

CANCERCARE MANITOBA 2008•2009 PROGRESS REPORT RAISING THE BAR



CancerCare
MANITOBA



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Our Vision

*With our partners, we will change
the course of cancer in Manitoba.*

Our Mission

*CancerCare Manitoba is charged by
an act of the legislature of
Manitoba with responsibility for
cancer prevention, detection, care,
research and education for the
people of Manitoba.*

*As a centre of choice, CancerCare
Manitoba is dedicated to
excellence in cancer care, to
enhancing the quality of life for
those living with cancer and blood
disorders, and to improving control
of cancer for all Manitobans.*

Our Values

- Patient/Family/Community Focus
 - Respect
 - Teamwork
 - Continuous Learning
and Improvement
 - Stewardship
-



We are pleased to present the Annual Progress

Report of CancerCare Manitoba (CCMB) for the fiscal year ended March 31, 2009. The report was prepared under the Board's direction,

in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. The Board has approved the content of this report.

With completion of my term as Chair of the Board of Directors, Mr. Lorne DeJaeger will assume the role of Chair. I am also delighted to report that Dr. Dhaliwal will continue his leadership as Chief Executive Officer.

With the help of our partners, we strive to ensure that high quality cancer care is accessible to all Manitobans. Quality improvement strategies are adopted in all aspects—from equipment upgrades to electronic medication orders to a healthy working environment.

Our efforts were validated in December 2008 by a rigorous three-day independent review by a team of surveyors from Accreditation Canada, an organization that provides an external expert peer review process for health care organizations within and beyond Canada.

Accreditation surveyors praised the innovative processes and noted CCMB's extremely high compliance (more than 96%) with over 500 validated standards of excellence and identified no major concerns. Plans were already underway to address the difficult challenges of tracking infection rates and ever-changing medications in an ambulatory care setting when multiple care providers are involved.



Raising the Bar

This report also highlights how we are working with the vital support of key partners—the CancerCare Manitoba Foundation, the provincial government, the regional health authorities, Public Health Service and numerous

volunteers—to change the course of cancer through promotion of lifestyle changes that can reduce everyone's risk of cancer. Through this collective effort, much has been achieved, including improving early detection, efficient timely diagnosis, and access for rural and Aboriginal populations.

Recruitment of talented physicians and researchers expands our capacity for clinical care and research to further enhance treatment quality and innovation, but intensifies the already severe space shortage.

A new format for reporting progress in key areas is outlined for the first time in "Measures of Cancer System Performance." It will be expanded in the upcoming Community Health Assessment Report.

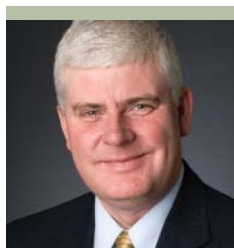
Our theme of "Raising the Bar" reflects our commitment to aim even higher in providing excellent care with compassion and cut down cancer with the enormous help of all Manitobans.

Mr. Donald MacDonald
Chair, Board of Directors
CancerCare Manitoba

Dr. H.S. Dhaliwal
President and CEO
CancerCare Manitoba

CANCERCARE MANITOBA

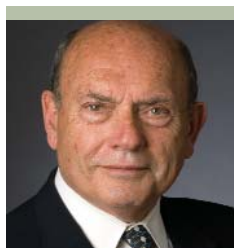
BOARD OF DIRECTORS 2008-2009



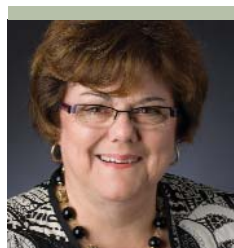
MR. DONALD MACDONALD, CHAIR



MR. LORNE DEJAEGER, VICE-CHAIR



DR. ARNOLD NAIMARK, TREASURER



MS. BARB METCALFE, SECRETARY

MR. DONALD MACDONALD, CHAIR

- Vice-President and Counsel, Investors Group Financial Services Inc.
- President, Manitoba Golf Hall of Fame and Museum Inc.
- Member, Board of Directors, Manitoba Golf Scholarship Fund Inc.
- Member, Queen's Own Cameron Highlanders of Canada Advisory Board

MR. LORNE DEJAEGER, VICE-CHAIR

- Retired commercial banker
- Corporate director
- Volunteer director
- Provincial Representative, CIBC Retiree Advisory Committee

DR. ARNOLD NAIMARK, TREASURER

- President Emeritus and Dean Emeritus, Faculty of Medicine, University of Manitoba
- Professor of Medicine and Physiology, University of Manitoba
- Director, Centre for the Advancement of Medicine
- Chair, Genome Prairie

MS. BARB METCALFE, SECRETARY

- Outreach Coordinator, Alzheimer's Society of Manitoba
- Member, South West Manitoba Regional Health Board
- Actively involved in many community organizations
- Worked in home economics and community development in rural Manitoba

MR. GEORGE BASS, Q.C.

- Vice-President, General Counsel and Secretary, The Wawanesa Mutual Insurance Company
- Director, St. Boniface General Hospital & Research Foundation, and Finance Committee Member
- Chairman, Regulatory Affairs Committee, and Past Chairman, Privacy Working Group, Insurance Bureau of Canada

MS. SUSAN BOULTER

- Director and Chief Operating Officer, Vital Statistics Agency
- Chair, Board of Administration under The Funeral Directors and Embalmers Act
- 30 years in public service including Director of Licensing and Chief Operating Officer of Materials Distribution Agency



MR. GEORGE BASS, Q.C.



MS. SUSAN BOULTER



MR. GEORGE B. CAMPBELL



MS. AMELIA CRISOSTOMO



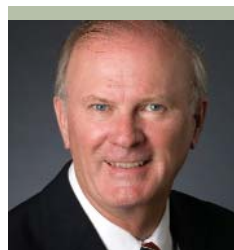
DR. KRISHNAMURTI DAKSHINAMURTI



DR. JOHN FOERSTER



MS. ROSEMARY FRIESEN



MR. ALLAN GRANT



MS. CARROLL HENDERSON



MS. BONNIE HOFFER-STEIMAN



MR. BEN LEE



MS. FLORENCE MCCOY



MS. TERESA MROZEK



MR. KERRY D. POLLOCK



MR. DAVID POPKE



MS. SHANEEN ROBINSON



:: MR. GEORGE B. CAMPBELL

- Member, Norway House Cree Nation
- Business owner, Campbell Management and Advisory Services
- Member, Board of Directors and Patient Care Committee, St. Boniface General Hospital
- Senior Elder Advisor, Interdepartmental Committee, First Nations Health - Manitoba

:: MS. AMELIA CRISOSTOMO

- Masters in Social Work, Certificate in Management, University of Manitoba
- Retired community mental health worker, mental health program supervisor, Manitoba Health/Winnipeg Regional Health Authority
- Manitoba representative, Immigrant Association of Western Provinces, and Board Member, National Association of Immigrant Women and Visible Minorities

:: DR. KRISHNAMURTI DAKSHINAMURTI

- Board Member, Manitoba Institute of Cell Biology
- Emeritus Professor of Biochemistry and Molecular Biology, Faculty of Medicine, University of Manitoba
- Special Advisor, St. Boniface General Hospital Research Centre

:: DR. JOHN FOERSTER

- Internist, hematologist and oncologist
- Professor of Medicine, University of Manitoba
- Past Executive Director of Research, St. Boniface General Hospital

:: MS. ROSEMARY FRIESEN

- Currently employed with First Nations and Inuit Health
- Background in program service delivery and project management
- Extensive involvement with women's advocacy organizations

:: MR. ALLAN GRANT

- Vice-President, The Americas – Dranjer Corp.
- Former partner, Lazer Grant Chartered Accountants
- Current or former Board Member of St. Boniface General Hospital, Manitoba Quality Network, The Frontier Centre for Public Policy, Royal Winnipeg Ballet, St. John's-Ravenscourt School, Winnipeg Symphony Orchestra

:: MS. CARROLL HENDERSON

- Retired teacher and early childhood educator
- Community volunteer
- Coordinator, Breakfast for Learning program for two local schools

:: MS. BONNIE HOFFER-STEIMAN

- Hospital-based registered social worker in Winnipeg
- Experienced nurse and health care administrator in rural and urban settings

:: MR. BEN LEE

- Vice-President, Western Operations, PharmEng Technology Inc.
- Board Member, Life Sciences Association of Manitoba
- Board Member, Winnipeg Chinese Cultural and Community Centre
- Chair, Winakwa Community Centre Building Committee

:: MS. FLORENCE MCCOY

- RN, obstetrics, Health Sciences Centre
- Volunteer, Peer Support Program, Canadian Cancer Society

:: MS. TERESA MROZEK

(appointee of Minister of Health)

- Manitoba Government representative: Canadian Partnership Against Cancer; Colorectal Cancer Screening Network; Joint Nursing Council; and the Manitoba Nursing Advisory Council
- Executive Director, Urban Regional Support Services at Manitoba Health
- RN with 24 years of experience in clinical, teaching and government environments

:: MR. KERRY D. POLLOCK

- Currently employed by Great-West Life Assurance Company
- Involved in the development and maintenance of the business continuity program for Great-West Life

:: MR. DAVID POPKE

- Worker Advisor, Manitoba Labour and Immigration
- Local Member-at-Large, Manitoba Government and General Employees' Union
- Volunteer, D'Arcy's A.R.C.
- Host Family, International Education Program, River East Transcona School Division

:: MS. SHANEEN ROBINSON

- CTV news reporter
- Member, Canadian Blood Services Regional Committee
- One of 12 Aboriginal youth selected as the 2008–09 representatives for "Lead Your Way," a national Aboriginal role model program
- Member, Aboriginal Peoples Choice Music Awards Creative Committee

:: EX-OFFICIO:

Dr. Dhali Dhaliwal
 Dr. Catherine Moltzan

BOARD COMMITTEES

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Mr. Ben Lee, Chair; Mr. George Campbell;
 Mr. Lorne DeJaeger; Ms. Carroll Henderson

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 Mr. Lorne DeJaeger; Mr. Donald MacDonald

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Mr. Lorne DeJaeger, Chair; Ms. Florence McCoy;
 Ms. Susan Boulter; Mr. Allan Grant;
 Ms. Carroll Henderson; Mr. Donald MacDonald;
 Mr. Kerry D. Pollock

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Ms. Carroll Henderson, Co-Chair; Ms. Florence McCoy, Co-Chair; Ms. Rosemary Friesen;
 Ms. Amelia Crisostomo; Ms. Bonnie Hoffer-Steiman

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Ms. Rosemary Friesen, Chair; Ms. Carroll Henderson; Ms. Bonnie Hoffer-Steiman;
 Mr. Donald MacDonald; Ms. Barb Metcalfe;
 Mr. David Popke

NOMINATION AND GOVERNANCE ::

Mr. David Popke, Chair; Mr. George Bass;
 Mr. Donald MacDonald; Ms. Barb Metcalfe

ADVISORY MEDICAL BOARD ::

Dr. John Foerster, Chair

CCMB Shines Through Accreditation

CCCMB performed extremely well in December 2008

when representatives from Accreditation Canada surveyed CancerCare

Manitoba's processes and activities. Out of the 500 standards the surveyors were reviewing, only 21 were unmet.

