

We see progress





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The ongoing challenge of cancer

Despite progress in cancer prevention, two in five Canadians will face a diagnosis of cancer in their lifetime and the number of Canadians affected by cancer continues to rise. In fact, the number of new cancer cases in Canada is expected to increase by a staggering 40 per cent by 2030.ⁱ

Behind the numbers lies a simple reality. Our chance of developing cancer increases as we age and the Canadian population is growing older. In 2007, one in seven Canadians was 65 or older.ⁱⁱ By 2030, it will be one in four.ⁱⁱⁱ

The effect on our health care system will be significant. Increased demand for diagnostic and treatment services is likely to have an impact on limited resources. This will happen at a time when an aging population means proportionally fewer Canadians will be working to fund an already over-burdened system. And while current advances in early detection and treatment mean more Canadians are surviving cancer than ever before, the resulting need for ongoing monitoring and long-term services, such as palliative care, is likely to strain the system even further.

But ultimately the burden of cancer will be felt most by those diagnosed and by their families, friends and colleagues. Cancer affects all aspects of our lives—our personal well-being, our participation in community life, our workplace productivity and the financial stability of our families.

The Canadian Partnership Against Cancer and the cancer control community are working together to reduce the burden of cancer on our health care system and on all Canadians.

After 10 years of coordinated efforts to advance our shared strategy, we see progress—progress that will continue. We are changing the cancer landscape in Canada.

Before 2007—A struggling system

As Canadians, we are proud of our health care system. But 10 years ago, cancer control in Canada was at a crossroads.

The system was struggling to deal with a complex disease that includes more than 200 cancer types, multiple risk factors and continually evolving forms of treatment.

As well, despite the growing burden of cancer, there was no Canada-wide approach to coordinating the many aspects of cancer control—prevention, screening, diagnosis, treatment, survivorship, palliative and end-of-life care, and system surveillance. Provinces, territories and non-governmental organizations acted independently with little coordination of planning and care, resulting in unnecessary duplication of efforts, wasted resources and missed opportunities to benefit from economies of scale. Resources, services and programs varied from place to place, leading to inequities. People living in rural and remote locations, immigrants, low-income Canadians and First Nations, Inuit and Métis peoples were particularly underserved as the system struggled with the challenges posed by geography, language and cultural diversity.

Missed opportunities, unanswered questions

At the same time, knowledge of more effective approaches to prevent, diagnose and treat cancer was growing rapidly—knowledge that could save lives, reduce suffering and lower costs. But this knowledge was dispersed across the country and throughout the health care system and uptake was uneven. No Canada-wide mechanism existed to coordinate action or to share learning and best practices with policy-makers and health professionals and help them use the information in their work. And the complexity of the information and the number of sources was overwhelming.

At that time, the cancer control system could not determine if any of its efforts were making a difference. Despite Canada's rich health data holdings, there was little coordination to ensure that the right data was gathered efficiently and effectively or that it was readily available to those who required it. As a result, the system was unable to consistently measure and compare results across the country or learn which evidence-based approaches worked best.

Falling through the cracks

Most importantly, the cancer care system was not sufficiently focused on the needs of those it was intended to serve—people affected by cancer.

Individuals with cancer faced a fragmented system as they navigated the journey from suspicion of cancer through diagnosis, treatment and the transition back to the community, primary care or palliative care.

In addition, the system focused primarily on the physical aspects of the disease, with no coordinated approach to assess and address the serious emotional and psychological dimensions of the journey. In the absence of coordination, the majority of this responsibility fell to family, friends and the community—or fell through the cracks.



Claudia

PATIENT AND FAMILY PARTNER

Getting ready to return to work after cancer treatments can mean facing a new reality. Survivors may need to learn to manage issues such as fatigue, pain, limited stamina, “chemo brain” and less tolerance for stress. Claudia Hernandez, a physiotherapist who is unable to return to her former occupation, knows first-hand how a poor transition plan can hamper a successful and timely return to work.

Understanding the experience of people like Claudia, a patient advisor to the Partnership’s National Survivorship Working Group, helps health care providers, employers and insurance companies better understand return-to-work related issues.

“The rate of cancer survivorship and life expectancy after cancer is increasing. We want to have a sense of normalcy, which includes going back to work and being productive. A proper transition to accommodate a cancer survivor’s return to work is good for everyone: the survivor, the employer, the insurance company and the health care system.”

Claudia Hernandez is a member of the Partnership’s Return to Work Project team, which is part of the Survivorship Initiative, and a physiotherapist living in Toronto, Ontario.

A strategy for the future—The cancer community responds

The answer then, as now, lay in collaboration.

More than 700 Canadians—researchers, health professionals, academics, health system leaders and patient advocates—came together to address the growing number of cancer cases and deaths in Canada and the challenges facing the cancer care system. The result was the *Canadian Strategy for Cancer Control* (the Strategy),^{iv} a plan anchored in shared priorities and the belief that Canada must leverage the breadth and depth of expertise that exists across the country and ensure best practices are efficiently and effectively integrated throughout the system.

Focused on all aspects of cancer care and control, the Strategy called for the sharing of evidence and best practices across the country, and continuous measurement of how well the cancer control system is performing.

To move the Strategy into action, the federal government created the Canadian Partnership Against Cancer in 2006. Its role: to steward, facilitate and lead the Strategy together with the many partners that make up the Canadian cancer control system.




A CALL TO ACTION

By mobilizing the cancer community to take action, the Canadian Partnership Against Cancer would lead efforts to address:

- > the growing burden of cancer, including an increasing number of new patients every year,
- > the high impact of cancer mortality—cancer is now the leading cause of death in Canada,
- > increased costs of cancer care and the impact of new and promising (but expensive) drugs and technologies,
- > uneven uptake of knowledge and innovation,
- > limited sharing of tools and resources and lack of collaboration among cancer organizations and areas of the country to address the burden of cancer,
- > duplication of efforts across the system, and
- > the far-reaching implications for the health care system and Canadians if a coordinated, Canada-wide effort to reduce the burden of cancer was not developed.

Ambitious but achievable—Three shared goals



United in its vision, the cancer control community identified three simple, clear Canada-wide goals:

- > Fewer Canadians develop cancer,
- > Fewer Canadians die from cancer, and
- > Canadians affected by cancer have a better quality of life.

