

PROGRESS UPDATE

CSCC Steering Committee Members

Dr. Heather Bryant - CIHR - ICR
 Dr. Don Carlow - CAPCA
 Dr. Anthony Fields - NCIC
 Barbara Kaminsky - CCS
 Dr. Joel Kettner - F/P/T Advisory Committee on Population Health (liaison)
 Dr. Christina Mills - Health Canada
 Dr. Howard Njoo - Health Canada
 Jack Shapiro - Patient/Survivor/Advocate
 Dr. Brent Schacter - CAPCA
 Dr. Hartley Stern - Past Chair - Integration Group
 Liz Whamond - Patient/Survivor/Advocate
 Dr. Barbara Whyllie - NCIC/CCS

STEERING COMMITTEE MEETING - JULY 10TH AND 11TH, 2001 - OTTAWA, ON

Identified as a high priority by all CSCC stakeholders, the steering committee engaged in a prioritization exercise in which the feedback and input of the CSCC Integration, Theme and Topic working group members and conference participants were taken into account. This process culminated in a facilitated priority-setting workshop that resulted in the identification of the priorities listed in Table 1. The steering committee also drafted a proposed governance model for a Canadian Cancer Control Council (CCCC) [Figure 1] that would begin immediate implementation in these 5 priority areas. Next steps include the development of an action plan document distilled from the Synthesis Report (January 2001) that will guide the CCCC in implementing the identified priorities. The action plan, priorities and governance model will be presented to the Conference of Deputy Ministers. The steering committee continues to liaise with the F/P/T Advisory Committees in this regard.

Table 1 CANADIAN STRATEGY FOR CANCER CONTROL ACTION PLAN PRIORITIES

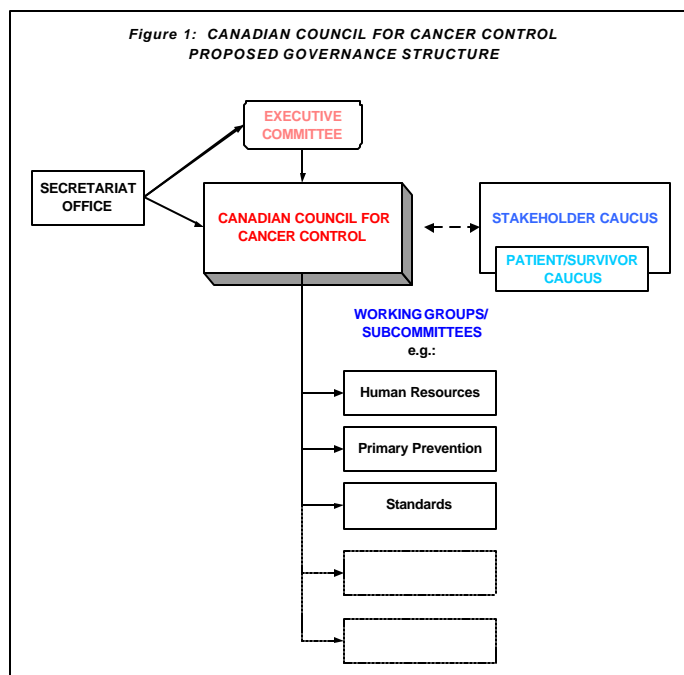
The proposed Canadian Council for Cancer Control will oversee and coordinate implementation activities, starting with the following five priority areas:

Standards and guidelines	Establish an interprovincial mechanism to develop evidence-based national standards and guidelines in key aspects of cancer control, starting with diagnosis, treatment and care.
Primary Prevention	Establish a national, provincial/territorial, and municipal primary prevention system to address population-based risk factors for cancer and other chronic diseases, by collaborating with chronic disease constituencies.
Rebalance Focus	Reform care systems, improve human and fiscal resources, and establish standards for universal and equitable access to high quality psychosocial/supportive/rehabilitative, and palliative care.
Human Resources	Establish a national comprehensive strategy for human resources.
Research	Define research priorities and create a plan for strategic investment in priority areas.

