

**PARTNERSHIPS
AGAINST CANCER**

TOGETHER, MOVING FURTHER — FASTER

Our Mission

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

Our Values

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

We are:

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

Contents

- 3 Message from the Chair and CEO
- 5 About the Partnership
- 6 2009/10 at a Glance

STRATEGIC PRIORITIES

- 14 Primary Prevention
- 18 Research
- 20 Screening
- 22 Cancer Guidelines
- 24 Surveillance
- 26 Health Human Resources
- 27 Cancer Journey
- 30 Quality Initiatives and System Performance

CONNECTING WITH CANADIANS

- 33 Knowledge Management
- 35 Community Linkages

- 37 Board of Directors
- 38 Advisory Mechanisms

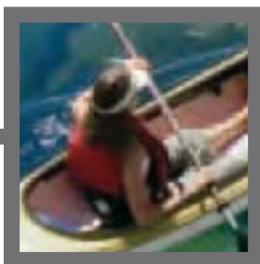
FINANCIALS

- 40 Auditors Report
- 41 Financial Statements
- 44 Notes to the Financial Statements

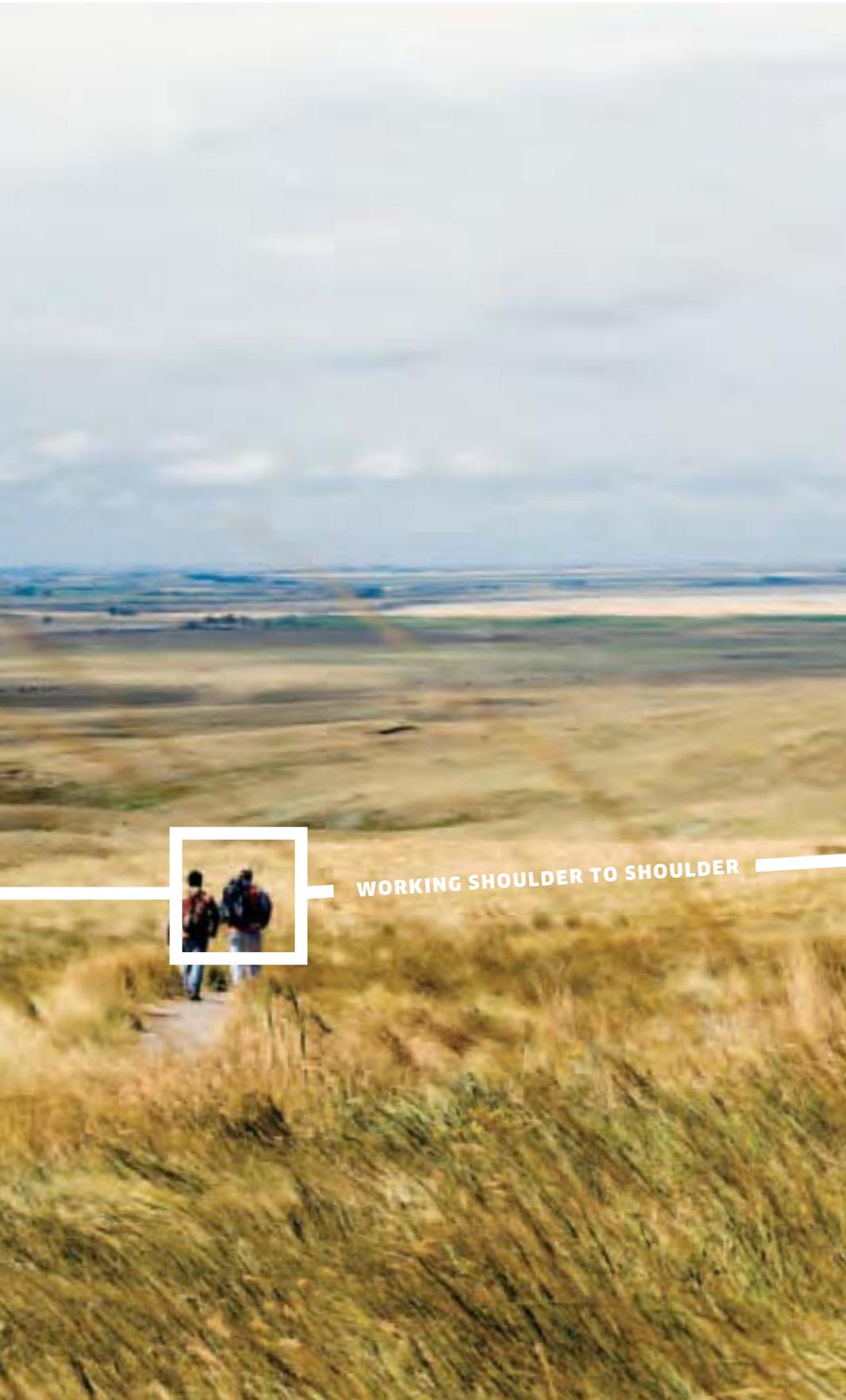
- 49 Materials Completed

ANY CANADIAN, ANY TIME, CAN BE AFFECTED BY CANCER

Nearly half of all Canadians will develop cancer in their lifetime and approximately one in four will die from it. The successes of the past year – and the momentum we are building for the future – demonstrate that working together, we can move further and faster towards our common goal of controlling cancer.



MAKING A DIFFERENCE



WORKING SHOULDER TO SHOULDER

HOW WILL HE AND HIS FAMILY BENEFIT FROM OUR WORK?



By addressing the full spectrum of cancer control – from prevention to palliation – our work will reduce the burden of cancer.

Message from the Chair and the CEO

FROM PLANNING TO ACTION, IMPLEMENTATION TO IMPACT

This was a pivotal and exciting year for the Canadian Partnership Against Cancer.

With our focus this year on driving implementation, it is rewarding to witness the early impact of our national cancer control strategy. Across the country we are seeing meaningful results that range from better access to colorectal cancer screening, to improvements in cancer stage data collection and enhanced support for patients navigating through the cancer system.

These early successes, and the many other examples of progress described in this report, are the result of effective collaboration among a great number of individuals and organizations in the cancer control community. These partnerships against cancer are built on solid pan-Canadian networks made up of cancer agencies, hospitals and universities; individual clinicians, researchers and patients; charities and non-governmental organizations; and patient and survivor groups. Together we are advancing initiatives that will achieve the greatest possible impact within the five years of the Partnership's first mandate, while building a solid foundation for sustainable cancer control into the future.

As we undertake our work together, the importance of collaboration cannot be overestimated. The idea of working in partnership to achieve a common objective is not new – it is likely as old as the earliest communities – but that does not mean it is easy. In the context of controlling cancer at a pan-Canadian level, effective collaboration requires the right partners in the right roles, a shared understanding of immediate and long-term goals and how to achieve them, and a willingness to listen, reflect and refine along the way – all the while remembering that our success is critically important for cancer control in Canada. We believe this level of collaboration is unprecedented in Canada, and we are encouraged by the cancer control community's positive response to our efforts and to our unique model as an effective mechanism for change.

Looking ahead to 2010/11, we will continue to advance the work described in this report, with a focus on measuring progress against the targets we set for our initial mandate. To ensure that our collective efforts are sustainable, we will help our partners to integrate this work into their organizations and across jurisdictions, while also exploring the needs and opportunities that lie ahead as we seek to achieve our common goals: to reduce the number of Canadians diagnosed with cancer, to reduce the number of deaths due to cancer and to improve the quality of life of those affected by cancer.

We know our work is urgent. Nearly half of all Canadians will develop cancer in their lifetimes and approximately one in four will die from it. The successes of the past year – and the momentum we are building for the future – demonstrate that working together, we can move further and faster towards our common goal of controlling cancer.



Simon Sutcliffe, MD
Chair



Jessica Hill
CEO





**WILL HE GET
CANCER? WILL HIS
CHILDREN?**



Together with our partners, we are working to prevent cancer and understand why some people develop it and others do not.

About the Partnership

As a uniquely Canadian response to a global health challenge, the Canadian Partnership Against Cancer brings together the efforts of partners across the country in a coordinated, highly collaborative approach to cancer control.

An independent organization funded by the federal government, the Partnership was established with a five-year mandate to implement a national cancer control strategy that will significantly reduce the impact of the disease on Canadians. The terms of that strategy were defined by the collective vision, expertise and firsthand experience of more than 700 cancer leaders, advocates, patients and survivors from coast to coast to coast.

The strategy embraces the full spectrum of cancer control, from prevention to palliative and end-of-life care, from policy to practice, and from biomedical research to health systems applications. The strategy recognizes that all of these elements are essential if we are to effectively address incidence, mortality, quality of life, and safety and affordability of care.

The World Health Organization has urged all countries to develop comprehensive cancer control strategies, applying available knowledge more effectively to minimize the impact of the disease.

The Partnership's areas of focus align with federal, provincial and territorial priorities to ensure that Canada's cancer strategy is well-integrated into broader health considerations. For Canada, where provinces and territories deliver health care, the challenge has been to devise a collaborative model that leverages best practices and encourages, supports and facilitates every jurisdiction in customizing resources and applying knowledge to serve its own population.

By acting as a catalyst and connecting those working in and affected by cancer across a large and complex health system, the Partnership works with its partners to advance the cancer strategy across this vast country. This collaborative effort drives the best of what we know to control cancer, and will result in innovative ways of putting knowledge into consistent practice across Canada.

CONTROLLING CANCER

Collaborating with other organizations in the cancer community, the Partnership has identified and launched successful initiatives fuelled by existing knowledge while encouraging the constant search for new insights – with the ultimate goal of advancing cancer control for all Canadians. Designed to have the greatest impact possible in the five years of the Partnership's initial mandate, these programs will help to create a powerful, sustainable foundation for long-term success.

By unifying efforts, the Partnership is driving advances in cancer control that will ultimately

- Reduce the expected number of cancer cases
- Enhance the quality of life for those affected by cancer
- Lessen the likelihood of Canadians dying from cancer
- Increase the effectiveness and efficiency of the cancer control domain

No single cancer organization in the country carries such a broad mandate.

Together, Moving Further, Faster 2009/10 at a Glance

Understanding that cancer is the leading cause of early death in Canada – and the number one health concern for Canadians – the Partnership took up the cancer control challenge with a sense of urgency. In the three years since we began implementing Canada's cancer control strategy, we have seen significant progress across the cancer control continuum.

For the Partnership, 2009/10 was a transformative year, with many initiatives moving from the planning stages into action and early results. These emerging successes are the result of effective collaboration and careful action with organizations and individuals across the cancer control community.

Together, these partnerships against cancer are building the capacity to measure the performance of the cancer system, driving initiatives that will have meaningful impact in both the short and long term, and maximizing knowledge exchange and translation to support people working in the cancer system and those affected by cancer.



The following pages provide the past year's best examples of initiatives that yielded tangible outcomes that are already being put to use within and beyond the cancer control community.

Collaborating to prevent cancer and save lives

Canadians are seeing early benefits from their national cancer strategy in the form of innovative approaches to information sharing that will improve prevention and increase the number of Canadians being screened for cancer. Through leveraging and sharing expertise, partner collaborations are propelling meaningful change – demonstrating that the whole is greater than the sum of its parts.

Built from the ground up through an inclusive process that gathered input from the prevention community through consultations and workshops, the Partnership's **Coalitions Linking Action and Science for Prevention (CLASP)** initiative (page 14) brings together professionals in research, practice and policy from more than 30 organizations to improve the overall health of Canadians.

Within a year, CLASP evolved from its planning stage to new investments in seven distinct coalitions working to maximize the impact of chronic disease prevention efforts across the country. As further evidence of the collaborative nature of CLASP, the initiative was based on initial funding of \$12.5 million from the Partnership; that funding increased to \$15.5 million through additional commitments from the Public Health Agency of Canada and the Heart and Stroke Foundation.

The Partnership's **National Colorectal Cancer Screening Initiative** (page 20) is another testament to the power of collaboration. Through a network of experts and program leaders representing every province and territory, as well as national patient and professional organizations, this initiative responds to a shared goal to improve screening rates by building a common approach to screening programs.

Perhaps the greatest testament to the progress of the National Colorectal Cancer Screening Initiative to date is the fact that every province has launched – or is committed to developing – a comprehensive colorectal cancer screening program. An additional milestone is the development of www.colonversation.ca, a public awareness program launched in March 2010 to increase the number of Canadians aged 50 and older who are screened for colorectal cancer.

WILL HER CANCER BE CAUGHT EARLY?



Innovative approaches will increase the number of Canadians being screened for cancer.

BETTER. SOONER. FASTER

Together, Moving Further, Faster 2009/10 at a Glance



BETTER DATA

Measuring performance and maximizing impact

The Partnership is undertaking initiatives that will support health-care decision-making by tackling two far-reaching questions: How do we know whether we're improving care for cancer patients and making the system better? How do we invest our health-care dollars to realize the best value in the environment of an aging population and increasing demands on the health-care system?

In work that will help to shape the planning and delivery of the entire cancer control system, the Partnership's **System Performance Initiative** (page 30) uses existing cancer-related data from across the country as a baseline for measuring progress in a consistent and systematic way. The initiative reflects the efforts of provincial and territorial partners that have collaborated on the development and confirmation of a set of high-level indicators – from prevention and screening to supportive care and survival – to begin to report on the status of cancer control in Canada.

