative 	<ul style="list-style-type: none"> • Evidence of practice and policy change related to increasing cancer and chronic disease prevention efforts 	Achieved	<ul style="list-style-type: none"> • There is early evidence of practice and policy change. For example, Peel Public Health in Ontario, a partner in the Healthy Canada by Design coalition, has succeeded at working with municipal and regional planning departments to embed policies in the Regional Official Plan that lay the foundation for healthy planning practices and for implementing the tools being developed under this CLASP initiative. • The Health Empowerment for You coalition is leading the development and implementation of a healthy living curriculum for youth in 97 First Nations communities in Saskatchewan and Manitoba. It is the first-ever cancer and chronic disease prevention curriculum for First Nations youth and young adults. • There is evidence of greater synergy between the coalitions. For example, the Collaborative Action on Childhood Obesity coalition and the Children's Mobility, Health and Happiness:

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	cancer and chronic disease prevention efforts at municipal, regional, provincial and territorial, and pan-Canadian levels			<p>A School Travel Planning Model coalition are partnering to promote physical activity among students.</p> <ul style="list-style-type: none"> Furthermore, the CLASP model has generated significant buy-in and support from the chronic disease prevention community. More than 60 organizations are involved in the initiative. The Public Health Agency of Canada (PHAC) and the Heart and Stroke Foundation are funding partners, with the PHAC providing additional funding in 2010 to further stakeholder engagement and knowledge exchange in the territories. Recently, the PHAC invited the Partnership to share lessons learned from the CLASP initiative to inform future opportunities for collaboration.
		<ul style="list-style-type: none"> Three major collaborative initiatives established to demonstrate the impact of integrating knowledge and action in population-based chronic disease prevention programs 	Achieved	<ul style="list-style-type: none"> The target of funding three collaborative coalitions has been exceeded. Seven multi-jurisdictional coalitions received funding for two and a half years ending in March 2012. Each coalition cuts across geographic lines and brings together leaders in research, policy and health promotion practice, and is implementing prevention initiatives that complement municipal, provincial, territorial and federal healthy living strategies. One CLASP coalition also contributes to advancing cancer control with and for First Nations communities.
<p>Healthy Public Policy Knowledge Exchange (Prevention Policy Directory)</p> <ul style="list-style-type: none"> Provide a resource on national and provincial/territorial policies and legislation related to cancer and chronic disease prevention, focusing on policies related to the key modifiable risk factors, including nutrition, alcohol use, physical activity, tobacco use, infectious agents and exposure to ultraviolet/ionizing radiation 	<ul style="list-style-type: none"> Increased knowledge and understanding of the Canadian policy landscape as it relates to cancer prevention Fostered knowledge exchange initiatives that will increase collaboration across chronic diseases 	<ul style="list-style-type: none"> Establish a comprehensive policy directory to facilitate prevention planning and decision-making, inter-provincial and -territorial collaboration and systems-level prevention efforts 	Achieved	<ul style="list-style-type: none"> The Prevention Policies Directory is available through cancerview.ca. A knowledge exchange plan has been implemented, which included knowledge exchange webinars (spring 2011), a workshop (May 2011) and an exhibit at the Chronic Disease Prevention Alliance of Canada's Fourth Pan-Canadian Conference (February 2012). The Prevention Policies Directory has been used to inform provincial efforts, including the Program Training and Consultation Centre's (PTCC) Addressing Healthy Eating and Active Living: A Community Level Policy Scan (the PTCC is a resource centre of the Smoke-Free Ontario Strategy) and the Ontario Chronic Disease Prevention Alliance's Toolkit to Healthier Communities – Influencing Healthy Public Policies. The Prevention Policies Directory has also been linked to a number of provincial and organizational sites, such as the College of Family Physicians of Canada and the Government of Nova Scotia's Active Kids Healthy Kids.
<p>CAPTURE (Canadian Platform to Increase Usage of Real-World Evidence)</p>	<ul style="list-style-type: none"> Built capacity for co-ordinated and evidence-based approaches to 	<ul style="list-style-type: none"> Demonstrated use of CAPTURE tools to measure impact of prevention 	Achieved	<ul style="list-style-type: none"> The CAPTURE project has demonstrated progress in developing the processes and templates for uploading prevention interventions. To date, 71 interventions have been

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<ul style="list-style-type: none"> Establish a platform for developing, validating and enabling the use of common indicators and tools to evaluate primary prevention policies and programs 	<p>chronic disease prevention in Canada and creation of common indicators for the evaluation of prevention practices and policies</p>	<p>initiatives and enhance the use of evidence in program planning</p>		<p>loaded on the platform for evaluation. Access to these interventions will be useful for practitioners working in public health. CAPTURE also supports the cross-CLASP baseline evaluation and contributes to the development of the final report.</p>
<p>CAREX Canada (National Occupational and Environmental Carcinogens Surveillance Initiative)</p> <ul style="list-style-type: none"> Collect data on and study Canadians' exposure to cancer-causing agents at home, at work and in the community Produce maps and estimates of the prevalence of exposure to carcinogens in Canadian workplaces and communities 	<ul style="list-style-type: none"> Enhanced knowledge of how and where people may be exposed to cancer-causing agents and determine their level of exposure Built capacity for evidence-based decision-making to reduce carcinogens in our environment 	<ul style="list-style-type: none"> Reporting on mapping of at least five known carcinogens (an International Agency for Research on Cancer priority) nationally, with clear identification of data gaps, if applicable 	Achieved	<ul style="list-style-type: none"> The target has been exceeded. CAREX has completed national indicators of environmental exposures for 28 substances, comparable across substance and exposure pathways. This supports capacity building for policy specialists to prioritize prevention research, surveillance and program activities. CAREX has produced reports on occupational exposures for 44 high-priority known and suspected carcinogens or relevant groupings. The exposure estimates and progress reports produced are resources to support knowledge exchange related to environmental and occupational exposures, and inform program development and decision-making by end users (stakeholders and professionals in Canada's cancer prevention, occupational and environmental policy arenas). Online tools have been prepared to provide research, practice and policy specialists the means to more effectively use CAREX data.

