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PARTNERSHIP + MOMENTUM = PROGRESS

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PROGRESS REPORT

Winter 2009

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

PARTENARIAT CANADIEN
CONTRE LE **CANCER**

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Message From the Chief Executive Officer

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

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

PARTENARIAT CANADIEN
CONTRE LE **CANCER**

Winter 2009

Jessica Hill
Chief Executive Officer

When the Government of Canada made a commitment to fund a national cancer control strategy in November 2006, it marked a major milestone in this country's efforts to control cancer. Canada became one of the few countries worldwide committed to implementing a national strategy aimed at systematically reducing cancer rates and deaths and improving patients' lives.

The Canadian Partnership Against Cancer began operations in April 2007 to implement the strategy. Now in the second year of our initial five-year mandate, and as described on the pages that follow, the Partnership is spearheading nationwide activities to ease the burden of cancer on Canadians. It is a coordinated and collaborative effort. We have taken effective first steps. Moving forward we can do this only by working in partnership with governments, federal agencies, patient organizations, provincial cancer agencies, professional associations and others to bring Canada's strategy to life and create a more coordinated and efficient cancer control domain.

We know the need is great. Despite advances in the past decade – mortality rates have generally fallen, thanks in large part to the effects of tobacco control, better detection and better treatments – each year more than 165,000 Canadians are told they have cancer and almost 74,000 die from the disease. Cancer remains the top health concern among Canadians, and the World Health Organization predicts the disease will become the leading cause of premature death worldwide in 2010.

We are encouraged by the progress made since the establishment of the Partnership some 22 months ago. As you will see in this report, whether it is through investing in infrastructure, forming partnerships to reduce duplication of effort or sharing best practices, Canada is well positioned to realize lasting change. Action is taking place across priority areas such as prevention, screening and early detection, and in supporting patients in their journey as they face cancer.

As we work along with our partners to implement the strategy, and with support from the Government of Canada, we are committed to doing everything we can to ensure that Canadians are served by the highest quality cancer control system in the world. We look forward to making that goal a reality.

Jessica Hill

Jessica Hill
CEO, Canadian Partnership Against Cancer

Advancing Canada's Cancer Control Strategy

In 2006, the federal government invested $250 million over five years to address the impact of cancer nationwide. To manage this vital initiative, the government created the Canadian Partnership Against Cancer, the first-ever organization with a mandate to oversee implementation of Canada's cancer control strategy – the plan developed by more than 700 cancer groups, experts, patients and survivors over a decade.

No one government or organization can do this alone. Controlling cancer requires a collective effort and a shared focus on finding solutions. Cancer includes over 200 different and complex diseases. Too many Canadians are being diagnosed with it and too many will die from it. This is why it is so important to advance a national strategy that can create new possibilities in controlling cancer and to take the best we have in Canada and apply it across the country.

This report provides a snapshot of our progress.

BACKGROUND

Cancer is the top health concern of Canadians[1] and continues to kill half of those Canadians in whom it is diagnosed, despite advances in prevention, detection and treatment. The World Health Organization predicts that as soon as next year cancer will become the leading cause of death worldwide[2]; it is already the leading cause of death in Canada.[3] Our growing and aging population is leading to an increase in cancer cases.[4] However, cancer is not just a disease of the elderly. Approximately 10,000 cancers are diagnosed in young adults (aged 20 to 44) every year[5] and cancer is one of the leading causes of death for Canadians 45 and over.[3]

In the past 35 years, much has been learned about the disease and what works to improve cancer outcomes. We know that public policies (such as anti-smoking legislation), environmental regulation, public education, infection control, patient empowerment and medical advances (early detection, diagnosis and treatment) all play critical roles. We have the evidence and the tools to significantly reduce new cases of cancer and cancer deaths.

> The Partnership model shows that we can do a great deal through partnership and use of existing resources. We are showing the value of creating a "whole" that is very much more than the sum of the parts, as we highlight how existing resources can be used to benefit the whole population.
>
> *Dr. Simon Sutcliffe, Vice-chair, Canadian Partnership Against Cancer*

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[1] Environics survey of 3,300 Canadians, September 2008.

[2] World Health Organization (2008). World Cancer Report 2008. Eds. P. Boyle & B. Levin. International Agency for Research on Cancer.

[3] Statistics Canada (2008). Leading Causes of Death in Canada. http://www.statcan.gc.ca/pub/84-215-x/2008000/hl-fs-eng.htm.

[4] Canadian Cancer Society/National Cancer Institute of Canada (2008). Canadian Cancer Statistics 2008. Toronto.

[5] Cancer Care Ontario (2006). Cancer in Young Adults in Canada. Toronto. ISBN 0-921325-10-X (print), ISBN 0-921325-11-8 (PDF).

For this reason, the World Health Organization urges all countries to address this major health threat through a comprehensive approach to national cancer control programmes.[6] This includes prevention, screening, treatment, medical and population research, end-of-life care, patient issues, surveillance and epidemiology, and knowledge translation.

The Cancer Control Strategy is Canada's answer to that challenge and, as its name indicates, it draws on and coordinates the expertise and energy of its partners to benefit Canadians. Some of these partners are Health Canada, the Public Health Agency of Canada, provincial cancer agencies and ministries of health, the Canadian Cancer Society, the Canadian Institute for Health Information, the Canadian Cancer Research Alliance, Statistics Canada, Canada Health Infoway and universities.

Just as important are hundreds of non-governmental organizations across Canada, many of them led by individuals affected personally by cancer. All of our work is guided and driven by a pan-Canadian network of experts from across the cancer community – individuals who are leaders in their field of work, as well as patients, survivors and their families.

The partners are committed to harnessing best practices and applying them locally. The focus is on developing and using proven, measurable advances that can systematically reduce the number of cancer cases and deaths, while striving to improve the quality of life for individuals who have or have had the disease. The key to a cost-effective cancer control strategy is how it is done: through collaboration and coordination among many cancer organizations and individuals. As the orchestrator of this pan-Canadian effort, it is working with our partners that is helping to bring Canada's strategy to life and create a more coordinated and efficient cancer control domain.

In less than two years, we have achieved some major "firsts":

- The launch of Canada's largest population health study of risk and protective factors in cancer and chronic disease. This mammoth study is recruiting 300,000 Canadians to be followed over the next 30 years to learn who gets cancer or other chronic diseases and why.
- The development of a cross-Canada network of screening programs for colorectal cancer to drive participation and to support quality assurance in this important prevention strategy.
- The launch this spring of an Internet gateway to cancer control, for use by health professionals and the public.

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[6] World Health Organization (2002). National Cancer Control Programmes: Policies and Managerial Guidelines, 2nd ed. Geneva: World Health Organization.

Sparking New Action and Initiatives

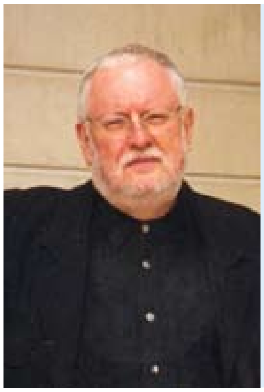
The Partnership is combining the strengths of the cancer control community and propelling sustainable change through a number of pioneering initiatives.