The **Cancer Risk Management** platform (page 34) builds potential for achieving a sustainable reduction in the burden of cancer. Launched in January 2010 and available on www.cancerview.ca, the platform is the result of collaborative work with Statistics Canada and teams of researchers and other cancer experts. This adaptive web-enabled tool allows decision-makers, including health ministries, cancer agencies and federal partners, to model the impacts of cancer control initiatives – whether in prevention, screening or a new therapy – starting with

colorectal and lung cancers. Outcomes that would ordinarily take years to realize, such as the long-term benefits of a new cancer initiative for a particular population, can be modelled and assessed so that health spending can be allocated more efficiently.

HOW WILL BETTER INFORMATION HELP WITH HER CARE?



Quality data provides a solid base for health professionals to make decisions about patient care.

Together, Moving Further, Faster 2009/10 at a Glance



Sharing knowledge to inform improvements

A cornerstone of the Partnership's mandate is to ensure the widest possible access to knowledge, expertise and tools aimed at improving cancer control. To make that commitment a reality, in 2009 we launched www.cancerview.ca (page 33), a hub of valuable information and services dedicated to cancer control.

Designed for professionals working in the health system and for those who treat and support people with cancer, the site also includes resources for individuals and families affected by the disease.

Showcasing content from more than 20 partners and featuring seven searchable knowledge databases, www.cancerview.ca offers high-quality Canadian cancer control information in a single online destination – bringing sense and order to the vast amount of information available. To date, 60 stakeholder groups have started developing password-protected virtual communities on topics ranging from prevention to end-of-life care, and from basic science to service delivery. This online collaboration will help to promote the timely exchange of information among professionals in different parts of the country.

**HOW CAN HER
TRANSITION INTO
AND OUT OF TREATMENT
GO MORE SMOOTHLY?**



**The Partnership's
work addresses
gaps in the human
side of cancer.**

IMPROVING THE CANCER JOURNEY

The big picture

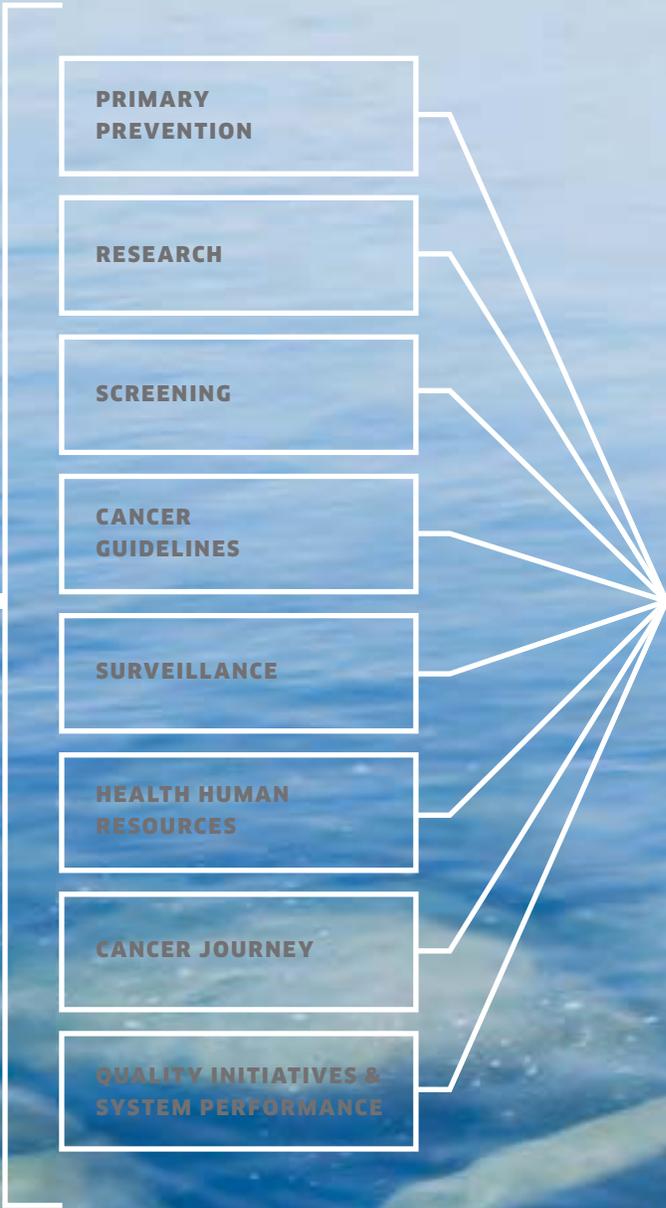
The benefits being delivered through our work are the result of a commitment shared among many different players in Canada's cancer control community, highlighting the unique role the Partnership plays: activating knowledge to make system-wide improvements; accelerating the uptake of good, effective ideas; and enabling provinces and territories to make the best decisions possible for their citizens.

In approaching our mandate by working with and through partners to address the most pressing needs in the most logical way, the Partnership supports consistency and coherence in cancer care across Canada's federated health system.

We invite you to read on to learn more about the full range of our accomplishments during 2009/10.

Strategic Priorities

To make sense of where we can add the most value, we have organized our work across eight strategic priorities reflecting different aspects of cancer control.



BENEFITING ALL CANADIANS

Cancer Control Priorities

The Canadian Partnership Against Cancer was created to implement Canada's cancer control strategy. Collaborating with other organizations in the cancer community, we identify, accelerate and launch successful initiatives from prevention and screening to research, surveillance and survivorship. Because an estimated one out of every four Canadians will die of cancer, palliative and end-of-life care are also within the scope of our mandate.¹ This is an ongoing reminder of the urgency of our work. Our initiatives are fuelled by existing knowledge and lead to new insights – with the ultimate goal of advancing cancer control for all Canadians.

¹ Canadian Cancer Society. *General Cancer Statistics for 2010*, May 2010. www.cancer.ca.

Primary Prevention

ACTING TOGETHER TO REDUCE RISK

Primary prevention refers to reducing the risk of developing cancer and other chronic diseases, which account for 89% of all deaths in Canada.¹ A large proportion of chronic disease is known to be preventable through healthier lifestyles and healthier communities. For example, maintaining a healthy body weight, quitting smoking, limiting sun exposure and improving the quality of our environment can all help to reduce the risk of cancer, as well as the risk of diabetes and heart disease.

The Partnership is enhancing research into primary prevention, improving surveillance and public awareness and fostering cooperation among partners from other disease groups to maximize the results of their collective efforts and put what we know into practice.

Progress during 2009/10 resulted in great part from collaboration with other organizations and a shared commitment to knowledge development and exchange. The following are examples:

- Seven new Coalitions Linking Action and Science for Prevention (CLASP) will address cancer and chronic disease prevention through partnerships that include every province and territory.
- Development of new tools and indicators will assist practitioners and policy-makers in evaluating prevention programs and policies through CAPTURE (Canadian Platform to Increase Usage of Real-world Evidence).
- Generation of new surveillance data and better reporting tools will identify and reduce Canadians' exposure to environmental and occupational carcinogens.
- Development of an innovative public policy surveillance tool and a community engagement strategy will support implementation of healthy public policies based on internationally recognized recommendations.

Coalitions Linking Action and Science for Prevention (CLASP)

Evidence that could help to prevent cancer and chronic disease emerges regularly through research but can be difficult to integrate with the lessons learned from policy and practice, especially given jurisdictional boundaries and the many organizations and agencies that focus on different chronic diseases. The Partnership's CLASP initiative brings together more than 30 organizations – from disease-specific groups to health ministries and cancer agencies – in a series of initiatives designed to integrate research, practice and policy work on chronic disease prevention and to accelerate action on shared priorities, with a view to improving the overall health of Canadians.

“Childhood obesity that tracks into adulthood can lead to an increased risk of certain types of cancer and other chronic diseases. As part of Coalitions Linking Action and Science for Prevention, the Collaborative Action on Childhood Obesity project enables different jurisdictions and organizations to work together on shared priorities for cancer and chronic disease prevention. By building on the successes of related programs and initiatives in partnering locations, our coalition will increase healthy eating and active living initiatives for children and youth.”

– Elsie De Roose, Territorial Nutritionist, Government of Northwest Territories

¹ Chronic Diseases and their Control. WHO press release 59. Geneva: World Health Organization, 2006. http://whqlibdoc.who.int/press_release/2006/PR_59.pdf.



[1] The Honourable Leona Aglukkaq, federal Minister of Health, announces funding for CLASP. **[2]** Dr. Barbara Riley, University of Waterloo, and Dr. Lise Gauvin, Université de Montréal. **[3]** Dr. Tom Warshawski, Childhood Obesity Foundation. **[4]** Dr. Steve Manske, University of Waterloo, and Linda Venus, Canadian Cancer Society, Manitoba.

CLASP's novel approach recognizes that many factors – such as maintaining a healthy body weight, quitting smoking and reducing harmful environmental and occupational exposures – can reduce the risk of developing some cancers, as well as diseases such as diabetes, lung disease and heart disease. By consolidating new and existing knowledge into more effective chronic disease prevention programs, CLASP is facilitating a more coordinated and efficient partnership approach to disease prevention that complements federal, provincial and territorial healthy living strategies.

The 2009/10 fiscal year saw significant progress in the planning and implementation of CLASP:

- Following a series of planning workshops for groups interested in applying for CLASP funding, a request for proposals generated over 40 submissions. In August and September 2009, an adjudication panel comprising 36 experts in research, practice and policy evaluated the proposals and provided feedback.
- Seven CLASPs were selected for funding. The Partnership is contributing \$12.5 million, with additional funding from the Public Health Agency of Canada and the Heart and Stroke Foundation bringing the total to \$15.5 million. Funded CLASPs explore a range of topics relevant to chronic disease prevention, including childhood obesity, prevention in primary-care practice, the design of neighbourhoods that promote healthy lifestyles, and cancer and chronic disease prevention in First Nations communities.
- In November 2009 and March 2010, semi-annual knowledge exchange meetings for funded CLASPs convened more than 100 coalition members and funding agency representatives to share knowledge and explore opportunities for further collaboration.
- Cross-CLASP working groups were established to ensure ongoing knowledge exchange among the projects and to evaluate progress and sustainability. Knowledge exchange will continue for the duration of the CLASP funding period to provide regular opportunities for all CLASPs to benefit from lessons learned and progress made by each CLASP team.

CAPTURE

CAPTURE (Canadian Platform to Increase Usage of Real-world Evidence) is a web-enabled platform that will support chronic disease prevention practitioners and program managers in collecting and reviewing real-world practice and policy evidence, and in evaluating which primary prevention programs are effective for whom and in what context. By collecting program planning and evaluation data in the CAPTURE system, practitioners can assess the applicability of the work of others and report on their own work to help create a database that reduces duplication and encourages the use of both research evidence and real-world best practices to improve primary prevention programs.

In 2009/10, significant steps were made in the development and use of CAPTURE:

- Fifty potential CAPTURE users attended an October 2009 stakeholder workshop to discuss a draft framework for the platform and to examine priorities and implementation strategies.
- The seven funded CLASPs will work with the CAPTURE system to pilot its use for project evaluation.
- CAPTURE convened an international advisory board comprising experts in evaluation; chronic disease prevention policy, practice and management; intervention research; knowledge translation and exchange; information technology; e-learning; and sustainability. The board represents a balance of local, regional, national and international perspectives and will inform the direction of the platform's development.

PRIMARY PREVENTION CONTINUED

Environmental risks: Reducing community and occupational exposure

Research has uncovered many substances in the natural and built environments that may cause cancer. In 2009/10, concrete progress was made in building evidence that will support the development of programs and policies to reduce carcinogenic exposure and improve the health of Canadians:

- CAREX Canada: Success in reducing Canadians' exposure to carcinogens is tied to knowledge about the presence of these substances in our workplaces and communities. Accessible through www.cancerview.ca and www.carexcanada.ca, CAREX Canada is mapping patterns of exposure in workplaces and in the air, water and soil. As it becomes available, this information is shared through the resource centre and carcinogen database on the CAREX website. CAREX is actively engaging with research, practice and policy specialists who can use this data to inform the development of policies and practices that will help to make Canadians healthier.

In 2009/10, CAREX Canada estimated the number of Canadians exposed to more than 30 different known, probable and possible carcinogens at work and in the environment. The carcinogen resource centre was expanded to include profiles for over 60 substances. CAREX-eRisk was developed to enable integration of exposure information and measurement of its significance. The CAREX Canada electronic platform, used for estimating occupational exposure, has undergone significant development. In addition, progress is being made acquiring, cleaning, coding and reformatting provincial data resources that will support creation of a Canadian Workplace Exposure Database and enhance local prevention programs.

- Right-to-know labelling: Product label warnings draw attention to potential exposure to hazardous products or ingredients. Following development of a report titled *A Review of Recognized Labelling Practices: The Potential for Improving Health and Environmental Standards*, made available in September 2009 on www.cancerview.ca, the Partnership hosted a consultation workshop of experts in product labelling to outline potential opportunities for participants.

- Occupational and environmental exposure: An online course was created to educate health professionals about recognizing and helping to minimize exposure to potential carcinogens in workplaces and communities. By January 2010, more than 1,600 health-care professionals had participated in the course through www.mdbriefcase.com. The course is available to those working in occupational safety through the Canadian Centre for Occupational Health and Safety website at www.ccohs.ca.

