January 2002

Canadian Strategy for Cancer Control

Priorities for Action ...

Most Canadians might be surprised to learn that until now, no national strategy for the control of cancer has existed. They would be equally concerned to discover that their access to high quality treatment can depend on their place of residence and may be subject to medically indefensible waiting times.

Problem The projected cancer burden represents an unprecedented challenge to sustaining Canada's health care system.

Problem We cannot stop the Canadian population from aging, nor can we control the increased demand for cancer related care for this aging population in the foreseeable future.

What we can control are the risks of developing cancer, through prevention, and the steps we take when cancer occurs, through timely and appropriate interventions.

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Overview

The time to implement a cancer control strategy is now, before the demographics and economic impact become overwhelming. Certainly, more and more resources are needed to deal with the cancer burden; assuring the most effective and efficient use of these expensive and limited resources is crucial.

This document provides an overview of the vision of the Canadian Strategy for Cancer Control (CSCC), a strategy that aims to address these and other pressing issues in cancer control, and outlines the priorities identified for immediate action.

Over 700 volunteer experts, cancer survivors, allied health professionals, and caregivers participated in the creation of this Strategy. They believe that it has the potential to bring about the sustained, co-ordinated, comprehensive, and collaborative national approach to cancer control that is needed to meet the challenges we face. Governments and national organizations have started to collaborate in moving the strategy forward.

The Vision

Through the application of existing knowledge and the generation of new knowledge by research across the cancer control spectrum, the Canadian Strategy for Cancer Control will reduce the expected number of Canadians being diagnosed with cancer, reduce the severity of the illness, enhance the quality of life of those with cancer, and reduce the likelihood of dying from the disease.

Goals

- Reduced incidence of cancer, mortality, and morbidity;
- Increased quality of life for those living with, or recovering from, cancer;
- Equitable access to evidence based cancer control interventions;
- Improved integration of cancer health care, from primary to palliative care;
- Rebalanced investments that sustain effective prevention, psychosocial/supportive and palliative care;
- Empowered patients; and,
- Harmonization with provincial, territorial and federal health plans.

Priorities for Action

In order to move towards these goals, 12 working groups examined the most pressing issues across the cancer control spectrum. Their reports and 94 recommendations form the basis for the strategy and are summarized in a Synthesis Report (all documents available from www.cancercontrol.org). After extensive consultation, a proposed Canadian Cancer Control Council will initiate immediate action in five priority areas. Each of these is described starting on page 12:

1. **Standards and guidelines –** establish mechanisms and improve capacity for collaborative guideline and standards development
2. **Primary prevention –** establish integrated prevention system
3. **Rebalancing focus –** improve resources and systems for delivery of supportive care/rehabilitation and palliative care
4. **Human resource planning –** establish human resource planning database and co ordinated approach to planning
5. **Research priorities –** establish national priorities for strategic investments in cancer research

Background

The Challenge

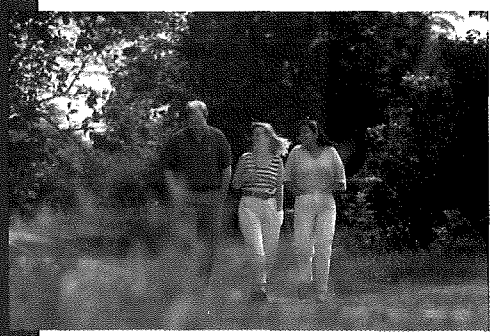
One in three Canadians develop cancer during their lifetime. Half of these become long term cancer survivors. Not surprisingly, most Canadians know at least one person affected by cancer and fear getting the disease themselves.

Despite advances in knowledge about cancer, effective delivery of health services has not kept pace with demand. Due to population growth and aging, and if current trends continue, the incidence of cancer in Canada will increase by as much as 70% over the next fifteen years.

If we are to deliver effective care to these individuals – defined as the care that most effectively limits the human suffering and loss of life from cancer – we need to develop coordinated strategies to maximize impact in the face of dramatic increases in demand for treatment and supportive care. The implementation of strategies to deal with these immediate issues must be accomplished simultaneously with the development of the prevention and screening strategies needed to reduce the burden of cancer in the future.

