



The 2019-2029 Canadian Strategy for Cancer Control (the Strategy) is a 10-year road map to improve the quality and outcomes of cancer care for all people in Canada.

This document is a companion to the Strategy's Priority 2. It highlights **data and evidence** showing the magnitude of gaps in care and where action on cancer control could have the greatest impact across Canada.

As Steward of the Strategy, the Canadian Partnership Against Cancer (the Partnership) is responsible for monitoring and reporting on progress that has been made towards achieving the Strategy's goals. The Partnership is working with partners across the country to develop a set of indicators for measuring progress towards the Strategy's goals and associated targets. They will be used to report to Canadians starting in the fall 2020.



For more information about the Canadian Strategy for Cancer Control, visit partnershipagainstcancer.ca/cancer-strategy

Diagnose cancer faster, accurately and at an earlier stage

ACTION 1:

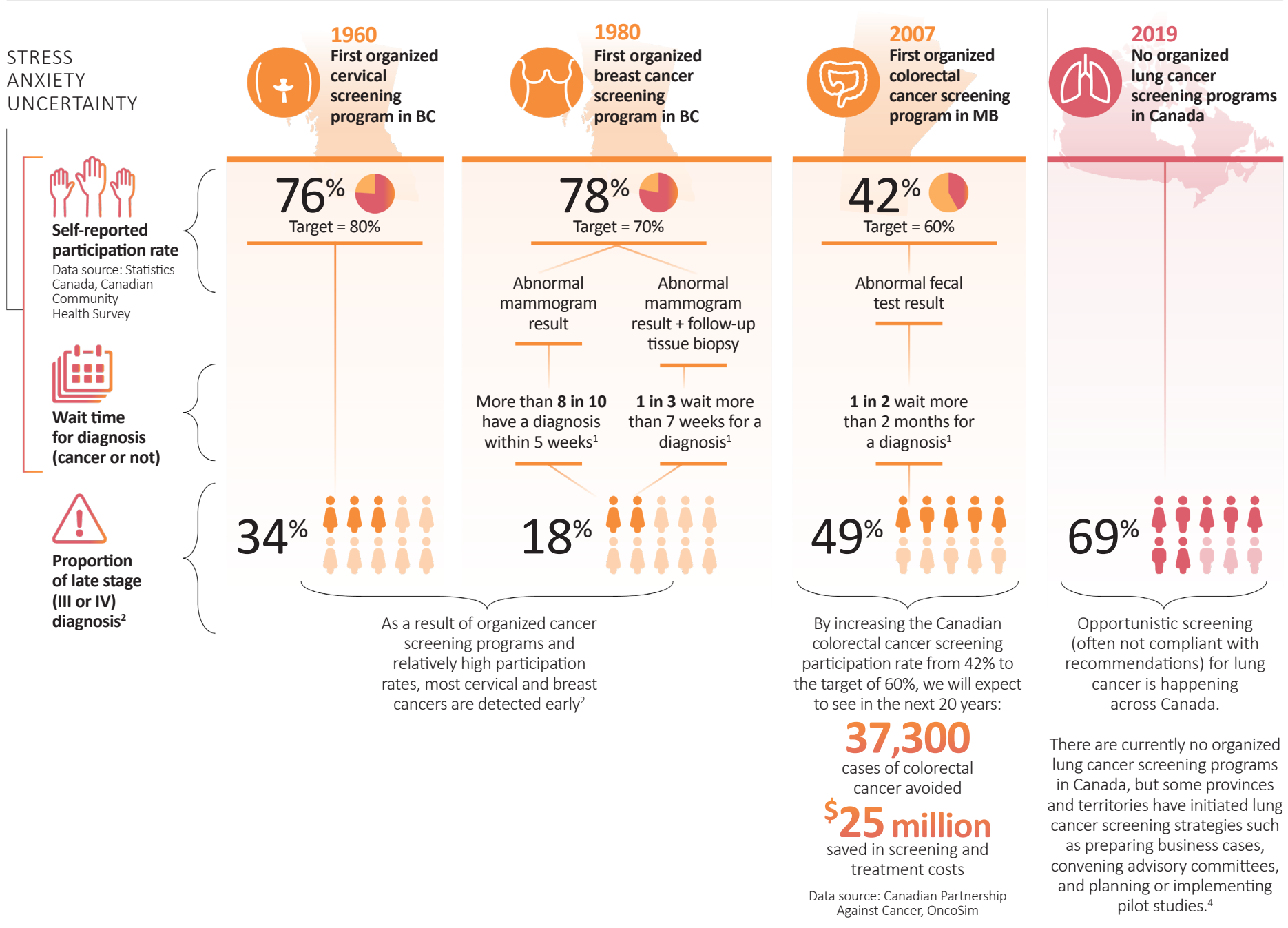
Prioritize rapid access to appropriate diagnosis for those suspected of having cancer.

