Better Together

Annual Report
2012/13

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

PARTENARIAT CANADIEN CONTRE LE **CANCER**

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This document is available in PDF form from the www.partnershipagainstcancer.ca website. A highlights document is also available, in printed and PDF form, from the website or through info@partnershipagainstcancer.ca.

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Ce document est aussi disponible en français sous le titre *Mieux ensemble : Rapport annuel 2012-2013*

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Introduction

Messages from the Chair and CEO

The 2012/13 year marked the beginning of the Partnership's second five-year mandate, a confirmation itself that the early work of having a national cancer control strategy is making a difference to all Canadians.

As I meet with our partners and stakeholders across the country, I hear concrete examples of how a collaborative approach to cancer control through the sharing of best practices and pooling of resources is effective in driving the change that will lessen the impact of cancer on Canadians. The effectiveness of a small-p partnership model was echoed in August 2012 when I attended the World Cancer Congress in Montreal, at which our international peers spoke highly of our partnership model as one to which other countries should aspire.

Our successes today, however, are only steps along a much longer journey. We look forward to broader and deeper impact as we move forward, with our partners, toward meaningful and measurable outcomes that will reduce the burden of cancer on all Canadians. As a cancer survivor myself, I know the importance of our work and I am confident we will achieve this goal.

Chris Clark
Chair, Board of Directors

This was a year of growth and evolution at the Partnership. We embraced a new five-year strategic plan that will continue to bring about system-level change, which is a milestone along the way to reducing the burden of cancer on Canadians.

We are always mindful that our work must make a real difference to people affected by cancer. To this end, we have developed a robust performance measurement strategy. It enables us to measure and track how the work is translating into impact. We are also expanding our focus on engaging with cancer patients. Their experiences and perspectives provide essential voices to our work, which includes improving the quality of the patient experience.

As you explore the pages that follow, please remember that none of this work succeeds without true collaboration to address shared goals. We thank all those who are working with us, and who will work with us in the future, to drive Canada's cancer control strategy forward.

Shelly Jamieson
CEO

About this document

The Canadian Partnership Against Cancer was established by the Government of Canada in 2007 as a not-for-profit, arm's-length corporation to enable a collaborative approach to implementing the Canadian Strategy for Cancer Control, a 30-year vision for achieving key outcomes in cancer control.

Since the Partnership's inception there has been significant progress in transforming the way the cancer control community in Canada works together to reduce the burden of cancer through co-ordinated, system-level change. Informed by the experiences of those most affected by cancer, the organization plays a unique role working with partners to support multi-jurisdictional uptake of the knowledge emerging from cancer research and evidence of what is working across Canada. This, in turn, supports cancer control planning and drives improvements in the quality of practice across the country.

In compliance with the Partnership's funding agreement with Health Canada, this report describes the achievements of the 2012/13 fiscal year, and it contains the 2012/13 financial statements, independent auditor's report, a list of materials produced during the year, an overview of expected results for 2013/14, and a list of ultimate beneficiaries – defined in the funding agreement as the third party organizations that received funding through the Partnership to advance the programs of the strategy. A companion highlights publication, entitled *Better Together: Annual highlights 2012/13*, is also available. New interactive multimedia content, accessible through partnershipagainstcancer.ca, also charts the progress of Canada's cancer strategy.

Focusing on meaningful, measurable outcomes

Over a 30-year span – by 2037 – the Partnership's goals, shared by its partners, are to reduce the incidence of cancer, lessen the likelihood of Canadians dying from cancer and enhance the quality of life of those living with cancer. Our work is grounded in our 2012-2017 strategic plan, *Sustaining Action Toward a Shared Vision*, which describes the broader context of how we are working with partners to achieve a set of concrete cancer control outcomes by 2017. These immediate outcomes are milestones along the way to lessening the burden of cancer on Canadians, communities and the health system through collaborative efforts by partners across Canada that must continue for many years into the future. We are confident that by working towards these outcomes and sustaining our joint efforts, there will be measureable improvements across the cancer control continuum both in the immediate term, by 2017, and as we advance toward the strategy's ultimate outcomes.

The immediate outcomes represent the tangible impact on the cancer control system after a decade of advancing the strategy collaboratively with partners, beginning when the Partnership opened its doors in 2007. These milestone achievements are just the beginning. Ongoing effort will be required from partners across the cancer system to achieve the ultimate goals by 2037.

In the short-term, the collaborative efforts of partners implementing the strategy will have achieved these measurable immediate outcomes for Canadians by 2017:

- Improved access to proven ways to prevent cancer plus more of the people who could benefit from screening will be getting checked and finding cancer earlier through high-quality screening programs.
- More consistent actions to enhance the quality of diagnosis and clinical care.
- Improved capacity to respond to patient needs.
- Enhanced co-ordination of cancer research and improved population research capacity.
- Working with partners, First Nations, Inuit and Métis people will have their unique needs for cancer prevention and care better recognized and addressed.
- Improved analysis and reporting on cancer system performance.
- Enhanced access to high-quality information, knowledge, tools and resources.
- Enhanced public and patient awareness and engagement.
- Increased efficiency and acceleration of cancer control in Canada.

Our achievements in 2012/13 are summarized in this report through the lens of the Partnership's five strategic priorities and three core enabling functions (see chart on next page). Within each of these eight areas, there is at least one key initiative representing complex, large-scale, multi-jurisdictional or organizational efforts as well as a significant proportion of the Partnership's total program spending. These key initiatives are the primary contributors to the immediate outcomes the Partnership is working toward with its partners by 2017. Alongside these key or "priority" initiatives, a complement of related initiatives forms an integrated program of work reflecting the national cancer strategy and supporting the cancer control continuum.

The Partnership takes a multi-year approach to planning and executing our work with partners. Each year builds on the progress made in previous years with the goal of developing and sustaining momentum towards the outcomes defined in our strategic plan. For example, many of the initiatives started in the Partnership's first five years of operation (2007-2012) continue to grow to include more jurisdictions, broaden the participation of practitioners and professionals, and increase impact on the population.

Alignment of strategic priorities and core enabling functions against 2017, 2027 and 2037 outcomes

Ultimate outcomes (by 2037)	Reduced the incidence of cancer* *Age-standardized and invasive only		Lessened the likelihood of Canadians dying from cancer		Enhanced the quality of life of those affected by cancer			
Intermediate outcomes (by 2027)	Enhanced population-based prevention and screening		Enhanced quality of diagnosis and clinical care		Improved cancer experience with and for Canadians		Enhanced cancer control system and synergies with broader health system	
Immediate outcomes (by 2017)	Improved access to evidence-based prevention strategies and quality of, and participation in, screening	More consistent actions to enhance quality of diagnosis and clinical care	Improved capacity to respond to patient needs	Enhanced coordination of cancer research and improved population research capacity	Improved First Nations, Inuit and Métis cancer control with and for First Nations, Inuit and Métis peoples and partners	Improved analysis and reporting on cancer system performance	Enhanced access to high-quality information, tools and resources	Enhanced public and patient awareness and engagement
Strategic priorities & core enabling functions	**Strategic Priorities**					**Core Enabling Functions**		
	Develop high-impact, population-based prevention and cancer screening approaches	Advance high-quality diagnosis and clinical care	Embed a person-centred perspective throughout the cancer journey	Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases	Advance cancer control with and for First Nations, Inuit and Métis peoples and partners	System performance analysis and reporting	Knowledge management through tools, technology, connections and resources	Public engagement and outreach
Initiatives	**Coalitions Linking Action and Science for Prevention** **Population-based screening** Healthy public policy CAREX Canada	**Embedding evidence in care - synoptic reporting and staging** Emerging screening and early detection Quality implementation initiative Enhancing Canadian cancer clinical trials	**Patient experience and outcomes** Survivorship Palliative and end-of-life care Primary and cancer care integration	**Canadian Partnership for Tomorrow Project** Canadian Cancer Research Alliance	**First Nations, Inuit and Métis Action Plan on Cancer Control**	**System performance reporting**	**Cancerview.ca** Cancer risk management modelling and economic analysis Partnership knowledge transfer and adoption Analytic capacity building and co-ordinated data development Evidence, synthesis, guidelines	**Public engagement and outreach**

Priority initiatives appear in blue

The Partnership's strategic priorities

Strategic Priority: Develop high-impact, population-based prevention and cancer screening approaches

2017 Outcome: Improved access to evidence-based prevention strategies and quality of, and participation in, screening

The Partnership is collaborating with a broad range of cancer and chronic disease partners to develop high-impact, population-based prevention and cancer screening approaches. Taking action now and sustaining these activities over time means that fewer people will develop cancer in the long term, and that those who do will benefit fully from screening programs designed to diagnose cancer early when it is often more treatable.

The two key initiatives advancing this strategic priority are **Coalitions Linking Action and Science for Prevention** (CLASP) and **population-based screening.**

What is CLASP?

Coalitions **L**inking **A**ction and **S**cience for **P**revention aims to improve the health of communities and of Canadians by bringing together organizations from two or more provinces and territories to form research, practice and policy coalitions. These coalitions integrate the lessons learned from science with those from practice and policy focused on common risk factors to prevent cancer and related chronic diseases. CLASP responds to the fact that many aspects of healthy living and a healthy supportive environment can reduce the risk not only of many cancers but also of chronic diseases such as diabetes, lung disease and heart disease. These factors include programs and policies that make the healthy choice an easier choice such as maintaining a healthy body weight or quitting smoking. Policies that improve the design and integrate health priorities into planning of our communities can also reduce environmental and occupational exposures to toxic substances and contribute to healthier lifestyles and healthier environments.

The desired 2017 outcome of the CLASP initiative is implementation of new and expanded multi-jurisdictional prevention interventions that are effective in reducing the risk of developing cancer and other chronic diseases sharing common risk factors. Taking action now and sustaining the activities of CLASP into the future means that fewer Canadians will develop cancer in the longer term.

Achievements in 2012/13

- In 2012/13, all seven CLASP1[1] coalitions expanded their knowledge translation and exchange activities, which in turn broadened the reach of the coalitions within the jurisdictions where they are active.

- Renewal funding for three of the CLASP1 coalitions for an additional two years will enable these innovative projects to expand their reach and deepen their impact. More than 70 organizations partnered to create these coalitions including provincial cancer programs, public health units, family health teams, First Nations, universities, research groups, municipalities, urban planners, environmental groups, foundations and others. These renewed projects address prevention issues such as obesity in adults and children, community

[1] The term CLASP1 describes projects initially funded during 2007-2012. CLASP2 describes projects to be initiated in 2013.

design and the built environment, as well as prevention and early detection services in primary care. The coalitions renewed until September 2014 are summarized on pages 6 to 8.

- The work of at least four new coalitions will start in 2013/14 with multi-year funding for CLASP2. These coalitions will also target prevention and early detection interventions to reduce the risk of developing and dying from cancer and other chronic diseases that share similar risk factors. The broader prevention and early detection communities were engaged in the CLASP2 opportunity in 2012/13 through knowledge transfer and exchange workshops and webinars to build awareness about the CLASP model, interventions implemented, and the results and outcomes of CLASP1. Other CLASP2 pre-funding work included an opportunity to submit a voluntary Expression of Interest that provided interested groups feedback to inform the development of potential CLASP2 proposals, and the launch of a Request for Proposals process.

Coalitions renewed until September 2014

This project aims to make it easier for patients to get prevention and screening support within the busy family physician's office. With detailed guidelines and a new standardized prevention and screening tool, a health team member works one-on-one with patients to create a personalized wellness plan or "prevention prescription," addressing lifestyle changes and the use of screening tests. Patients participating in the first phase of this program achieved more of their individualized screening and prevention targets when compared to non-participants.

