

2020

ROADMAP TO CANCER CONTROL FOR MANITOBA

Setting priorities, working together
and achieving the best results



Vision

A world free of cancer.

Mission

To reduce and, where possible, eliminate the burden of cancer on the people of Manitoba through exemplary programs of prevention, diagnosis, treatment, rehabilitation, continuing care, research and education.

These are the Vision and Mission statements of CancerCare Manitoba, which work towards cancer control for Manitoba.

What is Cancer Control?

Cancer Control aims to reduce the impact of cancer by reducing the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based strategies for prevention, screening, early detection, diagnosis, treatment, supportive care, follow-up care, palliation and end-of-life care.¹

TABLE OF CONTENTS

Vision, Mission, and Definition of Cancer Control	2
The Road to Cancer Control for Manitoba	5
Research and Innovation	7
Patient Perspectives on Clinical Trials	8
The Cancer Landscape	11
Patient- and Community-Centred Care	13
Developing the Roadmap to Cancer Control	14
Roadmap at a Glance - Priorities and Objectives	16
Priority 1: Promote Cancer Prevention and Screening	19
Priority 2: Deliver Timely Access to Quality Cancer Care Closer to Home	27
Priority 3: Provide Evidence-Based, High-Quality Cancer Services	33
Priority 4: Improve Patient Experience Throughout the Cancer Continuum	39
Priority 5: Ensure Sustainability of Cancer Services	45
Priority 6: Improve First Nations, Métis, and Inuit Cancer Control and Outcomes	51
A Framework for High-Quality Cancer Surgery for Manitoba	54
Next Steps for the Roadmap to Cancer Control	55
Acknowledgments	56
Abbreviations	57
References	58



Young Drea is receiving treatment for cancer. See her story at cancercarefdn.mb.ca/dreas-story/

The Roadmap to Cancer Control for Manitoba

Setting priorities, working together and achieving the best results

Cancer affects us all profoundly; it impacts us physically, emotionally, socially and economically. At times, the disease seems to be unyielding. The number of individuals with cancer continues to rise globally. A recent Canadian cancer statistic (2018) reports that nearly 1 in 2 Canadians will develop cancer in their lifetime.^{2,3} The good news is that more Canadians are surviving their cancer and living well with the disease. Despite this good news, cancer still takes people's lives prematurely and places an enormous burden on patients and their families - individuals and caregivers whom we know and love. Cancer leaves no one untouched.

CancerCare Manitoba is responsible for planning and leading a provincial cancer control program in Manitoba that includes prevention, diagnosis, treatment and supportive care, as well as research and education in cancer and blood disorders. It is only through a comprehensive approach that the very best care and support can be provided.

Successful implementation of a well-planned, robust and comprehensive cancer control program which involves the whole healthcare system will determine the cancer outcomes and health of the population in Manitoba.

To achieve the goal of cancer control, we are honoured to present the *Roadmap to Cancer Control for Manitoba*. Six priorities for cancer control have been identified in consultation with key stakeholders. These priorities are patient- and community-centred and research- and innovation-driven. The priorities and corresponding objectives call for the best evidence-based, high-quality and equitable care for all Manitobans; regardless of age, race, culture, disability, gender, religion, or location in the province.

There is a growing concern that with the increasing number of people living with cancer and the availability of advanced treatments and technologies, our healthcare system will

be challenged to keep up with the demand for cancer services. Thus, for a cancer control program to be successful, it needs to also address measures for sustainability.

The priorities call for innovative solutions to improve efficiencies and effectiveness in the healthcare system which, in turn, will allow us to honour our collective commitment and deliver the very best cancer care to our diverse community.

In Manitoba, with the healthcare transformation that introduced the *Manitoba Clinical and Preventive Services Plan* (MCPSP), we are well-positioned to work together as one healthcare system to set priorities and provide care to all Manitobans to achieve the best results. The *Roadmap to Cancer Control for Manitoba* is presented to the healthcare system and all Manitobans at this time of opportunity such that it will bring the best results one could aspire to see for cancer control. The Roadmap will inform the MCPSP related to cancer service provision in Manitoba.

Successful implementation of the cancer control priorities is largely dependent on the commitment and collaboration of many: government, healthcare systems, universities, healthcare workers, volunteers and individual Manitobans. It is our privilege as CancerCare Manitoba and its Board of Directors to provide leadership to create the *Roadmap to Cancer Control for Manitoba*. Join us as we work to achieve a world without cancer.



Dr. Sri Navaratnam,
President and CEO,
CancerCare Manitoba
Professor, Department
of Internal Medicine,
University of Manitoba



Mr. Jeoff Chipman, Chair,
Board of Directors,
CancerCare Manitoba



PhD Graduate, CancerCare Manitoba Research Institute

Research and Innovation

New knowledge improves cancer control

Embedding research into all aspects of cancer control is an essential component of CancerCare Manitoba's mission to reduce the impact of cancer on our population through prevention, early detection and a personalized approach to cancer treatment.

Over many decades, CancerCare Manitoba has built an integrated research ecosystem in partnership with the University of Manitoba, and healthcare partners across the province. This vision is based on the establishment of the Manitoba Institute of Cell Biology in 1969 by Dr. Lyonel Israels. A critical part of this Institute model was the co-location of basic science and translational research with clinicians and patients. In 2015, this approach culminated in the formation of the Research Institute in Oncology and Hematology, which now includes laboratory and clinical researchers from across the spectrum of cancer and blood disorders. The Research Institute is the only provincial organization dedicated exclusively to improving cancer control in Manitoba through research and innovation. Coordination of cancer research across the province is a priority so that all Manitobans will have the opportunity to participate in, and benefit from, research discoveries. This is made possible due to the CancerCare Manitoba Foundation which, through the support of Manitobans, is able to generously fund research carried out at CancerCare Manitoba.

Research is critical to improving patient care because it identifies new and innovative treatments as well as bringing the advantageous impacts of clinical trials conducted here in Manitoba. Research improves patient care and outcomes.

Taking discoveries from bench-to-bedside, and back again, is the goal of a comprehensive research program that directly benefits patients.

This integrated research culture attracts the best clinical and research talent from across the world and allows us to ask specific questions about the needs of our local community. In particular, research and innovation projects at CancerCare Manitoba address the needs of Indigenous and vulnerable populations with new approaches to prevention, education and patient navigation.

The Research Institute takes a comprehensive approach to cancer research by integrating ideas, projects and data from across the cancer journey. This platform is built on Manitoba's longstanding leadership in data capture and analysis at a population level, as well as rich data resources that provide a real-time window into system performance, patient outcomes, psychosocial oncology and screening. For this reason, research in health services innovation is a major priority for building a sustainable, cost-effective and evidence-based approach to cancer care in the community.

Research is foundational to providing the best evidence-based, high-quality cancer care to Manitobans and contributes to cancer control in the province.

CancerCare Manitoba is committed to continuing and strengthening this research. Without local research, there is no cancer control.

Patient Perspectives on Clinical Trials

"I was extremely fortunate to have an oncologist who had his pulse on the clinical trials offered at CCMB. I owe my extended life to him and the clinical trials group for offering this immunotherapy."

- Laura, Clinical Trial Patient

"I feel very fortunate to have been a study patient. I am so blessed to be okay after all these years and I'm grateful for CCMB's research and clinical trials."

- Peggy, Clinical Trial Patient

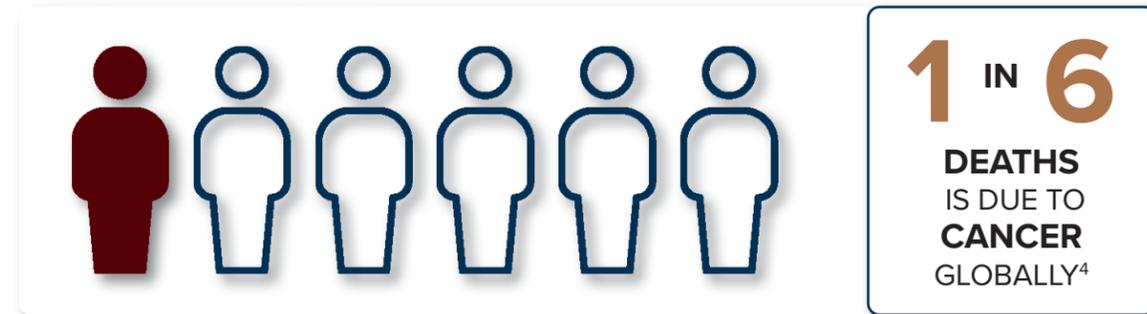
"The clinical trial nurses had every answer I needed, leaving me with no fear of the treatment for this already life-changing experience."

- Matthew, Clinical Trial Patient

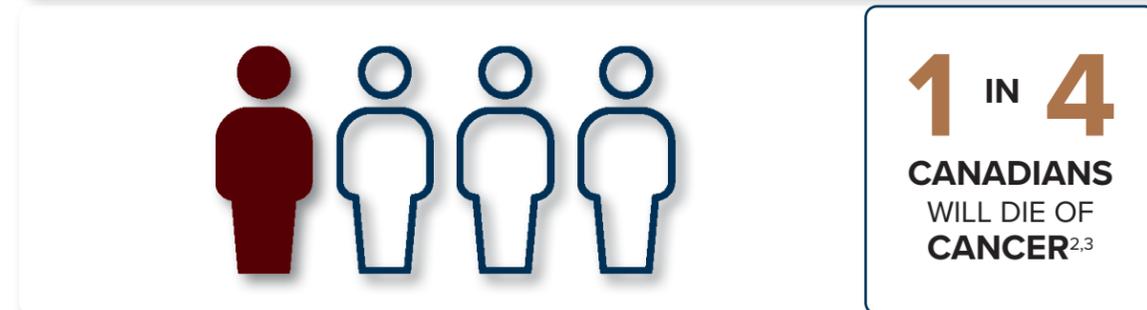


Cancer patient, Matthew, meets with clinical trial nurse, Shauna

The Global Context



The National Context



The Manitoba Context



To learn more about cancer in Manitoba visit https://www.cancercare.mb.ca/export/sites/default/About-Us/_galleries/files/corporate-publications/System-Performance-Report.pdf or <https://tinyurl.com/y4ox3e38>

The Cancer Landscape

Cancer is the leading cause of death in Canada

The Global Context

Cancer is a leading cause of death in the world, with an estimated 9.6 million deaths in 2018.⁴ Around the world, governments and healthcare systems are exploring strategies for cancer control as the number of people with cancer continues to rise. Consistently, the cancer control strategies at the forefront are prevention and sustainability of cancer services. The World Health Organization's (WHO) *Report on Cancer 2020* identifies the "serious health problem" of cancer globally, regardless of the wealth or social status of a nation or individual. The WHO report also presents a positive message of achieving cancer control through strategic, high-impact investments along the cancer continuum by government, healthcare providers, partner organizations, and individuals working jointly towards the goal.⁴

The Cancer Moonshot Task Force, under the direction of the US Administration, began a mission to "end cancer as we know it" in 2016.⁶ The strategies 'shoot for the moon' with goals of achieving scientific breakthroughs, leveraging data, and accelerating new therapies. They also focus on the very important groundwork goals of Prevention and Early Diagnosis and Improving Patient Access and Care.