Here are some examples of that work:

RESEARCH

Expanding existing partnerships, integrating knowledge and creating innovative ways of working together are essential to achieve a coordinated cancer research strategy in Canada. The Canadian Partnership for Tomorrow Project is Canada's largest-ever population study, and recruitment is underway for 300,000 adults to be followed over the next 30 years, though results and benefits will start flowing from the data long before that.

The study will examine interactions between genetic variation and environmental exposures and the subsequent impact on cancer risk and other chronic diseases. This project will produce an unprecedented comprehensive Canadian database that for years to come will provide policy-makers with information on how to target prevention efforts not just for cancer but for many other chronic diseases. Partners in this huge project are the BC Cancer Agency, Alberta Cancer Board, Cancer Care Ontario with the Ontario Institute for Cancer Research, Quebec's CARTaGENE, and Cancer Care Nova Scotia with Dalhousie University.



With all the complexities of both cancer research itself and the multiple funding organizations that try to foster this work, it is indeed comforting to see the efforts being made by Canadian Cancer Research Alliance and the Partnership in Canada to maximize success by creating a national cancer research agenda. In my contacts with the world-wide cancer community, there is no more dedicated or effective effort being made by any nation to discover how to prevent, detect and treat cancer more effectively.

Dr. Philip E. Branton, Visiting Scientist, Cancer Research-UK

KNOWLEDGE EXCHANGE

The Partnership is providing support and leadership to ensure that knowledge is available to the broad cancer control community. The central vehicle for sharing of resources, knowledge and technology is the portal, a cutting-edge website launching in the spring of 2009. The portal will be a gateway for all Canadians (cancer patients, survivors, clinicians, researchers, policy-makers) who seek information and knowledge-sharing on cancer. It will feature collaborative workspaces and communities where users are able to connect, collaborate, collect and transfer information.

A fundamental principle in the development of the portal is to leverage what exists in Canada and expand its availability across the country. Examples include the Canadian Cancer Society's Information Service and Community Support Service database, the Canadian Virtual Hospice, and the development of a Canadian Cancer Clinical Trials searchable registry using web-based tools developed in Ontario.

GUIDELINES FOR BEST CARE

Championing the optimal use of proven evidence in cancer treatment is an important role of the Partnership. Building on the internationally groundbreaking work done in Alberta, with funding from Canada Health Infoway, the synoptic reporting project is introducing standardized electronic checklists for cancer surgeries.

During cancer surgery, a great deal of complex information needs to be recorded to describe the cancer, record the details of the surgery and ensure the completeness of information required to manage post-surgery care. This project focuses on improving the collection and use of this information through standardized electronic reports. This supports surgeons' use of best practices and ensures that clinicians and patients have the information they need for appropriate treatment and follow-up. The database that is created will also allow for comparing patterns of surgery practice, how surgical decisions are made and how well patients do across different provinces. Synoptic operative reporting is being piloted in a number of sites in five provinces – Alberta, Nova Scotia, Quebec, Ontario and Manitoba – across five disease-site areas: colon, rectum, breast, ovary, and head and neck cancers.

The Partnership is finding better ways of measuring and reporting on the quality and effectiveness of cancer care, and that information helps to support equal access to quality care across the country.

Dr. Terry Sullivan, President & CEO, Cancer Care Ontario

Coordinating Efforts To Enhance Impact Nationwide

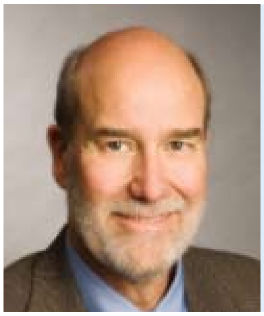
Virtually all Canadians are touched by cancer. The Partnership is bringing together Canada's cancer experts, researchers, organizations, patients and survivors to build on existing efforts in the prevention and detection of cancer, while also supporting those with the disease.

The work in this area includes:

JOINING FORCES TO PREVENT CHRONIC DISEASE

Many of the risk factors associated with cancer – including smoking, poor nutrition, lack of physical activity, obesity and alcohol consumption – are also associated with other chronic illnesses, such as heart and lung disease and diabetes. This makes it essential that we collaborate with all partners working in these areas to maximize impact and reduce duplication. A new initiative of the Partnership, the Coalitions Linking Action & Science for Prevention (CLASP) project, will identify groups of experts and front-line practitioners involved in prevention of cancer and other chronic diseases to provide advice and support for the development of evidence-based prevention programs. This initiative will take programs that have been implemented locally and create new coalitions to advance effective approaches on a pan-Canadian level. Key partnerships have been established with the Heart and Stroke Foundation and the Canadian Cancer Society. Consultation workshops will include organizations such as the Public Health Agency of Canada, the Canadian Diabetes Association and the Canadian Lung Association. CLASP will complement federal, provincial and territorial plans for healthy living strategies.

Another new project, the CAnadian Platform To increase Usage of Real-world Evidence (CAPTURE), will establish a platform for developing common indicators and tools for the evaluation of prevention programs. This will result in a more evidence-based, coordinated approach to chronic disease prevention in Canada, and will make it easier for prevention practitioners to assess and report on the impact of their work.



Understanding the effects of the environment is tricky. It's not entirely clear what information we should seek. With 300,000 registrants, the Canadian Partnership for Tomorrow Project will be big enough to help us tease out some elements of both cancer risk and protection.

Dr. John Potter, Chair, Governance Committee, Canadian Partnership for Tomorrow Study, Seattle, USA, and Cambridge, UK

ESTIMATING EXPOSURE TO COMMON CARCINOGENS

Effective cancer prevention requires evidence-based information about the causes of cancer. In 2008 CAREX Canada was launched at the University of British Columbia, to integrate data sources on geographic variation in carcinogenic exposures and create maps to explore workplace and environmental carcinogens across the country. Based on methodology developed in Finland and using the International Agency for Research in Cancer list of carcinogens, this project will identify how and where people may be exposed to carcinogens and determine the potential level of exposure. It will also develop a Canadian workplace database and a population-based database that will include estimates on Canadians' exposure to carcinogens from a variety of sources: the environment, food, beverages and consumer products. In the long term, this project will contribute to a reduction in cancer cases by guiding priorities for action on reducing carcinogens in our environment.

EARLY DETECTION

Early detection of cancer, before any symptoms are present, can, in some cases, greatly increase a patient's chance of successful treatment and survival. Cancer screening participation rates in Canada are not ideal, and are especially low for colorectal cancer (the second leading cause of cancer death in Canada),[7] for which it can have great benefit.

The Partnership's colorectal cancer screening initiative is developing a shared approach to colorectal cancer screening across the country through the Colorectal Cancer Screening Network. This work includes working with clinical partners to improve the quality and consistency of colorectal screening, building greater public and professional awareness of the importance of colorectal screening, and developing elements for common information databases. Almost all provinces and territories have now made a commitment to establishing an organized colorectal cancer screening program, and through the work of the network and the Partnership's leadership, are working together to establish measures to evaluate the quality of colorectal cancer screening.

With the recent development of the vaccine against human papillomavirus (HPV), the virus that causes cervical cancer, new opportunities and methods are evolving for cervical cancer control.[8] Through the guidance of an Implementation Committee, the HPV and cervical cancer screening project is working to bring together leaders in immunization, HPV surveillance, screening and diagnosis. A key goal is to ensure that information on HPV immunization and screening of individual women is able to be integrated by the time the young women who are currently being vaccinated reach the age of cervical cancer screening (18 to 21).