The goals were ambitious—but achievable—and they remain fundamental to the *Canadian Strategy for Cancer Control*, the Partnership's efforts to date and the work that remains.

Reaching these goals will take 30 years of focused Canada-wide collaboration. Guided by a roadmap (see next page) with immediate (10-year) and intermediate (20-year) goals, we continually track our progress. Today, we can clearly see the progress we have made by working together, and we will build on these successes to achieve our ultimate goals.

The challenges are formidable and there is much more to be done. But 10 years into our 30-year plan, we have much to celebrate.

By 2037



Fewer Canadians develop cancer.



Fewer Canadians die from cancer.



Canadians affected by cancer have a better quality of life.

By 2027



More Canadians have access to higher-quality prevention and screening programs.



The quality of cancer diagnosis and care has improved.



Canadians affected by cancer have a better experience.



The cancer control system works more effectively and is coordinated with the broader health system.

By 2017



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



More people will be screened appropriately and cancer will be found earlier, when treatment can make a difference.



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



Canadians will benefit from improved population health research capacity and enhanced coordination of cancer research.



First Nations, Inuit and Métis peoples will have their cancer care needs better recognized and addressed in a culturally appropriate way.



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



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.



People affected by cancer, and professionals, will have timelier and easier access to good information, tools and resources related to cancer.



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



Progress in cancer control in Canada will be accelerated and more efficient.

Ashley

PATIENT AND FAMILY PARTNER

At 13, Ashley Turner found herself caught between two worlds. A young cancer patient, she was deeply connected to her Métis heritage but receiving care based on a westernized medical model.

Ashley's family and community helped her successfully balance her cultural needs with the constraints of the western health system. Today, ensuring that her experience is the norm rather than the exception is central to her work as the Métis Nation Cancer Care Project Coordinator in British Columbia.

The Partnership's commitment to improving the cancer journey for First Nations, Inuit and Métis peoples sets a precedent, she says, one that others within the health system and beyond should follow.

"Once we as Canadians have a better understanding of the First Nations, Inuit and Métis cancer journey and experience, we'll be significantly better equipped to provide culturally sensitive care."

Ashley Turner is a citizen of Métis Nation British Columbia and is an advisor to the Partnership's First Nations, Inuit and Métis Cancer Control portfolio. She is based in Vancouver, British Columbia.





John

SYSTEM PARTNER

Information found in cancer pathology reports is essential for high-quality patient care and cancer control. With better pathology data collection, patterns in care and treatment can be better understood. That's why wider adoption of standardized pathology reporting is one of the Partnership's priorities. Improving the consistency and conformity of pathology data can lead to better analysis of that data, accelerating findings that lead to better treatment and care.

"Without the Partnership driving exploration of the benefits of synoptic pathology reporting, it would be very difficult to demonstrate that it's not only feasible, it's preferable."

Dr. John Srigley is the Expert Lead in Pathology at the Partnership and Chief, Laboratory Medicine and Genetics, at Trillium Health Partners. He works in Mississauga, Ontario.

2007–2017—Ten years of progress

Today, we see real and concrete progress toward our shared goals.

Working together, the Partnership and our partners across the country have made significant, measurable advances in our first decade of implementing the Strategy. The following are just some of the achievements that are changing the face of cancer control across Canada and bringing us ever closer to meeting our 30-year goals.

Connecting researchers to accelerate cancer research

With health and lifestyle data collected from 300,000 Canadians, the Canadian Partnership for Tomorrow Project is Canada's largest population health research platform and one of a handful of population cohorts with international significance. By bringing five regional cohorts together, the Partnership and its partners have created a rich research tool of uniquely Canadian data that will accelerate global research and provide future opportunities for made-in-Canada discoveries about why some people develop cancer and others do not.

Using performance data to drive improvement

Before 2010, there was no organized approach to collecting and reporting national data on the quality of cancer control. Today, Canada is a world leader in this area. Thanks to our successful collaboration with our provincial, territorial and national partners, we are now able to review and compare performance across the country using over 30 indicators. Our partners in all areas of care can now identify gaps and implement quality improvement programs to address them, contributing to continuous improvement of cancer control and care delivery.

Screening more Canadians for cancer

Ten provinces and one territory now have colorectal cancer screening programs planned or in place. The result of a coordinated effort led by the Partnership, this achievement occurred in a record-setting three years—far less time than it took to establish comparable programs for breast and cervical cancer. The impact on the health of Canadians will be significant: screening can help prevent colorectal cancer or catch it early when it is highly treatable. And with the provinces committed to harmonized data collection, the effectiveness of provincial screening programs can be tracked, compared and improved.

Preventing cancer before it begins

In collaboration with cancer and chronic disease partners across the country, the Partnership is developing high-impact strategies to prevent cancer before it begins. Organizations across the country are working together on Partnership-funded projects that combine the best research, policy and practice to help Canadians reduce their risk of cancer and other chronic diseases through healthy living. And public health professionals and policy-makers now have access to a searchable database of more than 2,200 policies and laws related to modifiable risk factors to support their efforts to create healthier communities. By making healthy living and prevention strategies a priority now and in the future, we will help Canadians reduce their risk of cancer.

Collecting standardized data to inform clinical decisions

Through the investment and efforts of the Partnership and Canada's cancer agencies, nine provinces are now collecting standardized cancer stage data electronically for more than 90 per cent of breast, colorectal, lung and prostate cancer cases (the four most common cancers). As a result, health professionals, patients and families have powerful information to help plan care and predict outcomes,

and data from across the country can be compared to gain new insights to improve early detection and cancer care initiatives.

Working with First Peoples to improve the patient journey

A critical foundation for improving the patient journey for First Nations, Inuit and Métis peoples has been established through the first-ever *First Nations, Inuit and Métis Action Plan on Cancer Control*. The plan was created in partnership with three national Aboriginal organizations—the Assembly of First Nations, Inuit Tapiriit Kanatami and the Métis National Council—and with people affected by cancer, their families, cancer agencies and health organizations—across the country. The Action Plan is an important step in meaningful engagement of First Peoples. Initiatives are now underway across eight provinces and territories to embed culturally relevant services. Plans are also in place to improve transitions between cancer care and an individual's home community. The initiatives are truly collaborative, involving 41 First Nations, Inuit and Métis organizations and communities, Indigenous professional associations, multiple cancer agencies and programs, and government ministries.