The National Context

Closer to home, cancer remains the leading cause of death, responsible for over 25% of all deaths in Canada.³ More than 600 Canadians are diagnosed with cancer every single day and nearly 230 Canadians will die from cancer each day in 2020.² The *2019-2029 Canadian Strategy for Cancer Control*, led by the Canadian Partnership Against Cancer (CPAC), recognizes the burden of cancer in Canada with the increase in numbers of people with cancer due to the growing and aging population. It supports a national strategy for cancer control achieved through collaborations and networks of all levels of government,

healthcare systems, individuals living with cancer, communities and cancer agencies to find equitable and sustainable solutions to the cancer burden. Nationally, the major strategic focuses are on cancer prevention, high-quality care and equitable care for all.⁷

The Manitoba Context

In Manitoba, the picture is very similar. CancerCare Manitoba's *2019 Manitoba Cancer System Performance Report* highlights the growing number of new cancer cases annually. In 2016, a total of 6,481 Manitobans received a new cancer diagnosis.⁵ The number of new cancer cases is expected to continue to rise. By 2035, over 10,000 new cancer cases are projected to be diagnosed in Manitoba every year (an increase of over 50% from 2016).⁵ Currently, cancer kills over 2,700 Manitobans every year.⁵ Despite these numbers, Manitobans with cancer are living longer lives due to the availability of new treatments and technologies. The five-year survival rate has improved from 53% (1997-1999) to 62% (2014-2016).⁵

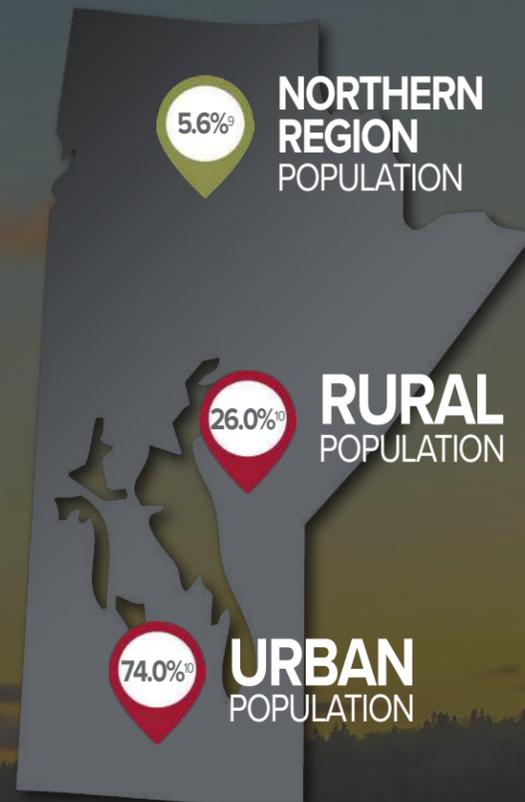
Cancer control in Manitoba is impacted by the demographics of the population as well as the remoteness of the north and access to care in that region. The cancer mortality rate for 2014-2016 in the Northern Region was 263 per 100,000 people compared to the Manitoba average of 207 per 100,000 people.⁵

In our province, we have the opportunity for the healthcare system to work together to identify cancer control challenges and priorities that are unique to Manitoba.

Our focuses are on cancer prevention, equitable and culturally-responsive care for all, care closer to home whenever possible, and sustainability of these services. Indeed, these are in keeping with national and global strategies.

Manitoba's Diverse Population

**POPULATION
OF MANITOBA
1,372,708⁸**



18.0%¹¹

Indigenous population



17.5%¹²

Visible minorities



15.6%¹²

Population over age 65



9.4%¹³

Population living at low income level

Patient- and Community-Centred Care: The Best Care for Manitobans

Responding to the unique needs of the patient

Patient- and community-centered care focuses on delivering care that is responsive to the unique needs and preferences of individual patients and their families, which are also influenced by the communities they live in or belong to. It is organized around the health needs and expectations of patients and the community rather than being disease-centric.

Manitoba has a population of over 1.3 million people (2019) with approximately 74% of residents living in Winnipeg and other smaller population centres.¹⁰ A small percentage (5.6%) of Manitoba's residents live in the Northern Region of the province which comprises 67% of the province's landmass.¹⁴ Our province is richly diverse in culture, ethnicity, geography, socioeconomic status, age, and gender. Manitoba's Diverse Population (page 12) highlights some of the population's variations important to planning for cancer services.

Unless these components are recognized and factored into health planning, along with the acknowledgement of the challenges of racism and cultural safety, one cannot provide equitable care, which is key to bringing optimal health outcomes and improved patient experience to all Manitobans.

Cancer is a leading cause of death and cancer care is a significant part of our healthcare system. Therefore, incorporating patient- and community-centred care for this disease has a positive impact on the overall health outcomes of the province. Furthermore, receiving a cancer diagnosis can have a profound impact on an individual, effectively influencing every aspect of their lives, making patient- and community-centred care pivotal in providing the best care possible.

For cancer treatment to be most effective and for a positive patient experience, the

emotional, physical, and social needs of the patient must be addressed; caring for the 'whole' person.

This patient-centred approach can only be applied with an understanding of the whole person to adequately support their cancer journey.

A patient's cancer journey can be long; families and communities become vital support systems for them. Individuals can often receive treatment, follow-up care, support and palliative care services in their own communities, thereby allowing them to remain close to home and their support systems. This dimension of community is important in planning cancer services to bring the best care to the people of Manitoba.

Cancer control aims to reduce the impact of cancer through strategies focused on the entire **cancer continuum** – from prevention, screening and early detection, diagnosis, treatment, and through to survivorship or end-of-life care. Robust cancer prevention and early detection programs require intervention at the population level, best achieved through engagement with communities which may be geographic or culturally focused. Understanding the challenges of communities and developing strong partnerships with them will help to advance the health of the community and cancer control priorities.

Patient- and community-centred care is essential for a successful healthcare system. It brings better outcomes and improved patient experience. Evidence also indicates it costs less to the healthcare system.⁴ Given the demands of cancer on individuals and the healthcare system, the patient- and community-centred approach to care must be amplified in the planning and implementation of cancer control priorities. This will bring the best cancer outcomes as well as result in the enhanced sustainability of health services.

Developing the Roadmap to Cancer Control

Everyone plays a part - from community leaders, patients, educators to healthcare providers

Preface

The *Manitoba Cancer Plan 2016-2021* outlined strategic priorities primarily for CancerCare Manitoba (CCMB) to direct their operations and provide services to Manitobans. The *Roadmap to Cancer Control for Manitoba* provides a provincial approach to cancer control and will serve to guide all healthcare leaders in every region regarding cancer services provision. The Roadmap's priorities and objectives were identified following wide stakeholder engagement and consultation at various levels, under the leadership of CCMB. These are the cancer control priorities for Manitoba that will inform the healthcare system as it achieves better cancer outcomes for Manitobans. The priorities can only be gained through partnerships with healthcare leaders and organizations throughout the province. Together we can make significant strides in cancer control for all Manitobans.

Why is this Roadmap Unique?

With health transformation in Manitoba, Shared Health has led the *Manitoba Clinical and Preventive Services Plan (MCPSP)* for all diseases including cancer. For this plan to be successful, a strong understanding of the disease and identification of the disease control priorities is required. Therefore, CCMB, with provincial and national engagement, produced the Roadmap, which will be a foundational piece to inform the MCPSP and the Annual Strategic and Operational Plans of each region and service delivery organization in relation to cancer services.

Environmental Scan

An environmental scan of internal and external cancer reports was completed as a first step to the development of the Roadmap. The key reports reviewed were:

- The CCMB *Annual Progress Reports*¹⁵ which provide an update on the progress of the *Manitoba Cancer Plan*.
- The 2019 *Manitoba Cancer System Performance Report*⁵ which presents valuable contextual information, outlining measures from across the continuum of cancer. Outcomes such as incidence, survival, mortality and patient experience are compared across Manitoba's regional health authorities.
- The 2019 report, *Cancer Surgery Quality in Manitoba*¹⁶ which compiles quality indicators for breast, colorectal, lung, ovarian and prostate cancer surgeries.
- The *2019-2029 Canadian Strategy for Cancer Control*⁷ and the *WHO Report On Cancer 2020*⁴. These reports informed and shaped the development of the Roadmap.

Based on the provincial, national and global data and reports, we were well-positioned to evaluate the present status, issues and future priorities for cancer control in Manitoba.

"One of the most profound moments was hearing the stories of patients - sharing their truth to set the tone and remind us why we were all there."

- Visioning Session Participant



Roadmap Development

The process of creating the *Roadmap to Cancer Control for Manitoba* began in early 2019. Following the environmental scan as a preliminary step, stakeholder engagement was facilitated through information sessions including a Visioning Session with key stakeholders from across the province.

Visioning Session

Patients, health leaders, government and the University of Manitoba participated in the Session, as well as representatives from CPAC, First Nations, Métis and Inuit health leaders, Manitoba Regional Health Authorities, and cancer surgery experts. Focus areas for presentation and discussion were cancer surgery, inpatient oncology care, and First Nations, Métis and Inuit cancer control. The involvement of all participants facilitated the identification of provincial priorities for cancer control.