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[7] W Zarychanski, R., Chen, Y., Bernstein, C.N., & Hebert, P.C. (2007). Frequency of colorectal cancer screening and the impact of family physicians on screening behaviour. Canadian Medical Association Journal 177: 593–97.

[8] Lowy, D.R., Solomon, D., Hildesheim, A., Schiller, J.T., & Schiffman, M. (2008). Human papillomavirus infection and the primary and secondary prevention of cervical cancer. Cancer 113(7 Suppl):1980–93.

COORDINATING RESEARCH

Working with the Canadian Cancer Research Alliance we are supporting the creation of the first pan-Canadian cancer research strategy. This strategy will enhance coordination and research funding, identify gaps and opportunities for investment, and accelerate research for a greater impact on cancer control.

PATIENT JOURNEY

Ensuring that patient needs are front and centre is critical in all cancer control initiatives. The integrated person-centred care initiative will enable individuals being treated for or living with cancer to be screened for pain and distress, something now recognized as the "5th and 6th vital signs" of cancer and the management of which is an important aspect of patient care and well-being. The knowledge gained from this screening allows for the potential of improved coordination and access to programs and services to meet a range of needs – emotional, spiritual and practical. Another aspect of this initiative is the development of tools to support persons with cancer in navigating their journey through the health system. These tools include professional, peer and virtual support programs and services and will enhance the quality of life of those affected by cancer, and help relieve distress. Building on work completed in Alberta, Nova Scotia, and Quebec, navigation and screening for distress programs are being implemented in other programs.

COMMUNITY LINKAGES

Central to cancer control success is the ability to build partnerships and community linkages with groups representing patients, survivors and their families, while being culturally responsive to the needs of the First Nations, Inuit and Métis people of Canada. The Partnership has joined forces with St. Elizabeth Health Care and has launched an online cancer course that will offer healthcare providers up-to-date best practices in cancer care to enable First Nations community health improvements. We have also partnered with the Assembly of First Nations, both nationally and in Quebec, on initiatives that will enhance its capacity to address the increasing burden of cancer on its communities. Together with the leadership of the B.C., Manitoba and Ontario cancer agencies, and in collaboration with national Aboriginal organizations, planning is underway for a national forum in the spring of 2009 that will help inform the development of a national First Nations, Inuit and Métis strategy on cancer control within the Partnership. Through collaboration with the Canadian Cancer Action Network and its member organizations, we are also ensuring that the voices of patients, survivors and their families are reflected in all of our work.

Encouraging the Use of Best Practices in Cancer Programs and Services

Working with organizations across Canada, the Partnership is facilitating, promoting and adapting best practices for a coordinated and effective approach to cancer across our provinces and territories. What is learned in cancer can also be applied to other chronic diseases, thereby creating the opportunity for broad health system change.

The Partnership's work in this area includes:

TRANSLATING DISCOVERIES INTO SOLUTIONS

The benefits of research must reach the individual to make a difference. The Partnership is collaborating with the Terry Fox Research Institute to strengthen translational research – that is, research that will enable discoveries to translate quickly into practical solutions for cancer patients worldwide.[9] The Partnership has committed to collaborating on projects that involve using biomarkers to advance screening and treatment. The first announced study is a nationwide lung cancer early detection study, a pan-Canadian initiative that explores the development of a multi-modal screening program for the early detection of lung cancer. This project aims to identify the most effective and efficient means to screen at-risk individuals for lung cancer, a deadly disease for which early detection could lead to higher chances of survival.

> Making sure that advanced genetic, laboratory and diagnostic techniques are quickly translated into applications to benefit the individual while at the same time being cost-effective for the system is essential for advancing cancer control. We are excited that translational research projects such as the Early Stage Lung Cancer Detection Study will make a real difference.
>
> *Dr. Victor Ling, Scientific Director, Terry Fox Research Institute*

CANCER WORKFORCE

Quality cancer care depends on the tens of thousands of dedicated healthcare professionals who work on the front lines. The Partnership is working to optimize and sustain human resource capacity in cancer control by examining innovative models of service delivery and how they may assist in overcoming human resource challenges. This focused review of how the health system workforce is responding to evolving practices and gaps with new models of service delivery will provide new perspectives that may be considered in planning exercises underway. Building on the findings of a cancer workforce scoping study undertaken in

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[9] Terry Fox Research Institute. http://www.tfri.ca/home.asp.

2007–08, an examination of 60 innovative service delivery models and their effectiveness is underway; the results will be compiled in an accessible repository. This inventory will be available at the provincial and territorial level and can assist leaders in developing strategies to improve retention and overcome human resource shortages.


Dr. John Srigley, Cancer Care Ontario

ACCURATE AND COMPLETE INFORMATION

Accurate and standardized information is necessary for effective and efficient planning, implementation, monitoring and evaluation of cancer control. Determining the severity of an individual's cancer – i.e., the cancer stage – and collecting this information in standardized datasets is critical to treatment and follow-up planning. The stage project has established interprovincial and territorial champions in pathology, medical oncology, registries and epidemiology to collect national, population-based, electronic stage data for colorectal, lung, prostate and breast cancer. This will improve the amount of detail in cancer registries so patterns of care can be investigated over time.

CANCER SYSTEM PERFORMANCE

Central to cancer control planning is being able to use, over many years, data and information to increase the quality and efficiency of the system. Reporting on performance, both at provincial, territorial and national levels, will identify both areas of strength in cancer control and issues to be addressed. The indicators project has selected a streamlined set of common indicators of cancer system performance that can be used to improve quality across the country. The data are currently being collected with the assistance of our partners at Statistics Canada, the Public Health Agency of Canada and the provincial cancer agencies. An additional list of eight indicators, which are considered to be important but for which data are not currently available, will be developed over the next year.

A major commitment in the Cancer Reform Strategy in England is to improve the collection of data on clinical outcomes and patients' experience of care. Comparative data on clinical performance can be a major driver for quality improvement.

Dr. Michael Richards, CBE, National Cancer Director, National Health Service, London, England

Building on Success

The Partnership is creating new possibilities that will make a difference where it counts: in prevention, in finding cancer early and in care for those with cancer. Quality assurance of data and information at all stages and all levels is critical to supporting all public and clinical activity. This is what it means to control cancer.

Our strength is in the vast national network of cancer experts and organizations, provincial cancer agencies and federal health agencies that make all this possible. Together, we are finding new pathways for innovative, sustainable, measurable and cost-effective change.

Continued progress will take time and a sustained commitment to partnership and collaboration, and we look forward to our continued work with affiliated organizations, supporters, contributors, collaborators and partners to ensure that Canadians are served by the highest quality cancer control system in the world.

Building Momentum

In just 22 months, the Partnership has built tremendous momentum in advancing the strategy for the benefit of patients, their families and the broader healthcare system. This is being done by:

- Sparking new action and progress in cancer control through the launch of pioneering pan-Canadian initiatives;
- Coordinating existing efforts in cancer control to enhance their impact and reduce duplication nationwide;
- Encouraging the use of evidence-based best practices in the planning and delivery of cancer programs and services.