The **BETTER 2** project will broaden its reach to include more primary care physicians in Ontario and Alberta and expand to communities in the Northwest Territories, Nova Scotia and Newfoundland and Labrador. The partnering organizations include:

- **Alberta:** University of Alberta, University of Alberta Hospital, Grey Nuns Family Medicine Centre, Royal Alexandra Hospital Family Medicine Centre, Sherwood Park Primary Care Network, with expansion to include the Alberta College of Family Physicians, Alberta Health Services, East Edmonton Health Centre Family Medicine Clinic and the Ellerslie Maternity Care Clinic.
- **Ontario:** University of Toronto, Credit Valley Hospital and Credit Valley Teaching Unit/Family Health Team, North York General Hospital, Cancer Care Ontario, with expansion to include Northern Ontario School of Medicine, Marathon Family Health Team and the Centre for Addiction and Mental Health.
- **Northwest Territories:** new partner, Government of the Northwest Territories.
- **Nova Scotia:** new partners, Dalhousie University, Halifax's Capital District Health Authority.
- **Newfoundland and Labrador:** new partners, Memorial University of Newfoundland, Labrador Health Centre.

Collaborative Action on Childhood Obesity

This project considers the causes of increasing obesity affecting many of our children, such as less activity and more sugar-sweetened drinks. It has identified broad policies – from taxation to restriction in product marketing and land use – to limit unhealthy food options. It also joins forces with communities, schools and workplaces to develop local solutions.

Through this initiative, remote First Nations communities have already developed the ability to increase local production and distribution of healthy and culturally relevant foods. Examples of this are the successful community garden in Wawakapewin, Ontario and new school-based wild food programs in Fort Providence and Fort Resolution in the Northwest Territories. The NWT programs include learning how to harvest fish using nets. In another component, Sip Smart! and Screen Smart! programs are addressing unhealthy food and drink choices and inactivity in school-aged children. Success of these initiatives is further supported through efforts to increase the provision of healthy foods and beverages while restricting unhealthy options in municipal and community recreation facilities.

By educating children and their parents, working with food preparers and suppliers and changing municipal and provincial regulations, the project supports sustainable reduction in childhood obesity.

The **Collaborative Action on Childhood Obesity** project will be continuing and deepening its work in British Columbia, Northwest Territories, Ontario and Quebec, and expanding to include Yukon and New Brunswick. The partnering organizations include:

- **National:** Chronic Disease Prevention Alliance of Canada now expanding to include the Mental Health First Aid Program of the Mental Health Commission of Canada.
- **British Columbia:** Childhood Obesity Foundation, University of Victoria now expanding to include First Nations Food Systems, Heart and Stroke Foundation of British Columbia and Yukon, British Columbia Recreation and Parks Association, Ahousaht First Nation, Kitkatla First Nation.
- **Yukon:** new partners Government of Yukon, Council of Yukon First Nations, Recreation and Parks Association of the Yukon, Carcross Tagish First Nation, Kwanlin Dun First Nation.
- **Northwest Territories:** Government of the Northwest Territories now expanding to include the Fort Resolution First Nation, Fort Providence First Nation.
- **Ontario:** Indigenous Health Research Group, University of Ottawa, Wapekeka First Nation, Wawakapewin First Nation now expanding to include The GROOVE Method Institute, Nishnawbe Aski Nation, Wunnimin Lake First Nation.
- **Quebec:** Coalition québecoise sur la problématique du poids, Heart and Stroke Foundation of Québec now expanding to include Laval University.
- **New Brunswick:** new partner, Heart and Stroke Foundation of New Brunswick.

Healthy Canada by Design

This coalition is helping to ensure that the physical layout and design of our neighbourhoods, towns, cities and regions promote a wide range of positive health outcomes such as physical activity, healthy eating, community spirit, clean air and high quality water. To this end, Healthy Canada by Design is working from the latest research to develop state-of-the-art tools to help community planners, public health officials, developers, policy makers and the public realize the many opportunities and benefits of healthy built environments.

Zoning changes adopted by Toronto City Council in April 2013 are a good of example of the work this project advances. The zoning changes make it easier for food stores to be established in neighbourhoods with many apartment buildings. This will make it easier for residents, many of whom live on low incomes, to walk to stores that stock a greater variety of foods.

Healthy Canada by Design will continue to be active in municipalities in British Columbia, Ontario, Quebec and expand to Saskatchewan, Manitoba, New Brunswick, Nova Scotia and Newfoundland and Labrador. The partnering organizations include:

- **National:** Heart and Stroke Foundation of Canada, Canadian Institute of Planners, now expanding to include Canadian Institute of Transportation Engineers.
- **British Columbia**: Fraser Health, Vancouver Coastal Health Authority, now expanding to include Simon Fraser University.
- **Manitoba**: new partner Winnipeg Regional Health Authority.
- **Saskatchewan**: new partner Regina Qu'Appelle Health.
- **Ontario**: Toronto Public Health, Region of Peel Public Health, now expanding to include Ottawa Public Health, Toronto Centre for Active Transportation.
- **Quebec:** Montreal Public Health, Natalie Kishchuk Consulting, now expanding to include Montreal Urban Ecology Centre, Université de Montréal, National Collaborating Centre for Healthy Public Policy.
- **New Brunswick:** new partner New Brunswick Department of Health.
- **Nova Scotia:** new partners Capital District Health Authority, Dalhousie University.
- **Newfoundland and Labrador:** Memorial University of Newfoundland, Eastern Health, now expanding to include Newfoundland and Labrador Centre for Applied Health Research.
- **Other:** New York City Department of Health and Mental Hygiene.

What is the population-based screening initiative?

Checking people for certain cancers before they even suspect there's a problem – cancer screening – saves lives. The challenge is to make sure the right people get the right tests at the right times and that the screening programs continue to be of the highest possible quality. Ensuring high-quality follow up of people's test results is central to our work to support early diagnosis. Over time, this means more cancers will be found when they are highly treatable.

To meet these complex needs, we bring together the key players in cancer screening from across the country. Together, we focus on strengthening existing screening programs that are proven to save lives, and we consider the implications of new research and evidence. Through information exchange and sharing of best practices and through regular reporting and analysis of data related to quality we are pinpointing where improvements are needed.

The Partnership is maximizing the benefits of population-based screening through focused actions in colorectal, cervical, breast and lung cancer screening. Three large-scale programs of work are central to the initiative:

1. National networks that promote active engagement across the country and connect stakeholders for each of the four focus areas.
2. Screening program evaluation activities enabling regular reporting and analysis of quality indicators.
3. Quality improvement opportunities identified through the screening program evaluation work.

The desired 2017 outcomes for this initiative are that more people who would benefit from screening will be participating in screening programs, the programs will be of even higher quality and there will be an evidence-based approach to addressing cervical cancer screening among women vaccinated for human papillomavirus (HPV). This will mean cancers will be found earlier, when they are often more treatable.

Achievements in 2012/13

- The Pan-Canadian Lung Cancer Screening Network**,** convened by the Partnership, held its inaugural meeting in October 2012. The network brings together the knowledge and experience of 32 members representing all 13 provinces and territories. Steps informing the creation of the network included two national lung cancer screening forums which brought together participants including representatives of cancer programs,

provincial ministries of health, national advocacy organizations, professional organizations and other experts. These forums were able to draw upon key resources and tools created by the Partnership to inform this work. This includes background papers synthesizing new evidence in lung cancer screening and simulation models available through the Cancer Risk Management Modeling platform.

- The groundwork was put in place to transition components of the Canadian Breast Cancer Screening Initiative from the Public Health Agency of Canada to operate through the Partnership as of April 1, 2013.

- Provincial/territorial programs, government and national organizations continued to be actively engaged in and accountable for the activities and priorities of the National Colorectal Cancer Screening Initiative and the Pan-Canadian Cervical Cancer Screening Initiative.

    - Work continued to develop core quality indicators for colorectal and cervical cancer screening programs and toward establishing pan-Canadian consensus on a minimum reporting dataset for colonoscopies as well as colposcopy reporting standards for cervical pathology.

    - Six national targets for colorectal cancer screening were established through partner collaboration. Colorectal cancer screening programs in British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island and Nova Scotia are now sufficiently operational to submit data for national reporting. These reports support program planning and quality improvements and catalyze greater standardization in program design across provinces.

    - Activities were implemented to maintain and sustain the viability and accuracy of Colonversation.ca, a public awareness website featuring content about colorectal cancer screening. The videos made available on colonversation.ca have been viewed more than 87,000 times including exposure through partner websites.

    - A guidance document on best practices in communicating with people eligible for cervical cancer screening was developed collaboratively through the Pan-Canadian Cervical Cancer Screening Network. This document facilitated provincial/territorial efforts to drive participation according to guidelines and reduced duplication of efforts.

    - Planning is underway for a Partnership-led national conference in 2014. Participants are expected to include experts in the fields of human papillomavirus (HPV) and cervical cancer screening. The focus will be seeking input and building consensus on whether cervical screening guidelines should be different for HPV vaccinated versus non-vaccinated population groups. New cervical and HPV models developed through the cancer risk management modelling platform will help inform policy and program implementation approaches related to HPV and screening.

2012/13 achievements for other prevention and screening initiatives

- The **healthy public policy** initiative centres on the Prevention Policies Directory created in the Partnership's first mandate. The directory brings together cancer and chronic disease prevention policies from hundreds of Canadian sources in a searchable online tool. It supports public health professionals, academic researchers, and policy specialists as they work to create healthier communities through policy change. In 2012/13, the Partnership continued to expand the breadth and number of policies indexed in the Prevention Policies Directory, which has garnered the attention of the cancer control and broader prevention community as a key resource for the development of healthy public policy.

- Funded by the Partnership, the **CAREX Canada** initiative provides national, provincial and territorial occupational and environmental carcinogen exposure surveillance information and tools. In 2012/13 the project focused on awareness building and knowledge translation and exchange through targeted outreach including meetings, workshops and webinars involving more than 225 participants. As well, CAREX resources and tools were shared with stakeholders such as deputy ministers in health, labour and environment ministries plus workers' compensation board presidents and chief medical officers of health across the country.

- In 2012/13, the Partnership engaged experts across the country around the potential development of an initiative centering on multi-sector solutions to address the challenge of obesity. Through these extensive consultations, many Canadian initiatives already underway in this area were discussed, and it was the Partnership's decision to integrate activities promoting healthy weight and obesity reduction into its other prevention work including CLASP and the healthy public policy initiative, rather than launching a new initiative.

Strategic Priority: Advance high-quality diagnosis and clinical care

2017 Outcome: More consistent actions to enhance quality of diagnosis and clinical care

Canadians deserve the highest quality of health care services and that includes excellence in cancer care. By working with the health-care community to translate data, evidence and best practices into action, the Partnership helps advance high-quality diagnosis and clinical care for all of us.

The area of focus places a major emphasis on putting to work the information available through system performance analysis and reporting. This information helps us work with partners responsible for care delivery, including practitioners, to assess system level quality successes and gaps that may benefit from national action.

The key initiative advancing this strategic priority is **embedding evidence in care – synoptic reporting initiative**.

What is the synoptic reporting initiative?

Surgery and the testing of related tissue samples (pathology) yield a large amount of information about a patient's cancer that is used to guide treatment. Combined with data from a large group of patients, it can also help professionals in the cancer system to plan their work and measure its effectiveness. For either purpose, patient information needs to be gathered quickly, accurately and in high-quality standardized formats. There is a growing movement to do this through an approach called synoptic reporting, which involves structured templates and checklists to gather and report information. This is a major change from the traditional practice of dictating narrative reports.

Building on a major investment in the Partnership's first five years, the synoptic reporting initiative is supporting the expansion of synoptic surgery and pathology reporting in multiple jurisdictions across Canada. A key to these reporting systems is that they integrate guidelines and evidence-based best practices seamlessly. Embedding this type of information can benefit patients through safer surgical care and more effective treatment. Reporting standards also ensure that better data is made available to cancer registries, which record data the cancer control community uses to shape many aspects of its work.

