



CANADIAN PARTNERSHIP
AGAINST CANCER

PARTENARIAT CANADIEN
CONTRE LE CANCER

Cancer data, registries and surveillance in Canada

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JULY 2024

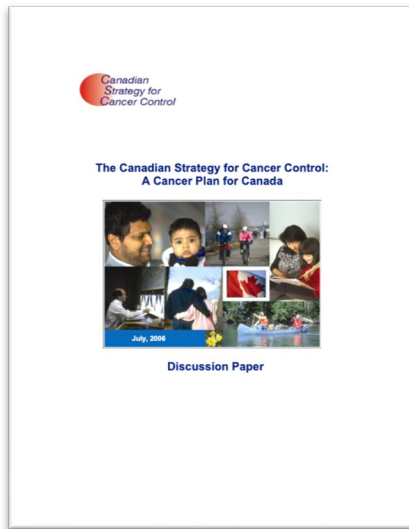
Disclosures

- None

Overview

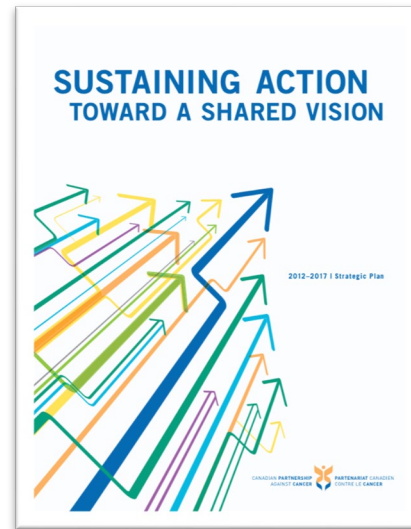
- Staging
- Synoptic reporting
- System performance measurement
- Data improvement

Canadian Partnership Against Cancer (CPAC)