Most provinces have provincial cancer agencies or equivalents, which have provided coordinated specialized care for cancer patients for a number of years. These agencies are demonstrating increasing leadership over a broader range of the cancer continuum, including screening and supportive care programs. However, the approach is not fully integrated, as much of cancer diagnosis and surgery remains outside of these coordinated programs. The lack of coordination among provinces has resulted in a human resource crisis in cancer care. The problem is exacerbated by redundancy and duplication in the absence of such coordination and cooperation.

This Strategy has the potential to bring about a sustained, coordinated, comprehensive and collaborative national approach to cancer control that involves public institutions, professional organizations and the voluntary sector. Implementation of the Strategy will eliminate most reduncancies and give rational direction to the increased challenges of the near future.



The Future

Without a new strategy, the future looks bleak. More Canadians will develop cancer, more Canadians will suffer throughout the course of their cancers, and more Canadians will die of cancer, than ever before. They will do so despite increased funding which continues to be allocated to non integrated approaches that address cancer.

This future scenario is not inevitable. However, if we are to change the future, we must act in the present. This Strategy provides a blueprint for positive change.

Cancer Control in Canada

Cancer control aims to prevent cancer, cure cancer, and to increase survival rates and quality of life for those who develop cancer by converting the cumulative knowledge gained through research, surveillance and outcome evaluation into strategies and actions. This encompasses all aspects of cancer related interventions, at the individual and the population based level, in healthy populations and in populations affected by cancer.

This definition of cancer control should be read in the context of the *cancer continuum* — the phases of interventions that address the life cycle of cancer in an individual (see Figure 2). For about half of us, our experience of this continuum is limited to prevention initiatives that decrease the risk of cancer, and screening programs to detect cancer. If a diagnosis of cancer is made or confirmed, patients then receive treatment, supportive care, rehabilitation and/or palliative care interventions. For about half of patients, the disease is incurable. For those who enter remission or are cured, recurrence and long term effects of treatment remain a lifelong concern, often accompanied by continual fear and anxiety.

The Cancer Burden

Incidence

While the age standardized incidence rates of all cancers have risen only slightly over the past few decades, and will likely remain stable, the number of Canadians diagnosed with cancer each year is the steadily rising. Population growth and aging are the primary factors driving this increase. Cancer is primarily a disease of older Canadians — 70% of new cases and 82% of deaths occur in those 60 years of age and older. These factors mean that by the year 2015, the number of new cases could be 70% greater that at present.

Mortality

Cancer is deadly. Approximately one half of those diagnosed with cancer will die of the disease. By the year 2010 cancer will become the leading cause of death in Canada. This means that demands on cancer care resources by Canadians in the last years of their lives will similarly increase.

Prevalence

Thanks to improved treatment and care, patients are surviving longer, therefore driving the prevalence rates higher and higher. Cancer prevalence — the number of persons in Canada at any one time who have cancer — is estimated to be almost three times higher than the annual incidence. Thus in some ways, the cancer care system is a victim of its own success. The ability to plan for and cope with the rising prevalence of cancer in our society is at the heart of the need for a national strategy.

Economic Cost

In the year for which the most recent data is available, 1998, cancer cost Canadians about $14.5 billion. Of this, $2.8 billion was in direct costs and $11.7 billion in indirect costs. This is an 11.1% increase in five years. In 1993, cancer ranked fourth (10.1%) of the total economic burden of illness after cardiovascular, musculoskeletal, and injuries. In 1998, preliminary data show that cancer ranked third in accounting for 11.7% of the total burden. This percentage will escalate as the overall cancer incidence and mortality rises. Furthermore, the rollout of newer and more effective — and much more expensive — drugs and biologic agents, equipment, and more complex protocols is set to drive costs even higher.

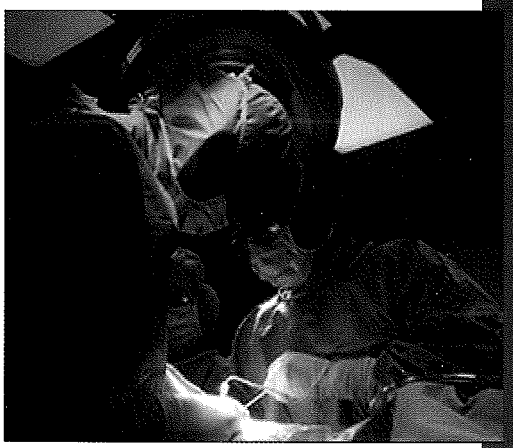
The Human Cost

No amount of surveillance or analysis can quantify the grief and suffering of cancer patients, survivors, and their families and friends. Many demands — emotional, physical and financial — are placed on family caregivers throughout the course of illness, to permit their family members to remain at home as long as possible and often to die there. These costs cannot be recouped and can have long term effects on caregivers and society.