Screening

The Screening priority focuses on championing the organized delivery of screening through population-based programs — the Partnership's approach has a special focus on colorectal and cervical cancers — and on sponsoring opportunities to address important new and emerging evidence related to screening. The program of work includes Colorectal Cancer Screening, Cervical Cancer Control and Anticipatory Science.

Initiative	Expected Outcomes	2012 Target	Status by	Comments
<p>Colorectal Cancer Screening</p> <ul style="list-style-type: none"> Work with provinces and territories to develop a common approach to evaluation methods, quality assurance and outreach programs for colorectal cancer screening 	<ul style="list-style-type: none"> Accelerated implementation of organized colorectal cancer screening programs in Canada Improved colorectal cancer screening quality and consistency, with an increased percentage of 	<ul style="list-style-type: none"> Quality assurance indicators developed and adopted by provinces and territories that have organized colorectal cancer screening programs 	Achieved	<ul style="list-style-type: none"> Provincial and territorial screening programs collaboratively developed quality assurance indicators. All existing programs have adopted the indicators; developing programs are building them into planning. At the beginning of the Partnership's mandate, only three provinces had announced organized colorectal cancer screening programs. The National Colorectal Cancer Screening Network enabled provinces to learn from one another and to plan together to accelerate the roll-out of organized screening

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	Canadians being screened and a decrease in the number who develop or die from colorectal cancer			in every province while minimizing the duplication of effort. Currently, screening programs are underway in every province and all adhere to the national suggested screening target age groups and primary testing approach.
		<ul style="list-style-type: none"> National reporting of colorectal cancer screening quality assurance indicators 	Achieved	<ul style="list-style-type: none"> Screening programs in six provinces are now sufficiently operational to submit data for national reporting to support program quality improvement and uptake; the second quality indicators report is being developed for release by March 2012. The first report was on four indicators; the second will report on six. The other provinces intend to report as their programs reach maturity.
		<ul style="list-style-type: none"> Increase public awareness of colorectal cancer screening 	Achieved	<ul style="list-style-type: none"> There is some evidence of increased public awareness of screening. A survey done in 2008 indicated high acceptance of and interest in colorectal cancer screening. A follow-up survey shows continued increases in awareness.
		<ul style="list-style-type: none"> Increased participation in organized colorectal cancer screening; target is at least 30 per cent uptake in target group (from less than 20 per cent in 2007) 	Achieved	<ul style="list-style-type: none"> There is evidence to support increased participation in screening through self-reported data (the 2008 Canadian Community Health Survey indicates that 32 per cent of adults aged 50 to 74 are getting screened) and through organized program reporting.
Cervical Cancer Control <ul style="list-style-type: none"> Integrate pan-Canadian activities in human papillomavirus (HPV) immunization, testing and surveillance, and in cervical cancer screening and diagnosis Build capacity to integrate information and efforts related to HPV immunization and cervical cancer screening, and provide guidelines to maximize impact and accelerate progress of provincial, territorial and pan-Canadian initiatives 	<ul style="list-style-type: none"> Continued collaboration of provinces and territories to share experiences, review new evidence and technologies, and discuss and take action on matters of mutual interest or concern related to cervical cancer screening and HPV immunization Networks and groups in HPV immunization, testing, surveillance and screening, diagnosis and treatment of cervical cancer working together to optimize their contributions for overall incidence and mortality reduction 	<ul style="list-style-type: none"> Increased collaboration among cervical cancer screening programs 	Achieved	<ul style="list-style-type: none"> The Pan-Canadian Cervical Cancer Screening Initiative (network) was established in 2009 and continues to provide a strong infrastructure for programs to collaborate.
		<ul style="list-style-type: none"> Best practices and strategies for increasing participation in cervical cancer screening catalogued, shared and implemented 	Achieved	<ul style="list-style-type: none"> Practices have been catalogued and shared, and some strategies, such as a uniform Pap awareness week across Canada and collaborative guideline revision (national and provincial/territorial), have been implemented.
		<ul style="list-style-type: none"> National reporting of cervical cancer screening indicators 	Achieved	<ul style="list-style-type: none"> The first national report was disseminated in December 2011; reporting on indicators will continue in the next mandate.
		<ul style="list-style-type: none"> Strategy developed to enable incorporation of appropriate information on HPV immunization status into cervical cancer screening programs 	Changed direction	<ul style="list-style-type: none"> Efforts focused on defining the goals of the strategy and scoping HPV indicators, which are important steps in fully integrating HPV and screening data. There is agreement on: <ul style="list-style-type: none"> Goals necessary to achieving the strategy Core indicators that will be incorporated into national reporting of cervical cancer screening indicators

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<ul style="list-style-type: none"> Support a pan-Canadian approach to further implementation of cervical cancer screening 				<ul style="list-style-type: none"> The strategy will develop as provinces roll out HPV immunization and program guidelines.
<p>Anticipatory Science</p> <ul style="list-style-type: none"> Through the use of expert panels, address important new and emerging evidence related to cancer screening and provide observations and messaging to cancer agencies and programs, screening programs and media 	<ul style="list-style-type: none"> Provision of a summary of evidence, an explanation of randomized controlled trial results, practical implications for cancer agencies and programs, and a consensus statement, where relevant, to key stakeholders for prostate, colorectal and ovarian cancers 	<ul style="list-style-type: none"> Through the use of expert panels, address important new and emerging evidence related to cancer screening and provide observations and messaging to cancer agencies and programs, screening programs and media 	Achieved	<ul style="list-style-type: none"> Expert panels continue to be formed as new and emerging evidence becomes available. Panels addressing evidence for lung cancer screening and HPV testing are currently active and watching briefs on flexible sigmoidoscopy in colorectal cancer screening are updated as each new study is published. In addition, processes have been established to ensure a repeatable and streamlined process for future panels. Products have been developed on colorectal, prostate, ovarian and lung cancer screening.

Surveillance

The Surveillance priority focuses on increasing the quality, consistency and breadth of surveillance information for cancer control. The program of work includes the National Staging Initiative, Cancer Surveillance and Epidemiology Networks, and Cancer Control P.L.A.N.E.T. Canada.