Priority Framework and Document Development

Using feedback from the Visioning Session, six main priorities were synthesized, each with specific objectives. The resulting priority framework was shared with the CCMB Board and Health Senior Leadership Council. The Roadmap development process involved content experts, the CCMB Executive Team, the Patient Advisory Group, and approval by the CCMB Board of Directors.



Health and Cancer Leaders at the Visioning Session

*Health Senior Leadership Council
**Manitoba Health, Seniors and Active Living

Roadmap at a Glance

Priorities and Objectives



Priority 1

Promote cancer prevention and screening

Objectives:

1. Increase the number of non-smokers in Manitoba
2. Promote proven practices to reduce cancer risk in Manitoba
3. Increase uptake of cancer screening by Manitobans
4. Adopt best practices for cancer screening in Manitoba



Priority 2

Deliver timely access to quality cancer care closer to home

Objectives:

1. Enable early stage diagnosis and timely diagnosis of cancer
2. Increase engagement of primary care providers and navigators throughout the cancer control continuum including palliative care
3. Develop a coordinated and integrated provincial model for inpatient cancer services



Priority 3

Provide evidence-based, high-quality cancer services

Objectives:

1. Enhance access to precision medicine
2. Optimize multidisciplinary care through high-performing cancer disease site groups
3. Increase compliance with cancer surgical standards throughout Manitoba
4. Increase concordance with systemic treatment standards throughout Manitoba



Priority 4

Improve patient experience throughout the cancer continuum

Objectives:

1. Provide increased level of emotional support for patients
2. Improve patient engagement and access to information
3. Support patients in navigating the cancer system



Priority 5

Ensure sustainability of cancer services

Objectives:

1. Implement innovative models of cancer care
2. Integrate digital solutions to improve information flow among healthcare providers
3. Ensure appropriate workforce and infrastructure planning to meet future needs



Priority 6

Improve First Nations, Métis, and Inuit cancer control and outcomes

Objectives:

1. Ensure culturally-responsive equitable cancer care
2. Provide safe and quality cancer care in their own communities
3. Support Peoples-specific, self-determined cancer care



The colours in this publication reflect the Manitoba provincial flag.



Priority 1

Promote Cancer Prevention and Screening

Cancer control includes all activities aimed at reducing the burden of cancer in a population, ranging from prevention and screening to diagnosis, treatment, survivorship supports, and in some cases, palliation or end-of-life care. The elements at the front end of the cancer control continuum, notably prevention (risk reduction) and screening, are essential for cancer control; they reduce the number of people who develop cancer and, where prevention is not possible, find cancer early when it is easiest to treat and outcomes are best.

In the past, cancer prevention and screening programs were often considered ‘nice to have’ from a healthy population perspective, but it is now recognized that they also contribute to the sustainability of the healthcare system. Specifically, investment in prevention and screening strategies contribute to future decreases in the number and acuity of cancer patients. This is particularly important in an era where the population is aging and growing, two major drivers of cancer rates. Risk reduction is the only driver that can be modified to limit the projected increase in cancer rates.

Research has indicated that at least 40% of cancers can be prevented by reducing risks such as eliminating exposure to carcinogens, promoting a healthy lifestyle and getting vaccinated.¹⁷

When cancer cannot be prevented through risk reduction, it needs to be diagnosed early. Screening programs aim to find cancer before symptoms arise when cancer treatment is minimized and outcomes are best – including an increased possibility of a cure. Currently, Manitobans participate in screening programs where there is strong scientific evidence supporting the use of a good test that can find cancer reliably in asymptomatic people – breast, cervical and colorectal cancers. New tests and targets (specific cancers) continue to be studied; Manitoba needs to be ready for implementation of significant advances in early detection for appropriate cancer control.

Many risk factors for cancer are also risk factors for other chronic diseases. Therefore, a cancer prevention program in Manitoba can and should be integrated with broader provincial and national programs for the greatest impact.

Provincial and federal governments, health authorities, communities, public health agencies, and occupational health groups, all have important roles in promoting cancer risk reduction including research, education, policy development and community outreach.

This Cancer Control Priority calls for action to optimize these efforts throughout communities in Manitoba.

Objective 1

Increase the number of non-smokers in Manitoba

Smoking accounts for approximately 30%¹⁸ of cancer deaths in Canada and is linked to cardiovascular and respiratory diseases among other health conditions. Efforts to assist individuals to quit smoking or to never begin smoking are important aspects of disease prevention for Manitobans.

In Manitoba, the percentage of people who identified themselves as current daily smokers in 2015/16 was nearly 19%. This was higher than the Canadian average.^{5,19}

Smoking is responsible for approximately 85% of new lung cancers in Canada and can cause cancers of the mouth, throat, larynx and esophagus, among others.²⁰ Within five years of ceasing to smoke, a person's risk for developing certain types of cancer is reduced by half compared to a person who smokes.²¹ The effectiveness of many cancer treatments is improved for patients who quit smoking.

In addition to relatively high overall smoking rates in Manitoba, recent data show that smoking rates are higher in the Northern Region of the province compared to other health regions in Manitoba.⁵ Expansion of smoking cessation programs, especially in northern and rural Manitoba must be a priority. All care providers play an important role in promoting a non-smoking lifestyle to patients, including referral to available programs to assist efforts to quit smoking.

Moving forward, provincial and national stakeholders must continue to work together to reduce the number of smokers in Canada. This will be achieved by increasing collaborations with public health organizations and provincial and federal governments to increase awareness of the risks of smoking and implement smoking cessation programs.

"It was a big comfort knowing that someone cared and worked with me to help me quit smoking when I wasn't able to before."

- Smoking Cessation Program Participant

EIGHT WAYS TO REDUCE CANCER RISK



Live smoke free



Maintain a healthy body weight



Move more



Be sun safe



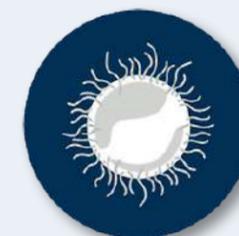
Eat well



Limit alcohol



Get screened



Get vaccinated for HPV
(Human papillomavirus)

Objective 2

Promote proven practices to reduce cancer risk in Manitoba

By practicing a healthy lifestyle and participating in cancer reduction programs, Manitobans can lower the risk of cancer in their lifetime. Recent Canadian research has shown that approximately 40% of cancers can be prevented by changing modifiable lifestyle and health behaviours.¹⁷

Making healthy choices such as quitting smoking, increasing physical activity, eating a healthy diet, maintaining a healthy weight, consuming safer levels of alcohol and practicing sun safety are all important steps individuals can take to reduce not only their risk of cancer, but many other chronic diseases as well.

Promoting risk reduction for cancer will also help prevent other chronic illnesses such as cardiovascular disease and diabetes.

Certain environmental factors have also been linked to increased cancer risk.

Of note is radon, a naturally occurring radioactive gas which is the leading cause of lung cancer among non-smokers. In

Manitoba, 24% of homes have higher than recommended levels of radon, compared to 11% throughout Canada.^{22,23}

Fortunately, residences can be tested for radon gas and mitigation strategies are available if amounts are detected which exceed recommended levels.

The time is right in Manitoba, as we work together towards broad health-system changes, to also work collectively as a healthcare system towards the prevention of cancer and chronic diseases. These prevention strategies will inform the MCPSP related to cancer service delivery.

Through extensive consultation with all provincial stakeholders, a comprehensive provincial prevention strategy will be developed that includes public messaging related to key cancer risk factors and associated recommendations.

Objective 3

Increase uptake of cancer screening by Manitobans

Significant progress has been made in recent years to improve access to cancer screening for many Manitobans, yet some populations remain under-screened, for example in the Northern Region and in new immigrant populations, where the adoption of screening practices is lower for various reasons.

The Mobile Mammography Clinic, a program of CancerCare Manitoba, provides the opportunity for many individuals to participate in screening, particularly those residing in northern Manitoba.

This past winter, the mobile mammography clinic travelled on a flatbed truck on ice roads to the communities of Oxford House First Nation and St. Theresa Point First Nation.

Although Manitoba has made significant strides in cancer screening efforts, more can be done to optimize the availability of screening, especially in the Northern Region. When screening is not performed, cancer is often detected at a later stage when it is more difficult to treat. Manitoba, like other

jurisdictions in Canada, is currently falling short of meeting Canadian screening targets set for breast, cervical and colorectal cancers.

Strengthening existing screening strategies will reduce the incidence and mortality of cancer and ultimately improve health outcomes for Manitobans. These strategies must include education, awareness and access as all are vital to improving screening rates.

Future initiatives to improve screening rates include the implementation of self-sampling to increase cervical cancer screening access, and the distribution of fecal tests centrally within the province for colorectal screening.



Northern Health Region Community Cancer Program Staff on World Cancer Day



Mobile Mammography Clinic visiting Northern Manitoba

Objective 4

Adopt best practices for cancer screening in Manitoba

We know that cancer screening plays a critical role in finding certain cancers earlier, often before symptoms occur, and can save lives. In Manitoba, we have strong screening programs for breast, cervical and colorectal cancers. In recent years, cancer screening technologies have advanced significantly. We are committed to adopt and implement the best evidence-based screening methods for Manitobans.

Provincial adoption of Fecal Immunochemical Test (FIT) and high-risk HPV primary testing for cervical cancer screening are two examples of advanced screening technologies for Manitoba.

Lung cancer screening for high-risk individuals is another advancement in screening to be considered for adoption in the province. Research has shown that low-dose CT scanning for individuals at high risk can reduce lung cancer deaths by as much as 20% and as a result, current Canadian recommendations are that high-risk individuals should be screened.^{24,25}



Eligible individuals throughout Manitoba are currently mailed a Fecal Occult Blood Test (FOBT) kit

"As a mom, I try to teach my kids as much as I can about being safe and caring for their bodies. By giving them the HPV vaccine now, I am giving them an added layer of protection and reducing their risk of cancer."

