Progress in Action

ANNUAL HIGHLIGHTS **2014/15**

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

PARTENARIAT CANADIEN
CONTRE LE **CANCER**

Canada is on the leading edge as more and more countries embrace a national cancer strategy—a coordinated response to reducing cancer's impact on their populations. Developed by Canadians affected personally by cancer and by people working in the health system, the national cancer strategy makes it possible for the many cancer-focused organizations across the country to work collaboratively to reduce the impact of cancer on Canadians.

The Canadian Partnership Against Cancer was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada's cancer strategy into action and help it succeed. In this publication, we share highlights of our 2014/15 work with partners across the country and across the cancer landscape. Visit partnershipagainstcancer.ca to download our full 2014/15 annual report.

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A COLLABORATIVE MODEL FOR CHANGE

Two in five Canadians will develop cancer in their lifetime. One in four will die of the disease. And many more will experience the impact of cancer in the lives of families and friends. In fact, a recent survey found that three out of four Canadians have had a family member affected by cancer within the past five years.

Cancer. It touches us all.

The Canadian Partnership Against Cancer and its partners are working to create a future in which fewer people get cancer, fewer die from it and those living with the disease have a better quality of life.

It's a big goal. Achieving it requires a collaborative model that brings together hundreds of cancer agencies, governments, national organizations, and patients and family members from across the country. Together, these partners are developing a coordinated approach that is leading to change across the system and improved cancer control in Canada.

As the steward of Canada's national cancer strategy, the Partnership is uniquely positioned in the cancer landscape. Its partners and its work stretch across the entire continuum of cancer control—from prevention, screening and diagnosis through to clinical care, survivorship and end-of-life care. Through shared action, these diverse partners are able to advance strategies and initiatives that bridge silos and improve coordination across the system.

To ensure these efforts make a difference for individuals living with cancer, the Partnership works hard to embed the patient perspective in all that it does. In addition, patient organizations, individuals and families are represented on the Partnership's Board of Directors, networks and advisory committees and their feedback is used in the design of programs.

TOGETHER. IN PARTNERSHIP. WE WILL CHANGE HOW CANADIANS EXPERIENCE CANCER.

Addressing emerging issues

New evidence in cancer prevention, diagnosis and treatment emerges constantly. How can we ensure it is reflected in the care Canadians receive? The Partnership uses its collaborative model to bring together pan-Canadian experts to assess new evidence and determine what action is needed. This allows the cancer system to respond to emerging issues quickly and in a coordinated manner.

The value of this approach was evident when new data indicated that screening could reduce deaths from lung cancer in populations at high risk for the disease. The Partnership quickly convened experts from across the country to review the evidence. The result was a framework, released by the Lung Cancer Screening Initiative this past year, which provides guidance to provinces considering the feasibility of introducing lung cancer screening programs, and reduces the need for individual jurisdictions to invest time and resources to develop their own approaches.

Accelerating improvement through innovation

Support for innovation is critical if we are to accelerate improvement within the system. The Partnership invests in partner efforts to ensure that innovations succeed.

Through the Canadian Partnership for Tomorrow Project, researchers have access to Canada's largest health research platform—a powerful resource with global significance in cancer research (see page 10).

Through its Coalitions Linking Action and Science for Prevention Initiative (CLASP), the Partnership brings together diverse organizations from across Canada to help them share successful cancer and chronic disease prevention strategies and integrate these into programs and policy. In the last two years, CLASP initiatives influenced more than 60 policy changes as innovations are shared, spread and scaled up across the country.

Coordinating action for change

Smoking is the leading cause of cancer in Canada and recent research shows that tobacco use by cancer patients reduces the effectiveness of their treatment and their likelihood of survival. This year, the Partnership worked with tobacco control and cancer control leaders to begin a multi-year initiative to better support cancer patients who wish to quit smoking and to explore evidence-informed action on emerging issues such as e-cigarettes.

Our joint action plan with First Nations, Inuit and Métis communities is also about building stronger relationships to create new opportunities for action. Work is currently underway to identify and address health care gaps and barriers faced by First Peoples and to improve access to culturally sensitive care through the funding of jointly designed initiatives.

Measuring impact

We can only improve cancer control if we know what actions are making a difference. Measuring system progress is key. Over the past seven years, the System Performance Initiative has established an annual reporting process of pan-Canadian performance indicators that span the continuum of cancer control—from prevention, screening, diagnosis and treatment through to survivorship and end-of-life care. Developed in consultation with all 10 provinces and other national partners, these evidence-based indicators shed light on areas where progress is being made and where further action is required. And using the Partnership's new web application (systemperformance.ca), individuals across the country have easy access to this latest performance data and analysis.

System-wide change takes time. But using an innovative model that supports shared goals and creates opportunities for collaboration across the entire cancer control system, the Partnership is leveraging the collective efforts of many to deliver real impact and sustainable change.

MESSAGE FROM OUR CHAIR

It's been a tremendous privilege to be a member of the Partnership's Board since 2009 and to serve as Chair for the past year. In this time, I've watched the Partnership evolve from a volunteer-driven coalition of more than 700 cancer agencies and organizations, governments, cancer experts, patients and survivors who shared a vision for cancer control—to an entity that is truly making a difference in the lives of Canadians.

The unique combination of a national cancer strategy and the Partnership's collaborative approach to its work has galvanized the cancer community and ensured an unwavering focus on shared priorities.

Together, we established the Canadian Partnership for Tomorrow Project, Canada's largest population health research platform; accelerated the establishment of colorectal cancer screening programs across Canada; and bolstered the transition to standardized reporting, known as synoptic reporting, to advance the use of data in clinical and system decision-making.