The Canadian Partnership Against Cancer is committed to helping change the way cancer patients and their families experience cancer. I am convinced that the improvements in the cancer control system that will be sparked by the Partnership will mean that cancer patients and all those touched by cancer will suffer less through their cancer journey.

Dr. Barbara Whylie, Chief Executive Officer, Canadian Cancer Society

In More Detail: Priorities and Initiatives

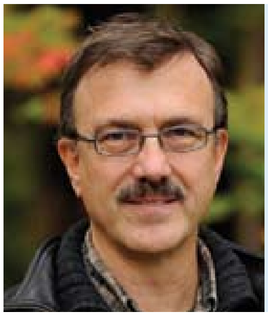
Cancer control priorities are shared by organizations worldwide, enhancing prevention, screening and early detection, person-centred care, cancer guidelines and standards, research, surveillance (the gathering and analysis of data related to cancer) and supporting the cancer workforce.

These priorities are being addressed in Canada through a national strategy for cancer control. In 2006, the Government of Canada made a five-year, $250 million commitment to the implementation of this strategy through the creation of the Canadian Partnership Against Cancer. Advancing cancer control in a federated health system, across a large geography and for a diverse population requires coordination and collaboration with partners in health planning and delivery. It also requires a focused approach to addressing the 200 diseases we call cancer.

The Partnership has identified areas of focus across these priorities – these are areas where we know we can work with partners to have an impact on the cancer control landscape. The information below provides an overview of our progress.

1 Primary Prevention

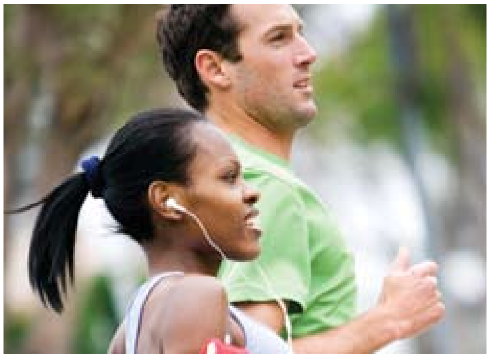
Primary prevention is a key element of cancer control. It refers to actions that help prevent cancers from ever developing (e.g., smoking cessation, healthy eating, physical activity, reducing environmental exposures), in contrast with secondary prevention, which refers to actions that prevent pre-cancerous lesions from becoming cancer or preventing existing localized cancers from spreading or recurring. Approximately 50% of cancers are preventable and cancer prevention is the most cost-effective long-term strategy to reduce the burden of cancer. Many risk factors are common to cancer and other chronic diseases such as diabetes and heart and lung disease. This makes it essential to collaborate with partners working in those areas. Other interventions are more specific to cancer, such as assessing the impact of environmental carcinogen exposure, and require targeted approaches with specific partners, such as those engaged in understanding and addressing infectious agents, carcinogens or sun safety.



> Increasingly there is pressure on governments and nongovernmental organizations to base their regulatory activities on quality data. But they often lack the solid numbers that would help to target prevention activities and tell us whether a suspected carcinogen is important or not. CAREX will provide that critical information.
>
> *Dr. Paul Demers, Scientific Director, CAREX Canada*

COALITIONS LINKING ACTION & SCIENCE FOR PREVENTION (CLASP)

A new initiative of the Partnership, the Coalitions Linking Action & Science for Prevention (CLASP) project is identifying groups of experts and front-line practitioners involved in prevention of cancer and other chronic diseases to support the integration, implementation and evaluation of evidence-based prevention programs. The goals are to accelerate the movement of knowledge into action, and to assist the process of learning from program action already being carried out by partners to develop a stronger information base that can be shared across the country.



▶ Expected impact

The coalitions formed through this project will accelerate the integration and implementation of new and existing knowledge into existing chronic disease prevention programs and will foster increased adoption of evidence-based practices and policies in funding decisions. Over the long term this will build a more coordinated and efficient approach to chronic disease prevention in Canada and complement federal, provincial and territorial healthy living strategies.

▶ Progress to date

Although this project is still in its early days, a number of successes have been achieved. We have established key partnerships with the Heart and Stroke Foundation and the Canadian Cancer Society and have planned three large consultation workshops with others involved in the prevention of chronic disease. These include municipal, regional and provincial representatives in the areas of research, practice and policy, as well as other federal groups and chronic disease partners working in diabetes and lung disease.

The CLASP project is fostering pan-Canadian collaborations between organizations concerned with cancer and those working on other chronic diseases. This has been supported through concept mapping and an environmental scan to identify links between cancer prevention activities and prevention of other chronic diseases.

THE CANADIAN PLATFORM TO INCREASE USAGE OF REAL-WORLD EVIDENCE (CAPTURE)

The CAnadian Platform To increase Usage of Real-world Evidence (CAPTURE) project involves integrating science with practice for the evaluation of prevention programs. Involving international experts in prevention program evaluation, this project is reaching out to the broad chronic disease prevention community to highlight the importance of using evidence-based evaluation tools to assess the effectiveness of primary prevention practices and policies.

Expected impact

The goal of this project is to establish a platform for developing, validating and enabling the use of common indicators and tools to evaluate primary prevention policies and programs. Over the long term, this will result in a more evidence-based, coordinated approach to chronic disease prevention in Canada, and will empower prevention practitioners to assess and report on the impact of their work.

Progress to date

An environmental scan of nutrition, physical activity and alcohol policies and programs has been completed and a review of these policies is underway. An international consultation workshop is being planned for the near future. This will provide a baseline from which we can identify and evaluate the best available indicators and measures of the effectiveness of prevention programs and policies.

CAREX Canada

This project, based at the University of British Columbia, is integrating data sources on geographic variation in carcinogenic exposures and mapping the presence and prevalence of workplace and environmental carcinogens across the country.

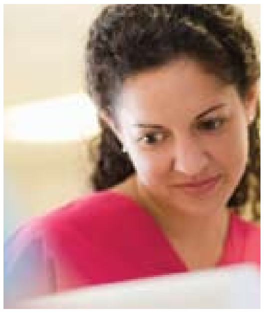
Expected impact

Occupational and environmental exposure to certain compounds has been linked to cancer. For example, exposure to asbestos is linked with lung cancer and exposure to benzene is associated with the development of leukemia. The International Agency for Research in Cancer (IARC), a program of the World Health Organization, undertakes international reviews of these carcinogens; CAREX Canada will select some of these known carcinogens for further work.

Using methodology developed in Finland, CAREX Canada is developing maps and estimates of the prevalence of exposure to carcinogens in Canadian workplaces and communities. When possible, it will identify how and where people may be exposed and determine their level of exposure. In the long term, this project will inform priorities for action to reduce carcinogens in our environment.

Progress to date

The CAREX Canada team has identified a shortlist of carcinogens to be studied, based on their potential for human exposure in Canada and their level of carcinogenicity on the IARC scale. A Canadian workplace database is being developed to record exposure to these carcinogens in the workplace. A second database is being developed with estimates of public exposure to carcinogens through the environment, food, beverages and consumer products. See also: www.carexcanada.ca.