Responding to the needs of people affected by cancer

Cancer patients and their families have long struggled with a shortage of the physical, psychological and social supports they need throughout the cancer journey. Now with the

support of the Partnership, eight provinces have implemented a standardized tool that gathers information on symptoms such as fatigue, pain, depression and anxiety that can affect a person's ability to cope. The information allows patients and health professionals to develop a personalized care plan to address individual needs and improve quality of life. In addition, the Partnership and its partners are using new approaches to measure and monitor patients' experiences and outcomes as they move through the cancer control system. This important data will support efforts to make the system more responsive to patient needs.

Sharing evidence-based knowledge more effectively

Through the efforts of the Partnership and our partners, health professionals and policy-makers now have easier access to resources and tools to help them put evidence into practice. Cancerview.ca provides an online knowledge hub of evidence-based resources from across the country. A searchable database created by the Partnership provides access to more than 2,500 English-language cancer control guidelines and standards. In addition, the Partnership has brought together experts to review new evidence as it emerges, providing guidance and support to the cancer control community in areas such as colorectal cancer screening and lung cancer screening in high-risk populations.

Measuring impact and value

The Partnership's development of the Cancer Risk Management Model, a sophisticated modelling tool, now makes it possible to quantify the impact of interventions such as screening and treatment on long-term health and economic outcomes. This information allows us to measure the impact and value of a coordinated approach to cancer control and is providing partners such as the Canadian Task Force on Preventive Health Care and the Canadian Cancer Society with valuable information to help them make better decisions.

As these examples demonstrate, the hard work and successful efforts of many individuals, teams and projects is delivering results: our cancer control system is working more effectively with less duplication of effort, delivering person-centred care more consistently and creating a more sustainable system for the future.

These results also point to the success of the Partnership's collaborative model as a strategy for changing policy—an achievement confirmed by an independent third-party evaluation completed in the fall of 2015. Today, all 13 provincial and territorial cancer agencies and programs are working on shared priorities, and hundreds of partner agencies, health professionals and people affected by cancer are engaged in Partnership-funded initiatives. This broad-based participation in turn builds ongoing connections with and among different areas of the country and different partners—generating new synergies that lead us ever closer to realizing the Strategy's 20- and 30-year goals.





Listening, learning and taking action together

All our successes are the result of shared commitment and effort.

As the steward of the *Canadian Strategy for Cancer Control*, the Partnership listens to our partners, learns from them and leverages their collective efforts to get results and bring about sustainable change.

The Strategy belongs to Canadians and to our partners across the cancer control system: people affected by cancer, provincial and territorial cancer agencies and programs, national Aboriginal organizations, cancer charities and non-governmental organizations, health professionals, health and research organizations, and provincial and territorial governments.

Together, we advance the Strategy through a shared commitment to:

- > identify and promote evidence, innovations and best practices,
- > champion a person-centred system from prevention, screening and diagnosis through clinical care to survivorship and palliative care,
- > reduce unnecessary and costly duplication, and
- > accelerate positive change.



Tristan

PATIENT AND FAMILY PARTNER

Tristan Williams was 12 when he was treated with radiation to cure thyroid cancer. “There was no one around me who was like me,” he remembers. “I didn’t know anyone who had cancer. At that age, no one really even knows what cancer is.”

A second cancer diagnosis led to surgery to replace his hip and rehabilitation at a time when his friends and classmates were enjoying the freedom of adolescence. Adolescents and young adults with cancer crave independence, he says, but they need high-quality, easily accessible information to feel they are involved in making decisions about their own care and futures.

“For me, it’s about how we show survivors they still matter. How to give them a little more independence or a little more self-confidence. Because to me, that relates to a better, healthier life. When I’m feeling good about me, it’s going to make me feel better about whatever is happening to me.”

Tristan Williams is a two-time cancer survivor who participated in an online discussion hosted by the Partnership on adolescent and young adult cancers. He lives in Montreal, Quebec.



Sharon

PATIENT AND FAMILY PARTNER

Sharon Matthias has spent her professional life observing and learning from her experience in health and other public systems to understand how they work and, more importantly, how they could work better. So joining a conversation about how to improve Canada's cancer system seems a natural fit. But Sharon wears two hats: she's not only an expert, she's also a cancer survivor who brings the perspective of a patient. Sharon supports a crucial piece of the Partnership's work, helping to ensure that the links between program work and long-term goals to improve outcomes for patients and families are well-understood.

"I think the Partnership is breaking new ground here. Having committed to learning how best to engage people with lived experience at all levels—organizational and system as well as the clinical or program levels—the Partnership can help others do that if they aren't already," she said.

Sharon Matthias was the patient representative on the Partnership's working group developing the 2017–2022 strategic plan and is a patient advisor on the Partnership's Person-Centred Perspective Advisory Group. She is a consultant and coach in Edmonton, Alberta.

A unique role and contribution

The Partnership carries out its stewardship role from a unique vantage point.

Our work with partners gives us a panoramic perspective on Canada's federated health system and a window into all aspects of cancer care. We can see best practices in one province or region and identify opportunities that other provinces or territories may act on. We are able to identify activities that will accelerate and amplify positive outcomes for Canadians across the cancer journey and work with our partners to prioritize them. And we have the funding resources to support efforts that reach across many parts of the country and that have the potential to truly advance cancer control in this country.

Our partners characterize our role as that of an *honest broker*. We hold a mirror to the cancer system, identifying gaps and opportunities for improvements and proposing solutions we can act on together. We work hard to earn and maintain this trust, providing our partners with support by coordinating and collaborating, identifying groundbreaking best practices, surfacing new evidence and accelerating innovation.

We also thoughtfully and deliberately engage people affected by cancer and other interested members of the public. We ensure that their insights, experiences and perspectives shape our programs of work, and we include patient and family advisors in all of our program advisory groups.