2007–2012

Advancing
Canada's first
cancer strategy



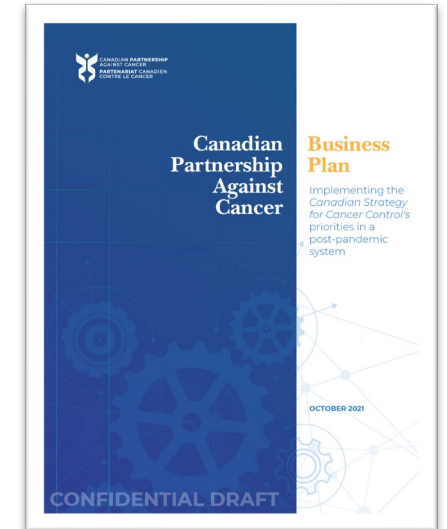
2012–2017

Pursuing shared
priorities



2017–2022

Building on
progress



2022–2027

Advancing the
Strategy in a post-
pandemic system

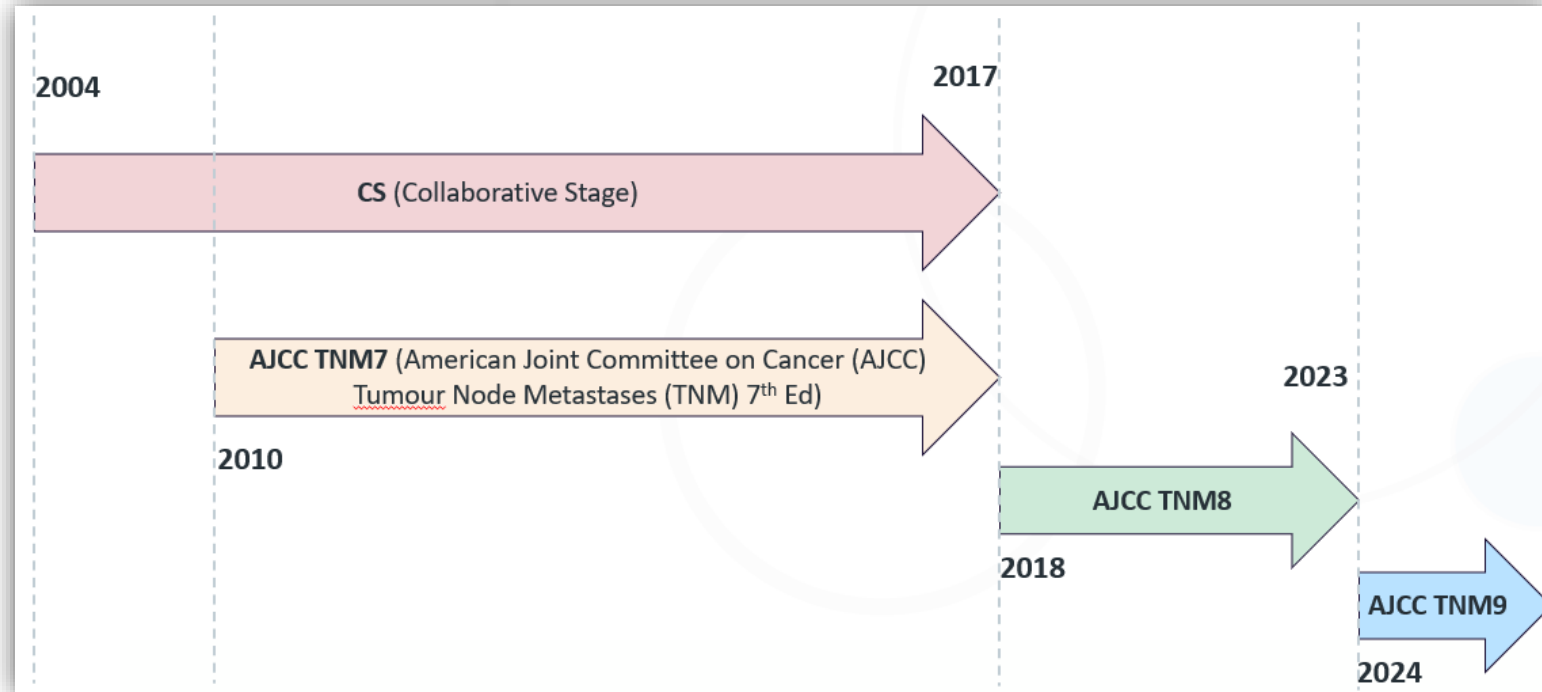
Cancer Staging in Canada

Successes

- Makes it possible for all registries to collect a **unified data set**
- Supports **surveillance**, informs **decision-making, research** and **quality improvement efforts**
- Provides a **common language** for healthcare providers to effectively communicate about a patient's cancer and collaborate on the best courses of treatment

Challenges

- Updates to AJCC TNM staging standards are frequent → **time, training and resource intensive**
- **Complicated** staging system which requires manual review
- Many jurisdictions now only **stage select sites**



Synoptic Reporting in Canada

- Starting in 2007, CPAC funded partners across Canada to implement tools to standardize the collection of **pathology and surgical data** into discrete fields
- From 2017-2022, CPAC funded partners to utilize synoptic data to inform **quality improvement** in clinical settings. Synoptic data was used in **audit and feedback** reports to inform **communities of practice** with surgeons and pathologists to inform practice change and enhance patient care.

