

BULLETIN

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Honorary Spokesperson:
Kevin Hearn, Bare Naked Ladies

Governing Council
Alberta Cancer Board

British Columbia Cancer Agency

Canadian Association of
Provincial Cancer Agencies

Canadian Cancer Advocacy
Network

Canadian Cancer Society

Canadian Institutes for Health
Research

Cancer Care Manitoba

Cancer Care Nova Scotia

Cancer Care Ontario

Centre de coordination de la
lutte contre le cancer au
Québec

Council of Canadian Pediatric
Hematology/Oncology
Directors

Health Canada

National Cancer Institute of
Canada

New Brunswick Dept. of Health
and Wellness

Newfoundland Cancer
Treatment and Research
Foundation

Prince Edward Island Dept. of
Health and Social Services

Saskatchewan Cancer Agency

Yukon Dept. of Health and
Social Services

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Update on Council Activities

Outlook 2005: Stakeholders Forum II - Aylmer, Quebec, January 27- 29, 2005:

The second Stakeholders Forum, was held in January 2005, to provide an opportunity for CSCC stakeholders to review and renew commitments to the implementation of the CSCC vision and plan at both national and provincial/territorial levels. The first Forum was held in 2001 to identify potential priority action steps for the CSCC. This initial Forum provided advice to the CSCC Steering Committee on the strategy's vision, overarching themes and next steps required for implementation, the first of which was the formation of the CSCC Governing Council. Approximately 125 participants attended Forum II, representing a broad range of stakeholder expertise and experience from across Canada, including not-for-profits, federal/provincial governments, patient/support/ advocacy and healthcare professional groups.

During a rich and dynamic plenary and working group discussion, participants identified the following nine emerging issues with action steps:

1. Accountability and Responsibility
2. Cancer Control Strategy as a National Model
3. Governance: Federal/Provincial/Territorial
4. Human Resources
5. Integrated Organizations, Partnerships and Action Groups
6. Knowledge Management
7. Leadership
8. Outcomes and Targets
9. Primary Prevention/Determinants of Health.

In addressing next steps, Dr. Simon Sutcliffe explained how the CSCC was created through a process involving the participation of constituents with an interest in enhanced cancer control, and with success contingent on the continuing engagement of these stakeholders. He commented that while the Stakeholders Forum is not a governance mechanism, the input, advice, expert opinions and recommendations for direction supplied by Forum participants are considered and carry heavy weight with Governing Council in making policy decisions. Council responses to the Forum recommendations will be disseminated to Forum participants through the Action Groups whose work reflects the strategy's strategic direction over the next few years. Dr. Sutcliffe emphasized that while the Forum happens every two years, stakeholders are encouraged to utilize their continuing access to the Strategy through the Council and the Secretariat. Immediately following the Forum, the Governing Council met to discuss the results of the consultation and determine next steps.

For a report of the Forum, please visit the Canadian Strategy for Cancer Control website: "Report Stakeholders Forum II: Outlook 2005."

Council Meeting – January 29-30th, 2005:

Following the Stakeholders Forum, the Governing Council of the CSCC deliberated on the Forum discussions and recommendations. It was decided that given the scope and depth of the recommendations, the Forum Report would be further discussed at the next Council meeting to ensure appropriate action. In addition, Council members reviewed the progress and next steps of the priority area action groups.

Officers of Council

Dr. Simon Sutcliffe, Chair
Mr. Jack Shapiro, Vice-Chair
Dr. Brent Schacter, Vice-Chair
Dr. Barbara Whyllie, Vice-Chair

Culminating a 2 year business-planning process, the Governing Council formally approved the release of a paper entitled ***Establishing the Framework for a Comprehensive Canadian Strategy for Cancer Control***. With compelling graphs and statistics, the Report outlines in detail the life and economic issues associated with the growing cancer burden in Canada, and presents a "systems-inspired" strategy for knowledge formation and transfer across jurisdictions, sectors and disciplines. Paper available at www.cancercontrol.org.

The Council will meet for the 7th time on May 12, 2005 in Calgary, Alberta.

1st International Cancer Control Congress to be held October 23-26, 2005 in Vancouver, British Columbia:

This Congress will bring together a broad constituency to share strategies, experiences, tactics and best practices to address the implementation of population-based cancer control—with principal foci on the science underlying cancer control, what population-based programs are effective, key elements for maximum impact at the population level, collaborative multi-sectoral partnerships needed—culminating in exploring how to build an international community of practice. The Congress is intended to assist delegates from high, middle and low income countries in addressing how to build and make population strategies more effective, the need for population-based strategies to control cancer, whilst recognizing prevailing circumstances will individualize priority and resource allocation to this endeavour.