The desired 2017 outcome of this initiative is that tools, standards and guidelines are adopted and integrated into practice to support more consistent and more efficient reporting and improved quality of reporting and patient care. With continued effort over time, this work will lead to consistent, more efficient and higher-quality reporting, improving patient care.

Achievements in 2012/13

Synoptic pathology

- Provincial partners involved in the national staging initiative (a program in the Partnership's 2007-12 mandate) and the National Pathology Standards Committee were engaged to assess readiness for the next phase of electronic synoptic pathology reporting implementation. It focuses on furthering the adoption of standards and guidelines through the implementation of electronic synoptic pathology reporting tools across Canada. The BC Cancer Agency and the PEI cancer program also completed enhancements to their cancer registries in 2012/13, building on the work of the national staging initiative.

- A Request for Proposals process was initiated relating to the planning phase of the electronic synoptic pathology reporting initiative. Funding was provided to six jurisdictions (British Columbia, Alberta, Manitoba, Quebec, Prince Edward Island and Nova Scotia) for the planning phase and selected implementation proposals will be funded in 2013/14.

- Expert panels focused on breast, lung, prostate and colorectal cancer were convened to provide Canadian input to staging and pathology standards. The experts included pathologists, surgeons, medical oncologists, radiation oncologists and urologists. The panels' current priorities are related to their overall management and processes to ensure pan-Canadian expertise is effectively leveraged.

- Clinical education sessions were hosted to engage the clinical community and promote the endorsement of standards and adoption of synoptic pathology reporting. Vendor education sessions were conducted to build knowledge about electronic synoptic reporting and the IT solutions available.

Synoptic surgery

- More hospitals and more surgeons were using electronic synoptic surgical reporting as a result of the initiative's expansion in Alberta, Manitoba, Ontario, Quebec and Nova Scotia. This expansion was enabled by co-funding from Canada Health Infoway, the Partnership and the participating provinces, and it means there is now wider use of previously developed reporting templates for surgery related to breast, head and neck (thyroid), ovarian, endometrial and colorectal cancers. As well, new templates for lung and prostate cancer and discharge summary reporting have been introduced. Implementation began in 2012 and the templates are to be fully deployed by late 2013.

- Pan-Canadian clinical content standards for surgical reporting were implemented by the five provinces involved in the initiative and a corresponding plan was produced for the ongoing development, updating and maintenance of these standards.

- Work began with clinical leads from each provincial partner to confirm a set of surgical outcomes indicators for most of the disease sites being addressed.

2012/13 achievements for other initiatives advancing high-quality diagnosis and clinical care

- **Enhancing Canadian cancer clinical trials** – In 2012/13, following recommendations made in the *Report on the State of Cancer Clinical Trials in Canada (2011)*, the Partnership actively facilitated multi-stakeholder collaboration to enhance the efficiency and effectiveness of Canadian cancer clinical trials based in academic centres. It was determined that the initiative will take place in two phases. The first phase, initiated in 2012/13, involved a Partnership-funded competitive process adjudicated by an international peer review panel to identify the coordinating centre for a Canadian Cancer Clinical Trials Network. The Ontario Institute for Cancer Research was selected as the coordinating centre to develop the business plan for the network. The next phase of the initiative will be the launch of the network once a viable plan has been identified.

- The **quality implementation initiative** uses evidence and system performance measures to inform co-ordinated action to enhance quality in patient care. In 2012/13, a program of work to facilitate the development of innovative and high-impact strategies to advance timely and accurate diagnosis was established. It includes the continuing work of the Canadian Partnership for Quality Radiotherapy. In 2012/13 this group brought together professionals working in radiation oncology, medical physics and radiation therapy to finalize a set of technical quality standards. These standards are designed to improve the quality and safety of radiation therapy. Other opportunities to improve quality and patient outcomes are being addressed through discussion papers and requests for proposals.

- The **emerging screening and early detection initiative** seeks to develop a better understanding of measures of efficiency in screening as well as patterns of, and potential reasons for, delayed cancer detection in Canada. Through co-operative efforts this initiative is building capacity to respond to new evidence on screening methods to support planning, service delivery and, where appropriate, national action. In 2012/13, a national survey of attitudes and beliefs about screening was completed to gauge reactions and knowledge about guidelines and inappropriate screening. Analysis of the results of the Canadian portion of the International Cancer Benchmarking Partnership Module 2, which focused on differences in population awareness and beliefs about cancer, was also completed to inform national priorities targeting early detection.

Strategic Priority: Embed a person-centred perspective throughout the cancer journey

2017 Outcome: Improved capacity to respond to patient needs

Cancer care must be centred on the needs of the individual people who have cancer. Embedding a person-centred perspective requires an approach to cancer care that is responsive to patient preferences and considers emotional, psychological, spiritual, practical and other aspects of people's lives**.** To understand how to shape the system to help meet these needs, we need to hear directly from people dealing with cancer and get their insights on how best to measure those needs. This engagement with patients, caregivers and families is essential to ensure that our work continues to be relevant to improving how one experiences cancer.

The Partnership is working with patients and the cancer care delivery system to improve the response to patient needs along the various phases of the journey, from diagnosis, treatment and care to survivorship or palliative and end-of-life care. A key element is defining a series of common metrics to understand and measure the patient experience in a shared and consistent way. We are also promoting the adoption of validated, standardized, patient-centred tools and resources. Some of those needs relate to seamless transitions from oncology to primary care, psychosocial support and return to work issues. In 2012/13, the focus was on implementing an integrated suite of initiatives as part of a strategic agenda.

The **patient experience and outcomes initiative** is the key initiative advancing this strategic priority.

What is the patient experience and outcomes initiative?

The patient experience and outcomes initiative will improve how people experience the cancer journey in a way that is measurable and uses best practices. This is being done in collaboration with the system performance reporting initiative and has included a steering committee with patient representatives, plus cancer agency and program representatives from each province. The aim is to develop a systematic approach to the identification and uptake of a common set of indicators to measure improvements in the patient experience, quality of care and health system efficiencies.

The desired outcomes by 2017 are: 1) to ensure a common measurement framework and core set of indicators are in use across Canada to measure improvements in the patient experience; 2) that a common set of evidence-informed assessment tools and programmatic resources are supporting patient-centred program design and implementation. Through this approach, cancer care will become even more focused on treating the person – not just his or her disease.

Achievements in 2012/13

- Patient representatives and provincial cancer agency and program representatives were engaged through a steering group tasked with shaping the conceptual framework and definitions needed to scope the initiative and inform planning. This included determining indicators for improvements in symptom management such as reduction of pain as well as indicators related to quality of care such as seamlessness of care and management of emotional distress. A Call for Proposals was initiated in January 2013 seeking multi-jurisdictional collaborations to address outcomes using indicators relating to specific physical (pain, fatigue) and psychosocial (anxiety, depression) issues as well as patient satisfaction as measured through a survey tool used by cancer treatment facilities. Proposals are to be funded in 2013/14 following an adjudication process.

2012/13 achievements for other initiatives embedding a person-centred perspective throughout the cancer journey

- Canadians tell researchers that that they would prefer to die at home or in home-like settings, yet the majority of cancer deaths continue to happen in hospitals. The Partnership is helping address this gap through our **palliative and end-of-life care initiative**, which targets improvements in the ability of cancer patients and families to be well prepared and supported when receiving care within their community. This may mean decreasing the time that patients are receiving care in hospital for the terminal phases of care, and ensuring community-based care that allows patients and their families feel supported throughout the journey, including those living in rural and remote settings. Addressing these issues requires collaboration among providers across care settings within, and sometimes across, jurisdictions.

  Our work is shaped by elements of the Quality End-of-Life Care Coalition of Canada's *Blueprint for Action*. It emphasizes the need for access to high-quality hospice palliative and end-of-life care for people with cancer as well as the need for additional support for family caregivers and the importance of end-of-life planning. 2012/13 achievements included:

  - An action plan informed by palliative and end-of-life care clinicians, leaders and researchers, as well as provincial and territorial health system and policy leaders was approved by the Partnership and a Call for Proposals launched in January 2013. This work, when proposals are funded in 2013/14, is intended to accelerate the implementation of effective palliative and end-of-life care across Canada.

  - While planning for the palliative care initiative was underway, the Partnership continued to invest in successful programs supported during the first mandate (2007-2012), including Canadian Virtual Hospice and the advance care planning work of the Canadian Hospice and Palliative Care Association. These partners were engaged in the planning efforts for the overall palliative care program of work. In addition, the Partnership supported education for oncology professionals about palliative and end-of-life care for people with cancer through EPEC™-O Canada train-the-trainer workshops attended by 218 oncology professionals from British Columbia, Manitoba, Ontario, New Brunswick and Nova Scotia. The Partnership also collaborated with the Canadian Institute for Health Information on its report *End-of-Life Hospital Care for Cancer Patients*, released in April 2013.

- The **survivorship initiative** engages patients, survivors and families in identifying priorities for enhancements to how the cancer system is designed and the related workplace and community supports. It aims to make connections among existing services and supports to improve the ability of survivors and others to know what is available in their jurisdiction and to access the services that meet their needs.

  - CancerChatCanada, a unique online resource providing cancer survivors with the opportunity to participate in professionally led real-time peer support groups, expanded its reach and impact with Partnership support. Seven cancer centres in five provinces – British Columbia, Alberta, Manitoba, Ontario, and Nova Scotia – collaborated to create and facilitate the support groups, which were deemed through an evaluation to be successful in meeting participants' needs. Many of these participants might otherwise not have access to psychosocial support or a patient peer group, either because of geographic isolation or because they have a less common cancer.

  - In 2012/13, planning was completed in preparation for the primary and cancer care integration program of work, which is designed to improve patients' transitions from cancer care to primary care. Needs identified include improved communication and role clarity among health-care providers as well as additional support for patient education and empowerment. These areas have been

pinpointed as frequent roadblocks to a seamless transition out of the cancer system back to receiving care from family doctors. These types of issues are to be addressed through multi-jurisdictional collaborations. These projects will be funded in 2013/14 following adjudication of submissions after a call for proposals in February 2013.

- The Partnership continued to support a project to address the unique experience of adolescents and young adults with cancer that was part of the Partnership's 2007-12 work — specifically the development of guidelines for active treatment and follow-up care for the AYA population. The Partnership will also be moving forward with recommendations regarding return-to-work issues through a targeted knowledge transfer and exchange strategy to share key resources and validated tools with health care professionals who advise patients and caregivers about return to work issues.

Strategic Priority: Enable targeted research to augment our knowledge and understanding of cancer and related chronic diseases

2017 Outcome: Enhanced co-ordination of cancer research and improved population research capacity

Research is critical to the continued enhancement of our understanding of cancer and related chronic diseases, providing insights and applications that will enhance prevention, treatment and quality of life. The Partnership is enabling targeted research into cancer and related chronic diseases and working with a broad range of partners to enhance research co-ordination and improve population research capacity.

The **Canadian Partnership for Tomorrow Project** is the key initiative advancing this strategic priority and is the Partnership's single largest investment.

What is the Canadian Partnership for Tomorrow Project?

The Canadian Partnership for Tomorrow Project is a long-term study involving the participation of over 275,000 everyday Canadians, ages 35 to 69, who agree to share their health and lifestyle information over their adult lives. By studying and comparing this data, researchers can explore and understand regional, national and international patterns and trends and find the answers to some of their most challenging questions about the causes of cancer and related chronic diseases. The data available through this project will help to confirm whether emerging international evidence and information is applicable to Canada's population. The project is made up of five regional studies: the BC Generations Project, Alberta's Tomorrow Project, the Ontario Health Study, Quebec's CARTaGENE and Atlantic PATH.

By 2017, this project will have created a well-recognized and well-used platform optimized for cancer and chronic disease research – with a particular emphasis on cancer and cardiovascular disease – and studies will be reporting results based on data drawn from the Canadian Partnership for Tomorrow Project. For the next 25 years and beyond, the data from the Canadian Partnership for Tomorrow Project will help researchers explore and understand patterns and trends that may help to answer some of the most challenging questions about the causes of cancer and related chronic diseases.