"We were very pleased," says Alison Bertram Farough, Director, Quality, Patient Safety and Risk, "to have that few unmet standards. There were no surprises in the results. Plans were either in development or in place to achieve the unmet standards."

Enthusiastic participation and exceptional performance in the accreditation process is an important example of the "Continuous Quality Improvement" culture that CCMB is fostering.

"The accreditation process is an opportunity to validate what your organization is doing and to identify the type of progress you want to see," says Bertram Farough. "It's an opportunity to raise the bar."

Bertram Farough praises the Accreditation Canada program. They conduct site visits every three years and retain regular contact with CCMB to check on progress. This year, she notes, the process was more "interactive" than ever before.

"They asked for more information and had a greater degree of contact with our patients and staff than in the past," she says. "During the walkabouts, the surveyors held many impromptu conversations and asked many questions of our staff and patients."

"Staff have commented on their pride in the process and appreciation of the relationship between accreditation, quality improvement and patient safety."

Ultimately, the accreditation process pushes CCMB to higher levels of performance. Accreditation Canada evaluates 25 required organizational practices (ROPs) and CCMB passed or exceeded standards for 23.

Bertram Farough is pleased to note that plans to meet the outstanding two standards—medication reconciliation and infection rate tracking—are underway.

PROCESS ALLOWS ORGANIZATION TO "RAISE THE BAR"



A staff member demonstrates a linear accelerator. New units will speed up treatments and increase capacity.



:: NEW LINEAR ACCELERATORS TO RELIEVE DEMAND, ENHANCE TREATMENT

"These machines are as cutting edge as you can get," says John Ioculano of the four new linear accelerators being purchased by CCMB.

Ioculano, CCMB's Radiation Therapy Project Manager, explains that the three new machines in Winnipeg and one in Brandon will help CCMB improve the delivery of radiation therapy. He also notes that CCMB has purchased the software that allows the system to be fully integrated with the ARIA Oncology Information System. As part of the overhaul, two existing machines are also being upgraded.

"It will allow us to more efficiently book the treatments through the stages of the patient's treatment plan," he says. "It will also support better communication between medical and support staff and among disciplines."

"ARIA is 'the mother ship'," elaborates Kathy Suderman, Provincial Director of Radiation Therapy. "The piece we are implementing is ARIA RO (Radiation Oncology), which in part runs the linear accelerators. The software records and verifies that the dose and treatment parameters are exactly accurate or the machine won't even turn on. This software will allow Winnipeg and Brandon to be completely integrated. It's as if we're across the hall and not across the province."

Suderman praises the new machines' technical capabilities. The linear accelerators will be able to deliver "rapid arc" therapy where the patient is treated with one accurate rotation of the unit. A treatment can usually be delivered in under 10 minutes, whereas the existing units keep the patient in the room for up to 25 minutes.

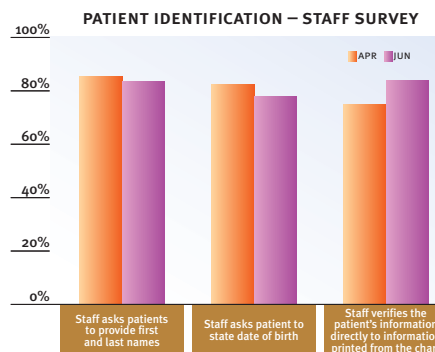
"Treatment is only one part of what's going on in a patient's life," she says. "Spending less time in treatment is good for their family and work lives, and for their psychological well-being."

The first of the new machines is scheduled to be running in Winnipeg starting in the fall of 2009 and in Brandon in early 2011.

:: PATIENT IDENTIFICATION: RIGHT PATIENT, RIGHT PROCEDURE, ALL THE TIME

A patient identification process has been implemented at CCMB. The goal is that the right patient receives the right procedure or service 100% of the time. Staff are to ask patients at least two identifying questions (patient's name and patient's date of birth) prior to the provision of any service or procedure. Staff audits were conducted in April and June 2008 and verified that staff are in high compliance.

"The effort was well publicized," says Sue Bates, Director of Patient Navigation, of the initiative's success. "Some patients expressed surprise at being asked the questions, but we helped them understand why we need to do this, and the initiative's connection to patient safety."



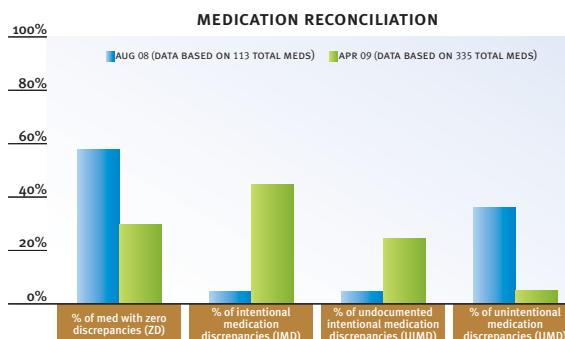
:: MEDICATION RECONCILIATION PILOT PROJECT

It was identified in September 2008 that CCMB had no formal procedure for gathering and recording information from patients about all of their medications. Making accurate medication lists available electronically to CCMB staff, it is believed, will reduce the risk of medication error.

"Patient safety can be increased when the healthcare providers know what medications a patient is taking when they come through the door, whether we're talking about prescriptions, herbs, naturopathic medicine and over-the-counter drugs," says Paul Perreault, Coordinator, Quality and Patient Safety. "The World Health Organization has identified this as a key need for patient safety."

Baseline data were collected in August 2008 at the start of the project to describe and assist later in quantifying the effects of the medication reconciliation process during the pilot and post-implementation. A subsequent audit was done in April 2009, following the working group's decision to apply

the medication reconciliation process to "new" patients. The audit showed that simply having discussion—not even formalizing the change in process—had created a positive result.



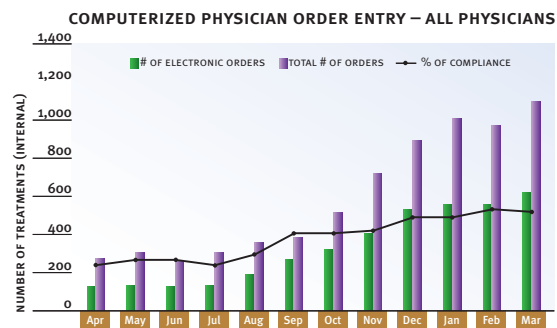
RAISING THE BAR :: QUALITY, SAFETY AND OUTCOMES

:: COMPUTERIZED PHYSICIAN ORDER ENTRY: A KEY TO REDUCING ERROR

The medical literature has proven that computerized physician order entry (CPOE) reduces medication error rates by 80% and errors with serious potential harm by 55%. The computerized approach to prescribing eliminates transcription errors when people are interpreting handwritten orders for medications, diagnostic tests, consults, and care and treatment.

It's the promise of improved patient safety, along with the ease of use of the new technology of the computer tablets and docking stations, that is causing CCMB staff to embrace the process. Venetia Bourrier, Program Director, Provincial Oncology Drug Program, says that full compliance and complete implementation are about two years away, but is pleased that by April 2009, 68% of chemotherapy orders were entered electronically—that's strong performance given that training only began in August 2008.

"Pharmacy technicians are conducting the training," explains Bourrier. "And we've had strong buy-in from all physicians, including veteran physicians who have been handwriting their orders for years."



Dr. Ralph Wong, left, and pharmacy technician Jamie Trudel have embraced the computerized physician order entry system.

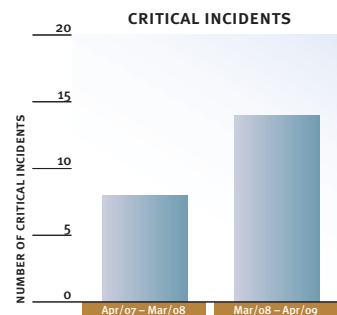
:: OCCURRENCE REPORTING SYSTEM: CCMB LEADS THE WAY

CCMB will be the first healthcare facility in Manitoba to implement an electronic occurrence reporting system. Staff will be able to quickly and easily enter information regarding events and "it will go directly to the right people in order to facilitate dialogue, tracking and trending," says Alison Bertram Farough, Director, Quality, Patient Safety and Risk. Having this system in place will help CCMB achieve yet another accreditation standard.

The types of events that will be gathered will encourage people to spot risks, explains Bertram Farough. "For example, I'm about to prepare a medication and I realize it's the wrong one. The meds might look alike, or sound alike or have been stored side by side. You want your staff to catch things like this before they occur so that we can fix them."

CCMB is also seeing an increase in critical incident reporting. In Manitoba, legislation requires that certain steps must be taken when a critical incident occurs: reporting to the administration, reporting to Manitoba Health, disclosure of the facts to the patient and a formal review.

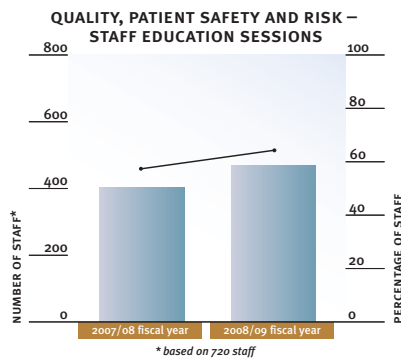
Increased reporting is seen in the healthcare community as a positive outcome. It is an illustration of a culture of learning and continual improvement. "We make it physically and emotionally easier for staff to report critical incidents," says Bertram Farough. "They feel supported and together we learn."





:: STAFF TRAINING: SESSIONS ATTRACT LARGER AUDIENCES

CCMB's goal is to provide top-quality, continuous learning opportunities to all staff. The following sessions were held in 2008–2009: Human Factors; Critical Incident and Learning Series; Tracer and Accreditation Presentations; Failure Mode and Effects Analysis; Quality Rounds; Beyond Blame Video Presentations; and Occurrence Reporting Orientation. There was a 9% increase in staff attendance for the last fiscal year.



