



# Better together

ANNUAL HIGHLIGHTS

2012/13

CANADIAN PARTNERSHIP  
AGAINST CANCER



PARTENARIAT CANADIEN  
CONTRE LE CANCER

# Table of contents

## Introduction

---

1

Messages from  
our Chair and CEO

2

Better together:  
A cancer strategy  
for all Canadians

3

What difference will a  
national cancer strategy  
make to Canadians?

## 2012/13 highlights

---

4

Finding the  
answers to why  
cancer develops

6

Saving lives by finding  
cancer early

8

Developing consistent  
reporting tools for  
timely, high-quality  
patient care

10

Improving the cancer  
journey with and for  
First Nations, Inuit and  
Métis people

12

Helping patients have a  
better care experience

14

Engaging Canadians  
in their national  
cancer strategy

16

Helping to move  
information and  
evidence into action

18

Measuring the cancer  
system to improve it

20

Stopping cancer  
before it starts

## How we work

---

22

How funding is invested

23

Engaging with partners  
and people

24

Board of Directors

## About the Canadian Partnership Against Cancer

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

The **Canadian Partnership Against Cancer** was created by the federal government with funding from Health Canada. Since opening our doors in 2007, our sole mandate has been

to move Canada's cancer strategy into action and help it succeed. In this publication, we share highlights of selected 2012/13 work with partners across the country and across the cancer landscape.

Please visit [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca) for our 2012/13 annual report. It has more detailed information about the accomplishments of the year as well as complete financial statements. There you can also interact with information about our strategy and see how our progress is leading toward better outcomes for Canadians over the next few years and in the long term.

# Messages from our 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.

A blue ink handwritten signature of Chris Clark, consisting of several overlapping loops and a long horizontal stroke at the end.

**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.

A blue ink handwritten signature of Shelly Jamieson, featuring a large, stylized initial 'S' followed by a long horizontal line.

**Shelly Jamieson**  
CEO

# Better together: A cancer strategy for all Canadians

*“I’m sorry. It’s cancer.”*

More than one-third of us will hear these words at some point in our lives. Their effect is far-reaching: cancer has a major impact on the lives of people diagnosed, and on their families and friends.

The good news is that more of us are surviving cancer – and with a better quality of life. Treatments are more effective and are often less invasive, less painful and less life altering. We can find some cancers early, when things are more likely to turn out better. Sometimes we can prevent cancer from developing in the first place. The cancer journey, which is often a complex and difficult road, is improving.

But there are new challenges ahead. The average age of Canadians is rising. As cancer risk also increases with age, an older population means more cancer. And while it’s true that people are living longer with cancer and after treatment, it is already our leading cause of premature death. The health system needs to change to meet these demands. It also has to integrate the new information, expertise and technology that can help keep cancer from starting and make the journey better for those who do develop it.

---

## What are we doing to face these challenges?

Forward-looking people and organizations in the cancer community — including patients, survivors and family members — realized early on that the answer to Canada’s cancer challenge had to be a co-ordinated national response. That response, a national cancer strategy, was developed over many years. It tackles some of Canada’s biggest cancer priorities while respecting that health-care planning and delivery are the responsibility of many different jurisdictions and organizations.

To move the strategy into action and help it succeed, the federal government created the Canadian Partnership Against Cancer in 2007 and continues to fund it through Health Canada.

# What difference will a national cancer strategy make to Canadians?

Changing the cancer landscape requires a sustained, long-term focus. When we mark 10 years of national collaborative efforts in 2017, there will already have been significant improvements. These immediate outcomes are key early steps toward achieving the strategy's **ultimate goals: reducing the incidence of cancer, lessening the likelihood of Canadians dying from cancer and enhancing the quality of life of those affected by cancer.**

## In the short term, by 2017:

-  Canadians will have improved access to proven ways to prevent cancer.
-  More people will be getting checked and finding cancer earlier.
-  A more consistent approach will be taken to improving the quality of cancer diagnosis and care.
-  The cancer system will be better able to respond to patient needs.
-  Cancer researchers will be working together more collaboratively to benefit Canadians.
-  Working with partners, First Nations, Inuit and Métis peoples will have their unique needs for cancer prevention and care better recognized and addressed.
-  Canadians will have better information about how well the cancer system is working and professionals in the health system will use this information to drive improvement.
-  Patients and professionals will have timely and easier access to high-quality information, tools and resources about cancer.
-  People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.

