

Cancer Surveillance and Epidemiology Networks

Momentum: Cancer Control in Action
Toronto, July 7-8, 2009

Cancer Surveillance

What is cancer surveillance:

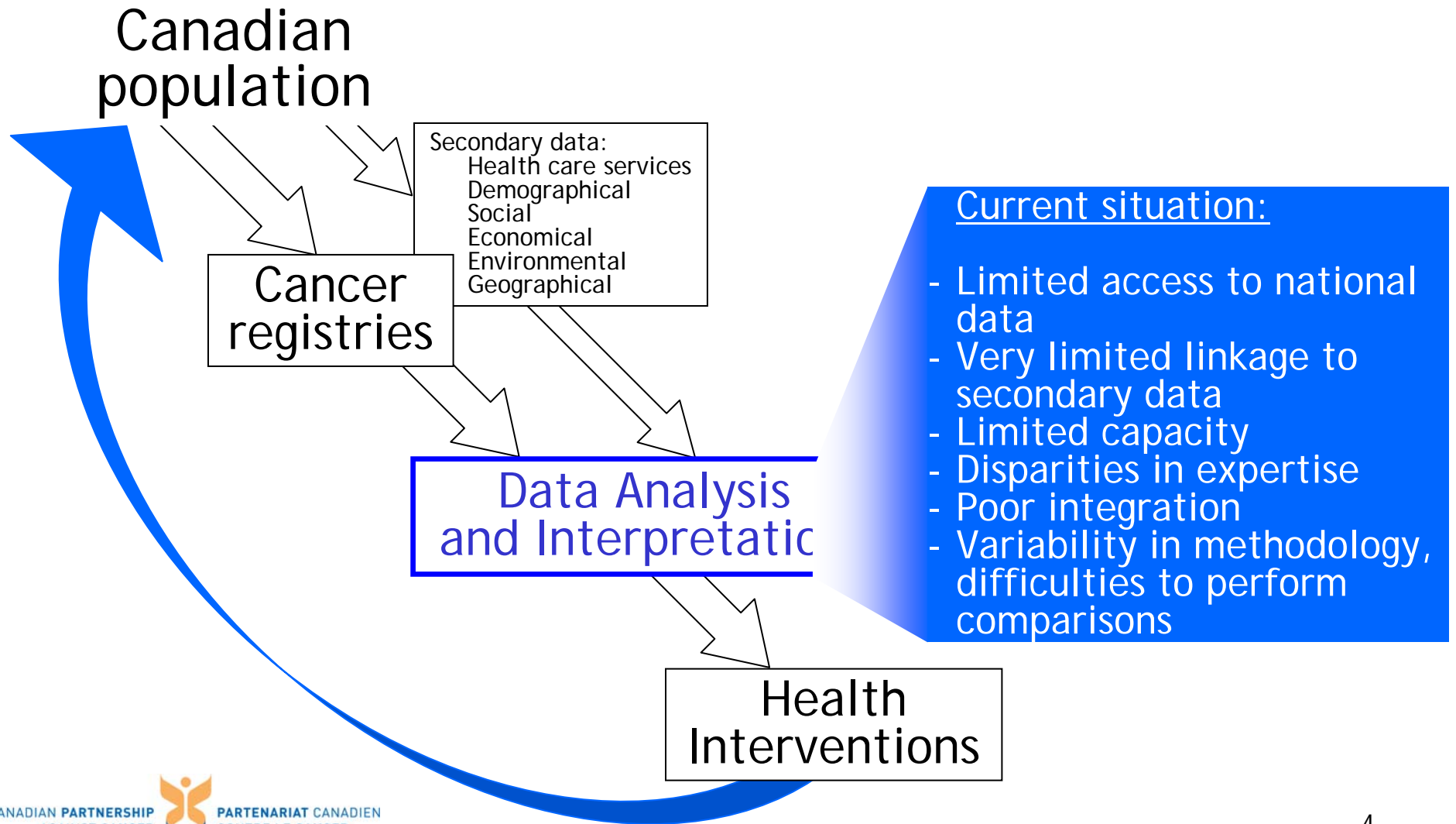
- Measures of the (actual and future) burden of cancer from prevention to death:
 - Population
 - Mortality: deaths from cancer
 - Incidence: new cases diagnosed with cancer
 - Prevalence: persons living with cancer
 - Survival: number of years individuals survive with cancer
 - Risks: probability to be diagnosed with cancer within a certain period of time
 - Health care system
 - individuals being screened
 - individuals using specific health care and resources
 - Relationship with other factors
 - Demographic (age, gender, ethnicity), social, economical, geographical, exposure to risk factors, etc.