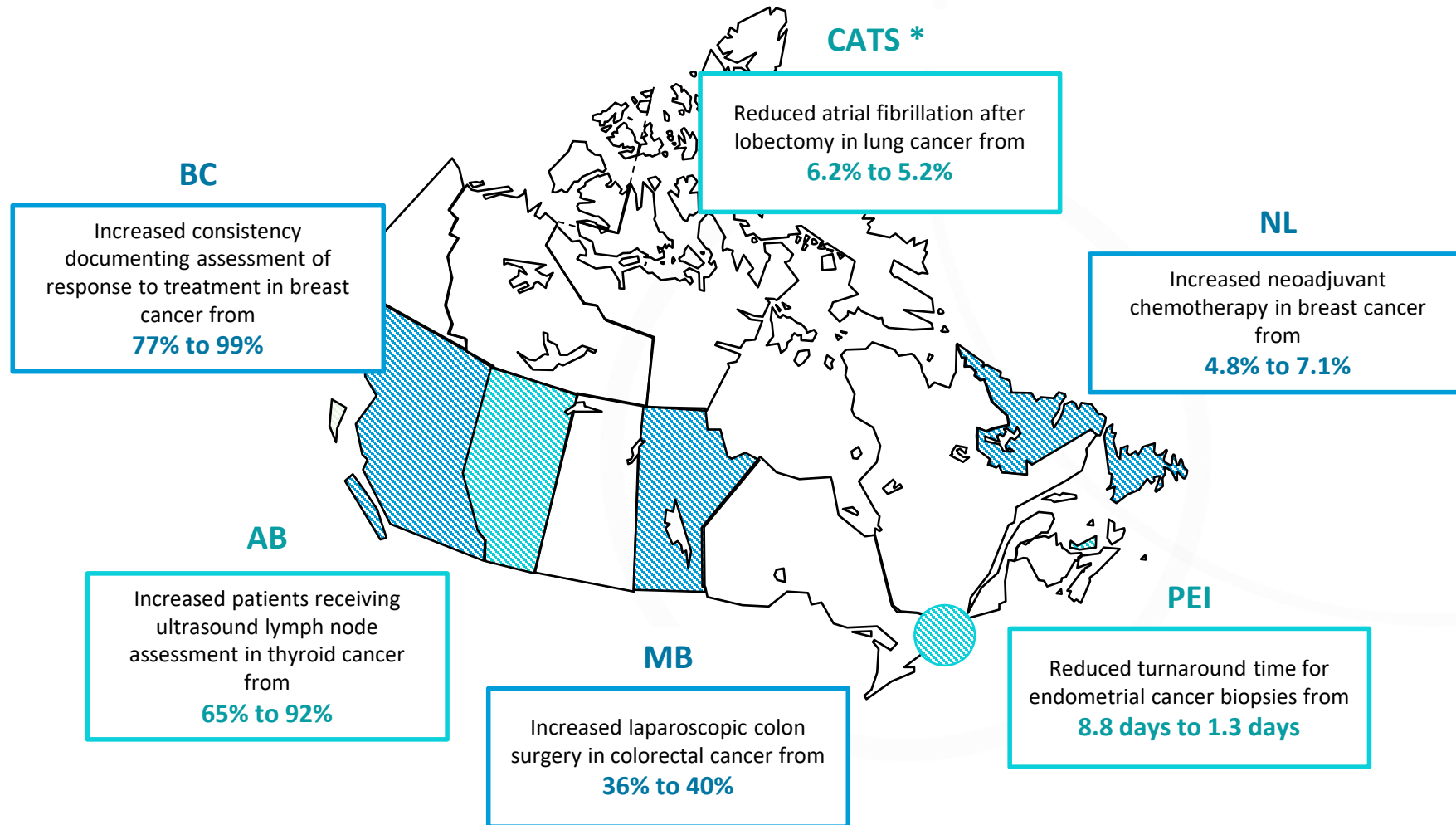
Successes

- **Synoptic pathology reporting adopted in ~ all jurisdictions**
- **Increased capacity to use data for quality improvement.** Clinicians brought together in multidisciplinary meetings used data to learn about their clinical practice, make comparisons.
- **Improved patient care.** Almost all projects showed clinical improvements

Challenges

- **Synoptic surgery reporting not widely adopted**
- Quality Improvement **requires accurate, timely, and clinically meaningful data.**
- Quality Improvement **requires dedicated staff** (project managers) **and clinical champions.**