2 Screening

Early detection of cancer, before any symptoms are present, can greatly increase a person's chance of successful treatment and survival. The three cancers for which this is known to be true are breast, cervical and colorectal cancer. The Partnership will look to best practices and successes across provinces/territories and the world, and will work with our Canadian partners in their breast, cervical and colorectal screening efforts. Screening participation rates in Canada are especially low for colorectal cancer (the second leading cause of cancer death in Canada), for which less than 20% of Canadians of screen-eligible age are currently up to date in screening.[10] Many provinces have organized screening programs in place, and the Partnership is encouraging interprovincial/territorial sharing of methods, quality initiatives and outreach programs to further enhance colorectal screening outcomes.

COLORECTAL SCREENING INITIATIVE

This initiative, led by the Colorectal Cancer Screening Network, is developing a shared approach to determining colorectal cancer screening quality and surveillance across the country. This work is identifying the core goals of screening and will facilitate the sharing of information so that the provinces and territories – which oversee screening programs in their own jurisdictions – can further learn from each other's experiences as they implement their programs. Part of this work involves working with clinical partners to improve the quality and consistency of colorectal screening, building greater public and professional awareness of the importance of colorectal screening, and developing elements for common information databases.

▶ Expected impact

By networking, sharing information and identifying the unique needs of each jurisdiction, this initiative will accelerate the implementation of organized colorectal cancer screening programs in Canada and help meet the ultimate targets of identifying early cancers as effectively as possible. Over the long term, the expected impact is that colorectal cancer will be diagnosed at an earlier stage of disease, thus reducing both incidence and mortality from this cancer.

▶ Progress to date

The Colorectal Cancer Screening Network convened a workshop on quality determinants, with international experts, pathologists and endoscopists from every jurisdiction in the country. Almost all provinces and territories have now made commitments to establishing organized colorectal cancer screening programs, and through the efforts of the network and with the Partnership's leadership, are working together to establish measures to indicate the quality of colorectal cancer screening.

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[10] Zarychanski, R., Chen, Y., Bernstein, C.N., & Hebert, P.C. (2007). Frequency of colorectal cancer screening and the impact of family physicians on screening behaviour. Canadian Medical Association Journal 177: 593–97.

HUMAN PAPILLOMAVIRUS (HPV) AND CERVICAL CANCER SCREENING

With the recent development of HPV vaccines, and given the association between HPV infection and the onset of cervical cancer, new opportunities and methods are evolving for cervical cancer control.[11] Through the guidance of an Implementation Steering Committee, this project is working to integrate pan-Canadian activities in immunization, HPV surveillance, cervical cancer screening and diagnosis.

▶ Expected impact

A key goal of this project is to ensure that information on HPV immunization and cervical cancer screening among Canadian women can be integrated into a screening program database by the time the young women who are currently being vaccinated reach the age of cervical cancer screening (18 to 21). The Implementation Steering Committee will work with partners to develop consistent action and messaging around HPV vaccination and cervical cancer screening. Over the long term, this will result in more efficient use of resources and maximize reductions in cervical cancer incidence and mortality.

▶ Progress to date

The Partnership united for the first time over 100 experts in epidemiology, gynaecology, infectious disease surveillance, oncology and public health with other cancer control experts in an ambitious effort to coordinate the improvement of cervical cancer control. It was as a result of this meeting that the Implementation Steering Committee is being formed – the Committee will identify the key priorities moving forward and develop a plan of action for integrating immunization and screening efforts in Canada.

3 Standards

Consistent pan-Canadian standards are necessary to share information, optimize practices and improve outcomes. Standards also assure Canadians that their healthcare system is delivering equitable, effective and efficient care. Standards are crucial to every aspect of the work the Partnership does.

> I am convinced that finding the causes of this damnable disease will lead to its prevention, containment and cure. I am committed to the population study because I know our Canadian researchers are seriously committed to this applied, analytical and authentic work.
>
> *Mrs. Mary O'Neill, Registrant, Canadian Partnership for Tomorrow Project*

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[11] Lowy, D.R., Solomon, D., Hildesheim, A., Schiller, J.T., & Schiffman, M. (2008). Human papillomavirus infection and the primary and secondary prevention of cervical cancer. Cancer 113(7 Suppl):1980–93.

▶ Expected impact

Establishing a set of widely accepted standards and indicators will allow practitioners to implement an effective cancer control system that provides high-quality services, diagnostics and treatment.

- The colorectal screening initiative is developing standards for common information databases across the country.
- The synoptic reporting project is developing standards for surgical (see below) and pathology reporting. We are working with the Canadian Association of Pathologists to endorse the College of American Pathologists' checklist.
- We are also developing a survey to identify key areas in cancer control where standards are needed.

4 Cancer Guidelines

Developing and implementing guidelines that cover all phases of the cancer control continuum ensures that evidence is being applied optimally to cancer control. Guidelines promote appropriate practice, help inform investment in new technologies and contribute to quality-improvement programs. Championing the optimal use of evidence based on research is an important role of the Partnership, as it promotes a consistent approach to cancer control and enhances our ability to evaluate the most up-to-date and best cancer control practices.

SYNOPTIC REPORTING (Surgery)

During cancer surgery, a great deal of complex information needs to be recorded to describe the cancer, determine the stage, record the details of the surgery and ensure the completeness of information required to manage care after surgery. This project builds on work done in Alberta, with funding from Canada Health Infoway and focuses on improving the collection and use of this information through standardized electronic reports.

▶ Expected impact

By using technology to create an electronic system that embeds guidelines at the point of care, this project will allow increased completion and accuracy of surgery reports in Canada. In addition, clinicians will get real-time information about how their practice compares with provincial and, eventually, national averages, thus providing an opportunity for quality improvement. Over the long term, this project will maximize understanding of treatment planning and follow-up, thus improving patient care and lessening the likelihood of dying from cancer.

▶ Progress to date

Synoptic reporting is being piloted in five provinces – Alberta, Nova Scotia, Quebec, Ontario and Manitoba – across five disease-site areas: colon, rectum, breast, ovary, and head and neck cancers. A national consensus process has brought together surgeons from across the country to create templates so that this information can be collected systematically; active collaboration with Canada Health Infoway has been initiated. By the end of this year, synoptic reporting implementation in each of the pilot provinces will be underway.

GUIDELINE ADAPTATION PROGRAM (CAN-ADAPTE)

Thousands of guidelines for cancer control exist, some more relevant to the Canadian context than others, and the development and updating of high-quality guidelines requires substantial time and resources. The International ADAPTE process uses a systematic approach to adapt guidelines produced for use in one organizational context for use in a different organizational context. Based on this approach, the project is developing a standardized process and set of resources to allow more efficient development of high-quality, locally relevant guidelines for Canadians, based on pre-existing guidelines on the same topic. Best clinical evidence is most successfully put into practice when guidelines can be adapted to the local environment, taking resource availability into account.

▶ Expected impact

The CAN-ADAPTE project, a Canadian version of the international ADAPTE model, will help reduce duplication of guideline development and increase adoption of guidelines by engaging teams in the guidelines adaptation process. The result will be more relevant, standardized guidelines that will improve guideline use and lead to improved quality and efficiency of cancer care.

▶ Progress to date

In partnership with several Canadian groups, we are evaluating an international guideline adaptation methodology for use in Canada and developing regional and pan-Canadian guidelines on topics including management of metastatic bone pain, pediatric care, distress screening and assessment, and remote support for symptom management.

