

**Provincial Cancer Control  
Advisory Committee**

**Annual Performance Report  
2017 - 2018**

## Chairperson's Message

I am pleased to provide the 2017-18 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 first fiscal period covered by the 2017-20 Activity Plan. As the Committee Chairperson, my signature below is indicative of the entire Committee's accountability for the results reported.

I would like to take this opportunity to acknowledge the ongoing commitment and dedication of the Committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon Smith". The signature is fluid and cursive, written over a thin horizontal line.

**Sharon Smith, Chairperson**  
Provincial Cancer Control Advisory  
Committee

**Table of Contents**

1.0 Overview .....4  
2.0 Highlights and Partnerships .....5  
3.0 Report on Performance .....5  
4.0 Challenges and Opportunities .....8  
Appendix A – Committee Membership as of March 31, 2018 .....9

## **1.0 Overview**

In June 2011, the Minister of Health and Community Services established the Provincial Cancer Control Advisory Committee (committee). 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 committee has fulfilled its mandate by providing advice to the Minister on cancer prevention and control issues. As part of a broader initiative to redesign the health sector, the department released the [Chronic Disease Action Plan](#). This renewed focus on chronic illness, which includes cancer, is critical to the overall realignment of health care services. Newfoundland and Labrador continues to have some of the highest rates of chronic disease in Canada and as the age of the province’s population continues to climb, so will the prevalence of chronic diseases. Cancer registries, enhanced smoking cessation, and cancer screening programs are all specific initiatives to support health care providers in delivering high quality person-focused care, and to empower individuals in their personal efforts towards the prevention and treatment of cancer.

In order to improve the health of the population, the committee will continue to advise the Minister on cancer control issues, review cancer policies and provide evidence-based recommendations. To achieve this, the committee will utilize existing expertise and experiences of the health community, cancer stakeholders, advocates, patients and community organizations.

### **Membership**

In 2017-18, the committee was supported by 13 membership positions, two of which are currently vacant. As of March 31, 2018, the [Independent Appointments Commission](#) is recruiting individuals to fill the vacancies, with the aim to include a diverse cross-section of individuals with a broad range of expertise and qualifications to provide input on all aspects of cancer prevention and control. While there have been some applications, additional candidates are required given the size of the Committee. Once an adequate number of applications are received, a representative of the Department of Health and Community Services will meet with a representative from the Public Service Commission to screen applications utilizing the merit-based process.

In 2017-18, the membership included representatives from the four 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 2017-18 the committee met two times in St. John’s: June 14 and October 4. Meeting expenses totalled \$40.14. Associated costs incurred by the committee are covered by the Department of Health and Community Services.

## **Mission**

The committee adopted the 2014-2017 mission of the Department of Health and Community Services as follows:

***By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.***

The committee contributed to the above mission statement through its mandate, identified actions and the collaborative efforts of the members and member organizations to further cancer prevention and control efforts within the province. The committee shared the same vision and supported the mission of the Department. The committee provided leadership through an advisory capacity to the Minister and this role was reflected in the Committee's indicators and actions.

## **2.0 Highlights and Partnerships**

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

The achievement of the committee'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, the Department of Children, Seniors and Social Development, national organizations and working groups, the Regional Health Authorities, the Provincial Cancer Care Program, community volunteers, cancer survivors, and Departmental staff.

In 2017-18, the committee worked with its partners in the following ways:

- Departmental officials updated the committee on cancer prevention and control priority actions;
- Members of the committee reported on cancer prevention and control efforts within their own organizations; and,
- Members of the cancer prevention and control community provided the committee 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. The Canadian Cancer Statistics: 2017 report can found via the following link:<http://www.cancer.ca/~media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2018-EN.pdf?la=en>

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.

For 2017, The CCS estimated there would be 3,850 (2,000 female and 1,850 male) new cases of cancer in Newfoundland and Labrador. The report estimated that 1,550 deaths occurred due to cancer in Newfoundland and Labrador in 2017. This province is seeing an increase in the numbers of people who are developing cancer. There are a range of reasons for this increase such as the aging population, increased life expectancy, high rates of risk factors (e.g. inactivity, unhealthy eating, smoking, and overuse of alcohol) and some genetic factors.

Many are unaware of what can be done to prevent, diagnose and treat cancer. One third of cancer can be prevented, and early detection and effective treatment of another third is also possible. Due to advances in care, cancer is increasingly viewed as an illness from which people can survive. Guests are often invited to provide presentations on cancer-related themes. Eastern Health provided an overview of the [Canadian Partnership Against Cancer's: 2017 Cancer System Performance Report](#). The report highlighted the results of Newfoundland and Labrador's efforts to improve cancer prevention and treatment, as follows:

- Colorectal cancer mortality rates across Canada are highest in Newfoundland and Labrador.
- Pancreatic cancer incidence rates vary slightly by province compared to the Canadian average, rates are significantly lower in Newfoundland and Labrador.
- Newfoundland and Labrador, shares with another province, the highest lung cancer incidence rates among Canadian males.
- Incidence rates for prostate, breast (female) and colorectal cancers have decreased. Incidence of lung cancer in males has decreased, while the incidence of lung cancer in females has increased. Incidence and mortality of lung cancer decreases with higher neighborhood income.
- NL performs well with respect to wait times, including: between abnormal fecal tests and follow-up colonoscopies, and wait times for radiation therapy for all cancers.
- NL has the highest rate of HPV vaccination among grade 6 girls.
- In NL, 77.7% of cancer patients die in hospital (which may include a palliative care unit). This is the second highest rate among all provinces and territories.
- In NL, 8.6% of cancer patients are admitted to intensive care units in the last 14 days of life.
- There was an increase in age-standardized incidence of cancer, as well as five-year relative survival rates, among adolescents (aged 15 to 29) and young adults (aged 30 to 39) between 1992 and 2013.
- Adolescents and young adults with cancer are less likely to report working, and more likely to report personal incomes below \$40,000 per year, compared with the general population.

In 2017-18, the committee 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 committee has addressed or made contributions towards Government's strategic direction to strengthen population health and healthy living.

**Objective:** By March 31, 2018 the Cancer Control Advisory Committee will have provided advice to advance and improve cancer control efforts in Newfoundland and Labrador.

<b>Planned for 2017-18</b>	<b>Actual Performance for 2017-18</b>
<p>Provided advice on select priority actions of the Cancer Control Policy Framework</p>	<p>The committee provided advice on priority actions of the Cancer Control Policy Framework and monitored progress towards the achievement of the stated goals of the Framework. For example, the committee:</p> <ul style="list-style-type: none"> <li>• 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,</li> <li>• The committee continued to include 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 (Cancer Prevention Through Promoting a Healthy Population) of the Framework. These updates helped to inform advice provided to the Minister on the issue of enhanced smoking cessation.</li> </ul>
<p>Provided advice on identified emerging cancer control issues and interests</p>	<p>The committee 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 and the Canadian Cancer Society. In addition, the committee was asked to provide advice on the draft Provincial Framework on the Appropriateness of Care. The Framework will consider issues related to overprescribing, and the overuse of emergency department and other health care services. Members were asked to review the document for future discussions on this issue.</p>
<p>Provided advice on the monitoring of progress of select cancer control initiatives</p>	<p>The committee provided feedback on <a href="#">The Way Forward: Chronic Disease Action Plan</a>, including ongoing work towards population-based cancer screening and smoking cessation objectives. The Way Forward document was developed in consultation with representatives from the regional health authorities; the NL Centre for Health Information; and the Department of Children, Seniors and Social Development. Next fiscal year, the committee will continue work with HCS in key areas pertaining to cancer registries, self-</p>

	management, smoking cessation and population-based screening. The committee will provide updates in relation to cancer care and treatment as indicated in the action plan.
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**Discussion of Results**

In the 2017-18 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 2017 Canadian Cancer Statistics report, as well as the 2017 Cancer System Performance Report from the Canadian Partnership Against Cancer; discussed the targets associated with The Way Forward document regarding Chronic Disease. In doing so, the committee 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 2018-19 will be based on the same objectives and indicators as noted above for 2017-18. The activity plan can be found on the Department of Health and Community Services website at: [www.health.gov.nl.ca/health/publications](http://www.health.gov.nl.ca/health/publications).

**4.0 Challenges and Opportunities**

The committee expects to fulfil its mandate in 2018-19, given the Minister’s support for its work. The Committee profile is currently posted on the Independent Appointments Commission website <http://www.exec-abc.gov.nl.ca/public/agency>. As such, the public can apply online to be considered for appointment. While there have been some applications, more are required given the size of the Committee. Once an adequate number of applications are received, a representative of the Department of Health and Community Services will meet with a representative from the Public Service Commission to screen applications utilizing the merit-based 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 committee’s work in the coming year. The committee 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.

**Appendix A – Committee Membership as of March 31, 2018**

<b>Representation</b>	<b>Full Name</b>	<b>Position</b>
Chairperson	Ms. Sharon Smith	Volunteer
Member: Central Health	Mrs. Heather Brown	Vice President of Long Term Care and Community Health
Member: Eastern Health	Mrs. Elaine Warren	Vice President - Cancer Care Program
Member: Labrador-Grenfell Health	Ms. Donnie Sampson	Vice President of Labrador-Grenfell Health
Member: Western Health	Dr. Susan Gillam	Chief Executive Officer
Delegate: Faculty of Medicine, Memorial	Dr. Kara Laing	Associate Professor and Chair, Oncology
Member: Faculty of Medicine, Memorial	Vacant	(was Dean of Medicine)
Member: School of Nursing, Memorial	Dr. Anne Kearney	Associate Professor
Member: Stakeholder Representative	Mr. Matthew Piercey	Executive Director
Member: Stakeholder Representative	Mr. Geoff Eaton	Executive Director
Member: Stakeholder Representative	Mrs. Rosemary Hedderson	Volunteer
Member: Stakeholder Representative	Mrs. Margot Reid	Volunteer
Member: Health and Community Services	Mr. John Abbott	Deputy Minister
Member: Health Care Provider Representative	Vacant	Health Care Provider Representative

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