

Designing for impact:
**Collaboration improves
cancer control**



1	Leadership message	4	STRATEGIC THEMES	16	Principles supporting our work
2	Introduction	5	Quality	18	Looking ahead
		8	Equity	20	Board of Directors
		9	Seamless patient experience	22	Independent Auditor's Report
		11	Maximize data impact	26	Notes to the Financial Statements
		14	Sustainable system	31	Third parties
				32	Materials published
				34	Other reporting



Leadership message



Canada's cancer community shares an ambitious goal: a future in which fewer Canadians develop cancer, fewer die from it and those living with the disease have a better quality of life.

Today — through the *Canadian Strategy for Cancer Control* — the Canadian Partnership Against Cancer (the Partnership) and its partners across the country are making significant improvements in cancer control as we pursue the goal of a cancer system that benefits everyone, no matter who you are or where you live.

Canada is unique in its foresight and determination to drive excellence in cancer care across the country through a shared vision, delivered across 13 provincial and territorial health systems, with patients at the centre. Our national cancer Strategy and our collective commitment to achieve its goals, is an international recognized leading practice generating important results.

In 2017/18, the Partnership began a new five-year phase of its work, building on successes and setting new initiatives in motion. Our network of partners and our agenda for change stretch across the country and the entire spectrum of cancer control – from prevention, screening and diagnosis, to clinical care, survivorship and end-of-life care.

As you will read in this annual report, the Partnership is collaborating with partners to improve quality across all aspects of cancer control, minimize disparities and create a cancer system where the needs of patients and their families come first.

For example, efforts are underway to provide all cancer patients with better and earlier access to palliative care to increase satisfaction with their care and provide them with better control over pain and other symptoms. We're also drawing much-needed attention to the unique experiences of adolescents and young adults with cancer, the need to deliver end-of-life care in the home, and the physical, emotional and practical challenges

faced by people with cancer. The Partnership is strengthening the cancer system's approach to working with First Nations, Inuit and Métis partners by taking steps to embed Indigenous priorities across all initiatives and provide cultural competency training to all Partnership staff.

Recently, the Partnership was asked by the federal Minister of Health to lead the effort to refresh and modernize the now decade old *Canadian Strategy for Cancer Control*. In the coming months, we will engage experts within the cancer control community, First Nations, Inuit and Métis, Canadians with an experience of cancer, their families and the general public to guide the Strategy's refresh and identify the next phase of pressing cancer control priorities for Canada. And, we will continue to work with all pan-Canadian health organizations and the federal Ministry of Health on the future vision for a national agency to achieve health care priorities.

We will also continue to work on the initiatives described in this report to strengthen the foundations of our cancer systems. Change is only possible through our partnerships with cancer agencies, governments, Indigenous organizations, health professionals, research organizations and most importantly, people affected by cancer.

We thank you for your ongoing commitment to improving the cancer experience for all Canadians.

Two handwritten signatures in black ink. The first signature is for Graham Sher and the second is for Cindy Morton.

Graham Sher
Chair

Cindy Morton
Chief Executive Officer

The Partnership builds on successes in new phase of work

More than a decade ago, Canada's cancer community and the federal Minister of Health launched the *Canadian Strategy for Cancer Control*. Since that time, coordinated action by partners across the country has led to significant improvements in cancer control in Canada.

This year, the Partnership began the new five-year phase of the work laid out in its 2017-2022 strategic plan. The work builds on the first decade of successful collaboration with partners and sets new initiatives in motion to address emerging issues and opportunities. Particular focus has been placed on: using health economic analyses across all our work; increasing access and equity for Canadians and communities that have not benefitted equally under the Strategy, such as people with low income and First Nations, Inuit and Métis; integrating the health priorities of federal, provincial and territorial governments in our work; and supporting Health Canada as it addresses the recommendations of the external review of pan-Canadian health organizations.

While much of the work in 2017/18 set the stage with our partners for the next five years, the following are some of the year's key achievements:

EXPANDING PREVENTION PROGRAMS

The Partnership continued to expand the successful introduction of support for smoking cessation in cancer centres across the country with funding for the remaining provinces and territory. The Partnership also put plans in place to leverage the success of the BETTER Program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) by funding two institutes to train primary care providers across the country as "prevention practitioners". The practitioners will help patients at risk for cancer, as well as chronic diseases such as diabetes and heart disease to make lifestyle changes to reduce their risk.

IMPROVING CARE AND OUTCOMES THROUGH SURGICAL STANDARDS

The Partnership released Canada's first evidence-based standards for gynecologic oncology surgery and thoracic surgery. These standards will be used across Canada to provide surgeons and cancer centres with guidance on the resources and requirements needed to improve surgical cancer care and outcomes. They are also intended to reduce the significant variations that exist in surgical care across provinces.

REPORTING ON THE EXPERIENCE OF CANCER PATIENTS

The Partnership released a series of three important reports highlighting patient experiences, with "calls to action" that set out the work ahead. The *Adolescents and Young Adults with Cancer* report reported Canada-wide data on cancer and care for patients between the ages of 15 and 39 for the first time. The *Palliative and End-of-Life Care* report shone a light on the need to identify, assess and refer patients for palliative care earlier. And the landmark report, *Living with Cancer: A Report on the Patient Experience* reported the experiences of more than 30,000 Canadians and how they experience cancer and cancer care.

SCALING UP PATIENT-REPORTED OUTCOMES MEASUREMENT

The Partnership's work has helped eight provinces introduce Patient-Reported Outcomes (PROs) in their cancer centres. The Partnership is now supporting the introduction of PROs to three more provinces and territories and providing funding to expand and enhance the use of PROs in two others.

SELECTING NEW SCIENTIFIC PARTNER FOR CPTP

The Partnership selected the University of Toronto's Dalla Lana School of Public Health to be its new scientific partner for the Canadian Partnership for Tomorrow Project (CPTP). The move follows a decade of investment and leadership by the Partnership and CPTP's growth into an internationally recognized resource available to all cancer researchers.

EXPANDING PATIENT INVOLVEMENT IN CANCER RESEARCH

The Canadian Cancer Research Alliance (CCRA) convened the fourth Canadian Cancer Research Conference. A new feature of the 2017 conference was the Patient Involvement in Cancer Research Program, which integrates patient advisors into the conference to help incorporate the patient voice and perspective in Canadian cancer research. The conference generated significant cross-Canada dialogue to inform cancer research priorities.

ENHANCING MICROSIMULATION TOOL

The Partnership continued to enhance OncoSim, releasing the breast cancer model and the all-cancers model. The microsimulation tool provides decision-makers with critical information to help them reliably project the impact of policy decisions in cancer prevention, screening and treatment.

MOVING DATA INTO ACTION

The Partnership's groundbreaking national survey of 13,000 cancer survivors found that patients often don't get the support they need for their many emotional, physical and practical challenges. To identify priorities for action, the Partnership and the McMaster Health Forum gathered insights from citizen panels of patients, survivors and family members and hosted stakeholder dialogues with health system leaders and clinicians.

INCREASING PATIENT ENGAGEMENT

The Partnership advanced a refreshed approach to public and patient engagement by actively engaging patients and family advisors (PFA) in the work of the Partnership.

EMBEDDING CULTURAL COMPETENCY ACROSS ALL INITIATIVES

The Partnership broadened its approach to working with First Nations, Inuit and Métis partners by taking steps to embed Indigenous priorities across all initiatives. All Partnership staff participated in cultural competency training and worked to identify ways to engage First Nations, Inuit and Métis partners and priorities in the Partnership's next phase of work.

In the coming year, the Partnership will expand on successful strategies to date and shift to full implementation of 2017-2022 initiatives. At the request of the federal Minister of Health, the Partnership will also be leading a broad-based process to refresh the *Canadian Strategy for Cancer Control*. Over the coming months, the Partnership will engage experts within the cancer control community, First Nations, Inuit and Métis, Canadians with an experience of cancer, their families and the general public to inform a refreshed, robust and modernized cancer strategy for the 21st century.

For a full range of accomplishments for 2017/18, please see pages 5 to 17.

Strategic Themes

In 2017/18, the Partnership continued to advance the shared goals of the cancer community that anchor the *Canadian Strategy for Cancer Control*: to reduce the incidence of cancer, lessen the likelihood of Canadians dying from cancer and enhance the quality of life for those affected by cancer. This section describes the Partnership's progress against the activities and outcomes described in the corporate plan.

Quality

We're working with our partners to promote the Canada-wide adoption of international, evidence-based best practices to ensure Canadians get the right diagnosis, treatment and care at the right time, based on their needs.

ENHANCE COORDINATION OF CANADIAN CANCER RESEARCH

High-quality research is essential to improve cancer prevention, diagnosis and treatment as well as the outcomes of patients and survivors. In 2017/18, the Partnership continued to improve the coordination of Canadian cancer research through its support of the Canadian Cancer Research Alliance (CCRA), an alliance of organizations that fund most of the cancer research in this country. The Partnership is a CCRA member and supports the CCRA Executive Office.