WHO SHOULD ATTEND THIS CONFERENCE?

If you are a national, international government or non-government cancer control official; a medical, research or allied health professional; a patient/advocate or volunteer that is involved in implementing, planning or contemplating national cancer control strategies, then you are encouraged to visit www.cancercontrol2005.com to register on-line or to download a Registration Form.

CALL FOR ASBTRACTS

On behalf of the 1st International Cancer Control Congress, the Scientific Program Committee is inviting the submission of contributed scientific Abstracts on the following subject areas:

- 1) Evidence for Cancer Control: Methodology Challenges
- 2) Cancer Control Programs: What Works.
- 3) Developing National Cancer Control Strategies: Elements for Maximum Impact
- 4) Collaboration in Cancer Control: Who, How and Why

Abstract Submission Deadline: May 31, 2005.

In the News

- **CAMPAIGN TO CONTROL CANCER** Launched on January 19th, 2005 by the National Cancer Leadership Forum (formed by 31 cancer groups concerned about the lack of funding of the Canadian Strategy for Cancer Control), the campaign (www.controlcancer.ca) urged the federal government to invest \$100 million to implement the CSCC.
- **BILL S-26** for an "Act to provide for a national cancer strategy" had its first reading in the Senate February 16, 2005. More info available at <http://www.parl.gc.ca>.
- **FEDERAL BUDGET** Announced on February 23rd, 2005 provides the Public Health Agency of Canada \$300 million over five years for an integrated Strategy on Healthy Living and Chronic Disease. The Strategy will include a series of activities to promote healthy eating and encourage physical activity and healthy weight that can help to prevent and control chronic diseases, as well as a series of complementary, disease-specific activities in the areas of diabetes, cardiovascular disease and cancer. The \$300 million provided for the Strategy on Healthy Living and Chronic Disease also includes an enhancement to the Canadian Diabetes Strategy, currently delivered by the Public Health Agency of Canada, bringing funding to \$18 million a year from \$15 million.

Next Steps: The Public Health Agency and its federal partners will now develop a submission to Treasury Board to implement the Integrated Healthy Living and Chronic Disease Strategy to detail where, when and how the \$300 million will be spent over the next five years.

Upcoming CSCC Events

- Primary Prevention AG Meeting – April 11th, 2005 (Toronto)
- HR AG PIA SG Meeting – April 18th, 2005 (Victoria)
- CPG Joint Partnership and AG Meeting – April 20-21st, 2005 (Vancouver)
- Standards AG Meeting – April 22, 2005 (Vancouver)
- Targets Working Group Meeting - May 5th (Toronto)
- CCSA/Surveillance AG Meeting – May 11th, 2005 (Calgary)
- 7th Council Meeting – May 12th, 2005 (Calgary)
- HRAG Task Group 2 Nursing Sub-group Meeting - June 22 (Ottawa)

Update on Provincial Cancer Control Activities*

*Based on provincial reports submitted to the CSCC by March 2005.

British Columbia

Made possible by the tripartite funding provided by the BC Cancer Agency, Canadian Cancer Society BC & Yukon Division and the Provincial Health Services Authority, a Secretariat, presently staffed by an Executive Director, has been established to support and enable the creation of a BC/Yukon Council of the Canadian Strategy for Cancer Control. The establishment of the BC/Yukon Council will initiate as well as facilitate the provincial-territorial system to promote and coordinate a sustainable, integrated and collaborative response to the pan-Canadian Strategy, that includes, customization of the pan-Canadian Strategy to BC/Yukon's needs and thereafter the collaborative implementation of a BC/Yukon Cancer Control Plan.

The work of the start-up committee comprised of Dr. Simon Sutcliffe (President BC Cancer Agency), Barbara Kaminsky (CEO Canadian Cancer Society, BC & Yukon Division) and Kavita Sarwal (Executive Director, Canadian Strategy for Cancer Control, BC & Yukon) has culminated into the establishment of a BC/Yukon Council for Cancer Control. This Council will be responsible for overseeing the development of a provincial-territorial cancer control strategy. A preliminary charter outlining the purpose, mission, vision objectives, guiding principles, governance structure, roles and responsibilities is currently under review.

The Council had its Inaugural meeting on January 13th, 2005. The outcomes of the meeting include the development of an effective network of provincial-territorial cancer stakeholders, endorsement of the Charter, identification of priority areas as well as spheres of focus, establishment of modes of communication, delineate steps to be taken to further cancer control in BC & Yukon.