Cancer Surveillance

Why do we need it:

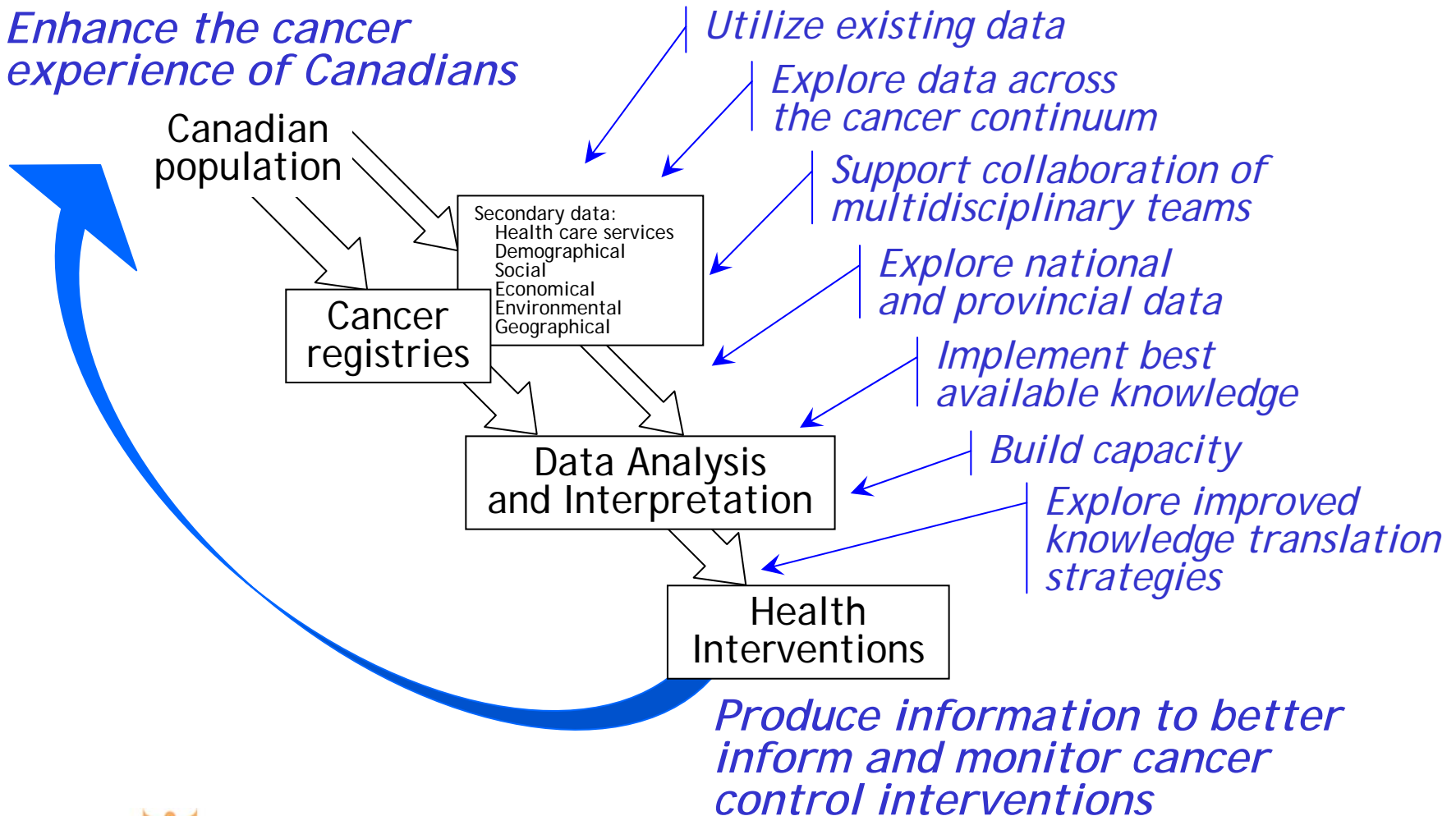
- To monitor current situations and the effect of interventions
 - e.g. obtain trends, monitor access to cancer services and impact on outcome, prioritization of cancer sites, regional disparities, exposure to risk factors. Are we improving? Who benefits and who doesn't from interventions? ...
- To inform decisions
 - e.g. implementation of a new cancer screening program, prioritization of services, ...
- To forecast needs
 - e.g. considering the modification of several factors (ageing, exposure to risk factors, secular trends, etc.), what will be the number of persons needing what services (screening, treatments, palliative care, ...)?