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<p>National Staging Initiative</p> <ul style="list-style-type: none"> Implement pan-Canadian standards to assess an individual's cancer stage by collecting stage information with an efficient standardized method; the approach includes working with every province and territory to evolve methods to collect and store collaborative stage data electronically, and to facilitate implementation of synoptic pathology reporting 	<ul style="list-style-type: none"> Improved collaborative stage data capture in all provinces and territories, enhancing quality of patient care and ability to plan, monitor and evaluate effectiveness of cancer control efforts Built capacity for assessing and comparing stage-specific outcomes such as survival Facilitated the establishment of a national standard for synoptic pathology reporting 	<ul style="list-style-type: none"> Collaborative stage data for 90 per cent of new breast, colorectal, prostate and lung cancer patients is captured starting with the 2010 coding year 	Largely achieved	<ul style="list-style-type: none"> The target will be achieved in nine of 10 provinces. The final province (Quebec) is making progress but will not achieve the 90 per cent goal by March 2012. Quebec represents 26 per cent of the population goal. The target has been exceeded in some areas. Of the nine provinces on track to achieve the 90 per cent target, seven will achieve 100 per cent stage data capture of population data and six will achieve data capture for all cancers (not just the four major cancers).
		<ul style="list-style-type: none"> Canadian Association of Pathologists endorses the College of American Pathologists' checklist for standard synoptic pathology reporting 	Achieved	<ul style="list-style-type: none"> This objective was achieved in 2009. A Canadian pathology standard will provide increased consistency in cancer pathology reporting across Canada and will provide the foundation for standardized electronic synoptic pathology reporting. This will enable faster reporting and content standards that will enable clinicians to more quickly and easily interpret the content of pathology reports.

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		<ul style="list-style-type: none"> At least two provinces have initiated implementation of synoptic pathology reporting 	Achieved	<ul style="list-style-type: none"> Ontario and New Brunswick will complete implementation of synoptic pathology reporting. The implementation of electronic synoptic pathology has provided proof of concept for the implementation of the electronic version of the College of American Pathologists' cancer protocols, as well as a starting point for pan-Canadian implementation of synoptic pathology reporting. The second benefit of this approach is the efficiencies gained and the improved quality of data captured for cancer registries.
<p>Cancer Surveillance and Epidemiology Networks</p> <ul style="list-style-type: none"> Develop analytic capacity in surveillance across Canada and foster knowledge translation in four areas: palliative and end-of-life care, reporting on incidence and prevalence, colorectal cancer, and projections 	<ul style="list-style-type: none"> Networks have increased collaboration, analytic capacity and use of existing data sets to create new knowledge about cancer control and improve ability to plan, monitor and evaluate cancer control efforts 	<ul style="list-style-type: none"> An increased number of reports on the cancer burden are available after initiation of networks in 2010/11 (minimum one deliverable per year per network) 	Achieved	<ul style="list-style-type: none"> Four networks were established: the Hospice Palliative End-of-Life Care Surveillance Network (HPEOL), the Cancer Survival and Prevalence Analytic Network (CSPAN), the Colorectal Cancer Network (CRCNet) and the Cancer Projections Network (CProj). The networks have exceeded the target number of reports to be produced each year. To date, 28 major information packages have been collectively produced, covering data quality assessments, methodologies and cancer surveillance parameters. All reports are available on cancerview.ca/CSEN. The impact of the work includes: <ul style="list-style-type: none"> Harmonization of cancer surveillance data and information products used by provincial cancer agencies and programs for assessing cancer incidence, mortality, survival and prevalence, as well as in analyzing cancer burden determinants (the latter only on colorectal cancer as a case study) Increased cancer surveillance information available in Canadian jurisdictions using existing data (CProj, CRCNet and CSPAN) Harmonization of analytic approaches used to provide cancer surveillance outputs (through various types of reporting) to jurisdictions across Canada (CProj, CRCNet and CSPAN) Increased cancer surveillance tools for analysts (for example, methodologies, information products, analyses and results, and statistical programs) Demonstration that a palliative and end-of-life care surveillance system (designed and implemented by HPEOL) can, without creating a new registry, provide indicators informing local, regional and provincial health authorities about current performance, needs and usage of services; the system has been implemented in British Columbia and Yukon to prove the concept

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		<ul style="list-style-type: none"> Capacity built in increasing expertise by way of training in surveillance and analysis, which may include attracting new analysts in the cancer control arena 	Achieved	<ul style="list-style-type: none"> Exchange of standard programs for analysis and process data are bringing increased consistency to methods used across Canada. More than 50 per cent of analysts who attended the training sessions had increased their capacity to respond to requests from cancer planners faster and more adequately, and 70–84 per cent said the training was useful, effective and relevant. Sixty-two per cent of evaluation survey respondents believe that this program has positively or very positively influenced resource allocation in cancer surveillance in their jurisdiction. Increased capacity and expertise in surveillance and epidemiology in the cancer control domain has been facilitated through three-day training workshops and active involvement of junior analysts in the production of cancer surveillance information products for each of the four networks.
		<ul style="list-style-type: none"> Knowledge translation — engagement of users of analytic information products 	Achieved	<ul style="list-style-type: none"> Each of the four networks has developed and implemented a knowledge translation plan that allowed the identification of the target audience and its specific needs. Stakeholders for these knowledge translation efforts (for example, the policy community) can potentially use these information products to inform program plans. As shown in a formal evaluation, 82 per cent of the cancer surveillance analytic community sees knowledge translation and exchange as more important now than before the initiative. All information products were designed in consultation with key stakeholders, including policy and program planners (CProj, CRCNet and CSPAN), as well as health-care service administrators (HPEOL). Early engagement ensured that information products addressed the needs of information users to better inform cancer control decisions.
<p>Cancer Control P.L.A.N.E.T. Canada</p> <ul style="list-style-type: none"> Develop online evidence-based tools for cancer control planning — tools will include data from Canadian cancer registries and will use comparative tables, interactive graphs and maps 	<ul style="list-style-type: none"> Improved ability for evidence-based health policy development and planning 	<ul style="list-style-type: none"> Provide online evidence-based tools for cancer control planning 	Achieved	<ul style="list-style-type: none"> An online evidence-based tool for public health professionals on comprehensive cancer control planning is available through cancerview.ca or cancercontrolplanet.ca. An ongoing maintenance approach is in place.