“We see our staff training as people-centred,” says Alison Bertram Farough. “Healthcare is a complex system and our sessions help people understand and discuss the role of people within it.”

:: DISASTER MANAGEMENT AND PLANNING

CCMB has developed a Disaster Management Plan/Emergency Operating Plan to: identify and reduce the risk of an emergency/disaster to CCMB and the community; identify and analyze impacts to operating units within CCMB for internal and external emergencies; identify recovery processes that address the systems potentially impacted by disaster in each operating unit; and develop templates for training/testing the Disaster Management/Emergency Operating Plan using the Incident Command System (ICS) format.

“The development of a strong plan is a proven means of reducing the risk of financial loss, reputation damage and potential litigation in the event that an organization suffers an internal or external emergency or disaster situation,” explains Bill Funk, Leader, Business Planning and Innovation. “A key component of the planning is the creation of a framework to manage any emergency and to ensure the continuation of critical services. A comprehensive Emergency Management Program, encompassing not only the mitigation and recovery elements but also preparedness and response elements, was developed. It includes an ‘all risk’ Emergency Operations Plan and implementation of the Incident Command System (ICS) and 27 Incident-Specific Response Guides (IRG), of which the Pandemic Influenza Plan is the first.”



CCMB's Tamera Wilson, Karen Harder, Audrey Prince and Pat Burns. “To help reduce error, we will only be using one type of pump,” says Tanya Benoit.

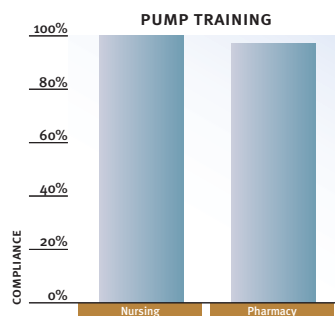
:: ENCOURAGING PUMP SAFETY THROUGH TRAINING

One of the key ways to deliver chemotherapy to some patients is through ambulatory infusion pumps, in essence computerized devices in fanny packs that are programmed to deliver the required drugs. These pumps allow patients to get chemotherapy at home.

History shows, though, that there is some risk and there have been a couple of Canadian cases of tragic medication errors caused by inaccurate pump programming. Encouraged by the lessons learned from the review of these errors and the Accreditation Canada process, CCMB has launched a comprehensive training program for nurses and pharmacy staff to ensure that the right medications and the right doses are administered by these programmable pumps.

“To help reduce error, we will only be using one type of pump,” explains Tanya Benoit, Chief, Professional Practice, and Chief Nursing Officer, “and we’re re-educating pharmacy and nursing staff on how to use it. There is now a certification process whereby nurses will have to demonstrate every two years that

they know how to use the equipment and that they know how to teach patients to use it.”



After an intensive recruitment effort, seven rising and established cancer specialists from Canada and around the world have joined the team at CancerCare Manitoba.

“On a national and international scale, competition is fierce for such talented and skilled cancer specialists,” said Dr. Dhali Dhaliwal, President and CEO of CancerCare Manitoba. “I’m ecstatic that these highly sought-after specialists will

‘Super Seven’ Arrive in Manitoba

RENOWNED SPECIALISTS JOIN CCMB TEAM



be contributing to the delivery of world class care and research in our province.”

The new physicians were warmly welcomed to the province in October 2008 by Premier Gary Doer, Health Minister Theresa Oswald and Healthy Living Minister Kerri Irvin-Ross.

“Our government has invested aggressively to strengthen cancer prevention and screening, and to improve care for Manitobans living with cancer,” Oswald said. “The collective expertise of these top-tier specialists will enhance the excellent care our oncologists provide to Manitoba families who have been affected by cancer.”

The “Super Seven” are welcomed by Healthy Living Minister Kerri Irvin-Ross, Premier Gary Doer, CCMB President & CEO, Dr. Dhali Dhaliwal and Health Minister Theresa Oswald. The Super Seven are (left to right): Dr. Geoff Cuvelier, Dr. Rajat Kumar, Dr. Marshall Pitz, Dr. Debrah Wirtzfeld, Dr. Ethan Lyn, Dr. Ade Olujuhunbe and Dr. Donna Wall.

These highly trained, provincially funded specialists bring a broad spectrum of cancer expertise to Manitoba: two pediatric oncologists; two hematologists (blood disorder experts); and one each of radiation, surgical and medical oncology physicians.

“The intense recruitment campaign responds to the needs of cancer patients and their families and was successful because of the full support of the Government of Manitoba and our key partners: the Winnipeg Regional Health Authority, the Faculty of Medicine at the University of Manitoba,

the College of Physicians and Surgeons of Manitoba, and the CancerCare Manitoba Foundation,” said Donald MacDonald, Chair, Board of Directors, CancerCare Manitoba.

Three of the recruits are from Canada; two are from the U.K.; one from India; and one from the U.S. In 2009 and 2010, they will be joined by four additional Manitoba-trained cancer specialists who have signed return-of-service agreements, but are currently undertaking further specialization at renowned institutions, including Harvard.





Life on the Highway

Ten years ago, two x-ray technologists rolled into the community of Flin Flon and set up the first mobile breast screening clinic in Manitoba. Now the white van with the CancerCare Manitoba logo is familiar to many women in rural and northern Manitoba as two mobile screening units crisscross the entire province every two years visiting nearly 90 locations.

Since 1998 the Manitoba Breast Screening Program (MBSP) has provided an average of about 11,000 mammograms a year for women aged 50 to 69 through the mobiles. To date, 558 breast cancers have been detected through mobile screening.

Access to many of the screening locations is a significant challenge. Remote, isolated First Nations communities such as Oxford House, St. Theresa Point and Berens River can only be visited in February, provided the winter road is accessible. In summer, the van is shipped by train to Churchill, Gillam and Pukatawagan. Mobile staff also experience all kinds of weather as they travel Manitoba's highways from as far north as Lynn Lake to Emerson in the south.



PHOTO COURTESY OF PETER BREGG

MANITOBA'S MOBILE BREAST SCREENING PROGRAM CELEBRATES 10 YEARS ON THE ROAD

The goal of the program is to reduce breast cancer deaths by finding the cancer at its earliest, most treatable stage, and MBSP administrator Sandy Williamson says the mobile strategy has proven successful—a larger percentage of rural women are screened compared to Winnipeg.

“Early detection gives women the best chance

of a cure,” says Williamson, one of the two x-ray technologists who made that first trip 10 years ago. “Screening mammograms can find most breast cancers two to three years before any changes can be felt.”

The mobile program, supported by Manitoba Health and the CancerCare Manitoba Foundation, works closely with the regional health authorities, local health workers, First Nations communities and volunteers around the province to ensure that Manitoba women have access to high-quality breast screening services. These partners are vital as they provide space for the mobile clinics, assist with promotion, actively recruit women into the program and arrange group trips to nearby mobile sites.



Staff load the mammography machine into the CCMB van. “Early detection gives women the best chance of a cure,” says Sandy Williamson.

Manitoba Prostate Centre Renaming Recognizes Local Physician

The Manitoba Prostate Centre was officially renamed in April 2009 in memory of Dr. Ernest Ramsey—a superb physician, an excellent teacher and a true visionary.

“Dr. Ramsey was dedicated to patient care, research and teaching. It was through his efforts that the Manitoba Prostate Centre was developed and it is only fitting that it bear his name,” said Dr. Jeff Saranchuk, Medical Director of the Dr. Ernest W. Ramsey Manitoba Prostate Centre.

Diane Ramsey and family participated in the renaming ceremony by describing the man they knew as a husband and a father. “It is our hope that all those who enter through these doors either as a caregiver or patient, will benefit from this centre of excellence that was his vision and his dream.”

In keeping with Dr. Ramsey’s lifelong pursuit of improving health care for patients with prostate cancer, the event included announcements from the Province of Manitoba and the CancerCare Manitoba Foundation regarding enhancement to treatment services provided by the centre.

Premier Gary Doer announced support for a state-of-the-art ultrasound unit and Foundation Board Chairman Andrew Paterson announced that the Foundation is investing \$125,000 towards the purchase of cryotherapy equipment.



Premier Gary Doer and Diane Ramsey dedicate the Dr. Ernest W. Ramsey Manitoba Prostate Centre.

Cryotherapy is a procedure that freezes the prostate gland through the insertion of probes that allow precise, controlled cooling of cancerous prostate tissue. It is used to treat cancer in selected patients suitable for this procedure either because they may not be fit for surgery or are unable to receive radiotherapy. This procedure has been used previously when men have a recurrence after radiation therapy, but is now increasingly being used as a primary treatment of prostate cancer in carefully selected men. Currently, this treatment option is only offered in a few centres in Canada.

Officially opened in September 2004, the \$3.4 million centre was the result of a network of supportive partners including government, business, the community, the Manitoba Prostate Cancer Support Group and the CancerCare Manitoba Foundation. It serves as a centre of excellence for coordinated, timely access to diagnosis and therapy and is staffed by a multi-disciplinary team of urologic surgeons, radiation oncologists, medical oncologists, nurses, a psychosocial clinician and a registered dietician.

To date, the Foundation has provided over \$600,000 to support research and care projects within the centre.





About Ernest Ramsey

Dr. Ernest Ramsey, who died in 2001, was a modest man, who rarely acknowledged, let alone boasted about his accomplishments. He was known internationally as a leader in the care and treatment of prostate diseases; he was frequently appointed to academic journal editorial boards; and he contributed his efforts to professional associations. Aside from being a respected visionary and a loved father, he was also an athlete and a musician.

"Since I became a physician myself, I began to understand the magnitude of his achievements and the hard work and perseverance it takes to accomplish them. We are honoured that his hard work and dedication to patient care became a reality in the completion of the prostate centre," shares daughter Dr. Clare Ramsey.

CCMB Faces Infrastructural Challenge

The demand on CancerCare Manitoba to provide service to patients and their families has increased steadily over the years as cancer rates have risen. With numbers still increasing, CCMB is looking closely at its infrastructural needs.

"We're clearly stretched," says Jeff Peitsch, CCMB's Chief Operating Officer. "We are still providing superlative care, but it is apparent that we must aggressively address the need for more space."