These outcomes are just the beginning of long-term, meaningful change. Ongoing effort will be required to keep us on track to reduce the impact of cancer on Canadians. Our longer-term goals are described in greater detail in our strategic plan, *Sustaining Action Toward a Shared Vision*, available through [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

# Finding the answers to why cancer develops

Why do some Canadians get cancer, while others do not? ***The Canadian Partnership for Tomorrow Project*** is helping to answer this perplexing question and others. This long-term study involves more than 275,000 everyday Canadians, ages 35 to 69, who agree to share information about their health and lifestyle over their adult lives.

By studying and comparing this data, researchers can explore and understand regional, national and international patterns and trends, and potentially find the answers to some of their most challenging questions about the causes of cancer and related chronic diseases. 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.



"I understand the need for research because, as a nurse, I have cared for people with many diseases, including cancer. For me, participating in this study is a way of contributing to the wellness and health of everyone, now and later."

**Jan Mitchell**, registered nurse and participant in the Ontario Health Study, part of the Canadian Partnership for Tomorrow Project





“This collaboration is a great example of what can be achieved by regional/provincial programs working together. We have enrolled more than a quarter million Canadians who gave willingly of their time, their health information and often biological samples. The research potential is enormous. I am excited to see how it will help us understand more about the causes of cancer and related chronic illness in Canada.”

*Dr. Paul Grundy, Senior Vice President & Senior Medical Director, CancerControl Alberta, Alberta Health Services*

## 2012/13 Highlights

275,000 

81,000 

More than 275,000 people were participating in the Canadian Partnership for Tomorrow Project by the end of 2012/13 and more than 81,000 blood samples had been gathered. The collection of blood and other biological samples will continue to be a focus in 2013/14.

The foundations were put in place to gather key information related to heart disease, so the benefits of the study will be even broader.

## How will this work make a difference to Canadians?

By 2017, studies will be reporting results based on data drawn from this resource. For the next 25 years and beyond, the data from the Canadian Partnership for Tomorrow Project will help researchers to 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.



# Saving lives by finding cancer early



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 these tests continue to be the best possible tests.

Our [population-based screening initiative](#) brings together key players in cancer screening from across the country to tackle this shared challenge. 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.



“At first, I was hesitant to get checked for colorectal cancer. I did not have any symptoms and felt I was healthy. Knowing the benefits of screening, I decided to do the at-home screening test sent to me in the mail by ColonCheck Manitoba. As a result, my cancer was detected early. When the topic of cancer comes up, I tell everyone I meet to get screened after their 50th birthday, or sooner if there is a family history of colorectal cancer.”

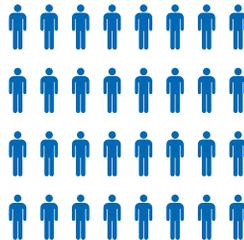
**Len Clace**, retired RCMP member, cancer survivor





## 2012/13 Highlights

We convened the first-ever Pan-Canadian Lung Cancer Screening Network, which brings together the knowledge and experience of 32 members to identify solutions to a cancer that can be difficult to detect at a treatable stage. The network includes representation from all provinces and territories.



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.

Groundwork was laid to transition components of the Canadian Breast Cancer Screening Initiative from the Public Health Agency of Canada to the Partnership in 2013/14.

## How will this work make a difference to Canadians?

We expect that by 2017, 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). Over time, this means cancers will be found earlier, when they are often more treatable.





## Developing consistent reporting tools for timely, high-quality patient care

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 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. These reporting systems integrate guidelines and evidence-based best practices seamlessly and, in the case of surgery, enhance patient safety.