Cancer Guidelines

The Cancer Guidelines priority champions the understanding, development and optimal use of clinical guidelines to drive progress and quality improvements in cancer care. The program of work includes Synoptic Surgery Reporting, Guideline Adaptation and the Capacity Enhancement Program.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
Synoptic Surgery Reporting <ul style="list-style-type: none"> • Develop capacity for collecting and using standardized information related to cancer surgery • Achieve national consensus on — and implement — standards for synoptic surgery reporting 	<ul style="list-style-type: none"> • Enabled increased completion and accuracy of cancer surgery reports that embed clinical practice guidelines, improving quality of patient care and facilitating cancer control planning and reporting 	<ul style="list-style-type: none"> • Creation of a pan-Canadian structure for developing, endorsing and updating templates and promoting national standards 	Achieved	<ul style="list-style-type: none"> • The work has broadened the pan-Canadian approach to synoptic surgery reporting. • The creation of systematic processes and structures will help ensure the continued systematic development, review and maintenance of pan-Canadian evidence-based standards and indicators.
		<ul style="list-style-type: none"> • Pilot implementation sites continuing to build their repertoire of synoptic cancer surgery templates available to their surgeons 	Achieved	<ul style="list-style-type: none"> • As of fall 2010, electronic synoptic cancer surgery reporting was in place for specific cancer surgeries (for breast, colon, rectal and ovarian cancers) in centres in Alberta, Ontario, Manitoba, Quebec and Nova Scotia. • Further implementation of electronic surgical reporting will help establish reporting standards across the country and will provide greater opportunities for pan-Canadian reporting.
		<ul style="list-style-type: none"> • Development and endorsement of new surgical templates housed at a central repository 	Achieved	<ul style="list-style-type: none"> • Surgical templates are currently housed on cancerview.ca. • Synoptic reporting has been shown to be superior to narrative reporting in terms of the completeness and timeliness of the report. Development of reporting standards for cancer surgery will help ensure consistent quality of reporting across the country, improving quality of patient care and facilitating cancer control planning and reporting.
		<ul style="list-style-type: none"> • Agreement on a national data set, allowing for reporting that compares quality across sites 	Achieved	<ul style="list-style-type: none"> • A set of indicators per disease site collected from across the country will provide the opportunity to identify practice differences, which can be associated with the quality of surgical practice and patient care.
CAN-ADAPTE (Guideline Adaptation) <ul style="list-style-type: none"> • Develop a standardized process and set of resources to enable the development and implementation of locally relevant cancer control guidelines • Facilitate adaptation and uptake of cancer control guidelines 	<ul style="list-style-type: none"> • Improved evidence appraisal and guideline development skills among groups using the process • Improved uptake of guidelines developed using the process • Use of the process and resources by others 	<ul style="list-style-type: none"> • Development of a resource for the Canadian context that puts adaptation within the context of implementation: CAN-IMPLEMENT 	Achieved	<ul style="list-style-type: none"> • The three-part CAN-IMPLEMENT resource offers: <ul style="list-style-type: none"> – The Guide, which includes general information on evidence-informed practice, guideline development and implementation – The Library Science Supplement, which includes more information about searching for and screening the literature – The Toolkit, which provides various support materials • CAN-IMPLEMENT is available on cancerview.ca and provides practical guidance for Canadian guideline developers doing adaptation, especially novice guideline developers. The resources emphasize implementation as the end point, as opposed to ending with development of the guideline. While

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				examples are drawn from cancer, the process is equally applicable to guideline adaptation in any area, which supports capacity building in the guidelines domain.
		<ul style="list-style-type: none"> A minimum of four new guidelines developed, adopted and implemented using the CAN-IMPLEMENT development process 	Achieved	<ul style="list-style-type: none"> Four guidelines have been completed using the CAN-ADAPTE/CAN-IMPLEMENT approach: symptom management, psychosocial oncology, screening for distress and platelet transfusion.
		<ul style="list-style-type: none"> Development of new pan-Canadian collaborations 	Achieved	<ul style="list-style-type: none"> New collaborations developed as a result of the focus on guideline adaptation include: <ul style="list-style-type: none"> – Collaboration between CancerCare Manitoba and COSTaRS (pan-Canadian Oncology Symptom Triage and Remote Support) – C¹⁷/CAN-ADAPTE partnership COSTaRS is a collaboration that focuses on addressing variability in how remote support is offered across Canada and the degree to which it is based on evidence. CancerCare Manitoba and COSTaRS are working through the guideline adaptation and implementation process. The C¹⁷/CAN-ADAPTE partnership is examining guidelines related to childhood cancers.
<p>Capacity Enhancement Program</p> <ul style="list-style-type: none"> Enhance skills and capacity of stakeholders across the country by addressing training gaps Develop a central repository of existing cancer control guidelines, evidence documents and resources Identify the strengths, weaknesses and gaps in Canadian cancer control guidelines 	<ul style="list-style-type: none"> Support for an evidence-driven cancer control system, including increased knowledge of evidence development and implementation, and provision of resources to stakeholders Provided a well-maintained repository of guidelines accessible to the public and decision-makers through cancerview.ca 	<ul style="list-style-type: none"> Improved access to an up-to-date repository (and evaluation) of existing Canadian cancer guidelines, plus a resource centre for guideline development, implementation and adaptation 	Achieved	<ul style="list-style-type: none"> The Partnership will continue to improve the search functionality and usefulness of the Standards and Guidelines Evidence (SAGE) database — SAGE and the Capacity Enhancement Program (CEP) team are working on harmonizing their two sites. Currently, the CEP repository includes 1,349 guidelines. The updated search has identified 547 new guidelines to be included in SAGE. The Cancer Guidelines Resource Centre available through cancerview.ca has been completed and will be updated continuously with new resources. The Centre provides a single source for an extensive set of resources that facilitate guideline development.
<ul style="list-style-type: none"> Publication of a series of reports on the status of cancer control guidelines in Canada — strengths, weaknesses and areas requiring more research 	Achieved	<ul style="list-style-type: none"> The CEP developed status reports on cancer control guidelines to provide an analysis of the body of publically available English-language cancer guidelines. A report on the status of cancer control guidelines in Canada and status reports on guidelines for breast, colorectal, lung and prostate cancers are available at the Cancer Guidelines Resource Centre. Disease site reports focus on examining the reporting quality, demographic characteristics, 		