- Skin cancer prevention: Two Partnership reports on skin cancer prevention initiatives were completed and distributed to research, practice and policy professionals with expertise in ultraviolet and ionizing radiation. The reports—*Environmental Scan of Policy and Legislation as it Relates to Skin Cancer Prevention* and *Literature Review of Evidence-Based Strategies and Practices in Promoting Skin Cancer Prevention*—will help inform those concerned with cancer and chronic disease prevention about integrating sun-safety initiatives into other programs that promote the health and well being of Canadians. The environmental scan of skin cancer prevention policies has been added to www.cancerview.ca's directory of prevention policies to support Canadian policy research that could lead to new cancer prevention initiatives.

- Asbestos exposure surveillance: In March 2010, a think tank on asbestos exposure surveillance and disease compensation convened 50 Canadian and international experts in policy, practice and research to explore the opportunities for a pan-Canadian approach to asbestos exposure surveillance and harmonized disease compensation policies. A workshop report was completed and will be distributed during the 2010/11 fiscal year.

Healthy public policy: Alignment in action for nutrition and physical activity

By helping Canadians to be healthier, public policies addressing nutrition and physical activity have the potential to dramatically reduce the incidence of cancer. Starting with 48 evidence-based policy recommendations identified in the World Cancer Research Fund/American Institute of Cancer Research's 2009 publication, *Policy and Action for Cancer Prevention (Food, Nutrition and Physical Activity)*, the Partnership is working to identify opportunities for policy development that will spur action.

Highlights in 2009/10 included the following:

- A synthesis of existing Canadian frameworks, strategies and policies was completed. The resulting report, *Nutrition and Physical Activity Policy Alignment in Action Synthesis Report*, includes comparisons to practices in other nations and helps identify potential opportunities for short- and longer-term action. Experts met in March 2010 to begin forming a stakeholder engagement plan based on report findings.
- Environmental scans on nutrition, physical activity and alcohol policies and programs were conducted through online searches, key informant interviews and case studies. The resulting report is available at www.cancerview.ca.
- A searchable dynamic database of Canadian policies and legislation relating to key modifiable risk factors for cancer and other chronic diseases was completed and will be continually updated at www.cancerview.ca.

Also in 2009/10:

The National Symposium on Infectious Agents brought together scientific, clinical and policy experts – many in first-ever exchanges – to share valuable information and explore opportunities for cooperation on strategies for such infectious agents as human papillomavirus, the hepatitis B virus and the *H. pylori* bacteria. A proceedings report will be distributed to all participants and posted on www.cancerview.ca during the 2010/11 fiscal year.

Research

A SYSTEMATIC APPROACH TO OPTIMIZING RESEARCH

Cancer research in Canada encompasses a wealth of projects and portfolios underway in universities, hospitals, cancer agencies and other facilities across the country. To build on valuable knowledge that exists throughout the research community, the Partnership supports landmark programs that strengthen research capacity in Canada, facilitate the movement of knowledge from research into practice, and maximize the impact of cancer research.

Currently, Partnership support is advancing three research initiatives that have the potential for high-impact results.

Canadian Partnership for Tomorrow Project

A landmark study with a broad scope and strong, rigorous design, the Canadian Partnership for Tomorrow Project is establishing a large, high-quality population laboratory.

The project's five regional teams – in Alberta, Atlantic Canada, British Columbia, Ontario and Quebec – aim to recruit and track a total of 300,000 healthy Canadians over decades. The collection of baseline and ongoing data and biological samples will build a database and a bio-repository that will serve as rich resources for researchers.

“Large-scale, long-term population studies can unlock new knowledge about the causes of disease. Traditional funding has always been a challenge due to study duration and the upfront expense required to create the research infrastructure. However, over the long term, these projects are highly cost effective as they allow investigation of multiple diseases and causes within the same study population. The Canadian Partnership for Tomorrow Project will provide insights into the development of disease among Canada's diverse population – information that will also have huge value internationally.”

– Professor Elio Riboli, Director, School of Public Health, Imperial College, London, United Kingdom; Member, Governing Council, Canadian Partnership for Tomorrow Project

There is remarkable potential for this long-term, large-scale perspective to improve our understanding of cancer and other chronic diseases, the development of which is often shaped by a number of factors over a long period.

Achievements in 2009/10 included the following:

- Governance and organizational structures for the study were strengthened, and the newly appointed governing council met and established an overall governance framework to support the coordination and long-term sustainability of this virtual population laboratory.
- Assessment centres and bio-repositories were established in each region; data collection was harmonized across all regions.
- Data was aligned with information collected in population studies from around the world through the Public Population Project in Genomics (P3G), a consortium that provides the international population genomics community with access to expertise, innovative tools and up-to-date information.
- Recruitment was initiated in all five regions. By the end of March 2010, more than 27,000 participants were enrolled.



1



2



3



4

[1,2] Volunteers for the Canadian Partnership for Tomorrow Project attend assessments. **[3]** Professor Elio Riboli, School of Public Health, Imperial College, London, United Kingdom (quoted). **[4]** Paola Nasute, Vancouver General Hospital, reviewing chest CT scans for the Early Lung Cancer Detection Study.

Pan-Canadian Cancer Research Strategy

In the world of research, there are always more ideas than there are dollars to support them. Understanding the research landscape is therefore critical to optimizing research investments and using limited funds most effectively.

Funded by the Partnership and led by the Canadian Cancer Research Alliance – a coalition of cancer research funding organizations and affiliated partners serving as the Partnership's Research Advisory Group – the Pan-Canadian Cancer Research Strategy was developed to maximize the impact of targeted funding in cancer research and accelerate progress in cancer control. Representing the collaboration of 23 major organizations coordinating efforts on large research initiatives and other joint activities, the strategy is the first initiative of its kind in Canada.

This research strategy applies a pan-Canadian framework to guide investment in research, allowing capacity development where gaps exist. It also allows the formation of multidisciplinary teams as required for certain types of research. Moreover, the ability to pool investments addresses the fact that cancer research requires access to infrastructure, platforms and resources that are not easily sustained by any individual research organization or single funding agency.

2009/10 saw targeted work to magnify the impact of cancer research in Canada:

- A consultation process engaged more than 1,000 scientists, clinicians, patients, survivors and policy-makers and resulted in 24 action items for the strategy. Priorities for action are those requiring collective efforts and shared resources.

- Planning began for a new Canadian cancer research conference that will address the need, identified by researchers, for a national forum that will facilitate information-sharing and enable researchers to explore opportunities for new partnerships.

In addition to developing the Pan-Canadian Cancer Research Strategy, the Canadian Cancer Research Alliance published the next instalment of its annual publication *Cancer Research Investment in Canada*. The 2009 edition reports on research investment in Canada during 2007.

Translational cancer research

To translate research findings into clinical practice, the Partnership is collaborating with the Terry Fox Research Institute on the Pan-Canadian Cancer Biomarker Initiative. The work's focus is practical: to identify emerging technologies that can improve early detection and treatment methods using biomarkers, which are biochemical features that indicate the progress of disease or the effects of therapy.

The initiative focuses on five types of cancer – breast, leukemia and lymphoma, lung, ovarian and prostate; the most prominent undertaking so far is the Early Lung Cancer Detection Study. This study explores the use of questionnaires, a spirometry breathing test and a blood biomarker test to evaluate the effectiveness of identifying individuals at high risk of developing lung cancer. The aim is to identify Canadians who might benefit from more in-depth examination using spiral computed tomography (CT) scanning – a more sensitive, costlier test being studied internationally to determine its effectiveness in reducing mortality.

By the end of March 2010, 1,844 people had completed baseline assessments to participate in the Early Lung Cancer Detection Study, which aims to recruit 2,500 people. Cancer was detected in 31 people, with an additional 168 showing suspicious nodules in their baseline scans. Data on direct and indirect costs of diagnosing and treating lung cancer was collected prospectively for health economics analysis.

Progress toward confirming additional projects for this initiative included review of three initial research and development plans and one research outline, which were submitted by project groups in October 2009. A subsequent workshop brought proponents together with leading practitioners who have successfully developed clinically useful biomarkers. This meeting will help ensure that biomarkers being studied in these projects will impact clinical practice. Full international peer reviews of program proposals in ovarian and prostate cancer were completed.

Screening

EARLY DETECTION TO SAVE LIVES

Cancer is the leading cause of early death in Canada.¹ Because early detection of cancer can be the key to surviving it, the Partnership is spearheading screening efforts to diagnose certain cancers – like colorectal and cervical – earlier, if there is known benefit.

In 2009/10, the Partnership achieved significant milestones in boosting population-based screening for colorectal and cervical cancer, while Partnership-sponsored panels continued to address emerging evidence related to cancer screening.

National Colorectal Cancer Screening Initiative

Colorectal cancer is the second-leading cause of cancer death in Canada.² Despite recent increases in the number of Canadians taking advantage of potentially life-saving colorectal cancer screening, statistics show room for improvement: 56% of Canadians do not get screened for colorectal cancer when they should.³

The Partnership is implementing a strategy to increase population-based screening by supporting provinces and territories as they work to boost screening within their jurisdictions. Central to this work is the dynamic approach of the Partnership-initiated National Colorectal Cancer Screening Network, which brings together provincial screening program staff, provincial and territorial government representatives, and representatives from the Canadian Cancer Society, Public Health Agency of Canada, Canadian Cancer Action Network, Canadian Medical Association, Colorectal Cancer Association of Canada and Canadian Association of Gastroenterology to develop a shared approach.

2009/10 saw tangible progress in Partnership-supported work to improve colorectal cancer screening rates, including the following:

- The Partnership's National Colorectal Cancer Screening Network commissioned a national survey, *Colon Cancer Screening in Canada*, to assess public awareness of colorectal cancer screening. This research informed the launch of a pan-Canadian program on the importance of screening to raise awareness among Canadians aged 50 and older. Called *Colonversation* – a name based on survey

results identifying conversation as the most effective prompt to screening – the campaign includes an online information resource at www.colonversation.ca, which is housed on www.cancerview.ca.

- Screening programs were underway in eight of 10 provinces, with the remaining two committing to developing programs. Successes and learnings are shared with the territories during all phases of implementation through their active representation on the Network.
- In April 2009, a meeting of stakeholders achieved consensus on a core set of initial quality indicators. These indicators, outlined and disseminated in *Quality Determinants for Colorectal Cancer Screening in Canada*, will be the basis for the first Quality Indicators Report, to be drafted in fall 2010.

“The Saskatchewan Cancer Agency’s involvement in the Partnership’s National Colorectal Cancer Screening Initiative provides valuable resources that helped inform the direction of our screening program for colorectal cancer. In continuing to engage with screening program leaders from other jurisdictions, we benefit from information that has the potential to help inform and fine-tune our program as well as contribute knowledge that will be useful to other jurisdictions implementing their own programs.”

– Sandra Meeres, Manager, Screening Program for Colorectal Cancer, Saskatchewan Cancer Agency

Cervical cancer control

Despite the relative success of cervical cancer screening based on provincial pap test programs, an estimated 1,300 Canadians will be diagnosed with cervical cancer this year and 370 will die from it.⁴

Over the past few years, cervical cancer screening programs have been examining their practices because new tests to detect the disease have been introduced. At the same time, the availability of a vaccination against human papillomavirus, the virus that can lead to cervical cancer, has resulted in a growing number of women receiving increased – through not complete – protection against cervical cancer.

The changing cervical cancer screening landscape highlights new opportunities and methods for cervical cancer control. Questions are being raised as to whether the common types of testing should change, and whether different screening recommendations should apply to vaccinated women.

1 Canadian Cancer Society. *General Cancer Statistics for 2010*, May 2010. www.cancer.ca.

2 Canadian Cancer Society Steering Committee. *Canadian Cancer Statistics 2010*, Toronto: Canadian Cancer Society, 2010, p. 13.

3 The Colon Cancer Screening in Canada survey, commissioned by the Canadian Partnership Against Cancer's National Colorectal Cancer Screening Network. Conducted by Angus Reid Public Opinion in partnership with The Applied Health Research Centre at St. Michael's Hospital in Toronto, released January 2010.

4 Canadian Cancer Society Steering Committee, pp. 20, 22.

**1****2****3****4**

[1] Attendees at Strategies to Maximize Participatory Screening in Canada. **[2]** Dr. Laura McDougall, Alberta Health Services, speaks with colleagues at Strategies to Maximize Participatory Screening in Canada. **[3]** Dr. Verna Mai, Cancer Care Ontario, chairs the Partnership's Screening Advisory Group. **[4]** Dan Coulombe, New Brunswick Cancer Network, at a meeting of the National Colorectal Cancer Screening Network.

The Partnership's newly created Pan-Canadian Cervical Screening Initiative (PCCSI) and the HPV/Cervical Screening Senior Partnership Group are driving progress to maximize the impact of cervical cancer control. Inaugurated in June 2009, the PCCSI serves as a national forum for provinces and territories to share experiences, review new evidence and technologies, and discuss and take action on matters related to cervical cancer screening programs and their integration with HPV testing and vaccination initiatives. Members include key stakeholders from the provinces and territories, professional health-care groups, the Public Health Agency of Canada – First Nations and Inuit Health Branch, the Canadian Cancer Action Network, the Canadian Cancer Society, patient organizations and government agencies working in chronic and infectious disease prevention and control.

To optimize participation in, and the impact of, cervical screening programs, the PCCSI provides a platform for evaluating programs in Canada, and works to identify priorities in cervical cancer screening, prevention and treatment that would benefit from collaborative action.