In November 2017, the CCRA held the **4th Canadian Cancer Research Conference (CCRC)** in Vancouver to showcase the breadth and excellence of Canadian cancer researchers, support new investigators to establish themselves in the cancer research community and allow leading cancer research experts to share knowledge and discuss best practices. The 2017 CCRC received a record number of abstract submissions and attracted more than 1,000 delegates representing the strength and diversity of Canada's cancer research community. The conference had an extremely strong social media presence, with the conference hashtag, #CCRAconf, trending across Vancouver.

The Patient Involvement in Cancer Research Program, a new feature of the 2017 conference, helped to incorporate the patient voice and perspective into the Canadian cancer

research context. Over the course of four days, 14 patients, caregivers, and patient group representatives attended sessions within the scientific conference, as well as their own tailored sessions. Both patients and researchers confirmed the importance of including the patient voice in the CCRC to inform and strengthen cancer research.

Both the Partnership and CCRA are committed to reconciliation. To this end, a concurrent session on Canadian Indigenous Populations and Cancer provided an overview of cancer research in Indigenous populations, gave examples of how research could be carried out in partnership with First Nations, Inuit and Métis in Canada and outlined new opportunities and future directions for respectful, appropriate and safe cancer research. Delegates also participated in an Opening Prayer and Welcoming to the Traditional Territories by Te Ta-in.

CCRA's annual report on cancer research funding, ***Cancer Research Investment in Canada, 2015***, reported that in 2015 (the most recent available data), \$480 million was invested in cancer research in Canada. From 2011–2015, there was a significant increase in research funding for prostate cancer, brain cancer, Non-Hodgkin lymphoma and leukemia, but there was a drop in investment in equipment and infrastructure grants and in research investments in breast, lung and colorectal cancers.

In 2017/18, the Partnership committed to two more years of funding for the **Canadian Cancer Clinical Trials Network (3CTN)**, a Canada-wide initiative designed to strengthen the capacity and capability of centres across the country to conduct cancer clinical trials. The Partnership, along with other funders of 3CTN, will evaluate the supports needed for effective cancer clinical trials and recommend structures to support trials with an end-goal of improving patient outcomes. Improving the delivery of clinical trials and increasing patient access to clinical trials will ultimately improve treatment outcomes for cancer patients.

INCREASE ACCESS TO HIGH QUALITY CANCER RISK REDUCTION, SCREENING AND EARLY DETECTION

Increasing the number of Canadians being screened appropriately — making sure the right people get screened for the right cancers at the right times — and promoting high-quality cancer screening services is an important aspect of cancer care.

The Partnership's work in screening and early detection focuses on identifying and supporting ways to increase access to screening for individuals in underserved populations, including low income, rural and remote, as well as supporting screening and early detection initiatives with First Nations, Inuit and Métis communities to address inequities in outcomes.

This year, the Partnership built on its successful network model and established the **Screening Steering Committee**. Comprised of the chairs of the four screening networks (breast, cervical, colorectal and lung), the committee is designed to proactively address trends and emerging issues in screening and early detection and provide guidance and direction on the Partnership's screening initiatives. It also identifies opportunities and approaches to enhance the quality of cancer screening and promote the coordination of Canada-wide efforts to ensure all Canadians benefit from high-quality cancer screening.

The Partnership also established **cross-disease-site working groups** to implement quality initiatives and share promising practices. For example, in 2017/18, the National Colorectal Cancer Screening Network formed a project team to review colorectal cancer screening indicators, the Canadian Breast

Cancer Screening Network examined the issue of abnormal call rates, and the Pan-Canadian Lung Cancer Screening Network shared results from three pilot projects.

IMPLEMENT QUALITY STANDARDS AND INNOVATIONS IN CARE

The Partnership uses real-world evidence and data to create sustainable standards in the areas of cancer drugs, radiotherapy and high risk, high resource cancer surgery. In 2017/18, national standards were released for thoracic and gynecological cancer surgery. Standards for breast and rectal cancer surgery are now in development.

Canada's first evidence-based national standards for gynecologic oncology and thoracic surgery, the ***Pan-Canadian Standards for Thoracic Surgery*** and ***Pan-Canadian Standards for Gynecologic Oncology*** provide guidance on the resources and requirements needed to optimally carry out complex cancer surgery, ultimately improving patient outcomes. Both standards stress the importance of a number of key areas, including human resource requirements to ensure timely access to care, availability of equipment and services, quality assurance processes and measurement capabilities. The Canadian Association of Thoracic Surgery and the Society of Gynecologic Oncologists of Canada have endorsed the standards, which will facilitate their uptake and encourage action among key stakeholders. These standards provide health care planners and providers with high-quality guidance to organize care in a way that ensures the best outcomes possible for Canadian patients. This was also a foundational year for the development of similar standards for breast and rectal cancer, which will incorporate input from more than 50 multi-disciplinary experts, including surgeons and medical oncologists.

The Partnership also collaborated with the Canadian Institute for Health Information (CIHI) to produce the ***Pan-Canadian Oncology Drug Data Minimum Data Set (MDS)***. The Partnership and CIHI brought together experts from across Canada to provide insights and input into the MDS, which was developed in response to the growing interest from across the country for access to comprehensive Canada-wide data on cancer drugs. Released to the public in 2018, the data standards are

an important first step for standardizing the collection of cancer drug data — a move that will help decision-makers better link real-world evidence on drug performance with drug funding decisions that affect the sustainability of the cancer control system.

The Partnership continues to fund the **Canadian Partnership for Quality Radiotherapy (CPQR)** to advance understanding of the inequities that exist in radiation treatment across Canada and how the system can better share patient-reported outcomes for curative or palliative radiotherapy. In 2017/18, CPQR established the National System for Incident Reporting – Radiation Therapy (NSIR-RT) to support the collection and use of Canada-wide radiation treatment incident data.

IMPROVE QUALITY AND AVAILABILITY OF PALLIATIVE AND END-OF-LIFE CARE

The World Health Organization (WHO) defines palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”¹

Efforts are underway to provide cancer patients with better and earlier access to palliative care wherever they live to increase their satisfaction with their care, provide them with better control over their pain and other symptoms, and improve survival. Early integration of palliative care in cancer care not only improves the patient experience, but also positively impacts the experience of family caregivers. This new program of work focuses on improving access to high-quality palliative and end-of-life care based on a patient’s needs and preferences.

In 2017/18, the Partnership co-designed new projects with Nova Scotia, Newfoundland, Prince Edward Island and Saskatchewan to increase the number of patients with cancer that benefit

from **early integration of palliative care**. These projects will introduce best practices to identify patients early in their palliative journey, educate care providers on the palliative approach to care, and implement care pathways and standardized tools to support palliative care and ultimately provide better patient care.

In a previous phase of the Partnership’s work, the Person-Centred Perspective Initiative funded the **Paramedics Providing Palliative Care at Home Program** in Nova Scotia and PEI. This program trained paramedics to provide palliative care to patients with cancer at their home, effectively enhancing the palliative and end-of-life experience and reducing the number of avoidable emergency department visits by cancer patients. In 2017/18, the Partnership collaborated with the Canadian Foundation for Healthcare Improvement (CFHI) to scale-up and spread the program to other Canadian regions by training leaders in emergency health services from across Canada to develop and implement a similar approach.

Understanding patient symptoms is key to addressing them. Using standardized questionnaires, cancer centres gather **Patient-Reported Outcomes (PROs)** directly from patients about fatigue, pain, anxiety and depression so their care teams can monitor symptoms over time and refer patients to the right supports to help reduce them. The Partnership’s past work supported the implementation of PRO monitoring in cancer centres throughout many Canadian provinces. In 2017/18, the Partnership started to expand this by introducing **patient reported outcomes for palliative symptom management**.

The Partnership worked with British Columbia, the Northwest Territories and Yukon to co-design three new projects that will introduce the Edmonton Symptom Assessment System-revised (ESAS-r), a standardized symptom screening tool for patients with palliative care needs. The Partnership also asked jurisdictions to incorporate cultural competency into their projects and to consider how the work will address the Truth and Reconciliation Commission of Canada’s calls to action. These projects will enhance point-of-care information to facilitate timely, patient-centred and evidence-based care and are committed to working with First Nations, Inuit and Métis in a reconciliatory way.

¹ World Health Organization. WHO definition of palliative care 2016. Available from: <http://www.who.int/cancer/palliative/definition/en/>.

Equity

We're working to minimize disparity across the cancer control system so that all Canadians receive high-quality, culturally appropriate and person-centred cancer care no matter who they are, where they live or where they are in the cancer journey. A key focus is our continued work with First Nations, Inuit and Métis to improve cancer care for Indigenous peoples in Canada.

SUPPORT DEVELOPMENT AND IMPLEMENTATION OF FIRST NATIONS, INUIT AND MÉTIS CANCER STRATEGIC PLANS

First Nations, Inuit and Métis bear a disproportionate burden of cancer, and their cancer experience is often complicated by limited access to care close to home and a lack of culturally safe care. Through this program of work, the Partnership supports First Nations, Inuit and Métis partners and organizations, such as the First Nations Health Authority, the Métis National Council, the Government of Nunavut and provincial and territorial governments to implement and improve cancer programs and services to better serve Indigenous peoples across Canada. The Partnership also ensures the needs and self-determined priorities of First Nations, Inuit and Métis partners and patients are the basis of its work in First Nations, Inuit and Métis cancer control.