Achievements in 2012/13

- 276,442 people were participating in the Canadian Partnership for Tomorrow Project by the end of 2012/13 – a significant increase from 200,000 a year earlier – and more than 81,000 blood samples had been gathered. The collection of blood and other biological samples will continue to be key elements of work in 2013/14.

- The groundwork was laid to enrich the project's data set with new cardiovascular disease information. Two proposals for this initiative went through robust peer review in 2012. The cardiovascular component of the project will launch in 2013/14 in collaboration with leading scientists in the cardiovascular disease research community, marking the beginning of an important strategic relationship with the Heart and Stroke Foundation of Canada. We are excited about how this new partnership can further enhance the impact of the Canadian Partnership for Tomorrow Project.

- Multi-year planning and policy development for this project was a significant focus in 2012/13. The project's scientific proposal for 2013-2017 that articulates a longer-term strategy for the Canadian Partnership for Tomorrow Project was submitted by the project's lead investigators and reviewed by its International Scientific Advisory Board. Recommendations from this review will continue to be implemented in 2013/14.

2012/13 achievements for other research initiatives

- A co-ordinated approach that maximizes opportunities for collaboration and helps to reduce duplication is important to an efficiently-functioning system for cancer research funding, which will in turn magnify the impact of research investments across the country. Toward this end, the **Canadian Cancer Research Alliance** (CCRA) brings together organizations that collectively fund most of the cancer research conducted in Canada. Members include federal research funding programs and agencies, provincial research agencies, cancer charities and other voluntary associations. The alliance fosters the development of partnerships among cancer research funding agencies in Canada, promotes the development of national cancer research priorities and strategies, and reports to donors and the public on the nature and impact of the investment in cancer research funding in Canada. The executive office of the CCRA is supported by the Partnership and the Partnership is a member organization.

  In 2012/13, the CCRA published the following reports that provide valuable insights into the nature of cancer research funding in Canada, supporting member organizations to identify gaps in funding and prioritize future research investments to better address the needs of cancer patients, caregivers and survivors:

  - *Cancer Research Investment in Canada, 2005-2009*
  - *Pan-Canadian Cancer Research Strategy – Annual Update*
  - *Human Resource Needs and Capacity in Cancer Research in Canada: An Online Survey of Cancer Researchers*
  - *Cancer Research Investment in Canada, 2010*
  - *CCRS Supplementary Data 2010*

  CCRA also initiated planning for the 2nd Canadian Cancer Research Conference to be held in November 2013. It is also continuing to facilitate and co-ordinate activities of member organizations to deliver on the Pan-Canadian Cancer Research Strategy, including the Canadian Clinical Trials Network initiative described in the Advancing High-Quality Diagnosis and Clinical Care section of this report.

Strategic Priority: Advance cancer control with and for First Nations, Inuit and Métis peoples

2017 Outcome: Improved First Nations, Inuit and Métis cancer control with and for First Nations, Inuit and Métis peoples and partners

Cancer rates among First Nations, Inuit and Métis peoples are increasing faster than overall Canadian cancer rates[2] and there is a growing need for culturally relevant services, educational materials and expertise. In addition, the cancer experience for First Peoples living in rural and remote communities has the added challenges that come with leaving the community to get care.

The Partnership is helping to improve First Nations, Inuit and Métis cancer control in collaboration with partners by working with and for First Nations, Inuit and Métis peoples to implement the First Nations, Inuit and Métis Action Plan on Cancer Control. This portfolio of work is focused on addressing the priority cancer control gaps, including those related to cancer and chronic disease prevention, described in the action plan and as identified by First Peoples and the health systems serving them.

The **First Nations, Inuit and Métis cancer control initiative: advancing improvements in continuity of care for First Nations, Inuit and Métis patients in rural and remote communities** is the key initiative advancing this strategic priority.

What is the First Nations, Inuit and Métis cancer control initiative?

The Partnership facilitated the development of the *First Nations, Inuit and Métis Action Plan on Cancer Control* during the 2007-12 mandate by engaging First Nations, Inuit and Métis stakeholders including patients, leadership, expert partners, governments and organizations involved in First Nations, Inuit and Métis health, cancer control and chronic disease prevention. In developing the action plan, the Partnership led a comprehensive communication, outreach and planning process in an effort to strengthen collaboration, minimize duplication and thus maximize outcomes.

In 2012/13, the Partnership focused on synthesizing findings from the information gathering effort that was part of Phase 1 of the action plan and engaged partners to further define the initiative in order to take action. The 2013/14 fiscal year will focus on launching a program of work to advance the action plan and make measurable progress toward immediate outcomes. The program will focus on specific needs of First Nations, Inuit and Métis patients in rural and remote areas both at the time of diagnosis and when returning to their communities following cancer treatment. In addition, the cancer control needs of First Nations, Inuit and Métis peoples continue to be embedded in a broad range of other Partnership initiatives and activities, for example, prevention within the CLASP Initiative, as well the continuing development of the @YourSide Colleague® Cancer Care course through a partnership with Saint Elizabeth. This course provides culturally relevant professional development to health-care providers.

The desired 2017 outcomes of the action plan are:

- Increased community-based health human resource skills and capacity, and increased awareness of cancer control and chronic disease prevention among First Nations, Inuit and Métis peoples.
- Increased access to and use of leading culturally responsive resources and services among First Nations, Inuit and Métis peoples, including leading models of cancer care in rural and remote locations.
- Advanced uptake of First Nations, Inuit and Métis patient identification to improve navigation, access to culturally responsive services and develop systems for use of information.

[2] CancerCare Manitoba. "Aboriginal Cancer Care Progress Report," 2008.

- Further engagement of First Nations, Inuit and Métis leadership in cancer control, and enhanced collaboration across sectors to maximize efforts to address cancer control, including chronic disease prevention, among these populations.

These outcomes will be milestones in ongoing collaborative long-term efforts with First Nations, Inuit and Métis partners to address chronic diseases including cancer.

Achievements in 2012/13

- A broad range of perspectives informed our work with the First Nations, Inuit and Métis Advisory Committee on Cancer Control and the National Aboriginal Organizations Caucus with the Canadian Partnership Against Cancer to develop a multi-year program of work. Outreach included engagement meetings within nearly every province and territory, which helped to drive support for First Nations, Inuit and Métis cancer control within jurisdictions. Support for the multi-year program was confirmed, and the initiative launched in April 2013. Key outcomes that will be affected by the defined program have been identified and an approach initiated to measure outcomes in a manner that aligns with the Partnership's performance measurement strategy.

- A series of reports on action plan priority topics were completed and made publicly available through the First Nations, Inuit and Métis section on cancerview.ca. The reports are a rich source of information, including detailed descriptions of cancer care pathways serving First Nations, Inuit and Métis peoples in Canada and examples of leading practices to advance cancer control for and with First Nations, Inuit and Métis peoples. This information was foundational for the outreach work in 2012/13 involving the Partnership and its national and regional partners.

- In 2012/13, a Knowledge Circle resource repository was updated on cancerview.ca. It showcases culturally responsive resources from across the country including promising practices and models of care identified through environment scans.

- An evaluation of the HEY! Health Empowerment for You Project, which piloted the first-ever cancer and chronic disease prevention curriculum developed by First Nations organizations for First Nations youth and young adults in Manitoba and Saskatchewan, found that a train-the-trainer approach was effective and that the curriculum was culturally appropriate and applicable to communities. As a result, the curriculum is being integrated into health and education systems.

Additional 2012/13 achievements advancing cancer control with and for First Nations, Inuit and Métis peoples are reflected in other areas of this report.

Our core enabling functions

Core enabling function: System performance analysis and reporting

2017 Outcome: Improved analysis and reporting on cancer system performance

Partners across the country have committed to improving the quality of the cancer system by participating in the **system performance initiative** and using its results to measure and compare outcomes. Collaboratively we identify and the aspects of the system that need to be measured and then define and collect valid and comparable data needed for the measurement. This process also provides an important foundational set of measures to assess progress in cancer control in Canada.

Data are presented in reports that allow for synthesis of findings and interpretation of patterns, helping identify opportunities to improve quality. Toward that end, the participation of provincial, territorial and national partners who contribute data and assess results is critical. Together, we identify, develop and report on standardized performance indicators across the cancer system and support the exchange and uptake of best practices. Information from the system performance reports has been used by provinces to guide a number of quality initiatives. These include bringing clinicians together to review provincial treatment rates relative to guidelines and to identify opportunities for improvements in practice.

The desired 2017 outcome for this work is to have established a key set of agreed-upon cancer control performance benchmarks and/or targets for the country and continue to use system performance measures to drive system change. Our work in system performance embeds nearly 70 per cent of the measures used in the Partnership's newly developed performance measurement strategy and accompanying evaluation framework. Over time these measures will track the progress of the Partnership and Canada's cancer control strategy.

In 2012/13, the Partnership focused on scoping possible indicators and approaches addressing four thematic areas:

1. Measuring cancer risk, access, and outcome issues specific to low income populations, new immigrants, and geographic remoteness, particularly in northern and rural communities.
2. Measuring patient experience and patient-reported outcomes.
3. Measuring system efficiency and sustainability.
4. Developing system performance targets and benchmarks.

The focus for 2013/14 is to harness the knowledge about what is working within the system and what needs to change to leverage the impact of system performance reporting and make progress on improving the cancer control system in Canada.

Achievements in 2012/13

- *Breast Cancer Control in Canada: A System Performance Special Focus Report* released in October measured how well we are doing in managing breast cancer across the country and identified where some of the best practices may be in screening, diagnosing and treating breast cancer. The report used new and updated indicators for the first time at a pan-Canadian level. This was followed by a joint report with the Canadian Institute for Health Information (CIHI) entitled *Breast Cancer Surgery in Canada, 2007-2008 to 2009-2010*. It showed that mastectomy rates vary widely across the country and that they are influenced, among other

factors, by how far women live from cancer centres providing radiation treatment. This collaboration leveraged the strength of both organizations with the Partnership contributing cancer system knowledge and clinical expertise and CIHI contributing their expertise in health-care data and methodologies. The two organizations were also able to combine their communications and knowledge dissemination channels and expertise to broaden the reach of the report to media, system partners and the public.

- The indicators published in December's *2012 System Performance Report* showed the increasing rate of liver cancer and the importance of pancreatic cancer as the fourth-leading cause of cancer death. This report also presented information on end-of-life care, noting the gap between patient preferences to die at home or in a home-like setting, and the reality that most cancer deaths occur in hospital. The report included a number of new indicators, plus updated and enhanced measures reported previously.

- Building on information gleaned from regional consultation sessions (February/March 2013), a short list of current or planned indicators for which targets and benchmarks should be developed was identified. Indicator development work was underway in the following areas: special populations, including Canadians living in rural and northern parts of the country; the patient experience; and system efficiency.

- System performance analysis has been aimed at directly informing quality improvements in a number of areas. For example, a chart review study was conducted to help explain clinician referral and treatment decisions that contributed to variations in treatment rates relative to evidence-based guidelines.

- A special study of the use of PET scanners in the diagnosis and treatment of lung cancer across Canada was initiated. Results are to be reported in the *2014 System Performance Report* as well as select academic journals and publications.

- A searchable directory of downloadable PowerPoint slides that present data on a wide range of indicators from across the cancer control continuum, including the domains of prevention, screening, diagnosis, treatment and research, was made available on cancerview.ca.