Highlights of the Partnership's cervical cancer control efforts during the 2009/10 fiscal year include the following:

- In February 2010, the PCCSI hosted a two-day workshop to share successes and lessons learned from cervical screening projects across Canada, to catalogue best practices and to establish networks to explore excellence in cervical cancer screening. The event and the resulting catalogue of interventions, *Strategies to Maximize Participation in Cervical Screening in Canada*, are expected to promote collaboration beyond the event itself.
- Based on reports of successful initiatives in several provinces, the PCCSI commenced planning a national Pap Test Week to promote cervical cancer screening.
- The HPV/Cervical Screening Senior Partnership Group, with key representation from the Public Health Agency of Canada and the International Centre for Infectious Diseases, solidified its action plan to improve screening rates for HPV and cervical cancer. By monitoring jurisdictions across Canada as they implement cervical cancer control programs, the group is identifying and sharing strategies that show the greatest impact.

Anticipatory science

New evidence related to cancer screening, especially when it pertains to results from major trials, is highly anticipated because its application has the potential to reduce mortality rates. Publication of this evidence creates the need for urgent review of the information and relevant articles by health policy advisors involved in cancer control so that they may respond in a timely, credible way to the media and to briefing requests from ministries of health.

To address this need, the Partnership is leveraging the collective wisdom of experts across the country through its Anticipatory Science Initiative. Convening on an ad hoc basis, experts review existing trial-related publications to achieve a common understanding of potential screening benefits and harms based on the emerging data. This approach promotes streamlined, timely synopsis and distribution of key information.

In 2009/10, Partnership work in anticipatory science covered three distinct areas:

- The first ad hoc expert panel in anticipatory science mobilized in 2008/09 to address prostate-specific antigen (PSA) testing for prostate cancer. A written summary of evidence, *PSA Toolkit: PSA Screening and Testing for Prostate Cancer*, was completed in 2009/10 and provided to provincial and territorial cancer agencies and programs and to ministries of health to improve the availability of consistent information across the country.
- A second panel convened 11 colorectal and screening experts from across the country to gain a shared understanding of the literature on the use of flexible sigmoidoscopy as an initial screening test for colorectal cancer. The group met in July 2009 and reconvened in March 2010 to plan publication and distribution of a related report.
- A third panel convened in February 2010 to investigate evidence on using CA-125 blood testing and transvaginal ultrasound to screen for ovarian cancer. Its work will continue in 2010/11 using the same process as previous panels.

Cancer Guidelines

LEVERAGING ACTION TO IMPROVE OUTCOMES

Clinical guidelines in cancer are compilations of the best-available evidence on specific care options. In patient care, guidelines provide a basis for consistent, high-quality care that will lead to the best possible patient outcomes. Guidelines also spur improvements in system quality because they help steer decisions about allocating funds and resources and investing in new technologies.

The Partnership is working with organizations across the cancer control community to champion evidence-based practice and to enhance the development, implementation and optimal use of guidelines. Promising results in the development and uptake of guidelines were achieved in 2009/10 across three initiatives.

Synoptic reporting (surgery)

Synoptic reports electronically capture standardized responses from surgeons at the point of care and transmit this data to other health-care personnel – for example, medical and radiation oncologists and family physicians – within minutes. Surgeons can use this information to track their own practices and those of their community, including adherence to the clinical evidence and safety procedures embedded in the reporting templates. This information can in turn benefit patients through safer surgical care and more effective treatment.

Building on work begun in Alberta with funding from Canada Health Infoway (CHI), the Partnership is actively collaborating with clinicians across the country to develop and implement content and informatics standards for specific types of cancer surgery. Canada is a leader in implementing synoptic reporting in cancer surgery.

Important objectives were achieved in 2009/10:

- Work commenced on establishing pan-Canadian standards in content and informatics. This process includes refining existing reporting templates to address provincial and territorial needs, and identifying the need for new templates covering any of the surgical and disease sites targeted in this initial project phase: the breast, colon, rectum, ovary, and head and neck. A rigorous development process helps ensure acceptance of the resulting reporting templates.
- Synoptic surgery implementation pilot projects continued in Alberta, Ontario, Manitoba, Quebec and Nova Scotia.

“Surgeons in Quebec have eagerly embraced the synoptic reporting pilot project. Being part of a larger project that leverages successes in other jurisdictions has helped us to move quickly to implementation, which means we can sooner realize better outcomes for our patients.”

– Dr. Jean François Ouellet, Surgical Oncologist, Centre hospitalier universitaire de Québec; Associate Professor, Department of Surgery; Project Leader, Quebec synoptic reporting project (SSPOC)

CAN-ADAPTE

CAN-ADAPTE is creating a standardized process and set of resources to support cancer experts in implementing locally relevant cancer control measures. It provides guidance for adapting care practices to local contexts and to the level of resources available in a given jurisdiction.

Presently, pan-Canadian practice guidelines are being developed on managing metastatic bone pain, pediatric cancer care and remote support for symptom management.

Important developments in 2009/10 advanced the work of guideline adaptation in Canada:

- Development began on CAN IMPLEMENT, a resource intended to fill an acknowledged gap in tools for guideline adaptation and implementation. Steps toward collaboration began with Australia’s Joanna Briggs Institute, a world leader in evidence-based practice.
- A partnership was formed with Canada’s library science professionals, acknowledging the increasingly important role of library scientists in evidence-based research, knowledge transfer and guideline adaptation. A pan-Canadian forum in March 2010 explored potential collaboration, including a virtual community of practice to strengthen links between, and combine the efforts of, the library science field and the guideline development community.
- Pan-Canadian clinical guidelines were completed for screening for distress and for the psychosocial health-care needs of adult cancer patients.



1



2



3



4

[1] Dr. Walley Temple, Tom Baker Cancer Centre. **[2]** Dr. George Browman, BC Cancer Agency, chairs the Partnership's Cancer Guidelines Advisory Group. **[3]** Dr. Margaret Harrison, Queen's University, leads the Guidelines Adaptation Project. **[4]** Louise Zitzelsberger, Canadian Partnership Against Cancer.

Capacity Enhancement Program

The Capacity Enhancement Program builds skills in guideline development through training programs and other educational resources that support the production and adoption of guidelines by practitioners.

In 2009/10, Partnership-supported work yielded important results:

- Over 600 guidelines were identified for inclusion in the Standards and Guidelines Evidence (SAGE) repository, housed on www.cancerview.ca. To ensure the quality of this searchable repository, guidelines are assessed using AGREE, an international appraisal instrument considered the gold standard for guideline development, reporting and evaluation.
- The Partnership hosted two Building Capacity in Knowledge Synthesis Evaluation and Application workshops to hone skills in guideline development. Participants included clinical fellows, methodologists and individuals involved in guideline development aiming to improve their skills in evidence appraisal and other aspects of guideline development.
- Two of a series of disease site-focused status reports were completed, identifying gaps and strengths in existing cancer practice guidelines. The reports, which will be of interest to guideline developers and researchers, describe prostate cancer and colorectal cancer and are available on www.cancerview.ca.

Also in 2009/10:

- The Guidelines Leaders Forum brought together leaders in guideline programs from various jurisdictions to exchange knowledge and explore opportunities for jurisdictions to work together. Priorities identified in 2009/10 include a guideline registry for works in progress and potential interprovincial collaborations on guideline topics and guideline updating.
- A Partnership-supported project is exploring how communities of practice arise and function in health-care settings related to cancer control. Communities of practice promote information-sharing and the generation of new ideas by bringing together professionals who may face common challenges in health care and cancer control. These professionals represent valuable sources of knowledge, especially within their areas of practice. A workbook and toolkit planned in 2009/10 will be completed and made available in 2010/11 and will help groups establish, monitor and evaluate communities of practice.
- Through the Guidelines, Resource Allocation and Public Education (GRAPE) project, an online tutorial is being developed to support community representatives, clinicians and policy-makers tasked with allocating resources and setting priorities. In 2009/10, relationships were established with research teams from the Canadian Centre for Applied Research in Cancer Control (ARCC) and the Canadian Institutes for Health Research's Priorities in Cancer Care Network (PICCNet) to help develop this resource.

Surveillance

QUALITY DATA TO SUPPORT BEST PRACTICES

Surveillance refers to the monitoring of cancer trends over time at the population level. The number and type of new cancer cases—and where in Canada they occur—are examples of surveillance data. Requiring collection and interpretation of standardized, accurate, high-quality information, surveillance supports effective planning, implementation, monitoring and evaluation of cancer control.

The Partnership supports the implementation of pan-Canadian surveillance programs that aim to identify and fill information gaps, enhance the quality of data sources and widen access to analytic methods and information products. Progress on three initiatives advanced this work in 2009/10.

National Staging Initiative

Staging data is important to both individual patients and the overall cancer control system. On an individual level, a cancer's stage, which is a measure of several factors that describe its severity, provides information on prognosis; knowing the stage is necessary to determine the best treatment options. At the cancer control level, the standardized collection of population-based cancer-stage data enables clinicians and policy-makers to monitor and evaluate crucial aspects of cancer control, including the impact of screening, prevention and treatment programs, and survival rates. Evaluating and acting on this information is the basis for improving the cancer control system.

The goal of the National Staging Initiative, in partnership with provincial and territorial cancer agencies and programs, is to collect national population-based stage data for all new cancer cases diagnosed on or after January 1, 2010. Presently the initiative is focused on collecting this data for colorectal, breast, prostate and lung cancers, the four most common cancers in Canada.

“Pan-Canadian initiatives have demonstrated significant gains in the cancer control system in a relatively short time. For instance, the Partnership's work in cancer staging is strengthening the capacity of provinces and territories to monitor trends and patterns over time using agreed-upon standards. In turn, we will be able to identify gaps and make the right investments that improve the cancer system.”

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

The Partnership made substantial progress on this groundbreaking project in 2009/10:

- The first-ever pan-Canadian collaborative stage audit was conducted to evaluate and improve the quality of stage data in Canada. The audit reviewed the accuracy of specific coding assessments made by cancer registrars when staging cases. Collection of this information establishes pan-Canadian consistency in staging and identifies areas for training and improvement.

- In July 2009, the Canadian Association of Pathologists formally endorsed the College of American Pathologists' Cancer Protocols as a Canadian standard for the content of cancer pathology reporting. Adoption and implementation of this clinical standard will result in more complete and timely pathology reporting on an individual's cancer.

- The Partnership's National Staging Steering Committee recommended the minimum Canadian data set for collaborative stage, which is a unified and comprehensive approach for collecting stage data. Statistics Canada and the Canadian Council of Cancer Registries were among the key stakeholders that formally endorsed the minimum data set. While initially focused on breast, prostate, colorectal and lung cancers, this work was expanded, completed and endorsed for all disease sites.

By applying a minimum data set – which identifies and ranks the desirability of the large amounts of information provided by pathology and laboratory reports – registrars can stage cancer cases with greater consistency and efficiency.

- To assess the current state of cancer staging in Canada and identify opportunities for improvement, the 2009 report *Collaborative Stage Baseline Assessment* was completed in January 2010.



1



2



3

[1] Theresa Marie Underhill, Cancer Care Nova Scotia (quoted). **[2]** Dr. John Srigley, Cancer Care Ontario. **[3]** Heather Logan, Canadian Association of Provincial Cancer Agencies.

Cancer Surveillance and Epidemiology Networks

Cancer Surveillance and Epidemiology Networks were established to stimulate creation of high-quality information products that can be used to shape and monitor cancer control interventions. This Partnership initiative helps reduce information gaps and enhance cancer surveillance capacity by connecting experts across the country and fostering collaboration among jurisdictions and disciplines.

To promote evidence-based decision-making among the wide range of professionals working in cancer control, each network will produce, disseminate and increase the use of high-quality Canadian cancer surveillance information that includes national, provincial and territorial perspectives. This work was well underway in 2009/10:

- Following a request-for-proposal process, four pan-Canadian analytic networks were launched in 2009/10: the Cancer Survival and Prevalence Analytic Network, the Colorectal Cancer Network, the Canadian Hospice Palliative End-of-Life Care Surveillance Team Network and the Cancer Projections Network.

- In the summer of 2009, a report was completed on the Cancer Surveillance Epidemiology Networks' Stakeholder Forum to initiate discussions between users of cancer surveillance information and the four analytic networks. The report is available at www.cancerview.ca.

- In May 2009, a workshop in Ottawa brought together principal investigators and knowledge-translation experts to explore and build strategies for addressing gaps in cancer surveillance information and to enhance the uptake of information by various audiences.

- In February 2010, a three-day Cancer Surveillance and Epidemiology Training Workshop offered training to new and experienced surveillance analysts as a means of standardizing methods used across Canada and increasing capacity in this practice area.

- A literature review of strategies for translating cancer surveillance knowledge and practices, titled *Knowledge Translation in Cancer Surveillance*, was conducted and completed. The review showed that enhancing the typical user's knowledge of current data – and data interpretation skills – could improve the use of existing information in decision-making.

- Planning commenced on publicly accessible web pages for the Networks Initiative. Housed on www.cancerview.ca, these pages will help increase awareness of the networks and their projects and will serve as a readily accessible single point of service to disseminate information products as they become available.

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

Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools) Canada is a web-based resource for Canadian health professionals who make decisions about cancer control. Development of this resource leveraged existing work by the National Cancer Institute in the United States.

Cancer Control P.L.A.N.E.T. Canada (www.cancercontrolplanet.ca) enables users to interactively chart provincial and territorial data and identify potential research partners. In the future it may allow review of evidence-based intervention approaches and programs and provide capacity to link the data with national, provincial and territorial cancer control plans already published and in use.