In 2017/18, the Partnership facilitated dialogues with partners, including regional and local First Nations, Inuit and Métis leaders and organizations, provincial cancer agencies and patients, to co-create a **new funded initiative** to enhance existing programs and services and where needed, to develop new cancer strategic plans for cancer control specific to First Nations, Inuit and Métis populations. The Partnership also continues to participate in bilateral and trilateral tables that

include First Nations, Inuit and Métis partners and stakeholders with a focus on implementing self-determined First Nations, Inuit and Métis priorities. Through these relationships, the Partnership will help cancer agencies and programs to facilitate the establishment of a long-term commitment to addressing self-determined priorities through First Nations, Inuit and Métis-specific strategic plans, thereby laying the foundation for collaborative, effective approaches to lessen the disproportionate burden of cancer in a way that is culturally appropriate and safe.

This program also supported Partnership teams to engage with Indigenous partners in a culturally safe way and to ensure equity is a key component of all facets of the Partnership's work. For example, gaps and opportunities identified during regional dialogue sessions on screening and early detection will help the Partnership's screening and early detection networks develop an equity lens to apply to their work with First Nations, Inuit and Métis. Additionally, new funding opportunities related to patient-reported outcomes and early integration of palliative care were designed to include cultural competency considerations within partner proposal templates and examined ways to allow the proposals to be responsive to the Truth and Reconciliation Commission's calls to action.

Seamless patient experience

We're working with our partners to create a cancer system where the needs of patients and their families come first. By ensuring person-centred care is the standard of practice, we are improving the patient experience and make it easier for people with cancer to understand and navigate the system.

IMPROVE TRANSITIONS FOR PATIENTS

The Partnership aims to improve the experience of cancer patients as they transition from cancer care back into the broader health care system, including into primary and community care. This work is informed by the findings from the Partnership's ***Experiences of Cancer Patients in Transition Study***. The study is the first Canada-wide survey of cancer survivors, with responses collected from over 13,000 Canadians across all 10 provinces.

The first wave of data from the *Experiences of Cancer Patients in Transition Study* were released in a new Partnership report titled ***Living with Cancer: A Report on the Patient Experience***, a groundbreaking exploration of the significant physical and emotional effects of the disease. The report is part of the three-part *Person-Centred Perspective* series and featured data visualizations, powerful key messages and specific calls to action for leaders in cancer control to improve the state of person-centred care in Canada. Additional insight and data

from the study was later shared in ***Experiences of Cancer Patients in Transition Study: Emotional Challenges***, which highlighted the complex and often overlooked emotional challenges, such as depression, anxiety and stress, which cancer survivors frequently experience while in transition.

The Partnership also collaborated with the **McMaster Health Forum** to dive deeper into the insights from the study and identify priorities to create an action plan to improve the experience for cancer survivors transitioning from cancer care to primary care. A stakeholder dialogue with health system leaders, policy-makers and cancer and primary care professionals considered the insights from two citizen panels made up of patient and family members and an evidence review to recommend a set of actions to better integrate the cancer care delivery and survivorship care systems at a national level. The results of these consultations are captured in McMaster's dialogue summary. The Partnership will use this input and the results of the *Experiences of Cancer Patients in Transition Study* to create an action plan.

IMPROVE THE EXPERIENCE AND QUALITY OF LIFE FOR THOSE AFFECTED BY CANCER

Improving the quality of life for cancer patients is a key facet of the Partnership's work. This phase of the Partnership's work focuses on expanding the use of standardized symptom screening tools for patient-reported outcomes, improving the quality of life of those undergoing a cancer experience during the suspicion to diagnosis phase, and addressing the specific social and quality of life issues that affect adolescents and young adults with cancer.

Understanding patient symptoms is key to addressing them. Using standardized questionnaires, cancer centres gather **Patient-Reported Outcomes** directly from patients about fatigue, pain, anxiety and depression so their care teams can monitor symptoms over time and refer patients to the right supports to help reduce them. The Partnership's past work supported the implementation of PROs in cancer centres throughout many Canadian provinces. In 2017/18, the Partnership started to expand the implementation of PROs by working with Alberta and Quebec to co-design two new projects that will leverage baseline symptom screening data and introduce digital symptom screening data for clinical decision-making. The Partnership also asked jurisdictions to incorporate cultural competency into their projects and to consider how the work will address the Truth and Reconciliation Commission of Canada's calls to action. These projects will enhance reporting and point-of-care information and are committed to working with First Nations, Inuit and Métis in a reconciliatory way.

The **suspicion to diagnosis phase** is the time from suspecting cancer, or screening for cancer, to a definitive cancer diagnosis. In this area of work, the Partnership will develop and implement interventions to support a more timely and seamless patient experience during the pre-diagnosis phase.

In 2017/18, the Partnership completed an environmental scan and key informant interviews to learn more about leading interventions and metrics related to the pre-diagnosis phase. The findings of the scan were validated by health care providers outside the traditional cancer system, including primary care providers and radiologists, as well as Canadians who have been affected by cancer, to gain a deeper understanding of the health system's gaps and inform a comprehensive discussion paper about the current state of the pre-diagnosis phase across Canada.

To better understand the cancer journey during the pre-diagnosis phase, the Partnership created synthesis maps detailing the journey from cancer suspicion to diagnosis for breast, colorectal and lung cancer in remote, rural and urban populations. These visualizations depict how patients interact with different parts of the health care system, including specialized cancer care, primary care, laboratories and diagnostic imaging as well as the health care providers that provide these services. The information will inform changes in the cancer system to ensure cancer patients are fully supported during the suspicion to diagnosis phase and to reduce unnecessary delays in the diagnosis process.

The Partnership's ***Adolescents and Young Adults with Cancer*** report revealed important care gaps that exist for cancer patients between the ages of 15 to 39, including potential fertility issues and challenges in returning to work or resuming careers. There is also limited research in this area. To address these gaps, the Partnership established the **Adolescent and Young Adult National Network** to prioritize and take action to improve the quality of life for adolescents and young adults with cancer.

Maximize data impact

We're expanding the depth and reach of population and cancer data. Together with our partners, we are providing researchers and cancer system professionals with high quality data so they can understand and address challenges at the front line and make faster, more evidence-based decisions.

MAXIMIZE THE IMPACT OF SYSTEM PERFORMANCE DATA

Health system data can drive real system change. By expanding data standardization, collection, linkage, and reporting efforts to maximize the value of cancer control and health system datasets, the Partnership can focus on new and under-measured areas of cancer control. In 2017/18, the Partnership focused on topics related to person-centred care and equity.

In an effort to better understand and measure the challenges facing Canadians with cancer, the Partnership created the *Person-Centred Perspective* series of reports which address the unique experiences of adolescents and young adults with cancer, the delivery of palliative and end-of-life care for people with cancer, and the physical, emotional, and practical challenges people with cancer face at different stages of the disease.

Adolescents and Young Adults with Cancer, released in April 2017, revealed important care gaps that exist for cancer patients between the ages of 15 to 39. This report was the first time national data on the entire cancer control continuum for adolescents and young adults had been reported on, and was a key step towards piecing together a more comprehensive

picture of the cancer experience for these Canadians. The Partnership's Adolescent and Young Adult National Network is leveraging the report's findings to prioritize and take action to improve the quality of life for adolescents and young adults with cancer.

Palliative and End-of-Life Care, released in September 2017, offered information and insights from Canadian patients with cancer and their caregivers on their experiences with palliative care. The report called on health care administrators and territorial and provincial governments to make specific changes in order to ensure all Canadians with cancer receive the best possible palliative care according to their needs and individual preferences.

Living with Cancer: A Report on the Patient Experience, released in January 2018, illustrated the experiences of individuals and families living with and beyond cancer, from the patient perspective. *Living with Cancer* offered a groundbreaking exploration of the significant physical and emotional effects of the disease, reflecting the voices of 30,000 Canadians. It is the country's largest accumulation of patient data on the experiences of people living with, and beyond, a cancer diagnosis.

To optimize the uptake of these three reports, the Partnership developed creative dissemination strategies including data visualization, storytelling, powerful key messages and specific calls to action for key players in cancer control to advance and improve the state of person-centred care in Canada.

In addition to the *Person-Centred Perspective* series, the Partnership also published the **2017 Cancer System Performance Report**, which detailed the current state of Canada's cancer control system across five key themes: quality of care, equity in access to care, sustainability of system resources, seamlessness of patient experience and maximizing data impact. This report found, for example, that language may be a significant barrier for certain groups of Canadian women in getting screened for cervical cancer.