Cancer Surveillance in Practice



Cancer Surveillance and Epidemiology Networks

Enhance the cancer experience of Canadians



Cancer Surveillance and Epidemiology Networks

- The RFP: June 2008
- Eight proposals received: September 15, 2008
- Four selected to enter into negotiations: October 2008 (external reviewers and Partnership panel)
- Discussions started: December 1, 2008
- Two "Launch phase" contracts signed off: March 2009
- Two others expected: April 2009
- "Operations phase" contracts expected: May-August 2009 (effective July-Sept., 2009)

C-Projection: Cancer Projection Network

(Dr. Juanita Hatcher, AHS)

- > Objective: Provide estimates of future key surveillance parameters
 - > Mortality, incidence, survival, prevalence
 - > Per cancer site, incorporating key determinants (age, gender, risk factors?, etc.)
 - > Select projection methods most appropriate to data characteristics
 - > Standardizing the methods to improve comparability
 - > Extend projection estimates up to 10-25 years
 - > Increase analytic expertise in this area
 - > Increase the understanding of potential and limitations of the projection methods
 - > KT strategy in development

- > Members: BC, AB, SK, MN, ON, NS

CRC-Net: Colorectal Cancer Network

(Dr. Loraine Marrett, CCO)

- > Objective: Provide surveillance information across the continuum of CRC, from risk factors to survival:
 - > The burden of CRC: incidence and mortality trends, survival and prevalence
(by anatomic sub-sites and socio-demographic categories)
 - > Screening uptake
 - > Risk factors prevalence
 - > Socio-demographic indicators
 - > Survival by distance to major hospital services
 - > KT strategy in development

- > Members: AB, SK, MN, ON, QB, NS, PEI, NL

C-SPAN: Cancer Survival and Prevalence Analytic Network (Dr. Donna Turner, CCM)