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				<p>development methods, and general scope and content of the guidelines.</p> <ul style="list-style-type: none"> • These guideline status reports are resources that can inform future guideline development or research.
		<ul style="list-style-type: none"> • Conduct a series of training events to address the identified needs of stakeholders 	Achieved	<ul style="list-style-type: none"> • A number of training initiatives aimed at providing education and skill development opportunities to Canadian stakeholders have been organized. Initiatives, commonly in the form of workshops or webinars, focus on using evidence and cancer guidelines to inform decisions that will improve the quality of cancer care across the care continuum and improve cancer system performance. For example, the Guidelines Leaders Forum brings together leaders of guideline programs from various jurisdictions to exchange knowledge and explore opportunities to work together. • A mentorship program, which emerged from the Leaders Forum, has guided seven Forum participants and seven guideline development groups, including five provincial programs and two pediatric programs. • The training opportunities, SAGE and the Cancer Guidelines Resource Centre have been identified by Canadian guideline leaders and co-ordinators as valuable to the development of high-quality guidelines for their provinces and for collaborating with other provinces.

Cancer Journey

The focus of the Cancer Journey priority is to foster leadership to promote integrated person-centred care throughout the cancer journey, including palliative and end-of-life care and survivorship. The program of work includes the Integrated Person-Centred Care initiative and the Survivorship initiative.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
<p>Integrated Person-Centred Care</p> <ul style="list-style-type: none"> • Provide provinces and territories with support, tools, resources and access to experts in supportive care, focusing on screening for distress and navigation 	<ul style="list-style-type: none"> • Progress toward an integrated system that is more easily navigated, accessible to and supportive of the needs of patients and their families, including palliative and end-of-life care, enhancing 	<ul style="list-style-type: none"> • Resources and leadership for capacity building in person-centred care available and adopted 	Achieved	<ul style="list-style-type: none"> • Guidelines to support person-centred care are available: <ul style="list-style-type: none"> – Pan-Canadian guidelines for depression, anxiety and fatigue for adults with cancer are completed; all three are available through cancerview.ca – Guidelines on sleep disturbance have been drafted – Survivorship guidelines have been completed • As well, a person-centred care toolkit that includes guides for implementing screening for distress, navigation and

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
<p>programs (professional, lay and virtual), palliative and end-of-life care education, and implementation of guidelines for psychosocial care</p>	<p>person-centred care throughout the cancer journey</p>			<p>survivorship care plan programs, pan-Canadian symptom management guidelines, and evaluation resources is available on cancerview.ca. Twelve partner organizations in eight provinces that implemented programmatic approaches to person-centred care have used the toolkit.</p>
		<ul style="list-style-type: none"> At least six jurisdictions have identified targeted patient populations that are being screened for distress (the 6th vital sign) and can access effective programs and services through professional, peer or virtual navigation 	<p>Achieved</p>	<ul style="list-style-type: none"> The participation target in this program has been exceeded. A total of nine jurisdictions are involved in screening for distress and three jurisdictions are involved in navigation. Specifically, the Cancer Journey portfolio is currently working with five jurisdictions implementing screening for distress (Princess Margaret Hospital, CancerCare Manitoba, Alberta Health Services, the PEI Cancer Treatment Centre and the Saskatchewan Cancer Agency). Implementation at the BC Cancer Agency, in the Québec SupraRegion, in Northeastern Ontario and at Cancer Care Nova Scotia is complete and jurisdictions are being supported to finish an evaluation and undertake knowledge transfer activities. The three organizations implementing navigation programs are Cancer Care Ontario, CancerCare Manitoba and the BC Cancer Agency. Jurisdictions in eight provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and PEI) are screening for distress (using a common data set that can be compared nationally) and jurisdictions in three provinces (British Columbia, Manitoba and Ontario) are implementing professional and lay navigation programs, which enhance timely access to a range of co-ordinated, supportive care services to address patient, family and caregiver needs.
		<ul style="list-style-type: none"> An evaluation report on implementation of the screening for distress and navigation programs 	<p>Achieved</p>	<ul style="list-style-type: none"> An evaluation report for screening for distress and navigation is being prepared. A virtual navigation pilot program for people with melanoma or colorectal cancer was evaluated in seven jurisdictions across Canada. The final report is available at cancerview.ca. An evaluation framework has been created to review the objectives, activities, outputs and outcomes of the Cancer Journey portfolio's work. An evaluation report will provide qualitative and quantitative measurement of the impact of Cancer Journey-led programs nationally.
		<ul style="list-style-type: none"> Adapt a palliative and end-of life-care training curriculum for oncology 	<p>Achieved</p>	<ul style="list-style-type: none"> EPEC™-O Canada, a national training program in palliative and end-of-life care, has been adapted, revised, piloted and evaluated at two national training workshops. Three regional

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
		professionals and conduct and evaluate three Canada-wide training workshops		workshops have been held and evaluated, resulting in training for over 235 health-care professionals requiring palliative and end-of-life care education. National roll out of the program continues.
Survivorship • Develop resources and programs to address survivorship issues — with special attention to underserved populations — including survivorship care plans, online support groups and the Cancer Transitions Program™ (for survivors)	• Enhanced pan-Canadian capacity to address survivorship issues through resource and program development	• Care maps are available to ease transition from active treatment to primary care	Achieved	• Four different survivorship care plan projects were completed in four provinces for people who have recently completed primary cancer treatment: <ul style="list-style-type: none"> – Web-based (Young Adult Cancer Canada) – Community-based, peer-led (Wellspring) – Professionally led (CancerCare Manitoba and Alberta Health Services) • These experiences will help other jurisdictions address the challenges and barriers to successful survivorship care plan implementation.
		• Report on best practices of innovative models of care for cancer survivors and their families	Achieved	• Three projects were undertaken: <ul style="list-style-type: none"> – Professionally led online support groups addressed the psychosocial needs of over 50 groups nationally using technology; the number of groups has continued to grow since the launch of cancerchatcanada.ca in 2010, which evaluation showed was particularly useful to patients in rural and remote settings and to those whose family situations limit their ability to be away from home – Cancer Transitions/EMPOWER trained facilitators across Canada to offer skills programs for cancer survivors and caregivers, respectively; Cancer Transitions has been offered in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec and Nova Scotia – Three projects on return-to-work issues broke new ground in examining survivorship issues for cancer survivors, caregivers, employers, insurers and benefits managers, which should lead to new work-related resources, tools and programs for all three groups nationally