Evolving together

Our commitment to engaging and collaborating with partners and people affected by cancer provides the foundation for all our activity and is rooted in four approaches that have characterized our work since the beginning of our first mandate:



Convening

bringing people and organizations in the system together to build communication links, share data and learning, collect early input and identify collective priorities



Integrating

co-creating solutions by working with diverse partners on projects with common goals



Catalyzing

bringing resources and management to projects that identify best practices and move priorities forward



Brokering knowledge

mobilizing new evidence, knowledge and practices so they can be scaled up and translated into action

As our work continues to evolve, so does our emphasis.

When the Partnership was established in 2006, our focus was on convening the members of the cancer control system to develop networks and identify shared priorities. As relationships across provinces and territories, programs, organizations and individuals grew and strengthened, our emphasis shifted to integrating and catalyzing efforts in order to develop programs that would advance these shared priorities and establish systems, performance baselines and standards in cancer control. By bringing together people affected by cancer and partners from across the cancer community to co-create and design programs, we began building a stronger and more responsive cancer system.

The Partnership will continue working this way as we continue to drive progress toward our 20- and 30-year goals, but our focus is increasingly on how best to use the tremendous knowledge that is being created throughout the system in order to drive change.

This focus lies at the very heart of the cancer strategy as envisioned by the 700 partners and stakeholders who created it. It is an approach to cancer control in Canada that moves new knowledge into action more quickly—ensuring that new insights, evidence and approaches that are developed and tested in one part of the country are shared across the system to bring about real change.





Serena

PATIENT AND FAMILY PARTNER

Serena Hickes was taught by her Inuk grandmother not to fear death. Yet when it came to sharing medical information, her family kept silent, leaving her with questions about hereditary risk factors that might affect her, her children and her grandchild. It's these secrets that have made her a passionate advocate for improving hospice care in communities across Nunavut.

"Because I live in the south, so far away from so much of my family, my circle is small. I don't want to be a burden on my children or their children," she says. "Not many people have appreciation for the health care system before they need it, but being an advocate my whole life has made me appreciate it."

Serena Hickes is a social worker and volunteer with the Canadian Virtual Hospice, a partner within the Partnership's Person-Centred Perspective portfolio. She lives in Winnipeg, Manitoba.



Winson

SYSTEM PARTNER

Building a population-based screening program is a long-term effort, but provinces offering colorectal screening are experiencing the benefits of the Partnership's Canada-wide colorectal screening network and direct support to help them generate biennial reports to monitor their progress.

“Change can take years to happen, but now provinces have team members who are specifically assigned to do these reports—and I’m seeing a lot of maturity in terms of what data are being generated. The whole exercise of gathering data is improving how provinces are collecting data themselves, which can help set priorities and make change. By making these improvements, they’re building capacity to influence downstream changes.”

Dr. Winson Cheung is Chair of the National Colorectal Cancer Screening Network Monitoring and Evaluation Working Group and is a medical oncologist at the BC Cancer Agency's Vancouver Centre Clinic. He works in Vancouver, British Columbia.

Accelerating positive change

As the Partnership sets its course for 2017–2022 and beyond, we continue to build on the strong foundation of the *Canadian Strategy for Cancer Control*. Our 2017–2022 plan is also informed by our strong collaboration with partners and those affected by cancer, and the significant progress toward our 30-year goals that we have made together.

While we celebrate this progress, the bar is now set even higher. Before the adoption of the Strategy, many of our partners worked in isolation without the benefit of one another's experience and knowledge. After 10 years of increasing collaboration within the cancer control system, partners and stakeholders expect the Partnership to deliver meaningful results even faster.

The cancer control system continues to face significant challenges. To meet them and to deliver on our 20- and 30-year goals, our plan must address the following emerging needs:

Person-centred perspective

There is a growing consensus that the needs of people (patients, families and those at risk for cancer) are central and must drive change within the system. Our partners and stakeholders believe the Partnership can and should play a significant role by working with people affected by cancer to ensure the system's orientation continues to shift to the needs of the person throughout the cancer journey.

From data to action

Improving the collection, reporting and analysis of data has long been a priority for the cancer system. Over the past decade, the Partnership has brought together key data partners and made significant investments in infrastructure to increase capacity within the system. Now we must move data into action. The Partnership will put a greater focus on helping all our partners speed up the use of this knowledge as a real-time tool for front-line decision-makers and health professionals.

Effective use of resources

The Partnership has become known as a valued partner and change agent within the broader cancer control community. Solving complex system problems requires that those across the system avoid duplication and use limited resources effectively. The Partnership will continue to identify shared priorities and specific collaboration projects with new and existing partners, but on a larger scale. These projects will target emerging problems and challenges within the system and capitalize on our mutual strengths.

Focus on added value

During our first two mandates, the Partnership worked collaboratively with partners that have a broader chronic disease mandate, such as the Public Health Agency of Canada. We will continue to work with and learn from these partners. However, to avoid duplication of effort, the Partnership will focus on cancer control specifically and will look for areas in which we can add the most value and accelerate progress toward shared cancer control goals.

Our early efforts to create strong and effective working relationships with and among our partners have positioned us to address the challenges ahead. We are working faster and more effectively together than ever before. Now we must mobilize the tremendous knowledge that is being created throughout the system.

And so we turn our focus and collective efforts to the 2027 goals and to accelerating positive change.

A portrait of Marc LePage, a middle-aged man with short grey hair, smiling. He is wearing a dark suit jacket over a light blue and white striped button-down shirt. The background is a bright, modern interior with vertical glass panels.

Marc

SYSTEM PARTNER

With the extensive database of the Partnership's Canadian Partnership for Tomorrow Project available for use, researchers in Canada and across the globe have a powerful and easy-to-use tool in the search for answers about why some people develop cancers and other chronic diseases.

"Getting 300,000 Canadians signed up and getting the samples is a huge logistical and technical achievement. As we move to genomic medicines, more precision medicines and personalized medicines, interventions will increasingly be tailored to the genetic profile of the individual. This is a great validation cohort for the disease."

Marc LePage is the President and CEO of Genome Canada. He is also the former President and CEO of Genome Québec, both funders of the Partnership's Canadian Partnership for Tomorrow Project. He works in Ottawa, Ontario.