- Manitoba parent of a Grade 6 student



Dr. Cornie Woelk, family physician in oncology, with clinical staff at Boundary Trails Health Centre, Southern Health-Santé Sud



Priority 2

Deliver Timely Access to Quality Cancer Care Closer to Home

Accessing quality care within an appropriate time frame is essential for optimal cancer treatment and outcomes for Manitobans with cancer. Cancer services need to be equitable and accessible to all Manitobans in a timely manner regardless of location, race, background or socioeconomic status.

The healthcare system needs to aspire to provide quality cancer services closer to home whenever possible, bringing quality to patients and patients to quality.

Cancer patients receive care in an outpatient setting for diagnosis, multidisciplinary consultation and assessment, and treatment including systemic chemotherapy, radiation, and day surgery. Regardless, there are

approximately 9,000 hospital discharges per year in Manitoba related to cancer care²⁶ for diagnosis, treatment, surgery, treatment complications and pain management. The priority to provide timely access to quality cancer care applies as well to inpatient care of cancer patients.

This Cancer Control Priority calls for action to deliver timely access to quality cancer care closer to home in both the outpatient and inpatient settings, through increased engagement of primary care providers and navigators throughout Manitoba.

"The Community Cancer Program (CCP) has been a blessing for me and my family and has given us relief from stress and anxiety. The comfort inherent in a familiar CCP contributes to treatment success that cannot be overstated."

- Cancer Patient, Selkirk CCP

"CancerCare Manitoba represents a shining example of how a provincial cancer agency, in a challengingly sparse geography outside of its capital, can systematically advance quality, performance, and innovation over time with collaborative models of primary care in remote and rural communities."

- Dr. Terry Sullivan, National Cancer Leader, CPAC

Objective 1

Enable early stage diagnosis and timely diagnosis of cancer

The cancer system in Manitoba seeks to diagnose cancer early in its disease progression whenever possible and to diagnose cancer in a timely manner. Early stage diagnosis of cancer is one of the most effective measures for cancer control. Public awareness and accessibility to primary care providers is an important determinant of cancer diagnosis at an early stage.

An early cancer diagnosis can be achieved in two ways: through screening of asymptomatic patients as presented in Priority 1, and through effective and efficient processes for timely diagnosis when symptoms appear.

In most instances, a cancer diagnosis is made once an individual presents with symptoms to their primary care provider or emergency department. Some patients may also present with greater disease complexity leading to a disjointed diagnostic pathway with possible lengthy delays. It is critical at these care points to determine a diagnosis in a timely manner. Integral to the process is the testing and procedures carried out by various healthcare partners for the diagnosis to be made.

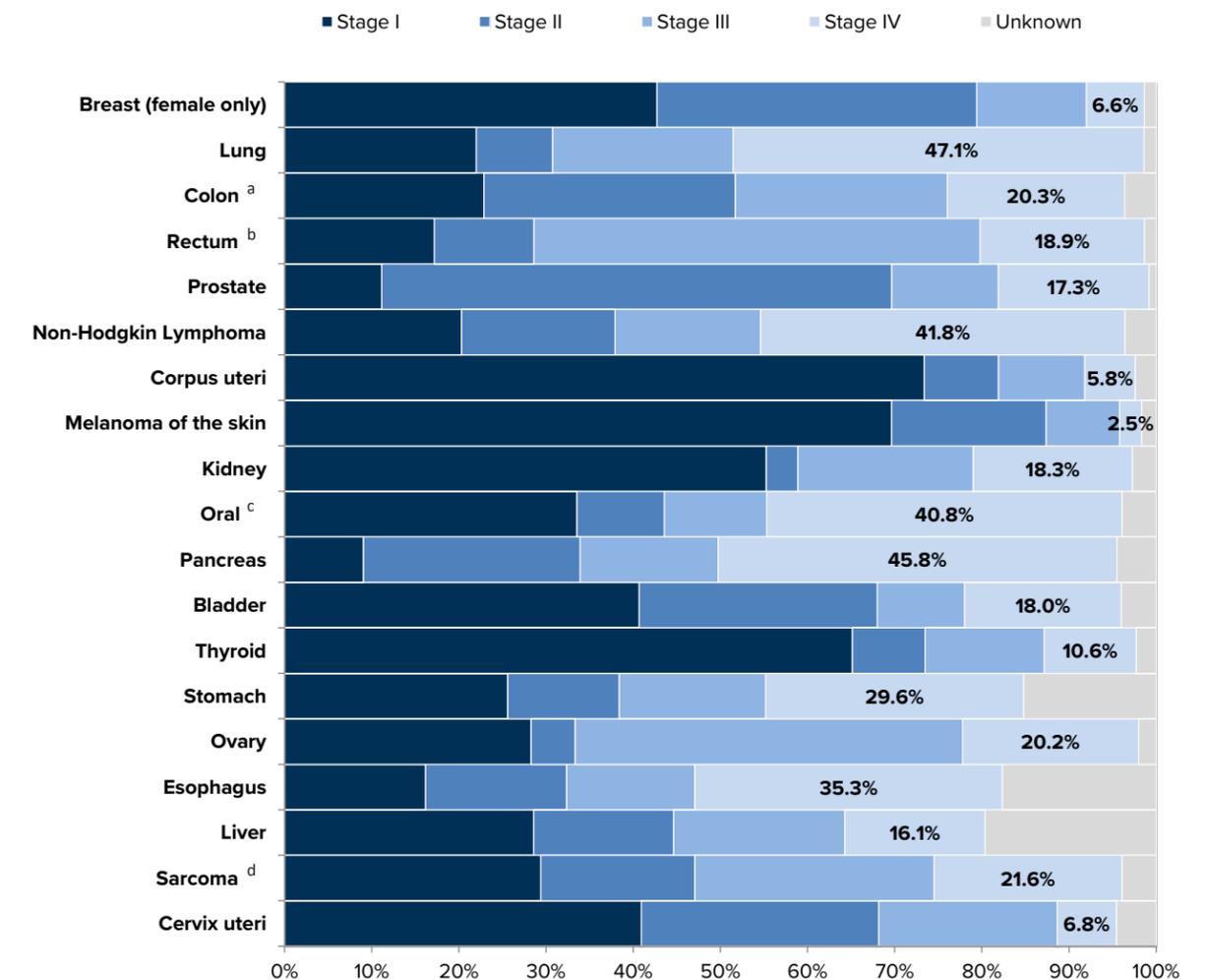
Timely diagnosis requires the entire provincial healthcare system to work together as efficiently and seamlessly as possible.

Provincial partners will continue to work together to improve access and streamline communications, procedures and services for timely diagnoses. Identifying and better understanding the existing gaps from the presentation of symptoms to a cancer diagnosis is important in facilitating appropriate care. Rapid Diagnostic Clinics and Virtual Diagnostic Clinics will further facilitate timely diagnoses and treatment and assist in ensuring timely diagnoses throughout the province.

Cancer Diagnosis by Stage in Manitoba

The percent of late-stage diagnoses (stage IV) by cancer site, 2016.⁵

Survival rates are frequently lower for individuals with cancer diagnosed at a later stage. Early cancer diagnoses may result in better outcomes for many cancers.



Notes: ^a excluding rectum; ^b includes rectosigmoid; ^c oral cancer (buccal cavity and pharynx; includes: lip, tongue, salivary gland, mouth, nasopharynx, oropharynx, and other unspecified cases); ^d soft tissue (including the heart). Staging data shown for cancer sites with more than 40 cases in 2016. Cancer sites are ordered from the most cases to least (with the exception of rectum and colon which are included near the top as combined they are the third most common cancer). For more information regarding data presented in this figure, please refer to the *Manitoba Cancer System Performance Report, 2019*.⁵

Objective 2

Increase engagement of primary care providers and navigators throughout the cancer control continuum including palliative care

Cancer control aims to reduce the incidence, morbidity and mortality of cancer across the continuum of care- from prevention, diagnosis and treatment to supportive and end-of-life care. Primary care providers are the only healthcare providers engaged in the patient's care throughout the cancer continuum. Therefore, a robust network of primary care providers and navigators is of paramount importance to facilitate early diagnosis, timely referral and treatment and to improve patient experience and outcomes.

Primary care providers with a focused practice in oncology are a vital and expanding part of cancer care in Canada. Family Physicians in Oncology (FPOs) and other primary care providers have been providing care in Manitoba for many years. The Department of Primary Care Oncology at CancerCare Manitoba and the University of Manitoba provide oncology education to primary care providers to support and enhance their expertise and knowledge to provide care to patients with suspected or confirmed cancer diagnoses.

The diagnosis and treatment of cancer often involve many specialists; coordination of these specialist services is imperative for safe and timely care. Communication between patients and healthcare providers is integral

throughout the cancer journey to ensure efficient and effective coordination of care and elimination of gaps. These services can be successfully facilitated by navigators in the system.

Cancer Navigation Services are available in every health region and consist of nurse navigators and psychosocial oncology clinicians who provide valuable support to patients.

Continuous investment and education for primary care providers and navigators are essential for high-quality cancer care.

Access to palliative care in a timely manner and availability of optimal pain and symptom management for cancer patients is an important component to improve the quality of life and achieve better cancer control. Provincial stakeholders will continue to work together in addressing the recommendations identified through the MCPSP related to palliative care. As many patients who receive palliative care have cancer, Palliative Care Programs, CancerCare Manitoba and Regional Health Authorities must work together to continue to share information and improve access to palliative care services throughout the province.

"I want to let you know how much I have appreciated your Navigation Team over the past few weeks. Knowing we had a resource to call in case anything came up was invaluable. Especially given I do not live in Winnipeg, being able to check in with your office gave me a lot of peace of mind."

