



# **Canadian Partnership Against Cancer: Supporting Implementation of Colorectal Screening Programs in Canada**

*International Cancer Screening Network*

*Helsingør, Denmark*

*June 4 – 6, 2008*

*Verna Mai, Chair of Screening Action Group, CPACC*

## Canadian Partnership Against Cancer (CPACC) announced November 2006

- **Canadian Partnership Against Cancer** established as an arm's length non-profit corporation to manage the implementation of the strategy



# CPACC

- Funding of \$250 million committed over 5 years
- Operations began **April 2007**

## CPACC Vision

- Achieve improvements in cancer control in Canada by being a catalyst for a coordinated approach that will:
  - Reduce the expected number of cancer cases
  - Enhance the quality of life for those affected by cancer
  - Lessen the likelihood of Canadians dying from cancer
  - Increase effectiveness and efficiency of the cancer control domain





• 13 provinces and territories – each is responsible for the provision of health care services

• Population Estimate January 2008:  
**33,143,610**

• Largest population:  
Ontario (**12,861,940**)

• Smallest population:  
Nunavut (**31,142**)

## CRC Screening Programs in Canada

### Key Milestones

**2002** – Recommendations from a national committee on colorectal cancer screening :

- should be established in Canada within an organized/structured environment.
- 50-74 year age group
- Biennial FOBT

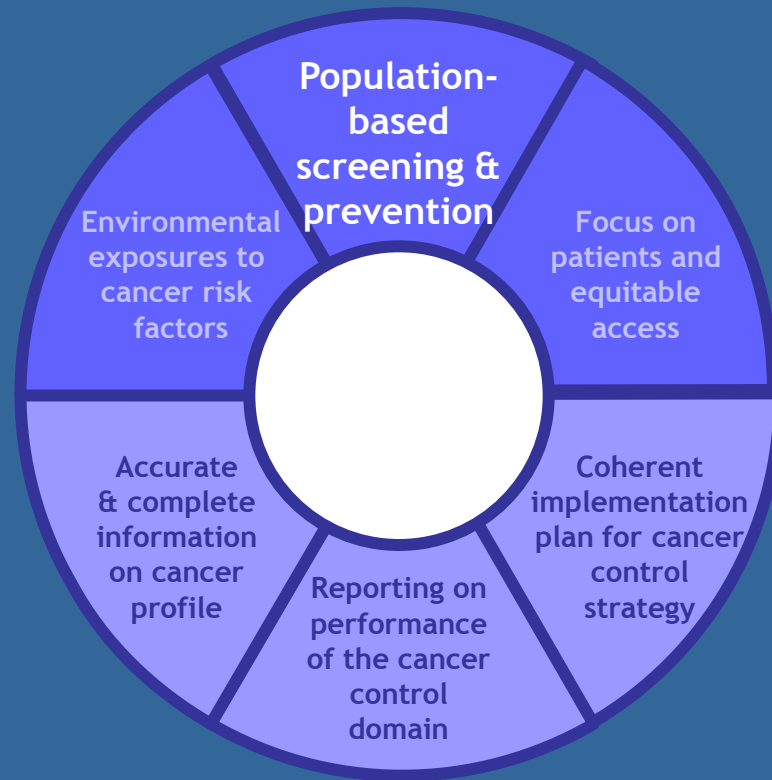
**2007** - 3/13 provinces/territories announced of Colorectal Screening Programs with committed operational funds to begin implementation: Ontario (January), Manitoba (January), Alberta (March)

# Key Areas of Focus for CPACC: 6

Content  
Focus Areas

---

Foundational  
Focus Areas



## Projects completed in 2007/2008

PROJECTS	Outcomes
<p><b>1. Colorectal Cancer Forum – March 29-30, 2007:</b></p>	<ul style="list-style-type: none"> <li>•Roundtable discussion</li> <li>•invited participants - all provinces/territories</li> <li>•Final report to participants with</li> <li>•Follow-up action plan – to establish a national network</li> </ul>
<p><b>2. Colorectal Screening with FOBT Systematic Review of the Literature on guaiac-based compared to immunochemical-based test</b></p>	<p><b>Final Report Disseminated and presented to the Colorectal Screening Network – April, 2008</b></p>
<p><b>3. Baseline Prevalence of Colorectal Screening in Canada</b></p>	<p><b>Poster presentation at the ICSN meeting – June 2008</b></p>
<p><b>4. Creation of a National Colorectal Screening Network</b></p>	<p><b>December, 2007</b></p>