Examples of Impact: Quality Improvement using Synoptic Reporting



Cancer System Performance Reporting

Background:

2008-2018

- Worked with partners across Canada to release **annual cancer system performance reports**
- Included **standardized indicators** to measure and compare cancer system performance across jurisdictions and over time

2018 - 2023

- Shift from comparative reporting to monitoring **jurisdiction-specific progress** towards the priorities of the Canadian Strategy for Cancer Control
- **Pause in pan-Canadian reporting on standardized indicators**

2023 - present

- **Renewed interest** from partners to return to a standardized approach for pan-Canadian cancer system performance reporting
- Engaging partners to **refresh the list of indicators** for a 2026 release

Value-Add:

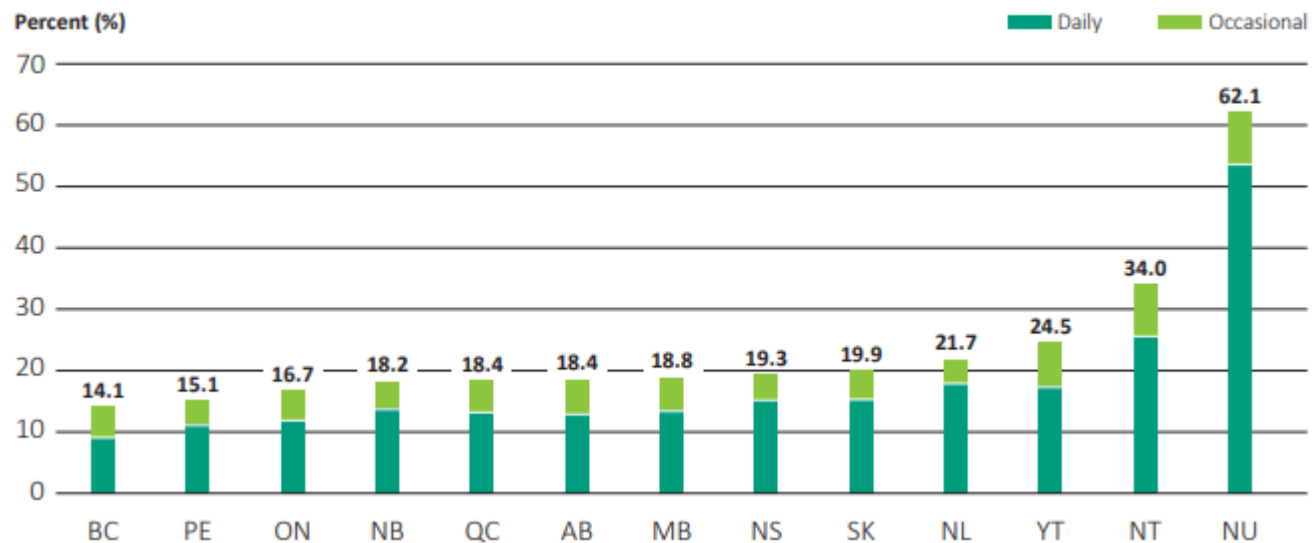
Enables comparisons of system performance across jurisdictions identifying gaps and promoting continuous quality improvement

Helps refocus public/media/political attention to the importance of maintaining investment in cancer control

Informs evidence-based policy, planning and practice changes to improve access, experience and outcomes