- Cancer Patient

Objective 3

Develop a coordinated and integrated provincial model for inpatient cancer services

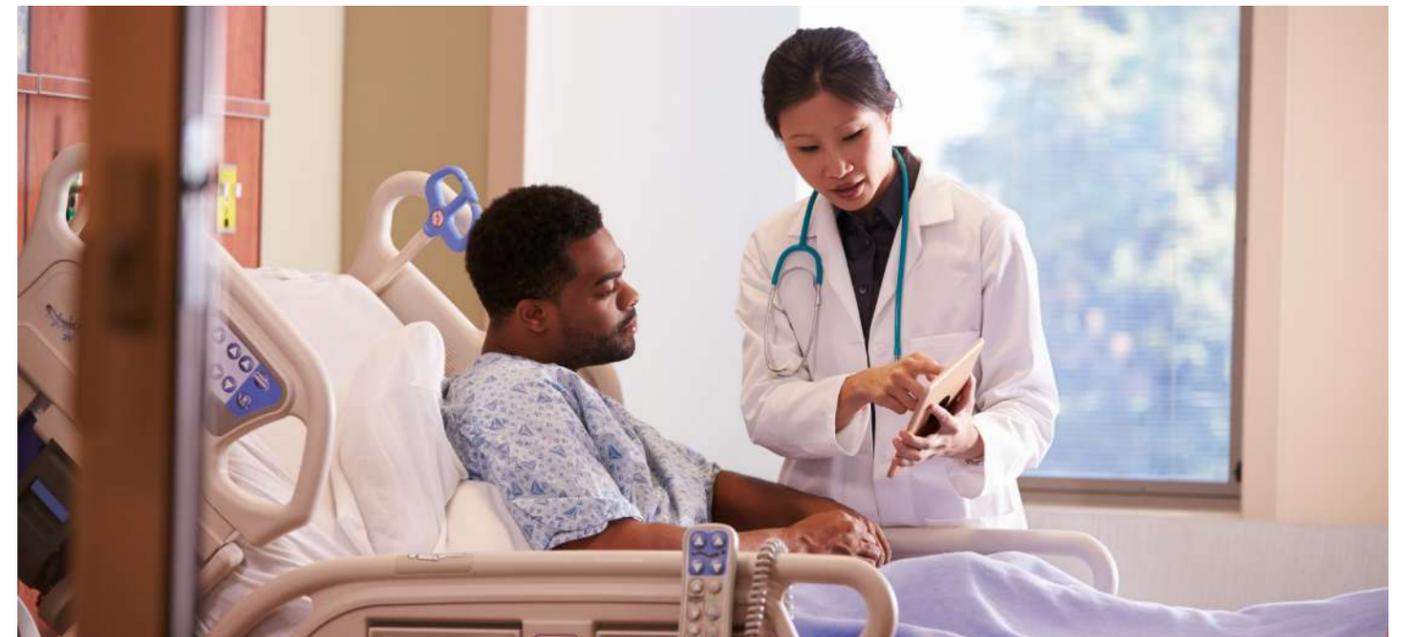
Hospitalized cancer patients receive care by a specialized team trained in oncology care. With the growing number of new and complex cancer treatments and unique side-effects, the need for specialized oncology care is increasing. Delays in optimal care, fragmented care and longer stays in hospital can result when coordinated oncology inpatient services are not in place.

In Canada, most provinces have a dedicated oncology inpatient unit as a recognized standard of care. A dedicated inpatient oncology unit for Manitoba would serve the province well in delivering timely access to specialized cancer care.

A dedicated oncology inpatient unit would complement the principles of the *Manitoba Clinical and Preventive Services Plan*: to reduce time to treatment, improve outcomes, shorten hospital length of stay, and reduce costs.

An important focus moving forward will be the development of a provincial model for inpatient cancer services, to build on and improve the existing model of oncology inpatient care in Manitoba. An inpatient oncology unit will improve efficiencies, safety and patient experience. Additionally, transitions to other programs such as palliative care will occur more efficiently and effectively. One important aspect of this provincial inpatient unit will be the presence of a Virtual Cancer Care Unit to provide timely communication and expert advice by oncology specialists to care providers throughout the province.

Working together with provincial partners, an oncology inpatient unit will be carefully planned and implemented to provide better cancer control, disease outcome, quality of care and sustainability within the Manitoba healthcare system.





Priority 3

Provide Evidence-Based, High-Quality Cancer Services

To achieve the best patient outcomes and cancer control for the province, cancer services must be of high quality and evidence-based. There is a significant investment in cancer research provincially, nationally and globally that continues to bring new advances. Research and innovation bring new and emerging treatments and advanced technology to clinical practice resulting in evidence-based, high-quality cancer care for patients.

The multidisciplinary team consisting of specialists from various disciplines is at the core of bringing the best cancer care to patients. Therefore, the high performing team is central to providing evidence-based, high-quality care that will bring the best cancer outcomes for Manitoba.

This Cancer Control Priority calls for action to incorporate new and emerging treatments delivered by high performing multidisciplinary healthcare teams.

Treatment planning for state-of-the-art radiation therapy at CancerCare Manitoba

Objective 1

Enhance access to precision medicine

Precision medicine in the context of cancer refers to the prevention, diagnosis and treatment of cancer using highly precise and personalized methodologies. These methods are applied predominantly in the areas of radiation treatment and the use of a patient's genetic and molecular information to determine targeted drug treatments.

Precision medicine is at the core of radiation treatment, which precisely targets cancer cells and saves healthy normal tissue. With innovations and technological improvements, radiation oncology is advancing towards ultra-precision personalized radiation therapies. These therapies have the potential to kill cancer cells through very high doses of radiation with fewer treatments compared to conventional therapies.

These advancements in radiation technology allow for ultra-precision and personalized care, with the ability to target cancer cells within 1 mm accuracy and minimize treatment side-effects.

Precision medicine is also applied in the use of a patient's genetic and molecular information to more accurately prevent, diagnose and treat cancers. This tailored approach to cancer care considers the specific molecular makeup of an individual or distinct groups of people and their cancer to inform clinical decisions and treatment. These targeted therapies are patient-specific and therefore are often better tolerated by patients than standard chemotherapy. A person's genetic information may also be used to detect an increased risk for cancer development, for example in individuals with Lynch Syndrome.

The use of genetic and molecular testing to inform clinical decisions is the new standard of care for many cancers.

CancerCare Manitoba is working with provincial and national partners to explore strategies to support the existing high volume of genetic and molecular testing required and the anticipated increase as new therapies become available.

Objective 2

Optimize multidisciplinary care through high-performing cancer disease site groups

A multidisciplinary approach to care, where specialist teams work together to determine the best course of treatment for every cancer patient, is essential to providing evidence-based, high-quality cancer care. Once the care plan is formulated, if care can be safely provided within the patient's community, the plan and information are provided to the local care team. Specialist teams and local teams work together to ensure ongoing, safe and optimal care.

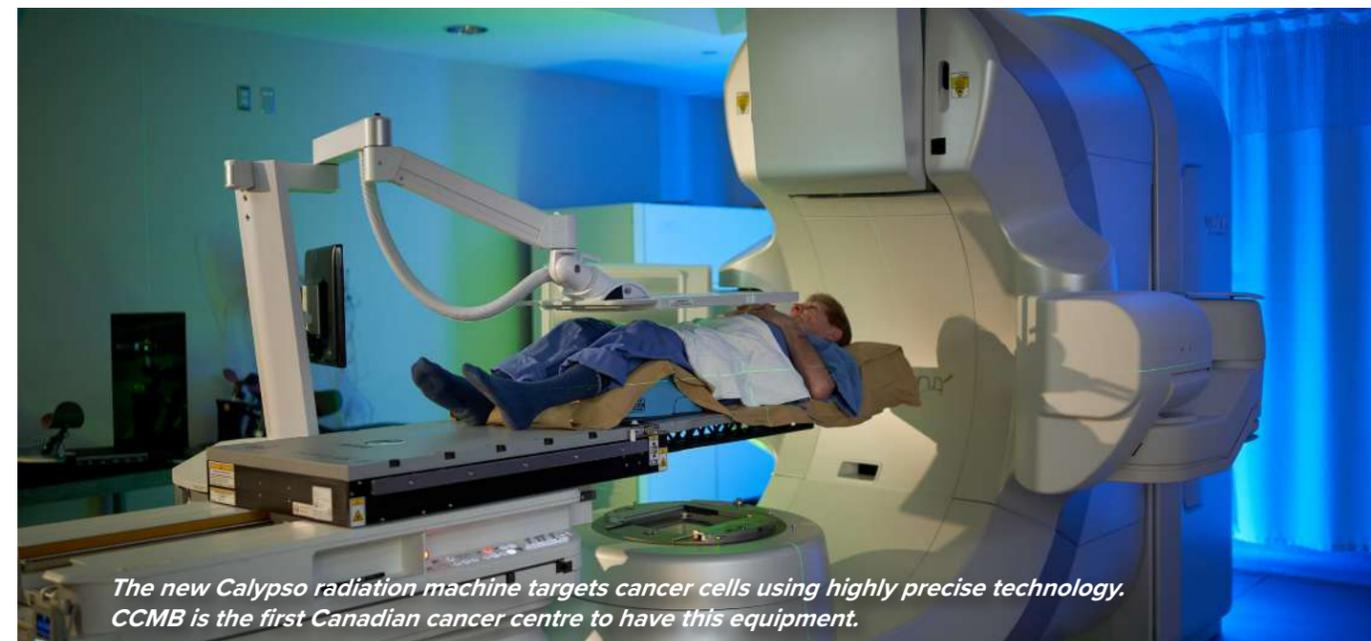
Integral to multidisciplinary care are disease site groups (DSGs), comprised of healthcare professionals from diverse disciplines and areas of expertise focused on a particular cancer site. There are disease site groups for all common cancers, for example, breast or thoracic, consisting of a total of 16 groups. High performing disease site groups deliver high-quality care.

Performance determinants of multidisciplinary disease site teams:

- **Training and continuous education**
- **Incorporating research and innovation into clinical practice**
- **Adherence to best evidence-based practice**
- **Prompt access to many clinical trials**
- **Continued monitoring of quality metrics and disease outcomes**



Preparing a patient for radiation treatment, Western Manitoba Cancer Centre, Prairie Mountain Health Region



The new Calypso radiation machine targets cancer cells using highly precise technology. CCMB is the first Canadian cancer centre to have this equipment.

Objective 3

Increase compliance with cancer surgical standards throughout Manitoba

Surgery plays a key role in the diagnosis and treatment of cancer. The most common form of curative cancer treatment is surgery. Approximately 50% of cancer patients in Manitoba require surgery and more than 5,000 cancer related operations are performed provincially each year.^{16,5} Therefore, access to high-quality cancer surgery throughout the province is vital for cancer control.

Due to the large volume of cancer surgeries performed across the province at various health centres, variations may occur in surgical practice patterns and outcomes.