The BC/Yukon Council will meet semi-annually and includes representation from the: Aboriginal Health, Ministry of Health Services, BC; BC Cancer Agency; Canadian Breast Cancer Foundation BC & Yukon; Canadian Cancer Society BC & Yukon Division; Canadian Cancer Advocacy Network BC & Yukon; Council of Yukon First Nations, Yukon; First Nations Inuit Health Branch, Health Canada, BC; Ministry of Health & Social Services, Yukon; Ovarian Cancer Canada; Provincial and Regional Health Authorities, BC (each of the six); University of British Columbia and Whitehorse General Hospital .

This partnership between government agencies, academia, non-governmental organizations and stakeholder(s) entities will smooth the progress of promoting population-based cancer control activities in British Columbia and the Yukon.

Alberta

In September 2004, the Alberta Cancer Board released an Alberta Cancer Control Action Plan that builds on the current strengths of cancer control programs in Alberta, and on the directions recommended by the Canadian Strategy for Cancer Control and the Premier's Advisory Council on Health Report (the "Mazankowski report"). The Alberta Coordinating Council leads the development and implementation of the Alberta Cancer Control Action Plan for Cancer Control, a province-wide forum for communication and collaboration among ACB, the regional health authorities, Alberta Health and Wellness, and other key provincial players in cancer control.

The vision of the Alberta Cancer Control Action Plan is to dramatically reduce the burden of cancer by providing all Albertans with an accessible, comprehensive and coordinated system of quality programs and services across the entire spectrum of cancer control.

The Alberta Cancer Control Action Plan mirrors the CSCC's five priorities: Standards and Guidelines; Primary Prevention; Integration and Access to PSRP (Psychosocial, Supportive, Rehabilitative, and Palliative Care); Human Resource Planning; and Research.

More info available at
<http://www.cancerboard.ab.ca/maco/strategy.htm>

Saskatchewan

The Saskatchewan Cancer Agency and the Saskatchewan Dept of Health have agreed to undertake a review of cancer programming in the province. Within the review terms of reference, a major objective is to develop a system that best "furthers the goal of the Canadian Strategy on Cancer Control" It is estimated the review will begin in February 2005 and be completed in June 2005.

The Saskatchewan Cancer Agency has partnered with the province's Health Quality Council to undertake a process mapping activity for breast and prostate cancer patients. The goal is to identify system gaps and make recommendations to reduce or eliminate any gaps that may exist within the current system. The project has

started with data collection from the SCA's cancer registry and the Ministry's Person Registry System. Focus group sessions will be held in early spring that will include representation from health providers, patients, support groups and system reps.

Manitoba

Clinical Practice Guidelines: Cancer Care Manitoba (CCMB) has developed a project proposal aimed at establishing standards and evidence based care and follow up of cancer patients throughout Manitoba. Funding approval in support of this initiative is expected soon and will allow the work to proceed immediately. The project will utilize the work of other Canadian and International jurisdictions, be grounded in our Disease Site Group structure and be linked to the electronic capture of critical data elements in our electronic patient record. Guidelines for oncologists, family physicians and staff in our network of community cancer program sites will be developed.

Human Resources: CCMB is in the process of developing a finance/human resource database that will allow it to monitor the retention of trained staff, and improve position control throughout the organization as well to monitor staffing and activity ratios through development of programmatic management.

Primary Prevention: CCMB is one of the six (6) founding members of the Manitoba Alliance for the Prevention of Chronic Disease. This organization conceptualized the Chronic Disease Prevention Initiative, modeled after the Heart Health Program, and has spent the last 3 years working with the Province for Federal funding. As the strength of the proposal gathered increasing interest by the Regional Health Authorities of Manitoba and the special interest groups linked to prevention grew, the Province proposed to manage/own the project. In December of 2004, the Manitoba Minister of Health announced approval of the project, and the accountability structure linking the communities to the Regions, and the Regions to the Department. Funding commitments will become public in the 05/06 Provincial budget announcement. The Alliance for the Prevention of Chronic Disease is reexamining its strategic niche, and is committed to continuing to work as an Alliance.

CCMB is examining its role and contribution to prevention. Explorations on a range of options are underway, and we are looking forward to increased funding and leadership in this area in 2005/06.

