Canadian **Partnership** Against **Cancer** **Partenariat** canadien contre le **cancer**

“A Newcomer’s Reflections on Cancer Control”

Jeff Lozon, Chair, Canadian Partnership Against Cancer
Address to the Canadian Club of Toronto
April 25, 2007

Thank you Noella (Ms. Milne) for the opportunity to spend a few minutes with the Canadian Club to present the first public statement from the newly formed Canadian Partnership Against Cancer.

It is fitting that this presentation is held here at the Canadian Club because the Partnership is a classic Canadian creation founded on the beliefs

- That together we can do more than we can apart
- That when faced with a threat that is difficult we should muster all our resources to confront it and
- That we can build upon excellence and be successful in improving the health of Canadians.

As the inaugural Chair of the Partnership which was announced by Prime Minister Stephen Harper in November of 2006, I am pleased to have the chance to clarify and to expand on the aims of this new organization and in the next few minutes, I would like to answer a few important but straight forward questions:

Why is the Canadian Partnership Against Cancer important and how did it come into being?

What will it do and how will we know that we are making progress?

What progress has been achieved since the public announcement on November 24, 2006?

How will this <u>Canadian</u> Partnership go about its business in this health care system that is organized on provincial levels?

And lastly by what standards can we judge this new organization as a success?

I have titled this speech, “A Newcomer’s Reflections on Cancer Control”.

And as our time together unfolds, you will see that while I represent the organization as its inaugural chair, I also am on a journey of learning as this new entity takes shape.

First, though a bit of history.

The cancer landscape in Canada is, like most other health services, organized within the framework of the provincial delivery of health care. That means that the federal government traditionally has not played a very direct role in this area. However, across the country, thousands of Canadians are involved - as direct care givers, researchers, volunteers, fundraisers – performing tasks caring for cancer patients or seeking out new ways to eliminate the disease.

But in addition to that - even within the provinces - cancer care has often been organized as system within a system.

Provinces have enacted provincial Cancer Acts spelling out how the formal system of cancer care should be organized and who is responsible for what.

This approach has both benefits and limitations.

Amongst its benefits, it has led to the development of different approaches to care - approaches where the patient is an active participant in the care process and where there is a plethora of support groups dedicated to helping cancer patients and raising money for this important cause.

In my experience, this is developed in the cancer community to a much higher degree then elsewhere in the system.

There is a close and active dialogue between the professionals and community and patient groups in cancer care that does not exist elsewhere. The term cancer survivor is one you hear regularly and in my experience it is a term not widely used in other health care conversations. It has a connotation of triumph over great odds, but also suggests the continuation of a struggle and a commonality of experiences that is a powerful force in shaping the future.

The downside of the parallel organization is that it leads to the belief that cancer is unique and different, and in my brief experience, it tends to create silos that do not aid the system.

For sure this approach does not allow us to truly capture the extent of cancer care delivered in settings that do not form part of the formal cancer system. The cancer system is a crucial part of our response but cancer is also a broader health care question. For example, when we looked at cancer care at St. Mike's, we found up to 15% of our hospital resources were devoted to cancer care and this is not atypical – whether it's Toronto, Montreal or Lethbridge.

One obvious benefit of the cancer system as currently structured is that many leaders are in contact with one another regularly. The cancer system is in fact, not so much a system but rather, a community. And, while turf battles will happen, the shared experience and interaction creates the opportunity for major advances and potential solutions to emerge rapidly.

This is what happened in the late 1990's and through the first few years of this decade.

Cancer leaders from the formal and informal systems across the provinces and territories - together with volunteers, survivors, family members, researchers, community and aboriginal groups, led by some inspired individuals, began to push for a national approach to cancer control.

The Canadian Partnership against Cancer did not spring from an overnight dream - it was the result of years of determined effort by leaders such as Dr. Barbara Whylie, Mr. Jack Shapiro and Dr. Brent Schacter who are here today and I would like to acknowledge their pioneering work in getting the Canadian Partnership established. Without them and many others there would be no national agency and no national approach. They saw that a national strategy was essential to address the needs for cancer control and they pursued this goal with determination and wisdom.

Through their efforts - and the foresight of federal Health Minister Tony Clement who recognized and championed their cause within the federal government - this new organization was formed last year.

Based on 2006 data, two Canadians are diagnosed with cancer every 7 minutes. I'll leave you to do the math of how many people have heard the words "you have cancer" since we began our luncheon today.

One in three of us will develop cancer within our lifetimes. With our aging population, current projections suggest 5.6 million Canadians are expected to be diagnosed with cancer in the next 30 years.

While recent evidence points to much progress, there remains a lot to be done. With earlier detection and advanced treatments, more of us will live longer with cancer. But the aging of our society and other factors continue to point for the need for major improvements to our cancer management system to cope and to provide better quality and results for Canadians now and importantly in the future..

Canada is not alone. Many other nations have seen the need for large scale response.

Since 2002, the World Health Organization (WHO) has been urging countries to develop national cancer control programs as the best means for reducing the incidence and impact of cancer and improving the quality of life for those with this disease.

Countries around the world are beginning to take broad-based strategic approaches to control cancer – starting with prevention, and screening, through treatment to research and better support of patients through their journey.