A comprehensive and cohesive approach is needed to meet the expected increase in cancer surgery volume while maintaining high quality and sustainable care.

The implementation of cancer surgery standards improves cancer outcomes. A cancer surgery framework and plan developed by cancer surgery experts in Manitoba, will complement the *Roadmap to Cancer Control for Manitoba* and provide further guidance and standards for cancer surgery.

The collaboration of all provincial partners for the continued improvement and organization of cancer surgery delivery for all Manitobans is strengthened through the MCPSP.

Objective 4

Increase concordance with systemic treatment standards throughout Manitoba

Chemotherapy, a type of systemic therapy, is a cornerstone of cancer treatment and can be provided in the outpatient and inpatient setting in community sites throughout Manitoba, guided by CancerCare Manitoba.

Providing systemic treatment in many communities is one of the ways in which quality cancer care is brought closer to home for patients. Due to the large number of community sites providing systemic therapy to cancer patients, care must be accessible, well organized, and connected with the specialty teams at CancerCare Manitoba.

Chemotherapy treatments continue to advance, leading to more complex therapies. The process of chemotherapy drug mixture within the province is being impacted by new pharmacy standards to improve the quality and safety of drug preparations, set by the National Association of Pharmacy Regulatory Authorities (NAPRA).²⁷

In this environment of many complex treatment regimens, new pharmacy regulations, and oral chemotherapy drugs, there is a need for the development of and adherence to provincial standards for systemic treatment. A Provincial Systemic Therapy Program, currently in development, will address this need and will ensure the quality and safe provision of chemotherapy across the province to meet provincial and national quality standards. The Provincial Systemic Therapy Program for Manitoba will also ensure a more cohesive, coordinated and integrated approach to enhance communication and participation of all provincial regions involved with the planning and safe delivery of systemic therapy for the province.



Dr. Pamela Hebbard (R), surgical oncologist with Pam (L), oncology nurse at CCMB



Dr. Elizabeth Thompson, cancer surgery lead, Southern Health-Santé Sud



New pharmacy standards (NAPRA) improve the quality and safety of drug preparations



"It has been so affirming and uplifting to hear people's experiences and strategies for walking my cancer journey."

- Cancer Support Group Participant



Priority 4

Improve Patient Experience Throughout the Cancer Continuum

Patient experience is what the process of receiving care feels like for the patients and their families. It is the accumulation of experiences through the interactions that patients have with the healthcare system, including their care from doctors, nurses, healthcare staff and healthcare facilities.²⁸

The patient experience includes aspects of healthcare delivery that are highly valued by patients including timely appointments, access to information and good communication with healthcare providers.²⁸

The patient experience is also influenced by a patient's expectations of the healthcare system.²⁸ Effective and compassionate communication in all interactions with patients is key to providing a positive patient experience.

A patient's experience is a key element of patient-centred care. Priorities and objectives developed through the lens of patient-centred care and good patient experience are foundational for a successful cancer control program in Manitoba. Patients who have a positive cancer experience often have better outcomes, leading to overall improved cancer control.

Receiving a cancer diagnosis often comes with little to no warning, resulting in a difficult

and stressful time for many patients and their families. This impact places a significant emotional burden on individuals. Providing emotional support to patients throughout the cancer journey assists them in managing the cancer journey more successfully and achieving an overall improved outcome. Navigating the cancer system can prove challenging and often requires assistance to best understand all of the cancer services and options available. Also imperative for patients and their families is access to reliable information to better understand their diagnosis. Engaging patients in their care and treatment empowers them and improves their experience.

This Cancer Control Priority calls for action to enhance the support available to patients to improve their experience throughout the cancer journey.

"I was able to talk, express, laugh and cry with others who 'get it'."

- Cancer Support Group Participant

Objective 1

Provide increased level of emotional support for patients

In addition to facing physical changes with illness, many emotional challenges may be experienced as a result of a cancer diagnosis. Providing emotional support for patients and families is vital throughout the continuum of care from suspicion and diagnosis to treatment and survivorship or end-of-life care.

Patients who are provided with emotional support can manage the cancer journey with more success, have an improved patient experience and achieve an overall improved outcome.

Examples of emotional supports and programming available for Manitoba cancer patients and families are individual and family counselling, support groups and cancer

rehabilitation initiatives. Access to support programming throughout the province is variable.

An area of focus moving forward will be to increase the availability of support services throughout the province, especially in rural and remote areas. One of the ways in which this can be done is through the increased use of digital tools such as video conferencing platforms. Provincial partners will continue to work together to address the gaps in emotional support for cancer patients and their families.

Objective 2

Improve patient engagement and access to information

Patient engagement is a key component of the patient experience and the patient- and community-centred care the healthcare system aims to provide to Manitobans. Throughout the cancer continuum, healthcare providers need to engage with the patient and their families to understand the whole person and their unique needs.

Patients and their families are empowered when they are engaged in their care and provided with information; as a result, they are better equipped to make informed decisions about their cancer care.

Through this engagement the patient experience and the cancer outcome are improved.

Access to reliable and accurate information is critical for patients and their families to understand their cancer journey. Providing

direction to patients on where and how to access the most up-to-date, accurate and easy to understand cancer information can be of great benefit. Healthcare providers and navigators play important roles in assisting patients' increase in understanding of available information. Being equipped with the right information enhances patient engagement with the healthcare team and further empowers patients to make informed decisions.

Accurate and accessible information is crucial for a positive patient experience during the cancer journey - from diagnosis to treatment and, if needed, end-of-life care.



The Patient and Family Resource Centre at CancerCare Manitoba provides cancer information to patients

Objective 3

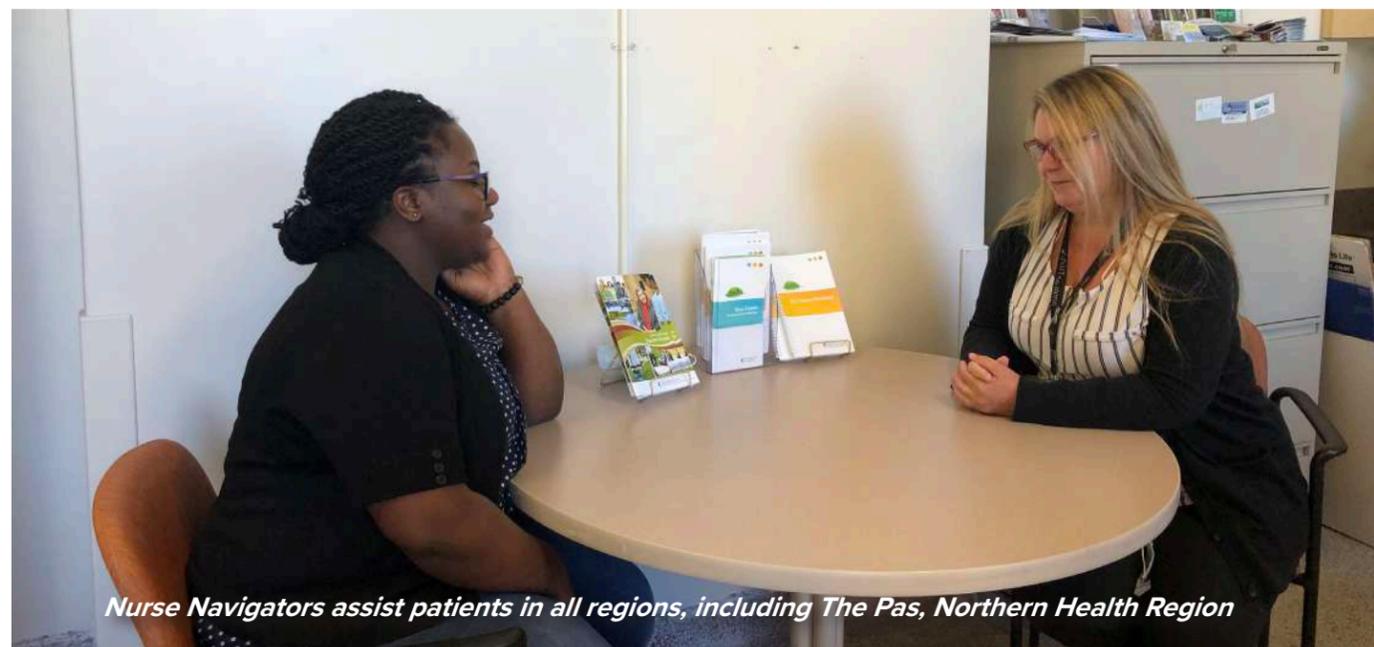
Support patients in navigating the cancer system

The cancer journey is often complex and overwhelming; it can affect patients and their families physically, emotionally, financially, spiritually and socially. Supporting patients to navigate the cancer system, which itself can be complex, reduces emotional distress and helps patients cope with diagnosis and treatment and better manage pain and symptoms. This support also assists in reducing patient visits to the emergency department and hospital admissions.

Cancer Navigation Services consist of nurse navigators and psychosocial oncology clinicians who are available in all regions and work closely with the care team to help patients in navigating the cancer system.

Transitions of care are key times when navigation and support services are needed during the cancer journey, to ensure patients and families are clear on the next steps and plans moving forward.

Although significant progress has been made in assisting patients with the navigation of the provincial cancer system, collaboration of provincial and territorial partners must continue to grow to support care transitions, particularly with those who provide health services to geographically remote communities.



Nurse Navigators assist patients in all regions, including The Pas, Northern Health Region



Carson, with his mom Dena, plays in the pediatric play area while receiving treatment at CancerCare Manitoba



Dr. Marshall Pitz, medical oncologist at CCMB, has a virtual follow-up visit with patient, Colleen



Priority 5

Ensure Sustainability of Cancer Services

Planning for a robust program of best evidence-based, high-quality cancer services must include strategies to bring these services into the future and to sustain them in the years beyond. The increasing number of patients living with cancer, the expectation of high-quality care, and the need for new treatments and technologies all contribute to increasing demands on the healthcare system.

Unless innovative solutions are implemented to improve efficiencies, cancer services cannot be sustained.

The application of best evidence-based practices itself ensures optimal use of resources, bringing efficiency to the healthcare system. With the continuing implementation of innovative solutions to further improve efficiency, monitoring of effectiveness is crucial, as efficiency in the absence of effectiveness will not lead to sustainability.