## CRC Screening Network



**Inaugural Meeting – December 2007**

### Purpose:

National Forum for discussion  
and action

### Membership:

- 2 members from each of the 13 provinces/territories
- Federal rep: Public Health Agency of Canada, Health Canada
- National professional and patient advocacy organizations
- Chair: Dr. Heather Bryant





## CRC Screening Network

- Objectives:
  - Foster development of programs
  - Facilitate use of best practices
  - Assess the status of colorectal screening in Canada
  - Identify/create evidence and data sources to support screening policy
  - Effective communication: research, policy, practice
- All CRC Screening projects will be guided by the Network, which is a subcommittee of the Screening Action Group
- 2 meetings to date: December 2007, April 2008

## CRC Screening Initiatives getting underway

1. Monitor CRC screening participation rates.
2. Develop CRC screening indicators
  - For national and provincial reporting
3. Develop a national database for CRC screening
  - Build on model of data submission from provincial programs
4. Identify Canadian Research and Evaluation Agenda
  - different FOBT tests within the Canadian context.
  - lessons learned from newly implemented CRC screening programs

## Other CPACC Screening Action Group work that will benefit Colorectal Cancer Screening

1. Develop a strategy to enhance family physicians' roles in cancer screening
2. Informed Decision Making Tools: To support "informed" screening participation
3. Screening Impact and Planning model – development over 2 years
4. Participation in Screening – detailed analysis to identify key strategic issues – systems/organizational and individual levels
5. Performance measures for all screening programs



Domain	Performance Measures
Coverage	<ol style="list-style-type: none"> <li>1. Participation Rate</li> <li>2. Retention Rate</li> </ol>
Follow Up	<ol style="list-style-type: none"> <li>3. Abnormal Test Rate</li> <li>4. Follow-up rate</li> <li>5. Diagnostic Interval</li> </ol>
Quality of Screening	<ol style="list-style-type: none"> <li>6. Sensitivity</li> <li>7. Positive Predictive Value</li> </ol>
Detection	<ol style="list-style-type: none"> <li>8. Pre-Cancer Detection Rate</li> <li>9. Invasive Cancer Detection Rate</li> </ol>
Disease Extent at Diagnosis	<ol style="list-style-type: none"> <li>10. Early stage invasive cancer detection rate</li> </ol>

## Other CPACC Initiatives that will support Colorectal Cancer Screening

- Cancer Staging Initiative – to improve staging information on all cancers, with colorectal cancer a priority
- Synoptic Surgical and Pathology reporting initiatives
- Communications and Media planning:

## Communications and Media Campaign

- CPACC will be developing a multi year communications/media campaign focused on Colorectal Cancer Screening
- CRC Screening Network will provide content and development input
- Raise awareness and promote colorectal cancer screening among eligible populations – coordinated with the messages of provincial programs.

## Conclusions

- 2007 was a milestone year: 3 programs announced
- CPACC will facilitate and support best practices across Canada;
- The new Colorectal Screening Network will be an important venue for pan-Canadian planning and implementation
  - Quality determinants for Canada
  - National database, with core elements established
  - Monitoring and sharing “lessons learned”
- Even if the provincial program delivery models, differ, there will be the means to monitor and evaluate Canada’s progress in achieving population results



## CPACC Screening Action Group Members

Heather Bryant, MD, Ph.D CCFP, FRCPC	CPACC VP Cancer Control
Jacques Brisson, MD., D.Sc	Quebec
Andrew Coldman, Ph.D.	British Columbia
Gregory Doyle, M.B.A., B.Sc.,	Newfoundland and Labrador,
Marion Harrison, M.Sc	Manitoba
Verna Mai, MD, MHSc, FRCPC (Chair)	Ontario
Archie McCulloch, PhD.	Nova Scotia
Jay Onysko, M.A., B.A.	Ontario
Barry D. Stein, Esq.	Quebec
Walter Rosser, MD, CCFP, FCFP, MRCGP (UK)	Kingston, Ontario
Robert Grimshaw, MD, FRCS (C)	Halifax