Health Human Resources

The Health Human Resources priority is intended to increase understanding of the challenges posed by HHR shortages and to support development and sharing of innovative solutions. The program of work initially included developing a repository of innovative service delivery models, knowledge exchange on cancer control workforce planning and developing an e-mentorship program for advanced practice nurses in oncology. However, the work was refocused in May 2010.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
HHR Service Delivery Models <ul style="list-style-type: none"> Conduct a pan-Canadian environmental scan of the current state of health human resources in cancer control Provide an electronic inventory of innovative service delivery models, from Canada and around the world, that are effective in overcoming HR challenges in the cancer system Facilitate development of an e-mentorship program for advanced practice nurses in oncology 	<ul style="list-style-type: none"> Built capacity to address HHR challenges in Canada, including planning considerations, and facilitation of the creation of cancer control HHR networks Established understanding of the role e-mentorship can play in supporting the workforce, particularly emerging professional roles 	<ul style="list-style-type: none"> Up-to-date repository of information about innovative models of service delivery and a bibliography of literature in cancer control HR planning 	Achieved	<ul style="list-style-type: none"> The project was completed in 2010 and the repository is available through cancerview.ca. It includes 120 models from both Canada and elsewhere.
		<ul style="list-style-type: none"> Effective exchange of information with HR planning groups within jurisdictions to incorporate approaches to cancer control workforce planning that consider innovative approaches to service delivery and optimizing resources across the disease continuum 	Changed direction	<ul style="list-style-type: none"> Given completion of the planned HHR program of work, a decision was made in May 2010 to fold the HHR Advisory Group and evolve the Partnership's efforts in this domain to reflect the HR dimension of cancer control across initiatives. For example, work within the Cancer Journey, Cancer Guidelines and Quality priorities support the HR community and health-care professionals through the development of various tools and resources available through cancerview.ca. A feasibility analysis of an e-mentorship program for advanced practice nurses in oncology was conducted. However, findings indicated that a broader systems focus is required and the opportunity does not strongly align with the strategic value the Partnership adds. Program development was not pursued.

Research

The Research priority supports innovative, high-impact projects that would not be funded through traditional mechanisms. The program of work includes the Canadian Partnership for Tomorrow Project, the Translational Cancer Research initiative and the Pan-Canadian Cancer Research Strategy.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
Canadian Partnership for Tomorrow Project (cohort study) <ul style="list-style-type: none"> Enable co-ordination of a 20-to 30-year study involving 300,000 Canadians to examine the interaction and long-term impact of behavioural, environmental and genetic factors on cancer risk 	<ul style="list-style-type: none"> Established a robust Canadian "population laboratory" to increase understanding of risk factors for cancer and other chronic diseases Enhanced capacity to further study risk factors for cancer and chronic diseases such as diabetes and cardiovascular disease 	<ul style="list-style-type: none"> Facilitate recruitment of, and completion of initial data collection from, a target of 300,000 Canadians, including biospecimens for the majority of participants 	Delayed	<ul style="list-style-type: none"> The Canadian Partnership for Tomorrow Project (CPTP) infrastructure and governance is fully in place. More than 200,000 participants had been recruited as of March 2012. The International Scientific Advisory Board reviewed the initial recruitment target and reset it to over 230,000 by March 2013. Bio-samples have been collected from 61 per cent of recruits. The largest cohort study ever conducted in Canada is in place and underway. This living population laboratory will help expand understanding of the natural history of cancer and related chronic diseases.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
		<ul style="list-style-type: none"> Sustainability strategy in place that ensures continued vitality of the cohort beyond 2012 	Achieved	<ul style="list-style-type: none"> The Strategic Advisory Council has reviewed a sustainability paper; sustainability planning will be done during 2012–17. The Partnership and other funders have committed to the CPTP into the second mandate.
<p>Translational Cancer Research</p> <ul style="list-style-type: none"> In partnership with the Terry Fox Research Institute (TFRI), support projects that bring research and evidence into practice, building capacity for knowledge translation in cancer research The first project focuses on identifying potentially more effective and cost-efficient ways to screen at-risk individuals for lung cancer — the Early Detection of Lung Cancer Study; other possible project subjects include ovarian, prostate and breast cancer 	<ul style="list-style-type: none"> Facilitated the development of a robust translational research community and improved ability to translate research findings into practical solutions in cancer control 	<ul style="list-style-type: none"> Launch of four major biomarker translational research initiatives with the Terry Fox Research Institute 	Achieved	<ul style="list-style-type: none"> The Partnership collaborated with the TFRI on five research initiatives: lung cancer, myeloma, prostate cancer, ovarian cancer and cachexia. This investment has enabled research teams to collaborate through the TFRI and promoted synergy in research efforts.
<p>Pan-Canadian Cancer Research Strategy</p> <ul style="list-style-type: none"> Harness the existing momentum of cancer research by developing a co-ordinated, pan-Canadian cancer research strategy 	<ul style="list-style-type: none"> Co-ordinated synergistic, innovative and strategic funding of cancer research in Canada, positively affecting the process and outcomes of research 	<ul style="list-style-type: none"> Evidence of use of the strategic plan to fund collaborative initiatives between research partners in the Canadian Cancer Research Alliance (CCRA) 	Achieved	<ul style="list-style-type: none"> The research strategy established a platform for co-ordinating synergistic collaborations. Evidence of achievement of outcomes includes: <ul style="list-style-type: none"> Collaboration between Prostate Cancer Canada and the Ontario Institute for Cancer Research to support the prostate cancer genomic sequencing project The collective support of and investment in planning the successful Canadian Cancer Research Conference in November 2011, with over 1,000 attendees As the Canadian Cancer Society undertook a review of its research programs, the CCRA strategic plan was used to inform and provide context – a demonstration of the strategy’s use in helping CCRA members define their priorities