Most importantly, we have kept patients and families, to whom this work matters most, at the forefront. I started my career as a nurse, and I've witnessed the fundamental way personal experiences and perspectives can shape the conversation and influence the health system. I'm proud of the Partnership's approach and commitment to embedding the person-centred perspective in all that we do and to ensuring patients are equal partners at the table—the CEOs of their own health care.

As the Board travels across Canada, we meet with and learn from colleagues implementing cancer control strategies. And we see firsthand the results of our collaborative efforts to reduce the burden of cancer across the country, from Halifax, Nova Scotia to Whitehorse, Yukon.

Ultimately, we will know we have achieved success when cancer control is embedded in all aspects of health care and Canadians are living with cancer in a much better way than ever before.

Chris Power

Chris Power
Chair

MESSAGE FROM OUR CEO

The Canadian Partnership Against Cancer is committed to creating a future in which fewer people get cancer, fewer die from it and those living with the disease have a better quality of life. It's a significant undertaking, and one that requires the collaboration and commitment of a great many individuals and organizations across the country.

As you will read in this annual report, we are making meaningful progress. The collaborative efforts of Canada's cancer community are delivering results and moving the national cancer strategy ever closer to its 10-year goals.

We are now well into the Partnership's second mandate and continue to build momentum. This year is noteworthy in that we expanded and built on existing initiatives to include more jurisdictions, broaden the participation of practitioners and professionals and increase our impact.

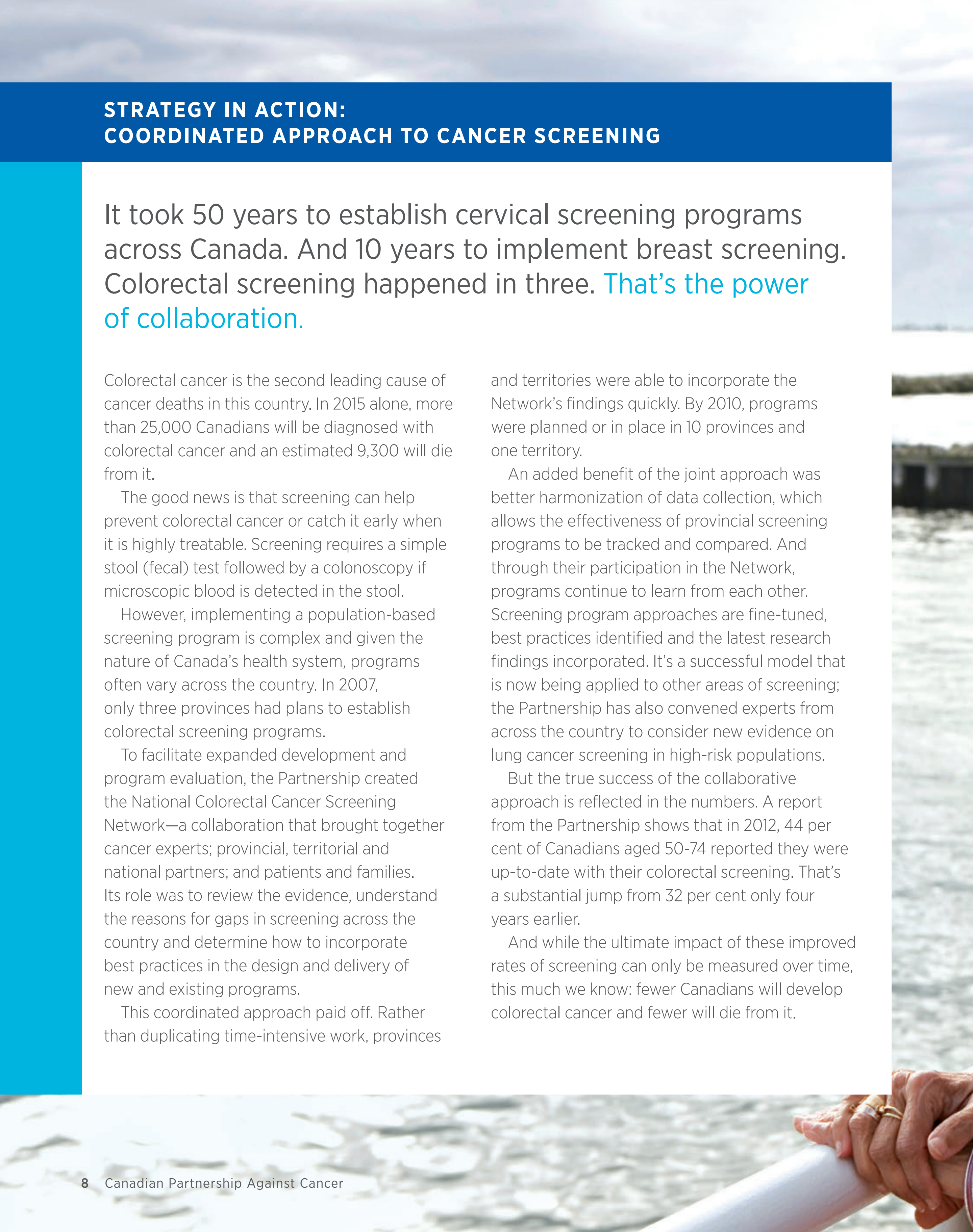
For me, the need to accelerate that impact is as clear as ever. When asked in a recent survey, 94 per cent of Canadians supported a national cancer control strategy and called for a plan that would prioritize timely access to treatments, timely and effective access to screening and the spread of effective prevention techniques.

We know that Canada is one of a handful of countries implementing a robust national cancer control strategy. Indeed, our work spans the entire continuum of cancer control and with each achievement we continue the steady advance to our ultimate goal of reducing the burden of cancer on Canadians.