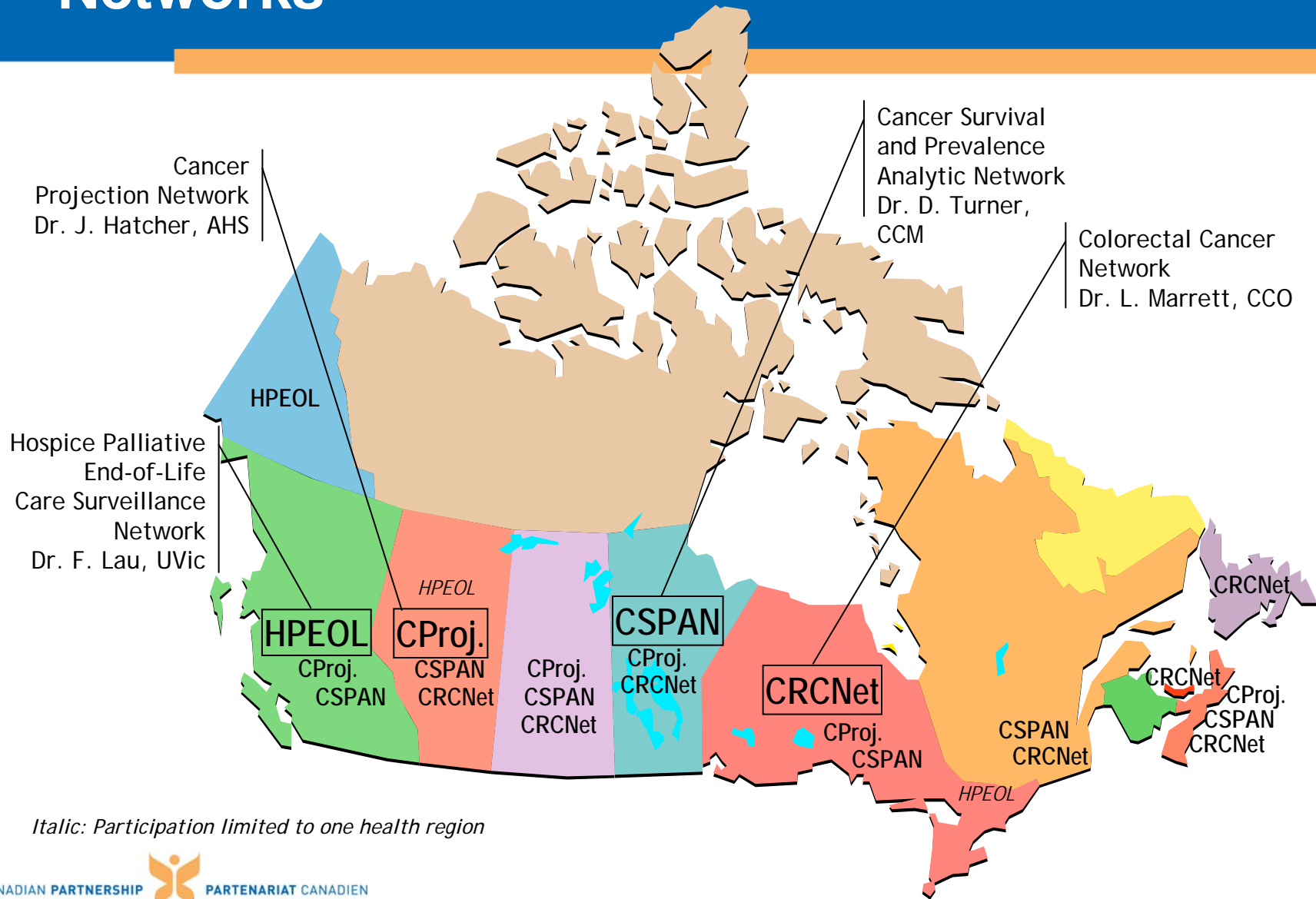
- > Objective: Provide survival and prevalence estimates
 - > For each cancer (with priority to the four major sites), (per age-groups, region, time period, and cross- classified)
 - > Extend the survival estimates from 1 to 10 years
 - > Standardizing the methods to improve comparability
 - > Increase analytic expertise in this area / focus on training
 - > Increase the understanding of potential and limitations of these parameters
 - > KT strategy in development
- > Members: BC, AB, SK, MN, ON, QB, NS

HPEOL: Hospice Palliative End-of-Life Care Surveillance Network (Dr. Francis Lau, UVic)