This Cancer Control Priority calls for innovative models of care, integration of digital solutions and appropriate infrastructure planning to ensure the sustainability of cancer services.

"Robust information systems are required for informed decision making, monitoring implementation with quality assurance and accountability and for research and innovation."

- WHO Report on Cancer 2020

Objective 1

Implement innovative models of cancer care

Achieving the best cancer outcomes in an environment where the level of investment remains unchanged and clinicians' workload continues to increase is the reality the cancer system is facing globally; the demand is to improve efficiency without impacting effectiveness. Improving efficiencies is essential to sustainability.

The single most important entity in the healthcare system that threatens sustainability is human capital - its availability and cost.

By bringing new and innovative models of care to the healthcare system, we can reduce the demand for human capital and its cost. By building the right team of healthcare providers complemented by oncology extenders, physician extenders, or pharmacy extenders, high-quality, multidisciplinary care can be provided while maintaining or improving

human resource efficiencies and sustainability. Providing virtual consultative and follow-up care to patients is an evolving standard of care in our current world. This is a model of care that can improve the patient experience and bring efficiency. This needs to be explored further given the geographic challenges faced in Manitoba.

CancerCare Manitoba will work together with all health partners to identify and implement new and innovative models of care that ensure the preservation of positive patient experience and high-quality care while bringing efficiency, effectiveness and sustainability to the system.

Objective 2

Integrate digital solutions to improve information flow among healthcare providers

The ability to provide high-quality care to patients with cancer relies on access to information at the time and place it is required. Whether a patient is presenting with a new problem or disease-related issue, information is critical to the team treating the patient. Generally, sharing of cancer information has been limited to the providers who are involved in the patient's care, and specifically to the family physician. However, patients often present to the healthcare system outside of their primary providers, such as to an emergency room or Urgent Care Centre, and the information is not readily available. This impairs the ability to provide high-quality care and impacts resources by increasing duplication of tests and treatments.

Digital solutions can bridge these gaps, enabling timely access to relevant information at the time it is needed.

Through improving the integration of digital data sources, patients and providers will have access to the information they need when they need it, regardless of where they interact with the healthcare system. This will enhance the care patients receive.

Improving the information flow among healthcare providers improves timeliness and quality of care, improves efficiency, and improves the sustainability of cancer services.



Dr. Chris Ogaranko, family physician in oncology, with Melanie, oncology nurse at CCMB cancer clinic at Victoria General Hospital

"A comprehensive and integrated electronic chart...regardless of where in Manitoba you receive care... that is my wish for the 5-year plan or sooner."

- CCMB Cancer Patient Advisor

Objective 3

Ensure appropriate workforce and infrastructure planning to meet future needs

Ensuring appropriate workforce and infrastructure resources to meet the current and future demand for cancer services is critical to achieving cancer control in the province. Careful and collaborative strategic planning among all health partners is required to ensure appropriate resources are in place across the province to keep up with increasing workloads, growing numbers of people with cancer and the availability of new treatments and technologies.

Delivery of high-quality cancer services across Manitoba in Provincial, Intermediate, District and Local Hubs depends on the availability of well-trained, skilled healthcare professionals across many disciplines. These include but are not limited to oncologists, hematologists, family physicians in oncology (FPOs), physician assistants, nurse practitioners, nurses, radiation therapists, navigators, and other partners including researchers, scientists, pathologists, physiotherapists and lab technicians.

Planning for a robust workforce of all disciplines requires strategic investment in education and training, continued professional development, as well as recruitment and retention measures to provide cancer services today and in the future. Ensuring a strong workforce requires the participation and commitment of all stakeholders involved in healthcare planning.

Building infrastructure capacity encompasses facilities, operating systems, and equipment and technology including radiation equipment, diagnostics, screening and treatment techniques. In each of these areas, the effective use of existing resources to ensure optimal operational efficiencies is vital.

A strong organizational infrastructure facilitates standardization of processes for enhanced patient safety and quality care, the introduction of new treatments and technologies as they emerge and high levels of job satisfaction among staff, leading to a highly positive experience for patients.

To deliver cancer services effectively across the province now and in the future requires infrastructure planning at a provincial level to meet needs in Provincial, Intermediate, District and Local Hubs. Infrastructure planning must consider and meet regulations and standards set out by Accreditation Canada, the National Association of Pharmacy Regulatory Authorities, the Manitoba Quality Assurance Program, and other regulatory and accreditation bodies.



Randy, oncology nurse, prepares patient, Jadwiga, for a chemotherapy treatment at the CCMB cancer clinic at Victoria General Hospital



Local Inuk woman, Nunavut, Canada



Priority 6

Improve First Nations, Métis, and Inuit Cancer Control and Outcomes

First Nations, Métis and Inuit populations experience inequities and obstacles in accessing healthcare, including cancer services along the cancer continuum. Research indicates that First Nations, Métis, and Inuit may have lower cancer screening and poorer survival for certain types of cancers compared to the non-Indigenous population in Canada.²⁹⁻³³ Multiple factors contribute to these differences including language and geography. Systemic racism and bias have been connected to inequities in First Nations, Métis, and Inuit populations faced with cancer care.

Provincial and national partners must cultivate relationships and strong partnerships with First Nations, Métis, and Inuit leadership and

communities to build the necessary foundation for identifying priorities and actions required to address the gaps to equitable cancer care and services.

The development of the *Canadian Strategy for Cancer Control (2019-2029)* included consultations with First Nations, Métis, and Inuit partners across Canada. Through these consultations, Peoples-specific priorities were identified. These need to be considered for future engagement with First Nations, Métis, and Inuit in Manitoba to develop action plans for the cancer control priorities outlined in the Roadmap.

"A culturally appropriate approach that addresses the needs of individuals can only be offered through Peoples-specific programs and services. This can be achieved through innovative approaches where Peoples-specific leadership is demonstrated through self-determined health programs and services that meet the needs of the communities."

- Canadian Strategy for Cancer Control, CPAC

Key Factors for Consideration for Continued Engagement

1. Ensure culturally-responsive equitable cancer care

Recognizing that many of the barriers that negatively influence cancer care and outcomes for First Nations, Métis, and Inuit can be addressed through clinical care and health policy, it is essential for service delivery organizations to adapt the way they deliver and organize care to ensure they meet patient-specific needs of First Nations, Métis, and Inuit. Providing culturally-responsive equitable care requires an understanding of First Nations, Métis and Inuit world views and a holistic approach to their health and wellbeing. It also requires efforts to reduce and eliminate the impact of racism within the cancer care system and at points of care.

2. Provide safe, quality cancer care in their own communities

A majority of First Nations, Métis, and Inuit do not live in communities where cancer care is delivered. While cancer care and services are offered at 16 sites across the province, many challenges related to geography and continuity of care impact access to care for First Nations, Métis, and Inuit. Providing cancer care closer to home or in their home communities will address some of those challenges and will also lead to improved communication and greater collaboration.

3. Support Peoples-specific, self-determined cancer care

Provincial partners recognize First Nations, Métis, and Inuit rights to self-determination and the integral role they play in defining action plans for cancer care. Self-determined cancer care requires building on current efforts and programs, and engagement with First Nations, Métis, and Inuit partners to identify Peoples-specific action plans and working collaboratively to achieve them.

Moving forward, these key factors need to be considered by all provincial stakeholders, including the First Nations, Métis, and Inuit to build a comprehensive and Peoples-specific action plan to improve First Nations, Métis and Inuit cancer control and outcomes in Manitoba. Key areas of focus identified through recent consultation with Manitoba First Nations, Métis, and Inuit include:

- culturally safe care,
- accessing cancer screening at the community level,
- safe transitions of patients into community care and,
- local access to cancer navigation resources.

National and provincial organizations will continue to build collaborative partnerships with First Nations, Métis, and Inuit leaders to identify and eliminate inequities related to cancer service access and care in these communities.



A Framework for High-Quality Cancer Surgery for Manitoba

Surgery plays a critical role in the diagnosis, treatment, and palliation of most solid-tumour cancers. The distributed nature of providers and institutions offering surgery in Manitoba poses a unique set of challenges and the provision of treatment can be fragmented at times. As a result, variation in surgical practice patterns and outcomes of care, along with inequity in access to care have been identified. In addition to this, demand for cancer surgery is increasing due to a growing and aging population, improved detection of earlier stage cancers, and the increasing role

of surgery for more advanced disease in the context of multidisciplinary care. In order to meet growing demand and address practice variation and inequities in access, a central and cohesive approach to surgical oncology is needed. Surgery remains a core treatment modality for cancer treatment and will greatly benefit from increased stewardship, service delivery planning, and an effective quality assurance infrastructure. The purpose of the framework outlined below is to promote and advance high-quality cancer surgery in Manitoba.

Framework at a Glance



Next Steps for the Roadmap to Cancer Control

Successful implementation requires commitment of the entire healthcare system

The cancer control priorities for Manitoba have been identified and set. With the healthcare transformation, the time of opportunity is right to work as one health system to plan and provide equitable cancer services for all Manitobans. The *Roadmap to Cancer Control for Manitoba*, created under the leadership of CancerCare Manitoba, will provide disease-specific priorities for cancer which is foundational information to the *Manitoba Clinical and Preventive Services Plan* and the *Annual Strategic and Operational Plan* of all Service Delivery Organizations related to cancer services throughout the province.

The cancer control priorities were developed in the context of the current resources that are available for Manitobans. However, over time, as new technologies and treatment advances become available, new investments will also likely be required to continue to bring high-quality care to Manitobans. Setting the cancer control priorities assists in systematically addressing future needs so that the sustainability of cancer services can be carefully planned.

Successful implementation of the cancer control priorities relies on the services provided at the population, community and institutional levels and therefore depends on the collaboration of many – the entire healthcare system, government, non-governmental organizations, community groups, universities, volunteers, and individual Manitobans. This can be achieved as all Manitobans commit to the vision and mission of cancer control. All of us play a vital role in working towards better health and cancer outcomes for Manitobans.

All service delivery organizations are urged to develop Action Plans to incorporate the cancer control priorities and objectives

into their operational planning related to cancer services. CancerCare Manitoba will work collaboratively to create performance indicators to monitor the progress of cancer control in the province.