As we approach the 10-year mark, we are taking stock of our progress since inception and identifying future opportunities to deepen our impact and drive progress toward our 30-year goals. As we imagine the possibilities for cancer control beyond 2017, we must continue to meet the challenge of creating a cancer system that respects and responds to the needs and priorities of Canadians living with cancer and truly makes a difference in their lives.

I hope you share our enthusiasm for all that we have achieved this past year. Together, we are changing the cancer landscape in Canada.

Shelly Jamieson
Chief Executive Officer



STRATEGY IN ACTION:
COORDINATED APPROACH TO CANCER SCREENING

It took 50 years to establish cervical screening programs across Canada. And 10 years to implement breast screening. Colorectal screening happened in three. That's the power of collaboration.

Colorectal cancer is the second leading cause of cancer deaths in this country. In 2015 alone, more than 25,000 Canadians will be diagnosed with colorectal cancer and an estimated 9,300 will die from it.

The good news is that screening can help prevent colorectal cancer or catch it early when it is highly treatable. Screening requires a simple stool (fecal) test followed by a colonoscopy if microscopic blood is detected in the stool.

However, implementing a population-based screening program is complex and given the nature of Canada's health system, programs often vary across the country. In 2007, only three provinces had plans to establish colorectal screening programs.

To facilitate expanded development and program evaluation, the Partnership created the National Colorectal Cancer Screening Network—a collaboration that brought together cancer experts; provincial, territorial and national partners; and patients and families. Its role was to review the evidence, understand the reasons for gaps in screening across the country and determine how to incorporate best practices in the design and delivery of new and existing programs.

This coordinated approach paid off. Rather than duplicating time-intensive work, provinces and territories were able to incorporate the Network's findings quickly. By 2010, programs were planned or in place in 10 provinces and one territory.

An added benefit of the joint approach was better harmonization of data collection, which allows the effectiveness of provincial screening programs to be tracked and compared. And through their participation in the Network, programs continue to learn from each other. Screening program approaches are fine-tuned, best practices identified and the latest research findings incorporated. It's a successful model that is now being applied to other areas of screening; the Partnership has also convened experts from across the country to consider new evidence on lung cancer screening in high-risk populations.

But the true success of the collaborative approach is reflected in the numbers. A report from the Partnership shows that in 2012, 44 per cent of Canadians aged 50-74 reported they were up-to-date with their colorectal screening. That's a substantial jump from 32 per cent only four years earlier.

And while the ultimate impact of these improved rates of screening can only be measured over time, this much we know: fewer Canadians will develop colorectal cancer and fewer will die from it.

> *"Working with peers coast-to-coast provides opportunities to collectively analyze screening options, share lessons learned about program rollout and accelerate the process in places still in the earliest phases of implementing population-based colorectal screening. That saves time and valuable health care resources."*

Dr. Winson Cheung
Chair, Colorectal Cancer Screening, Monitoring & Evaluation Committee;
Medical Oncologist
British Columbia Cancer Agency

IN 2012, 44 PER CENT OF CANADIANS AGED 50-74 REPORTED THEY WERE UP-TO-DATE WITH THEIR COLORECTAL SCREENING. A SUBSTANTIAL JUMP FROM 32 PER CENT FOUR YEARS EARLIER.

STRATEGY IN ACTION: CANADA'S LARGEST POPULATION HEALTH RESEARCH PLATFORM

Canada stepped onto the international stage this year as this country's largest population health research platform opened its data to researchers around the world.

Thanks to its size and comprehensive data, the Canadian Partnership for Tomorrow Project (CPTP) is one of a handful of population cohorts with global significance and a powerful resource for researchers as they search for new ways to detect and treat disease.

Three hundred thousand Canadians aged 35-69 have volunteered to provide information about their health, lifestyle, environment and behaviour. In addition, significant subsets of participants have provided physical measures (e.g., height, weight, waist circumference and blood pressure measurements) and biological samples (e.g., blood samples, toenail clippings, urine samples and saliva). The result is a rich research tool—one that positions Canada as a leader in longitudinal and chronic disease research and greatly strengthens this country's research competitiveness.

The Partnership connected scientific leaders from across Canada to create the CPTP, and it represents the Partnership's single largest investment. The project brings together five regional population cohorts: BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTaGENE project and the Atlantic PATH.

The benefits of this joint effort are many. The sheer size of the CPTP cohort could save researchers a decade of time spent recruiting subjects, and the longitudinal data will allow them to gain a better understanding of diseases like cancer that take many years to develop.

Through CPTP, researchers will have the opportunity to explore links between factors such as an individual's health, lifestyle history, exposure to environmental toxins, and genetic makeup with the risk of onset of cancer and chronic diseases. The data could also help shed new light on the factors that contribute to regional disparities in cancer and chronic disease rates. And because participant data can be linked to administrative health records, researchers will also be able to study the effectiveness of policies and practices intended to improve disease prevention and management.

As the data grows, the value of the research platform will continue to increase. Researchers will be able to obtain information on how the health of participants changes over time. And there is the possibility of gathering information in additional areas (for example, mental and cognitive health or occupational and residential history).

With such potential, CPTP provides hope of new discoveries that will improve the health of all Canadians—now and into the future. Let the research begin.

> *"Really, the value of the cohort increases over time. The longer you wait, in fact, the value increases. In 10 years this is going to be extremely valuable, in 20 years, this is going to be a gold mine. So while it's difficult to judge the value now to research, in the future it's going to be a tremendous resource."*

Dr. John Spinelli
Principal Investigator
B.C. Generations Project

300K

300,000 CANADIANS AGED 35-69 HAVE VOLUNTEERED TO PROVIDE INFORMATION ABOUT THEIR HEALTH AND LIFESTYLE.

10YRS

THE SHEER SIZE OF THE CPTP COHORT COULD SAVE RESEARCHERS A DECADE OF TIME SPENT RECRUITING SUBJECTS.