Factors such as health, education or income may impact care as patients move through the cancer control system. The Partnership is collaborating with Statistics Canada to link a series of national databases within Statistics Canada's **social data linkage environment (SDLE)**, expanding the potential of data integration and helping to identify and illuminate gaps in the system. The SDLE links data on cancer diagnoses and outcomes, hospital care, census data and information about incomes and immigration, allowing powerful new analyses. This work builds on the Partnerships' previous investment in the Canadian Cancer Treatment Linkage Project (CCTLTP).

These data linkages will shed light on equity and quality. They will guide the Partnership's work by illuminating gaps in the system and the data will be made available to researchers through Statistics Canada's Research Data Centres to facilitate improvements in the cancer control system.

IMPLEMENT THE CANADIAN PARTNERSHIP FOR TOMORROW PROJECT

The Canadian Partnership for Tomorrow Project (CPTP) is the country's largest population health research platform and a cornerstone of the Partnership's work. The combination of health and lifestyle data and biosamples from more than 300,000 participants will help researchers explore and better understand personal risk factors to help answer key questions about what causes cancer and chronic disease. CPTP represents unprecedented national collaboration between eight Canadian provinces through five regional cohorts: BC Generations Project, Alberta's Tomorrow Project, Ontario Health Study, Quebec's CARTaGENE project and Atlantic PATH (Newfoundland and Labrador, Nova Scotia, New Brunswick, Prince Edward Island). The Partnership is also supporting the formation of a sixth cohort in Manitoba to expand the depth of CPTP's national dataset and biological assets.

In 2017/18, the Partnership selected the University of Toronto's Dalla Lana School of Public Health to be the **new national scientific partner** under the scientific leadership of Dr. Philip Awadalla. After a comprehensive search, the Dalla Lana School of Public Health was selected to lead the next phase of CPTP due to its strong record of world-class public health and health services research and education combined with its impressive faculty with extensive experience leading large-scale studies. Bringing this new scientific leadership to CPTP will attract investigators of national and international calibre who will not only use the platform for research, but will actively engage in its future direction. CPTP has been the Partnership's single largest investment and has been a cornerstone of the organization's work for the past 10 years. The Partnership

is committed to ensuring CPTP's full potential is realized and will continue to provide the supportive leadership needed to ensure a smooth transition to the University of Toronto and the ongoing impact of CPTP.

CPTP is a long-term initiative that will continue to collect health and lifestyle information from participants, and that requires ongoing engagement of participants. This year marked the release of the first-ever national follow-up questionnaire, through which more than 300,000 participants were asked a number of health, lifestyle, medical and family history questions similar to those asked at baseline, as well as new questions focused on e-cigarette, marijuana and over-the-counter medication use. Asking participants about how their health changes over time will provide researchers with richer data to maximize the depth of analysis to better understand the causes of cancer and other chronic diseases.

EMBED AND USE SYNOPTIC REPORTING

Data collected from patients, including tissue samples and surgical information, must be gathered accurately and consistently in order to usefully inform guidelines and support better quality care for patients at all stages of the cancer journey. Synoptic reporting is a process that uses standardized templates to gather and report on data to ensure patient information is collected in a comprehensive, high-quality, standardized way.

Standardized data allows trends to be identified, and the reasons for differing patient outcomes across provinces to be analyzed. This information can then be fed back to decision-makers and clinicians to facilitate quality improvement initiatives. As a result of the Partnership's previous work,

provinces are using synoptic reporting to reduce variation in oncology practice, improve the quality of cancer diagnosis and enhance clinical accountability.

In 2017/18, the Partnership continued to support the expansion of **electronic synoptic surgery and pathology reporting** in multiple jurisdictions across Canada, broadening the reach, depth and availability of the data, and placing the information in the hands of front-line clinicians and key decision-makers.

For example, British Columbia and Prince Edward Island are helping pathologists improve the quality of cancer care by using synoptic data to identify and address variations across results within the respective provinces. In another project, the Canadian Association of Thoracic Surgeons will work with surgeons from British Columbia, Ontario and Quebec to link synoptic data with morbidity and mortality outcomes related to thoracic surgery and identify where changes to their surgical practices could improve outcomes.

Sustainable system

We're making the cancer system more responsive, efficient and economically sustainable. Working with our partners across the country, we are spreading adoption of the policies and practices that work best and have the most positive impact for the patient and for the system's sustainability. We will plan together for the increase in cancer cases anticipated in the next two decades.

The long-term sustainability of our system will also depend on finding new evidence-based, cost-effective ways to deliver care that are designed with the help of patients. We must make better use of technology, embrace innovation and explore new models of care, including expanded roles and enhanced scopes of practice for nursing and allied health professionals.

DEVELOP AND IMPLEMENT NATIONAL PREVENTION PROGRAMS AND POLICIES

Healthy populations require fewer health care treatments. Accelerating the uptake of proven cancer prevention strategies and policies and adopting evidence-based interventions will improve population health. This year, the Partnership defined its role within the broader cancer prevention efforts in Canada, with a focus on taking action on key cancer risk factors, such as radon and alcohol, and integrating prevention and screening for underserved populations, such as rural, remote and low-income populations, as well as First Nations, Inuit, and Métis. An analysis of alcohol and cancer messaging was undertaken to further understand how alcohol as a cancer risk factor is communicated to the public across the country and to identify key stakeholders undertaking public messaging related to alcohol consumption and cancer to support evidence-informed policy and practice change.

Evidence shows that providing smoking cessation support to patients with cancer can improve the effectiveness of treatment, improve recovery, increase their chances of survival and reduce the risk of complications and death. In 2017/18, the Partnership continued its efforts to support cancer patients to quit smoking by developing plans to scale-up and spread the **Tobacco Initiative** to all provinces and territories. This work is guided by the new Pan-Canadian Tobacco Cessation and Cancer Care Network and aims to implement smoking cessation programs in cancer care settings. The Partnership is a world-leader in integrating smoking cessation in cancer control and is working towards a future where every Canadian patient being treated for cancer is offered help to quit smoking.

The Partnership continues to fund the **BETTER Program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care)** to integrate evidence-based prevention and screening strategies into primary care settings. The new phase of the BETTER Program will include the launch of the eastern (Ontario) and western (Alberta) branches of the BETTER Prevention Practitioner Training Institute with a focus on those practicing in rural, remote and northern settings. Between 2018 and 2021, the institutes will train health care professionals to become Prevention Practitioners, develop additional resources and develop strategies to enhance the

long-term uptake and sustainability of the BETTER approach. An Indigenous Engagement Lead will develop a plan for engaging with First Nations and Inuit communities and adapting the BETTER approach to meet First Nations and Inuit partner needs. The program was previously funded through the Coalitions Linking Action and Science for Prevention (CLASP) initiative.

The Partnership's **Prevention Policies Directory** is an important tool for public health professionals, academic researchers and policy specialists interested in driving change through evidence-informed policy development. This year, the Partnership supported public health faculty and students to use the Directory and formed a multidisciplinary steering committee on cancer prevention policy. In addition, the Partnership curated and synthesized information from the Directory and other key sources to develop new policy packs on key cancer risk factors. Policy packs support policy development through an assessment of gaps in policies across Canada and include statistics, peer-reviewed evidence, economic analyses and public opinion data. A policy pack on alcohol as a cancer risk factor was developed to support evidence-informed policies in Canada and disseminated via a pan-Canadian workshop convening key cancer control and population health leaders on the issue.

The Partnership continues to fund **CAREX Canada**, a national project that monitors environmental and occupational carcinogenic exposures across Canada and estimates the number of Canadians exposed to cancer-causing substances in their workplace or community environment. Knowing which carcinogens exist in the Canadian environment as well as who is exposed to them makes it easier to identify and target high priority exposure scenarios for exposure reduction. In 2017/18, CAREX Canada's efforts influenced 13 governmental and organizational policies to prevent or reduce exposures to cancer-causing agents.

STRENGTHEN THE CAPACITY TO QUANTIFY THE BURDEN OF CANCER

By focusing on measuring the burden of cancer, the Partnership helps the cancer control system make evidence-informed decisions through better access to economic information. This work helps to make more compelling cases for policy and practice change by identifying opportunities where the health system can better use its resources and improve the value for money.

OncoSim is the Partnership's state-of-the-art modelling platform that creates and compares projections of cancer rates, deaths, resource needs, direct health care costs and other economic impacts, such as lost wages. The platform supports decision-makers in their efforts to make effective and efficient decisions to ensure patients receive quality care and to continue to address other pressing priorities. OncoSim also helps fill gaps when information is lacking, providing valuable and unique insights to help answer key policy "what if" questions in cancer care.

In 2017/18, the Partnership completed the breast cancer and the all-cancers models, adding to the existing suite of colorectal, lung and cervical cancer models. The all-cancers model complements the other models by helping users project the future burden of cancer by cancer type, while varying assumptions around modifiable risks, such as physical activity and alcohol consumption.

This year, the Partnership supported a variety of partners in using OncoSim for the first time. Examples of its use include evaluating a new colorectal cancer screening test, planning for lung cancer screening implementation, and assessing the HPV test to confirm the elimination of the virus following treatment to allow patients to return to routine screening.