“When making a diagnosis of cancer, many people think it's a simple test result. Realistically, a diagnosis includes many pieces of information, which were originally provided in narrative format. Synoptic reporting simplifies this by providing all relevant medical information in a standardized format. This makes clinical treatment decisions available, ensuring that patients receive the ideal treatment, for the exact type of cancer, and for the exact stage of tumour.”

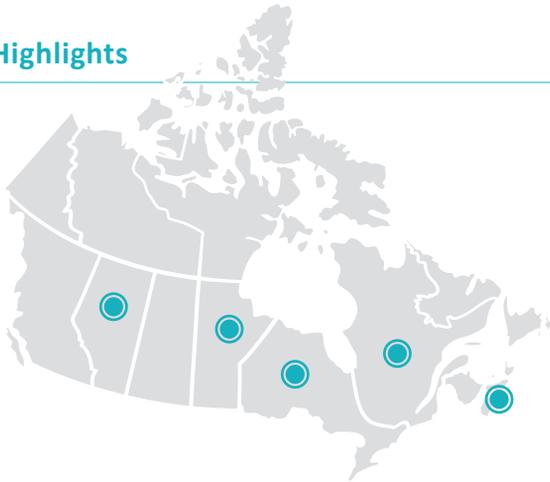
**Dr. Tarek Rahmeh**, Pathologist, Saint John Regional Hospital, New Brunswick





## 2012/13 Highlights

---



Electronic synoptic reporting for surgery was expanded to new hospitals and more surgeons in Alberta, Manitoba, Ontario, Quebec and Nova Scotia. This happened through co-investment by these provinces, Canada Health Infoway and the Partnership.

---

Work began with provinces and pathologists to expand the adoption of pathology standards and guidelines across the country through the implementation of electronic synoptic pathology reporting tools.

---

## How will this work make a difference to Canadians?

By 2017, tools, standards and guidelines will be adopted and integrated into practice. With continued effort this will lead to more consistent, more efficient and higher-quality reporting, improving patient care.





## Improving the cancer journey with and for First Nations, Inuit and Métis people

Cancer rates among First Nations, Inuit and Métis people are increasing faster than overall Canadian cancer rates 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 includes the added challenges that come with leaving the community to get care.

The Partnership is working with and for First Nations, Inuit and Métis peoples to implement the [First Nations, Inuit and Métis Action Plan on Cancer Control](#).

---

“The Partnership’s National Aboriginal Organizations Caucus is unique because it has the power to combine collaboration and action, by drawing the perspectives of First Nations, Inuit and Métis peoples into our national cancer strategy. It is also significant because it creates direct relationships among the leaders of our national Aboriginal communities, the Partnership and its Board of Directors.”

**Jonathan Thompson,**  
*Assembly of First Nations*



## 2012/13 Highlights

“Identifying Métis patients and the social and environmental factors that affect their health is a priority for the Métis National Council. We are making progress through our collaboration with the First Nations, Inuit and Métis Patient Identification Network and the Canadian Partnership Against Cancer. This work will help us to better understand the Métis cancer experience and develop cancer control recommendations for the Métis.”

**Eduardo Vides**, *Public Health Policy Analyst, Métis National Council*



“In the north, there are great distances to fly for treatment and weather is big factor in flight delays or missed connections, but the biggest impacts are anxiety and physical tiredness traveling long distances. More information about the journey people will take after diagnosis is needed in plain language and with lots of visuals. I hope people understand from our work in the Partnership’s Advisory Committee they’re not alone on this journey.”

**Beatrice Bernhardt**, *patient voice and Inuit Tapiriit Kanatami cancer survivor representative, First Nations, Inuit and Métis Cancer Control Strategy*



A series of reports was produced as a first step in implementing the Action Plan. The reports are a rich source of information, including identification of promising practices across the country and detailed descriptions of cancer care pathways serving First Nations, Inuit and Métis peoples in Canada.