STRATEGY IN ACTION: IMPROVED DATA COLLECTION

When dealing with cancer, better data mean better decisions—and better care.

For clinicians, the information provided by surgery and pathology results is critical to providing high quality care. In particular, knowing the stage or extent of the cancer helps clinicians identify the best treatments for their patients and predict the likely course of the disease.

Stage data is equally valuable when captured at a system level, and accessing it is now much easier thanks to the efforts of cancer agencies across Canada and a $20 million investment by the Partnership. Today, nine provinces are collecting stage data in a consistent electronic format for over 90 per cent of breast, colorectal, lung and prostate cancer cases (the country's most common cancers).

This achievement allows comparative analysis of stage data across the country, providing the foundation for better policy and resource allocation decisions at a system level. For example, decision-makers will be able to determine whether increased investments in screening and early detection programs are resulting in more people being diagnosed at an earlier stage and lower overall mortality rates.

The Partnership is also playing a leading role in supporting the transition to standardized reporting, known as synoptic reporting, to further advance the use of data in clinical and system decision-making.

Traditionally, surgery and pathology (tissue sample) reports have been narrative in format. Too often, this has resulted in missing information, misinterpretation and treatment delays. Synoptic reporting provides a data field and standardized format for each type of information, resulting in more accurate, complete reports that can be transmitted electronically—and much faster.

The benefits of the shift to synoptic reporting across the country are already evident for patients, clinicians and the health care system. A recent evaluation co-funded by the Partnership showed that surgical reports were generated faster when clinicians used electronic synoptic reporting: 75 per cent of reports were posted to patient charts within 24 hours compared to 15 per cent when traditional narrative reporting was used. And at a system level, data can be extracted and analyzed in a way not possible before. As a result, important conversations about best practices, effectiveness and quality improvement are taking place across organizations and jurisdictions as gaps in quality of care are identified.

The path forward is clear. Improving the collection, reporting and analysis of data will improve the quality of cancer care for all Canadians.

> *"Standardizing surgical data collection makes it easier to assess the quality of the care we are providing and see what needs improvement. An electronic checklist, or synoptic report, can also act as a reminder to follow agreed best practices."*
>
> Dr. Jason Park
> *Oncologist*
> *Winnipeg's St. Boniface General Hospital*

$20 MILLION INVESTMENT BY THE PARTNERSHIP AND THE COLLABORATIVE EFFORTS OF CANCER AGENCIES ACROSS CANADA.

NINE PROVINCES ARE COLLECTING STAGE DATA IN A CONSISTENT ELECTRONIC FORMAT FOR OVER 90 PER CENT OF BREAST, COLORECTAL, LUNG AND PROSTATE CANCER CASES.

THE YEAR IN REVIEW

1st

2015 marks the **first year** of a new Partnership initiative that brings together the tobacco control and cancer control communities to better integrate their efforts and resources to help cancer patients quit smoking. Smoking is the number one cause of cancer and recent research shows that tobacco use by cancer patients reduces the effectiveness of their treatment and their likelihood of survival.

2,200+

The Prevention Policies Directory has published more than **2,200 policies** in Canada's only searchable database of policies and laws related to all of the modifiable risk factors for cancer and chronic disease. The Directory is a valuable resource for public health professionals, policy-makers and academics working to create healthier communities through evidence-informed policies.

48

The Partnership's newly released *Lung Cancer Screening Framework for Canada* provides guidance to provinces and territories that are considering the advisability and feasibility of early detection programs for populations at high risk for lung cancer. A total of **48 partners and experts** from all 10 provinces and three territories contributed to the framework.

10+

Colorectal cancer is the second leading cause of cancer death in Canada. But screening can help prevent colorectal cancer or catch it early when it is highly treatable. With support from the Partnership's National Colorectal Cancer Screening Network, **10 provinces and one territory** now have screening programs planned or in place. *Colorectal Cancer Screening in Canada: Monitoring & Evaluation of Quality Indicators—Results Report, January 2011–December 2012* provides an update on how well these screening programs are performing against national targets in areas such as participation rates and wait times for follow-up colonoscopies.

1,000+

Over the next year, **more than 1,000 paramedics** in Nova Scotia and Prince Edward Island will be trained in palliative pain and symptom management in order to help palliative cancer patients avoid unnecessary trips to emergency departments. The project is one of 15 Partnership-funded projects across the country that are focused on improving the patient experience.

10

Choosing Wisely Canada is a campaign by the Canadian Medical Association to help physicians and patients engage in conversations about potentially unnecessary tests, treatments and procedures. This year the campaign released its list of **10 commonly used practices** in cancer diagnosis and care that are low value, unnecessary or harmful. Developed by a task force of experts convened by the Partnership, the list will help physicians and patients make wise choices that lead to better care.

300K

The Canadian Partnership for Tomorrow Project (CPTP) has now opened its data to researchers around the world. **300,000 Canadians** aged 35 – 69 have volunteered to share information about their health, lifestyle and behaviour with CPTP making it Canada's largest population health platform. It's also one of a handful of globally significant cohorts that will help researchers solve the question—why do some people develop cancer and chronic diseases and others don't?

8

The Partnership is one of **eight funding partners** behind the Canadian Cancer Clinical Trials Network. The Network plans to double participation in cancer clinical trials in Canada to more than 10 per cent of all cancer patients.

94%

In celebration of World Cancer Day 2015, the Partnership hosted federal Health Minister Rona Ambrose and experts from across Canada in an exploration of innovations across the cancer continuum. The Partnership also released results from its recent national public poll. Top result: **94 per cent** of respondents support a national strategy to reduce the burden of cancer.