In 2009/10, important enhancements helped make Cancer Control P.L.A.N.E.T. more accessible to more users:

- The French-language *Portail canadien P.L.A.N.E.T sur la lutte contre le cancer* was launched in April 2009.

- Since July 2009, Cancer Control P.L.A.N.E.T. Canada has been housed on www.cancerview.ca, increasing access to the platform and boosting its visibility.



1



2

[1] Dr. S. Eshwar Kumar, New Brunswick Cancer Network (quoted). [2] Dr. Charles Butts, University of Alberta, Cross Cancer Institute, attends a session at Inspiring Innovation through Service Delivery.

Health Human Resources

INSPIRING INNOVATIVE WORKFORCE SOLUTIONS

The cancer workforce faces a number of pressures, including a growing need for services, greater complexity of care and a diversity of health service delivery models that can hinder the sharing of best practices. To address these challenges, the Partnership is supporting increased awareness of the innovative models being used across Canada to enhance patient care.

“The Partnership’s work to collect and examine innovative service delivery models that optimally engage the cancer control workforce is instrumental to planners across the country as they strive to ensure that patients receive quality care. The dissemination of this information in a sustainable online repository serves as a starting point for planners and delivery organizations in addressing human resource pressures in the cancer control system.”

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

Service Delivery Models Initiative

The Service Delivery Models Initiative recognizes the work of health professionals as the foundation of care and services throughout cancer control, and acknowledges that these workers are best able to make a positive, meaningful impact when they can contribute in an efficient, effective and sustainable manner.

To enable decision-makers to identify and learn about innovative models of service delivery, the following progress was made in 2009/10:

- A searchable database that shares 115 Canadian and international models of proven, innovative workforce management solutions was created and launched. The database also provides extensive analyses for 50 of the models. The dynamic repository is housed on www.cancerview.ca. Users may also connect with teams that are using these models and explore how such models may be applied in other jurisdictions. International models are being selected and will be added to the database in 2010/11.
- Supporting the repository, a symposium was held January 25–26, 2010, to foster collaboration and the exchange of ideas on optimizing human resources in cancer control. The first symposium of its kind in Canada, Inspiring Innovation through Service Delivery: Optimizing the Cancer Workforce brought together 168 delegates from across the country, representing all aspects of cancer control.

Cancer Journey

IMPROVING PEOPLE'S CANCER EXPERIENCE

A cancer diagnosis is a burden on any individual. Beyond the initial and ongoing emotional impact, one must navigate a complex care system, consider treatment options, cope with psychosocial and practical challenges, and address quality of life issues following active treatment.

Given these vast and varied challenges, there are many opportunities to improve how the cancer system addresses these human needs and enables people to play a more active role in their care. The Partnership's multifaceted work to improve the patient experience includes developing support mechanisms within the system for patients, families and survivors, as well as efforts to enhance the knowledge and practices of health-care professionals.

Key successes of targeted Partnership initiatives to improve the cancer journey for people affected by the disease spanned three areas in 2009/10:

- Integrated person-centred care, including navigation, palliative and end-of-life care and screening for distress
- Survivorship
- Education, including psychosocial oncology education

Screening for distress

Many people with cancer report feelings of sadness, fear and loneliness – as well as depression, anxiety and panic. In fact, research indicates that 35% to 40% of cancer patients feel enough distress that they would benefit from additional support services.¹ While common, this distress can make coping with cancer diagnosis and treatment that much more difficult.

Following heart rate, blood pressure, respiratory rate, temperature and pain, distress is recognized as the sixth vital sign. It can often be detected through dialogue with patients and the use of simple, consistent tools, such as a checklist that records an individual's level of pain, depression, anxiety and fatigue.

“In collaboration with recognized leaders, the Partnership's work to improve the patient experience addresses the many different steps and needs along the cancer journey. For instance, the Screening for Distress initiative is supporting the BC Cancer Agency as it enables patients to give voice to their distress.”

– Ann Syme, Provincial Director, Pain and Symptom Management/Palliative Care, BC Cancer Agency

Throughout 2009/10 the Partnership continued working with jurisdictions to develop and implement resources to support screening for distress, with the goal of identifying distress proactively to determine people's individual needs for further assessment or referral:

- Northeastern Ontario, the Quebec City Supra Region, Cancer Care Nova Scotia and the British Columbia Cancer Agency began collaboration with the Partnership to implement distress-screening programs, and trained more than 200 front-line staff and volunteers to use consistent checklists to support coordinated distress-screening efforts. These four jurisdictions formed a national Implementation Group to share strategies and identify knowledge gaps in the implementation and management of screening for distress.
- Developed in collaboration with the Canadian Association of Psychosocial Oncology, *A Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient* was finalized and distributed in October 2009. The guideline provides access to comprehensive evidence that helps ensure the physical, psychological and informational needs of patients are understood by practitioners. Work continues on creating practice standards for specific distress symptoms to increase consistency in the quality and level of service cancer patients receive across the country.
- An education module was developed for front-line staff engaged in screening for distress and will be made available online to health-care providers.

¹ Zabora J, Brintzenhofe-Szoc K, Curbow B, Hooker C, Piantadosi S. The prevalence of psychosocial distress by cancer site. *Psycho-oncology* 2001;10(1):19-28.

CANCER JOURNEY CONTINUED

Navigation

Whether led by a health-care professional, facilitated by a trained survivor or delivered online, navigation programs for patients and their families help eliminate barriers to care, ensure continuity of care and timely delivery of services, improve patient satisfaction and enhance empowerment and decision-making.

With a focus on customized development and implementation of local, provincial and territorial navigation programs, important steps were taken in 2009/10:

- The Partnership completed the *Guide to Implementing Navigation*, a publication clarifying the roles and responsibilities of various types of navigation, for health-care providers, administrators and policy-makers interested in developing and sustaining programs.
- A virtual navigation pilot program for melanoma and colorectal cancer patients was evaluated at numerous cancer centres across Canada. A draft assessment report was completed.
- Facilitation of a community of practice in the Atlantic provinces provided a forum for knowledge exchange and plans for interprovincial collaboration on referrals and services. The community was formed in response to requests for information, linkages and support from start-up navigation programs in the region.

Palliative and end-of-life care

Efforts to integrate palliative and end-of-life care into the cancer system are based on the fact that more than 75,000 Canadians die from cancer each year.² The Partnership's work aims to support clinicians providing this unique type of care and to improve access to information and support.

Three core projects built on these efforts in 2009/10:

- Education and competency-based training for oncology professionals. The Partnership's Palliative Care Working Group undertook to adapt the EPEC™-O (Education in Palliative and End-of-Life Care-Oncology) curriculum for use in Canada. This work is in collaboration with Northwestern University in Chicago, developer of the EPEC™-O curriculum. One pilot session was held in March 2010, with a second session to follow in 2010/11 as part of the aim to train 40 to 45 Canadian health professionals as EPEC™-O trainers.
- Access to information and support in palliative and end-of-life care. The Canadian Virtual Hospice provides meaningful information and support for palliative and end-of-life care, as well as loss and grief support for patients, family members, health-care providers, researchers and educators. The Partnership and Canadian Virtual Hospice are expanding awareness of this online resource, showcased as a featured service on www.cancerview.ca.
- National framework for advance care planning. Advance care plans describe individuals' wishes for care, treatment and end-of-life experience if they are no longer able to speak for themselves. The Canadian Hospice Palliative Care Association is undertaking this Partnership-funded project, with coordinated input from government, the health-care sector and businesses. A needs assessment and environmental scan were completed to identify components of a national framework and current initiatives in advance care planning across Canada. The ongoing work of this project aims to raise awareness of the importance of advance care planning, to provide Canadians with the tools needed to effectively engage in the process, and to give professionals tools to facilitate the process.

² Canadian Cancer Society Steering Committee. *Canadian Cancer Statistics 2010*. Toronto: Canadian Cancer Society, 2010, p. 1.



[1] Dr. Anne Katz, CancerCare Manitoba, and Dr. Tom Hack, University of Manitoba, attend a meeting of the Survivorship Working Group. **[2]** Dr. Margaret Fitch, Sunnybrook Health Sciences Centre, chairs the Partnership's Cancer Journey Advisory Group. **[3]** Attendees of the Cancer Transitions program held in Ottawa.

Survivorship

Physical, emotional and financial challenges often persist after cancer diagnosis and treatment. These challenges are wide ranging and may include practical issues related to personal finances and employment, psychological struggles, strains on personal relationships and the fear of recurrence.

The Partnership's National Survivorship Working Group leads efforts to develop and disseminate the resources and programs necessary to support Canada's growing population of cancer survivors. Established to prioritize projects identified at the National Survivorship Workshop in 2008, the working group focuses on implementing a program for use of care maps to empower survivors.

In 2009/10, progress included the following:

- The Partnership funded four projects to explore strategies for overcoming barriers to the creation and implementation of survivorship care plans. Care plans empower people to manage their own care by addressing critical information and care gaps. Plans summarize personal information, treatment and follow-up protocols, and document available resources.

These projects are implemented through distinct delivery methods for diverse users: Alberta Health Services, for survivors of breast cancer and head and neck cancer; CancerCare Manitoba, for survivors of rectal cancer; community-based Wellspring in Toronto, for cancer survivors who have recently completed treatment; and Young Adult Cancer Canada, facilitating use of a Newfoundland-developed web-based tool for young adults aged 15 to 39.

- Cancer Transitions, a program designed to help survivors make the transition from active treatment to post-treatment care, was launched. The program trained 46 new program facilitators from 22 cancer centres and agencies across Canada in October and November 2009. On completion, 73% of trainees were committed to implementing training programs in their local health-care sites.

- Professionally led online support groups for patients and families were expanded. In this innovative program, counsellors are trained to provide real-time counselling to session participants. Since the program began in 2007, 24 online support groups have been conducted, with 179 participants representing a range of disease sites, as well as family members providing palliative care to patients.

Psychosocial oncology education

As part of person-centred cancer care, it is important to promote an understanding of psychosocial and supportive care issues among health-care providers. The Partnership's efforts to further psychosocial oncology education include encouraging future members of the cancer care community to enter this area of practice:

- The *Psychosocial Oncology Education Opportunities Directory* was completed in November 2009 and is available as part of the Person-Centred Care Toolkit on www.partnershipagainstcancer.ca. The toolkit includes *The Framework for Achieving Excellence in the Provision of Cancer Patient Education in Canada*, *The National Psychosocial Oncology Education Framework*, and a directory of educational opportunities in psychosocial oncology.

- Partnership-funded work concluded on three projects that are enhancing the capacity of health-care professionals to provide person-centred psychosocial care.

- The Canadian Association of Psychosocial Oncology developed a web-based course, *Families in Oncology and Palliative Care*, to support health-care providers in addressing the psychosocial needs of families. This is the second course it has developed. Within five years, both courses are expected to be embedded as regular course electives in six to 10 universities.

- Modules in psychosocial education were developed to enhance an existing workshop that builds inter-professional capacity to improve psychosocial care. The workshop, led by Centre intégré de cancérologie de la Montérégie at Hôpital Charles-LeMoine in Longueuil, addresses the psychosocial educational needs of French-Canadian health-care professionals and the psychosocial needs of French Canadians in a large region of Quebec.

- To address the inconsistent and limited education available in hospice palliative care, 11 competencies for social work professionals were validated through a national consultation process engaging social work practitioners, educators, families and clients, professional social work associations and the Canadian Hospice Palliative Care Association to support uptake of the competencies in the workplace and curriculum.

Quality Initiatives and System Performance

QUANTIFYING COLLECTIVE PROGRESS TO ASSURE QUALITY

Consistent, high-quality cancer care can be delivered only once the performance of the existing system has been measured and reported on. Indicators – widely accepted, high-level measures for assessing the quality of treatment or service delivery – help to do this by identifying gaps in the cancer control system.

Based on work in 2009/10 to develop useful indicators, measure and report on system performance and advance quality initiatives to address gaps in the system, partnerships across multiple areas of practice are making quality improvements in cancer control possible.

“Informed by internationally recognized professional evaluation tools and patient feedback, the Partnership’s work with the Canadian Association of Gastroenterology will contribute to improved patient care by enhancing endoscopy quality in Canada.”

– Dr. Donald MacIntosh, Medical Director, Endoscopy Program and Interim Chief, Division of Gastroenterology, Capital Health District Authority, Nova Scotia

System Performance Initiative

Gauging the performance of the cancer control system across all jurisdictions provides a basis for system improvement. Through the System Performance Initiative, the Partnership has undertaken the first-ever national approach to reporting on the needs and performance of the pan-Canadian cancer control system. This collaborative work is based on sharing information, comparing practices and evaluating outcomes from across Canada and around the world.

Notable results were achieved in 2009/10:

- Following a pan-Canadian consultation in the 2008/09 fiscal year that identified 17 high-level indicators for the first System Performance Report, data was gathered and developed. Provinces and territories provided feedback about the reporting style and content. The indicators were then presented at a series of regional workshops, and final indicator reporting was crafted based on workshop feedback. This consultative process culminated in the publication of *The System Performance Initiative: A First Year Report* in October 2009. The report outlines the process of indicator development and highlights ongoing work by provincial and territorial stakeholders to measure performance and identify gaps in the cancer control system.
- One of the gaps identified in the first year of the System Performance Initiative was a lack of indicators in the treatment domain. During the initiative’s second year, five indicators were identified in the areas of radiation treatment, chemotherapy and surgery. The *2010 System Performance Report* scheduled for publication in the fall of 2010 will report on those indicators.