How Cancer Is Controlled in Canada

Provincial governments have long recognized that cancer represents a significant threat to the population and a challenge to their health care systems. Regional efforts at cancer control are a feature of the Canadian health landscape. This is exemplified by the mandated cancer agencies/boards that exist in seven of the ten provinces and in coherent provincial cancer control strategies. At the federal level, dedicated resources are directed at cancer through the Cancer Division within Health Canada. There are also significant inter sectoral and inter governmental cooperative efforts in aspects of cancer control, such as the Canadian Coalition on Cancer Surveillance, the Canadian Breast Cancer Initiative and the Canadian Prostate Cancer Initiative.

The volunteer sector provides vital resources, advocacy, information, funding of research, direct support, and services for persons living with cancer, for example, through the Canadian Cancer Society, the National Cancer Institute of Canada, the Canadian Prostate Cancer Network, the Canadian Breast Cancer Network, and the Terry Fox Foundation. This sector must continue to be supported in playing this vital role – governments cannot do everything. However bright these beacons, they accentuate the gaps where there has been little or no such activity, co-ordinated or otherwise.



Analytic Framework

An expanded framework (Figure 1) was adopted by the initiators of this Strategy to guide its development and implementation. Briefly, the framework illustrates the cyclical and iterative nature of cancer control in relation to several activities: fundamental and intervention research, knowledge synthesis, decision making, surveillance/monitoring, and policy and programs for implementation. Implementation takes the form of interventions across the cancer continuum. The framework indicates the flow of knowledge and information required to make the *research–to–policy–to–practice* progression. The dashed lines indicate the vital role that surveillance and monitoring plays in informing the direction of research activities and in guiding mid–course alterations. The foundations/ infrastructure include everything that supports these activities and processes, from the concrete, such as facilities, equipment and human resources, to the less tangible, such as standards, agreements, and coalitions.