8

The Partnership's *1in3 cancerview digest* published **eight issues** of evidence-based information on topics ranging from cancer in adolescents and young adults to smoking cessation to radon gas exposure in homes and workplaces. The digest summarizes the latest evidence and provides resources to help health professionals connect evidence and practice in novel ways.

3

The Partnership has released **three reports** that highlight the cancer journey of First Nations, Inuit and Métis peoples and provide the first-ever baseline against which progress can be measured. The most recent report, *Métis Cancer Control in Canada Baseline Report*, examines issues such as accessing cancer care in rural and remote communities, financial burden and lack of trust and confidence in the cancer care system.

90%

Thanks to the investment and efforts of the Partnership and Canada's cancer agencies, nine provinces are collecting stage data for over **90 per cent** of breast, colorectal, lung and prostate cancer cases (the most common cancers). The data provides clinicians and patients with powerful information to help plan care and predict outcomes. Policy-makers gain a new tool to help them determine where to invest for positive impact—screening and early detection or better access to improved treatment. The Partnership released the first analysis of the pan-Canadian data in *Cancer Stage in Performance Measurement: A First Look*.

17

The *2015 Cancer System Performance Report* included **17 "dashboard" indicators** that provide information on how well we are doing across the country in key areas of cancer control from prevention, screening, diagnosis and treatment through to survivorship and end-of-life care. Targets have been assigned to many of the indicators and provinces have been comparing their results to identify opportunities for system improvements.

65%

A project with centres in Alberta, Manitoba, Ontario and Nova Scotia demonstrated that using a standardized electronic template to collect surgical information saves time and improves patient care. In the Partnership's *Synoptic Surgery Reporting Initiative Benefits Evaluation: Final Report*, **65 per cent** of participating surgeons reported that the standardized capture of information improved clinical decision-making. Discharge summaries were also faster and more comprehensive. Work continues to expand electronic synoptic reporting across the country.

1,722

In just two years, the Partnership's CLASP (Coalitions Linking Action and Science for Prevention) Initiative has influenced **1,722 practice changes** and 60 policy changes focused on cancer prevention. Examples include creating a "prevention practitioner" position in primary care offices to work one-on-one with patients to help them adopt lifestyle changes and regular cancer screening, and adopting policy changes to support healthy built environments that encourage walking and cycling.

8

In its first year, the First Nations, Inuit and Métis Cancer Control Initiative funded **eight jurisdictions** to advance continuity of care with and for First Peoples. A project in the Yukon has created support mechanisms and resources that their patient navigator can use to support First Nations patients travelling to British Columbia for cancer treatment. In Newfoundland and Labrador, a project aims to use Telehealth technology to address the challenges of geographical isolation by connecting oncologists with patients, primary care physicians and nurses in remote communities.

8

With the support of the Partnership's Patient Experience and Patient-Reported Outcomes Initiative, **eight provinces** have implemented a standardized tool that screens cancer patients for distress. The tool gathers information on symptoms such as fatigue, pain, depression and anxiety that can affect a person's ability to cope. Screening for distress allows patients and clinicians to develop a personalized care plan to address individual needs and improve quality of life.

The Partnership's collaborative model was highlighted as an **innovative approach** to advancing national cancer control in a recent article in *Optimum Online: The Journal of Public Sector Management*. The article cites the Partnership as an example of an emerging model of public governance that emphasizes strategic partnerships.

Analytically Yours is a **new online interactive space** launched by the Partnership to support collaboration and the exchange of knowledge among cancer data analysts in Canada. Analysts can download resources and training tools, connect with peers, ask questions of experts and find information on conferences and career postings.

In their own words: **BILL BLACKWATER**

Bill Blackwater was instrumental in the development of a cancer strategy for northern British Columbia.

Bill Blackwater considers himself one of the lucky ones, despite a diagnosis of renal carcinoma in 2002.

When family and friends learned of his illness, Bill found an endless supply of support. He knows many others living around his Kispiox community in the Gitxsan region of northern British Columbia are not always so fortunate.

In fact, when a friend received his own cancer diagnosis, Bill began noticing a curious thing: people seemed to shy away from the man. They went silent when he talked about his treatments. It was almost as though people were ashamed or embarrassed for him.

"They were scared," he says. So for three months Bill lobbied the local public health nurse to start a cancer awareness program, with the aim of taking the taboo out of a diagnosis.

Since then, Bill, who worked in a salmon hatchery for 30 years, has become a committed advocate for better cancer care.

Although he has deep links with the cancer community, helping to shape the cancer control strategy for northern B.C., he has only recently become involved with the Partnership's work in First Nations, Inuit and Métis communities, attending a symposium and then signing up to volunteer as a patient advisor.

His vision for the future of cancer care for First Peoples is to see better relationships develop between patients and physicians. His own experience of living with symptoms for more than 10 months taught him that sometimes clinicians are prone to wait rather than investigate.

With First Peoples, he notes, the patient-physician relationship must extend beyond the individual, encompassing their families too. That's something some physicians have been slow to recognize and accommodate.

The province is already making positive strides, he says, introducing an Aboriginal liaison to help individuals navigate through the cancer care system.

But Bill also envisions a future where traditional and Western medicine work better together to offer a patient comfort and reprieve.

"We'd like to let the mainstream medical society know that we do want to do what you say, but we'd also like you to take a look at what we have," he says.

First Peoples are often told to forgo traditional treatments in favour of Western drugs, with physicians raising concerns of negative interactions between the two. But advice should be guided by evidence, Bill says. Any potential for interference in the effectiveness of treatments should be studied and understood.

At the very least, traditional ways should be considered.

"Sometimes that's as simple as bringing in a cedar bough, which is special to the Gitxsan people," he says. "That's enough for some people."

In their own words: RHONEL BIDDY

Rhonel Biddy is a health records specialist in Toronto, Ontario who acts as a patient and family advisor to the Partnership's Canadian Data Development Steering Committee.