Core enabling function: Knowledge management through tools, technology, connections and resources

2017 Outcome: Enhanced access to high-quality information, knowledge, tools and resources

Knowledge translation and exchange – putting evidence into practice – is central to the mandate of the Partnership. We do this by creating platforms, tools, and pan-Canadian networks and forums to help the cancer community access the knowledge and resources they need to support evidence-informed decision-making. Routinely measuring the extent and impact of our knowledge transfer and exchange activities is critical to supporting the overall strategy. The portfolio of work includes the **cancerview.ca** knowledge hub; tools to support the synthesis, interpretation and use of evidence such as the cancer risk management modelling platform; and analytic capacity building to support greater coordination in the use of cancer control data to inform policy, planning and system performance reporting.

In 2012/13, we laid the foundation for routinely measuring the impact of our knowledge transfer and exchange efforts, improved access to information and usability of our online tools, and supported the adoption of our virtual collaboration tools among our partners in cancer control. We also expanded our patient video series to support caregivers and patients navigating palliative and end-of-life care. The 2013/14 year will focus on routinely measuring the impact of the Partnership's knowledge transfer and exchange efforts, evolving the cancerview.ca content strategy to make the connection between cancer evidence and what it means for practice, and enhancing coordination in the use of cancer control data across Canada.

What is cancerview.ca?

Launched in 2009, cancerview.ca is a knowledge hub and online community that offers trusted, evidence-based content and a wide array of tools and resources. It provides specialized platforms that support planning and collaboration in cancer control across jurisdictions as well as cancer risk management projection modelling to guide decision-making at the clinical, management and policy levels. The site allows professionals working in cancer control, as well as patients and families, timely access to trusted information and evidence from a variety of partner organizations across Canada. As a platform for virtual collaboration, it allows experts and colleagues from across Canada to easily connect and work together regardless of their geographic location.

We are focusing on expanding the impact of cancerview.ca by broadening and deepening the availability, synthesis and application of evidence to support collective actions in cancer control. The desired 2017 outcomes are enabling more effective knowledge exchange and better cancer control decision making. As well we are accelerating the implementation and uptake of cancer control knowledge and evidence while reducing unnecessary duplication of effort. These activities must continue over the long-term so the value of knowledge exchange can be maximized to benefit Canadians.

Achievements in 2012/13

- An at-a-glance Resources for Patients and Families section, accessible from the cancerview.ca homepage, now makes it easier for Canadians with an interest in cancer to find resources at different points along the cancer journey.

- Enhanced content and directories were put in place including expanding a resource repository for the First Nations, Inuit and Métis Cancer Control initiative, expanding The Truth of It video series to include the experiences of Canadian caregivers and patients undergoing palliative care and expanding the scope of the Prevention Policies Directory and the content of the Guidelines Resource Centre, among others.

- Teams of people from across the country are collaborating virtually to improve cancer control through 24 new collaborative spaces. This brings the number of Collaborative Group Spaces to 211 overall.

- The functionality of cancerview.ca was upgraded to resolve technical issues, enhance security controls and improve usability and adoption.

- Plans for the evolution of cancerview.ca in 2013/14 were scoped and developed. This evolution will include enhancing how we help people in the cancer and health systems connect cancer evidence and practice and include refinements to how we engage with partners both in profiling their tools and resources and supporting adoption.

2012/13 achievements for other knowledge management initiatives

- We continued to use the **cancer risk management modelling platform**, a web-based tool that allows users to estimate the long-term impact of policy and program change, including economic impact. In 2012/13, work continued to: 1) use the existing models for colorectal and lung cancer to advance work underway in the prevention and screening portfolio; 2) develop new models for HPV transmission and cervical cancer which can evaluate the implications of HPV vaccination and cervical cancer screening; 3) begin development of the breast cancer model. In 2012/13, four workshops took place, including two specifically targeting lung cancer screening. Attended by researchers from universities, cancer agencies and programs, and health ministries and departments of health, the workshops resulted in the application of the cancer risk management modelling platform in at least one provincial report on the recommendation for lung cancer screening in that province. We also continued to broaden awareness of the web-based platform within the cancer control community, including the pan-Canadian screening networks, and deepen knowledge transfer efforts through targeted information dissemination activities and training workshops.

- The **evidence, synthesis, guidelines initiative** builds on the Partnership's earlier work to enable stakeholders to use evidence in practice through knowledge syntheses, resources and toolkits for action. In 2012/13, efforts focused on enhancing tools such as the Guidelines Resource Centre. As well, the PrePARE tutorial was launched. It was created in collaboration with the Canadian Centre for Applied Research in Cancer Control and the Priorities in Cancer Control Network of the Canadian Institutes of Health Research. The tutorial supports public discussion and expert deliberations on how funding recommendations relating to health-care advances such as new drugs, technologies, programs and treatments are made.

Core enabling function: Public engagement and outreach

2017 Outcome: Enhanced public and patient awareness and engagement

Engaging with and reaching out to Canadians with cancer, their caregivers and families is extremely important in shaping Canada's cancer strategy and ensuring that it meets its ultimate goals.

Our intention is that patients, survivors, caregivers and families will bring their voices and experiences to issues linked to the immediate outcomes of the national cancer control strategy. We will help make this happen, in part, by working with a wide range of patient organizations and groups as well as individual patients, survivors and families. This includes the Canadian Cancer Action Network (CCAN), which brings together more than 80 patient groups, and other key players such as the Canadian Cancer Society, as well as the national, provincial and territorial agencies and organizations working in cancer and related chronic diseases.

What is the public engagement and outreach initiative?

We believe a sustained, strategic public engagement approach that embeds patient voices will play an important role in driving progress towards the immediate, intermediate and ultimate goals of the national cancer strategy.

Key principles of the public engagement and outreach strategy, developed during 2012/13, include:

- We will ensure that patient perspectives are captured to inform system design and direct our efforts.
- Our communications will use integrated approaches across multiple vehicles to reflect the collective efforts of our work with partners and progress toward our common goals in cancer control.
- We will build on existing partnerships and seek out innovative opportunities to expand our reach and impact.

Our work will concentrate on three areas of focus. First, working with patients and the broader cancer community we will communicate the collective efforts and progress towards the cancer control outcomes in Canada. Second, we will identify opportunities where public engagement and outreach can support the achievement of specific cancer control outcomes. The third area of focus involves engaging patient groups, patients, survivors and caregivers through a variety of digital and social media initiatives structured around specific elements of the journey. These voices will shape the direction of the strategy and directly influence system improvements for people with cancer now and into the future.

The Partnership will play a role with our partners to engage and reach out to the public together in order to ensure that information, tools and resources are widely available to Canadians affected by cancer. We will also create awareness of the collective actions and efforts of those working in cancer control to improve outcomes for Canadians.

The desired outcomes of this initiative by 2017 are that there is tangible evidence that the Partnership and its partners are communicating the benefits of the national cancer strategy to Canadians affected by cancer and that the outcomes of the work are measured and publicly available. Ongoing involvement of patients and the public will be critical to shaping the collaborative work taking place to reduce the burden of cancer on Canadians.

Achievements in 2012/13

- CCAN, the patient network funded by the Partnership, released *The Financial Hardship of Cancer in Canada: A Call for Action* in collaboration with the Canadian Cancer Society. It presents a series of recommendations to help promote further dialogue and build consensus around best practices as they relate to patients and their caregivers and the personal financial impact of a cancer diagnosis.

- The Partnership's public engagement and outreach strategy was designed and developed, and it received approval from the Board of Directors in April 2013 with implementation to begin immediately.

- A pan-Canadian Cancer Communications Committee has been established. It brings together representatives from provincial/territorial cancer programs to explore opportunities for collaboration on shared communications goals.

- Collaboration with partners enhanced communications and media relations activities through 2012/13. In October, we released a joint report on breast cancer surgery with the Canadian Institute for Health Information. *Breast Cancer Surgery in Canada, 2007-2008 to 2009-2010* was featured 59 times in the media, with an estimated reach of more than 28 million people. We also provided support for the Union for International Cancer Control's World Cancer Congress held in Montreal in August 2012 and joined in the recognition of World Cancer Day on February 4. The 2012 Cancer System Performance Report, produced in collaboration with cancer programs in each province and territory, was released in December 2012. Media outreach resulted in more than 35 mentions in media outlets with an estimated reach of more than 4 million people. There were more than 150 media mentions of Partnership initiatives in 2012/13.

- Outreach activities in 2012/13 included communicating with partners and stakeholders about our 2012-2017 strategic plan, *Sustaining Action Toward a Shared Vision.* This document has been downloaded from the Partnership's website more than 12,000 times since its release in May 2012.

- Our e-bulletin had more than 2,100 subscribers by the end of 2012/13. It provides updates about Partnership activities and recognizes milestones and successes in joint initiatives such as the publication of new reports, guidelines or resources and lends support to awareness activities with partners (World No Tobacco Day, World Cancer Day, National Advance Care Planning Day and Colorectal Cancer Awareness Month).

An evolving organization

In 2012/13, the Partnership's structure and processes continued to evolve through renewal of the board of directors and advisory structures and realignment of the staffing model. We welcomed a new chief executive officer, Shelly Jamieson, in July. Also in July, Chris Clark became chair of the board of the directors. Mr. Clark has served on the Partnership's board since it began operations in 2007.

Performance management and evaluation strategies were developed for the new 2012-17 mandate, risk identification and mitigation was improved and the organization more fully integrated its approach to outcomes-based performance measurement. These actions, which are described in greater detail on the following pages, are beginning to show impact as they take root in 2013/14 and will support our work into the future.

Board governance: The Partnership's board of directors (see page 30) is made up of a wide range of individuals with seasoned governance skills, cancer control expertise and diverse stakeholder perspectives – including cancer survivors. The board provides the vision and leadership necessary to drive the organization's efforts to foster productive partnerships with the broader cancer control community; bring meaningful, long-term improvements to cancer control; and ensure public accountability. During 2012/13, a review of the board's structure was initiated to ensure that the composition, skills and attributes of the members are best suited for this second mandate and beyond. In 2012/13, a Human Capital Committee was created bringing the number of board committees to five including the Executive, Finance and Audit, Governance and Nominating, and Performance committees. As well, the Board member who provides Aboriginal representation at the governance level chairs the National Aboriginal Organizations Caucus with the Canadian Partnership Against Cancer to ensure the Partnership remains informed of the priorities of the national Aboriginal organizations, and that issues related to First Nations, Inuit and Métis cancer control are reflected at the governance level.

Advisory renewal: To maximize our impact and relevance the Partnership must be able to tap into a broad range of perspectives, expertise and experience from across the cancer control domain on an ongoing basis. The membership of our advisory mechanisms was refreshed in 2012/13 through an open application process where applicable. The structures were adapted in some areas to better align with the 2012-17 outcomes and program of work. Our advisory structures are key to ensuring that our priorities and outcomes remain well-aligned and focused on our ultimate goal of reducing the impact of cancer on Canadians.

Members of the Partnership's advisory bodies – the Partnership Cancer Control Council, Provincial Cancer Agency/Program Council and Advisory Groups – provide crucial strategic and operational leadership, guiding the Partnership in its work. The advice, input and expertise provided ensure the ongoing relevance and ultimate success of the cancer community's collective efforts. Their input is essential to ensure that the national cancer strategy is successfully knitting together the programs of work that will have the greatest impact on reducing the cancer burden for Canadians and embodies a proactive and responsive approach to cancer control.

Partnership Cancer Control Council: Created in 2012, the Partnership Cancer Control Council brings a forward-looking view of trends in cancer control more broadly. It is comprised of the organization's Vice-Presidents, Senior Scientific Leaders and Expert Leads. Senior Scientific Leaders and Expert Leads are authorities in their respective areas who offer vision and oversight, work with staff and partners to leverage expertise, synthesize efforts and identify synergies within broad portfolios of work (Senior Scientific Leaders) and specific initiatives (Expert Leads). As a collective, this group provides advice and counsel across the organization, supporting implementation of strategic initiatives and driving the work forward with a view to the future. In December 2012, a joint meeting was held of the Partnership Cancer Control Council and the Partnership's board of directors to discuss emerging areas in cancer control.