CAPACITY ENHANCEMENT

It is important that clinicians and decision-makers know how to develop and use guidelines because doing so encourages high-quality care and evidence-based decision-making. This project focuses on developing educational resources to support the best development and use of cancer guidelines. This is being done through curriculum development and training, development of an inventory and evaluation of existing Canadian cancer guidelines, and creation of a series of publications that highlight samples of best practices in guideline development across the country. The project also brings together cancer guideline leaders from across the country to help address issues of equal access to best cancer control practices in different provinces.

▶ Expected impact

By training clinicians and decision-makers to incorporate evidence into guidelines, this project will build capacity for a more evidence-driven cancer control system. A strong focus on quality is essential for improved outcomes and this is best achieved by focusing on the application of best evidence in clinical care and the management of health care.[12]

▶ Progress to date

Approximately 1,000 cancer control guidelines are being compiled and reviewed. These will be included in a searchable online repository that will be publicly available through the Partnership portal. With this repository will be a series of collaboration tools and the ability to connect with others involved in guideline development or adaptation activities. In addition, two training courses have been completed and a casebook that highlights samples of best practices across the country is in development. Cancer guideline leaders from different provinces are meeting in February 2009 to map out a strategy for collaboration and cooperation.

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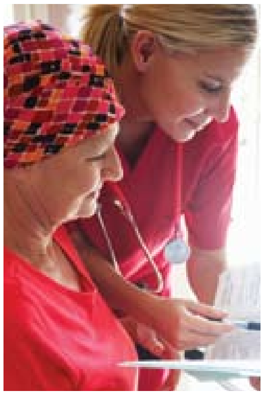
[12] Institute of Medicine (2000). To Err Is Human. Washington: National Academic Press.



5 Cancer Journey

Patients face challenges in navigating the complex cancer care system. For example, approximately 25% to 40% of cancer patients see ten or more physicians during their last six months of life.[13] Unless the system is seamless and integrated, patients may experience distress that goes unnoticed. Other physical, psychological, financial and practical challenges make the cancer journey difficult to navigate, both for cancer patients and their families. We are working with our partners in cancer agencies to achieve consensus on tools that will lead to more equitable access to supportive care for patients and their families.

PERSON-CENTRED CANCER CARE

This initiative will provide jurisdictions across Canada with the support, tools, resources and access to experts necessary to address the supportive care needs of cancer patients and their families, including screening for distress (pain and distress are considered the 5th and 6th vital signs) and assisting patient navigation of the system. Screening for distress involves using standardized tools to identify individuals who would benefit from supportive care interventions. Helping patients navigate the system involves improving access, coordination and continuity of care.

▶ Expected impact

The goal of this initiative is to identify cancer patients in pain and distress and enable patients to have access to appropriate professional, peer and virtual support programs and services through appropriate navigation. By identifying those in need, peer, online and professional support services will be used to reduce the emotional and physical burden of the cancer journey.

▶ Progress to date

Building on programs in Alberta, Nova Scotia and Quebec, navigation and screening for distress programs are being implemented in other provinces. We are piloting a virtual navigation program for patients with melanoma or colorectal cancer in eight sites and will evaluate its effectiveness in helping patients along their journey.

Another major milestone this year was the inclusion of screening for distress in Accreditation Canada's practice standards. This recognizes symptoms of distress as an important element of a patient's care and well-being.

Palliative and end-of-life care is an important part of the cancer journey for many patients. It has been the focus of national efforts through Health Canada and other partners and much knowledge exists about what needs to be implemented. A working group of experts in this field is exploring the potential of investment in palliative care through the completion of

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[13] Wennberg et al. (2004). Use of hospitals, physician visits, and hospice care during last six months of life among cohorts loyal to highly respected hospitals in the United States. British Medical Journal 328: 607.

environmental scans to establish priorities across areas such as professional training and resource development. The working group will also establish collaboration with Health Canada to ensure alignment of program priorities and to avoid duplication of resources. Furthermore, we are actively collaborating with the Canadian Virtual Hospice[14] to extend support for palliative and end-of-life care to patients, families and professionals.

SURVIVORSHIP

More patients are living with cancer, and living longer. In 2004, there were approximately 853,400 cancer survivors in Canada. This is a 21% increase over the rate reported in 1998.[15] Because of this, more knowledge about needs of survivors is required. This project is investigating and identifying current projects (including care maps and models of care) that address survivorship issues in Canada, with special attention to underserved populations. It will develop resources and programs for those living beyond cancer treatment and their families.

▶ Expected impact

By identifying and supporting the needs of cancer survivors, this project seeks to improve the quality of life of these individuals, including their social, psychological and physical well-being. Furthermore, exploring and leveraging existing survivorship care plans and tools will reduce duplication, promote sharing of knowledge and ensure equitable access to programs and services in both the cancer control system and the broader community.

▶ Progress to date

A national Survivorship Working Group is being established and two co-chairs have been recruited, one a cancer survivor and the other representing a patient/survivor organization. In addition, a survivorship conference held in May 2008 identified seven streams of focus, building on the experience and expertise gained from current efforts in existing programs in Canada and other countries.

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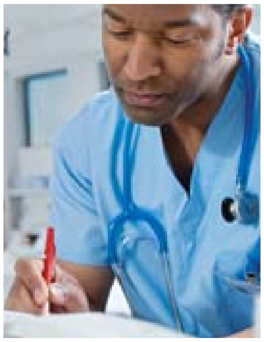
[14] Canadian Virtual Hospice, http://www.virtualhospice.ca/.

[15] Canadian Cancer Society/National Cancer Institute of Canada (2008). Canadian Cancer Statistics 2008. Toronto.



6 Health Human Resources

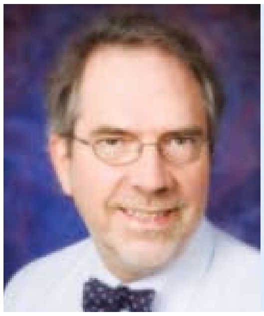
Cancer control professionals are the foundation of the healthcare system, from surgeons and medical oncologists to nurses, genetic counsellors and home-care providers. There are widespread shortages of health professionals in Canada, which limits the system's ability to care for cancer patients. Because of this, it is important to understand the current situation and identify patterns in retention, recruitment and deployment of healthcare professionals to inform health system planning.

▶ Expected impact

The health human resources strategic initiative is focused on optimizing and sustaining human resource capacity in cancer control. It is documenting and examining innovative models of service delivery to determine how they may assist in overcoming health human resource challenges. A focused review of how the health system workforce is responding to evolving practices and human resource gaps with new models of service delivery will provide alternative perspectives for human resource planning purposes that can be shared across provinces and territories. Implementing strategies such as an e-mentorship program (as a means to support emerging professional practices, such as advanced practice nursing) will enable groups of professionals to benefit from each other's experiences across the country. Compiling and maintaining repositories of information on evolving human resource practices and the human resource planning literature will reduce duplication of planning efforts across the country.

▶ Progress to date

The Partnership conducted a Cancer Workforce Scoping Study, which indicated that new models of service delivery are emerging within the system. These changes have been driven both by evolving practice, including awareness of new drugs and technologies, and by the necessity of retaining professionals and addressing health human resource gaps. Building on these findings, an examination of 60 innovative service delivery models and their effectiveness is underway; the results will be compiled in an accessible online repository. This inventory will assist leaders in developing strategies to overcome human resource shortages. A bibliographic inventory has also been created that documents all existing literature on health human resource planning focused on cancer.