Rhonel Biddy came to Canada with her sister's children, intending to stay just long enough for her nieces to get settled with their mom. Then her sister, only 30 at the time, was diagnosed with breast cancer.

"That sort of changed the entire course of my life—and theirs as well," she says. After four years living with the disease, her sister passed away.

Rhonel remembers how little information they had, and how little they knew about where to find the right information. That ultimately drove her to seek out a career working as a health records specialist.

"For a long time I wanted to get involved and do something to give back to the health care system and to maybe help others who were in the same position that we found ourselves. I could never really find anything that I wanted to do that felt enough for me," she says.

Then, Rhonel saw an opportunity to become a patient and family advisor with the Canadian Partnership Against Cancer and jumped at the chance.

At the Partnership, Rhonel volunteers with the steering committee for the Coordinated Data Development Initiative. The initiative is designed to build capacity across the country to analyze, use and report data effectively. Cancer control data is crucial for planning, management, policy development and research, something Rhonel knows from first-hand experience.

"It is important because in order for you to know how you're doing, where you are, what you might need to improve, you need to measure. And in order to measure, you need to have that data."

Rhonel's voice on the committee is one that reminds all members that patients have a stake in their information too.

Having pan-Canadian statistics on cancer treatment is necessary for system planning, but patients and families need the information presented in a way that makes it easily understood and useful for the decisions they'll be making, she says.

"Sometimes what's lost is that individual patient," she says. "The person can get lost in the numbers. It's difficult to see, sometimes even myself, trying to think of it from a professional standpoint. You have to pull yourself back and ask, 'This is important to the patient, how can we use this information?'

"I firmly believe understanding the lived experiences of patients and families are vital to creating a system that puts the patient first," she says.

In their own words: **BOB ALDRIDGE**

Bob Aldridge is a communications volunteer with the Partnership. He and his wife, Cathy, live in Winnipeg, Manitoba, where he is also a volunteer with Manitoba's "In Sixty" initiative.

In late 2011, Bob Aldridge went to his Winnipeg family doctor complaining of a sore throat. He went back after he began struggling to eat certain foods, like bagels, having developed a difficulty with swallowing. After a late February 2012 consultation with an ear, nose and throat specialist who made a referral to CancerCare Manitoba, Bob went back to his family physician again, worried that the time between appointments was stretching too long.

This time his doctor noticed an alarming change in his voice.

Tests revealed a sizeable growth. Within 10 days, Bob and his wife, Cathy, had their first meeting with a surgical oncologist at CancerCare Manitoba. About a month later, they were meeting with a team of health care professionals—a medical oncologist, radiation oncologist, dentist, research specialist, speech therapist and dietitian—all focused on the invasive squamous cell carcinoma at the base of his tongue.

Surgery was not an option. Instead, Bob underwent eight weeks of chemotherapy and 35 sessions of radiation. "Other than the normal side effects, I tolerated the treatments quite well. It was after treatment ended that my life got much more difficult," he says.

By then, Bob was already eating most of his meals through a PEG (stomach) tube; he'd developed ulcers in his mouth that were so painful he could barely tolerate even water. These problems paled by comparison when he began waking up in the night feeling like he couldn't breathe. It was discovered his airway had closed to only 10 per cent of its usual capacity. He was sent home with a tracheal tube, which needed rigorous care and maintenance.

"It made life kind of difficult," he says with understatement. "I was mostly housebound." He would venture out for walks, but feeding through the tube took hours. The tracheal tube was in place for more than three months.

From the outset, Bob and Cathy—whose unwavering support was key to his journey—adopted the attitude that although Bob's treatment options were limited, they had to believe that chemotherapy and radiation would be successful. They demonstrated their confidence by booking a cruise to Alaska for one year later—a trip the entire family made with Bob still moving slowly but back to gingerly swallowing soft foods.

The trip symbolically marked the start of a "new normal."

"I'll never be back to the way I used to be, but I am living a fairly normal life," he says. He's still very careful about what he eats and, more importantly, how he eats it to avoid aspiration.

"Normally you don't have to think about these things. Now it is important that I do," he says.

Although he's had no signs of cancer for nearly three years, Bob is still actively involved in the cancer system, offering to support newly diagnosed patients and eagerly advising on Manitoba's "In Sixty" initiative, which aims to move individuals from tests to treatment within 60 days. "Some of us know too well the agony of having to wait for answers," he says.

In their own words: **MARGARET TOMPSON**

Margaret Tompson is a retired occupational therapist living in Saskatoon, Saskatchewan. She participated as a patient advisor with the Partnership's Breast Cancer Screening "Wait Time" workshop.

Margaret Tompson's first awareness of the value of clinical trials was as a young occupational therapist testing hand function.

It was a double-blind study on Levodopa, a drug used to treat Parkinson's disease, and she saw some incredible results. Her next encounter with a clinical trial was as a newly diagnosed patient with breast cancer.

"I was in shock from the diagnosis," she remembers. She didn't know what to ask or where to go for answers. But as her mind settled, her researcher instincts took over. She scoured the public and medical libraries, educating herself about treatment options and guidelines.

When she first saw her surgeon, she told him she wanted a lumpectomy. However, on receiving the pathology results, she told him she wanted the more aggressive treatment option, a bilateral mastectomy.

"He made me argue and prove that it was medically correct," she laughs. He had arrived at the same conclusion given her family history, but was curious to hear her rationale. "We had a real partnership and it was wonderful."

During her treatment, Margaret was offered the chance to join a clinical trial to test "TAC," a combination of chemotherapy drugs used to treat breast cancer after surgery.

Joining the trial was a "no-brainer," Margaret says, since it was a chance to try out a new drug at Phase III, when it had already cleared the hurdle of proving both safety (Phase I) and proper dosage (Phase II). Phase III trials seek to firmly establish efficacy and monitor for side effects.