Our strategic planning framework

The success of the Partnership lies in its collaborative model, and the planning process for the 2017–2022 strategic plan reflects that approach.

To develop the strategic plan for this third mandate, the Partnership undertook more than a year of extensive consultations with partners and stakeholders beginning in mid-2014.

We reached out to more than 130 partners—including provincial and territorial cancer agencies and programs, national Aboriginal organizations, cancer charities and non-governmental organizations, people affected by cancer, health professionals, health and research organizations and provincial and territorial governments—gathering input on issues, gaps and opportunities. This groundwork was critical to developing a framework that reflects our partners and their priorities.

Maximizing impact through flexibility

The 2017–2022 strategic planning framework also reflects a key lesson from the Partnership's first decade: that the Partnership and its partners can all maximize impact when our planning allows us the flexibility to respond to new opportunities and challenges as they arise.

Since 2012, we have become increasingly focused and analytical in identifying where the

Partnership has the greatest potential to make a difference. This allows us to focus action around a shared priority in a way that does not duplicate existing efforts in the cancer control system, but rather capitalizes on synergies to accelerate positive change. Recent examples include our work to bring together the cancer control and tobacco control communities for the first time, the development of a lung cancer screening framework to respond to new evidence, and the launch of the Partnership's First Nations, Inuit and Métis Cancer Control Initiative.

To provide this flexibility, our 2017–2022 strategic framework deliberately organizes the Partnership's future work across the cancer system around five themes. These themes reflect the shared priorities that emerged from our consultations and will anchor the work of the Partnership for 2017–2022. This approach ensures that as steward of the *Canadian Strategy for Cancer Control*, the Partnership is able to act on evolving priorities and respond to the partners and stakeholders that make up our cancer control system, while constantly advancing toward our long-term goals.

Together, we will build on our learnings, progress and successes in the first decade of the Strategy to drive toward our shared goals for 2027 and 2037.

300,000


volunteer Canadians aged 35–69 have shared information about their health, lifestyle and behaviour with the Canadian Partnership for Tomorrow Project.

200

organizations and agencies across the country are advancing strategies and initiatives that bridge silos, reach across provinces and territories and improve coordination across the system.

UP TO 50

annual patient and family advisory opportunities to contribute to advancing Canada's cancer strategy through committees, networks and advisory roles.



Shared themes
for 2017–2022

Advancing the
cancer strategy

The Partnership's work for the next mandate will be guided by and organized under five themes: quality, equity, seamless patient experience, maximize data impact and sustainable system.

A description of each theme and an example of how it will translate into action is provided below; a more detailed overview of planned activities and initiatives will be developed with our partners for the Partnership's 2017-2022 business plan.



Quality

Embed evidence-based quality improvements in all interventions, from population-based prevention policies and practices through all aspects of person-centred care. Improve success rates and maximize appropriate diagnosis and treatment by promoting Canada-wide adoption of evidence-based best practices. Aim for the right diagnosis, right treatment and right care at the right time, based on the needs of each individual.

Example of the theme in action:

Using real-world data to drive high-quality care:

An initiative to bring together surgical leaders and provincial decision-makers to improve cancer outcomes and reduce disparities by reducing undesirable variation in surgical cancer care. Working with our partners, we will establish disease-site-specific cancer surgery performance targets, including monitoring of relevant indicators and outcomes, and collaboratively develop action plans that balance the need for high-quality surgical services with equitable access.



Equity

Minimize disparity across the cancer control system for all populations. Ensure access to high-quality, culturally appropriate and person-centred cancer prevention, diagnosis, treatment and care no matter where an individual lives, who they are or where they are in the cancer journey. Improve delivery of cancer control services with and for First Nations, Inuit and Métis peoples and partners.

Example of the theme in action:

Screening for cancer in underserved populations:

An initiative to reduce disparities in screening activity and outcomes focused on low-income Canadians. First Nations, Inuit and Métis peoples and partners are working in collaboration with the Partnership to advance access to culturally relevant screening.



Seamless patient experience

Make transformational efforts to design the system from the perspective of patients and their families. Ensure that person-centred care is the standard of practice in the cancer control system. Close the gaps in the continuum of prevention and care so people experience a simple and more understandable path when navigating the system or transitioning in or out of the cancer care experience.

Example of the theme in action:

Improving the patient experience through palliative care: An initiative to implement a multidisciplinary, holistic model that integrates palliative care early in the cancer journey. The early introduction of palliative care conversations has been shown to improve not only the quality of the patient experience, but also cancer survival. This approach ensures symptoms of patient distress are identified early, managed and addressed to enhance an individual's quality of life and allow them to have a high quality of life for as long as possible.



Maximize data impact

Broaden the reach, depth and availability of population and cancer data with an emphasis on ensuring that researchers and cancer system professionals are able to ask questions of the data and find answers to address the most important challenges at the front line for faster and more evidence-based decision-making.

Example of the theme in action:

Leveraging big data to improve cancer care: An initiative to link data from across a person's entire cancer journey to identify where and how changes can be made to improve the experience of people affected by cancer and the cancer control system. Working with our partners, we will explore how to link and harness the information from a variety of datasets, including the provincial cancer registries and data available through the Partnership's Electronic Synoptic Pathology Reporting Initiative (ESPRI) and Electronic Synoptic Surgery Quality Initiative (ESSQUI).



Sustainable system

Make the system more responsive, resource efficient and economically sustainable by spreading knowledge faster of what works best and has the most positive impact. Recognize and plan for the increase in cancer cases to come in the next two decades, and plan for delivery of appropriate levels of care that recognize the needs of the aging population.

Example of the theme in action:

Streamlining the diagnostic process: An initiative to engage health professionals and system leaders to reduce the time from suspicion of cancer to diagnosis and to make the process as easy and efficient as possible for people affected by cancer. This will include mapping the diagnostic process in areas where there is potential for streamlining and exploring strategies to help health professionals identify cases that require rapid referral.



Shifana

PATIENT AND FAMILY PARTNER

Managing global clinical research operations is Shifana Premji's professional focus, but losing her mother to ovarian cancer at a young age made it a personal cause as well. As a member of the steering committee for the Partnership's Analytic Capacity Building Initiative, she brings both her expertise and her personal experience to the table as a passionate advocate for better public understanding of how health data influences system decisions.

