

Provincial Cancer Control Advisory Committee

Annual Performance Report

2016 - 2017

Chairperson's Message

I am pleased to provide the 2016-17 Annual Performance Report for the Provincial Cancer Control Advisory Committee, in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report, consideration was given to the mandate and activities of the Advisory Committee, as communicated by the Minister responsible for this entity.

This Annual Performance Report provides an overview of the activities of the Provincial Cancer Control Advisory Committee and the extent to which planned results were met during the third fiscal period covered by the 2014-17 Activity Plan. As the Committee Chairperson, my signature below is indicative of the entire Committee's accountability for the results reported.

Sincerely,



Sharon Smith, Chairperson
Provincial Cancer Control Advisory Committee

Table of Contents

1.0 Overview.....	4
2.0 Highlights and Partnerships.....	6
3.0 Report on Performance	7
4.0 Challenges and Opportunities.....	11
Appendix A – Committee Membership as of September 2017	12

1.0 Overview

In June 2011, the Minister of Health and Community Services established the Provincial Cancer Control Advisory Committee (CCAC). The Minister appointed the membership from a broad representation of the cancer control community throughout Newfoundland and Labrador. The establishment of the Committee was an early action of *Gaining Ground: A Provincial Cancer Control Policy Framework for Newfoundland and Labrador* (“the Framework”) released in November 2010. Policy Direction 9 of the Framework: Accountability and Measuring Success, identified the creation of the committee. This policy direction committed the Provincial Government to establish a committee to advise the Minister of Health and Community Services on actions to advance and improve cancer prevention and control in Newfoundland and Labrador.

Since its establishment, the CCAC has fulfilled its mandate by providing advice to the Minister on cancer prevention and control issues including: the use of clinical breast exams in the Provincial Breast Screening Program; tanning bed usage by youth; the regulation of Flavoured Tobacco, E-cigarettes, and Hookah; smoking on regional health authority properties; and the development of an evaluation plan for the Framework.

To further advise the Minister on cancer control issues, the CCAC will continue to review the policy directions in the Framework, analyze current reports and research findings on cancer issues, and collect and assess other relevant information from other jurisdictions and stakeholder groups in Newfoundland and Labrador and in Canada. The CCAC will strive to collect and review the best information available and to consider the information from various perspectives to provide the best advice to the Minister, with the ultimate goal of creating and supporting a health system that will: improve the health of the population; enhance the patient care experience (including quality, access and reliability); and provide the most cost effective care.

Membership

In 2016-17, the CCAC had 13 members. The Internal Appointments Commission is currently recruiting individuals to fill some committee vacancies in 2017-18, with the aim to include a diverse cross-section of individuals with a broad range of expertise, which can provide input on all aspects of cancer prevention and control. In 2016-17, the membership included representatives from the Regional Health Authorities, community organizations, Memorial University, cancer survivors, volunteers, the Department of Health and Community Services, and other stakeholder groups. All members and the Chairperson are appointed by the Minister of Health and Community Services (see Appendix A).

Meetings and Expenditures

In 2016-17 the committee met four times in St. John's: May 25 and November 9, 2016; and January 11 and March 8, 2017. Meeting expenses totalled \$94. Associated costs incurred by the CCAC are covered by the Department of Health and Community Services.

Values

The Department of Health and Community Services' values are reflected daily as employees fulfill their roles and responsibilities in serving their clients. The CCAC considered the departmental values for the 2014-2017 planning cycle and adapted the values to better align with the role of the Committee:

Transparency and Accountability

Each member takes their responsibilities seriously and contributes to a culture of openness in decision-making and reporting.

Collaboration

Each member engages others in the health and community services system and in the broader cancer control community, in a positive manner, respectful of others and their different perspectives.

Innovation

Each member actively considers current evidence and new approaches to inform the development of committee recommendations for improving cancer prevention and control efforts in this province.

Privacy

Each member manages and protects information related to persons/families/ organizations/communities and the Department of Health and Community Services appropriately.

Excellence

Each member brings an important perspective to the committee and from that perspective makes decisions based on the best evidence and information available to provide a high standard of advice to the Minister.