1



2



3



4

[1] Dr. Peter Craighead, Alberta Health Services. [2] Dr. Susan O'Reilly, BC Cancer Agency. [3] Sharon Smith, Eastern Health. [4] Dr. Donald MacIntosh, Capital Health District Authority (quoted).

Quality assurance for diagnostic immunohistochemistry

Based on the need for standardized reporting to determine the best treatment and care options, the Partnership initiated a project in conjunction with the Canadian Association of Pathologists in 2008/09 to support consistency in diagnostic immunohistochemistry (IHC) pathology reporting.

In 2009/10, the results of this multifaceted project were measurable:

- Checklists were finalized for two classes of IHC – the processes that underlie diagnosis and treatment of cancer.
- An external laboratory quality-control tool was initiated to provide a mechanism to systematically monitor and improve proficiency in IHC testing across Canada. Using a web-based platform, participating pathologists can submit their interpretation of relevant pathology slides, receiving anonymous feedback on how their assessment of the case content compares to the documented diagnosis. This program builds on the ongoing work in quality control by the nation's pathology community.
- Ongoing educational outreach to pathologists and technologists included regional workshops to support uptake of the new reporting checklists and promotion of an online tool, developed in 2008/09, to help disseminate content for case-oriented evaluations tailored to a pathologist's practice.

Endoscopy quality

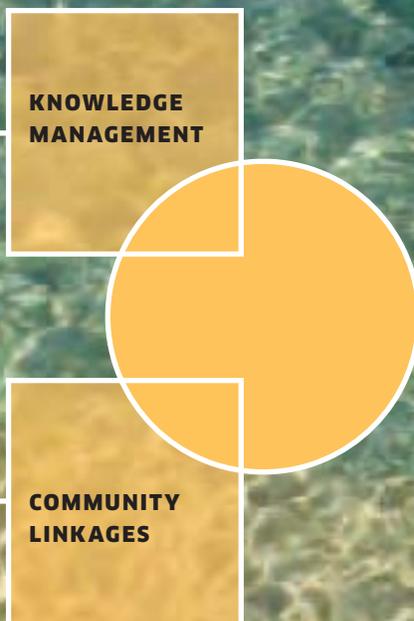
Endoscopy is a procedure that uses tube-like instruments to look inside the human body. In collaboration with the Canadian Association of Gastroenterology, the Partnership is developing quality indicators in colonoscopy to improve its quality and safety. A colonoscopy is a type of endoscopy that uses a lighted tube to examine the colon. It is the recommended diagnostic test for people who have had a positive colorectal screening test.

Notable progress was achieved in 2009/10:

- A set of quality indicators in colonoscopy has been identified. This work was based on a structured dialogue that sought national, multidisciplinary agreement on appropriate indicators in colonoscopy. The indicators will be presented at a consensus forum in 2010/11.
- Canadian endoscopy departments showed a measurable increase in the use of the Global Rating Scale (GRS) – an electronic feedback tool that is completed at the point of care and is used to collect, analyze and report on Canadian endoscopy data. In 2009/10, the GRS component of this project was offered to general surgeons, in addition to gastroenterologists. This broadened use of the GRS helps ensure data is robust and representative of the Canadian experience.

Connecting with Canadians

The Partnership's work across the cancer control continuum is enabled by ongoing connections with health-care professionals and with Canadians affected by cancer. Our knowledge management initiatives and stakeholder engagement activities are the practical means by which we build and maintain these connections. By widening the knowledge net, those working in Canada's federated health-care system can make the best and most timely use of current and emerging information to improve cancer outcomes. And by working in collaboration with Canada's First Peoples, as well as with patients, survivors and organizations like the Canadian Cancer Society and the Canadian Cancer Action Network, we are addressing distinct cancer control needs and ensuring our work remains meaningful to Canadians.



Knowledge Management

A priority of the Partnership's mandate to shape and implement Canada's cancer control strategy is its knowledge management strategy. By supporting the widest possible access to new and existing specialized knowledge, by translating research into practical solutions and by developing versatile decision-support tools, the Partnership uses a conscious and practical approach to improve cancer control in Canada. Two of the Partnership's most significant knowledge management initiatives made notable progress in 2009/10.

Cancer View Canada (www.cancerview.ca)

Launched in July 2009, www.cancerview.ca is a hub of valuable online resources offering up-to-date information, tools and support to people working in the health system and to those who treat or support people affected by cancer. The portal also offers resources for Canadians affected by cancer.

The portal serves as a gateway to high-quality information about cancer control, including directories and repositories covering a variety of topics in cancer control, specialized tools and resources, services, links to partner sites and access to virtual collaboration tools.

The Partnership created several of the resources, including the searchable national repository of cancer trials currently recruiting Canadian participants. Other resources – like Canadian Virtual Hospice – are gems that were identified in one jurisdiction and supported so that they could have pan-Canadian reach and profile through www.cancerview.ca.

Other significant achievements during the year include the following:

- More than 20 Canadian cancer control organizations became content partners of www.cancerview.ca, enabling portal visitors to access information from trusted sources of cancer information in Canada through a single search using the Cancer View Finder tool.
- Seven searchable knowledge databases were created and launched, including a directory of Canadian policies and legislation to prevent cancer and chronic diseases (page 17), a database of online peer and professional services to support patients and caregivers (page 29) and a repository of innovative health human resource models to address opportunities to improve delivery of cancer services (page 26).
- The Partnership added new sections to www.cancerview.ca to share knowledge resources publicly. These sections reflect the work of a variety of pan-Canadian cancer control networks, including the cancer staging community (page 24) and the Adolescent and Young Adult Cancer Task Force (page 35).
- Approximately 60 stakeholder groups began collaborating on www.cancerview.ca through password-protected virtual communities. Topics for these collaborative spaces range from prevention to end-of-life care; their focus ranges from basic science to service delivery.
- The Partnership created Canada's first online colorectal cancer screening information resource for Canadians of screening age – www.colonversation.ca (page 20) – and housed it on www.cancerview.ca.



[1] www.cancerview.ca connects Canadians to online services, information and resources on cancer control. **[2]** Anna Greenberg, Canadian Partnership Against Cancer, demonstrates www.cancerview.ca.

Cancer Risk Management

As part of the Partnership's mandate to drive system-wide improvements through the synthesis and dissemination of the best-available information, the Partnership is leading the development of a Cancer Risk Management Platform in collaboration with Statistics Canada. This web-enabled platform allows users to model health and economic outcomes of various interventions to inform policy and decision-making in the Canadian health system.

The online platform's sophisticated and flexible design enables users to explore and assess the benefits and impact of cancer investments, adjusting data assumptions where necessary to reflect considerations in their own jurisdictions. In this way, the success of potential cancer-control interventions can be modelled – for instance, comparing the long-term economic impact of a screening program with that of a prevention initiative; progress can be monitored over time.

The Cancer Risk Management Platform aims to establish a sound basis for ongoing system-wide improvements to cancer control in Canada.

Developments in 2009/10 are encouraging:

- The Cancer Risk Management Platform was launched in January 2010 and is housed at www.cancerview.ca. Currently, planners and policy-makers can use the platform to assess outcomes in lung and colorectal cancer. Enhancements are planned for the lung and colorectal models. Future models will include cervical and breast cancer.
- The platform was introduced to potential users in policy development, analytics and research through an online seminar and a series of regional training workshops beginning in January 2010. Approximately 150 system leaders and decision-makers have received hands-on training enabling them to navigate the platform and answer key questions in their jurisdictions. Training and adoption efforts will continue throughout 2010/11.

“The cancer risk management platform gives provincial and territorial decision-makers the ability to model the impact of different cancer control interventions and plan accordingly. The Partnership has added value in coordinating this initiative, which will provide funders of the cancer system with key information to support their work.”

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

Community Linkages

The Partnership relies on advice and perspectives from hundreds of individuals and organizations to ensure that its collective work builds on innovative programs already underway, addresses new breakthroughs and emerging issues, and – most importantly – has a meaningful impact on Canadians affected by cancer.

Working with Canada's First Nations, Inuit and Métis Peoples

Among Canada's First Nations, Inuit and Métis peoples, cancers tend to be discovered at more advanced stages, incidence is increasing faster and deaths from preventable cancers are higher than in the overall Canadian population.^{1,2,3} The approach taken to address these findings must be meaningful and sustainable and must be guided by the perspectives of those most affected.

The Partnership's work to advance First Nations, Inuit and Métis cancer control is therefore driven by and reflective of the communities themselves, as evidenced by three projects that achieved notable progress during 2009/10:

- To overcome barriers posed by geography, the Partnership is collaborating with Saint Elizabeth Health Care on the @YourSide Colleague® Cancer Care course. Developed for and with health-care workers in remote and rural First Nations communities, the online course had reached more than 630 practitioners and 200 First Nations communities and organizations in Manitoba, Saskatchewan and British Columbia by March 2010. The course is credited with helping community health workers identify people at risk. Based on these successes, expansion of the course to other provinces is being considered.

- Cancer Care Ontario is piloting a Partnership-supported evaluation project to enhance cancer data and client and family care for Aboriginal peoples in Ontario. Currently, First Nations, Inuit or Métis status is not recorded in the cancer registries. This pilot program is the first of its kind in Canada. With project evaluation to be completed in 2010/11, this project will help to inform other Canadian jurisdictions as they conduct similar work.

- Dedicated space is being established on www.cancerview.ca to link patients and health-care professionals to resources for First Nations, Inuit and Métis cancer control. The impetus to develop this online resource, to be completed in 2010/11, was a recommendation from the Partnership's 2009 National Forum on First Nations, Inuit and Métis Cancer Control. Work is being guided by an Advisory Network that includes cancer agencies with Aboriginal units or strategies, national Aboriginal organizations and federal agencies involved in Aboriginal health.

“The @YourSide Colleague Cancer Care course builds on an already-successful program to fill a gap in cancer control professional development in the community. Course participants have told us that their involvement has contributed directly to improved patient assessment and care.”

– Tracy Scott, Knowledge Liaison, Saint Elizabeth Health Care, Manitoba

Responding to the needs of adolescents and young adults

Every year in Canada, 2,000 people between the ages of 15 and 29 are diagnosed with cancer and approximately 320 die of the disease.⁴ This age group has seen fewer improvements in five-year survival rates than children and older adult cancer patients, and research indicates that this population is underserved on many levels, including clinical treatment, psychosocial support and care, and survivorship.

1 CancerCare Manitoba. *Aboriginal Cancer Care Progress Report*, 2008.

2 Marrett L, Chaudry M. Cancer incidence and mortality in Ontario First Nations, 1968–1991 (Canada). *Cancer Causes and Control*, 2003;14(3): 259–268.

3 Alvi RA. Breast, cervical and colorectal cancer survival rates for Northern Saskatchewan residents and First Nations. MSc thesis, University of Saskatchewan, 1999.

4 Canadian Cancer Society/National Cancer Institute of Canada. *Canadian Cancer Statistics, 2009*. Toronto: Canadian Cancer Society, 2009. pp. 76, 78.



[1,2] More than 200 First Nations communities and organizations are using @YourSide Colleague® Cancer Care course. **[3]** Elders Dr. Fred Shore, Margaret Lavallee and Bernadette Niviatsiak at the Forum on First Nations, Inuit and Métis Strategy for Cancer Control.

In response to this gap, the Partnership is supporting pioneering work to investigate and increase awareness of the issues facing this population and to steer the system to provide better, more equitable treatment and care.

Progress in 2009/10 occurred on two fronts:

- Funding from the Partnership and C-17, a network of pediatric centres across Canada, supported the Adolescent and Young Adult Cancer Task Force in the second year of its four-year investigation. The task force is evaluating care, assessing how survivors are monitored over time and establishing guidelines and recommendations to improve outcomes and quality of life. Task force members are survivors, researchers, and pediatric and adult health-care providers, including psychologists, social workers, nurses and doctors.
- In March 2010, an international workshop hosted by the Adolescent and Young Adult Cancer Task Force convened more than 100 delegates to examine the unique challenges facing adolescent and young adult patients and survivors, and to develop recommendations for research priorities.

The patient voice: Promoting a patient-centred perspective

In a cancer system that is often “tumour-focused,” a cornerstone of the Partnership’s work is ensuring that the voice of patients and survivors informs the development and implementation of the national cancer control strategy. The personal experiences of patients and survivors help ensure cancer control efforts in Canada are tangible and meaningful.

In 2009/10 the Partnership continued to work closely with the Canadian Cancer Action Network (CCAN), a volunteer-driven organization comprising national patient advocacy groups and patient support organizations.

Dedicated to ensuring that patient interests remain a priority on the national cancer agenda, CCAN supports the Partnership by providing input and feedback via its member council, by participating in the Partnership’s Advisory Groups (formally called Action Groups), by engaging with provinces and territories to communicate the patient perspective, and by participating in Partnership initiatives.

CCAN is able to leverage its broad membership to help identify and address areas of common concern for patients and families affected by cancer. One key activity in 2009/10 was a day-long symposium in Ottawa in September 2009 to discuss improving access to cancer drugs. This symposium was held in partnership with the Public Policy Forum and the Canadian Cancer Society.