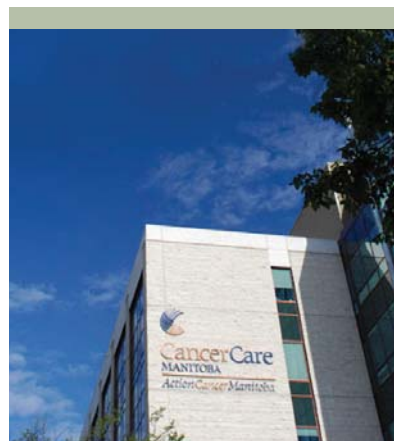
Peitsch notes that the MacCharles Unit on McDermot Avenue is 223,000 square feet in size. CCMB estimates that an additional 100,000 square feet are needed in the intermediate term to most effectively deliver service and provide optimal conditions for all patients and staff.

"To address the demand for service, we've been very successful in recruiting very talented individuals," says Peitsch. "Now we need to make sure that they have the space and equipment they need to do their work."

In recent months, some renovations have been carried out at the MacCharles Unit, says Peitsch, but there is little else that can be done within the current facility. The facility has been used to its maximum capacity since the middle of 2008.

To address the issue, CCMB has been meeting with stakeholders and partners to come up with effective, affordable solutions and continues to look at a multitude of opportunities.

"It's not an easy problem to solve," says Peitsch, "but we are keenly aware of the challenge and optimistic that with the help of the CancerCare Manitoba Foundation and our other partners a solution will be identified."



**MORE SQUARE FOOTAGE
REQUIRED TO KEEP UP
WITH DEMAND**



Cervical Cancer Awareness

**CAMPAIGN CONTINUES TO REACH
MANITOBA'S UNDERSCREENED**

Manitoba Pap Test Week, held in October 2008, attracted more than 1,700 women to attend a walk-in Pap clinic. This was an increase of about 250 women over 2007's total. Women were screened in 125 different clinics across the province; the highest number ever to participate in Pap Week.

While Kim Templeton, Program Manager of the Manitoba Cervical Cancer Screening Program, was pleased with attendance and clinic participation, the statistics show that there is more work to be done. Of the 2008 participants, 30% had not had a test in the last five years, if ever, and 24% had not had a test in the previous two to five years. And there are many more women out there who remain unscreened. Screening is recommended at least every two years.

Cervical cancer is one of the most easily prevented cancers through regular Pap tests, yet Manitoba women are still diagnosed with invasive cervical cancer and lose their lives to the disease every year.

Templeton credits the success of 2008's Pap Week to a multimedia campaign that included the Internet, radio, TV and community newspaper advertising, as well as distributing greeting cards and a flower give-away event. The key message of the "TellEveryWoman" campaign, she says, "is to talk openly with women about why they need to go for a Pap test."

The thinking behind the campaign is that women are more likely to consider the test when the matter is raised by someone they know and care about.

Pap Week and the TellEveryWoman campaign were promoted in a variety of ways. Volunteers went downtown to distribute 2,000 carnations that carried the message on a stem card; close to 20,000 free greeting cards were made available throughout the province (the Mother's Day card read: "A mother's love is irreplaceable – and so are you. Please go for a Pap test."); extensive advertising ran on radio, TV, community papers and more.

The highest incidence of cervical cancer is in women between the ages of 40 and 49, "a time in life," notes Templeton, "when women are so busy that it's hard to find time to look after yourself."

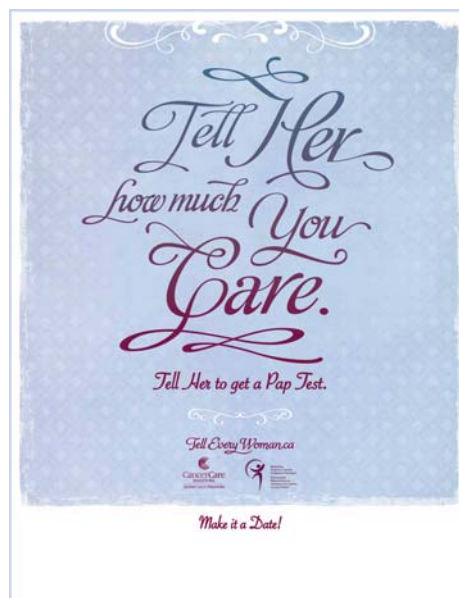
The campaign also enables new Canadian women to be screened for the first time. A highlight for Templeton was delivering presentations to, and accompanying women from Korea, Ukraine, Tanzania, Somalia, Poland and other countries to get their Pap tests. "I get to see the impact of my work," she beams.



MANITOBA
CERVICAL CANCER
SCREENING PROGRAM
PROGRAMME
MANITOBAIN DE
DÉPISTAGE DU CANCER
DU COL UTÉRIN



CCMB staff and volunteers get ready to share flowers with a message about screening in downtown Winnipeg. "I get to see the impact of my work," says Kim Templeton (left).



The "TellEveryWoman" campaign continues to reach thousands of women in Manitoba. The key message, says Kim Templeton, is "to talk openly."





Breast Cancer Screening on the Rise

STRONG PROMOTION AND BETTER ACCESS CREDITED

In June 2008, the Government of Manitoba announced nearly \$1 million in funding for an additional 10,000 breast cancer screening appointments a year to provide better access to diagnostic services and promote cancer prevention.

That money goes a long way towards helping CCMB achieve its objective of reducing breast cancer deaths. It's believed that to do that, the Manitoba Breast Screening Program (MBSP) needs to screen 70% of women aged 50 to 69 every two years.

According to Katie Watters, MBSP Manager, Program Development and Education, the efforts to increase screening are paying off.

By the fall of 2008, staff were hired and in training which resulted in an extra 5,664 appointments offered by

the end of March 2009. The program expects to be providing those additional 10,000 appointments by the end of 2010 for a total of 52,000 appointments each year.

Watters attributes the increased numbers to strong promotion and better access to mobile sites. Mobile sites were recently added and mammography is now available every second Saturday at the Misericordia site in Winnipeg. Two screening vans are taken to nearly 90 locations across the province, including Selkirk, Oxford House, Lynn Lake and Gillam. The intention is to make screening as easy as possible for people. "You have to make the healthy choice the easy choice," says Watters.



CCMB is seeing a steady rise in the number of women going for breast screening.

MANITOBA
BREAST SCREENING
PROGRAM



PROGRAMME
MANITOBAIN DE
DÉPISTAGE DU
CANCER DU SEIN

Watters also says that active promotion of screening has helped increase the numbers. CCMB has a 15-language DVD that encourages new Canadians to have a mammogram; the MBSP sends out large numbers of invitation and recall letters; the "It Matters to You" campaign has been effective; and community outreach has been especially helpful in reaching Aboriginal and new Canadian women.



Manitoba Colorectal Screening Program is Expanding

CancerCare Manitoba will be able to increase the number of Manitobans tested for colorectal cancer, thanks to funding announced last year by the Government of Manitoba.

The kit is an easy-to-use home test that inspects the stool for blood. If blood is found, more testing is ordered. "You take two small samples, ideally during three bowel movements in a row, and send the test back in the postage-paid envelope," explains Jean Sander, Program Manager, Manitoba Colorectal Cancer Screening Program.

About 3% of people have evidence of blood in their samples, says Sander, and those people are recommended for colonoscopies.

As with all forms of cancer, early detection of colorectal cancer is critical. Having more kits available improves the odds of catching more cases of colon cancer early. Between April 2007 and

sent out by mail and distributed to women at their breast screening appointments. The kits are still available by mail and at breast screening appointments, but they can also be found at clinics or by calling the program. The target audience is men and women between the ages of 50 and 74. The ultimate goal, says Sander, is that everyone in that demographic will have taken the test or had the opportunity to do so.

More kits and more promotion will be needed to accomplish that.

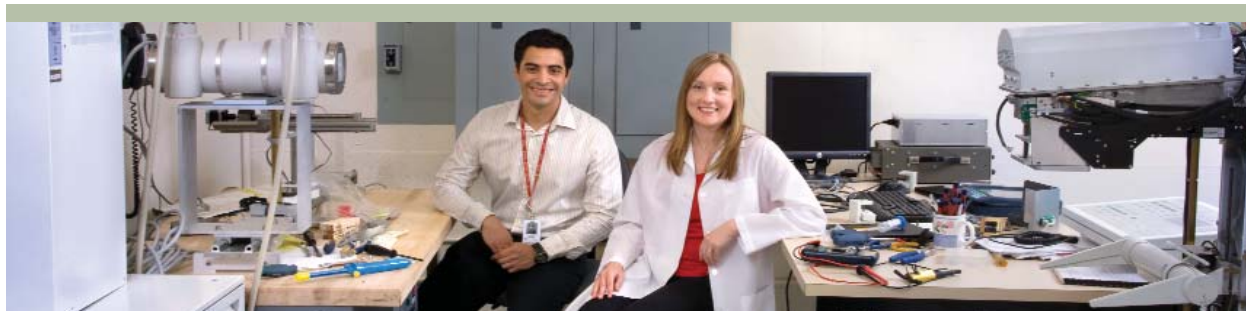
"For many people this is a new topic," says Sander. "Breast and cervical screening are more understood; this is new for many."



PARTNERSHIPS AND PROMOTION ARE KEY

Manitoba
Colorectal Cancer
Screening Program
Programme manitobain de dépistage du
cancer colorectal

Student Researchers at CancerCare Inspired to Innovate, Excel



Jorge Alpuche and Teralee Burton have blossomed as researchers at CCMB. "You learn to appreciate the clinical significance of your work," says Alpuche.

For the last five years, 30-year-old Winnipegger Teralee Burton has been hard at work wrapping up her PhD and waging battle against glioblastoma (GBM) brain tumours at CancerCare Manitoba.

Burton is one of nearly 50 graduate students at work at CCMB, exploring novel ideas, and benefiting from the guidance of established professionals. In Burton's case, she has been benefiting from the mentorship of Dr. Spencer Gibson, Provincial Director, Research, and Senior Investigator at the Manitoba Institute of Cell Biology.

"One of the goals of CancerCare is to train the next generation of researchers and to give them the opportunity to do cutting-edge research," says Gibson. "Teralee's work produced novel results that could have an impact on the treatment of brain cancers. I think her future is nothing but bright."

Burton's work focused on a protein called BNIP3 that plays a part in how cells make the decision about whether to live or die. Her poster presentation on the subject at CCMB's Research Days was awarded first prize. She also won the Apotex Award for Molecular Biology and the E.L. Drewry Memorial Award through the University of Manitoba's Faculty of Medicine. She says that only five or six research groups in the world are looking at BNIP3 and cancer.