Rebalance the Focus: Initiatives in this area include:

- Inclusion of sexual support, decision support and counseling support resources in our new Prostate Centre. These services are available to all prostate

cancer patients in Manitoba, and are provided with active participation by the Manitoba Prostate Cancer Support Group that lobbied hard for a dedicated, integrated and multidisciplinary service for prostate cancer.

- Availability of tele-health to link patients in rural and northern communities to the services of our Patient and Family Support Services.
- Community Health Assessment that included examination of access issue including supportive care.

Research: A strategic plan for research at CCMB was developed in 2003. The plan is taking shape in a number of venues. A 5 year plan for Epidemiology has been developed, approved by the Board and we are anticipating a growth in financial support to the work of the unit, as it expands its efforts in clinical outcomes research, support to the Disease Site Groups, enhanced data capacity and quality in the cancer registry and ongoing investment in capacity building of Epidemiology and Registry portfolio.

- A Director of Research has been appointed to the new Prostate Centre. The Centre is working on the development of a five-year plan.
- Discussions are underway to link data from the cancer registry with data from the breast tumor bank.
- Core funding to Clinical Investigation Office will be increased to allow greater participation in trials.
- A new initiative to enhance translational research is underway.

Surveillance: New initiatives include:

- CCMB's commitment to collect collaborative stage data on 100% of all incident cases effective January 1, 2004 is well underway. Training of staff continues and data is being entered and quality control mechanisms are being explored.
- The capture of clinical stage data has become an expectation of a number of DSG's at CCMB, however, we continue to be challenged with getting the data into an electronic record, and in securing the resources to monitor the quality and completeness of the data.
- CCMB is in partnership with Manitoba Health, the University of Manitoba Community Health Sciences and the Assembly of Manitoba Chiefs, in securing access to the status verification data base, to allow for cancer surveillance amongst first nations people. The partnership will include a joint process for the exploration of the data. Challenges in completing these arrangements are linked to the operationalizing of the OCAP principles.

Ontario

Cancer Care Ontario has completed a cancer plan for the Greater Toronto Area as well as a provincial plan based on 11 regional plans. This large effort was data driven and informed by registry data on incidence of cancer cases provided to the regions on a county-specific basis. Methodologies were developed to estimate prevalent cancer cases and hospital surgical oncology activity using an oncology flag on CIHI data. This data coupled with survey information on regional risk factors for cancer was used during the consultation process with regional care and service providers to support the regional plans. Each region developed 4-6 priorities that were then submitted to Cancer Care Ontario for consolidation into recommendations to the provincial Ministry of Health and Long-Term Care. For ease of communication, the plan articulated the need to:

1. **Do more.** The provincial system does need to increase its capacity to address the growing incidence of cancer cases and the new indications for treatment. New cancer centres under construction in Durham and Peel regions need to be completed and staffed currently; planning needs to move forward on three additional cancer centres located in Barrie, Newmarket, and St. Catharines; human resource capacity needs to be increased;
2. **Do things differently.** A menu of innovations was proposed including the reorganization of the “front end” of cancer services by the development of a rapid access diagnostic units and the innovative use of human resources, including the training of advanced practice nurses for expanded roles in clinical care and screening;
3. **Do the right thing.** Organizational standards need to be developed and broader ranges of practice guidelines need to be developed and implemented; quality and performance indicators need to be developed to monitor the cancer system.

Indicator development has been a strong focus of activity within Cancer Care Ontario over the past year. The Cancer Quality Council of Ontario has identified high-level system indicators and will report on these in April 2005. CCO's Clinical Council has identified key indicators of the quality of clinical care that it is also preparing to report on. The Surgical Oncology Program has established working groups in colorectal and gynecological oncology to establish indicators of quality for surgical care.

Standards development has begun with work on standards for thoracic oncology programs.

A very substantial amount of activity has occurred around the issue of wait times. Cancer Care Ontario is now publicly reporting wait times for radiation therapy by disease site and treatment centre on its website. A Change Foundation grant is evaluating what patients and

providers want by way of wait time information and ascertaining how clients propose to use this information. A provincial wait list initiative, under the leadership of Dr. Alan Hudson, has provided additional resources to manage surgical wait times for cancer surgery, cataract surgery, and joint replacement. In exchange for increased resources during the final quarter of fiscal 2004/2005, hospitals who receive incremental resources will be required to provide data on wait times and other parameters.

Finally, Ontario is in the process of reorganizing its health system by the creation of Local Health Integration Networks (LHIN). District Health Councils have been abolished and 14 LHIN's have been identified. A process is unfolding to identify the leadership for these LHIN's. How this new organizational structure will relate to the provision of cancer services is as yet uncertain but it would appear to be a step towards the regional organization and integration of health services in Ontario.