The Partnership is also increasing the use of health economics to assess the value and benefits of efforts to improve cancer care. New frameworks were put in place to support the Partnership's efforts to evaluate the impact of the direct, indirect (e.g., the impact of cancer on a person's earnings) and psycho-social (e.g., pain and anxiety) burden of cancer, as well as the economic impact and social return on investment of the *Canadian Strategy for Cancer Control* throughout the Partnership's first 10 years.

Principles supporting our work

NARROW THE GAPS IN CANCER OUTCOMES

Not all Canadians have benefited equally from the *Canadian Strategy for Cancer Control*; there have been long-standing disparities in access to cancer programs and services for many Canadians, specifically those in underserved populations including low-income, rural and remote, new immigrant and First Nations, Inuit and Métis. This cross-cutting function aims to address these gaps and embed considerations of equity into all Partnership initiatives.

Clearly understanding the problem is the first step towards addressing it. With that in mind, in 2017/18 the Partnership completed an environmental scan to better understand current practices around the world that have been successful in reaching underserved populations. Informed by the scan's findings, the Partnership began developing a framework to support planning for equity-related work. The Partnership also engaged First Nations, Inuit and Métis partners to help identify opportunities to create a more equitable cancer system for Indigenous peoples.

EMBED FIRST NATIONS, INUIT AND MÉTIS CANCER CONTROL ACROSS PRIORITIES

The Partnership recognizes that First Nations, Inuit and Métis bear a disproportionate burden of cancer. Through this cross-cutting function, the Partnership works to accelerate improvements in the cancer system for all Indigenous peoples through collaborative action, while upholding specific calls to action from the Truth and Reconciliation Commission.

In 2017/18, the Partnership focused on implementing a strategy to enhance cultural competency among internal staff. The result was a mandatory, Partnership-specific cultural competency training program, informed by perspectives from First Nations, Inuit and Métis partners. All staff, including the Executive team, participated in the training, and ongoing evaluation indicates staff have increased awareness of First Nations, Inuit and Métis historical and contemporary context and its impact on health and wellness. All programs are also aware of the need to explore opportunities to implement Indigenous priorities in their work.

MOBILIZE EVIDENCE INTO ACTION

This cross-cutting function uses proven knowledge mobilization models to support all of the Partnership's programs in order to build capacity through supports, resources and direct collaboration. The focus is on identifying approaches and practices that are most likely to drive improvements, working with partners to scale-up and spread the implementation of those approaches and evaluating the impact of those efforts.

In 2017/18, the Partnership collaborated with the BETTER (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) team to develop an approach to expand this successful initiative to improve prevention and screening in primary care. With funding from the Partnership, the BETTER Training Institute will launch two Canadian branches to provide accredited training for health care professionals to become "Prevention Practitioners". Over the next three years, the funding will support Canadians in up to seven provinces with a focus on training staff in primary care clinical settings serving rural, remote and First Nations, Inuit and Métis populations.

The Partnership also continued to increase internal collaboration and provide increased support to all programs of work. For example, the KMb lead program is a decentralized team recruited from within the Partnership to allocate 20 per cent of their time to support knowledge mobilization efforts. Through this program, 16 staff completed a three-day long Evidence-Based Change certification to develop foundational skills in developing effective plans for making sustainable change with partners. In addition, there was a four-fold increase in the support provided to program teams to scope and manage literature searches and environmental scans.

PUBLIC AND PATIENT ENGAGEMENT

Engaging patients, survivors, caregivers, family members and the general public is crucial for the success of a patient-centred cancer control system that understands and meets the needs and priorities of Canadians affected by cancer. Meaningful engagement with patients and the public is a cross-cutting

function helping to inform all aspects of the Partnership's work to mobilize system-level improvements in cancer control.

In 2017/18, the Partnership made great strides in renewing its Patient and Family Advisor (PFA) program, including the launch of a new PFA engagement handbook to advise Partnership staff on how to support PFAs in big and small projects across all programs of work. To further support PFAs, share resources and facilitate community, the Partnership created an online collaborative space called *Advisor2Advisor*, which was co-designed with PFAs. The PFA program grounds the Partnership's work in the lived health care experiences of cancer patients, survivors and caregivers to continually improve our efforts to promote and enhance patient-centred care in cancer control.

The Partnership also continued to fund the Canadian Cancer Action Network (CCAN), a patient-centred organization that works closely with more than 115 patient groups and key cancer control stakeholders across Canada. In 2017/18, the Partnership collaborated with CCAN to host the second *Cancer Conversations that Matter* dialogue in Atlantic Canada, which brought together patients, caregivers, patient groups and cancer system leaders to explore the patient experience relating to cancer screening and early detection in the Atlantic region.

INCREASE STRATEGIC COMMUNICATIONS

This cross-cutting function highlights the work of the Partnership and its partners and builds awareness of the collective impact of the cancer community's efforts to drive real change and quality improvement. Using traditional and social media, this work showcases the collective efforts of the Partnership and its partners and shines a light on progress and impact to influence opinion, change behaviour and facilitate discussion.

In 2017/18, the Partnership collaborated with hundreds of partners to implement integrated Canada-wide communications campaigns to support the launch of the *Person-Centred Perspective* series of reports, the Union for International Cancer Control's annual World Cancer Day campaign and the announcement of the Canadian Partnership for Tomorrow Project's new national scientific partner. The Partnership proactively secured more than 40 interviews garnering 79+ million total audience media impressions, engaged with media outlets that had not previously covered the Partnership's work and increased total engagement on the Partnership's social media channels by 33 per cent from the previous year.

In addition, The Partnership engaged in strategic communications partnerships on topics of national importance such as National Non-Smoking Week (BC Cancer), the *Living with Cancer: A Report on the Patient Experience* (Canadian Cancer Society, Canadian Cancer Action Network), and the *Palliative and End of Life Care* report (Cancer Communications Network).

LEVERAGE THE DIGITAL ECOSYSTEM

Leveraging digital as a mechanism to share evidence, best practices and bring the Canadian cancer control community together has been a key goal of the Partnership since its inception 10 years ago. However, it was only in 2016 that the Partnership's first Organizational Digital Strategy (ODS) was developed. ODS clearly articulates an action plan for how the Partnership can more effectively leverage digital to support knowledge mobilization efforts. The focus of this cross-cutting function over the next four years is the continued execution of the ODS roadmap to ensure that the Partnership's digital offerings are strategically aligned and meet the needs of end users.

In 2017/18, a significant milestone was reached with the launch of the initial release of the Partnership's consolidated main website. This release marks the beginning of PartnershipAgainstCancer.ca's journey to become the organization's main website and Canada's destination for evidence-based cancer control information. Included in this release was the redesign of two key digital tools, the Prevention Policies Directory and the Cancer Guidelines Database. Digital best practices in user experience, accessibility, mobile responsiveness and privacy have also been implemented.

MONITOR AND RESPOND TO EMERGING ISSUES

Identifying emerging issues in cancer control, such as scientific advances, new models of care and shifting policy and legislation will enable the Partnership to stay ahead of issues relevant to the *Canadian Strategy for Cancer Control* and develop a systematic process for a rapid response, where applicable.

In 2017/18, the Partnership's work focused on how to develop an overarching issues management plan, including ways to enhance and support existing tools and processes that are in place (seeking input from expert advisors, for example). Upon completion of this plan, the Partnership will have a deliberate process in place to identify and anticipate emerging issues, mobilize resources and respond in an appropriate and timely matter.

Looking ahead

In 2018/19, the Partnership will continue to implement the initiatives described in this report and lead a national process to refresh the *Canadian Strategy for Cancer Control*. The following are some of the key areas of work in the year ahead:

- › **Addressing disparities:** The Partnership will focus on addressing inequities in access to early diagnosis and screening, particularly in underserved populations such as First Nations, Inuit and Métis and low-income populations. In the coming year, the Partnership will work with partners to support all 13 jurisdictions in addressing these gaps. Work will also continue on the Partnership's initiative with Statistics Canada to link national survey and administrative databases to gather insights into disparities in treatment patterns and outcomes.
- › **Modifying risk factors:** Working with key stakeholders across the system, the Partnership will lead work to review and assess evidence on alcohol as a risk factor for cancer and develop a shared strategy to address it. The Partnership will also work with CAREX and government regulators to reduce Canadians' exposure to occupational carcinogens such as radon in the workplace and community through policy and practice change.
- › **Improving care through measurement:** The Partnership will expand on its success in system performance reporting by identifying under-measured areas where data will drive action that will lead to significant improvements in cancer care.
- › **Expanding synoptic reporting:** The Partnership has supported successful implementation of electronic synoptic pathology reporting in six provinces and will expand that to at least two additional provinces in the coming year. The Partnership will also work with surgical leaders, professional organizations and decision-makers to increase the number of cancer surgeons using electronic synoptic reporting to report surgical results.
- › **Building a sustainable system:** The Partnership will work with partners and groups across the country to expand their ability to allocate resources effectively and efficiently using economic evidence and modelling. In particular, the Partnership's sophisticated microsimulation tool, OncoSim, will support partners to make informed and timely policy decisions about cancer care. Work is also underway on a multi-year effort to define and calculate the full burden of cancer (direct, indirect and psychosocial) in Canada.