We actively engaged our National Aboriginal Organizations Caucus and First Nations, Inuit and Métis Advisory Committee on Cancer Control, as well as health systems organizations, in planning a new initiative that launched in early 2013/14. The initiative focuses on the journey from cancer diagnosis through to patient discharge. It emphasizes how supports, including traditional health, are provided at the time of diagnosis, and at the points in care when patients are returning from treatment to their home community. The initiative aims to improve care in a culturally responsive and safe way, particularly for cancer patients residing in rural, remote and isolated communities. Developing better ways to identify First Nations, Inuit and Métis patients so they can be offered appropriate services is also an important aspect of this work.

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.

### How will this work make a difference to Canadians?

By 2017, access to culturally responsive resources and services will be improving. First Nations, Inuit and Métis leadership will be further engaged in ongoing collaborative efforts that will, over time, result in fewer First Nations, Inuit and Métis people being diagnosed with cancer.



# Helping patients have a better care experience

Quality cancer care goes beyond clinical treatment by considering the emotional, psychological, spiritual, practical and other needs that a patient may have, so that care can be provided with the whole person in mind. To understand how best to deliver quality care, we need to hear directly from people with cancer about their experiences.

The Partnership's **Patient Experience and Outcomes Initiative** focuses on systematically measuring how patients experience the cancer journey and on supporting best practices to improve the quality of that journey.



"When we're born, the first thing we do is breathe. Most people, when they learn about cancer, they stop breathing. It's like a new life; you have to take a new breath and continue breathing to go on with your new life. I know this from my own cancer journey and as a peer counsellor for other survivors."

*Yves Boucher, former Toronto firefighter, peer counsellor at a cancer centre support group and brain cancer survivor*





“Patients and their families have given the cancer community clear direction that improved emotional support and physical comfort are needed, as just two examples of how their experience could be better. I’m excited to see the teamwork taking place across the country to better define what these improvements would look like so we can measure, report and compare our progress. Most importantly, this work will drive changes that will improve people’s cancer journey.”

*Dominique Tremblay, RN, PhD,  
Assistant Professor, School of Nursing,  
Faculty of Medicine and Health Sciences,  
Université de Sherbrooke*

## 2012/13 Highlights

---

Patients, clinicians and researchers from across the country identified a core set of indicators – things that matter most to patients – that will help guide improvement.

Starting with indicators for pain, fatigue, anxiety and depression, teams from across the country developed plans to measure these aspects of the patient experience. Patient satisfaction will also be tracked through a survey tool used by cancer treatment facilities. Proposals will be funded in 2013/14 following an adjudication process.

## How will this work make a difference to Canadians?

By 2017, we will be able to measure whether cancer patients are having an improved care experience through the use of a common measurement framework and core set of indicators. In addition, a shared set of evidence-informed assessment tools and resources will support patient-centred program design and implementation. With a continued focus on these areas, cancer care will become even more focused on treating the person – not just his or her disease.





## Engaging Canadians in their national cancer strategy

From the beginning, people affected by, or with an interest in, cancer have been essential in shaping Canada’s cancer strategy. Continuing to engage and involve patients and the public is crucial to ensuring our work continues to be relevant and meaningful to those who stand to benefit from it the most.

Our plan for renewed **public engagement and outreach** focuses our efforts in three areas. Working with the broader cancer community we will communicate *collective efforts and progress* toward cancer control outcomes in Canada. We will identify opportunities for public engagement and outreach to support the achievement of *specific cancer control outcomes*. And we will *engage Canadians* – patients, patient groups, survivors, caregivers and friends of people with cancer – through a variety of digital and social media initiatives. Our partnerships with the Canadian Cancer Action Network (CCAN), which brings together 81 patient groups, and the Canadian Cancer Society will be part of these engagement efforts.



“My journey with my cancer has not always been easy. There are moments I have felt very helpless and isolated. The opportunity to have my voice heard through my engagement with the Partnership’s work has been really valuable to me as someone who is going through my own cancer experience.”