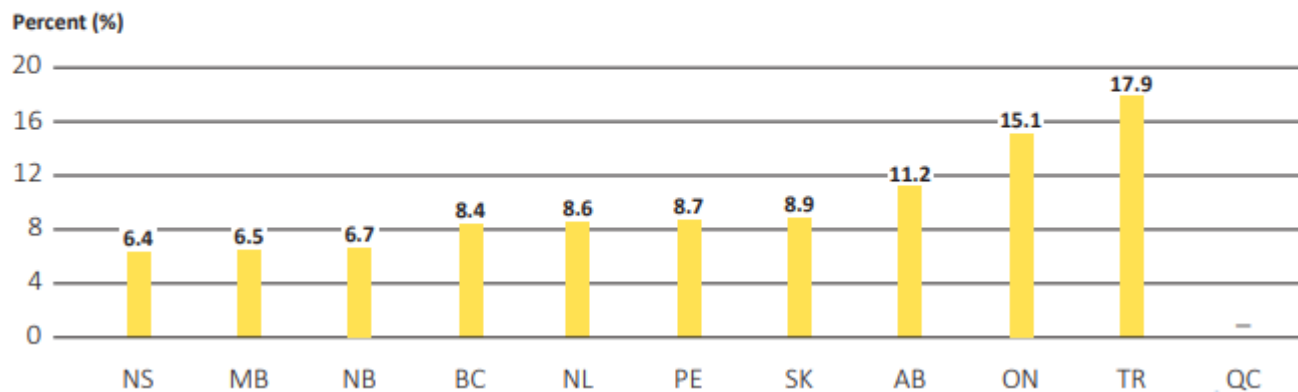
Cancer system performance reporting: Examples

Percentage of Canadians who reported smoking daily or occasionally, by jurisdiction — 2015-16 reporting years



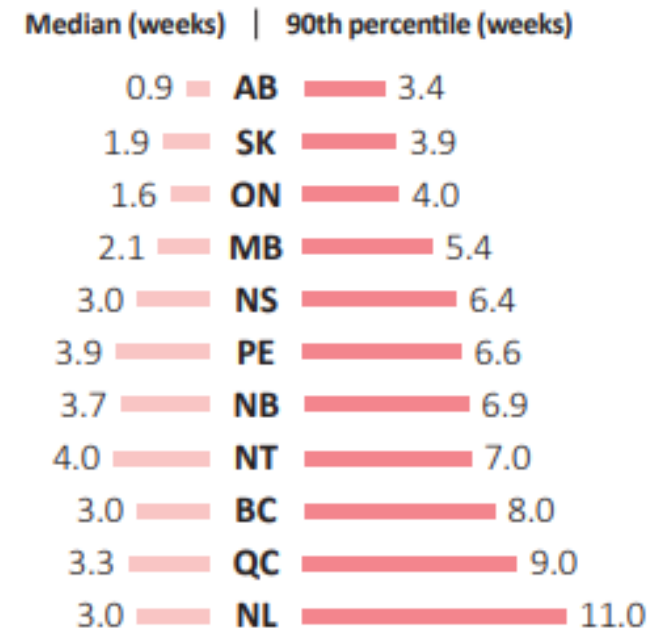
Data source: Statistics Canada, Canadian Community Health Survey.

Percentage of cancer patients that died in an acute care hospital and were admitted to intensive care units in the last 14 days of life, by jurisdiction — 2014/15 and 2015/16 fiscal years combined



Data source: Canadian Institute for Health Information, Discharge Abstract Database.

Median and 90th percentile wait times for resolution of an abnormal breast screen without tissue biopsy for women aged 50-69, by jurisdiction – 2015 screening year