Standards and Quality Initiatives

The focus of the Standards and Quality Initiatives is to foster quality improvements in cancer control through a cross-Canada approach to standards and indicators, and to facilitate efforts to address quality issues of particular concern. The program of work includes the development of projects in areas of strategic need and strategic opportunity and the development of an integrated approach to quality initiatives and systems performance reporting.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
Standards and Quality Initiatives <ul style="list-style-type: none"> • Develop strategic implementation of initiatives in one area of strategic need and in one area of strategic opportunity to further cancer control quality • Develop an integrated approach to quality initiatives and systems performance reporting 	<ul style="list-style-type: none"> • Enabled improvements in an area of need (immunohistochemistry) and an area of opportunity (endoscopy) to improve and optimize care delivery 	<ul style="list-style-type: none"> • Develop an integrated approach to quality initiatives and systems performance reporting, and seek validation from senior experts in quality initiatives within and beyond the Canadian cancer control community 	Achieved	<ul style="list-style-type: none"> • A framework has been developed and informs current work.
		<ul style="list-style-type: none"> • Facilitate, through collaboration with the Canadian Association of Pathologists, the development and implementation of checklists to support quality assurance in immunohistochemistry nationwide (Developing Quality Assurance for Diagnostic Immunohistochemistry in Canada Initiative) 	Achieved	<ul style="list-style-type: none"> • Development of checklists for Class I and II immunohistochemistry testing are complete and have been submitted to the <i>Canadian Journal of Pathology</i>. Checklists are now available for Canadian pathologists.
		<ul style="list-style-type: none"> • Facilitate, through the Canadian Association of Gastroenterology, the development of quality indicators in endoscopy, and implementation of the Global Rating Scale in endoscopy (Endoscopy Quality Initiative) 	Achieved	<ul style="list-style-type: none"> • A final set of quality determinants has been developed. Quality consensus development has been initiated.

2. Core Priorities

Core priorities support strategic priorities and corporate activities. A group or network of experts, including patients and survivors, guides most initiatives. The Partnership's core priorities are:

- System Performance
- Knowledge Management
- Communications and Public Engagement

System Performance

The focus of the System Performance priority is to inform the delivery of consistent, high-quality cancer care by measuring and reporting on system performance indicators. The program of work includes measuring and reporting on cancer system performance against pan-Canadian indicators.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
System Performance Indicators <ul style="list-style-type: none"> • Develop pan-Canadian indicators to measure and report on the performance of the Canadian cancer control system • Identify areas for improvement, as well as high-performing jurisdictions as models for change 	<ul style="list-style-type: none"> • Widely accepted national indicators for advancing cancer control • Enhanced pan-Canadian system planning and performance to achieve national targets 	<ul style="list-style-type: none"> • Published reports on 17 indicators of cancer control for the majority of provinces and territories across the cancer continuum 	Achieved	<ul style="list-style-type: none"> • The target of publishing reports on 17 system-wide performance indicators to advance cancer control has been exceeded. Comprehensive and nationally comparable reporting on system-wide performance is now available in Canada. • Four years ago, there was limited information on the performance of the cancer system across the country. At a high level, it was possible to track incidence, mortality and survival, as well as the self-reported risk-reduction behaviours of Canadians. Today, the Partnership works with a number of national partners, including provincial cancer agencies and programs, to report on system performance. • Three reports have been produced. The <i>2011 Cancer System Performance Report</i>, posted in December 2011, includes data on 29 indicators and three developmental indicators, and sets the stage for further planning with our partners.
		<ul style="list-style-type: none"> • Evidence of use of indicators to drive quality improvement 	Achieved	<ul style="list-style-type: none"> • Specifics will be known following evaluation of the <i>2010 and 2011 Cancer System Performance Report</i>, to be completed March 2012. The assessment of the 2010 report will focus, in part, on identifying specific examples of where the information and analysis were used to influence decision-making and plans within provincial cancer agencies and programs. The review of the 2011 report will look at whether the gaps in the 2010 report were addressed.

Knowledge Management

The Knowledge Management priority focuses on championing a multifaceted knowledge management strategy that will accelerate “knowledge to action” across the cancer control system in Canada. It also focuses on enhancing analytic capacity and developing partnerships with data organizations to increase the use of cancer data sets and to develop new knowledge products to support the management of the cancer control system. The program of work includes the cancerview.ca portal and the Cancer Risk Management Model platform.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
Cancer View Canada (Partnership portal) and Knowledge Management <ul style="list-style-type: none"> Develop a common platform of technology, tools and strategies to support efficient and effective knowledge generation, exchange and uptake to advance cancer control across Canada 	<ul style="list-style-type: none"> For the Partnership: Ease of national co-ordination, and efficient and effective sharing and uptake of best practices 	<ul style="list-style-type: none"> For the Partnership: Adoption of portal technology and tools by the Partnership and its pan-Canadian networks to carry out the day-to-day work of the cancer control strategy 	Achieved	<ul style="list-style-type: none"> Since the launch of cancerview.ca in July 2009, there has been steady growth in adoption, with more than 180 virtual collaborative networks using the spaces tool to work together online at no cost, including provinces such as Nova Scotia, which has adopted a multi-collaborative space strategy to leverage the spaces tool for its work.
	<ul style="list-style-type: none"> For partners working in the cancer system: Ease of connecting and collaborating, and of transferring knowledge within and across organizations and jurisdictions 	<ul style="list-style-type: none"> For partners: Awareness and use among the cancer control community of services, tools and technology to advance cancer control 	Achieved	<ul style="list-style-type: none"> An initial evaluation was completed in 2010; as an example of the results, 72 per cent of respondents recommend the site to colleagues. The top-rated services include Canadian Virtual Hospice, <i>The Truth of It</i> video series, Colonversation, the College of American Pathologists’ cancer protocols and Canadian Cancer Trials. Other feedback indicated that improvements were needed in accessing information. Evaluation results informed the redesign of the site, which was launched in January 2012.
	<ul style="list-style-type: none"> For patients and caregivers: Ease of navigation through the cancer system, including provision of tools and information to support people with cancer at critical points in their journey 	<ul style="list-style-type: none"> For patients and caregivers: Awareness of portal tools and services among key patient-oriented organizations; good satisfaction with tools among end users 	Achieved	<ul style="list-style-type: none"> This is a significant focus of the cancerview.ca redesign, which includes content labelling by audience, improved navigation and additional content for people with cancer, and their caregivers.
Cancer Risk Management Model <ul style="list-style-type: none"> Develop a comprehensive, user-friendly, web- and evidence-based platform to model the clinical, epidemiological and economic impacts of cancer control activities Provide long-term projections of disease 	<ul style="list-style-type: none"> Developed user-friendly, transparent methods and platform to project the clinical, epidemiological and economic impact of cancer control for at least four major cancer sites and covering prevention, early detection and treatment Fostered awareness, adoption and use of 	<ul style="list-style-type: none"> For the Partnership: Capability to project the long-term disease burden (for example, incidence) and economic impacts of major strategic initiatives 	Achieved	<ul style="list-style-type: none"> The Cancer Risk Management Model (CRMM) was used to demonstrate the long-term impacts of some of the Partnership’s existing work, such as colorectal cancer screening. Projections are included in the organization’s 2012–17 strategic plan. Projection models are available for colorectal and lung cancer on cancerview.ca/cancerriskmanagement. The lung cancer screening model will be one of the tools used to inform discussions on the viability of lung cancer screening programs based on the most recent scientific evidence.
		<ul style="list-style-type: none"> For the system: Ability to project the long-term 	Achieved	<ul style="list-style-type: none"> The Partnership is engaging provincial cancer agencies and programs, key stakeholders and ministries of health in accordance