**Perry Monaco,**  
Thyroid Cancer Canada





## 2012/13 Highlights

---

The Partnership continued to fund the Canadian Cancer Action Network, which worked with the Canadian Cancer Society to release a three-year study documenting the financial challenges that can come with a cancer diagnosis.

Patient, caregiver and public perspectives were central to the expansion of **cancerview.ca**'s *The Truth of It* video series, which now includes interviews with family caregivers and people in palliative care. Also on **cancerview.ca**, the new PrePARE online tutorial supports public participation in health-care funding decisions. As well, patient and public perspectives are embedded in the advisory and steering groups that guide the direction of our work.

A new public engagement and outreach strategy was developed with the three areas of focus described at left. As part of that approach, a pan-Canadian Cancer Communications Committee is bringing together representatives from provincial/territorial cancer programs to explore shared goals, including opportunities to inform and involve patients and the public.

## How will this work make a difference to Canadians?

Over the next several years, Canadians affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy, which in turn will ensure the strategy continues to reflect Canadians' experiences and needs. The 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.

# Helping to move information and evidence into action

The Partnership provides access to cancer knowledge and information to support collaboration across jurisdictions and evidence-informed decision-making.

A key element in our knowledge management strategy is [cancerview.ca](https://cancerview.ca). Launched in 2009, it is a knowledge hub and online community that offers trusted, evidence-based content and an array of tools and resources. The site provides 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 enables experts and colleagues from across Canada to easily connect and work together regardless of their geographic location.



“Collaborative Group Spaces are online workspaces that enable cancer community professionals to work together on projects in a secure environment at [cancerview.ca](https://cancerview.ca). We are able to access information that has been collectively prepared in working groups on special topics, including shared resources, network meeting agendas, minutes and presentations for each of the four Cancer Screening Networks. It has helped us connect knowledge, resources and networks across Canada.”

**Marion Harrison, Director,**  
*Screening Programs, CancerCare Manitoba*





## 2012/13 Highlights

---

**Cancerview.ca** content and directories were enhanced. We expanded a resource repository for the First Nations, Inuit and Métis Cancer Control initiative, we expanded the *Truth of It* video series to include the experiences of Canadian caregivers and patients undergoing palliative care, and we broadened the scope of the Prevention Policies Directory and the content of the Guidelines Resource Centre, among others.

---

# 211

**Collaborative  
Group Spaces**

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.

---

An at-a-glance section showcasing resources for patients and families, 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.

---

## How will this work make a difference to Canadians?

**Cancerview.ca** will continue to provide cancer patients and professionals with timely and easier access to high-quality information, tools and resources about cancer, and will continue to evolve as new evidence emerges. People working across Canada to improve cancer outcomes will speed up their efforts by using and sharing the resources on **cancerview.ca**.



## Measuring the cancer system to improve it

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. Together we identify aspects of the system that need to be measured and then define and collect valid and comparable data needed for the measurement.

Data are presented in reports that allow for synthesis of findings and interpretation of patterns, helping to pinpoint opportunities to improve quality. The participation of provincial, territorial and national partners, which 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 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.



“Observing emerging trends and evidence-based data of other provinces helps the Saskatchewan Cancer Agency develop its own strategies for cancer control. The system performance report provides clarity toward best practices and performance measurements which support our work at provincial and national levels. We have been able to build up our colorectal cancer screening program and to assess our own performance in treatment, prevention and patient experience.”

**Scott W. Livingstone**, *Chief Executive Officer,*  
*Saskatchewan Cancer Agency*



## 2012/13 Highlights

---

*Breast Cancer Control in Canada: A System Performance Special Focus Report* measured how well the country is doing in managing breast cancer, and identified where some of the best practices may be in screening, diagnosing and treating breast cancer. A joint report with the Canadian Institute for Health Information, *Breast Cancer Surgery in Canada, 2007-2008 to 2009-2010*, showed that mastectomy rates vary widely across the country and are influenced by, among other factors, how far women live from cancer centres providing radiation treatment.