Advisory Groups: The Partnership's Advisory Groups are now aligned with the following cancer control priority areas: Diagnosis and Clinical Care, Person-Centred Perspective, Population Health and Research. People with a personal connection to cancer are represented in the membership of these groups, ensuring that the Partnership's work is grounded in the experience of those most affected. Recruitment of individuals with a personal connection to cancer continued in 2013/14. The membership also includes health practitioners, administrators, epidemiologists and researchers who contribute as individuals to identify emerging issues and opportunities. Playing a similar role for the First Nations, Inuit and Métis priority area is the Advisory Committee on First Nations, Inuit and Métis Cancer Control. This committee is selected through a nominations process involving the relevant partners.

Connecting to world cancer control efforts: While the Partnership's focus is to reduce the impact of cancer on Canadians, we are mindful that cancer is a worldwide concern. Canada's national strategy benefits from and is contributing to shared international efforts to foster best practices, exchange knowledge and jointly build the evidence base that must support any cancer control effort. The Partnership is a member of the Union for International Cancer Control (UICC) and was a key player at its World Cancer Control Congress held in Montreal in August 2012. At this event, it was noted that Canada is on the leading edge as one of a growing number of countries with a national cancer strategy. Our collaborative model was featured as a positive example that other jurisdictions might learn from. In addition, in 2012, the Partnership's Vice-President, Cancer Control, Dr. Heather Bryant was elected to the UICC board of directors.

Continuing to foster international linkages will help Canadians benefit from the broader cancer control community beyond our borders and help us move toward our ultimate goal of reducing the burden of cancer on all Canadians.

Performance measurement strategy implementation: In 2012/13, the Partnership developed a logic model that provides a snapshot of the connection between the desired immediate, intermediate and ultimate outcomes of Canada's cancer control strategy that the cancer control community is working toward jointly and the Partnership activities that support achieving them. This model and set of outcome indicators form the core of the performance measurement strategy submitted to Health Canada, as required by our funding agreement, in October 2012. The Canadian Partnership Against Cancer Performance Measurement Strategy forms the basis of how the progress of the Partnership's work will be evaluated.

The development of the performance measurement strategy included input and review with key partners, notably the provincial cancer agencies and programs and the Canadian Cancer Society. The process included engaging partners in developing metrics for the performance measurement strategy to help ensure the outcomes accurately reflect the intentions of our joint efforts.

The performance measurement strategy will strengthen the Partnership's ability to track progress in Canada's cancer control systems and evaluate the effectiveness of the collaborative approach of the national cancer control strategy. Importantly, it will allow the Partnership to evaluate the impact of knowledge transfer and exchange enabled through the cancer control strategy. It will assess how well the Partnership, and others across the cancer control continuum, are able to use the new information and knowledge made available through the strategy to act more quickly, make better decisions, do more with less and reduce duplication. Working towards the outcomes defined in the strategy ensures that everything that the Partnership does is in the interest of advancing the cancer control system in Canada and reducing the impact of cancer on Canadians.

The performance measurement strategy will continue to evolve and be refined as the Partnership puts it into operation and determines the right type and number of indicators to illustrate the impact of a collaborative approach to cancer control.

Development of the evaluation strategy and framework: In 2012/13, in tandem with the performance measurement strategy, the Partnership developed an evaluation strategy and framework. These will be key inputs to an independent evaluation, mandated by Health Canada, taking place in 2015. The evaluation strategy and framework integrates indicators from our work in system performance and those core to our mandate in knowledge transfer and exchange. The framework includes information regarding baselines and targets and identifies core questions related to the Partnership's ongoing relevance and performance (effectiveness at achieving expected outcomes, and demonstration of efficiency and economy) that would be addressed through the independent evaluation. As with the development of the performance measurement strategy, development of the evaluation strategy and framework engaged key partners and stakeholders.

Board of Directors

April 1, 2012 to March 31, 2013

Top row: Christine Power, René Gallant, Laura Talbot, Graham Sher, Jean Latreille, Mel Cappe, Pamela Fralick, Darren Dick, Carol Sawka
Bottom row: André Robidoux, Arlene Paton, Marcia Nelson, Shelly Jamieson, Chris Clark, Evan Adams, Victoria Lee, Gary Semenchuck, Marla Shapiro
Not pictured: Simon Sutcliffe, Bruce Cooper, Peter Crossgrove, Peter Goodhand, Jessica Hill, Lyne St-Pierre-Ellis, Milton Sussman, Sally Thorne, Elisabeth Wagner, Elizabeth Whamond, Abby Hoffman

Simon Sutcliffe, MD Chair, Canadian Partnership Against Cancer *(stepped down June 2012)*; President, International Cancer Control Congress Association

Chris Clark Chair *(since July 2012)*, Canadian Partnership Against Cancer; Corporate Director

Evan Adams, MD Deputy Provincial Health Officer for Aboriginal Health, British Columbia

Mel Cappe Vice-Chair, Canadian Partnership Against Cancer; Professor, School of Public Policy and Government, University of Toronto

Bruce Cooper Deputy Minister, Department of Health and Community Services, Newfoundland and Labrador *(stepped down May 2012)*

Peter Crossgrove Chairman, Excellon Resources Inc.

Darren Dick President, DLD Management Ltd. *(joined June 2012)*

Pamela Fralick President and Chief Executive Officer, Canadian Cancer Society *(joined January 2013)*

René Gallant Vice President, Legal and Regulatory Affairs, Emera Newfoundland and Labrador

Peter Goodhand President and Chief Executive Officer, Canadian Cancer Society *(stepped down June 2012)*

Jessica Hill (ex-officio) Chief Executive Officer, Canadian Partnership Against Cancer *(until July 2012)*

Shelly Jamieson (ex-officio) Chief Executive Officer, Canadian Partnership Against Cancer *(since July 2012)*

Victoria Lee, MD Medical Health Officer, Fraser Health Authority, British Columbia *(joined June 2012)*

Marcia Nelson Deputy Minister, Alberta Health and Wellness

Arlene Paton Assistant Deputy Minister, Population and Public Health, Ministry of Health, British Columbia *(joined March 2013)*

Christine Power President and Chief Executive Officer, Capital District Health Authority, Nova Scotia

André Robidoux, MD Professor of surgery and Scotia Chair in diagnosis and treatment of breast cancer, University of Montreal

Carol Sawka, MD Vice-President, Clinical Programs and Quality Initiatives, Cancer Care Ontario

Gary Semenchuck, QC Arbitrator and President, Gary G.W. Semenchuck Legal Services II Prof. Corp.

Marla Shapiro, MD Family physician; medical contributor, CTV's Canada AM; medical consultant, CTV News; Associate Professor, University of Toronto

Graham Sher, MD Chief Executive Officer, Canadian Blood Services *(joined June 2012)*

Lyne St-Pierre-Ellis Associate Deputy Minister, Department of Health, New Brunswick *(joined February 2013)*

Milton Sussman Deputy Minister of Health, Manitoba

Laura M. Talbot President and Senior Partner, TalbotAllan Consulting

Sally Thorne, PhD Professor, University of British Columbia School of Nursing *(stepped down June 2012)*

Elisabeth Wagner Executive Director, Research, Knowledge Translation and Library Services – Health System Planning Division, B.C. Ministry of Health Services *(stepped down June 2012)*

Elizabeth Whamond Administrative Assistant to the Dean, Faculty of Forestry and Environmental Management, University of New Brunswick *(stepped down June 2012)*

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

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

Looking ahead

Cancer is one of our country's biggest health challenges. We have no doubt that meeting this challenge requires a carefully defined and well-executed strategy driven forward through collaboration and coordinated effort. As work continues across the priorities of the cancer strategy into 2013 and beyond, we know Canadians can feel confident that the strategy is well designed for the challenge and the required collaborative effort is successfully underway.

The Partnership is strongly positioned to deliver in 2013/14 as we move from planning to execution in many key areas and expand our scope or deepen our reach in others. We will enhance our approaches to involving patients and, where appropriate, the public in our work. We anticipate strengthened and new partnerships with collaborating organizations, professional and patient groups by initiating and continuing planned actions to advance our joint goals. Meaningful and measurable advances will be made in the year ahead across the full spectrum of the cancer control continuum as we progress, with our partners, toward achieving the 2017 outcomes for Canada's cancer strategy.

In the year ahead, the Partnership is looking forward to launching new and innovative projects that will be part of growing scope and impact of the Coalitions Linking Action and Science for Prevention (CLASP) initiative. New work in lung cancer screening, through the pan-Canadian lung cancer screening network, will put evidence to work against Canada's leading cause of cancer deaths. We are also looking forward to being an active contributor to advances in breast cancer screening with the transfer of the Canadian Breast Cancer Screening Initiative from the Public Health Agency of Canada to the Partnership.

The expanding implementation of the *First Nations, Inuit and Métis Action Plan on Cancer Control* will help to address critical needs of Canada's First Peoples, as they experience a rapidly growing cancer burden and, in some cases, challenges created by living far from specialized care centres. As potential partners explore the possibilities of the initiative and respond with proposals to help reshape cancer control for and with First Nations, Inuit and Métis people in rural and remote areas, we are confident that these activities will make a tangible and long-lasting contribution to improving the cancer journey in these communities.

Three initiatives in the person-centred perspective portfolio will take substantial steps forward in 2013/14. One will bring meaningful change in how the system measures how patients experience the cancer system. The others support improvements in palliative and end-of-life care and seek to improve the seamlessness of care along the cancer journey. All three of these programs respond to needs identified by patients, families and caregivers.

More pathologists and surgeons will be using better tools to consistently embed evidence-based best practices in their day-to-day work as the synoptic reporting initiative as it is put into action through partners in 2013/14. This boost to implementation of electronic synoptic pathology reporting in Canada will drive practice improvements across the cancer care continuum.

The Canadian Partnership for Tomorrow Project will also make significant advances in bio-sample collection and preparing to make its resources widely available to support innovative research.

We also have an ongoing commitment to develop the analytic capacity building and co-ordinated data development initiative. The work will be defined in 2013/14 and will focus on enhancing capacity to analyze, measure and report on cancer system performance to inform action.

As we embark on a new approach to public engagement and outreach, people with cancer, their caregivers and families will have more opportunities to be involved with the national cancer strategy, and Canadians will hear more about the difference it is making to reduce the impact of cancer for all of us. Patients, survivors, family members and others with an interest in cancer will also be invited to participate in the conversation and make sure their perspectives are a key part of shaping the national approach.

The initiatives described in this report are essential to advancing the national cancer strategy. It is through these programs of work that people come together to share knowledge or best practices, examine or improve the evidence base, create or co-create solutions, invest in new programs or research and integrate solutions into practice. Nonetheless, Canada's cancer control strategy is not about the initiatives. It's about their outcomes.

By achieving the clearly defined outcomes leading up to 2017, we will know we are on track to make a real difference in the lives of Canadians for generations to come. Looking ahead 30 years from the 2007 launch of the national strategy, we see a Canada where the incidence of cancer is reduced, there is less likelihood of dying from cancer and the quality of life of people with cancer is enhanced. This is what the national cancer strategy is truly all about.

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 statements of financial position as at March 31, 2013, March 31, 2012 and April 1, 2011 and the statements of operations and changes in net assets and cash flows for the years ended March 31, 2013 and March 31, 2012, 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 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 audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audits 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 Partnership'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 Partnership'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, 2013, March 31, 2012 and April 1, 2011 and its financial performance and its cash flows for the years ended March 31, 2013 and March 31, 2012 in accordance with Canadian accounting standards for not-for-profit organizations.