"This initiative helps inform stakeholders about factors that can affect decisions around treatment options or clinical trial participation. It also helps to connect the dots for the public, since many people are unaware of the continuum of data. Tying these together can give patients and their families more knowledge to participate meaningfully in decision-making," she says.

Shifana Premji is a patient advisor to the Partnership's Analytic Capacity Building Initiative Steering Committee and a Clinical Operations Leader (in oncology) for a global clinical research organization. She is based in Vancouver, British Columbia.

Gaynor

SYSTEM PARTNER

Funding through the Partnership-supported Healthy Canada By Design initiative helped Nova Scotia's Capital District Health Authority add an urban planner to their health team and create lasting partnerships with their municipal counterparts across Canada. Halifax has now developed a model Complete Streets policy and introduced innovative ways of tackling food security in the city. Active transportation and healthy food consumption are key contributors to preventing cancer.

“The weight of a national partner like the Partnership meant we could find support for our priorities, lean into colleagues from across the country and pull out expertise in how to do this. We were able to access world-class resources. We are so proud to have participated in such a high-quality initiative.”

Dr. Gaynor Watson-Creed led a Healthy Canada by Design project, funded by the Partnership's Coalitions Linking Action and Science for Prevention initiative. She is the Medical Officer of Health for the Nova Scotia Health Authority Central Zone (Halifax and area). She works in Dartmouth, Nova Scotia.



André

SYSTEM PARTNER

After cancer sharing circles held in two small Aboriginal communities in the Northwest Territories revealed deep misunderstandings about cancer and miscommunication issues between cancer patients and their care providers, the Northwest Territories sought a partnership with Alberta, British Columbia and Manitoba to embark on a “brokered dialogue” project with support from the Canadian Partnership Against Cancer.

The resulting videos feature community members (patients or family members) describing their cancer experiences, followed by responses from physicians and other cancer care providers. The videos then return to the original interviewees for a final round of comments. Although the project is still underway, the stories captured so far are already having an impact on how clinicians interact with patients.

“Many health care providers are not aware of the issues that our patients have to go through, so this has been quite revealing for them. I think it will help health care providers offer better services to their patients once they’ve seen these stories.”

Dr. André Corriveau is leading the Dialogue and Storywork in Support of the First Nations, Inuit, and Métis Cancer Patients project, which is part of the Partnership’s Primary and Oncology Care Integration Initiative. He is the Chief Public Health Officer in the Department of Health and Social Services, Government of the Northwest Territories. He works in Yellowknife, Northwest Territories.



Plans with key partners

As we prepare to launch our third mandate, the Partnership has already identified joint areas of work with a number of key partners. We will continue to work with our partners across the country to identify additional projects and opportunities for collaboration.

First Nations, Inuit and Métis

Guided by the National Aboriginal Organization Caucus, we will build on efforts to implement the *First Nations, Inuit and Métis Action Plan on Cancer Control* and will continue to collaborate to advance culturally relevant and people-specific cancer control initiatives. The Partnership will continue working with and for First Nations, Inuit and Métis partners and other cancer control partners to address the priority cancer control issues identified in the jointly created action plan, including advancing screening efforts. Additionally, the Assembly of First Nations, Inuit Tapiriit Kanatami and the Métis National Council will seek opportunities to advance work specific to their peoples.

Note: Approved by Inuit Tapiriit Kanatami and the Métis National Council

Canadian Cancer Society

The Partnership and the Canadian Cancer Society will continue to collaborate to make cancer information readily available to our respective target audiences. The Canadian Cancer Society will continue to be the primary voice on cancer directly to the public and through health care partners, while the Partnership will build on its efforts to make timely cancer system information available to the cancer control community. Together, we will develop an awareness of each organization's priorities in patient and public engagement, recognizing that harnessing the public voice is critical to developing salient and patient-centred cancer control interventions. This coordinated effort will ultimately bring more value to Canadians who will continue to benefit from two organizations working toward the same ultimate goals through aligned but different efforts.

Canadian Association of Provincial Cancer Agencies

The Canadian Association of Provincial Cancer Agencies (CAPCA) works closely with the Partnership to align national efforts in promoting and advancing high-quality cancer care and services to all Canadians affected by cancer and at risk of cancer. We will continue to work together to solve complex system issues with, in particular, an immediate focus on the effectiveness, efficiency and sustainability of the cancer system, including optimizing resources to deliver the greatest benefit to people affected by cancer.

National Data Partners

Canada is a country where the need for information about people affected by cancer and their interactions with the health care system continues to grow. While much data exists, this initiative would be directed at increasing its power and utility to answer key questions of benefit to Canadians, and especially to cancer patients. The Partnership will partner with the key stewards of Canadian health care datasets—Statistics Canada, the Public Health Agency of Canada and the Canadian Institute for Health Information—to facilitate ongoing dialogue about how to enrich data through linkage to other data sources so that a deeper understanding of an individual’s entire cancer journey can be gained. Linking data sources and ensuring timely access to these data will enable decision-makers and health care providers to answer complex system questions, address the contribution of social determinants to the development and treatment of cancer, improve cancer treatment and achieve better cancer outcomes for Canadians.

A portrait of Bev Johnson, a woman with short brown hair, smiling. She is wearing a dark blue jacket over a light-colored top and a tan scarf. The background is a blurred outdoor setting with trees and foliage.

Bev

PATIENT AND FAMILY PARTNER

Bev Johnson saw all kinds of medical situations in the hospital where she worked for 35 years as a respiratory therapist. She’d assisted in emergencies. She’d tried her best to help those who struggled to breathe as they neared the end of life.

But when she learned she had breast cancer, she saw the health care system through a new lens: that of a patient. “I had never even thought about breast cancer before,” she said. “No one in my family had ever had it. This was entirely new territory for me.”

Today, she’s an avid member of a dragon boat group made up of breast cancer survivors committed to supporting one another. She speaks about seeing the system from both sides as a way of “paying it forward” for patients and caregivers who come after her. Her experience helps her to help others navigate the system. “People always think, ‘it won’t happen to me.’ Until it does. They have no idea how devastating it can be.”