2.0 Highlights and Partnerships

The CCAC valued the support of the Department of Health and Community Services in fulfilling its mandate.

The achievement of the CCAC's primary objective would not be possible without the valuable input of many key stakeholders including, but not limited to: the Canadian Cancer Society, Young Adult Cancer Canada, Memorial University, experts in the field, national organizations and working groups, the Regional Health Authorities, the Provincial Cancer Care Program, community volunteers, cancer survivors, and Departmental staff.

In 2016-17, the CCAC worked with its partners in the following ways:

- Department officials updated the CCAC on cancer prevention and control priority actions;
- Members of the CCAC reported on cancer prevention and control efforts within their own organizations; and,
- Members of the cancer prevention and control community provided the CCAC with current information, expert advice, and status reports on various initiatives.

3.0 Report on Performance

Issue: Cancer Control

The Canadian Strategy for Cancer Control (2006) recognizes that true cancer control “aspires to prevent cancer, to detect cancer at an early stage, and to treat and hopefully cure the disease in those who are diagnosed, and to increase the survival and the quality of life in those who develop it.”

Cancer continues to be the leading cause of death in Canada. The Canadian Cancer Society (CCS) estimates that half of Canadians are expected to develop cancer during their lifetimes, and that one out of four Canadians will die of cancer. These statistics highlight the far-reaching impacts of cancer, as it touches most people either directly or indirectly at some point in their lives.

More than half of new cancer cases (51%) will be lung, breast, colorectal and prostate cancer. Lung cancer is the leading cause of cancer death, causing more cancer deaths among Canadians than the other three major cancer types combined. Despite this large impact, there has been a substantial drop in the lung cancer death rate (especially for men) over the past 25 years, which has driven a decline in the overall cancer death rate.

The CCS also estimated that there would be 3,850 new cases of cancer and 1,520 deaths from cancer in Newfoundland and Labrador in 2017. Newfoundland and Labrador, along with the rest of Canada, is expected to see an increase in the number of new cases of cancer, largely because of the aging population. However, high rates of cancer risk factors, such as smoking, inactivity, unhealthy eating, alcohol consumption, and sun exposure, are also to blame for this rising trend. The World Health Organization states that interventions are available which permit the early detection and effective treatment for approximately one third of cancer cases. Preventive interventions to reduce these risk factors have the potential to influence future incidence rates for certain cancer types, such as lung and colorectal cancer.

Due to advances in cancer care, cancer is increasingly viewed as an illness from which people can survive. The Canadian Partnership Against Cancer’s 2016 Cancer System Performance Report highlighted the results of Newfoundland and Labrador’s efforts to improve cancer prevention and treatment, as follows:

- NL has the highest rate of HPV vaccination in Canada, with 88.7% of Grade six girls completing their vaccination series, and among the highest self-reported rates of cervical cancer screening among women aged 25 to 69 years, which will help to further reduce the rates of cervical cancer;
- NL exceeded the national target of 70% for breast cancer screening among women aged 50 to 69 years; and,
- NL has some of the shortest wait times for radiation treatment and for a diagnosis after an abnormal colorectal cancer screening result.

In 2016-17, the CCAC contributed to cancer prevention and control efforts in the province by advising the Minister of Health and Community Services on current issues in the cancer prevention and control environment. This advice helped to inform the decision making process respecting policies and programs that directly benefit the people of Newfoundland and Labrador.

Through the provision of advice to advance and improve cancer control efforts, the CCAC has addressed or made contributions towards the Provincial Government's strategic direction to strengthen population health and healthy living.

Objective: By March 31, 2017 the Cancer Control Advisory Committee will have provided advice to advance and improve cancer control efforts in Newfoundland and Labrador.