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 hospitals. The report included a number of new indicators, plus updated and enhanced measures reported previously.



## How will this work make a difference to Canadians?

We expect that by 2017, we will have a set of agreed-upon cancer control performance benchmarks and/or targets for Canada that will be the basis for continued system performance reporting in the future. The incremental system changes that result along the way will lead to better patient care and outcomes.



## Stopping cancer before it starts

We know the choices people make — for example, healthy eating, exercising and not smoking — can help to prevent some cancers and other conditions, such as heart disease, lung disease and diabetes. The communities in which we live and work play a big role in creating environments that support healthy behaviours, such as walking or biking to school. We need to enable these healthy life choices today to see less cancer in the future.

The Partnership is making it possible for groups and organizations to work across traditional barriers of geography or specific diseases to form coalitions. These collaborations imagine, design, test and evaluate innovative ways to help people shape their lifestyles and communities to prevent cancer and related diseases. This initiative began in 2009 and continues to expand its reach and deepen its impact. We call it the Coalitions Linking Action and Science for Prevention Initiative, or CLASP.

---

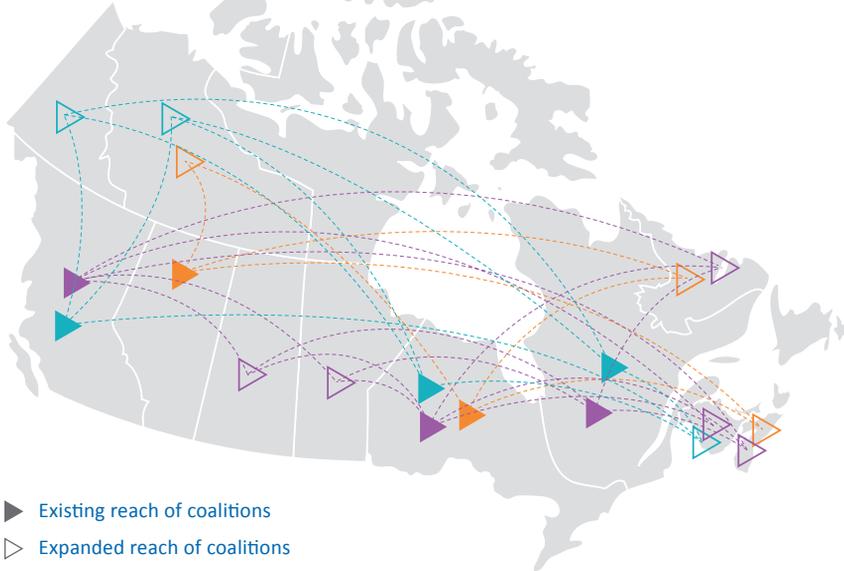
“People striving for healthier lifestyles can be more successful living and working in supportive environments. Our programs provide communities the tools to reduce consumption of sugar-sweetened beverages, choose healthier foods, decrease screen time and increase physical activity. The approach has been implemented successfully elsewhere and adapted for local needs, where we’re engaging municipal recreation centres and the largest childcare facility in the Yukon.”

**Anne Morgan**, *Executive Director, Recreation and Parks Association of Yukon, and Collaborative Action on Childhood Obesity project partner*



## 2012/13 Highlights

Three existing coalitions – the BETTER Project, Collaborative Action on Childhood Obesity and Healthy Canada by Design – were renewed to September 2014 to expand the reach of their innovations to new jurisdictions and communities across Canada.



- ▶ Existing reach of coalitions
- ▷ Expanded reach of coalitions

- ▶ The BETTER Project aims to make it easier for patients to get prevention and screening support within the busy family physician's office.
- ▶ Collaborative Action on Childhood Obesity has identified broad policies to address causes of increasing obesity affecting many of our kids, such as less activity and more sugar-sweetened drinks.
- ▶ Healthy Canada by Design brings together municipal policy decision-makers and medical officers of health as well as urban planners to transform community planning with a focus on health promotion.