"Patients diagnosed with a GBM tumour usually don't do very well," Burton explains. "The tumour grows so quickly that it doesn't respond well to chemotherapy and radiation. The tumour overwhelms the blood vessels so the chemo drugs can't get to the centre of the tumour."

Deprived of oxygen, the cancer cells adapt, become more aggressive and block BNIP3 actions. This is problematic because as a cell-death protein, BNIP3 plays a key role in destroying cancer cells. Burton's work is focused on understanding how the cells block the beneficial protein in an effort to possibly exploit these pathways to kill the tumour. The objective is to find ways to treat GBM tumours with localized, targeted chemotherapy.

Continued on page 15

Provincial Cancer Registry Manitoba leads the way

Quality data are central to fighting cancer, and registrars are the first link in capturing data on patients. Based at CCMB, the Manitoba Cancer Registry is one of the best registries in North America. It has received the Gold Standard for Registry Certification by the North America Association for Central Cancer Registries for achieving the highest standard for complete, accurate and timely data.

CCMB's 15 dedicated cancer registrars find, interpret and record a wide range of demographic and medical information about patients. This vital information is used in planning, research, treatment and prevention initiatives. Physicians, researchers, health care administrators and standard-setters rely on these accurate cancer data every day.

Since 2004, CCMB registrars have been involved in assigning stages to all cases, a further enhancement to the data collected. Currently, Manitoba is the only province capturing stage data on all cancer sites. This initiative has required many hours of hard work and specialized training.

CCMB staff have been sought out by the Public Health Agency of Canada, Statistics Canada and the Canadian Council of Cancer Registries to provide education and training nationally and to serve on a number of national committees. Recently, the team received a Canadian Partnership Against Cancer grant for staging and implementing an electronic pathology reporting system.



Continued from page 14

Like Burton, 28-year-old Jorge Alpuche from Merida, Mexico, has been recognized for his innovative research conducted at CancerCare Manitoba.

Working on his PhD in Medical Physics, Alpuche recently placed first in the Young Investigators Symposium of the Canadian Organization of Medical Physicists. And he has also finished near the top of CCMB's Research Days in three of the last four years.

Alpuche's work focuses on improving diagnostic breast imaging by measuring scattered radiation. When x-rays are used to detect breast cancer, a large fraction of the radiation is usually scattered and wasted. Under the guidance of his mentor, Dr. Stephen Pistorius, Provincial Director, Medical Physics and Professor in Physics at the University of Manitoba, Alpuche is studying how the scattered radiation can actually be used to improve the diagnosis by producing a 3D image that depicts the electron density of breast tissue.

"The imaging technique aims to help us find smaller lesions and provide more specificity in diagnosis," adds Pistorius. "With better information we can treat the cancer more appropriately and with more precise amounts of radiation."

It's challenging research that evolved out of CCMB's current research on diagnostic and therapeutic imaging, but Alpuche is benefiting from the CCMB experience.

"It's a really good program. You learn to appreciate the clinical significance of your work," says Alpuche. "Each week, Dr. Pistorius and I meet to make decisions on my research. Participating in Research Days and national competitions gives me additional motivation to enhance the research I do."

"Jorge is a very personable guy, a hard worker and intelligent, like most students in medical physics," says Pistorius. "Like all students here, he does his best to make a difference."

"We challenge them; we push them hard," says Pistorius of the students in the graduate program.

He credits the program for providing CCMB with a strong core of staff. "Many of our staff have come through the graduate program. Without them we'd be struggling to retain clinical throughput," he says. "It's not a nice-to-have; it's an essential."



Manitoba Breast Tumour Bank

Researchers learning why some cells "misfire"

When Dr. Afshin Raouf was presented with the option to work with CCMB this past spring, he leapt at the opportunity to move here from Vancouver.

"This is an excellent place," beams Raouf, Senior Scientist at the Manitoba Institute of Cell Biology. "I came primarily because of the excellent scientists at the Manitoba Institute of Cell Biology and the Manitoba Breast Tumour Bank. It's well supported by the CCMB Foundation. CancerCare Manitoba provides young researchers with great opportunities and the close ties with the University of Manitoba benefit everyone."

Raouf, who also serves as Assistant Professor in the Regenerative Medicine Program of the U. of M.'s Department of Immunology, explains that the tumour bank serves as a "repository for the collection and maintenance of biological materials," specifically breast tissue. Tissue from cancer patients is studied as is healthy tissue contributed anonymously by plastic surgery patients at the Health Sciences Centre.

"By studying cancer cells and healthy stem cells, we can learn why some cells misfire," explains Raouf. "In cancer treatment, we have learned how to get rid of a bulk of the tumour cells. With tumour banking, we're now trying to learn how to close the factories that produce them."



Dr. Afshin Raouf and Dr. Spencer Gibson at the Manitoba Breast Tumour Bank. "I came primarily because of the excellent scientists at the Manitoba Institute of Cell Biology," says Raouf.

CCMB Appoints New Rural Supportive Care Coordinator

EXPANDING ACCESS TO QUALITY PSYCHOSOCIAL CARE

“Caring for someone with cancer is emotionally challenging, perhaps more so in a small community where it’s hard to be anonymous,” says Megan McLeod, CCMB’s new Supportive Care Coordinator with the Community Cancer Programs Network (CCPN). “You could give chemo to someone one day and see them at the curling rink the next. Small communities also can be especially caring. Ensuring psychosocial and supportive care close to home has unique but welcoming challenges.”

It is McLeod’s job to help build psychosocial oncology capacity in northern and rural Manitoba through the CCPN so that staff can more effectively help patients and their families address the emotional effects of the whole cancer journey, and to cope better themselves.

The recommendation to implement McLeod’s position came from a CCMB Foundation-funded project led by Jill Taylor-Brown, CCMB’s Director of Patient and Family Support Services, and Ruth Loewen, Program Director of the CCPN. It focused on needs and opportunities to increase access to psychosocial and supportive care for rural cancer patients and their families.

McLeod has been addressing recommendations from this report and connecting with the existing support services. Through MBTelehealth, videoconferencing, provincial and national supportive care networks, telephone calls and personal visits, she has begun to build a foundation to provide education, support and inspiration to the social workers, and other medical staff that provide ongoing support to cancer patients and their families. Attending the annual Community Cancer Care conference, held this year in September, is a huge opportunity for all caregivers to connect with one another.

The project recommended maximizing existing resources, and consultation to Patient and Family Support Services at CCMB’s tertiary sites will help increase access to integrated supportive cancer care services.

“The 16 Community Cancer Programs are hubs of cancer care excellence and expertise in their communities,” says Loewen. “Having Megan’s position allows us to acknowledge and support more comprehensive, person-centred care.”

“We’ve always been aware of the psychosocial needs of patients and families in rural and northern Manitoba,” says Taylor-Brown. “But now we are formalizing and systematizing it. Our goal is that every patient and family will have access to quality psychosocial and supportive care in their communities.”



Supportive Care Coordinator, Megan McLeod, and Ruth Loewen, Program Director of the Community Cancer Programs Network. “Having Megan’s position allows us to provide even more comprehensive, person-centred care through the CCPN,” says Loewen.

Adaptation Initiative Aims to Improve Cancer Services in Norway House

PROGRAM AIMS TO IMPROVE CANCER DELIVERY SERVICE AND INCORPORATE CULTURAL SENSITIVITY

In trying to learn more about what the people of Norway House knew and believed about cancer, CCMB planned to do a phone and mail survey. That was until they learned that not everyone in the community is reachable by phone, and that people might toss out a mail survey.

It was a “wake-up call” about the need for cultural sensitivity in understanding a community’s relationship with cancer



► IN 2008–09, OVER 400 VOLUNTEERS CONTRIBUTED ALMOST 23,000 HOURS TO ASSIST PATIENTS AND FAMILIES AT CCMB.

► NEARLY 7.2 MILLION KMS OF TRAVEL TO WINNIPEG WERE SAVED IN 2008–2009 BY PATIENTS AND FAMILIES WHO HAVE A COMMUNITY CANCER PROGRAM IN OR NEAR THEIR COMMUNITY. THAT COMPARES WITH ABOUT 6.7 MILLION KMS SAVED IN 2007–2008.



and in delivering cancer services, says Dr. Donna Turner, CCMB's Provincial Director of Population Oncology.

Ultimately, the surveys were completed by in-person interviews, after Moneca Sinclair, Aboriginal Project Services Coordinator, and Dorothy Ducharme, Community-based Cancer Program Lead in Norway House, reviewed the questions.

“At the community’s suggestion, we hired four local nursing students to conduct the interviews. There was almost a 100% response rate,” says Turner. “The exercise made it clear that the community was involved and it’s led to greater engagement and better learning as we perform a gap analysis.”

Historically, cancer rates among Aboriginal Canadians are very low. But the data now show a steady increase likely caused by a variety of factors, including lifestyle and environmental influences.

The CCMB-Norway House Cancer Services Adaptation Initiative, a two-year program funded by the Federal Government through the Aboriginal Health Transition Fund, is designed to improve access to cancer services for residents of the Norway House Cree Nation and to develop cancer prevention and wellness strategies.

“We’ve been promoting screening at a local health fair and at Norway House

Treaty and York Boat Days,” says Sinclair. And some significant success has already been achieved. Of the 308 women in the area ages 50–69, 128 came to the mobile breast screening unit this past summer. The previous high was 99. The success was achieved in part by “making sure that the women are talked to about the process by other Aboriginal women in the community,” explains Sinclair. “We also moved the screening to a more convenient location and got in touch with people by phone, by home visits and by radio announcements.”

The program has already had an impressive impact on the community’s understanding of and reaction to cancer.

“Having Norway House Cree Nation involved in the information gathering and research helped drive this initiative from the grassroots level,” says Ducharme. “This increased the prospect of lifestyle changes in order to reduce the incidence of cancer.”



Veronica McKay (Norway House Cree Nation Associate Health Director), Dorothy Ducharme, Nick Saunders (Norway House Cree Nation Councillor and Health Portfolio Holder), Dr. Donna Turner, Anthony Apetagon (Norway House Cree Nation CEO), Moneca Sinclair and Amy Thompson (Aboriginal Patient Access Facilitator) of the CCMB-Norway House Cancer Services Adaptation Initiative. (Missing: Keith Sansford, Norway House Cree Nation Health Director.)

UPCON Celebrates Five Years

The Uniting Primary Care and Oncology Network (UPCON) is a unique partnership between family practice clinics, primary health care centres and CancerCare Manitoba. To better understand and navigate the cancer system, UPCON provides a variety of resources to ensure seamless, integrated care for patients as they move between primary health care providers and the cancer system.