- › **Putting the needs of people with cancer first:** Building on the Partnership's report on adolescents and young adults with cancer, the Partnership will work with a broad-based national network to develop action plans to address the unique issues affecting this population, including loss of fertility, psychosocial needs, disconnection from peers and interrupted education and career. More work is also needed to better understand and reduce barriers to accessing cancer services for LGBTQ2, people with low income, new immigrants or others. The Partnership is also working with patients, families and clinicians to map the cancer pathway from suspicion of cancer to diagnosis and determine where and how improvements can be made to improve the patient experience.
- › **Partnering with First Nations, Inuit and Métis:** The Partnership will launch an initiative to work with the provinces and territories to help them develop regional cancer control strategies with First Nations, Inuit and Métis. The Partnership will also continue to develop the Northern Cancer Strategy with the goal of increasing the capacity of the cancer care system to provide culturally safe and accessible cancer care in the North. This will include supporting community and regional engagement in Nunavut to identify and address the cancer care needs of its population.
- › **Transitioning CPTP:** In the area of research, work will move ahead to transition responsibility for the Canadian Partnership for Tomorrow Project to its new scientific partner, the University of Toronto's Dalla Lana School of Public Health. The Partnership will also continue to promote researchers' use of this powerful database.

REFRESHING THE CANADIAN STRATEGY FOR CANCER CONTROL

The Partnership has been asked by the federal Minister of Health to lead the effort to refresh and modernize the *Canadian Strategy for Cancer Control* for the 21st century.

In the coming year, the Partnership will engage members of the cancer control community across the country, along with others who have a role to play in improving cancer outcomes and experiences. First Nations, Inuit and Métis, Canadians with an experience of cancer, their families and the general public will all be consulted to guide the strategy development.

The refreshed Strategy will identify pressing priorities for Canada over the next decade to achieve world-class cancer outcomes, and will be submitted to the Minister and her provincial and territorial counterparts in May 2019.

Board of Directors

APRIL 1, 2017 TO MARCH 31, 2018



PICTURED (LEFT TO RIGHT)

Darren Dick, Crystal Nett, David Sabapathy, Jeff Zweig, Mary O'Neill, Ewan Clark, Helen Mallovy Hicks, Julien Billot, Graham Sher, Victoria Lee, Mary Catherine Lindberg, Lynne Hudson, Eshwar Kumar, Matt Herman

NOT PICTURED

Tracey Barbrick, Karen Herd, Abby Hoffman, Jean Latreille, Shannon MacDonald, Cindy Morton, Arlene Paton, Gail Turner, William Young

GRAHAM SHER, MD

Chair, Canadian Partnership Against Cancer; Chief Executive Officer, Canadian Blood Services

HELEN MALLOVY HICKS

Vice-Chair, Canadian Partnership Against Cancer; Partner, Global Valuation Leader, PricewaterhouseCoopers

TRACEY BARBRICK

Associate Deputy Minister, Health and Wellness, Nova Scotia (stepped down July 2017)

JULIEN BILLOT

Associate Professor, HEC Montréal

EWAN CLARK

Legal Counsel, Cox & Palmer

DARREN DICK

Senior Development Officer, Dalhousie University, Faculty of Management and MacEachen Institute

KAREN HERD

Deputy Minister of Health, Seniors and Active Living, Manitoba

MATT HERMAN

Executive Lead, Population and Public Health, BC Ministry of Health

LYNNE HUDSON

President and Chief Executive Officer, Canadian Cancer Society

ESHWAR KUMAR, MD

Medical Officer, New Brunswick Cancer Network

VICTORIA LEE, MD

Vice President, Population Health and Chief Medical Health Officer, Fraser Health Authority, British Columbia

MARY CATHERINE LINDBERG

Corporate Director

SHANNON MACDONALD

Senior Managing Director, Accenture Consulting, Health & Public Service

CINDY MORTON

Chief Executive Officer, Canadian Partnership Against Cancer

CRYSTAL NETT

Associate Vice President, Strategy, Saskatchewan Polytechnic

MARY O'NEILL

Corporate Director

ARLENE PATON

Senior Executive Advisor, Tripartite First Nations Health, Ministry of Health and First Nations Health Authority, British Columbia (stepped down November 2017)

DAVID SABAPATHY, MD

Deputy Chief Public Health Officer, PEI Department of Health and Wellness (elected December 2017)

GAIL TURNER

Consultant

WILLIAM YOUNG

Partner, Monitor Clipper Partners

JEFF ZWEIG

President and Chief Executive Officer, TimberWest Forest Corporation

ABBY HOFFMAN

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

JEAN LATREILLE, MD

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

Independent Auditor's Report

TO THE MEMBERS OF CANADIAN PARTNERSHIP AGAINST CANCER CORPORATION

We have audited the accompanying financial statements of Canadian Partnership Against Cancer Corporation, which comprise the statement of financial position as at March 31, 2018, and the statements of operations and changes in net assets, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation

and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of Canadian Partnership Against Cancer Corporation, as at March 31, 2018, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

OTHER MATTERS

The financial statements of Canadian Partnership Against Cancer Corporation for the year ended March 31, 2017 were audited by another auditor who expressed an unqualified audit opinion on those statements on June 15, 2017.

BDO Canada LLP

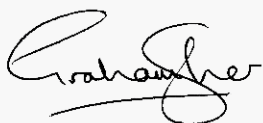
Chartered Professional Accountants,
Licensed Public Accountants
Mississauga, Ontario
June 20, 2018

FINANCIAL STATEMENTS

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended March 31	2018	2017
EXPENSES		
Prevention (Note 5)	\$ 1,548,000	\$ 5,698,782
Screening	1,188,823	1,786,360
Cancer diagnosis and care	1,978,768	6,441,579
Patient experience	2,078,738	5,864,917
Research	7,588,673	15,419,175
First Nations, Inuit and Métis Cancer control	1,476,206	4,792,500
System performance	1,708,603	2,970,595
Strategy and analysis	2,865,748	5,060,462
Knowledge mobilization (Note 5, 9)	4,600,662	5,886,985
Public engagement and outreach	1,762,369	1,700,638
Program support	929,594	1,847,981
	27,726,184	57,469,974
Operating expenses (Note 4, 9)	7,730,304	7,458,876
	35,456,488	64,928,850
REVENUE		
Government of Canada (Note 7)	34,646,942	64,462,427
Other funding	809,546	66,423
Heart & Stroke Foundation of Canada	-	400,000
	35,456,488	64,928,850
Excess of revenue over expenses for the year, being net assets at the end of the year	\$ -	\$ -

Approved by the Board of Directors



Graham Sher
Chair of the Board of Directors



Helen Mallovy Hicks
Chair of the Finance and Audit Committee

See accompanying notes to the financial statements

STATEMENT OF FINANCIAL POSITION

As at March 31	2018	2017
ASSETS		
Current		
Cash	\$ 176,559	\$ 1,325,223
Short-term investments	7,158,134	9,097,568
Accounts receivable	487,997	1,065,601
Projects in process – advances (Note 3)	401,775	-
Prepaid expenses	1,176,677	1,924,710
	<u>9,401,142</u>	<u>13,413,102</u>
Capital assets (Note 4)	4,151,898	531,750
Intangible assets (Note 5)	32,683	159,237
	<u>4,184,581</u>	<u>690,987</u>
	<u>\$ 13,585,723</u>	<u>\$ 14,104,089</u>
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	\$ 4,518,875	\$ 9,759,845
Government remittances payable (Note 6)	98,015	1,728,547
Deferred contributions – Expenses of future periods (Note 7(a))	4,517,314	1,924,710
	<u>9,134,204</u>	<u>13,413,102</u>
Deferred contributions - Capital and intangible assets (Note 7(b))	3,351,441	690,987
Lease inducements (Note 8)	1,100,078	-
	<u>4,451,519</u>	<u>690,987</u>
	<u>13,585,723</u>	<u>14,104,089</u>
Net assets	-	-
	<u>\$ 13,585,723</u>	<u>\$ 14,104,089</u>

Commitments and Guarantees (Notes 10 and 11)

See accompanying notes to the financial statements

FINANCIAL STATEMENTS

STATEMENT OF CASH FLOWS

Year ended March 31	2018	2017
Increase (decrease) in cash		
OPERATING ACTIVITIES		
Government of Canada contributions received (Note 7)	\$ 39,900,000	\$ 47,500,000
Other contributions received	708,075	946,299
Interest received on short-term investments	155,616	251,284
Interest paid to Government of Canada	(362,281)	(49,671)
Cash paid for programs and operating expenses	(39,954,909)	(55,577,235)
	<u>446,501</u>	<u>(6,929,323)</u>
INVESTING ACTIVITIES		
Purchase of short-term investments	-	(35,671,226)
Redemption of short-term investments	2,000,000	44,327,431
	<u>2,000,000</u>	<u>8,656,205</u>
FINANCING ACTIVITIES		
Purchase of capital assets	(4,372,648)	(804,224)
Lease inducements	777,483	-
	<u>(3,595,165)</u>	<u>(804,224)</u>
Increase (decrease) in cash	(1,148,664)	922,658
Cash, beginning of year	1,325,223	402,565
Cash, end of year	\$ 176,559	\$ 1,325,223

See accompanying notes to the financial statements

Notes to the Financial Statements

1. DESCRIPTION OF THE ORGANIZATION

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 to implement the *Canadian Strategy for Cancer Control*. In June 2013, the Partnership submitted Articles of Continuance to Industry Canada and transitioned to the *Canada Not-for-profit Corporations Act* (CNCA).