Bev Johnson is a communications volunteer at the Partnership, an avid dragon boat racer and a retired respiratory therapist from Halifax, Nova Scotia.

The next phase of the Strategy

Quality	Equity	Seamless patient experience
Promote tobacco cessation programs	Promote screening for underserved populations	Create a more seamless experience from the patient perspective
Implement and enhance population-based screening programs	Improve cancer outcomes of at-risk populations	Improve quality of life for those undergoing a cancer experience
Implement targeted quality initiatives in cancer care	Continue to implement <i>First Nations, Inuit and Métis Action Plan on Cancer Control</i>	Improve experience of cancer patients transitioning from cancer care to primary care
Improve quality and availability of palliative and end-of-life care	Embed focus on First Nations, Inuit and Métis cancer control across the Strategy	Use deliberative engagement with interested public and patients to inform key decisions affecting cancer system
Address the needs of older people with cancer	Increase ability of cancer control system to deliver culturally sensitive care	Actively engage patients and caregivers in work of the Partnership
Promote cancer screening in First Nations, Inuit and Métis communities		
Support cancer community in using evidence to change policy and practice		
Enhance coordination of Canadian cancer research		
Continue to measure and report on cancer system's performance		

Proposed programs of work

Maximize data impact	Sustainable system
Expand on synoptic reporting work to further embed evidence in care	Continue focus on prevention policies
Use big data to answer key questions in cancer control	Build on successful strategies across Canada to improve prevention
Continue to support utilization of Canadian Partnership for Tomorrow Project	Enhance use of Cancerview.ca to support uptake of knowledge and evidence
Analyze and use performance data to improve cancer system quality	Work with CAREX Canada to expand use of evidence-based tools in decision-making
Strengthen capacity to quantify the burden of cancer	Improve outreach to decision-makers and interested public

Legend

- Continuing initiatives
- Evolving initiatives
- New opportunity

A more detailed overview of planned activities and initiatives will be developed with our partners for the Partnership's 2017-2022 business plan.

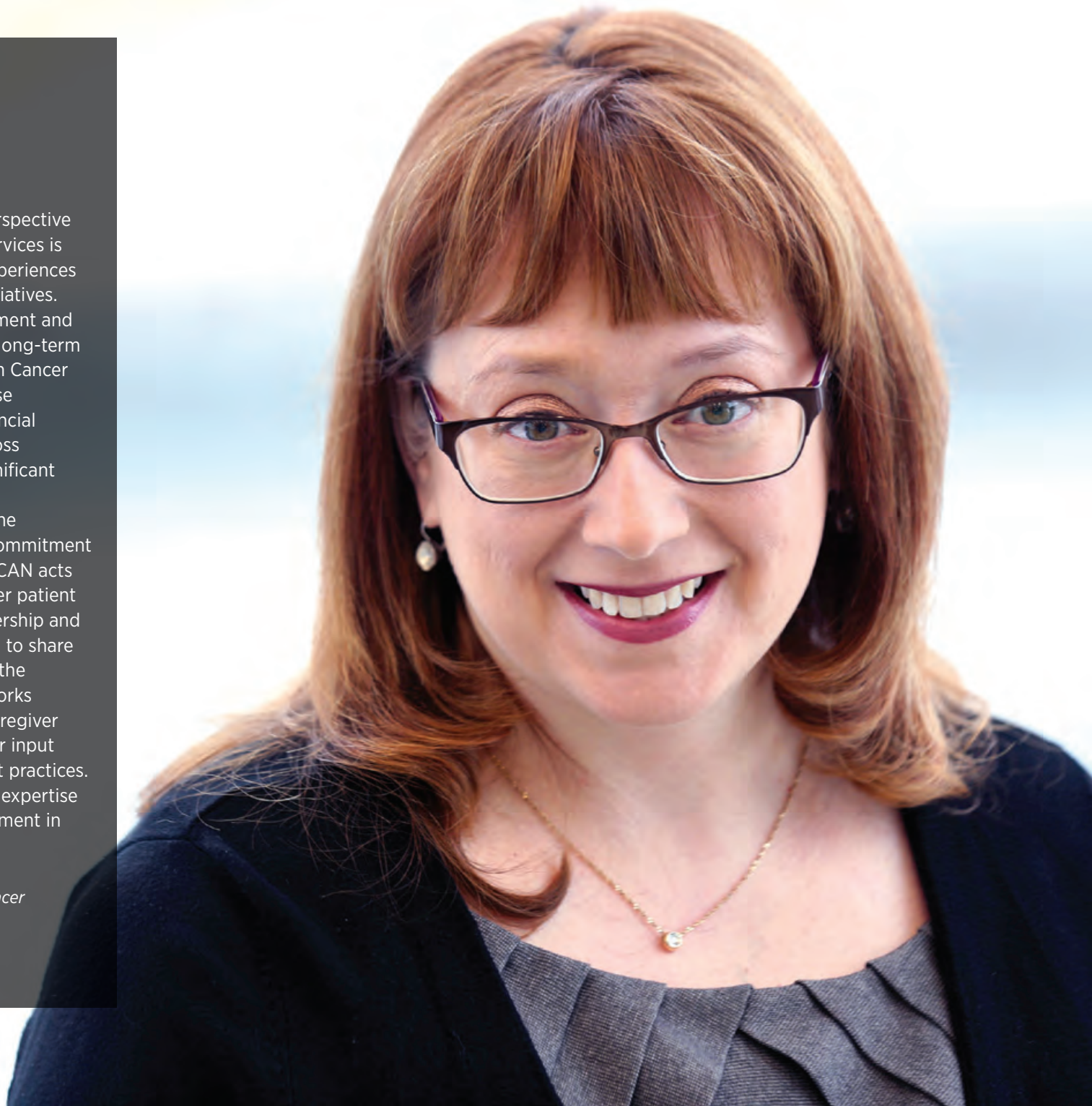
Lynette

SYSTEM PARTNER

Embedding the patient and caregiver perspective in the planning and delivery of cancer services is crucial to ensuring that their firsthand experiences help inform and shape cancer control initiatives. To deepen patient and caregiver engagement and accelerate the national cancer strategy's long-term goals, the Partnership funds the Canadian Cancer Action Network (CCAN). CCAN is a diverse network of more than 100 national, provincial and community-based organizations across Canada that collectively represents a significant population of patients and caregivers.