Figure 1 - Highlights of proposed CCCC governance structure

- The Canadian Council for Cancer Control will provide national leadership for implementing the vision of the Canadian Strategy for Cancer Control.
- The Council will establish an Executive Committee of not more than six members to act on its behalf within the limits of authority defined by the council.
- The Council may establish committees or working groups as needed.
- An arms-length Stakeholder Caucus will be encouraged in order to provide a conduit for information to and from Canadians concerned with cancer control.
- The Council will support the creation and maintenance of a special Caucus of Patients, Survivors and Advocates to be constituted within the Stakeholder Caucus.
- The Council will be aided by an on-going secretariat supported by the principal agents for cancer control.
- It is expected that the CCCC would fund pilot or demonstration projects.

A complete DRAFT report of the governance model of the CCCC is available on the CSCC conference area (<http://healthforum.ic.gc.ca:8080/~cancer>)



Research Alliance

Rather than launch individual strategic initiatives the four partners of the Research Alliance (CIHR, CAPCA, NCIC and Health Canada) are planning a coordinated strategic approach to cancer research. A large group of cancer research stakeholders were invited to participate in a cancer research priority-setting workshop in May 2001. The list of preliminary ranked priorities generated at the workshop will be subject to a broader Delphi process that is set to begin in the coming months. A committee chaired by Dr. Jim Till is overseeing the process.

The **Prevention Alliance** (Canadian Cancer Society, Heart and Stroke Foundation of Canada, Canadian Diabetes Association and Health Canada) continues to work towards an integrated approach to chronic disease prevention.

GOOD NEWS

- The Toronto Cancer Prevention Network's Cancer Action Plan for Toronto has been adopted and approved by the Toronto Municipality. (<http://www.newswire.ca/releases/May2001/22/c6851.html>). The chairs of the CSCC steering committee had sent a letter of support to the Toronto Municipality for this initiative.
- The Board of the Canadian Association of Social Workers (CASW) has unanimously endorsed the CSCC Commitment Statement. The CASW is planning to post the CSCC Executive Summary and Bulletins on the association's web site (www.casw-acts.ca).

Communications and Marketing

It is imperative that strategy partners communicate uniform messages when advocating for the strategy. The action plan document being developed will be used to focus attention and commitment to the CSCC.

An article on the CSCC was published in the Journal of the National Cancer Institute (JNCI) in August 2001. The article is found at the following web site: <http://jnci.oupjournals.org/content/vol93/issue16/>

All CSCC stakeholders are encouraged to take full advantage of the on-line conference areas available for use for discussion between those interested in the strategy. <http://healthforum.ic.gc.ca:8080/~cancer>

Presentations:

The CSCC was presented by Drs Neil Berman and Barbara Whyllie at the **3rd Global Conference for Cancer Organizations** **June 24-27, UK**
For abstract – please contact the Strategic Partnerships Office

Patient/Survivor Advocacy

At a first meeting (June 8-10, 2001) key national advocacy organizations formally created the Cancer Advocacy Network (CAN). CAN will provide a vehicle for member organizations to advocate, promote and implement the CSCC. At the second meeting of CAN in September 2001, membership was expanded and its structure, mission and mandate solidified. (Current member organizations: Brain Tumour Foundation of Canada, Canadian Breast Cancer Network, Canadian Cancer Society, Canadian Liver Foundation, Canadian Lung Association, Canadian Prostate Cancer Network, Candlelighters Canada - Childhood Cancer Foundation, Colorectal Cancer Association of Canada, Leukemia Research Fund of Canada, National Ovarian Cancer Association, Neutropenia Support Association Inc.) The CAN membership committee is working on how best to involve other national and regional groups. For further information contact the CAN chair Ms. Liz Whamond (whamond@unb.ca) or vice-chair, Mr. Jack Shapiro (j.shapiro@sympatico.ca)

CANADIAN ASSOCIATION OF PROVINCIAL CANCER AGENCIES (CAPCA) – UPDATE

• **Research**

At a recent CAPCA meeting involving many of the research directors of CAPCA member organizations, the idea of establishing a Research Policy Advisory Committee to CAPCA, led by Dr. Victor Ling, was strongly supported. In addition, a cooperative effort with NCIC and ICR/CIHR and CAPCA is being considered to undertake a cancer research inventory for Canada including research projects, people, funding, collaborators etc. Significant discussion have been had with respect to the development of a submission to the Canadian Foundation for Innovation for the funding for an interprovincial, cooperative Canada wide tumour tissue bank. CAPCA is also participating in the process of developing cancer research priorities for Canada for the Research Strategic Alliance.

• **Cancer Surveillance**

There is a strongly developing view that cancer surveillance must be considered a high priority matter equal to that of cancer research in terms of informing policy development. It has been agreed that a strategic planning retreat take place to discuss expanding the capacity of the Canadian cancer surveillance system to better meet the needs of all users. This will be a subject of major discussion at CAPCA's Annual Meeting in October 2001.

• **Supportive Care/Rehabilitation**

Active discussions are taking place between the Canadian Cancer Society's national office and CAPCA with respect to a joint effort to move forward with the implementation of the recommendations for supportive care/cancer rehabilitation that arose from the activities of the Canadian Strategy for Cancer Control. A teleconference meeting is planned for early October 2001.

• **Standards, Clinical Practice Guidelines**

Dr. George Browman will lead a core group to develop an overall approach for clinical practice guideline development throughout Canada. CAPCA will act as the vehicle through which common principles can be developed that will guide all provinces and will sponsor planning and educational workshop and training programs in clinical practice guideline development.

- **Human Resource Policy and Planning Policy Advisory Committee**

Work continues with respect to the development of the human resources database. The template has now been fully developed and the data will be housed within the BC Cancer Agency information management system and connected to CAPCA's web site. Data from British Columbia and Saskatchewan is being collected using the template. It is hoped to have the template applied to all provinces that wish to participate to ensure a coordinated, consistent approach to human resource planning for cancer needs throughout Canada.

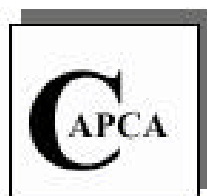
- **Palliative Care**

Under the leadership of Neil Hagen the first meeting of CAPCA's **Policy Advisory Committee for Palliative Care** took place June 29, 2001. Topics for discussion included: standards, clinical practice guidelines, human resources, education and research. Another significant topic was that of integration and coordination of palliative care with a number of providers in particular with formal cancer system.

- The **Laboratory Medicine Policy Advisory Committee**, led by Dr. Fred Alexander, met in Quebec, June 25, 2001. Several topics were actively discussed including the importance of human resources for effective cancer diagnosis, standards particularly in the area of laboratory testing for hereditary cancer, data quality and staging.
- To address the area of **Information Management Policy Advisory Committee**, a small task force (Mr. Brian Schmidt, Ms. Mary McBride and Ms. Bertha Pause) has been created and requested to advise CAPCA on how best to receive policy advice to achieve standardization and full integration of cancer related data. CAPCA is also in the process of forming an **Epidemiology and Biostatistics Policy Advisory Committee**, to be led by Ms. McBride. An initial meeting has been held and we expect formal terms of reference and initial priorities to be established soon.

- Under the joint chairmanship of Mary McBride and Bill Evans, the **Staging Policy Advisory Committee** is now moving forward with a cancer staging implementation on a consistent basis throughout Canada. In the early fall, terms of reference, structure and a work plan will be made available to be shared with all partners. CAPCA is appreciative for the financial support from NCIC, the Canadian Coalition on Cancer Surveillance, Statistics Canada and CAPCA to allow the undertaking of this important activity.
- The **Systemic Therapy Policy Advisory Committee**, led by Dr. Susan O'Reilly continues to be very active particularly in the area of standards, guidelines and protocol sharing across all provinces.
- The **Radiation Therapy Policy Advisory Committee**, led by Dr. Robert Pearcey, has been very active in areas of human resources, standards and clinical core data set. They will be making recommendations at the CAPCA annual meeting on future directions. Works in progress include the conduction of a radiation therapy machine inventory and defining future requirements for Canada as a whole.
- The **Surgical Oncology Policy Advisory Committee**, led by Dr. Denny DePetrillo, held their first meeting June 20, 2001. At the meeting some of the initial priorities were human resources, standards, technology assessment, information management, data quality etc.
- The **Canadian Association of Psychosocial Oncology (CAPO)**, under the leadership of Barry Bultz and other members of CAPO has developed standards for psychosocial oncology. Further work continues in the areas of dissemination and adoption of the standards.
- Detailed reports on the work of the policy advisory committees will be presented at CAPCA Annual Meeting in October 2001.

Visit CAPCA's web site at www.capca.ca. Please direct questions about CAPCA to lkimmins@bccancer.bc.ca.



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