Grant Thornton LLP

Chartered Accountants
Licensed Public Accountants
Toronto, Ontario
June 20, 2013

Financial statements

Statements of operations and changes in net assets

(Years ended March 31)

	2013	2012
Expenses		
Population-based prevention and cancer screening	**$ 4,961,792**	$ 11,656,798
Early detection and clinical care	**2,035,582**	9,832,979
Person-centered cancer journey	**1,590,760**	3,841,053
Targeted research	**6,020,287**	17,246,557
Cancer control for First Nations, Inuit and Métis	**865,182**	1,873,187
System performance	**979,882**	861,737
Knowledge management	**8,584,056**	8,748,875
Public engagement and outreach	**1,328,417**	2,431,839
Program support	**1,341,501**	2,624,288
	27,707,459	59,117,313
Operating expenses (Notes 5 and 6)	**6,544,920**	7,647,375
	34,252,379	66,764,688
Revenue		
Government of Canada (Note 8)	**32,561,800**	63,529,013
Public Health Agency of Canada	**-**	975,000
Heart and Stroke Foundation of Ontario	**-**	100,000
Other funding	**312,735**	26,000
Amortization of deferred contributions – assets (Note 8)	**1,377,844**	2,134,675
	34,252,379	66,764,688
Excess of revenue over expenses for the year, being net assets at the end of the year	**$ -**	$ -

See Note 2 for the effects of adopting Canadian accounting standards for not-for-profit organizations. See accompanying notes to the financial statements.

Approved by the Board of Directors

Chris Clark
Chair of the Board of Directors

Laura Talbot
Chair of the Finance and Audit Committee

Statements of financial position

As at	**March 31, 2013**	March 31, 2012	April 1, 2011
Assets			
Current			
Cash and cash equivalents	**$ 169,918**	$ 716,393	$ 302,989
Short-term investments	**16,062,835**	7,552,652	18,109,153
Accounts receivable	**1,008,449**	2,332,796	1,661,071
Projects in process and advances (Note 4)	**2,301,026**	-	5,861,131
Prepaid expenses	**724,415**	880,023	305,053
	20,266,643	11,481,864	26,239,397
Capital assets (Note 5)	**396,986**	501,107	544,612
Intangible assets (Note 6)	**3,063,267**	2,851,002	1,773,080
	3,460,253	3,352,109	2,317,692
	$ 23,726,896	$ 14,833,973	$ 28,557,089
Liabilities			
Current			
Accounts payable and accrued liabilities	**$ 3,335,078**	$ 6,917,009	$ 4,401,299
Government remittances payable (Note 7)	**99,331**	3,684,832	804,082
	3,434,409	10,601,841	5,205,381
Deferred contributions (Note 8)			
Expenses of future period	**16,832,234**	880,023	21,034,016
Capital and intangible assets	**3,460,253**	3,352,109	2,317,692
	20,292,487	4,232,132	23,351,708
Net assets	**-**	-	-
	$ 23,726,896	$ 14,833,973	$ 28,557,089

Commitments and Guarantees (Notes 9 and 10). See Note 2 for the effects of adopting Canadian accounting standards for not-for-profit organizations. See accompanying notes to the financial statements.

Statements of cash flows

(Years ended March 31)

	2013	2012
Increase (decrease) in cash and cash equivalents		
Operating activities		
Government of Canada contributions received (Note 8)	**$ 50,000,000**	$ 50,000,000
Other contributions received	**587,075**	1,101,000
Interest received on short-term investments	**149,512**	236,908
Interest paid to Government of Canada	**(67,571)**	(828,604)
Cash paid for programs and operating expenses	**(41,268,649)**	(57,426,648)
Cash and cash equivalents provided by (used in) operating activities	**9,400,367**	(6,917,344)
Investing activities		
Purchase of short-term investments	**(37,500,000)**	(36,000,000)
Redemption of short-term investments	**29,039,146**	46,499,840
Cash and cash equivalents (used in) provided by investing activities	**(8,460,854)**	10,499,840
Financing activity		
Purchase of capital and intangible assets	**(1,485,988)**	(3,169,092)
Cash and cash equivalents used in financing activity	**(1,485,988)**	(3,169,092)
Net (outflow) inflow of cash and cash equivalents	**(546,475)**	413,404
Cash and cash equivalents, beginning of year	**716,393**	302,989
Cash and cash equivalents, end of year	**$ 169,918**	$ 716,393

See Note 2 for the effects of adopting Canadian accounting standards for not-for-profit organizations. See accompanying notes to the financial statements.

Notes to the financial statements

(March 31, 2013 and 2012)

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.

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 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 agreement provided funding of $241 million over the period of April 1, 2012 to March 31, 2017. The contributions are subject to terms and conditions set out in the related funding agreements.

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

2. First-time adoption of Canadian accounting standards for not-for-profit organizations

These financial statements are the first financial statements for which the Partnership has applied the Canadian Accounting Standards for Not-for-Profit Organizations ("ASNPO"). The financial statements for the year ended March 31, 2013 were prepared in accordance with ASNPO. Comparative period information presented for the year ended March 31, 2012 was prepared in accordance with ASNPO and the provisions set out in Section 1501 *First-time adoption*.

The date of transition to ASNPO is April 1, 2011. The Partnership's transition from Canadian Generally Accepted Accounting Principles ("previous GAAP") to ASNPO has had no significant impact on the opening net assets as at April 1, 2011 or the statement of net operations for year ended March 31, 2012 or the statement of cash flows for the year ended March 31, 2012.

As a result, although the statement of financial position as at April 1, 2011 has been provided, the reconciliations and disclosures required by Section 1501 *First-time adoption*, for the net assets at the transition date, the comparative period excess of revenue over expenses and the cash flow statement are not necessary and have not been presented in these financial statement notes.

3. 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 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.

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

Short-term investments
Short-term investments consist of deposits with a maturity at acquisition of more than 90 days and less than 1 year. Under the terms of the funding agreement with 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	3 years

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

- cash and cash equivalents
- short term investments
- accounts receivable
- 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.

3. Significant accounting policies (continued)

The Partnership initially measures its financial assets and financial liabilities at fair value. The Partnership subsequently measures all of its financial assets and financial liabilities at cost or amortized cost less impairment. Transaction costs of financial assets and liabilities are recorded as an expense as incurred.

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.

Allocation of expenses
General program support expenses and operating expenses are not allocated to direct program expenses.

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 year they become known.

Items subject to significant management estimates include estimated useful lives of capital and intangible assets and allowance for doubtful accounts.

4. Projects in process and advances

Projects in process and advances represent projects where the Partnership had advanced funds to third parties where project milestones were in process of completion and funds had not been expended by the third party.

5. Capital assets

	Cost	Accumulated Amortization	March 31, 2013 Net book Value
Computer hardware	$ 610,959	$ 528,110	$ 82,849
Furniture and equipment	1,227,279	1,130,344	96,935
Leasehold improvements	1,082,711	865,509	217,202
	$ 2,920,949	$ 2,523,963	$ 396,986

5. Capital assets (continued)

	Cost	Accumulated Amortization	March 31, 2012 Net book Value
Computer hardware	$ 557,834	$ 419,940	$ 137,894
Furniture and equipment	1,205,236	1,073,987	131,249
Leasehold improvements	1,043,172	811,208	231,964
	$ 2,806,242	$ 2,305,135	$ 501,107

	Cost	Accumulated Amortization	April 1, 2011 Net book Value
Computer hardware	$ 415,538	$ 328,235	$ 87,303
Furniture and equipment	1,096,198	850,497	245,701
Leasehold improvements	976,417	764,809	211,608
	$ 2,488,153	$ 1,943,541	$ 544,612

Included in operating expenses is amortization expense related to capital assets of $218,828 (2012 - $361,594).

6. Intangible assets

	Cost	Accumulated Amortization	March 31, 2013 Net book Value
Portal and software development	$ 9,541,522	$ 6,478,255	$ 3,063,267

	Cost	Accumulated Amortization	March 31, 2012 Net book Value
Portal and software development	$ 8,170,241	$ 5,319,239	$ 2,851,002

	Cost	Accumulated Amortization	April 1, 2011 Net book Value
Portal development	$ 5,319,239	$ 3,546,159	$ 1,773,080

6. Intangible assets (continued)

Included in operating expenses is amortization expense related to intangible assets of $1,159,016 (2012 - $1,773,080).

During the last 2 years, the Partnership undertook a project to develop and implement a new integrated software program. Project costs of $745,237 have been included in Portal and Software Development. Once completed and put into use, these intangible assets will be amortized on a straight-line basis over the three years ended March 31, 2016.

7. Government remittances payable

	March 31, 2013	March 31, 2012	April 1, 2011
Contribution payable from 2007 – 2012 mandate	**$ -**	$ 3,455,888	$ -
Interest received on short-term investments payable	**81,942**	82,357	674,053
Employee withholdings and other payable	**17,389**	146,587	130,029
	$ 99,331	$ 3,684,832	$ 804,082

8. Deferred contributions

Expenses of future periods

Deferred contributions are held for expenses of future periods.

	March 31, 2013	March 31, 2012	April 1, 2011
Deferred contributions, beginning of year	**$ 880,023**	$ 21,034,016	$ 19,052,858
Current year contribution from Government of Canada	**50,000,000**	50,000,000	55,000,000
Interest earned on contributions received	**149,512**	236,908	217,509
	51,029,535	71,270,924	74,270,367
Amount recognized as revenue during the year	**(32,561,800)**	(63,529,013)	(52,432,080)
Amount applied towards capital and intangible assets acquired	**(1,485,988)**	(3,169,092)	(130,218)
Interest paid to Government of Canada	**(67,571)**	(154,551)	-
Contribution payable to Government of Canada 2007 – 2012 mandate	**-**	(3,455,888)	-
Interest payable to Government of Canada	**(81,942)**	(82,357)	(674,053)
Deferred contributions, end of year	**$ 16,832,234**	$ 880,023	$ 21,034,016

8. Deferred contributions (continued)

Capital and intangible assets

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

	March 31, 2013	March 31, 2012	April 1, 2011
Deferred contributions, beginning of year	**$ 3,352,109**	$ 2,317,692	$ 4,499,347
Contributions applied toward capital and intangible asset purchase	**1,485,988**	3,169,092	130,218
Amount amortized to revenues during the year	**(1,377,844)**	(2,134,675)	(2,311,873)
Deferred contributions, end of year	**$ 3,460,253**	$ 3,352,109	$ 2,317,692

9. Commitments

Contractual commitments

As of March 31, 2013, the Partnership has contractual commitments related to specific projects and professional services amounting to approximately $21.54 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.

2014	$ 11,490,910
2015	5,944,908
2016	2,121,593
2017	1,983,113
	$ 21,540,524

Operating lease commitments

The Partnership rents premises under operating leases which expire in the 2018 fiscal year. Minimum annual rental payments to the end of the lease terms are as follows:

2014	$ 1,261,623
2015	1,261,623
2016	1,261,622
2017	1,261,622
2018	829,572
	$ 5,876,062

10. Guarantees

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

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

11. Remuneration of directors and senior management

For the year ended March 31, 2013, remuneration paid to the Partnership's Directors amounted to $155,150 (2012 - $134,700) and remuneration paid to the Partnership's five highest paid staff amounted to $1.6 million (2012 - $1.6 million).

12. Financial instruments risk

The Partnership is exposed to various risks through its financial instruments. The following analysis provides a measure of the Partnership's risk exposures and concentrations as at March 31, 2013, March 31, 2012 and April 1, 2011.

Credit and concentration risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Partnership's main credit risks relate to its accounts receivable. The Partnership provides credit to its clients in the normal course of its operations. There is no allowance for doubtful accounts included in accounts receivable as at March 31, 2013, March 31, 2012 and April 1, 2011.

The Partnership is exposed to concentration risk as one client comprises 53% of the Partnership's accounts receivable balance at year-end (March 31, 2012 – 43%; April 1, 2011 – 36%). The Partnership does not obtain collateral or other security to support the accounts receivable subject to credit risk but mitigates this risk by dealing only with what management believes to be financially sound counterparties and, accordingly does not anticipate any loss for non-performance.

Market risk

Market risk is the risk that the fair value or expected future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The Partnership is mainly exposed to interest rate risk.