All Manitoba health professionals can access continuing education sessions that focus on all areas of the cancer care continuum—from screening to palliative care—as well as expert answers to their cancer questions. UPCON clinics also have full secure access to CancerCare Manitoba’s electronic health record.

Launched five years ago with 12 clinics, UPCON has expanded and more than doubled in size to include 27 urban and rural sites. To further support the education and skill building of community physicians, the CancerCare Manitoba Foundation provides Scholarships in Primary Care Oncology. Each receives an honourarium plus a book allowance to pursue two weeks of training related to the care of people living with cancer.



CancerCare Manitoba Foundation

Dedicated to providing outstanding, comprehensive care, CancerCare Manitoba continually strives to improve the patient experience along the entire cancer journey.

Overseen by a volunteer Board of Directors, CancerCare Manitoba Foundation sustains these efforts by supporting CancerCare Manitoba's multi-disciplinary team of health care professionals and internationally-recognized researchers as they work together to deliver the best possible care and treatment for all Manitobans and their families living with cancer.



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2008-09 Foundation Commitment

Because of the generosity of many thousands of donors, CancerCare Manitoba Foundation's level of support for the 2008–2009 period was \$5.9 million. All grant applications go through rigorous internal and external peer review. Examples of CancerCare Manitoba projects supported by the Foundation include:

:: PATIENT CARE AND SUPPORT

- Patient & Family Resource Centre, Patient Guidebook and *The Navigator* monthly patient newsletter
- Guardian Angel Caring Room – wigs, make-up and support for patients undergoing treatment
- Breast Cancer Centre of Hope – education and support programs
- Camp Indigo – children's camp for patients and siblings
- Manitoba Palliative Care Research Unit
- Volunteer Services and Patient Assistance Services
- Manitoba Aboriginal Community Partnership
- Scholarships in primary care oncology for physicians and nurse practitioners
- Manitoba Cervical Cancer Control Strategy
- Pap Test Learning Module
- Community Cancer Programs Network (CCPN) Annual Conference
- Clinical investigations, studies and trials
- Ultrasound equipment



:: RESEARCH GRANTS, OPERATIONS AND EQUIPMENT

- Core operational support of the Manitoba Institute of Cell Biology
- Disease site research for chronic lymphocytic leukemia (CLL); colorectal, head and neck, breast, and lung cancers
- Translational research for adult leukemia and prostate cancer
- Studentships and fellowships
- The Prostate Cancer Tumour Bank
- Image Analysis System for Electron Microscopy
- Molecular Imager Chemi-Doc XRS System
- Epidemiology (studying cancer patterns in the population)



:: EDUCATION AND PUBLIC AWARENESS

- CancerCare in the Community – education and support for primary care providers
- Risk reduction education program (Eat Well, Shape Up, Cover Up, Check Up and Be Tobacco Free)



CancerCare Manitoba Foundation Special Events

"It is an honour to raise funds for CancerCare Manitoba and the Foundation. I could never repay the wonderful people who work there for the incredible care and support given to my family when we needed it most."

— Dorothy T.

Dr. Dhali Dhaliwal,
Donald MacDonald,
Joyce Berry,
Lorne DeJaeger,
Hennie Corrin,
Andrew Paterson,
Annitta Stenning



Partners in Caring

Remembrance. Celebration. Gratitude. Ability. The desire to Leave a Legacy. These are just a few of the reasons why, each year, thousands of donors choose to support CancerCare Manitoba with their gifts.

In addition, everyday heroes all around our province create more than 250 special events in support of CCMB every year. We are deeply grateful for the energy, enthusiasm and compassion that helps fund critical research, equipment, patient care and support.

Here are just a few of the hundreds of special events held between April 1, 2008 and March 31, 2009, raising more than \$2.5 million:

:: 1ST ANNUAL CHALLENGE FOR LIFE



On Saturday, September 27, 2008, participants in CancerCare Manitoba Foundation's 1st Annual Challenge for Life exceeded all expectations.

Designed to improve public health and increase awareness of all cancers, this made-in-Manitoba event captured the imagination of Manitobans. Challengers—men and women of all ages—were encouraged to take an active role in their physical health to help reduce their risk of cancer and, at the same time, commit to raising a minimum of \$1,000 each in support of CancerCare Manitoba.

:: 2008 GUARDIAN ANGEL BENEFIT FOR WOMEN'S CANCER

Love Life, Laugh Out Loud! An Evening of Fun, Fashion and Feeling Fabulous. This 17th annual event saw mothers, daughters, sisters, friends and partners celebrate with a fun-filled evening of entertainment and fashions for every shape and size.

:: 2008 GOLD PLATED EVENING

More than 800 guests helped ensure the future of prostate research and care in our province. Proceeds from the 2008 gala dinner will help fund a prostate tumour bank at CancerCare Manitoba.



1 Participants celebrate success at the first annual Challenge for Life

2 Guardian Angel Chair Ingrid Graves with Special Guest Jeanie Beker and Jan Belanger, Assistant VP Community Affairs, Great-West Life

3 Gold Plated Evening co-chairs Al Snyder and Carolyn Ransby with MC Milt Stegall

4 Rex Murphy entertains at the Gold Plated Evening

“For helping to ease the burden and offer hope, we will continue to support CancerCare Manitoba Foundation through proceeds raised at our annual golf tournament.” – Chris M.

:: SPRING FLING SLO-PITCH TOURNAMENT

Yes, that is snow you see! Despite the less-than spring-like weather, this slo-pitch tournament held May 2, 2008, at Little Mountain Sportplex raised \$4,270.

:: SHOOTERS SNOW GOLF

Nothing stops a golfer—not even one of Manitoba’s coldest winters ever! On February 28, 2009, players using a yellow tennis ball and only one golf club at this nine-hole golf tournament—complete with “ice greens” and “snow bunkers”—raised \$3,750.

:: FORT ROUGE/FORT GARRY TWINS

One of several junior hockey fundraisers held this year for CancerCare Manitoba, the Fort Rouge/Fort Garry Twins wore pink jerseys and socks at all regularly scheduled games. During the month of February 2009, the Twins together with the Niverville Junior Clippers, the Pembina Valley Twisters and Veteran’s Cup PeeWee Hockey raised \$67,000.

:: DIVE FOR THE CURE

On March 14, 2009, participants in a 24-hour dive at Kildonan Pool hoped to raise \$20,000. Overwhelmed by community support, this inaugural event organized by a committee through 3 Fathoms Scuba raised more than \$40,000.

:: MARGARET LEWIS – COMMITTEE OF ONE

Margaret Lewis devotes countless hours to making and selling dozens of inspired creations, from baking her renowned German Honey Cookies (14 dozen at a time), to designing kitchen aprons and tool belts for children aspiring to be “little helpers.” Since 2007, as a result of her ingenuity and commitment, Margaret has raised close to \$7,000.

:: BREAST CANCER PLEDGE RIDE

Seven years ago, Georgette Jhass created the Breast Cancer Pledge Ride. Since that time the Ride has grown to a committee of 10 volunteers, with another 100 promoting the event throughout the year and more than 350 bikers attending the event itself. Since 2002 they have raised more than \$220,000.



EXECUTIVE SUMMARY :: GOALS, PROGRESS AND CHALLENGES

CANCERCARE MANITOBA IS DEDICATED TO PROVIDING EXCEPTIONAL CARE TO PATIENTS AND THEIR FAMILIES. AND WE CONTINUALLY STRIVE TO DO BETTER.

Here are some examples of CCMB's objectives and progress:

:: QUALITY, PATIENT SAFETY AND RISK

GOALS:

The Quality, Patient Safety and Risk team strives to maintain a culture where people communicate openly about concerns and work together to design systems that make it difficult for errors to occur. The team supports programs and clinicians in their efforts to deliver safe and effective care.

PROGRESS:

- CancerCare Manitoba has experienced increased reporting of critical incidents (an occurrence where unintended harm has come to a patient). Critical incidents are vastly under-reported in health care and experts suggest that the greatest gains in improving patient safety come from encouraging the reporting of critical incidents and from the lessons learned. Increased reporting does not reflect an increased rate of harm to patients, but it reflects a culture that is focused on learning and improving the system—where health care providers want to learn from mistakes.
- A 100% documentation rate of critical incident disclosures has been achieved. Such documentation is a legislative requirement, but it also represents open, honest and transparent communication between the health care system and the patient.

CHALLENGES:

- To achieve increased reporting of critical incidents.
- To maintain 100% documentation of critical incident disclosures.
- To achieve compliance in all 29 Accreditation Canada Required Organizational Practices.

:: STRENGTHENING SERVICES IN RURAL MANITOBA

GOALS:

CCMB aims to increase coordination of the Community Cancer Programs Network (CCPN), a network of 16 sites across the province delivering cancer care closer to home, and the Uniting Primary Care and Oncology Network (UPCON), an expanding group of 27 sites connecting family physicians in their primary care clinics with cancer specialists.

In addition, development of the Western Manitoba Cancer Program in Brandon will bring radiation therapy closer to home as part of a comprehensive cancer program.

PROGRESS:

- CCMB created a new shared position of professional development coordinator in December 2008. The position supports the educational outreach for both programs and focuses on the whole cancer control continuum.
- *Be a Cancer Pro*, a program that focuses on assisting primary care providers navigate the cancer system, was presented in three rural communities this year in partnership with the local Community Cancer Programs (CCP) staff.

- CCP physicians were recruited to act as “UPCON Lead Clinicians” in their primary care settings as a complement to their hospital-based work. This provides their clinics with access to continuing education as well as ARIA (secure patient database).
- UPCON is responsible for the education and support of Winnipeg-based general practitioners in oncology (GPOs). The GPO position and the CCP physician role share many common needs and responsibilities. A series of sessions focusing on treatment has been launched, bringing care providers together with guest experts through MBTelehealth and other technologies.

CHALLENGES:

- To develop an enhanced curriculum to reflect the needs of family physicians working as GPOs in the CCPN and in Winnipeg.
- To hold a Rural Cancer Forum for health professionals and administrative leaders in rural RHAs and in CCMB to share best practices.
- To help CCPN professional staff develop a leadership role in cancer education and clinical support with rural UPCON clinics and with all primary care health professionals in their regions.

:: ACCESS TO CARE: PATIENT NAVIGATION

GOALS:

The Patient Navigation team is reviewing the entire patient journey from referral to the transfer of care to other health care providers to find ways of improving the patient experience.