“The relationship between CCAN and the Partnership is based on a collaborative commitment to enhanced deliberative engagement. CCAN acts as a knowledge broker, linking the broader patient and caregiver community with the Partnership and cancer control efforts to allow individuals to share experiences and shape improvements to the cancer system. In turn, the Partnership works with the CCAN network of patient and caregiver organizations to provide opportunities for input and to transfer knowledge and share best practices. Together, we're leveraging resources and expertise to improve patient and caregiver engagement in cancer control.”

Lynette Hillier is the Chair of the Canadian Cancer Action Network and Executive Director of the Dr. H. Bliss Murphy Cancer Care Foundation in St. John's, Newfoundland.





Donna

SYSTEM PARTNER

Indicators can help measure how the cancer system is performing, but given the unique context of each province, some adaptation may be necessary. This can create a problem for benchmarking: it becomes tougher to compare a province's approach or performance with that of others. The Partnership's System Performance Initiative has helped to address this problem, convening experts—including health professionals—to build consensus on indicators and guidelines to facilitate comparisons of practice patterns across the country.

"We've been talking about clinical practice guidelines for quite a long time in Canada. While we're still able to adopt or adapt province-specific guidelines and indicators, catalyzing these discussions has meant we can point to a central, national position. This is a major step forward for us."

Donna Turner is a member of the Partnership's System Performance Technical Working Group, an epidemiologist and Provincial Director of the Population Oncology portfolio at CancerCare Manitoba. She works in Winnipeg, Manitoba.

We see progress

More than a decade ago, the Canadian cancer community came together in an unprecedented effort to address the growing challenge presented by rising rates of cancer and cancer deaths in this country.

We created a shared cancer strategy with three ambitious goals: a future in which fewer Canadians develop cancer, fewer die from it, and those affected by the disease have a better quality of life.

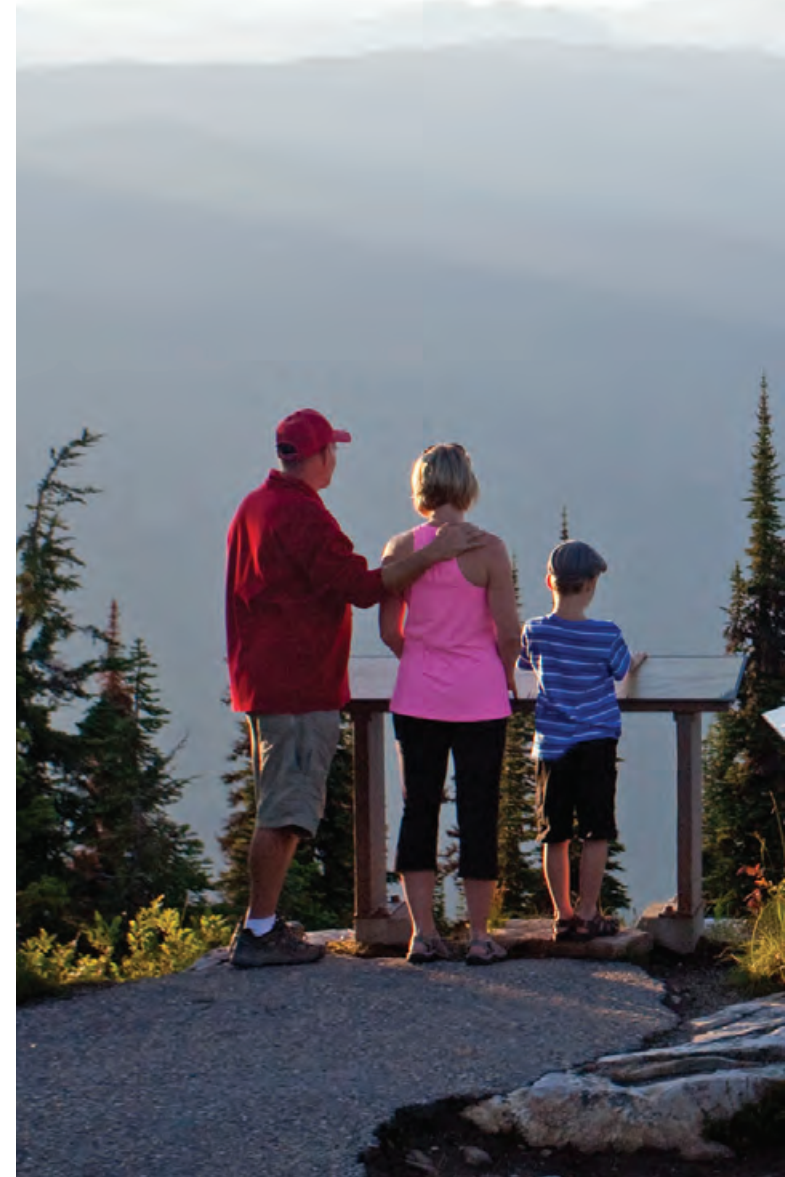
With the establishment of the Canadian Partnership Against Cancer, partners and stakeholders from across the country and from all parts of the cancer care system began a collaborative effort to reach those 30-year goals by 2037. We also established 10- and 20-year goals to help us measure our progress. As we now shift our sights to our next milestone, 2027, we can say confidently that we are on target to meet the goals we set together.

The Partnership continues to steward this work. From 2017 to 2022, we will focus on five themes—quality, equity, seamless patient experience, maximize data impact and sustainable system—as we continue to collaborate with our partners to accelerate our joint efforts and impact.

Working together, we have achieved measurable progress. Progress that would not be possible without a mutual commitment to driving change. But much work remains. We will build on our collective strengths and the momentum of our shared successes to continue that progress and meet the challenges ahead. Together we will reach our goals—and reduce the impact of cancer for all Canadians.

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

The Canadian Partnership Against Cancer was created by the federal government with funding through Health Canada. Since opening our doors in 2007, our sole mandate has been to move Canada’s cancer strategy into action and help it succeed.

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