In implementing the *Canadian Strategy for Cancer Control*, the Partnership plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and best practices in order to optimize cancer control planning and drive improvements in quality of practice across the country. Partners include provincial and territorial cancer programs; federal organizations and agencies; First Nations, Inuit and Métis organizations; national health and patient organizations; and individual experts who provide strategic cancer control insight and advice from both patient and professional perspectives.

With a focus on the full cancer continuum from prevention and treatment through to survivorship and end-of-life care, the Partnership supports the collective work of the broader cancer control community in achieving long-term outcomes that will have a direct impact on the health of Canadians to:

- a) reduce the incidence of cancer;
- b) lessen the likelihood of Canadians dying from cancer; and
- c) enhance the quality of life of those affected by cancer.

The Partnership is primarily funded through an agreement with the Government of Canada. The initial funding agreement

provided a contribution of \$240.4 million over five years ending March 31, 2012. The second funding agreement provided a contribution of \$239.6 million over the period of April 1, 2012 to March 31, 2017. On March 17, 2017, the Partnership signed a Contribution Agreement with the Government of Canada, providing a contribution of \$237.5 million over five years ending March 31, 2022. Funding is subject to terms and conditions set out in the Contribution Agreement, including there being an appropriation of funds by the Parliament of Canada for the next fiscal year.

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

2. SIGNIFICANT ACCOUNTING POLICIES

FINANCIAL STATEMENT PRESENTATION

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

REVENUE RECOGNITION

The Partnership follows the deferral method of accounting for restricted contributions. Contributions from the Government of Canada are recognized as revenue in the fiscal year in which the related expenses are recognized.

Contributions for the purchase of capital and intangible assets are recorded as deferred contributions – capital and intangible assets, and subsequently recognized as revenue over the same terms and on the same basis as the amortization of the related capital and intangible assets.

SHORT-TERM INVESTMENTS

Short-term investments consist of deposits in high interest savings accounts and deposits with a maturity at acquisition of less than 1 year. Under the terms of the contribution agreement with the Government of Canada, investment income, which consists entirely of interest, is for the account of the Government of Canada and is recorded on an accrual basis.

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

INTANGIBLE ASSETS

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

Portal and software development	3 years
---------------------------------	---------

FINANCIAL INSTRUMENTS

The Partnership considers any contract creating a financial asset or financial liability a financial instrument. The Partnership accounts for the following as financial instruments:

- › cash
- › short-term investments
- › accounts receivable
- › projects in process
- › accounts payable and accrued liabilities
- › government remittances payable

A financial asset or liability is recognized when the Partnership becomes party to contractual provisions of the instrument. The Partnership removes financial liabilities, or a portion thereof, when the obligation is discharged, cancelled or expires.

The Partnership initially measures its financial assets and financial liabilities at fair value. In the case of a financial asset or financial liability not being subsequently measured at fair value, the initial fair value will be adjusted for financing fees and transaction costs that are directly attributable to its origination, acquisition, issuance or assumption. The Partnership subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less impairment.

At the end of each reporting period, the Partnership assesses whether there are any indications that financial assets measured at cost or amortized cost may be impaired. When there is any such indication of impairment, the Partnership determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from that financial asset. Where this is the case, the carrying amounts of the assets are reduced to the highest of the expected value that is actually recoverable from the assets either by holding the assets, by their sale or by exercising the right to any collateral, net of cost. The carrying amounts of the assets are reduced directly or through the use of an allowance account and the amount of the reduction is recognized as an impairment loss in the statement of operations.

USE OF ESTIMATES

Management reviews the carrying amounts of items in the financial statements at each statement of financial position date to assess the need for revision or any possibility of impairment. Many items in the preparation of these financial statements require management’s best estimate. Management determines these estimates based on assumptions that reflect the most probable set of economic conditions and planned courses of action.

These estimates are reviewed periodically and adjustments are made to excess of revenue over expenses as appropriate in the fiscal year they become known.

Items subject to significant management estimates include the estimated useful life of capital and intangible assets and allowance for doubtful accounts. Actual results could differ from those estimates.

3. PROJECTS IN PROCESS – ADVANCES

Projects in process – advances represent projects where the Partnership has advanced funds to third party partners where project milestones were in process and funds have not been expended by the third party partner.

NOTES TO THE FINANCIAL STATEMENTS

4. CAPITAL ASSETS

	Cost	Accumulated Amortization	2018 Net book Value	2017 Net book Value
Information technology and telecommunication	\$ 1,449,366	\$ 790,429	\$ 658,937	\$ 488,769
Furniture and equipment	793,673	300,600	493,073	42,981
Leasehold improvements	3,110,540	110,652	2,999,888	-
	\$ 5,353,579	\$ 1,201,681	\$ 4,151,898	\$ 531,750

Included in operating expenses is amortization expense related to capital assets of \$730,999 (2017 - \$381,744). During the year, the Partnership disposed capital assets of \$2,400,330 (2017 - \$578,215) which were fully amortized. Furniture and fixture disposal loss of \$21,501 (2017 - \$nil) was incurred during the year.

5. INTANGIBLE ASSETS

	Cost	Accumulated Amortization	2018 Net book Value	2017 Net book Value
Portal and software development	\$ 1,328,544	\$ 1,295,861	\$ 32,683	\$ 159,237

Included in Knowledge mobilization and Prevention expenses is amortization expense related to intangible assets of \$126,554 (2017 - \$152,365). During the 2017 fiscal the Partnership disposed of intangible assets of \$8,882,446 that were fully amortized.

6. GOVERNMENT REMITTANCES PAYABLE

	2018	2017
Contribution repayable to Government of Canada	\$ -	\$ 1,423,114
Interest received on short-term investments payable	55,733	259,681
Employee withholdings and other payable	42,282	45,752
Government remittances payable	\$ 98,015	\$ 1,728,547

7. DEFERRED CONTRIBUTIONS

(A) EXPENSES OF FUTURE PERIODS

Deferred contributions are restricted for expenses of future periods.

	2018	2017
Deferred contributions, beginning of year	\$ 1,924,710	\$ 20,580,366
Current year contribution from Government of Canada	39,900,000	47,500,000
Interest earned on contributions received	158,334	210,447
	41,983,044	68,290,813
Amount recognized as revenue during the year	(33,798,618)	(63,928,318)
Amount applied towards capital assets acquired	(3,508,778)	(804,224)
Interest paid to Government of Canada	(102,601)	-
Interest payable to Government of Canada	(55,733)	(210,447)
Contribution repayable to Government of Canada	-	(1,423,114)
Deferred contributions, end of year	\$ 4,517,314	\$ 1,924,710

(B) CAPITAL AND INTANGIBLE ASSETS

Deferred contributions related to capital and intangible assets include the unamortized portions of contributions with which assets were purchased.

	2018	2017
Deferred contributions, beginning of year	\$ 690,987	\$ 420,872
Contributions applied toward capital asset purchases	3,508,778	804,224
Amount amortized to revenue during the year	(848,324)	(534,109)
Deferred contributions, end of year	\$ 3,351,441	\$ 690,987

Total Government of Canada revenues recognized of \$34,646,942 (2017 - \$64,462,427) during the year include amounts amortized to revenues from capital and intangible assets.

8. LEASE INDUCEMENTS

The lease inducements include the following amounts:

	2018	2017
Leasehold improvements	\$ 833,140	\$ -
Free rent and other	266,938	-
Total lease inducements	\$ 1,100,078	\$ -

During the year, leasehold improvements and other inducements of \$1,130,808 were provided. The amortization of leasehold improvements allowances is \$30,730.

9. ALLOCATION OF EXPENSES

The Partnership’s website and other digital assets are key channels of supporting multi-jurisdictional uptake of knowledge emerging from cancer research and best practices to drive improvements in quality of practice and optimize cancer control planning across the country. As such, some information technology and human resources expenses have been allocated on the basis of level of effort to Knowledge Mobilization program - \$1,462,644 (2017 - \$2,026,649).

10. COMMITMENTS

CONTRACTUAL COMMITMENTS

As of March 31, 2018, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately \$9.5 million which are subject to terms and conditions as set out in the related agreements. More specifically, project related commitments are contingent upon meeting contractually defined milestones and deliverables. These are as follows:

	(000's)
2019	\$ 4,495
2020	2,210
2021	1,579
2022	1,187
	\$ 9,471

OPERATING LEASE COMMITMENTS

The future minimum lease payments for premises and equipment for the next 5 years and thereafter are as follows:

	(000's)
2019	\$ 596
2020	712
2021	710
2022	742
2023	750
2024 and thereafter	4,031
	\$ 7,541

11. GUARANTEES

In the normal course of operations, the Partnership enters into agreements that meet the definition of a guarantee.