ACTION 2:

Strengthen existing screening efforts and implement lung cancer screening programs across Canada.



Organized screening programs for cervical, breast and colorectal cancer are in place in the majority of provinces and some territories across Canada.



Cancer screening participation varies across groups and communities.

Cervical cancer screening

% of women aged 21-69 who had at least one Pap test in the past three years varies by



Jurisdiction



70%
Quebec



84%

Newfoundland and Labrador



Geography



73%
rural-remote residents



77%

urban residents



Income



66%
lowest income quintile



82%

highest income quintile



Immigration status



62%
recent immigrant



79%

Canadian-born



Breast cancer screening

% of women aged 50-69 who had at least one mammogram in the past three years varies by



Jurisdiction



69%
Prince Edward Island



84%

New Brunswick



Geography



76%
rural-remote residents



79%

urban residents



Income



67%
lowest income quintile



84%

highest income quintile



Colorectal cancer screening

% of people aged 50-74 who had a fecal test in the past two years varies by



Jurisdiction



12.5%
Newfoundland and Labrador



31%

Manitoba



Income



21%
lowest income quintile



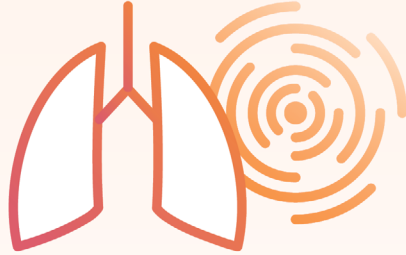
24%

highest income quintile



Screening people at high-risk of developing lung cancer with low dose CT can reduce deaths from lung cancer by 20%³

Age-standardized incidence rates for lung cancer vary by⁵



\$51 million

Estimated annual cost to put in place an optimal lung cancer screening program across Canada

Data source: Canadian Partnership Against Cancer, OncoSim

Education level



114 per 100,000

Less than a secondary school education

45 per 100,000

University degree

Screening people at high-risk of developing lung cancer over the next 20 years could mean



Income



122 per 100,000

Lowest income quintile

67 per 100,000

Highest income quintile



17,000

more lung cancers diagnosed at stage I



17,000

fewer lung cancers diagnosed at stage IV



11,000

fewer lung cancer deaths

Data source: Canadian Partnership Against Cancer, OncoSim

What's next?

We need more evidence on:

- **Gaps and issues that arise between when people first present to their doctor with symptoms to when their cancer is diagnosed**
- **Wait times** from first presentation to the health care system to diagnosis

- **Availability, access to and effectiveness of in-person and virtual diagnostic tools and methods** such as telemedicine, apps that connect patients to primary care providers and specialists, and innovative models of service delivery such as rapid diagnosis clinics and mobile testing facilities
- **Optimization of population-based screening programs** for breast, cervical and colorectal cancer including whether the right people are getting

screened at the right time using the recommended methods, harms caused by unnecessary screening (e.g., false positives, abnormal call rates) and uptake of screening in underserved communities

- **Implementation of lung cancer screening programs** across Canada and the proportion of high-risk individuals who are screened

References

1. Canadian Partnership Against Cancer. 2018 Cancer System Performance Report. Toronto (ON); 2018.
2. Canadian Cancer Society. Canadian Cancer Statistics: A 2018 Special Report on Cancer Incidence by Stage. Toronto (ON); 2018 Jun.
3. Aberle DR, Adams AM, Berg CD, Black WC, Clapp JD, Fagerstrom RM, et al. Reduced lung-cancer mortality with low-dose computed tomographic screening. N. Engl. J. Med. 2011;365(5):395-409.
4. Canadian Partnership Against Cancer. Lung cancer screening in Canada: environmental scan. Toronto (ON); 2019.
5. Statistics Canada. Social determinants of lung cancer incidence in Canada: a 13-year prospective study. Health Reports. 2015; 26(6): 12-20.