"I was really pleased to be in a trial," she says. "I had a feeling I got better care because of the longer period of close monitoring. Now I encourage patients to see if they're eligible for a clinical trial and to explore this option because of its benefits."

Unfortunately, not everyone sees clinical trials in such a positive light. Adult clinical trial participation rates in Canada are low at less than five per cent of cancer patients.

In contrast, the United Kingdom has the highest rate of cancer clinical trial participation worldwide at more than 12 per cent, the result of a concerted national effort to raise clinical trial participation by supporting trial centres.

Several population-based studies show that patients who were treated in cancer centres with active clinical trial programs had health outcome advantages such as improved survival. This is likely due to better processes and delivery of care, including treatment guideline concordance.

BOARD OF DIRECTORS

(APRIL 1, 2014 TO MARCH 31, 2015)

Christine Power, Chair, Canadian Partnership Against Cancer (July 2014 – present); Chief Executive Officer, Canadian Patient Safety Institute

Chris Clark, Chair, Canadian Partnership Against Cancer (term ended June 2014); Corporate Director

Graham Sher, MD, Vice-Chair, Canadian Partnership Against Cancer (July 2014 – present); Chief Executive Officer, Canadian Blood Services

Evan Adams, MD, Deputy Provincial Health Officer for Aboriginal Health, British Columbia (stepped down June 2014)

Mel Cappe, Professor, School of Public Policy and Governance, University of Toronto

Ewan Clark, Legal Counsel, Cox & Palmer

Janet Davidson, Deputy Minister, Alberta Health (joined April 2014; stepped down September 2014)

Darren Dick, Development Officer, Dalhousie University, Faculty of Management

Pamela Fralick, President and Chief Executive Officer, Canadian Cancer Society

Karen Herd, Deputy Minister of Health, Manitoba

Shelly Jamieson, Chief Executive Officer, Canadian Partnership Against Cancer

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

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

Mary Catherine Lindberg, Corporate Director

Shannon MacDonald, Partner, Deloitte LLP (joined June 2014)

Helen Mallovy Hicks, Partner, GTA Deals Leader, PricewaterhouseCoopers

Crystal Nett, Associate Vice President, Strategy, Saskatchewan Polytechnic

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

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

Lyne St-Pierre-Ellis, Associate Deputy Minister of Health, New Brunswick

Laura M. Talbot, President and Senior Partner, TalbotAllan Consulting (stepped down June 2014)

Gail Turner, Consultant (joined June 2014)

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)

Front row (seated, left to right): *André Robidoux, Helen Mallovy Hicks, Christine Power, Shelly Jamieson, Eshwar Kumar, Graham Sher*

Back row (standing, left to right): *Mary Catherine Lindberg, Arlene Paton, Crystal Nett, Darren Dick, Mel Cappe, Gail Turner, Ewan Clark, Pamela Fralick, Abby Hoffman, Victoria Lee*

The Partnership's unique contribution to the cancer landscape is rooted in our collaborative, focused approach. We engage with partners in four key ways:

CONVENING
Bringing together people and organizations to establish and advance priorities for collective action.

INTEGRATING
Creating solutions with partners to meet shared goals.

CATALYZING
Investing in, managing and assessing large projects to support successful implementation and sustained effort.

BROKERING KNOWLEDGE
Responding quickly to new evidence, knowledge and practices so they can be expertly assessed and made available for others to put into action.

WHAT WILL BE DIFFERENT AFTER 10 YEARS?

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

Imagine in 2017...

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

More people will be getting checked appropriately and potentially finding cancer earlier.

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

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

Cancer researchers will be working together more collaboratively to benefit Canadians.

Working with partners, First Nations, Inuit and Métis people will have their unique cancer prevention and care needs better recognized and addressed.

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

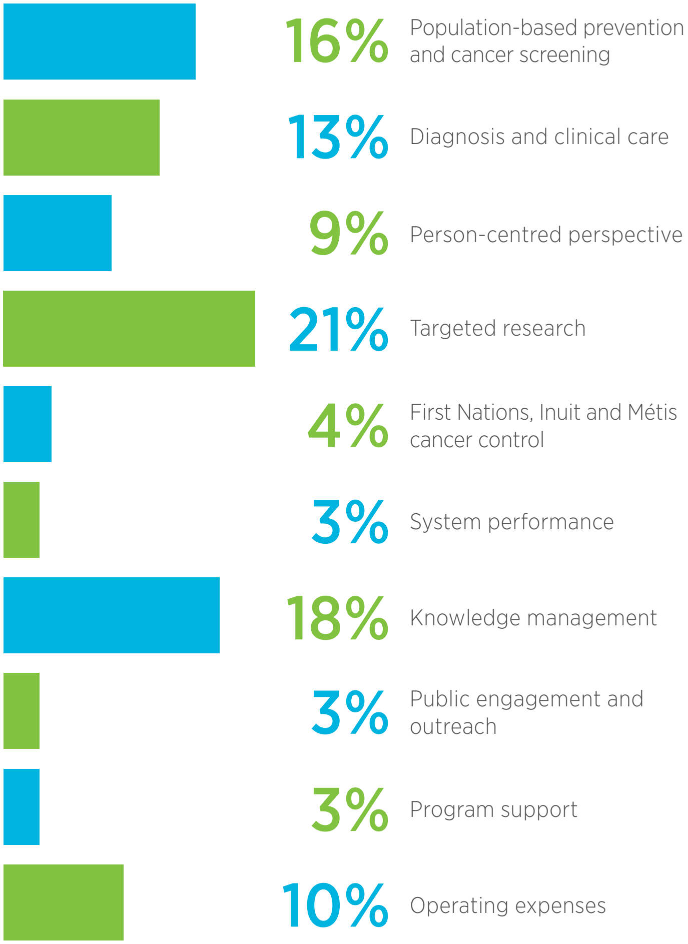
Patients and professionals will have more timely and easier access to good information, tools and resources about cancer.