The Partnership is playing an important role in coordinating and sharing concepts and information with different key players from across Canada and elsewhere. This is helping to shape the evolution of thought and action in cancer control in Quebec.

Dr. Jean Latreille, Hemato-oncologist in the Division of Hematology and Medical Oncology, Hôpital Charles LeMoyne

7 Cancer Research

Of every dollar invested by the federal government in research in science and technology, five cents go to research specifically geared toward cancer.[16] The Partnership is working with the Canadian Cancer Research Alliance to harness this existing momentum while creating a more integrated, cohesive cancer control strategy. This includes leading the development of a pan-Canadian Cancer Research Strategy, leveraging existing partnerships, integrating knowledge and creating innovative ways of working together.

CANADIAN PARTNERSHIP FOR TOMORROW PROJECT

This project will examine the long-term impact of exposure to behavioural and environmental influences as well as genetic factors related to cancer risk. By studying 300,000 Canadians over the next several decades, reporting on their behaviours and collecting biological samples and clinical data, we will be able to examine interactions between genetic variation and environmental exposures and the subsequent impact on cancer risk. Over the next several years, five regional principal investigators and their host agencies will work together to recruit the 300,000 participants in this "population laboratory."

▶ Expected impact

This project will help identify the sequence of events that lead to a cancer diagnosis. The robust Canadian database will provide policy-makers with information on how to target chronic disease prevention efforts and will provide a legacy for future research worldwide. The repository of high-quality data will also be available for the study of other chronic diseases such as diabetes and cardiovascular disease. In the long term, this will result in enhanced population research capacity for all chronic disease outcomes, will reduce cancer cases and will lessen the likelihood of dying from cancer.

▶ Progress to date

Active recruitment of participants is underway and data collection has begun in some jurisdictions. A governance committee, including international representation, has been established, with Dr. John Potter as the chair. A National Coordination Centre has been established in Alberta, staff to coordinate the project have been hired across the country, and research protocols and methods of data and sample collection and storage have been established.

The cancer risk management project should provide a powerful foundation to ensure that each and every dollar goes as far as possible in the fight against cancer.

Adalsteinn Brown, Assistant Deputy Minister, Health System Strategy,
Ontario Ministry of Health and Long-Term Care

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[16] Canadian Cancer Research Alliance (2008). Cancer Research Investment in Canada, 2006: The Canadian Cancer Research Alliance's Survey of Government and Voluntary Sector Investment in Cancer Research in 2006. Toronto: CCRA.

TRANSLATIONAL RESEARCH

The Partnership is collaborating with the Terry Fox Research Institute to strengthen translational research (research that will enable discoveries to translate quickly into practical solutions for cancer patients worldwide).[17] We have committed to collaborating on projects using biomarkers to advance screening and treatment, and several are under development. The first announced study is a nationwide lung cancer early detection study. This is a pan-Canadian initiative that explores comparative evaluation of novel technologies for the early detection of lung cancer. Part of its benefit will be in training a cadre of professionals in spiral CT (potentially a method for screening for lung cancer) and determining whether markers in the blood or other clinical predictors can be used to identify individuals most likely to benefit from screening.

▶ Expected impact

This research will help identify potentially more effective and efficient ways to screen at-risk individuals for lung cancer, a deadly disease for which early detection can lead to higher chances of survival. Currently, evidence is insufficient to recommend for or against lung cancer screening.

▶ Progress to date

This study was officially announced on September 17, 2008. Recruitment of participants is underway at sites across Canada.

● Surveillance

Accurate and standardized information is necessary for effective planning, implementation, monitoring and evaluation of cancer control. Provincial and national members of the cancer surveillance community, including provincial cancer registries, the Public Health Agency of Canada, Statistics Canada and the Canadian Institute for Health Information, are working together to plan and implement cancer surveillance activities, with a major emphasis on improving accessibility and use of existing data sets in Canada, filling key gaps in information and ensuring the quality of reported data. Staging and surveillance and epidemiology networks are two strategic initiatives that will affect the surveillance agenda.

STAGING

The staging initiative is developing pan-Canadian approaches to determining the severity of a person's cancer (or the cancer stage) and collecting this information in a standardized way. The project is working with every province and territory so that they can collect and store stage information electronically, focusing on the four most common cancers: colorectal,

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[17] Terry Fox Research Institute, http://www.tfri.ca/home.asp.

breast, prostate and lung. The main focus of this initiative will be on supporting provincial/territorial implementation of stage data collection and on creating common linkages across the country. Key national partners include Statistics Canada (which holds the Canadian Cancer Registry and will incorporate the data and provide reports on data quality) and the Public Health Agency of Canada (which will contribute through training programs on cancer staging practices).

▶ Expected impact

This project aims to collect national, population-based, electronic stage data collection for colorectal, lung and breast cancer for 90% of patients diagnosed in 2010 and beyond. Capturing the stage of a patient's cancer at diagnosis is critical to proper treatment and follow-up planning. In addition, this will improve the amount of detail in our cancer registries so that we can investigate patterns of care over time. One example of the use of this data over the long term is that it will allow us to observe the impact of screening and better diagnostic tools, as diagnosis at a lower stage is an indicator of overall improvements in screening.

The project is also working with individual pathologists and the Canadian Association of Pathologists to endorse the College of American Pathologists' checklist standards as a national standard for the content of pathology reports. By establishing standards for synoptic pathology reporting, all of the information required to manage a patient's care will be available at the point of care, thus improving the quality of patient care.

▶ Progress to date

Staging project plans have now been received from every province and territory and funding allocation decisions have been made. All provinces and territories are initiating their projects.

Based on the success of the work in synoptic pathology reporting in Ontario, a National Lead for Pathology from Ontario has been identified and has assembled a group of pathologists that will champion the checklist standards for synoptic pathology reporting and work with colleagues across the country to seek endorsement of the standards.

SURVEILLANCE AND EPIDEMIOLOGY NETWORKS

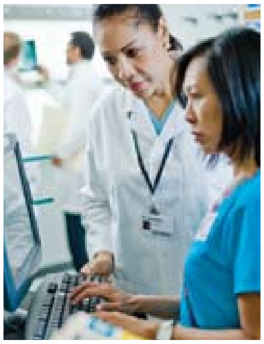
A goal of the strategy is to increase the use of existing data and information sets in Canada. However, there are gaps in analytic capacity and few opportunities exist to exchange methods of and approaches to analysis and to reduce duplication. Surveillance and Epidemiology Networks are being established to address these gaps. These networks cross multiple provinces or territories, bring new analytic capability to cancer control, and participate in knowledge translation activities to actively share results and approaches to analysis.

▶ Expected impact

These networks will provide enhanced analytic capacity as well as new Canadian-based knowledge products on cancer control that will contribute to performance reporting and drive system change.

▶ Progress to date

Agreements are being finalized for three networks – in the areas of palliative and end-of-life care, for methods to report on incidence and prevalence, and for colorectal cancer. A stakeholder forum will be held in February 2009 to ensure that the products these networks develop will be relevant to the needs of partners as they plan cohesive action in delivery of healthcare services and programs.