Measure: Provided advice

Planned for 2016-17	Actual Performance for 2016-17
<p>Provided advice on select priority actions of the Cancer Control Policy Framework</p>	<p>The CCAC provided advice on priority actions of the Cancer Control Policy Framework by monitoring progress towards the achievement of the stated goals of the Framework. For example, the CCAC:</p> <ul style="list-style-type: none"> • Received regular reports from Eastern Health’s Cancer Services Quality Committee for the purposes of informing advice provided to the Department on priorities and operational issues that may support or hinder the achievement of Framework goals; and, • Invited representatives from the Department of Seniors, Wellness and Social Development to attend regular meetings, in order to provide updates on provincial initiatives related to health promotion and cancer prevention, in support of Policy Direction 1 of the Framework. These updates helped to inform advice provided to the Minister on the issue of smoking cessation in cancer care.
<p>Provided advice on identified emerging cancer control issues and interests</p>	<p>The CCAC provided advice and recommendations regarding the expansion of smoking cessation and relapse prevention as part of cancer care. The committee’s advice was informed by a presentation from Eastern Health.</p> <p>In addition, the CCAC provided verbal advice to the Minister, via the Deputy Minister, on the issue of HPV vaccination for boys, following presentations and discussion with the Canadian Cancer Society, the Cervical Screening Initiatives Program, and the Chief Medical Officer of Health.</p>
<p>Provided advice on the monitoring of progress of select cancer control initiatives</p>	<p>The CCAC provided feedback on a draft report following the evaluation of the Cancer Control Policy Framework conducted by the NL Centre for Health Information. The committee anticipates receiving a full report regarding this evaluation in the coming year.</p>

Discussion of Results

In the 2016-17 fiscal year, the Committee considered the issue of smoking cessation and relapse prevention as part of cancer care, for the purpose of developing recommendations for the Minister; examined the latest cancer statistics and projections from the Canadian Cancer Society's 2016 Canadian Cancer Statistics report, as well as the 2016 Cancer System Performance Report from the Canadian Partnership Against Cancer; discussed the issue of HPV vaccination for boys, for the purpose of providing advice to the Minister; and discussed future priorities for cancer control in this province. Therefore, the CCAC met its objective by providing advice to the Minister on priority actions of the Policy Framework, emerging issues and interests, and on monitoring progress of select cancer control issues in the coming year.

As communicated in the Committee's 2017-20 Activity Plan, work for 2017-18 will be based on the same objectives, measures and indicators as noted above for 2016-17. The activity plan can be found on the Department of Health and Community Services website at: www.health.gov.nl.ca/health/publications.

4.0 Challenges and Opportunities

The CCAC expects to fulfil its mandate in 2017-18, given the Minister's support for the Committee's work. In addition, following a recruitment process, the committee expects to have a full membership which will provide a comprehensive view of issues and topics in cancer prevention and control.

There are a number of partnership opportunities and initiatives which may support and/or direct the CCAC's work in the coming year. The CCAC has identified the following:

- Monitoring and advising on drug sustainability work ongoing in the cancer care system;
- Advising on the potential restructuring of the population-based cervical, breast, and colorectal cancer screening programs, and the potential development of a risk-based lung cancer screening program; and,
- Advising on provincial radiation therapy services.

Finally, the CCAC may be challenged in 2017-18 to identify its role in addressing the recommendations of the Cancer Control Policy Framework Evaluation, completed in 2016-17.

Appendix A – Committee Membership as of September 2017

Members:

Chairperson – Ms. Sharon Smith

Department of Health and Community Services – Mr. John Abbott

Eastern Health – Representative appointed by the CEO: Ms. Elaine Warren

Central Health – Representative appointed by the CEO: VACANT

Western Health – Dr. Susan Gillam

Labrador-Grenfell Health – Representative appointed by the CEO: Ms. Donnie Sampson

Memorial University – VACANT (Alternate: Dr. Kara Laing)

Canadian Cancer Society - NL Division – Mr. Matthew Piercey

Young Adult Cancer Canada – Mr. Geoff Eaton

Representative for Cancer Survivors – Mrs. Rosemary Hedderson

Representative for Community Volunteers – Mrs. Margot Reid

Representative for Health Care Providers – VACANT

Stakeholder Representative – Dr. Anne Kearney

Contact Information

Regional Services Branch
Department of Health and Community Services
1st Floor, Confederation Building, West Block
P.O. Box 8700
St. John's, NL A1B 4J6

Inquiries Telephone: (709) 729-4984 or (709) 729-3752

Fax: (709) 729-3416

Email: healthinfo@gov.nl.ca

<http://www.health.gov.nl.ca/health/>