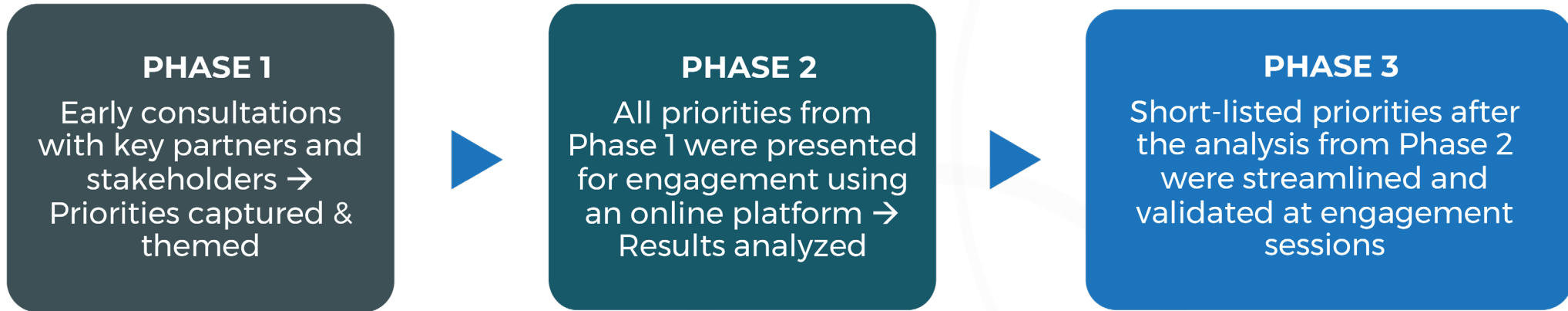
Data source: Provincial and territorial breast cancer screening programs.



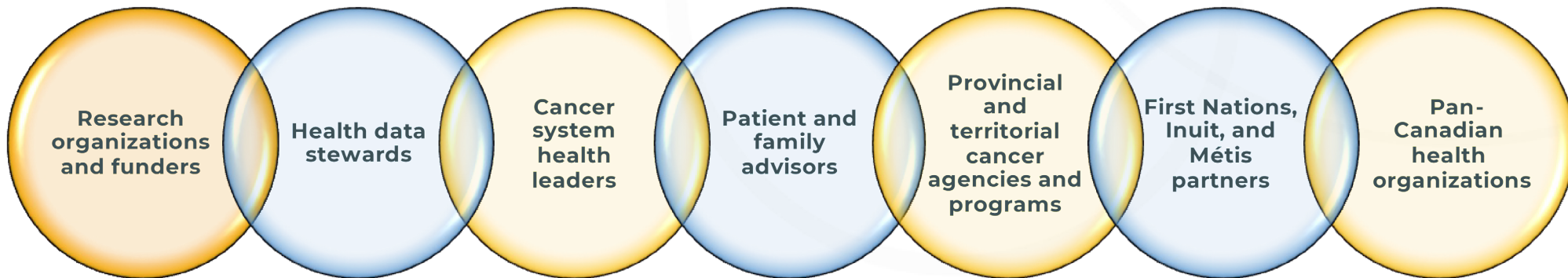
July 2023



Engagement process



Ongoing parallel process for engaging First Nations, Inuit and Métis partners



Priorities and Funded Project Streams

PRIORITY 1

- Improve the efficiency, timeliness and quality of data capture and access.

- **Project Stream 1**

Timelier cancer case ascertainment and/or staging data

- **Project Stream 5**

Projects that may not fall under the 4 project streams above, but still advance priorities of the cancer data strategy work.