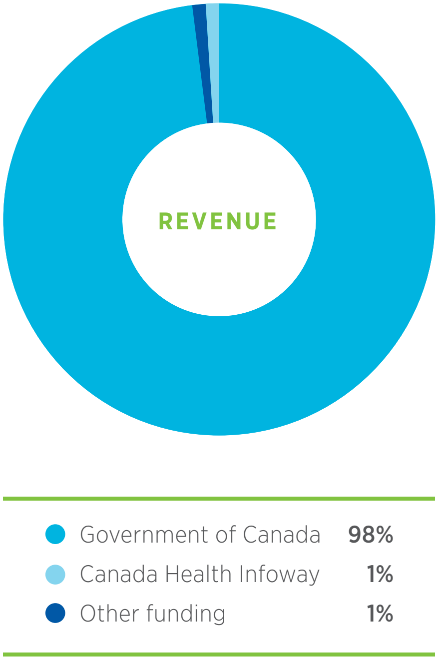
People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.

HOW FUNDING IS INVESTED

2014/15 was the third year of the Partnership's second mandate. This mandate will continue to 2017 with a total of $241 million in funding from Health Canada over five years. Expenses reflect funds directed externally to partners as well as program costs that advance the work of Canada's cancer community to reduce the burden of cancer on Canadians. The initiatives highlighted in this report are among more than 20 programs of work underway. For complete information about progress across all programs of work in 2014/15, please view our full annual report at partnershipagainstcancer.ca.

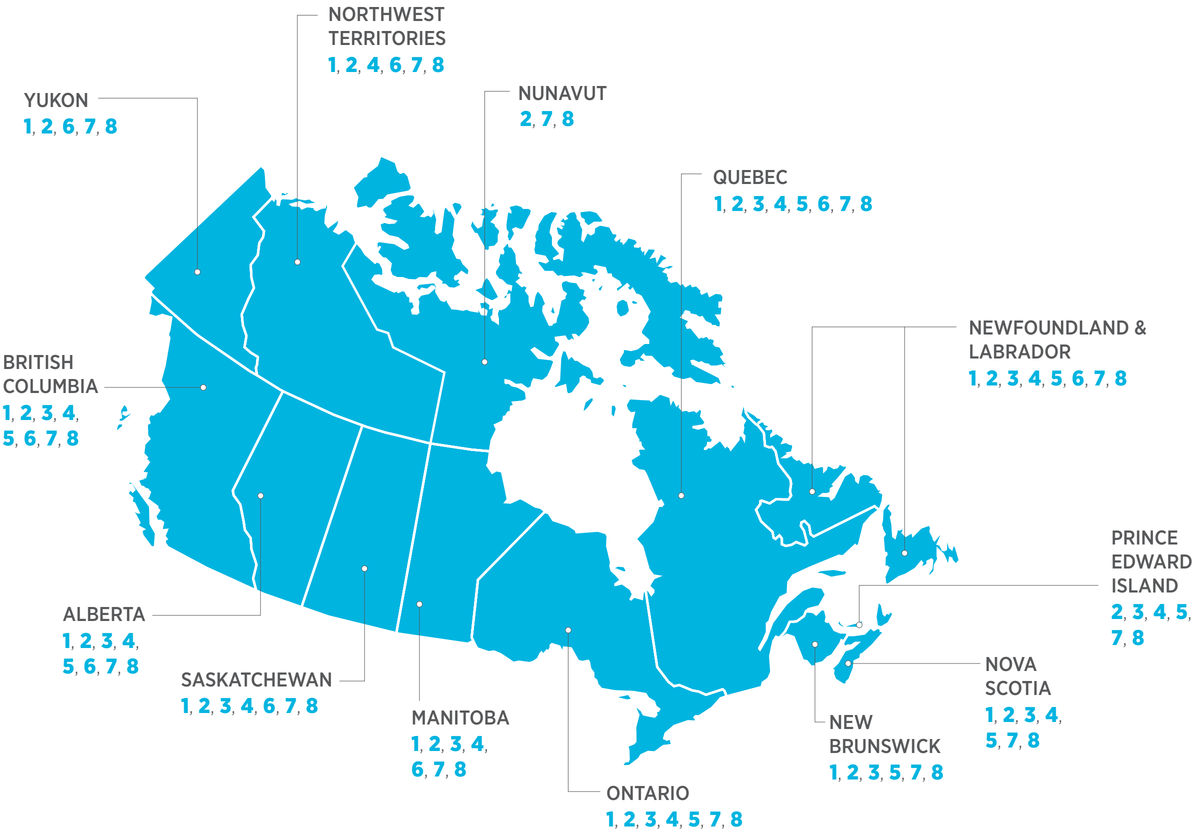
Expenses 2014/15: **$52,998,060**





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

CHANGING THE CANCER LANDSCAPE



Canada's national cancer control strategy is having a powerful impact across a large geography and a diverse population, through the work of Canada's cancer control community. This map shows the reach of the cancer strategy during the 2014/15 year for selected initiatives as profiled in this annual highlight report.

SELECTED INITIATIVES

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

Public engagement and outreach underpin all areas of Canada's cancer strategy and include partnerships with patient organizations as well as direct engagement with people affected by, or with an interest in, cancer.

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Production of this report, and the programs described within it, has been made possible through a financial contribution from Health Canada. The views expressed herein represent the views of the Canadian Partnership Against Cancer.

ISSN 2369-324X (Print)
ISSN 2369-3258 (Online)

Updated: August 17, 2015 (online only)