At least four new coalitions will come to life in 2013/14 with multi-year funding, following an open process in 2012/13 to identify innovative approaches.

### How will this work make a difference to Canadians?

We expect that by 2017 there will be more places and people using innovations enabled by CLASP to reduce the risk of developing cancer and related chronic diseases that share similar risk factors. Taking action now and sustaining the activities of CLASP into the future means that fewer people will develop cancer in the longer term.



# How funding is invested

2013 was the first year of the Partnership's second mandate, which will continue until 2017 with a total of \$241 million over the five years in funding from Health Canada. Expenses reflect funds directed externally to partners as well as program costs that advance the work of Canada's cancer community to reduce the burden of cancer on Canadians. Over the next few years it is anticipated that investments in programs will increase as implementation of Canada's cancer strategy continues.

The initiatives highlighted in this publication are among more than 20 programs of work underway. For complete information about progress across all programs of work in 2013, please view our annual report at [partnershipagainstcancer.ca](http://partnershipagainstcancer.ca).

## Statements of operations and changes in net assets, year ended March 31

	2013	2012
<b>Expenses</b>		
Population-based prevention and cancer screening	\$ 4,961,792	\$ 11,656,798
Early detection and clinical care	2,035,582	9,832,979
Person-centred 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
	<b>27,707,459</b>	<b>59,117,313</b>
Operating expenses	6,544,920	7,647,375
	<b>34,252,379</b>	<b>66,764,688</b>
<b>Revenue</b>		
Government of Canada	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	1,377,844	2,134,675
	<b>34,252,379</b>	<b>66,764,688</b>
<b>Excess of revenue over expenses for the year, being net assets at the end of the year</b>	<b>\$ –</b>	<b>\$ –</b>

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

# Engaging with partners and people

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

## ↔ **CONVENING**

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

## ↻ **INTEGRATING**

Creating solutions with partners to meet shared goals.

## ⇒ **CATALYZING**

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

## ✦ **BROKERING KNOWLEDGE**

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

Our work is shaped by advisors who bring a broad range of perspectives from across the cancer community. 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 they provide are essential to ensuring the ongoing relevance and ultimate success of the cancer community's collective efforts. The structure and membership of these groups was renewed in 2012/13 to ensure the organization is poised to deliver for 2017. We are also more deeply embedding the participation of patients and other individuals with an interest in cancer in guiding the Partnership's work.



**Left:** Partnership Board member Dr. Evan Adams; Northwest Territories Minister of Health and Social Services, the Honourable Tom Beaulieu; and Partnership Vice-President Lee Fairclough at a knowledge exchange forum in Yellowknife, March 2013.

**Right:** The Partnership was a key participant in the World Cancer Congress, held in Canada for the first time in August 2012. More than 2,000 members of the international cancer community collaborated to share solutions to reduce the impact of cancer worldwide. (UICC photo)