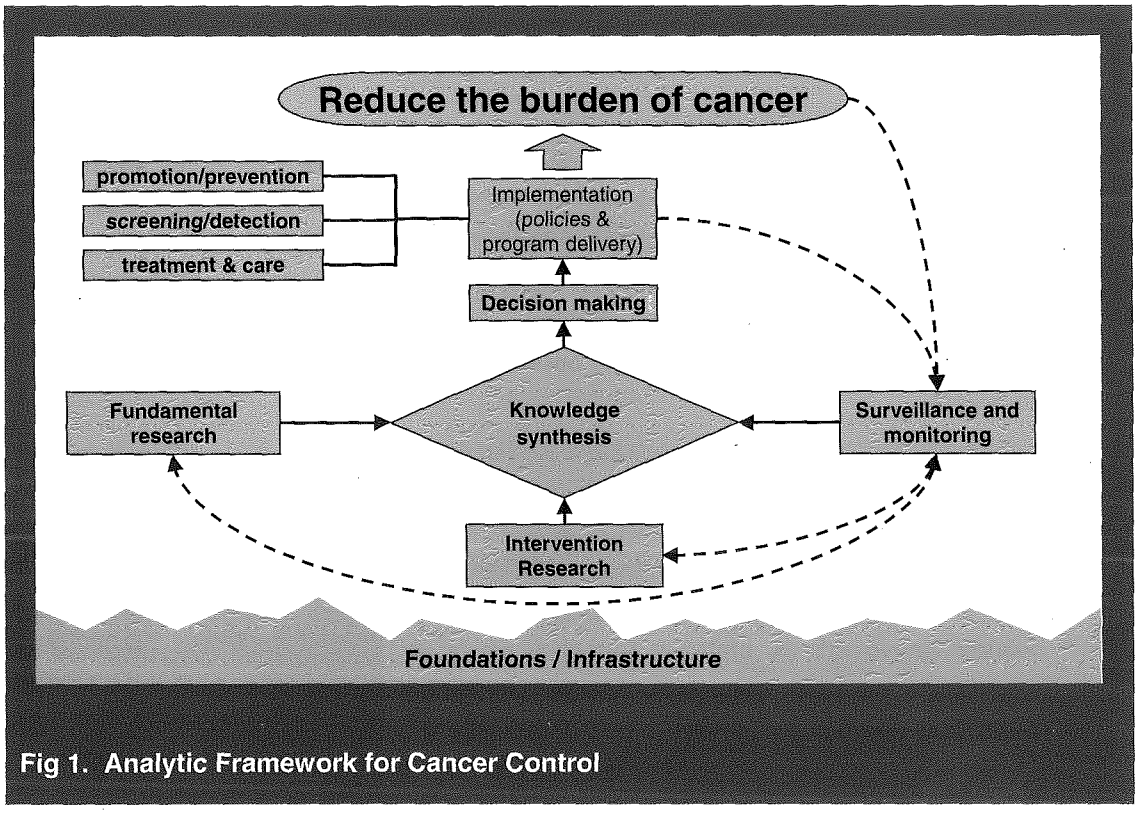


Fig 1. Analytic Framework for Cancer Control

Bringing it Together

The model depicted in Figure 2 below illustrates the relationship of the individual within the cancer control continuum, the analytical framework and their environment.

The individual's response and interaction with the disease and cancer control system is affected in no small measure by their physical and social environment. In addition, their health status is governed by various determinants of health such as education, socio economic status, community and family support. Their health status with respect to cancer follows the typical trajectory, depicted in the middle layer, of the cancer continuum as described above.

The cancer control system, in the outer layer, consists of interventions at particular points in the cycle of cancer, from prevention activities to reduce exposure to carcinogens and promote risk reduction behaviours, to palliative care to reduce suffering and improve quality of life in the terminal stages of the disease. The foundational environment (horizontal layers) encompasses the activities, initiatives and structures in which the individual and the system is embedded. The diagram is a simplistic distillation of the essential components and relationships of an exceedingly complex environment; an environment that includes almost every aspect of the Canadian health system.

The broadest view of cancer control, and the view that informs and permeates the substance of the Canadian Strategy for Cancer Control, encompasses all the layers and components depicted in this model.

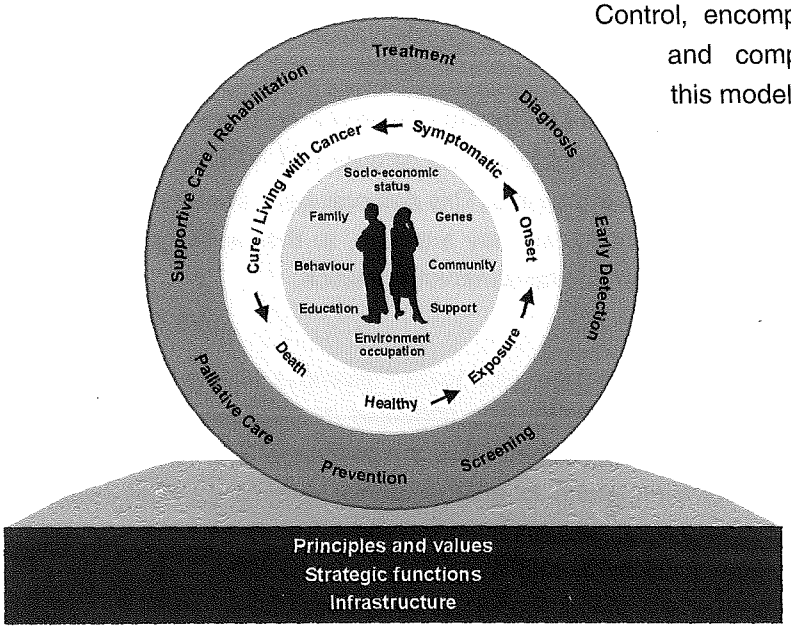


Figure 2: Cancer Control Continuum

THE STRATEGY

Why National?

A national strategy to achieve the goals of cancer control in an efficient and effective manner is necessary for several reasons:

Limited Resources

Canadians can afford to spend only so much on cancer control without jeopardizing other priorities. To achieve economies of scale and reduce duplication, the efficient use of resources will require a co-operative effort. For example, almost all provinces are currently engaged in producing evidence based treatment guidelines or care maps. Yet nationally appropriate guidelines on *best practices* are both practical and efficient, and improve consistency and equity across the country.