CancerCare Manitoba will continue to work together with all provincial stakeholders and First Nations, Métis and Inuit leaders and communities throughout Manitoba to build action plans to improve First Nations, Métis and Inuit cancer control and outcomes. By working together, we will ensure cancer care is culturally responsive, self-determined, equitable, safe and of high-quality.

With these next steps in mind, in the coming months, CancerCare Manitoba will engage with government and all health regions, working in collaboration with health transformation and Shared Health, with communities in Manitoba, both geographic and culturally-based, to facilitate discussions for the adoption of the cancer control priorities, to weave these priorities into the fabric of healthcare in our province.

Through the engagement and commitment of all levels of government, federal, provincial/territorial and municipal as well as all communities and individuals, we can join the global commitment to position cancer as a public health priority, to shape health policy and services, to reduce the burden of cancer on individuals and society, and to achieve cancer control.

By working together, we can bring the best health outcomes for Manitoba.

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Thank you to all staff, physicians, researchers, patient advisors, stakeholders and our cancer control partners across Manitoba and Canada for their generous contributions of time, expertise and insight to develop the *Roadmap to Cancer Control for Manitobans*. Your contributions were essential to informing the planning for the Roadmap.

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Visioning Session Participants

The Visioning Session was planned under the leadership of CancerCare Manitoba

CCMB Patient Advisory Group	Shared Health
Canadian Partnership Against Cancer	Southeast Resource Development Council
CancerCare Manitoba	Southern Chiefs' Organization Inc.
CancerCare Manitoba Board of Directors	Southern Health – Santé Sud
CancerCare Manitoba Foundation	University of Manitoba
Clinical Leads, Surgery	West Region Treaty 2 & 4 Health Services
Government of Nunavut	Winnipeg Regional Health Authority
Interlake-Eastern Regional Health Authority	
Manitoba Health, Seniors and Active Living	
Manitoba Keewatinowi Okimakanak Inc.	
Manitoba Metis Federation	
Northern Regional Health Authority	
Prairie Mountain Regional Health Authority	
Research Institute at CCMB	

Abbreviations

Abbreviations used in the Roadmap

CCMB	CancerCare Manitoba
CCP	Community Cancer Program
CPAC	Canadian Partnership Against Cancer
CT	Computed Tomography
DSGs	Disease Site Groups
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FPOs	Family Physicians in Oncology
HPV	Human Papillomavirus
HSLC	Health Senior Leadership Council
MHSAL	Manitoba Health, Seniors and Active Living
NAPRA	National Association of Pharmacy Regulatory Authorities
MCPSP	Manitoba Clinical and Preventive Services Plan
WHO	World Health Organization

References

1. World Health Organization. *Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes; Planning*; 2006. Accessed September 1, 2020. https://www.who.int/cancer/modules/Planning_Module.pdf.
2. Canadian Cancer Society. Cancer Statistics at a Glance.; 2020. Accessed October 8, 2020. <https://www.cancer.ca/en/cancer-information/cancer-101/cancer-statistics-at-a-glance/>.
3. Canadian Cancer Statistics Advisory Committee. *Canadian Cancer Statistics 2019*; 2019. Accessed October 14, 2020. <https://www.cancer.ca/~media/cancer.ca/CW/cancer-information/cancer-101/Canadian-cancer-statistics/Canadian-Cancer-Statistics-2019-EN.pdf?la=en>.
4. World Health Organization. *WHO Report on Cancer*; 2020. Accessed June 30, 2020. <https://apps.who.int/iris/handle/10665/330745>.
5. CancerCare Manitoba. *Manitoba Cancer System Performance Report*; 2019. Accessed June 30, 2020. <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/System-Performance-Report.pdf>.
6. Cancer Moonshot Task Force. *Report of the Cancer Moonshot Task Force*; 2016. Accessed September 1, 2020. https://obamawhitehouse.archives.gov/sites/default/files/docs/final_cancer_moonshot_task_force_report_1.pdf.
7. Canadian Partnership Against Cancer. *Canadian Strategy for Cancer Control*; 2019. Accessed June 30, 2020. <https://s22457.pcdn.co/wp-content/uploads/2019/06/Canadian-Strategy-Cancer-Control-2019-2029-EN.pdf>.
8. Manitoba Health, Seniors and Active Living. *Population Report June 1, 2019*; 2019. Accessed August 18, 2000. <https://www.gov.mb.ca/health/population/pr2019.pdf>.
9. Statistics Canada. *Northern Regional Health Authority [Health Region, December 2017], Manitoba and Manitoba [Province] (Table). Census Profile. 2016 Census. Catalogue No. 98-316-X2016001*; 2017. Accessed November 1, 2020. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=HR&Code1=4604&Geo2=PR&Code2=46&SearchText=Northern+Regional+Health+Authority&SearchType=Begins&SearchPR=01&B1=Population&TABID=1&type=0>.
10. Statistics Canada. *Population and Dwelling Counts, for Canada, Provinces and Territories, and Population Centres, 2016 and 2011 Censuses (Table). Population and Dwelling Count Highlight Tables. 2016 Census. Catalogue No. 98-402-X2016001*; 2017. Accessed October 13, 2020. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/pd-pl/Table.cfm?Lang=Eng&T=801&SR=1&S=47&O=A&RPP=100&PR=46>.
11. Statistics Canada. *Focus on Geography Series, 2016 Census. Catalogue No. 98-404-X2016001*; 2017. Accessed August 18, 2020. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=9&LANG=Eng&GK=PR&GC=46>.
12. Statistics Canada. *Manitoba [Province] and Canada [Country] (Table). Census Profile. 2016 Census. Catalogue No. 98-316-X2016001*; 2017. Accessed August 18, 2020. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=46&Geo2=PR&Code2=01&SearchText=Manitoba&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0>.
13. Government of Manitoba. *Pathways to a Better Future: Manitoba's Poverty Reduction Strategy*; 2019. Accessed August 18, 2020. https://www.gov.mb.ca/povertyreduction/pubs/pathways_to_a_better_future.pdf.
14. Government of Manitoba. *Economic Profiles: North Region*; 2017. Accessed October 27, 2020. <https://www.gov.mb.ca/looknorth/resources/profiles.html>.
15. CancerCare Manitoba. *Corporate Publications*; 2020. Accessed October 13, 2020. <https://www.cancercare.mb.ca/About-Us/corporate-publications>.
16. CancerCare Manitoba. *Cancer Surgery Quality in Manitoba*; 2019. Accessed June 30, 2020. <https://www.cancercare.mb.ca/export/sites/default/About-Us/.galleries/files/corporate-publications/Cancer-Surgery-Report.pdf>.
17. Canadian Population Attributable Risk of Cancer (ComPARE) Study. *Main Result Infographic*; 2019. Accessed August 27, 2020. <https://prevent.cancer.ca/resources/infographics/>.
18. Canadian Cancer Society. *Why Tobacco Control is Important*; 2020. Accessed June 30, 2020. <https://www.cancer.ca/en/get-involved/take-action/what-we-are-doing/tobacco-control/?region=on>.
19. Statistics Canada. *Table 13-10-0096-01 Health Characteristics, Annual Estimates*; 2016. Accessed August 27, 2020. <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1310009601#timeframe>.
20. Health Canada. *Smoking and Your Body*; 2011. Accessed June 30, 2020. <https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/smoking-your-body.html>.
21. Manitoba Lung Association. *Benefits of Quitting*; 2020. Accessed June 30, 2020. <https://mb.lung.ca/quit-smoking/benefits-of-quitting/benefits-of-quitting.html>.
22. Canadian Cancer Society. *Radon in Manitoba - test your home*; 2020. Accessed August 31, 2020. <https://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/get-involved-mb/radon-in-manitoba/?region=mb>.
23. Health Canada. *Cross-Canada Survey of Radon Concentrations in Homes: Final Report*; 2012. Accessed November 2, 2020. https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/radiation/radon/survey-sondage-eng.pdf.
24. National Lung Screening Trial Research Team, Aberle DR, Adams AM, et al. *Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med.* 2011;365(5):395-409. doi:10.1056/NEJMoa1102873.
25. Canadian Task Force on Preventive Health Care. *Recommendations on screening for lung cancer. CMAJ.* 2016;188(6):425-432. doi:10.1503/cmaj.151421.
26. Preyra Solutions Group. *Hospital Inpatient Resource Use by Cancer Patients in Manitoba: An Analytic Report*; 2019.
27. National Association of Pharmacy Regulatory Authorities. *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*; 2016. Accessed October 7, 2020. https://napra.ca/sites/default/files/2017-09/Mdl_Stnds_Pharmacy_Compounding_Hazardous_Sterile_Preparations_Nov2016_Revised_b.pdf.
28. Agency for Healthcare Research and Quality. *What is Patient Experience?*; 2017. Accessed September 1, 2020. <https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html>.
29. Decker KM, Demers AA, Kliwer EV, et al. *Colorectal Cancer Screening in First Nations People Living in Manitoba. Cancer Epidemiol Biomarkers Prev.* 2015;24(1):241-248. doi:10.1158/1055-9965.EPI-14-1008.
30. Decker KM, Kliwer EV, Demers AA, et al. *Cancer incidence, mortality, and stage at diagnosis in First Nations living in Manitoba. Curr Oncol.* 2016;23(4):225-232. doi:10.3747/co.23.2906.
31. Ahmed S, Shahid RK, Episkew, JA. *Disparity in cancer prevention and screening in aboriginal populations: recommendations for action. Curr Oncol.* 2015;22(6):417-426. doi:10.3747/co.22.2599.
32. Horrill TC, Dahl L, Sanderson E, et al. *Comparing cancer incidence, stage at diagnosis and outcomes of First Nations and all other Manitobans: a retrospective analysis. BMC Cancer.* 2019;19(1). doi:10.1186/s12885-019-6296-7.
33. Mazereeuw MV, Withrow DR, Nishri ED, et al. *Cancer incidence and survival among Métis adults in Canada: results from the Canadian census follow-up cohort (1992-2009). CMAJ.* 2018;190(11):E320-E326. doi: 10.1503/cmaj.170272.

Questions?

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