PROGRESS:

- The team's Central Referral Office now deals with 85% of all referrals to CCMB, about 150 a week. Central review has meant all details are captured and the urgency of the need for an appointment can be evaluated effectively.
- Working with the Lymphoproliferative Disease Site Group (DSG), the team has achieved improvements in how patients move through the hematology lab and how they are assessed and assigned to physicians. Plans are also in place to change how chemotherapy is scheduled.
- To manage the number of follow-ups to the Lymphoproliferative DSG, a pilot project is being planned. It will focus on transitioning patients to family practitioners using set criteria for follow-up care and patient education.

CHALLENGES:

- To continue testing current processes and implementing new ways of doing things.



:: ACCESS TO CARE: CANCER WAIT TIMES

GOALS:

To establish wait time information for all Disease Site Groups at CCMB and to gain greater knowledge of the wait times throughout the entire care journey.

PROGRESS:

- CCMB has established processes to collect information via the Central Referral Office to identify waits from referral to the first consult with a medical oncologist. This is fully established for breast, gastrointestinal and lung disease groups. It is hoped by the end of 2009, this information will be available for all DSGs.
- Radiation therapy wait times are published through Manitoba Health. A wait time target of four weeks from patient readiness to the date of the first radiation treatment has been set. CCMB complies fully with this target.
- Through Manitoba Health, wait times for urgent, semi-urgent and routine surgeries for head and neck cancers are being published. Systemic chemotherapy wait times are also being gathered and Manitoba Health will begin publishing in late fall 2009.
- Primary care providers have been engaged to assist in identifying wait times early in the patient journey from suspicion of cancer through the early stages of diagnostics to referral to a cancer specialist.

CHALLENGES:

- Collecting accurate “real time” data that capture multiple sources.

:: ACCESS TO CARE: ABORIGINAL INITIATIVES

GOALS:

Cancer is increasingly seen as a significant health concern in Canada's First Nations, Métis and Inuit populations. While genetics and the environment may account for some of the increasing cancer burden in the Aboriginal population, preventable risk factors such as smoking, substance use, obesity, physical inactivity, poor diet and diabetes are thought to explain much of it. CCMB will continue to develop strong partnerships, improve data collection and develop mutually-respectful policies with Aboriginal communities in Manitoba that will in turn support CCMB's Aboriginal Cancer Control Strategy goals to:

- improve cancer awareness among Aboriginal peoples (early detection and prevention);
- create a culturally appropriate environment for Aboriginal peoples at CCMB (ensure positive policies and procedures); and
- improve services for Aboriginal cancer patients.

PROGRESS:

Although our Aboriginal Cancer Control Strategy is in its infancy, CCMB has made progress on specific initiatives:

- CCMB-Norway House Cancer Services Adaptation

Initiative: a project of the Aboriginal Health Transition Fund – Adaptation Envelope. This initiative will develop a culturally sensitive cancer system that will facilitate early diagnosis, intervention and treatment of cancer in Norway House Cree Nation. A knowledge/attitudes/behaviour survey is currently underway.

- Cultural Safety Training – Manitoba Health requires regional health authorities, including CCMB, to educate staff about Aboriginal cultural issues. Since the program began in late 2007, approximately 35% of staff has been trained.
- Canadian Institute for Health Research (CIHR) Grants – CCMB is working to fill information gaps on cancer among Registered First Nations living in Manitoba through research partnerships involving CCMB staff, Manitoba First Nations Centre for Aboriginal Health Research, university researchers, the Assembly of Manitoba Chiefs, and supported by major CIHR funding for 2007–2012. A major component of the research involves using the Indian Registry System file linked to the Manitoba Population Health Registry to explore patterns of cancer and care assessment by Registered First Nations status in the Cancer Registry.
- CCMB Aboriginal Community Partnership Committee (ACPC) – Work is underway to establish the ACPC whose main goal will be to give voice to the opinions, ideas and needs of Aboriginal people in concert with the development of an Aboriginal Cancer Control Strategy. A group of 15 Aboriginal representatives, along with CCMB representatives, will develop a more comprehensive, culturally sensitive and community-integrated strategy.

CHALLENGES:

- The cancer situation is complicated and compounded by poor local services (e.g., lack of professional support services including physicians, nurses, diagnostic services), overextended community health resources and the perception of cancer by some Aboriginal populations, as a hopeless diagnosis.
- Another critical issue, particularly in the face of increasing cancer mortality in the population, is Aboriginal peoples' access to the continuum of cancer care.

:: PREVENTION

GOALS:

In 2005, the Canadian Strategy for Cancer Control advocated expanding the definition of cancer control, proposing that: “true cancer control aspires not only to treat and hopefully cure the disease, but to prevent it, and to increase the survival rates and quality of life among those who develop it.” The current strategic plan for CCMB supports this enhanced definition of cancer control. It also supports a province-wide cancer prevention and control program with plans to establish a Cancer Prevention Office to coordinate the efforts. CCMB's cancer prevention plans include:

EXECUTIVE SUMMARY :: GOALS, PROGRESS AND CHALLENGES

- expanding chronic disease risk factor surveillance activities;
- partnering with Regional Health Authorities and other agencies to develop and implement prevention services and programs, including a provincial school-based smoking cessation program; and
- providing further resources to prevention efforts by establishing a Cancer Prevention Office.

PROGRESS:

- Although the budget to fund a Cancer Prevention Office is not yet approved, prevention-related activities with funding from the CCMB Foundation and other partners have been launched:
 - the development of the *Reduce Your Risk DVD* in partnership with CCMB's screening programs. This product enables health educators and volunteers from throughout the province to increase awareness and screening of at-risk populations;
 - developing educational materials to support personal behavioural choices; and
 - working closely with partners to deliver programs at the community level. For example, CCMB has worked with the Partners in Planning for Healthy Living over the last two years to capture risk factor data on all Manitoba high-school-aged youth. These data can be used for decision- and policy-making regarding healthy living/prevention initiatives at the community level.

CHALLENGES:

- Budgetary restraints have led to a limited implementation of CCMB's cancer prevention plans. Even with funding, CCMB recognizes the need to develop, recruit and retain cancer prevention professionals, a scarce resource in Canada. There is also a shortage of suitable office, research and teaching space to have a fully operational prevention office.

:: SCREENING PROGRAMS

GOALS:

CCMB strives to provide high-quality, population-based early detection programs based on evidence. The screening programs—breast, cervical and colorectal—work to meet national targets, including participation rates. By reaching these targets, CCMB will achieve a decrease in cancer rates and deaths.

PROGRESS:

- Activities to increase access to cancer screening information and programs in 2008–2009 included:
- Service expansion in the Breast Screening Program:
 - additional appointments at existing inner city mobile breast screening clinics;
 - group trip flights from three isolated Aboriginal communities to the closest screening site at Lynn Lake; and
 - Saturday appointments to improve access to breast screening.
- Completion of Phase 1 of the Manitoba Colorectal Cancer Screening program by distributing 20,000 colorectal cancer screening test kits by mail.

- Promotion of easy to access Pap test clinics through multilingual radio stations and newspapers; and special promotion of “Pap Week” in October.
- Development and implementation of the *Reduce Your Cancer Risk DVD*, Facilitator Tool Kit, Training Session, and *Pass it On DVD*, enabling health educators and volunteers to increase awareness and screening of at-risk populations. The 11-language DVD is available at Manitoba libraries and online.
- Continued collaboration with multicultural contacts through presentations and promotion of group trips for women from multicultural and Aboriginal communities or neighbourhoods.
- Discussion regarding implementation of the CCMB Language Policy in collaboration with WRHA Language Access Services.
- Translating information about breast screening in 16 languages and cervical cancer screening information in 15–25 different languages (range represents medium used: print vs. video); printed materials and educational materials are available online or from community health care providers.

CHALLENGES:

- To continue facilitating breast, cervical and colorectal cancer screening in geographically or culturally hard-to-reach populations.
- To recruit women to screen and technologists to staff clinics and mobile units to meet the additionally funded appointments.
- To continue working with partners to implement a comprehensive cervical cancer control strategy that incorporates new technology and HPV vaccination while maintaining a continued emphasis on screening with Pap tests.
- To implement the colorectal screening program on a province-wide basis over the next two to three years and to work with partners to ensure capacity for follow-up testing and colonoscopy.



Whistleblower Legislation

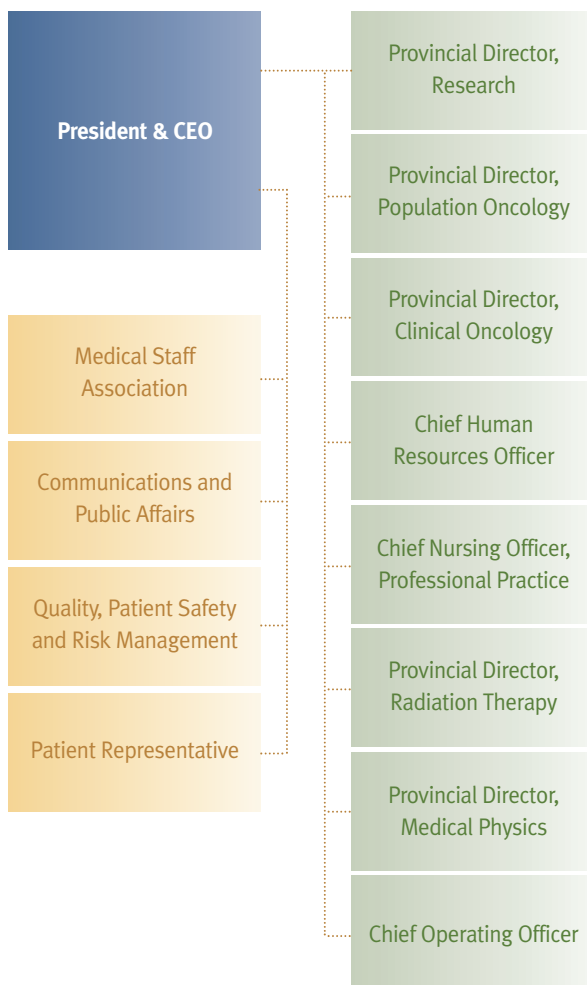
The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and offers protection from reprisal.

As reported by George Normandin, Chief Human Resources Officer of CancerCare Manitoba, no disclosures were made in either the 2007–08 or 2008–09 fiscal years.