Collective Action

Cancer control cannot be effectively achieved by any single organization, jurisdiction or government. As illustrated in the analytic framework, the interrelationships between the various functions of cancer control are complex and interdependent. Inter-sectoral, inter-governmental, inter-disciplinary and inter-jurisdictional co operation is required to implement actions to reduce the cancer burden.

Equity

The Canadian public expects provincial and federal governments to work together to ensure that Canadians will have reasonable access to care that meets current high quality standards, regardless of where they live. This can only be achieved for cancer control by each jurisdiction contributing, as they are able, to the development of a common knowledge–base and common standards and practice.

Leadership

Cancer control is a long–term process requiring continual management. A national strategy with fully articulated plans, developed through stakeholder engagement, can provide the sustained platform on which to pursue cancer control activities, while adapting and changing approaches as conditions require. A national strategy will provide the focused ongoing attention and leadership that is difficult to achieve otherwise due to high turnover in top level health leadership in Canada.

Vision

The vision of a reduction in the projected cancer burden can only occur through co operation and leadership at the national level. A national strategy can provide the supportive environment in which prevention can be given a priority level in keeping with its potential impact.

Why Now?

Canada has a window of opportunity now to act before the full effect of the aging and growing population is fully felt by the health care system. It is also a time of myriad opportunities that promise to bring new efficiencies and effective treatments for cancer. If we do not act now, we will lose the momentum that has been building towards a co-ordinated and carefully conceived attack on cancer. If we do not act now, the health care system will have to react at some future time with less co ordination to an even larger problem.

Characteristics of a National Strategy

Research to Policy to Practice

The Strategy will support research to address the needs, gaps and opportunities in Canada, and will support the development of evidence–based policy to guide practice. Research will provide new knowledge upon which to base continuous enhancements in cancer control.

Population Health Based

The Strategy will address both the patient–oriented and population components of cancer control.

Accessibility

The Strategy will promote reasonable and equitable access to appropriate and effective care, regardless of where a Canadian lives.

Creative, Adaptable Framework

The Strategy will allow provinces, regions and communities to adopt recommendations and support actions in ways that they see fit. It will encourage creative approaches to solving issues according to local circumstance and resources.

Flexibility

The Strategy will change direction and emphasis in the face of changing circumstances, adapt to local needs and context, and will take advantage of emerging opportunities.

Long Term Action Plan

The Strategy will keep stakeholders together to work on a common plan, one that will be transparent to all and will enable all stakeholders to determine their roles and responsibilities. The benefits of the Strategy will increase progressively over time, as preventive interventions and research results take effect.

Sustainability

The Strategy will support the long term sustainability of the health care system by helping it deal effectively with, and ultimately reduce, the rise in the number of cancer cases.

Collaboration

The Strategy, collaboratively led and governed, will bring together the public at large, service providers and federal/provincial/territorial governments.

Integration

The Strategy will recognize the common risk factors and opportunities for collaborative, integrative action to reduce the incidence of chronic diseases such as cardiovascular disease, diabetes and respiratory diseases, in addition to cancer.

Accountability

The Strategy will be accountable to the people and organizations that are tasked with effecting or receiving cancer control in Canada, be they health professionals, administrators, government officials or the public.

Governance

The initiating partners of the strategy have developed a governance structure that will address the needs of the various constituencies concerned with cancer control. The proposed arrangements are outlined below.

Canadian Council for Cancer Control

This Council will provide national leadership for advancing the vision of the Canadian Strategy for Cancer Control, and will establish committees or working groups to undertake or co ordinate particular activities, guided by the 94 recommendations of the CSCC working group reports. The Council's activities will balance its national leadership role with a respect for the autonomy of provincial and local authorities and other cancer control agencies and groups.

The Council will act on behalf of all Canadians with priority consideration given to the interests of survivors of cancer, persons living with cancer, and Canadians at risk of cancer.

All Council members will be expected to consider a broad perspective, while ensuring that the interests of their constituencies, as appropriate, are also represented.

The Council will be composed of about twenty members, consisting of a representative cross–section of governments, agencies, groups, and individuals concerned with cancer control.

The Council will be supported by a Secretariat funded jointly by contributing partners.