CCAN member organizations

Cancer-site Patient Organizations

- Brain Tumour Foundation of Canada
- Canadian Bladder Cancer Network
- Canadian Breast Cancer Network
- Canadian Liver Foundation
- Canadian Lung Association
- Canadian Skin Patient Alliance
- Carcinoid NeuroEndocrine Tumour Society Canada
- Childhood Cancer Foundation Candlelighters Canada
- Colorectal Cancer Association of Canada

- Kidney Cancer Canada
- Leukemia & Lymphoma Society of Canada
- Lung Cancer Canada
- Lymphoma Foundation of Canada
- Melanoma Network of Canada
- Myeloma Canada
- Ovarian Cancer Canada
- Prostate Cancer Canada Network
- Thyroid Cancer Canada
- Young Adult Cancer Canada

Population Organizations

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

Provincial CCAN Members

- Manitoba
- New Brunswick
- Newfoundland & Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec (Coalition Priorité Cancer au Québec)
- Saskatchewan (Saskatchewan Cancer Action Network, or SCAN)

Board of Directors

Reflecting the diversity of stakeholders in Canada's cancer control community, the membership of the Partnership's Board of Directors includes official federal and provincial appointees, regional appointees, policy experts and leaders in cancer control, representatives from the Canadian Cancer Society and the Canadian Association of Provincial Cancer Agencies, as well as individuals providing perspective and insights from the patient, survivor and Aboriginal communities. The Board's vision, energy and leadership ensure that all Partnership initiatives deliver meaningful outcomes for Canadians.



December 2009

Jeffrey C. Lozon

Chair, Canadian Partnership Against Cancer; President and Chief Executive Officer, St. Michael's Hospital (*stepped down June 2009*)

Simon Sutcliffe, MD

Chair, Canadian Partnership Against Cancer (*as of June 2009*)
Vice-chair, Canadian Partnership Against Cancer (*before June 2009*)

René Gallant

Vice-Chair, Canadian Partnership Against Cancer (*as of June 2009*); Past National President, Canadian Cancer Society

Mel Cappe

President and Chief Executive Officer, Institute for Research on Public Policy (*joined August 2009*)

Chris Clark

Chief Executive Officer and Canadian Senior Partner, PricewaterhouseCoopers LLP

Catherine L. Cook, MD

Executive Director, Aboriginal Health Programs, Winnipeg Regional Health Authority

Bruce Cooper

Assistant Deputy Minister, Policy and Planning, Newfoundland and Labrador Department of Health and Community Services (*joined February 2010*)

Peter Crossgrove

Past Chair, Canadian Association of Provincial Cancer Agencies

Louis Dionne, MD

Cancer surgeon; palliative care pioneer; Founder, Maison Michel-Sarrazin

Peter Goodhand

President and Chief Executive Officer, Canadian Cancer Society (*joined June 2009*)

Joy Maddigan

Assistant Deputy Minister, Newfoundland and Labrador Department of Health and Community Services (*stepped down January 2010*)

Paddy Meade

Executive Operating Officer, Continuum of Care Division, Alberta Health Services (*stepped down April 2009*)

Linda Miller

Deputy Minister, Alberta Health and Wellness (*joined May 2009 and stepped down January 2010*)

Christine Power

President and Chief Executive Officer, Capital District Health Authority, Nova Scotia (*joined June 2009*)

Jay Ramotar

Deputy Minister, Alberta Health and Wellness (*joined February 2010*)

Gary Semenchuck

Past Chair, Saskatchewan Cancer Agency

Marla Shapiro, MD

Medical contributor, CTV's Canada AM; medical consultant, CTV News

Terry Sullivan, PhD

President and Chief Executive Officer, Cancer Care Ontario

Milton Sussman

Deputy Minister, Manitoba Ministry of Health and Healthy Living (*joined March 2010*)

Laura M. Talbot

President and Senior Partner, TalbotAllan Consulting

Sally Thorne, PhD

Professor and Director, University of British Columbia School of Nursing

Elisabeth Wagner

Executive Director, Corporate Policy and Research, B.C. Ministry of Health Services

Elizabeth Whamond

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

Barbara Whyllie, MB, BCh, BAO

President and Chief Executive Officer, Canadian Cancer Society (*stepped down May 2009*)

Arlene Wilgosh

Deputy Minister, Manitoba Ministry of Health and Healthy Living (*stepped down March 2010*)

Antoine Loutfi, MD (Observer)

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

Advisory Mechanisms

Advice and engagement

Cancer control knowledge is dispersed throughout the country. At any given time, experts are making breakthroughs, exploring new issues and developing new information in diverse areas of practice. To ensure that the best knowledge is informing our national strategy to reduce the impact of cancer, the Partnership harnesses the strength of this wide-ranging expertise by engaging cancer leaders through a variety of advisory mechanisms.

In 2009/10 to further strengthen collaboration and momentum in advancing the strategy, we increased efforts to engage stakeholders. This was done through a variety of broad-based communications, ongoing stakeholder meetings and our first stakeholder forum. Held in July 2009, the forum goal was to build broader awareness of our initiatives, and identify areas of further synergy and collaboration.

Among the 180 forum attendees were representatives from provincial health ministries and cancer agencies (or equivalent), federal agencies, national health and charitable organizations, professional associations, patient and advocacy groups, chronic disease partners and others. In 2010/11, as we near the end of the initial mandate, we continue to work with the cancer and health communities to explore and identify the needs and opportunities that lie ahead.

Advisory Council on Cancer Control

For the first two years of the Partnership's mandate, the Advisory Council on Cancer Control acted as a resource for the Partnership as initiatives got underway. As work advanced and evolved, more than 40 groups, committees and networks began to guide and support the Partnership's priority areas with direct involvement in advancing its initiatives. In July 2009, the Partnership dissolved the Advisory Council on Cancer Control in favour of the extensive formal and informal networks that are implementing the work.

Members of the Advisory Council on Cancer Control

Simon Sutcliffe, MD, CO-CHAIR: Chair, Canadian Partnership Against Cancer

Jessica Hill, CO-CHAIR: Chief Executive Officer, Canadian Partnership Against Cancer

Bob Allen: Chief Executive Officer, Saskatchewan Cancer Agency

Harley J. Ast: Board Member, Canadian Prostate Cancer Network; Advisory Team Member, Campaign to Control Cancer; Member, Health Canada's Scientific Advisory Committee on Oncology Therapies

Carrie Bourassa, PhD: Assistant Professor, Department of Science, First Nations University of Canada

George Browman, MD: Chair, Cancer Guidelines Advisory Group; Medical Oncologist, BC Cancer Agency; Clinical Professor, School of Population and Public Health, University of British Columbia

Elizabeth Eisenhauer, MD: Chair, Research Advisory Group; Co-Chair, Canadian Cancer Research Alliance; Professor, Department of Oncology, Queen's University; Director, Investigational New Drug Program, Clinical Trials Group, National Cancer Institute of Canada

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

Margaret I. Fitch, PhD: Chair, Cancer Journey Advisory Group; Head, Oncology Nursing; Co-Director, Patient and Family Support Program, Odette Cancer Centre, Sunnybrook Health Sciences Centre

Carolyn Gotay, PhD: Professor, School of Population and Public Health, University of British Columbia

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

Barbara Kaminsky: Chief Executive Officer, Canadian Cancer Society, British Columbia and Yukon Division

Jon Kerner, PhD: Chair, Primary Prevention Advisory Group; Senior Scientific Advisor, Canadian Partnership Against Cancer

Verna Mai, MD: Chair, Screening Advisory Group; Provincial Lead, Public Health, Cancer Care Ontario

Anthony Miller, MD: Associate Director, Research, Dalla Lana School of Public Health, University of Toronto

Melanie Morningstar: Senior Policy Analyst, Assembly of First Nations Health and Social Development Secretariat

Ellen Murphy: Director of Cancer Prevention, Alberta Health Services

Andrew Padmos, MD: Chair, Health Human Resources Advisory Group; Chief Executive Officer, Royal College of Physicians and Surgeons of Canada

Michael Richards, MD: National Cancer Director for England, National Health Service

Paul Rogers, MBChB: Clinical Professor, University of British Columbia; Head, Pediatric Oncology, B.C. Children's Hospital

Brent Schacter, MD: Professor, Department of Internal Medicine, University of Manitoba; Department of Medical Oncology and Hematology, CancerCare Manitoba

Jack Shapiro: Chair, Canadian Cancer Action Network

Jack Siemiatycki, PhD: Professor, Canada Research Chair in Environmental Epidemiology and Population Health and Guzzo Chair in Environment and Cancer, Université de Montréal

Isaac Sobol, MD: Chief Medical Health Officer for Nunavut

Jean Latreille, MDCM: (Observer): Hemato-oncologist, Division of Hematology and Medical Oncology, Hôpital Charles LeMoyné

Advisory Groups

Each of the Partnership's strategic initiatives is driven by a leader in the cancer community, often a clinician or researcher employed by one of the Partnership's partner organizations. The Partnership's Advisory Groups, formerly called Action Groups, are aligned with priority areas of the national cancer control strategy: prevention, screening, research, surveillance, the cancer journey, quality and standards, and cancer guidelines.

Chaired by recognized subject experts, the Advisory Groups typically include health practitioners and administrators, patient and professional organizations, epidemiologists, researchers, and individuals with a personal connection to cancer. Nearly 400 people representing more than 150 organizations participate in Partnership Advisory Groups. The valued counsel provided by this network of advisors reflects the spirit of our mandate: Canada's cancer control strategy was created through partnership, and that is how we are advancing the work.

Strength of guidance

For specific initiatives, the Partnership seeks direction from expert working groups, steering committees and networks of advisors, each chaired by recognized leaders in cancer control. Examples of external groups that guide our work are the Cancer Risk Management Advisory Committee, the National Colorectal Cancer Screening Network, the Quality Programs for Cancer Control Advisory Committee, the National Cancer Staging Advisory Committee, and the Advisory Committee on First Nations, Inuit and Métis Cancer Control.

In addition, the Partnership convenes ad hoc groups on emerging evidence to share insights and build consensus.

Advisory Group Chairs

Primary Prevention

Jon Kerner, PhD, Senior Scientific Advisor, Canadian Partnership Against Cancer

Research

Elizabeth Eisenhauer, MD, Co-Chair, Canadian Cancer Research Alliance; Professor, Department of Oncology, Queen's University; Director, Investigational New Drug Program, Clinical Trials Group, National Cancer Institute of Canada

Screening

Verna Mai, MD, Provincial Lead, Public Health, Cancer Care Ontario

Cancer Guidelines

George Browman, MD, Medical Oncologist, BC Cancer Agency; Clinical Professor, School of Population and Public Health, University of British Columbia

Surveillance

Bob Allen, Chief Executive Officer, Saskatchewan Cancer Agency
On retirement from the Saskatchewan Cancer Agency, Mr. Allen stepped down as Chair of the Advisory Group. Heather Logan, Executive Director, Canadian Association of Provincial Cancer Agencies, was appointed Chair in April 2010.

Health Human Resources

Andrew Padmos, MD, Chief Executive Officer, Royal College of Physicians and Surgeons of Canada

Cancer Journey

Margaret Fitch, PhD, Head, Oncology Nursing, Co-Director, Patient and Family Support Program, Odette Cancer Centre, Sunnybrook Health Sciences Centre



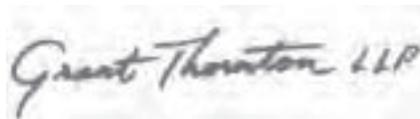
AUDITORS' REPORT

To the Members of the
Canadian Partnership Against Cancer Corporation

We have audited the statement of financial position of the **Canadian Partnership Against Cancer Corporation** as at March 31, 2010 and the statements of operations and net assets and cash flows for the year then ended. These financial statements are the responsibility of the Partnership's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Partnership as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles. As required by Canada Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.



Chartered Accountants
Licensed Public Accountants
Toronto, Ontario
May 28, 2010

STATEMENT OF FINANCIAL POSITION

As at March 31, 2010 (with comparative figures for the year ended March 31, 2009)

	2010	2009
Assets		
Current		
Cash and cash equivalents	\$ 4,571,286	\$ 1,322,563
Short-term investments	8,021,429	15,069,838
Accounts receivable	119,602	313,943
Projects in process and advances (Note 3)	9,977,515	5,503,051
Prepaid expenses	245,775	179,305
	22,935,607	22,388,700
Capital assets (Note 4)	4,499,347	6,015,892
	\$ 27,434,954	\$ 28,404,592
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 3,882,749	\$ 9,153,367
Due to Health Canada (Note 6)	456,544	374,168
Deferred contributions – operating (Note 6)	18,596,314	9,461,165
	22,935,607	18,988,700
Deferred capital contributions (Note 6)	4,499,347	6,015,892
	27,434,954	25,004,592
Net Assets		
Reserve Fund (Note 7)	–	3,400,000
	\$ 27,434,954	\$ 28,404,592

Commitments and Guarantees (Notes 8 and 9)

See accompanying notes to the financial statements.