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
burden and costs of investments in cancer control	common methods of the platform among cancer control program decision-makers across the country	clinical, epidemiological and economic impact of initiatives across the spectrum of cancer control at provincial and national population levels		<p>with the adoption strategy, promoting the CRMM as a tool for decision-making to address current policy questions.</p> <ul style="list-style-type: none"> Six groups are currently conducting evaluation case studies of the CRMM to examine real-world policy questions, including colorectal screening programs, lung cancer drug reimbursement and the impact of lung cancer screening using low-dose CT scan with or without smoking cessation on lung cancer incidence. Results will be discussed with various stakeholder groups, through, for example, the National Colorectal Cancer Screening Network, National Lung Cancer Screening Forum, and the Canadian Agency for Drugs and Technologies in Health symposium.

Communications and Public Engagement

The Communications and Public Engagement priority ensures the perspectives of cancer patients, survivors and their families, and a spirit of collaboration and inclusiveness with Canada's First Nations, Inuit and Métis peoples, remain central in cancer control efforts. This priority area also fosters co-ordination of cancer control efforts by working in partnership with governments, federal agencies, patient organizations, provincial cancer agencies and programs, professional associations and others. The program of work includes addressing First Nations, Inuit and Métis cancer control and ensuring that the patient voice is informing the Partnership's work in implementing the cancer control strategy.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
First Nations, Inuit and Métis Cancer Control <ul style="list-style-type: none"> Build on and broaden the reach of emerging and best practices in First Nations, Inuit and Métis cancer control 	<ul style="list-style-type: none"> Facilitated improvements in First Nations, Inuit and Métis cancer control 	<ul style="list-style-type: none"> First Nations, Inuit and Métis cancer control action plan, developed in collaboration with First Nations, Inuit and Métis stakeholders, is in place and validated by the communities 	Achieved	<ul style="list-style-type: none"> A people-specific and culturally responsive action plan, supported by national Aboriginal organizations, is in place to enhance cancer control (including chronic disease prevention) with and for First Nations, Inuit and Métis peoples. System planning has been enhanced and collaboration increased nation-wide among First Nations, Inuit and Métis peoples, patients and organizations involved in cancer control and chronic disease prevention (including all federal, provincial and territorial governments and cancer agencies and programs). The first phase of implementing the action plan will be completed March 2012.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
<p>Patient Voice</p> <ul style="list-style-type: none"> • Ensure that the patient voice is informing the Partnership's work in implementing the strategy 	<ul style="list-style-type: none"> • Inclusion of the patient/public voice in all advisory mechanisms to inform the Partnership's work in implementing the strategy 	<ul style="list-style-type: none"> • The voice of cancer patients, survivors and their families is embedded in and reflected across the cancer control continuum, ensuring that those affected by cancer are involved in advancing the work of the strategy 	<p>Achieved</p>	<ul style="list-style-type: none"> • The voice of patients, survivors and their families is reflected across the Partnership's work. • Advisory mechanisms, which provide counsel and ensure the ongoing relevance and ultimate success of the cancer strategy, include representation from patient groups and individuals with a personal connection to cancer. • The Canadian Cancer Action Network (CCAN) continues to be a central mechanism of engagement by providing input into the strategic planning consultations and through membership on advisory groups. • CCAN also informs the pan-Canadian Oncology Drug Review (pCODR) process, providing input on drug review submissions by means of the CCAN Drug Review Working Group, the mandate of which is to help shape a cancer drug review system that incorporates and reflects the voice of people with cancer. • The Partnership also reaches patients, survivors and their families beyond CCAN via online postings and recruitment through partner organizations. For example, First Nations, Inuit and Métis survivors and their families are members of the Partnership's Advisory Committee on First Nations, Inuit and Métis Cancer Control, and were recruited via national Aboriginal organizations.

Initiative	Expected Outcomes	2012 Target	Status by March 2012	Comments
				<ul style="list-style-type: none"> • The Partnership has collaborated with C¹⁷, a network of all pediatric oncology centres in Canada, to support the Canadian Task Force on Adolescents and Young Adults with Cancer (AYA Task Force). The AYA Task Force focused on reviewing and evaluating the cancer experience among adolescents and young adults with the goal of improving overall outcomes and quality of life. • The group published recommendations in 2011 on improving outcomes and quality of life for AYA cancer patients, which it is using as a starting point for developing a pan-Canadian implementation framework. Recommendations cover active therapy and supportive care, psychosocial needs, palliation and symptom management, survivorship, research and metrics, and promoting awareness of AYA issues. • Modelling the Partnership's approach to collaborating with partners and engaging stakeholders, the group is raising the profile of the unique needs of the AYA population and embedding the AYA perspective in its work. • Tools and resources oriented toward responding to the patient voice that emerged from various initiatives and partnerships are available through cancerview.ca, including survivorship resources such as cancerchatcanada.ca and <i>The Truth of It</i> video series, the Canadian Cancer Society Cancer Encyclopedia and Cancer Information Service, and the Canadian Cancer Trials database.