Stakeholder Caucus

In addition to the Council, the formation of a Stakeholder Caucus will be encouraged in order to provide a conduit for information to and from Canadians concerned with cancer control.

Any group or association that has an interest in cancer control and has a national or regional interest and membership–base or is otherwise recognized by the Council may be represented in the Caucus.

The Council will also support a Special Caucus of Patients and Survivors to be constituted within the Stakeholder Caucus. The Special Caucus will have a standing invitation to all full Caucus activities, but may also meet independently according to its own rules of membership and conduct.

PRIORITIES FOR ACTION

A Thorough, Inclusive Process

The five priorities for action discussed below are based on the output of twelve working groups that tackled key areas in the cancer control continuum. Their reports resulted from a full year of thoughtful discussion amongst over 250 cancer survivors,

medical and allied health professionals. The working groups were tasked with identifying the most critical issues in the areas of prevention: screening; diagnosis; treatment; childhood cancer; supportive care/rehabilitation; genetics; research; informatics and technology; and surveillance. Working group reports are available at the Strategy's web site: www.cancercontrol.org.

Cancer survivors or persons with a family member with cancer were included at all levels of deliberation. Their input significantly affected the immediacy of all discussions, bringing the human dimension of cancer sharply into focus.

An integration group, consisting of representatives from national health organizations, oncology related professional bodies, cancer survivors, and the working group chairs, oversaw the working groups' progress and developed the overall strategic vision. A consultation conference in February 2001 was used to obtain further input.

The planning process and priority setting was guided by a Steering Committee consisting of senior executives from a tripartite partnership of the Canadian Association of Provincial Cancer Agencies, the Canadian Cancer Society/National Cancer Institute of Canada, and Health Canada.

In addition to activities on the national level, each region will need to translate and implement these priorities on a local level, where they match local needs and priorities.

PRIORITY 1: Standards and Guidelines

The lack of standards is a significant barrier to providing equitable high quality care. Without acknowledged standards, the sharing of information, the comparison of effectiveness of practices, and the evaluation of outcomes are not possible. Standards can serve as a benchmark to allow care-providers and institutions to gauge their own performance, to know what is possible, and to determine where improvements can be made. Establishing standards and applying them responsibly requires agreement on what those standards should be. This agreement can only be reached with the co-operation of those for whom the standards are designed.

At the moment, guidelines are produced on an ad–hoc basis, usually within a region or a province. But the idea is not to develop national guidelines through a central mechanism. Rather, it is to facilitate co operation among provincial cancer guideline programs, establish common principles, and develop communications infrastructure and training opportunities.

The Objective

The Canadian Strategy for Cancer Control will help to establish inter-provincial mechanisms to develop evidence–based national standards and guidelines in key aspects of cancer control, starting with diagnosis, treatment, and care.

First Steps

The Canadian Association of Psychosocial Oncology has produced psychosocial oncology standards. The Canadian Hospice Palliative Care Association is also developing standards. In addition, CAPCA has set up a policy advisory committee on standards.

The CSCC has co-funded a workshop to create the capacity to develop a process for clinical practice guideline (CPG) development. The initial step will be to develop common principles and mechanisms for collaboration between provincial initiatives.

PRIORITY 2: Primary Prevention

Prevention programs aim both to reduce Canadians' exposure to things that increase the risk of cancer and to increase the impact of factors that protect them from getting cancer. Currently there are many health promotion programs, but little co-ordination among them. Many programs take aim at reducing risk factors for one major disease alone. Thus programs are more likely to run in parallel rather than building on the effort or success of others. Further, information to evaluate the effectiveness and efficiency of these programs often does not exist. We have seen several significant successes in cancer prevention (e.g. Tobacco control) but we know we can co ordinate resources much better.

The Objective

The aim of the Canadian Strategy for Cancer Control is to establish a national, provincial/territorial, and municipal primary prevention system to address population–based risk factors for cancer and other chronic diseases, by augmenting the collaboration among chronic disease constituencies.

First Steps

In a significant move toward this needed co-ordination, an alliance has been formed to work together on an integrated approach to chronic–disease prevention. The Chronic Disease Prevention Alliance held its first meeting in November 2001. It is co–sponsored by the Canadian Cancer Society, the Heart and Stroke Foundation of Canada, Canadian Diabetes Association, and Health Canada. The Canadian Cancer Society has taken the lead for the CSCC.