12. Financial instruments risk (continued)

Liquidity risk

Liquidity risk is the risk that the Partnership will encounter difficulty in meeting the obligations associated with its financial liabilities as they come due. The Partnership is exposed to this risk mainly in respect of its accounts payable and accrued liabilities. The Partnership is exposed to liquidity risk as it is mainly dependent on the receipt of funds from the Government of Canada. There was no significant change in exposure from the prior year.

13. Restatement of prior periods

Comparative figures have been adjusted to conform to changes in the current year presentation.

Ultimate beneficiaries

The organizations listed below received funding from the Canadian Partnership Against Cancer during the 2012/13 year to advance the work of the national cancer strategy. These organizations were engaged in accordance with our procurement policy available at partnershipagainstcancer.ca.

- Alberta Health Services
- BC Cancer Agency
- Canadian Association of Radiation Oncology
- Canadian Cancer Action Network
- Canadian Cancer Society Ontario Division
- Canadian Hospice Palliative Care Association
- Cancer Care Nova Scotia
- CancerCare Manitoba
- Chronic Disease Prevention Alliance of Canada
- Centre hospitalier universitaire Sainte-Justine
- Dalhousie University
- Diagnostic Services of Manitoba Inc.
- Federation of Saskatchewan Indian Nations
- Green Communities Canada
- Health PEI
- Heart and Stroke Foundation of Canada
- Institut national de santé publique du Québec
- Inuit Tapiriit Kanatami
- McGill University
- McMaster University
- Métis National Council
- National Indian Brotherhood (Assembly of First Nations)
- Nunatsiavut Government
- Ontario Healthy Communities Coalition
- Ontario Institute for Cancer Research
- Prince Edward Island Cancer Treatment Centre
- Provincial Health Services Authority (British Columbia)
- University of Alberta
- University of British Columbia
- University of Toronto
- University of Waterloo
- Victoria Hospice Society

In addition, we partner with a wide range of other organizations that contribute their own resources, including staff and volunteer time, to implement the strategy (e.g. participating in pan-Canadian networks) and reduce the impact of cancer on Canadians.

Materials Completed

Partnership materials completed or publicly released between April 1, 2012, and March 31, 2013

The following materials were completed for stakeholder and/or external audiences in 2012/13.
This list includes both Partnership final reports and working reports and selected poster presentations.
Note: Some materials were completed at the end of the fiscal year and will be distributed in 2013/14.

Canadian Partnership Against Cancer:

- Sustaining Action Toward a Shared Vision (May 2012)
- 2011 Strategic Directions Consultations (June 2012)
- Annual Report 2011-12 (July 2012)
- Canadian Partnership Against Cancer Logic Model for the National Cancer Control Strategy (October 2012)

Prevention and Screening:

Prevention:

- Canadian Obesity Research Investment (2006-2008) Report - Executive Summary (August 2012)
- Canadian Obesity Research Investment (2006-2008) Report (September 2012)
- Achieving Coalitions Linking Action and Science for Prevention (CLASP) – a cross-sectoral approach to address increasing physical activity in Canada through Partnerships - Poster for *be active 2012* in Sydney, Australia (November 2012)
- Backgrounder: Coalitions Linking Action and Science for Prevention (January 2013)
- Prevention Policies Directory expansion on cancerview.ca

Screening:

- Colorectal Cancer Screening – Flexible Sigmiodoscopy – Expert Panel: Summary of Existing and New Evidence (September 2012)
- ICSN Poster - Assessing New Evidence on Lung Cancer Screening, Planning and Policy Implications, and Potential Impact of Different Strategies in Canada (October 2012)
- Quality Determinants of Breast Cancer Screening with Mammography in Canada (January 2013)
- Report from the Evaluation Indicators Working Group: Guidelines for Monitoring Breast Cancer Screening Program Performance (January 2013)
- Organized Breast Cancer Screening Programs in Canada: Report on Program Performance in 2007 and 2008 (February 2013)
- Breast Cancer Screening Programs and Strategies in Canada: Environmental Scan (ongoing)
- Cervical Cancer Screening Programs and Strategies in Canada: Environmental Scan (ongoing)
- Colorectal Cancer Screening Programs and Strategies in Canada: Environmental Scan (ongoing)
  Lung Cancer Screening Strategies in Canada: Environmental Scan (ongoing)
- PCCSI National Guidance Document on Correspondence for Cervical Cancer Screening Programs (February 2013)
- Pan-Canadian Cervical Screening Initiative - Reporting on Histopathology Specimens from the Cervix and Vagina – Consensus Statements (February 2013)
- Screening and Early Diagnosis resource section expansion on cancerview.ca.

Research:

- Cancer Research Investment in Canada, 2005-2009 (June 2012)
- Pan-Canadian Cancer Research Strategy – Annual Update (December 2012)

- Human Resource Needs and Capacity in Cancer Research in Canada: An Online Survey of Cancer Researchers (December 2012)
- Cancer Research Investment in Canada, 2010 (March 2013)
- CCRS Supplementary Data 2010 (March 2013)

Person-Centred Perspective:

- Programs and Resources to Facilitate Return to Work for People with Cancer or Other Chronic Diseases (April 2012)
- Return to Work Concerns Faced by People Dealing with Cancer and Caregivers (April 2012)
- Research Related to Workplace Support for Cancer Survivors: Perspectives of Employers (April 2012)
- Advances in Survivorship Care: Resources, Lessons Learned and Promising Practices (May 2012)
- Navigation: A Guide to Implementing Best Practices in Person-Centred Care (September 2012)
- Screening for Distress, the 6th Vital Sign: A Guide to Implementing Best Practices in Person-Centred Care (September 2012)
- Manage Cancer Related Fatigue: For People Affected by Cancer (November 2012)
- A Pan-Canadian Practice Guideline: Prevention, Screening, Assessment and Treatment of Sleep Disturbances in Adults with Cancer (December 2012)
- Returning to Work after Cancer: Projects Summary (December 2012)
- Returning to Work: Employee, Employer and Caregiver Perspectives (Slide Deck) (December 2012)

First Nations, Inuit and Métis Cancer Control:

- Environmental Scan and Analysis of Existing Patient Identification Systems for First Nations, Inuit and Métis peoples (March 2012) and Inventory of Profiles (March 2012)
- Environmental Scan of First Nations, Inuit and Métis Population Health Surveys (March 2012)
- Walk a Mile in My Moccasins: Foundations For Action in First Nations Cancer Control (April 2012)
- Cancer Care and Control in Inuit Nunangat (August 2012)
- Enhancements to the First Nations, Inuit and Métis Resource Repository on cancerview.ca

System Performance:

- Breast Cancer Control in Canada: A System Performance Special Focus Report (September 2012)
- Breast Cancer Surgery in Canada, 2007-2008 to 2009-2010 (October 2012)
- The 2012 Cancer System Performance Report (December 2012)
- Downloadable Slides Directory expansion on cancerview.ca

Quality Diagnosis and Clinical Care:

- Evaluation of the CSEN Initiative - Executive Summary (April 2012)
- International Scientific Advisory Committee Review of the CSEN Initiative - Executive Summary (June 2012)
- Canadian Partnership Against Cancer: Electronic Synoptic Pathology Reporting Initiative - 2011-12 Standardized Synoptic Pathology Reporting Update (Report to the Canadian Association of Pathologists) (July 2012)

Knowledge Management:

New and expanded content on cancerview.ca including:

- 13 new videos focusing on palliative care and the role of caregivers in The Truth of It series
- PrePARE (Preparing Participants for Allocating Resources Equitably) online tutorial
- Other resources as noted in the sections above

Additional resources

To assist readers of printed copies of this report, the online locations of the documents and resources referenced in the text are listed below.

Introduction

- Canadian Strategy for Cancer Control (www.partnershipagainstcancer.ca/wp-content/uploads/CSCC_CancerPlan_20061.pdf)
- Better together: Annual Highlights 2012/13 (www.partnershipagainstcancer.ca)
- Sustaining Action Toward A Shared Vision (www.partnershipagainstcancer.ca/wp-content/uploads/Sustaining-Action-Toward-a-Shared-Vision-Full-Document.pdf)

Prevention and Screening

- Prevention Policies Directory (www.cancerview.ca/preventionpolicies)
- CAREX Canada (www.carexcanada.ca)

Quality Diagnosis and Clinical Care

- Report on the State of Cancer Clinical Trials in Canada (2011) (www.ccra-acrc.ca/images/CCRA/downloads/CT_report_Oct_2011.pdf)
- Canadian Partnership for Quality Radiotherapy (www.cpqr.ca)

Person-Centred Perspective

- Quality and End-of-Life Care Coalition of Canada's Blueprint for Action (www.qelccc.ca/media/3743/blueprint_for_action_2010_to_2020_april_2010.pdf)
- End-of-Life Hospital Care for Cancer Patients (https://secure.cihi.ca/free_products/Cancer_Report_EN_web_April2013.pdf)
- CancerChatCanada (www.cancerchatcanada.ca)

Research

- Canadian Partnership for Tomorrow Project (www.partnershipfortomorrow.ca)
- Canadian Cancer Research Alliance reports (www.ccra-acrc.ca/index.php/publications-en)
- Pan-Canadian Cancer Research Strategy (www.partnershipagainstcancer.ca/wp-content/uploads/web_Pan-Canadian-Strategy-2010_EN_0.pdf)

First Nations, Inuit and Metis Cancer Control

- First Nations, Inuit and Métis Action Plan on Cancer Control (www.cancerview.ca/idc/groups/public/documents/webcontent/fnim_action_plan_nov11.pdf)
- First Nations, Inuit and Métis section on cancerview.ca and Knowledge Circle resource repository (www.cancerview.ca/cv/portal/Home/FirstNationsInuitAndMetis/Welcome/Information/CommunityOfKnowledge/KnowledgeCircle)

System Performance

- Breast Cancer Control in Canada: A System Performance Special Focus Report (www.cancerview.ca/idc/groups/public/documents/webcontent/breast_cancer_control_rep.pdf)
- Breast Cancer Surgery in Canada, 2007-2008 to 2009-2010 (www.cancerview.ca/idc/groups/public/documents/webcontent/cihi_cpac_breast_report_en.pdf)
- 2012 System Performance Report (www.cancerview.ca/idc/groups/public/documents/webcontent/2012_system_performance_rep.pdf)
- Directory of downloadable PowerPoint slides (www.cancerview.ca/downloadableslides)

Knowledge Management

- Cancerview.ca (www.cancerview.ca)
- Resources for Patients and Families (www.cancerview.ca/cv/portal/Home/TreatmentAndSupport/TSPatientsAndFamilies/TSSupportiveCare/ResourcesForPatientsFamilies)
- The Truth of It (www.cancerview.ca/thetruthofit)
- Cancer Risk Management Platform (www.cancerview.ca/cancerriskmanagement)
- Guidelines Resource Centre (www.cancerview.ca/guidelines)
- PrePARE tutorial (www.cancerview.ca/cv/portal/Home/ParticipateAndConnect/PCProfessionals/Collaborating/eLearningTools/PrePARE)

Public Engagement and Outreach

- Canadian Cancer Action Network (www.ccanceraction.ca)
- Union for International Cancer Control (www.uicc.org/)
- Partnership e-bulletin (www.partnershipagainstcancer.ca/news-media/newsletter-and-e-bulletin-archive/)

An evolving organization

- Shelly Jamieson (www.partnershipagainstcancer.ca/about/who-we-are/executive-team/shelly-jamieson/)
- Chris Clark (www.partnershipagainstcancer.ca/about/who-we-are/board-of-directors/chris-clark/)
- Heather Bryant (www.partnershipagainstcancer.ca/about/who-we-are/executive-team/heather-bryant/)
- Partnership Cancer Control Council and Advisory Groups (www.partnershipagainstcancer.ca/about/who-we-are/advisory-structure/)