9 Knowledge Platform/Infrastructure

Knowledge management supports the creation, exchange and use of knowledge. It is a "conscious strategy for moving the right knowledge, in the right format, to the right people at the right time to assist sharing and enabling information to be translated into action to improve cancer system performance."[18] For the Partnership it refers broadly to knowledge translation, the development of new information and data sets, the provision of tools, and enhancement of the culture and capacity necessary to support these activities. The knowledge management strategy provides support and leadership to ensure that knowledge is available to the broad cancer control community, thus encouraging collaboration, shared learning and evidence-based decision-making. Key projects under the leadership of the knowledge management strategy include the development of a Partnership portal and a cancer risk management platform.

PARTNERSHIP PORTAL

The Partnership portal is a web-based tool that will provide a focused view into the cancer control system. It will be used by people working in the system (clinicians, system managers and decision-makers), by people providing support to someone experiencing cancer, and by those experiencing the system as a patient or family member. With the launch of phase I planned for the spring of 2009, the portal will be a source for information and services related to cancer control and will contain search tools that provide Canada-specific filters for relevant and vetted information on cancer control. A major emphasis of the portal will be collaborative workspaces and communities where users are able to connect and collaborate, and to collect and transfer information.

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[18] Adapted from O'Dell and Grayson (1998).

Expected impact

Cancer on the Internet is a busy arena. A fundamental principle in the development of the portal is to build on what exists in Canada and expand its availability across the country. Examples of these key services and how we're partnering in this way include the Canadian Cancer Society Information Service and Community Support Service database, the Canadian Virtual Hospice, the development of a Canadian Cancer Clinical Trials registry (searchable using web-based tools developed in Ontario), and Cancer Control P.L.A.N.E.T. developed through our surveillance priority area in collaboration with the National Cancer Institute in the United States. The search features of the portal will leverage the content on cancer control available through our partners' websites. The goal is to facilitate greater access to and use of existing resources, rather than creating new material.

The portal will be a means of making the products of the cancer control strategy available to the community, will foster greater collaboration within the cancer control community, will enable greater sharing of work and experiences, thus reducing duplication of services, and will support a more efficient cancer care system across Canada.

Progress to date

The portal is in the planning and development phase, leading up to launch of phase 1 in the spring of 2009. The portal team is working with stakeholders to identify the best and most user-friendly way to convey information, has identified a set of tools and functions that will be part of the first phase of the portal, is developing an approach to adoption and marketing, and is creating an evaluation plan to measure its impact.

> Patients are hungry for information – and this information needs to be accessible. The Canadian Partnership Against Cancer's portal offers hope to patients and their families to find the information they need to help ease the burden that comes from a diagnosis of cancer.
>
> *Jack Butt, Cancer survivor*

CANCER RISK MANAGEMENT

The Partnership is developing the capability to model the impact of cancer control initiatives and investments on the population, both in terms of disease burden and longer-term economic impact. The Cancer Risk Management initiative will provide the decision support methods necessary to manage the risk cancer poses to Canadians. This project will estimate the impact of cancer control initiatives and reduce the uncertainty associated with investments that have long-term rather than immediate outcomes. The project takes a clinical, epidemiological and economic perspective to help support decision-making and evaluate the impact of investments.

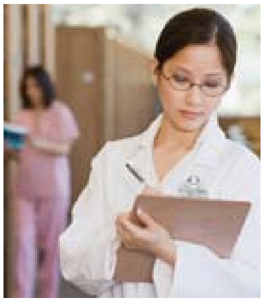
▶ Expected impact

The cancer risk management program will provide decision-makers with the ability to measure the impact of cancer control policy and program decisions. The end product will be a comprehensive electronic tool that can be used to help estimate the clinical, epidemiological and economic impacts of cancer control activities.

It will also provide a platform that can be used by national and provincial health system leaders and decision-makers to assist in making more evidence-based decisions while considering outcomes of cancer and other chronic diseases.

▶ Progress to date

An advisory committee was established, composed of health system leaders (a deputy minister and an assistant deputy minister), leaders from the Canadian Institute for Health Information and cancer agencies, methodologists, economists, cancer control experts, and a member from the financial sector with a focus on risk. This group provided advice and direction to the initiative and identified the most relevant priority topic areas. We will be working with Statistics Canada on the development of the models and web-enabled tool. Work is being initiated in the area of colorectal, lung and breast cancer that will include modelling across the continuum, beginning with prevention and screening.



10 Quality and Performance Assurance

Measuring the performance of the cancer system is a crucial part of cancer control. By reporting on the status of cancer control across the country, we will be able to identify areas that warrant special attention and to learn from high-performing jurisdictions. Sharing information, comparing practices and evaluating outcomes across the country and internationally are key elements of cancer system performance.

SYSTEM PERFORMANCE INDICATOR PROJECT

The indicator project is developing a framework for a streamlined set of common indicators of cancer system performance that can be used to improve quality across the country. The initiative is coordinating dialogue among provinces and territories to reach pan-Canadian agreement on a set of key indicators to measure cancer system performance that will drive system change.

▶ Expected impact

Performance indicators are important for identifying areas of strength in cancer control and to identify issues that may need to be addressed to facilitate access to quality cancer control. They will also allow us to track the progress of the Partnership in cancer control at the system level. Furthermore, gaining agreement from cancer agencies, provinces and territories about which indicators should be used to drive system change will allow us to collect the data required to develop the most effective implementation plans and will improve the potential for international comparison.

▶ Progress to date

This year, a steering committee of senior practitioners, operations officers and measurement/evaluation experts across Canada was established. This group has selected a set of indicators to measure the performance of Canada's cancer system. Data are currently being collected with the assistance of our partners at Statistics Canada, the Public Health Agency of Canada and the provincial cancer agencies. A list of eight additional indicators that are considered important but for which data are not currently available will be developed over the next year.

11 Community Linkages

Central to success across the priority areas is the ability to build partnerships and community linkages with groups representing patients, survivors and their families, and to be culturally responsive to the needs of the First Nations, Inuit and Métis people of Canada. Fundamentally, we are mindful of anchoring all Partnership activities in the original goals of achieving reductions in the burden of cancer on Canadians.

▶ Progress to date

The Partnership joined forces with St. Elizabeth Health Care and has launched an online cancer course that offers healthcare providers up-to-date best practices in cancer care to enable First Nations community health improvements.

We have also partnered with the Assembly of First Nations, both nationally and in Quebec, on initiatives that will enhance its capacity to address the increasing burden of cancer on its communities. We are working with national Aboriginal organizations, cancer agencies, the First Nations Inuit Health Branch and the Public Health Agency of Canada to identify other opportunities. Planning is ongoing, for example, for a national forum that will help inform the development of a national First Nations, Inuit and Métis strategy on cancer control within the Partnership.

The Partnership is working with the Canadian Cancer Action Network to ensure that a collective patient voice is supporting and informing our activities. Patient representation is included across priority areas.

For more information about Partnership activities please visit our website:

www.partnershipagainstcancer.ca

PROGRESS REPORT

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Winter 2009

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CANADIAN **PARTNERSHIP** AGAINST **CANCER**
PARTENARIAT CANADIEN CONTRE LE **CANCER**