PRIORITY 3: Rebalancing Focus

The needs of patients —physical, social, emotional, nutritional, informational, psychological, spiritual, and practical— should be addressed throughout the continuum of care. Evidence is emerging that underscores the relationship between psychosocial interventions and improved quality of life, cost savings and possibly increased survival. Yet the existence of a basic continuum of care services is not assured in all Canadian cancer centres.

The hospital–centric orientation of cancer care is sometimes at odds with the current trend towards providing cancer care in the community. Treatment needs to be available as close to home as possible. Thus a co-ordinated approach is needed to provide a full range of services in all communities to ensure seamless delivery between the community and cancer centres. Cancer centres must be linked with community cancer services and family doctors to insure this co-ordination and continuity for supportive care. This priority complements national efforts at primary care reform.

The Objective

The Canadian Strategy for Cancer Control will seek to improve human and financial resources and establish standards for universal and equitable access to high quality psychosocial, supportive, rehabilitative, and palliative care.

First Steps

Congruent with the Strategy, CCS and CAPCA are co-ordinating improvement in the provision of supportive and palliative care with professional organizations such as the Canadian Association of Psychosocial Oncology and care institutions. The Strategy is working closely with the *National End of Life/Palliative Care Strategy*, championed by Senator Sharon Carstairs.

PRIORITY 4: Human Resource Planning

The human resource deficit threatens to defeat cancer control efforts at all levels. Without action to resolve the pressing issues in human resource, a comprehensive long term cancer control strategy cannot be implemented.

Serious shortages of personnel in the Canadian cancer workforce are impairing service quality, education and research. Several provinces continue to send patients to American centres for radiation treatment. Other shortages result in delayed treatment, disruption of referral patterns, and interference with collaborative interdisciplinary programs of clinical care, education and research. Many cancer

programs are operating with reduced staffing while facing increasing caseloads resulting in distress and demoralization of staff.

For all of these reasons, the essential requirement of human resource planning is the capability to collect, analyze and disseminate reliable information and data to inform policy makers and funding authorities.

Given the principle of equitable access to health care, the responsibility for co-ordinating the human resources needed for Canada as a whole is one that must be shared across the country.

The Objective

The Canadian Strategy for Cancer Control will help to co-ordinate the development of a national cancer workforce strategy to support the operational planning needs for cancer control in Canada.

First Steps

In keeping with this Strategy, CAPCA has piloted a human resource database which includes information on cancer control activities, radiation therapy equipment, staffing allocation, and training and residency programs for the four major disciplines. The database will be able to provide information on workload projections, equipment and technology plans, productivity norms, human resource plans, and program plans for radiation therapy, and medical physics. Thus provinces will be able to access this database for ongoing resource planning.

PRIORITY 5: Research Priorities

In all its dimensions, effective cancer control relies on direct input from research. While research is an international endeavour we cannot rely on *imported* research to inform and sustain our cancer care system.

Canada is an established world leader in cancer research, particularly in areas such as population health research and clinical trials. But a new impetus is required to respond strategically to emerging knowledge and technologies. Expansion of cancer research across Canada is essential to continued improvement in the effectiveness of all programs aimed at cancer control.

We are now at a critical and unparalleled juncture in Canadian health research history. The existence of mature and vibrant donor funded cancer research foundations, such as the NCIC, together with the new federally funded Canadian Institute for Health Research – Institute for Cancer Research, promises to dramatically improve our capacity for cancer research.

Flexibility

The Strategy will change direction and emphasis in the face of changing circumstances, adapt to local needs and context, and will take advantage of emerging opportunities.

Long Term Action Plan

The Strategy will keep stakeholders together to work on a common plan, one that will be transparent to all and will enable all stakeholders to determine their roles and responsibilities. The benefits of the Strategy will increase progressively over time, as preventive interventions and research results take effect.

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Congruent with the Strategy, CCS and CAPCA are co-ordinating improvement in the provision of supportive and palliative care with professional organizations such as the Canadian Association of Psychosocial Oncology and care institutions. The Strategy is working closely with the *National End of Life/Palliative Care Strategy*, championed by Senator Sharon Carstairs.