New Brunswick

The position of CEO of the New Brunswick Cancer Network has been advertised. The appointment is pending. Job descriptions for other positions have been finalized. In the Provincial Health Plan, the government is committed to organising the cancer control system across the cancer control continuum from prevention to palliation. The New Brunswick Cancer Network is designed to reduce the incidence of cancer and improve the quality of life for the citizens of New Brunswick living with cancer.

As well, the introduction of the Smoke-Free Places Act will protect all citizens from the effects of second-hand smoke & resultant illnesses related to the consumption of tobacco.

Prince Edward Island

Prince Edward Island has developed a long-term strategy to reduce the burden of cancer in PEI. A multi-disciplinary Advisory Committee oversaw development of the strategy which has identified major issues impacting on cancer prevention and care within the province and made recommendations about ways to address them within a climate of fiscal restraint.

Before being launched publicly (in October 2004), a forum was held of stakeholders from across the Island, thus helping to heighten awareness about the increasing incidence of cancer and associated issues, and to invite feedback from cancer stakeholders. The forum was a very helpful process and the direction set forth by the

strategy gained unanimous support. These stakeholders will continue to be kept informed as the strategy unfolds. The original Advisory Committee has since been re-configured as a Steering Committee and will oversee implementation of the seventy-plus recommendations. Work will be accomplished either by small working groups formed to address specific topics, by working in partnership, or by taking different approaches within organizations.

Member organizations have been able to identify about 15 projects on which to focus over the next 18 months (to June 2006). Projects include developing a strategy to reduce exposure to ultraviolet radiation (led by the local Canadian Cancer Society); centralizing referrals to diagnostic testing to improve wait times (led by the Provincial Health Services Authority); and dissemination of information about supportive services for cancer patients and their families (led by the Department of Health and Social Services).

Working groups will be struck to investigate ways to improve the coordination of cancer care, possibly through creation of a Patient Navigator position, and to develop a strategy to phase in an organized colorectal screening program.

One issue identified during strategy development was the lack of awareness and support for cancer survivors who face many ongoing concerns, be they physical, emotional, financial, or spiritual. To this end, a Survivors Subcommittee will be formed to help to identify common issues and find ways to address them.

This group of survivors will also inform development of a program to support cancer patients and families in finding ways to manage their disease such as coping with pain and stress. (The Canadian Cancer Society - PEI Division will lead both of these projects).

Several major concerns were identified by the strategy, most of which affect the entire health system and not just those involved with cancer. These include access to primary health care, access to medications and the need for an ongoing commitment of financial, material and human resources to support care. These concerns have also been raised within the health system. Member organizations and other stakeholders will continue advocacy efforts.

Nova Scotia

Guidelines

- Cancer management guidelines are a priority for Cancer Care Nova Scotia. The Guidelines Resource Team has been established to address issues of process and to ensure consistency.

- In 2004, 2 disease-management (kidney and testes) guidelines and 1 symptom-management guideline (nausea and vomiting) were published. Three more guidelines will be published in 2005 (lung, AML and pain). Seven other guidelines are in development.
- CCNS is represented on the CSCC CPG-AG

Rebalancing the Focus

- One of the 13 provincial cancer site teams (CST) is the Supportive Care CST.
- In addition to disease management guidelines, CCNS is developing symptom management guidelines under the direction of the Supportive Care CST. Starting in 2005, disease management guidelines will have a supportive care section included that will address the specific supportive care issues related to that particular disease.
- Cancer Care Nova Scotia has also established the Cancer Patient Family Network (CPFN) of cancer patients, survivors, family members and friends supported by a full-time coordinator. Not only do members receive regular updates on progress towards cancer system improvement in Nova Scotia, they are given opportunities to participate in various initiatives. This could include serving as committee members, reviewing draft patient education material or participating in focus groups.
- CCNS partnered with the Capital Health in the development of the Sunshine Room. This room, located near the chemotherapy administration area, provides a quiet area to relax and free complementary services provided by professionals who volunteer their time in the areas of massage therapy, reflexology, and therapeutic touch.
- CCNS has also established Cancer Patient Navigators to support cancer patients, their families and health professionals and works with the District Health Authorities in Nova Scotia in supporting this important role.
- Over the last 18 months, approximately 1450 health professionals and lay workers have taken part in 3 day Front Line Palliative Care Education sessions developed and supported by CCNS. CCNS has also partnered with the Nova Scotia Hospice and Palliative Care Association in the development of a standard training program for palliative care volunteers.