PRIORITY 2

- Enhance linkages to current data

- **Project Stream 2**

Harmonization of treatment data

PRIORITY 3

- Fill gaps in current data collection

- **Project Stream 3**

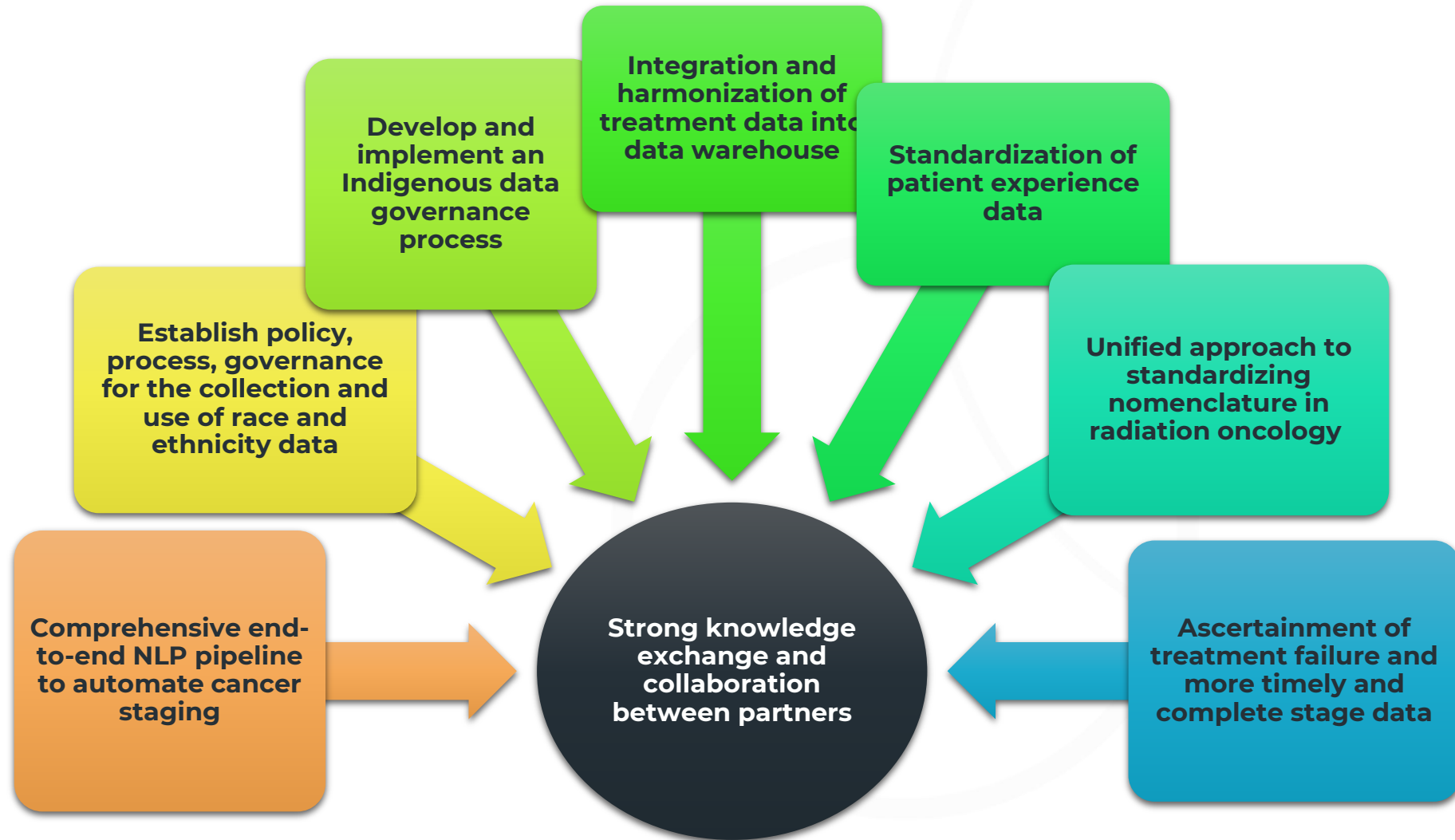
Collection of race, ethnicity and/or Indigeneity identifiers

- **Project Stream 4**

Advancing the collection, reporting and governance of First Nations, Inuit and Métis-specific data

The Canadian Cancer Society is also providing funding aligned with the priorities through the [CCS Data Transformation Grants](#).

Funded Projects to Modernize Cancer System



Cancer data, registries and surveillance in Canada

– Where are we going?

By 2027 the cancer data strategy has the potential to have a tangible impact on the cancer system that could have a ripple effect throughout the rest of the health system:

- Jurisdictional cancer data registries will be modernized allowing for faster case ascertainment and staging
 - Better integrated and harmonized cancer treatment data linked with cancer registry data
 - There will be improved collection of race/ethnicity and First Nations, Inuit and Métis identifiers, so that we can identify equity gaps and work to reduce them
- ⇒ enabling pan-Canadian system performance measurement and reporting and research for a better understanding of the cancer landscape
- ⇒ Improvement