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 purchased commercial property and general liability insurance with respect to these indemnities.

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.

12. CONTINGENCIES

The Partnership is a member of Healthcare Insurance Reciprocal of Canada (HIROC), which was established by hospitals and other organizations to self-insure. If the aggregate premiums paid are not sufficient to cover claims, the Partnership will be required to provide additional funding on a participatory basis.

Since the inception, HIROC has accumulated an unappropriated surplus, which is the total of premiums paid by all subscribers plus investment income less the obligation for claims reserves and expenses and operating expenses. Each subscriber which has an excess of premium plus investment income over the obligation for their allocation of claims reserves and operating expenses may be entitled to receive distributions of their share of the unappropriated surplus at the time distributions are declared by the Board of Directors of HIROC.

13. COMPARATIVE FIGURES

Certain of the prior year figures have been reclassified to conform to changes in the current year presentation.

Third parties

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2017/18 year to advance the work of the national cancer strategy.

Alberta First Nations Information Governance Centre

Alberta Health Services

BC Cancer Agency

Canadian Association of Thoracic Surgeons

Canadian Cancer Action Network

Canadian Cancer Society

Canadian Organization of Medical Physicists

Canadian Virtual Hospice

Cancer Care Ontario

CancerCare Manitoba

Centre for Effective Practice

Centre hospitalier universitaire Sainte-Justine

Dalhousie University

Eastern Health – Newfoundland and Labrador

First Nations of Quebec and Labrador Health and Social Services Commission

Government of the Northwest Territories

Government of Yukon

Health PEI

Kenora Chiefs Advisory

Lennox Island Health Centre

Manitoba Métis Federation Inc.

McGill University Health Centre – Research Institute

McMaster University

Métis Nation of Alberta

Métis Nation British Columbia

Métis Nation of Ontario

Métis National Council

Métis Nation-Saskatchewan

Northern Inter-Tribal Health Authority

Nunatsiavut Government

Nunavik Regional Board of Health and Social Services

Ontario Institute for Cancer Research

Prince Albert Métis Women Association Inc

Public Population Project in Genomics & Society

Saskatchewan Cancer Agency

Simon Fraser University

Statistics Canada

Sunnybrook Health Sciences Centre

Tungasuvvingat Inuit

Union of Nova Scotia Indians

University of Toronto

University of Waterloo

Materials published

(April 1, 2017 to March 31, 2018)

ENHANCE COORDINATION OF CANADIAN CANCER RESEARCH

Report: Cancer research investment in Canada, 2015 (December 2017)

INCREASE ACCESS TO HIGH QUALITY CANCER RISK REDUCTION, SCREENING AND EARLY DETECTION

Breast cancer screening in Canada: Environmental scan (April 2017)

Colorectal cancer screening in Canada: Environmental scan (April 2017)

Cervical cancer screening in Canada: Environmental scan (April 2017)

Lung cancer screening in Canada: Environmental scan (April 2017)

IMPLEMENT QUALITY STANDARDS AND INNOVATIONS IN CARE

Pan-Canadian standards for thoracic surgery (March 2018)

Pan-Canadian standards for gynecologic oncology (March 2018)

IMPROVE THE QUALITY AND AVAILABILITY OF PALLIATIVE AND END-OF-LIFE CARE

Survey: Integration of palliative care in cancer centres

Survey: Palliative care in acute care setting

IMPROVE TRANSITIONS FOR PATIENTS

Report: Experiences of Cancer Patients in Transitions Study: Emotional Challenges (March 2018)

IMPROVE THE QUALITY OF LIFE FOR THOSE AFFECTED BY CANCER

Leading practices to create a seamless patient experience for the pre-diagnosis phase of care: An environmental scan (February 2018)

MAXIMIZE THE IMPACT OF SYSTEM PERFORMANCE DATA

Report: Adolescent and young adults (AYA) with cancer: A cancer system performance report (April 2017)

Report: Palliative and end-of-life care: A cancer system performance report (September 2017)

Report: The 2017 Cancer System Performance Report (June 2017)

Report: Living with cancer: A report on the patient experience (March 2018)

EMBED AND USE SYNOPTIC REPORTING

Report: Using physician level feedback reports & communities of practice to improve quality (November 2017)

Rapid synthesis: Using physician level feedback reports & communities of practice to improve quality tip sheet (November 2017)

Webinar: CAP education session: Kidney cancer (February 2018)

Webinar: CAP education session: CAP head and neck protocol updates and TNM staging (February 2018)

Webinar: CAP education session: Updates in colorectal carcinoma: AJCC 8th edition and beyond (March 2018)

Webinar: Data-driven quality improvement: Creating reports that engage end-users (November 2017)

Webinar: Data-driven quality improvement: Facilitating reflection and action (January 2018)

Workshop: Five-year transformation journey: Electronic Synoptic Pathology Reporting Initiative (April 2017)

Workshop: ESPRI & ESSQUI 2018 National Forum: Approaches to design the uptake and use of data for informing patient care and quality improvement (March 2018)

DEVELOP AND IMPLEMENT NATIONAL PREVENTION PROGRAMS AND POLICIES

Issue background: Waterpipe use in Canada (September 2017)

Issue background: Electronic Nicotine Delivery Systems in Canada (September 2017)

Issue background: Flavoured tobacco in Canada (September 2017)

Policy map: Canadian Electronic Nicotine Delivery Systems (ENDS) (September 2017)

Webinar: Leading practices in smoking cessation for persons living with mental illnesses and/or addictions (May 2017 and July 2017)

Leading practices in clinical smoking cessation program scan v4.0 (May 2017)

Leading practices in First Nations, Inuit and Métis smoking cessation program scan v3.0 (May 2017)

Leading practices in smoking cessation for persons living with mental illnesses and addictions v1.0 (May 2017)

Infographic: Cessation aids and coverage in Canada (May 2017)

Policy map: Canadian provincial/territorial active transportation (April 2017)

Policy map: Canadian municipal active transportation (April 2017)

Webinar: Prevention Policies Directory resources for faculty and students of schools of population and public health (June 2017)

Webinar: Prevention Policies Directory resources for students at schools of population and public health (September 2017)

Prevention Policies Directory website relaunch on partnershipagainstcancer.ca (December 2017)

Rapid synthesis: Examining the costs and cost-effectiveness of policies for reducing alcohol consumption (February 2018)

Provincial/territorial alcohol policy pack (March 2018)

Local government alcohol policy pack (March 2018)

Rapid synthesis: Identifying effective and cost-effective population-level approaches to promote healthy eating (March 2018)

Rapid review: Economic analyses of policies to increase physical activity (March 2018)

Rapid review: Economic analyses of policies to decrease ultraviolet radiation exposure (March 2018)

Working together: Lessons learned from the Coalitions Linking Action and Science for Prevention (CLASP) Initiative in supporting Indigenous health and wellness (September 2017)

NARROW THE GAPS IN CANCER OUTCOMES

Environmental scan: Interventions addressing disparities in cancer outcomes for low-income and rural/remote/isolated populations (January 2018)

LEVERAGE THE DIGITAL ECOSYSTEM

www.partnershipagainstcancer.ca (redesigned, January 2018)

Cancer Guidelines Database (January 2018)

<https://hub.cancerstrategy.ca/> (redesigned, March 2018)

PUBLIC AND PATIENT ENGAGEMENT

Patient and family toolkit (December 2017)

Collaborative space: Advisor2Advisor (July 2017)

Cancer Conversations that Matter Atlantic Canada Summary Report – Cancer Screening and Early Detection in Atlantic Canada (Canadian Cancer Action Network, January 2018)

Environmental scan: Canadian and international public engagement activities related to health data collection, access and use (March 2018)

Environmental scan: Reaching marginalized groups for deliberative engagement and other public dialogues (March 2018)

Making room at the table: A staff handbook on partnering with patient and family advisors (March 2018)

CORPORATE

Mobilizing positive change: Improving cancer control in Canada: Annual report 2016/17 (July 2017)

Mobilizing positive change: Improving cancer control in Canada: Annual highlights 2016/17 (July 2017)

Flyer: World Cancer Leaders' Summit: Accelerating cancer prevention policy in Canadian cities (November 2017)

Other reporting

As of March 31, 2018, the Partnership staff complement was 119 permanent staff. There are three divisions reporting to the Chief Executive Officer, each headed by a Vice President. The Divisions are Cancer Control, Strategy, and Finance and Corporate Services.

Since the Partnership was established in 2007, its compensation philosophy has been guided by Board approved principles that include providing a fair compensation package to Partnership employees that is regularly benchmarked to the market and comparator organizations, is publicly responsible and is able to attract and retain highly qualified staff to steward the *Canadian Strategy for Cancer Control*. More specifically, Partnership staff salary ranges are set against the 50th percentile of benchmarking data, and staff are eligible for annual salary adjustments based on merit.

Additional information can be found at www.partnershipagainstcancer.ca

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