# Board of Directors

April 1, 2012, to March 31, 2013

**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*)

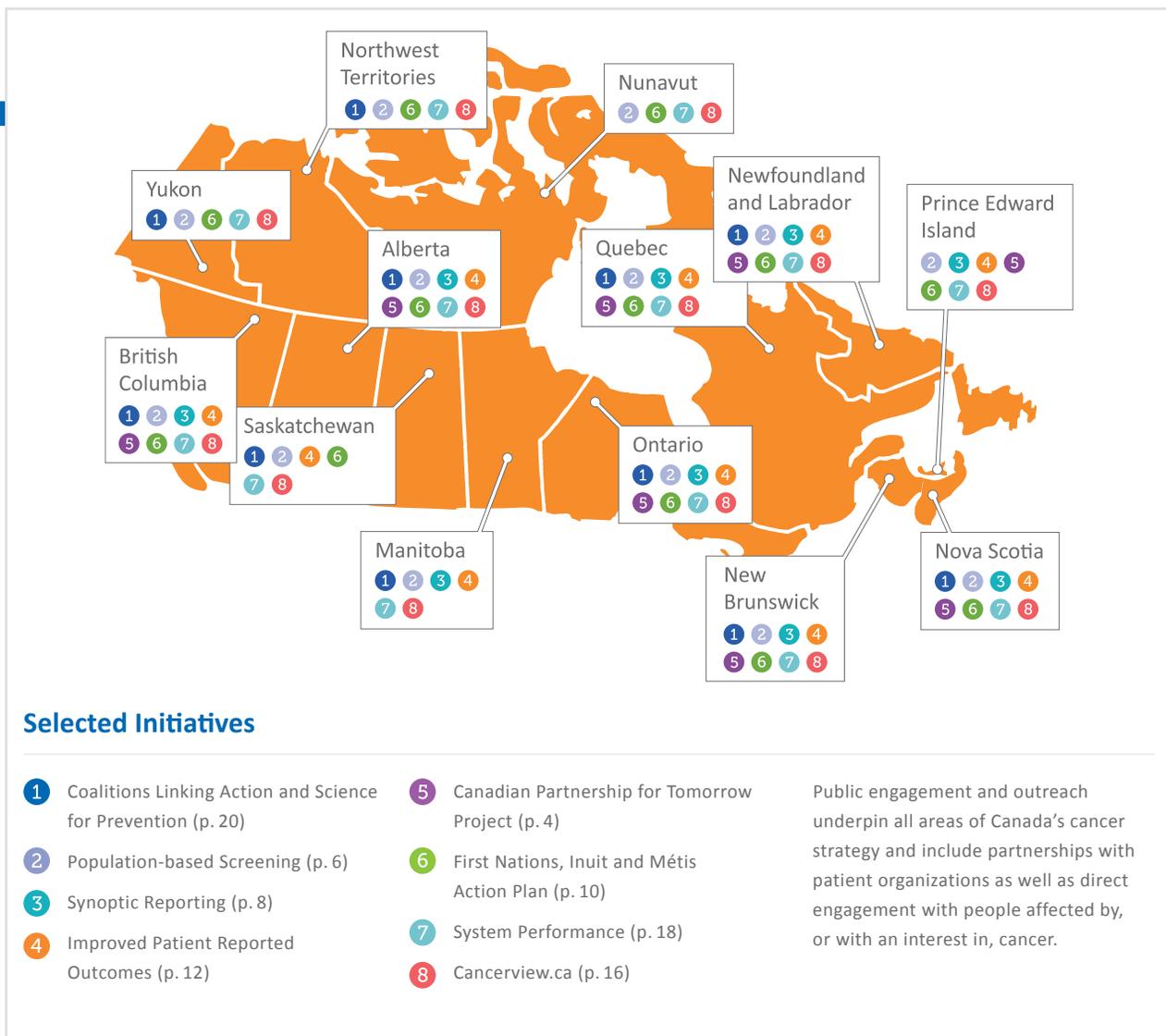
**Abby Hoffman** (Observer) Assistant Deputy Minister, Strategic Policy Branch, Health Canada

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

**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

# Changing the cancer landscape

Canada's national cancer control strategy is already having a powerful impact across a large geography and a diverse population, through the work of Canada's cancer control community. This map shows the reach of the cancer strategy during the 2012/13 year for selected initiatives, as profiled in this publication.



## Selected Initiatives

- 1 Coalitions Linking Action and Science for Prevention (p. 20)
- 2 Population-based Screening (p. 6)
- 3 Synoptic Reporting (p. 8)
- 4 Improved Patient Reported Outcomes (p. 12)
- 5 Canadian Partnership for Tomorrow Project (p. 4)
- 6 First Nations, Inuit and Métis Action Plan (p. 10)
- 7 System Performance (p. 18)
- 8 Cancerview.ca (p. 16)

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

## Canadian Partnership Against Cancer

1 University Avenue, Suite 300, Toronto, Ontario M5J 2P1  
 416-915-9222 | toll free 1-877-360-1665  
 info@partnershipagaincancer.ca  
 www.partnershipagaincancer.ca | www.cancerview.ca

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