Approved by the Board


Simon Sutcliffe
Chair of the Board

Peter Crossgrove
Chair of the Finance and Audit Committee

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year Ended March 31, 2010 (with comparative figures for the year ended March 31, 2009)

	2010	2009
Expenses		
Programs		
Primary prevention	\$ 6,069,044	\$ 4,894,048
Screening	1,658,146	1,840,972
Cancer guidelines	4,493,387	3,984,181
Cancer journey	2,991,127	2,586,696
Research	11,926,145	12,546,762
Surveillance	7,386,607	3,804,353
Health human resources	862,706	727,289
Knowledge management	6,660,242	3,650,670
Quality, standards and system performance	2,580,480	1,557,023
Communication and public engagement	3,647,344	3,352,146
	48,275,228	38,944,140
Operating expenses	5,606,168	5,549,702
	53,881,396	44,493,842
Revenue		
Health Canada contributions (Note 6)	50,770,533	44,037,413
Public Health Agency of Canada	550,000	–
Heart and Stroke Foundation of Ontario	50,000	–
Amortization of deferred capital contributions (Note 6)	2,510,863	456,429
	\$ 53,881,396	\$ 44,493,842
Excess of revenue over expenses	\$ –	\$ –
Net assets, beginning of year	3,400,000	3,400,000
Reserve Fund (Note 7)	(3,400,000)	–
Net assets, end of year	\$ –	\$ 3,400,000

See accompanying notes to the financial statements.

STATEMENT OF CASH FLOWS

Year Ended March 31, 2010 (with comparative figures for the year ended March 31, 2009)

	2010	2009
Increase (decrease) in cash and cash equivalents		
Operating activities		
Health Canada contributions received (Note 6)	\$ 57,500,000	\$ 48,223,727
Other contributions received	600,000	–
Interest received on short-term investments	137,313	550,743
Cash paid for programs and operating expenses	(60,994,197)	(37,395,534)
	(2,756,884)	11,378,936
Investing activities		
Purchase of short-term investments	(20,995,605)	(27,000,000)
Redemption of short-term investments	27,995,530	20,000,000
	6,999,925	(7,000,000)
Financing activities		
Purchase of capital assets	(994,318)	(4,752,168)
Net (outflow) inflow of cash and cash equivalents	3,248,723	(373,232)
Cash and cash equivalents, beginning of year	1,322,563	1,695,795
Cash and cash equivalents, end of year	\$ 4,571,286	\$ 1,322,563

See accompanying notes to the financial statements.

March 31, 2010

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 Description of the business

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

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

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

The Partnership is funded through a Funding Agreement with Health Canada which calls for \$240.4 million of contributions over the five years ended March 31, 2012. The contributions are subject to terms and conditions set out in the Funding Agreement.

NOTE 2 Significant accounting policies

Financial statement presentation

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

Revenue recognition

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

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

Deferred contributions – operating

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

Cash and cash equivalents

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

Short-term investments

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

March 31, 2010

NOTE 2
Significant
accounting policies
(continued)

Capital assets

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

Information technology and telecommunication	3 years
Furniture and equipment	5 years
Leasehold improvements	Over the term of the lease (5 years)

Financial Instruments

The Partnership has classified its financial instruments as follows:

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

Allocation of Expenses

General support expenses, or operating expenses, are not allocated to program expenses.

Use of estimates

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

NOTE 3
Projects in process
and advances

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

NOTE 4
Capital assets

Capital assets at March 31 consist of:

	2010			2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Information technology	\$ 362,560	\$ 240,931	\$ 121,629	\$ 195,390
Portal Development	5,319,239	1,773,080	3,546,159	4,398,374
Furniture and equipment	1,061,769	610,615	451,154	754,679
Leasehold improvements	933,606	553,201	380,405	667,449
	\$ 7,677,174	\$ 3,177,827	\$ 4,499,347	\$ 6,015,892

March 31, 2010

NOTE 5
Change in
Accounting
Estimate

During the year, the Partnership made changes in estimates related to the useful lives of capital assets. The effect of this change is an additional amortization expense of \$261,190 recognized in the operating expenses for the year ended March 31, 2010. The total amortization for the year including the change is \$2,510,863 (2009 – \$456,429).

NOTE 6
Deferred
contributions

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

	Due to Health Canada	Deferred Contributions Operating	Deferred Capital Contributions	Total
Balance, beginning of year	\$ 374,168	\$ 9,461,165	\$ 6,015,892	\$ 15,851,225
Health Canada funding received	–	57,500,000	–	57,500,000
Interest earned	82,376	–	–	82,376
	456,544	66,961,165	6,015,892	73,433,601
Reserve Fund (Note 7)	–	3,400,000	–	3,400,000
Transferred to Deferred Capital Contributions	–	(994,318)	994,318	–
Amounts recognized as revenue	–	(50,770,533)	(2,510,863)	(53,281,396)
Balance, end of year	\$ 456,544	\$ 18,596,314	\$ 4,499,347	\$ 23,552,205

NOTE 7
Reserve Fund

A Reserve Fund of \$3.4 million was established by the Board of Directors, and approved by the federal Minister of Health in 2008 in order to provide financial stability as programs were being developed. The terms of the new Funding Agreement entered into on March 13, 2009, stated that the Reserve Fund currently held by the Partnership be terminated but that the Partnership could keep the funds remaining in the Fund provided that these funds were held, administered and used in accordance with the terms and conditions of the Funding Agreement. The resolution by the Board of Directors passed on April 16, 2009 to maintain the Reserve Fund as an internally restricted fund was revoked by the Board of Directors later that year on December 8, 2009 in recognition that the Partnership's programs are well established and financial plans for the expenditure of the \$3.4 million in the Reserve Fund in accordance with the Funding Agreement are in place. The Reserve Fund was transferred to Deferred Contributions-operating.

March 31, 2010

NOTE 8
Commitments**Contractual research commitments**

As of March 31, 2010, the Partnership has contractual commitments related to research projects amounting to \$30,095,761 as follows. These commitments are contingent upon meeting project milestones set out in the agreements.

2011	\$	18,941,652
		11,154,109
	\$	30,095,761

Operating lease commitments

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

2011	\$	1,149,830
2012		1,164,814
		716,838
	\$	3,031,482

Contractual commitments

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

2011	\$	2,001,154
2012		1,348,099
	\$	3,349,253

NOTE 9
Guarantees

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

The Partnership has provided indemnities under a lease agreement for the use of operating facilities. Under the terms of this agreement the Partnership agrees to indemnify the counterparties for various items including, but not limited to, all liabilities, loss, suits, and damages arising during, on or after the term of the agreement. The maximum amount of any potential future payment cannot be reasonably estimated.

The Partnership has indemnified its present and future directors, officers and employees against expenses, judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding in which the directors are sued as a result of their service, if they acted honestly and in good faith with a view to serving the best interest of the Partnership. The nature of the indemnity prevents the Partnership from reasonably estimating the maximum exposure. The Partnership has purchased directors' and officers' liability insurance with respect to this indemnification.

March 31, 2010

NOTE 10
Capital

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

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

NOTE 11
**Remuneration
of Directors and
Senior Management**

For the year ended March 31, 2010, remuneration paid to the Partnership's Directors amounted to \$140,584 (2009 – \$208,450) and remuneration paid to the Partnership's five highest paid staff amounted to \$1.3 million (2009 – \$1.26 million).

NOTE 12
Comparative figures

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

Materials Completed

Partnership materials completed between April 1, 2009, and March 31, 2010

The following materials were completed for stakeholder and/or external audiences in 2009/10. This list includes both Partnership final reports and working reports, plus a sample list of posters presented at conferences this year.

Note that some materials were completed at the end of the fiscal year and will be distributed in 2010/11.

Canadian Partnership Against Cancer

- Canadian Partnership Against Cancer 2008/09 Annual Report, July 2009
- Partnership + Momentum = Progress newsletter, April and December 2009
- All content at www.partnershipagainstcancer.ca, ongoing
- Materials for media announcements: press releases, fact sheets and biographies for Cancer View Canada, July 2009; results of the Colon Cancer Screening Survey, January 2010; Coalitions Linking Action and Science for Prevention (CLASP), March 2010; launch of Colonversation, March 2010; National Investment in Research on Childhood and Adolescent Cancer, March 2010

Primary Prevention

- Coalitions Linking Action and Science for Prevention – Phase 1 Report, May 2009
 - Environmental Scan of Primary Prevention Activities in Canada: Part 1 – Policies and Legislation, May 2009
 - Environmental Scan of Primary Prevention Activities in Canada: Part 2 – Programs Addressing Modifiable Risk Factors for Cancer, May 2009
 - Environmental Scan of Policy and Legislation as It Relates to Skin Cancer Prevention, May 2009
 - Literature Review of Evidence-Based Strategies and Practices in Promoting Skin Cancer Prevention, May 2009
 - Review of Recognized Labelling Practices: The Potential for Improving Health and Environmental Standards, September 2009
 - Right to Know Labelling Consultation and Partnership Development Meeting – Consultation Report, October 2009
 - The Economic Burden of Skin Cancer: Current and Projected, February 2010
 - Asbestos Surveillance and Disease Compensation Meeting Report, March 2010
-

MATERIALS COMPLETED Continued**Research**

- Cancer Research Investment in Canada, 2007: The Canadian Cancer Research Alliance's Survey of Government and Voluntary Sector Investment in Cancer Research in 2007, October 2009
 - Investment in Research on Childhood and Adolescent Cancers 2005–2007, October 2009
-

Screening

- Flexible Sigmoidoscopy Expert Panel – Watching Brief, June 2009
 - PSA Toolkit: PSA Screening and Testing for Prostate Cancer, July 2009
 - Quality Determinants for Colorectal Cancer Screening in Canada, September 2009
 - Strategies to Maximize Participation in Cervical Screening in Canada, February 2010
 - A Review of Screening Mammography Participation and Utilization in Canada, March 2010
-

Cancer Guidelines

- Conceptual and Practical Challenges for Implementing Communities of Practice Model on a National Scale – A Canadian Cancer Control Initiative, January 2010
 - Facilitation as a Role and Process in Achieving Evidence-Based Practice in Nursing: A Focused Review of Concept and Meaning, February 2010
 - Status of Colorectal Cancer Guidelines, February 2010
 - Status of Prostate Cancer Guidelines, February 2010
 - CAN IMPLEMENT Version 1: Guide, Library Science Supplement and Toolkit, March 2010
-

Surveillance

- Knowledge Translation in Cancer Surveillance – A Literature Review, October 2009
 - Recommendation for the Adoption of the College of American Pathologists Cancer Checklists as a Pan-Canadian Content Standard for Cancer Pathology Reporting: Canadian Association of Pathologists Executive Report, May 2009
 - National Staging Initiative: Informatics Standards for Cancer Pathology, August 2009
-

Health Human Resources

- Canadian Models Report, March 2010
 - Inspiring Innovation in Service Delivery: Optimizing the Cancer Workforce – A Summary of Symposium Findings, March 2010
 - The Cancer Workforce Scoping Study: A Report from the Front Lines of Canada's Cancer Control Workforce – Summary Report, March 2010
 - The Cancer Workforce Scoping Study: A Report from the Front Lines of Canada's Cancer Control Workforce – Technical Report, March 2010
-

Cancer Journey

- Additions to the Person-Centred Care Toolkit:
 - A Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient, May 2009
 - Guide for Implementing Screening for Distress, the 6th Vital Sign, May 2009
 - Promoting Equity and Diversity in Cancer Care Settings, July 2009
 - Pan-Canadian Psychosocial Oncology Education Opportunities to Enhance the Development of a Person-Centred Approach, November 2009
 - Psychosocial Oncology Education Opportunities Directory, November 2009
 - Guide to Implementing Navigation, January 2010
 - Cancer Care Survey 2008: Capturing the Perspectives of Survivors, April 2009
 - Online and Telephone Supports Directory, September 2009
 - Advanced Care Planning in Canada: National Framework for Consultation, February 2010
 - Addressing Disability in Cancer Care, March 2010
 - Advanced Care Planning in Canada: Synthesis of Tools, March 2010
 - EPEC™-O Canada Curriculum and Facilitator Guides, Education in Palliative and End-of-Life Care for Oncology, March 2010
-

Quality Initiatives and System Performance

- Atlantic Regional System Performance Workshop meeting materials, June 2009
 - Ontario Regional System Performance Workshop meeting materials, June 2009
 - Quebec Regional System Performance Workshop meeting materials, June 2009
 - Western Regional System Performance Workshop meeting materials, June 2009
 - The System Performance Initiative: A First-Year Report, October 2009
 - Cancer Control in Canada: 2007: Baseline Report, July 2009
-

MATERIALS COMPLETED Continued

Knowledge Management

- All content at www.cancerview.ca, ongoing
-

Community Linkages

- Report on National Forum on First Nations, Inuit and Métis Cancer Control, June 2009
 - Momentum: Cancer Control in Action Summary Report, October 2009
-

Conference Posters

The following is a sample of posters presented at conferences in 2009/10:

- Initiation of National Collaborative Stage Data Set, June 2009
 - Improving Quality through Synoptic Pathology Reporting, June 2009
 - Cancer Patient Navigation: Creating a National Agenda, June 2009
 - Cancer Survivorship: Creating a National Agenda, June 2009
 - Ensuring the Patient Voice Is Heard in Cancer Control Action Plans: A Leadership Imperative for Psychosocial Oncology, June 2009
 - Screening for Distress: Moving Towards Person-Centred Cancer Care, June 2009
 - Service Delivery Models Project, March 2010
-

MAKING A DIFFERENCE

CANADIAN PARTNERSHIP
AGAINST **CANCER**



PARTENARIAT CANADIEN
CONTRE LE **CANCER**

Production of this report and the programs described within it have been made possible through a financial contribution from Health Canada.

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

The Partnership gratefully acknowledges its partners for their photographic contributions to Annual Report 2009/10.

Photograph on page 8 courtesy of www.flickr.com/photos/jhoc/



**PARTNERSHIPS
AGAINST CANCER**

TOGETHER, MOVING FURTHER

FASTER

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

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER