

**January 2008**

**Dear Cancer Advocacy Coalition  
of Canada members,**

As the end of the first year of the Canadian Partnership Against Cancer approaches, I am pleased to report we are making progress implementing the strategy to improve cancer control in Canada.

Am I satisfied with the progress in cancer control?

No. None of us working in this arena should be satisfied until cancer is under control – preventable cancers are prevented, quality of life is a central pillar in caring for all patients and the likelihood of dying of cancer is greatly reduced for all Canadians.

Am I satisfied with the progress of the Canadian Partnership Against Cancer nine months into its first year?

Yes. A tremendous amount has been accomplished as the concept of a national cancer control organization has become a reality.



**PROGRESS**

**Board of Directors** – We have an outstanding governance team. There is an unrivalled depth of expertise in our Board of Directors, including medical experts, cancer survivors, government and community representatives. No matter what their background, each of them brings dedication, commitment and passion to their role. Watching our board in action – seeing that passion – is inspiring.

**Advisory Council on Cancer Control** –The collective experience of the Advisory Council is also truly impressive. We are able to draw on a wealth of knowledge that spans our country and beyond, and cuts across a multitude of cancer specialties and community linkages. This resource will be invaluable as our work progresses.

**Management Team** – I was privileged to join the Partnership as chief executive officer in October 2007. Since then I have recruited a four-person leadership team with the experience and vision to skillfully guide the organization in a dynamic, professional and accountable way. The people drawn to the organization are here because they believe in the need for a national strategy and can see the payoff for all of us as Canadians. It's more than a job; it's a commitment.

**Action Groups** – The Action Groups established under the Canadian Strategy for Cancer Control became part of the Partnership in April. The cancer control work continues under their direction, but now as part of the CPAC organization. Project management systems and support resources are now available so they can move forward efficiently on implementing cancer control initiatives. You can see examples of some of that work in the table included with this report.

I have had the opportunity to attend many Action Group meetings and I can't speak highly enough of the calibre of individuals committing time to this work while, in many cases, juggling a host of other responsibilities. The value of their collective efforts is the backbone of the Partnership's strategy.

## **THE FUTURE**

While we recognize that progress is being made, we also recognize a need to make a real and measurable impact on cancer. We must lead where appropriate and support where appropriate. We must not duplicate. We must add value. We must be focused.

Over the past several weeks we have been engaging in strategic renewal. We need to be certain that the strategy is current and will deliver the impact that Canadians rightfully demand.

The overall strategic planning process continues and it would be premature to tell you specifically what that will mean. What I can tell you is that we are mindful of the work that got us to this point and our mandate.

I can promise you that when the strategy renewal is complete we will be eager to communicate to all stakeholders inside and outside the cancer community. I invite you to visit our website [www.partnershipagainstcancer.ca](http://www.partnershipagainstcancer.ca) for updates and to sign up for our newsletters. You can also find out more about our Board of Directors, Advisory Council, leadership team and Action Groups on the website.

## **PARTNERS ARE THE KEY**

The Canadian Partnership Against Cancer will continue to build relationships with federal and provincial governments, patient and survivor groups, and cancer organizations, such as CACC, to share a common vision and direction in implementing the strategy.

We recognize the rich history inherited from the Canadian Strategy for Cancer Control and the years of work dedicated by many, many stakeholders.

We also recognize that the goals of cancer control are not just goals of the Partnership, but are shared by the entire cancer community. The Canadian Partnership Against Cancer's role is to leverage our strengths, work in partnership with experts across the country and facilitate the adoption of best practices.

In the few months since I became CEO, I have had the opportunity to meet and learn from many stakeholders in this community. Some are medical or scientific experts, some represent arms of government, while others have come to this arena because cancer has touched them personally as patients, survivors or family members.

No matter how they got involved, the dedication, passion and vision are clear. This is the same vision that propelled the strategy from an idea to reality. I understand that we are implementing a strategy drawn from the experience and wisdom of many people.

We owe it all of you who worked so long and hard to get to this stage – and to all Canadians – to ensure that the work we do is focused and has a demonstrable impact. That is what drives us. We look forward to our ongoing dialogue with CACC and its members as we work together on our common goal.

*Sincerely,  
Jessica Hill  
Chief Executive Officer*

# CANADIAN PARTNERSHIP AGAINST CANCER

## CURRENT STRATEGIC INITIATIVES

The initial work underway is significant. I hope these examples give you a sense of both its breadth and scope.

### Attributable Risk (Phase I)

Assess the strengths and weaknesses of existing attributable risk models to guide the development of a new model to calculate the proportion of cancers attributable to specific risk factors in Canada

### Collection of Occupational Histories

(1) Investigate the feasibility of an occupational cancer related registry similar to the one currently available in Quebec for other Canadian jurisdictions; (2) develop online education module to recognize the importance of occupational and environmental exposures and potential disease.

### Status report on Cancer Prevention (Phase 1)

Consult with the provinces and territories on the scope and indicators for a national status report on cancer prevention

### Public Awareness

Communication needs assessment based on: 1) Poll of Canadians' cancer prevention knowledge, attitudes, behaviours 2) Consensus among cancer control organizations on key public messages on cancer prevention

### National Community of Practice

Knowledge exchange and transfer forum to build cancer prevention capacity through health promotion, research, surveillance and policy

### Family Physician Survey

Knowledge translation plan based on a recently completed family physician survey to address needs/gaps to better engage the family physician communities in primary prevention.

### Develop a National Skin Cancer Prevention Community of Practice

Establish a national network to mobilize a broad range of health promotion practitioners on the topic of skin cancer across the country, and disseminate timely information on this issue

### Develop key messages for skin cancer prevention

Develop a set of current, evidence-based skin cancer prevention messages targeting the general public & selected subgroups (e.g. children, outdoor workers)

### Disseminate Results of the Sun Survey (NSS2)

Ensure Sun Survey results are appropriately analyzed and

broadly disseminated. Evaluate the process to inform future similar surveys.

### Vitamin D Exposure Estimates

Use current knowledge to estimate the amount of sun exposure required in different parts of Canada and during each season.

### National Symposium on Sun Safety

Share current evidence (including results of Sun Survey), best practice, research needs, and develop consensus on Sun Safety messages for use at national, provincial and regional levels

### Infectious Agents and Cancer Literature Review

Complete a comprehensive, systematic review of cancer and infectious disease, and other health-related literature concerning viral, bacterial and other infectious agents and cancer

### Cancer Screening National Indicators

Define a set of common national indicators for monitoring cancer screening programs Screening Impact and Planning Model Development (SimPMod)

Develop a computer model for screening in the Canadian population, containing general components to capture characteristics of Canadian and provincial populations, with different modules for specific cancer sites

### Baseline Prevalence of Colorectal Cancer (CRC) Screening

Acquire the best available information nationally of the prevalence of appropriate CRC screening prior to the implementation of organized screening programs

### Patient and Provider Educator Tools re: Screening Benefits and Limitations

Create educational tools to assist patients in making more informed decisions about cancer screening, including clarifying common misconceptions. Materials to be distributed to frontline professional staff (primary care physicians, screening program staff).

### Colorectal Cancer (CRC) Screening Network

Establish pan-Canadian CRC screening network and knowledge exchange and transfer forum to foster development of organized screening programs, facilitate best practice, assess CRC screening, support CRC screening policy, etc.

### National Conference on Maximizing the Impact of Screening Programs

Convene a national conference on how to maximize the impact of screening programs, with international speakers to describe best practice in other jurisdictions

### **Guideline Adaptation Tool**

Support guideline developers in how to locate, evaluate, select and synthesize key information from existing guidelines to develop locally relevant, evidence-based guidance (Bone pain guideline work underway as is dissemination of advanced ovarian cancer guideline.)

### **Synoptic Reporting Tools Project**

Encourage and facilitate the use of uniform reporting templates that optimize the incorporation of evidence into practice through good reporting

### **Cancer Knowledge Resource Website**

Within CPAC portal initiative, develop interactive public website for use by health professionals, guideline and standards developers, decision makers and researchers across Canada to exchange information on guidelines, standards, indicators and related documents.

### **Capacity Enhancement**

Establish a sustainable network of national clinical practice guidelines training partners; develop, execute, and evaluate a comprehensive curriculum and training enterprise; provide tailored educational support for CPAC-supported guidelines

### **Measuring the Function & Performance of Networks/Communities of Practice**

Produce tools/processes for monitoring the evolution of CG-AG's network structures, functions and performance over time, and to transfer such knowledge for use by other Action Groups

### **Supportive Care Human Resources**

(1) Prepare a report containing standards and formulas for budgeting comprehensive and supportive cancer care services for use at provincial levels; (2) monitor the status of human resources available to provide biopsychosocial care across the cancer continuum

### **Awareness activities**

(1) Consult with stakeholders on rebalanced cancer system vision; (2) build awareness among provincial counterparts of the benefits of a rebalanced cancer system; (3) develop Canadian Cancer Patients Rights & Responsibilities document

### **Improving Access to Person-Centred Care**

(1) Disseminate the Educational Framework for Promoting Person-Centred Care; (2) design a learning kit for volunteers based on required competencies of person-centred care; (3) design a webbased portal for education modules, links and tools

### **Integration (Accreditation/Standards,Guidelines)**

(1) Build a community of practice to share knowledge, best practices on patient navigation; (2) Develop screen-

ing for pain and emotional distress (5th & 6th vital signs) in cancer centres and community settings; (3) Foster appropriate use of technology to increase access to biopsychosocial care (e.g. peer- and professionally led online support)

### **Knowledge Exchange activities**

(1) Accreditation: Work collaboratively with partners to incorporate biopsychosocial criteria into cancer standards and create learning kits; (2) Standards/guidelines: Conduct a quality review of existing guidelines and develop practice guidelines & standards for identified gaps

### **Bridging to the community**

Through tailoring and providing access, improve cancer care support services to specific populations that are:

- (1) located in rural/remote locations
- (2) Aboriginal/First Nations
- (3) Multicultural

### **Improved Data Collection Quality and Management**

Coordinate efforts with partners to improve data quality and examine areas of enhancement for national cancer surveillance in Canada (i.e. staging data)

### **Strengthening Analytic Capacity and Surveillance Information Products**

Increase the quality, breadth, relevance and timeliness of pan-Canadian analysis, interpretation and production of information products based on data from cancer registries

### **Networking, Communication and Knowledge Translation**

Facilitate the dissemination, diffusion and uptake of evidencebased surveillance information by the public, patients, health care providers, policy and decision makers, researchers and the media

### **Modeling Framework/Model Development**

Following the international Burden of Cancer modeling workshop (Oct. 07), and based on a peer review of existing models, develop a population-based modeling framework to forecast trends in cancer incidence and mortality, and measure the impact of cancer control interventions on those trends

### **Outcome Indicators**

Develop key outcome indicators to inform model development Targets for Cancer Control Develop set of targets to monitor progress in reducing disease and burden of disease

**NOTE:** This table is a sample of Action Group activities and does not represent all the work underway at the Canadian Partnership Against Cancer.

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