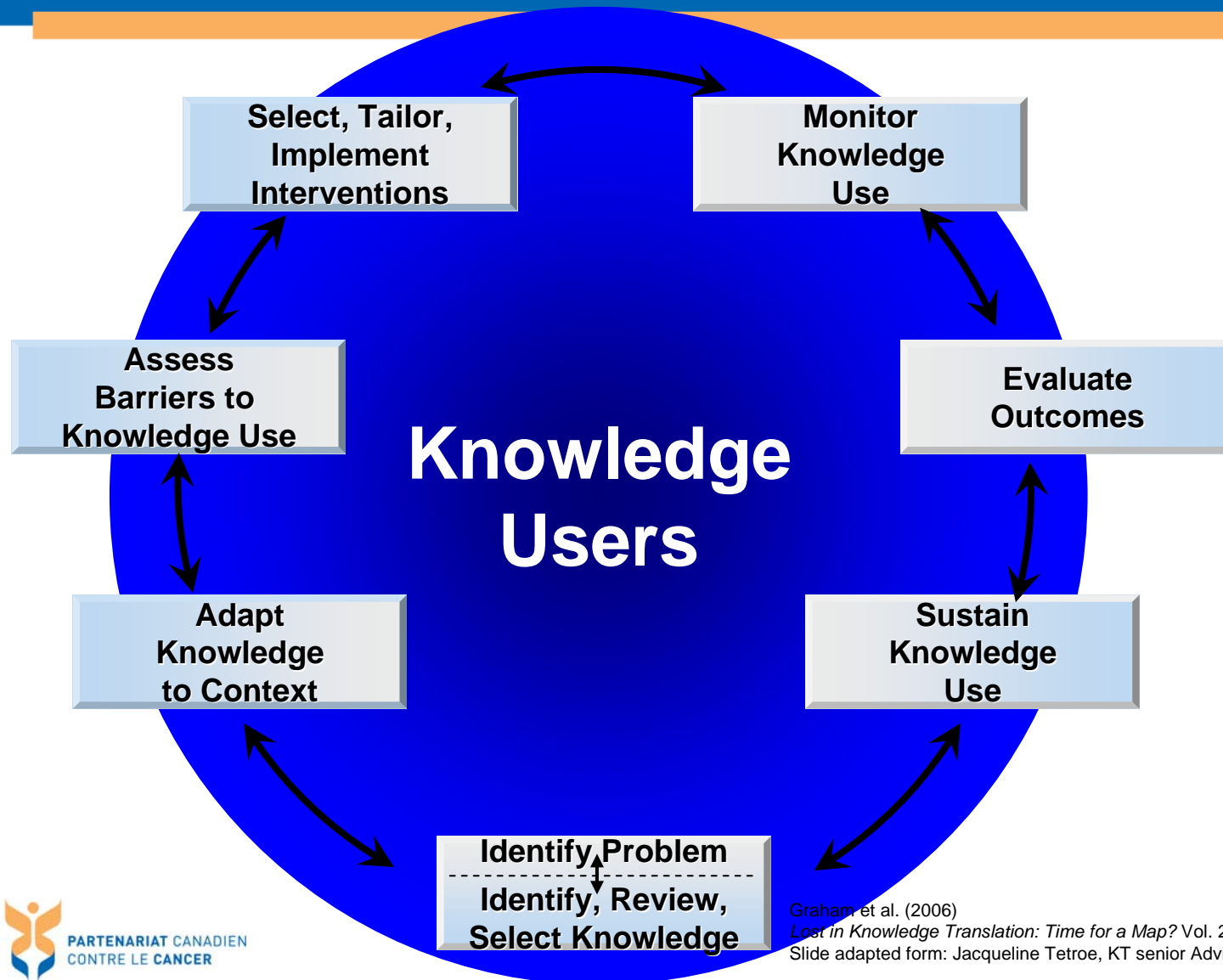
- > Objective: Provide surveillance information on terminally ill cancer patients
 - > Patient characteristics, their personal/family needs, and resource use patterns
 - > Improve the availability, quality and use of EOL surveillance data
 - > Enhance EOL care policy planning, resource monitoring, and clinical decision making
 - > KT strategy in development

- > Members: BC, YT, Edmonton Health Region, Ottawa Health Region

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Knowledge translation circle



Graham et al. (2006)
Lost in Knowledge Translation: Time for a Map? Vol. 26:13-24
Slide adapted from: Jacqueline Tetroe, KT senior Advisor, CIHR 12