Europe against Cancer is one such initiative on a multinational level - focusing the efforts of several European nations to work together to battle cancer.
They are looking to leverage their knowledge and research to provide the best cancer care from prevention to treatment to end of life care. Implementing this type of strategy shows results – for example the United Kingdom reported a 12% reduction in cancer death rates six years after launching their national plan.

In Canada, we are fortunate to have pockets of outstanding world leaders in cancer management dealing with the cancer challenge day in and day out.

In the face of growing evidence that we can and must do better and with the efforts of literally hundreds of leaders who understand that national approaches work, Prime Minister Harper announced the creation of the Canadian Partnership Against Cancer. The federal government is investing 260 million dollars over 5 years to launch the organization and enable it to implement a robust Canadian cancer control strategy.

Dr. Simon Sutcliffe, an internationally recognized cancer leader was announced as the Vice Chair and I was asked to be the first Chair of the Partnership. Although in no way a cancer expert, I do bring to my new role over 30 years of experience in health care leadership. I have worked closely with all levels of government most directly as Deputy Minister of Health for the Province of Ontario.I also bring to this role a determination to help deliver real results.

And now, I would like to talk about what the organization will do.

First, building upon and not duplicating the efforts of other organizations, we will develop a national approach to cancer control.

We will serve as focal point for the aggregation and dissemination of new knowledge about cancer control.

We will help develop and maintain national information databases for the best practices in cancer control.

Working closely with direct care providers, we will help develop and foster new approaches to patient care designed to enhance the journey of the patient through the system. These journeys can be frightening and bewildering and we already have experts hard at work considering ways to improve that journey.

We will direct funds into research that translates and builds upon great work done by so many scientists in Canada and around the world. We will develop a niche in this area and work towards the realization of its potential.

We will take a full spectrum approach to cancer control looking at all aspects of the system including primary prevention and screening.

We will aid in the development of the best standards and guidelines and promote their adoption.

We will study in a focused way the problems of the cancer workforce and propose practical strategies for improvement.

Right now we have 9 groups of experts, or action groups, as they are called from across the country hard at work on these areas. These groups will evolve and change as the needs of Canadians change in the area of cancer control.

We will be a point of reference for all Canadians to provide a better understanding of what they can do to manage their own risk and to help them navigate the cancer system in Canada.

We will - and we must - work closely with provinces and their cancer agencies, with patient and survivor groups, with the Canadian Cancer Society and other groups and individuals involved with the cancer system.

We will complement work being done rather than duplicating it, and assist in filling gaps to provide support to the various cancer organizations so that their efforts are as effective as possible.

Lastly, and importantly, we must meet the expectations of patients and their families, Canadians, providers and governments,

- that over time lives are saved,
- that cancer care is more humane and progressive
- and that best practices in cancer control are adopted quickly throughout the country.

The job of translating these directions into practical, measurable and accountable goals will be the job of a national board of directors.
Today I pleased we are able to announce the inaugural board of directors for the Partnership. Copies of this announcement are available at your tables.
I am pleased that four of our new directors -- Dr. Barbara Whylie, Mr. Chris Clark, Ms. Laura Talbot and Mr. Peter Crossgrove – are with us here today.

We have a national board with outstanding skills

- in the private and public sectors
- in the fields of cancer expertise, and
- importantly the board includes patients who can always keep us grounded in the pursuit of our objectives to reduce the burden of cancer in our society and improve cancer care for current and future Canadians .

Over the weeks and months ahead the board will need to sharpen the strategy, develop clear and measurable short and medium-term deliverables, continue establishing the organization and reach out in partnership to the broad cancer community.

Our new organization will work hard to deliver on the vision for leadership in cancer control that the cancer community and our governments have embraced..

I began this talk characterizing myself as a newcomer to this area.
Let me conclude by sharing with you a few of my learnings.

First - cancer in our society touches so many Canadians in such a fundamental way that not to take a national approach would be parochial and shortsighted.

Second - that within the broad spectrum of cancer agencies in Canada there exists strong collective will to do better.

Third – that harnessing the many different approaches and interests is daunting but ultimately will enrich our work.

Fourth - that we can and must learn from others across Canada and abroad. Cancer knows no international boundaries.
There is no need to reinvent the wheel all the time but rather to build on the solid base created by others, to share, to learn and to collaborate.

Lastly - that the vision and bravery of leadership at all levels – particularly by patients, families and experts - along with active political leadership can set the stage for great progress.

Earlier, I alluded to the very difficult personal journeys associated with this disease. At the 2003 National Cancer Leadership Forum, the late June Callwood said:

"People everywhere are going over the cliffs,
developing cancers that could be prevented,
dying of cancers that could be cured.
Some 700,000 Canadians have cancer today, me included. Your job is to stop that happening.

Don't leave here until you have a blueprint and a flow chart. And your luggage bulging with determination.
I wish you well."

Now, with the support of our federal government and all of our partners we have a real chance – a chance to harness all of our energies, to harmonize our efforts and focus our expertise once and for all — to build a different future about cancer in Canada -- one where fewer Canadians will be diagnosed with the disease, fewer will die from cancer and where all cancer patients are supported with all the right care throughout their journey.

For more information: Lee Allison Howe
416-915-9223
416-903-5420 Cell

www.partnershipagainstcancer.ca