Standards

- CCNS is developing cancer system infrastructure standards known as "Levels of Care". This multi-year project will see infrastructure standards defined for all areas of cancer services. There are 4 "Levels of Care": Basic, Intermediate, Advanced and Sub-specialized and for each level, minimum standards for space, equipment, professional numbers and qualifications will be defined.
- Draft criteria for Systemic Therapy are currently in development.

Prevention

CCNS partners with many others in chronic disease prevention. In addition to participating in the development of the Nova Scotia Chronic Disease Prevention Strategy, CCNS has been a leader in the development of the ACT (Action in your Committee against Tobacco) project, and the Alliance for Healthy Eating and Active Living. CCNS is currently leading a sun safety initiative. CCNS is also engaged in national and regional health promotion and chronic disease prevention initiatives.

Human Resources

Dr Andrew Padmos, Commissioner of CCNS, is the Chair of the CSCC HR-AG. Nova Scotia is one of the pilot provinces for the HR Planning Information System (HR-PIS).

Surveillance

The Surveillance and Epidemiology Unit of CCNS is active at the national and international level. However, acute shortages of trained health records staff have

Newfoundland

Newfoundland and Labrador is currently going through a restructuring of its health care system with the reduction of 14 Health Boards down to four Regional Health Authorities. NCTRF will become part of the Eastern Regional Health Authority as of midnight March 31st, 2005. The mandate and scope of the provincial oncology program will be outlined in the coming months as the restructuring progresses. The key oncology issues that need to be addressed during this restructuring phase have been outlined to our provincial Department of Health and Community Services. The NCTRF remains involved however in several provincial initiatives that reflect the priorities of the Canadian Strategy for Cancer Control:

- The NCTRF continues to partner with the Canadian Cancer Society, Newfoundland Power and the Government of Newfoundland and Labrador on the "Power of Life Project" - a fundraising initiative that promotes prevention, early detection and healthy living.
- NCTRF, Pfizer Canada and Amgen Canada have partnered to develop the "Outcomes Assessment of a Pharmacist Directed Seamless Care Program" - a randomized controlled study to measure clinical, humanistic and economic outcomes of a comprehensive pharmaceutical care program that will include seamless care for patients receiving treatment in our regional centers. This is the first randomized controlled study in Canada to measure outcomes of an oncology pharmacy practice.
- Guideline development under the Provincial Systemic Therapy Program continues with the primary focus on the development of guidelines for new agents that are approved by our Provincial Oncology Pharmacy and Therapeutics Committee.

seriously impacted our ability to abstract data on a timely basis and is reducing the ability to expand data collection into new areas, such as staging.

Research

Cancer research capacity is rapidly increasing in Nova Scotia. In conjunction with Dalhousie University, CCNS has successfully recruited 2 highly recognized researchers: Dr Patrick Lee, Cameron Chair in Cancer Research and Dr Eva Grunfeld, the inaugural recipient of the Peggy Davison Cancer Research Scientist Award. The Dalhousie Cancer Research Training Development program is supporting novice cancer researchers. CCNS provides 12 annual studentships to undergraduate students in any health discipline in clinical or basic research or clinical experiences.

- The NCTRF in partnership with the Lawson Foundation is currently conducting a project entitled, "Enhancing Psychosocial Oncology/Palliative Care Education in Newfoundland and Labrador". The goals of this project are to cultivate long term sustainable relationships with health care providers; to strengthen knowledge, skills and competencies in psychosocial oncology and palliative care and to enhance the quality of supportive oncology to patients and families.
- The NCTRF has been instrumental in partnering with key stakeholders in the region to develop a proposal for a regional model of palliative care service delivery. This proposed model has been presented at the regional level, for consideration in the current restructuring of our provincial health care system.
- NCTRF has facilitated the electronic connection of provincial pathology laboratories to the Newfoundland and Labrador Cancer Registry. The E-Path system allows for automated registration of appropriate reports into the tumor registry.
- TNM 6th staging will commence with new cases diagnosed in 2005 and we continue to work on implementation of Collaborative Staging for the disease sites of breast, colorectal, lung and prostate.
- NCTRF is working with the Faculty of Medicine, MUN, to establish a Teleoncology Project for the Province of Newfoundland and Labrador. This teleoncology project will build on proven telehealth technologies and develop the guidelines and protocols to create a program accessible from primary, secondary and tertiary locations to deliver and support province-wide cancer treatment, management and educational services.