PRIORITY 4: Human Resource Planning

The human resource deficit threatens to defeat cancer control efforts at all levels. Without action to resolve the pressing issues in human resource, a comprehensive long term cancer control strategy cannot be implemented.

Serious shortages of personnel in the Canadian cancer workforce are impairing service quality, education and research. Several provinces continue to send patients to American centres for radiation treatment. Other shortages result in delayed treatment, disruption of referral patterns, and interference with collaborative interdisciplinary programs of clinical care, education and research. Many cancer

programs are operating with reduced staffing while facing increasing caseloads resulting in distress and demoralization of staff.

For all of these reasons, the essential requirement of human resource planning is the capability to collect, analyze and disseminate reliable information and data to inform policy makers and funding authorities.

Given the principle of equitable access to health care, the responsibility for co-ordinating the human resources needed for Canada as a whole is one that must be shared across the country.

The Objective

The Canadian Strategy for Cancer Control will help to co-ordinate the development of a national cancer workforce strategy to support the operational planning needs for cancer control in Canada.

First Steps

In keeping with this Strategy, CAPCA has piloted a human resource database which includes information on cancer control activities, radiation therapy equipment, staffing allocation, and training and residency programs for the four major disciplines. The database will be able to provide information on workload projections, equipment and technology plans, productivity norms, human resource plans, and program plans for radiation therapy, and medical physics. Thus provinces will be able to access this database for ongoing resource planning.

PRIORITY 5: Research Priorities

In all its dimensions, effective cancer control relies on direct input from research. While research is an international endeavour we cannot rely on *imported* research to inform and sustain our cancer care system.

Canada is an established world leader in cancer research, particularly in areas such as population health research and clinical trials. But a new impetus is required to respond strategically to emerging knowledge and technologies. Expansion of cancer research across Canada is essential to continued improvement in the effectiveness of all programs aimed at cancer control.

We are now at a critical and unparalleled juncture in Canadian health research history. The existence of mature and vibrant donor funded cancer research foundations, such as the NCIC, together with the new federally funded Canadian Institute for Health Research – Institute for Cancer Research, promises to dramatically improve our capacity for cancer research.

The Objective

The Canadian Strategy for Cancer Control will help to define research priorities and to create a plan for strategic investment in those priority areas. Prioritization will help strengthen research–to–policy–to–practice links necessary for improved cancer control.

First Steps

Under the aegis of the Strategy, in May 2001, a workshop brought together, for the first time, representatives from Canada's two largest research funding organizations, the National Cancer Institute of Canada and the Canadian Institute for Health Research – Institute for Cancer Research, working in collaboration with the Canadian Association of Provincial Cancer Agencies, Health Canada, and a large group of cancer research stakeholders.

This research alliance began the task of identifying and setting priorities for research initiatives that could lead to significant and rapid benefit for potential and current cancer patients. The workshop's conclusions are now being further refined through a broad Internet based "Delphi" consultation which will identify and generate support for research priorities.

IN CONCLUSION

This Strategy can rebalance efforts to prevent cancer in the healthy, ensure that cancers are detected early, help our health system provide high quality care for persons with cancer, and provide the support and palliation for those who develop cancer, live with, or die of the disease. The momentum for national co-ordination and the restoration of health care funding by governments coincide to produce an unprecedented opportunity for the implementation of this comprehensive Strategy.

More money will be spent on cancer. The question this Strategy addresses is how best to use these resources. The Canadian public expect and deserve nothing less than full co-operation and co-ordination among governments, institutions, and community based organizations to ensure their access to the services they need across the continuum of cancer control.

> *"Realizing that cancer is a major health issue for Canadians; convinced that we need a coordinated strategy across Canada to have a major impact on cancer; believing that Canadians deserve nothing less than the best cancer control system in the world; each of us is committed to furthering the strategy within our area.*
>
> *We expect governments to take a leadership role in funding and supporting the strategy."*
>
> *Attendees' Commitment Statement*
> *CSCC Consultation Conference, Feb 2001*

More Information

You may find additional information on the formulation of this Strategy by downloading an Adobe Acrobat (PDF) document entitled the *Synthesis Report* from the Strategy's web site, www.cancercontrol.org. Reports from each of the 12 working groups are also available on the site. For further information or for printed copies, please contact the Canadian Strategy for Cancer Control at info@cancercontrol.org or at (613) 941 2296.

Canadian Strategy for Cancer Control

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