CANCERCARE MANITOBA SENIOR MANAGEMENT

Dr. Dhali Dhaliwal, *President & CEO*
 Mr. Jeff Peitsch, *Chief Operating Officer*
 Ms. Tanya Benoit, *Chief Nursing Officer & Professional Practice*
 Dr. Spencer Gibson, *Interim Provincial Director, Research*
 Mr. George Normandin, *Chief Human Resources Officer*
 Dr. Stephen Pistorius, *Provincial Director, Medical Physics*
 Ms. Kathy Suderman, *Provincial Director, Radiation Therapy*
 Dr. Donna Turner, *Provincial Director, Population Oncology*
 EX-OFFICIO:
 Ms. Roberta Koscielny, *Director, Communications & Public Affairs*

CANCERCARE MANITOBA ORGANIZATIONAL CHART



Auditors' Report on Condensed Financial Statements

TO THE MEMBERS OF CANCERCARE MANITOBA

The accompanying condensed statement of financial position and condensed statement of operations and changes in fund balances are derived from the complete financial statements of CancerCare Manitoba as at March 31, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated May 29, 2009. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the condensed financial statements.

In our opinion, the accompanying condensed financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These condensed financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the company's financial position, results of operations, changes in fund balances and cash flows, reference should be made to the related complete financial statements.



Chartered Accountants
 Winnipeg, Canada
 May 29, 2009

CONDENSED STATEMENT OF FINANCIAL POSITION

March 31, 2009, with comparative figures for 2008

				2009	2008
	General Fund	Capital Fund	Clinical, Basic Research and Special Projects Fund	Total	Total
Assets					
Current assets:					
Cash	\$ 9,680,494	\$ —	\$ 11,675	\$ 9,692,169	\$ 6,873,853
Restricted cash	2,000,000	—	—	2,000,000	—
Short-term investments	1,488,565	—	202,360	1,690,925	4,219,360
Due from Manitoba Health	2,620,442	—	—	2,620,442	3,166,482
Accounts receivable	68,932	—	5,927,031	5,995,963	7,360,828
Inter-fund accounts	(2,175,539)	1,943,360	232,179	—	—
Prepaid expenses	654,254	—	—	654,254	480,940
Vacation entitlements receivable	1,932,497	—	—	1,932,497	1,883,043
	16,269,645	1,943,360	6,373,245	24,586,250	23,984,506
Restricted cash	1,825,687	—	—	1,825,687	—
Retirement entitlement obligation receivable	1,419,400	—	—	1,419,400	1,419,400
Investments	4,733,306	—	2,550,921	7,284,227	4,189,876
Capital assets	—	62,238,652	973,144	63,211,796	65,004,747
	\$ 24,248,038	\$ 64,182,012	\$ 9,897,310	\$ 98,327,360	\$ 94,598,529
Liabilities, Deferred Contributions and Fund Balances					
Current liabilities:					
Accounts payable and accrued liabilities	\$ 12,426,191	\$ 5,623	\$ 335	\$ 12,432,149	\$ 10,785,687
Due to Manitoba Health	2,974,655	—	—	2,974,655	1,998,136
Deferred contributions:					
Expenses of future periods	2,976,346	—	—	2,976,346	1,849,144
	18,377,192	5,623	335	18,383,150	14,632,967
Deferred contributions					
– capital assets	—	64,015,940	—	64,015,940	65,505,228
Retirement entitlement obligations	3,294,572	—	—	3,294,572	2,742,612
	21,671,764	64,021,563	335	85,693,662	82,880,807
Fund balances:					
Invested in capital assets	—	160,449	973,144	1,133,593	1,718,884
Externally restricted	—	—	7,359,044	7,359,044	5,202,545
Internally restricted	2,000,000	—	1,564,787	3,564,787	1,901,888
Unrestricted	576,274	—	—	576,274	2,894,405
	2,576,274	160,449	9,896,975	12,633,698	11,717,722
	\$ 24,248,038	\$ 64,182,012	\$ 9,897,310	\$ 98,327,360	\$ 94,598,529

CANCERCARE MANITOBA ADMINISTRATIVE COSTS

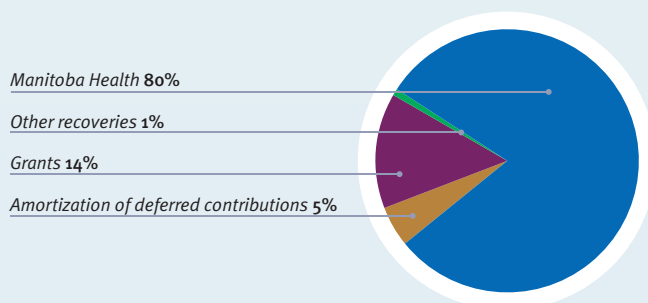
Category of Administrative Expense	Percentage of Total 2009 Expenses	Percentage of Total 2008 Expenses
Corporate	3.1	3.2
Patient-Care Related	0.9	0.4
Human Resources and Recruitment	0.8	0.8
Total	4.8	4.4

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

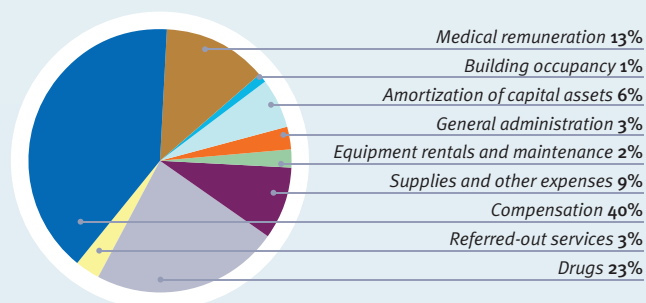
Year ended March 31, 2009, with comparative figures for 2008

	2009			2008
	General Fund	Capital Fund	Clinical, Basic Research and Special Projects Fund	Total
Revenue:				
Manitoba Health	\$ 88,625,200	\$ —	\$ —	\$ 88,625,200
Other recoveries	1,416,258	—	—	1,416,258
Grants	—	—	16,143,569	16,143,569
Amortization of deferred contributions	—	5,622,103	—	5,622,103
	90,041,458	5,622,103	16,143,569	111,807,130
Expenses:				
Compensation	37,803,377	—	7,770,363	45,573,740
Medical remuneration	13,968,786	—	—	13,968,786
Building occupancy	1,460,988	—	—	1,460,988
Amortization of capital assets	—	5,622,103	502,888	6,124,991
General administration	3,154,828	—	—	3,154,828
Equipment rentals and maintenance	1,774,057	—	86,918	1,860,975
Supplies and other departmental expenses	4,014,356	—	6,360,507	10,374,863
Drugs	25,642,668	—	—	25,642,668
Referred-out services	2,795,655	—	106,985	2,902,640
	90,614,715	5,622,103	14,827,661	111,064,479
Excess (deficiency) of revenue over expenses before the undernoted	(573,257)	—	1,315,908	742,651
Investment income	—	—	173,325	173,325
Excess (deficiency) of revenue over expenses	(573,257)	—	1,489,233	915,976
Fund balances, beginning of year	3,309,980	—	8,407,742	11,717,722
Capital asset transfer	(415,575)	415,575	—	—
Investment in capital assets transferred to deferred contributions related to capital assets	255,126	(255,126)	—	—
Fund balances, end of year	\$ 2,576,274	\$ 160,449	\$ 9,896,975	\$ 12,633,698

TOTAL REVENUES FOR THE YEAR ENDED MARCH 31, 2009



TOTAL EXPENSES FOR THE YEAR ENDED MARCH 31, 2009



A complete set of financial statements and Auditors' report can be obtained from CancerCare Manitoba. Call 204.787.1662

Measures of Cancer System Performance

TRACKING PROGRESS OVER TIME

CancerCare Manitoba is pleased to introduce this new section of the Progress Report as a demonstration of CCMB's interest in measuring and reporting Manitoba's progress in cancer control—that is, decreasing the impact of cancer in Manitoba through prevention and screening, treatment, palliation, survivorship support and other activities. CancerCare Manitoba is one of many partners in the activities that lead to successful cancer control.

Cancer agencies in Canada and around the world have wrestled with how to best measure and present cancer control indicators for their populations. For example, work done to advance Canada's National Cancer Strategy identified over 600 possible indicators! This is too large a set to produce a meaningful summary of cancer control that would support its management and focus its activities. CCMB wanted a shorter yet still comprehensive list of measures, and was inspired by work done by colleagues in the U.K., Cancer Care Ontario and the Canadian Partnership Against Cancer. Their collective experience suggests this has to be an ongoing progressive process, so the indicators will be refined as CCMB learns more and as better information and measurement tools become available.

CCMB used three guiding principles when developing the inaugural list of indicators of cancer system performance:

- 1] use reliable data that are already published or are routinely cited, wherever possible;
- 2] use indicator definitions that are used by at least one other partner (provincial or national), wherever possible; and
- 3] provide an indication of whether CCMB is improving in a particular cancer-related area by indicating the trend. This is illustrated with arrows:

- an increase of 10% or more
- little change
- a drop of 10% or more



The arrows are coloured to indicate whether the trend is good (green), neutral (yellow) or not so good (red).

The chosen indicators represent several key domains of the cancer system, including:

Prevention: risk factors for cancer including obesity, smoking and alcohol data from the Canadian Community Health Survey (CCHS), 2007;

Screening: measures of screening tests for breast, cervical and colorectal cancer based on information from CCMB's programs and Manitoba Health;

Access (diagnosis and treatment): measures related to radiation therapy and breast cancer diagnosis;

Outcomes: information on the number of new cancers (incidence) and five-year relative survival (a way of comparing survival of people who have cancer with those who don't—it

shows how much cancer shortens life") based on data from the Manitoba Cancer Registry, and patient satisfaction based on a standardized survey used by many Canadian cancer centres; and

Infrastructure: basic availability of key information in the Manitoba Cancer Registry (stage at diagnosis), and linear accelerators (a key piece of radiation treatment equipment).

Because these measures may be defined and calculated differently, it is important that comparisons are made to similarly-defined and calculated indicators—hence the need to provide the direction and meaning of a trend in the indicators. Until standardized measurements are adopted across provinces (and, ultimately, international jurisdictions), readers are cautioned that comparisons to data from other sources are not always valid and should, therefore, be avoided.

Watch for an expanded look at indicators in our upcoming Community Health Assessment, and ongoing reporting of the progress of the cancer system in reducing the impact of this disease in Manitoba.



LEGEND: ARROW DIRECTION INDICATES WHETHER TREND HAS INCREASED OR DECREASED BY 10% OVER TIME, OR HELD STEADY (SINCE THE PREVIOUS MEASUREMENT). ARROW COLOUR INDICATES WHETHER TREND IS IN A DESIRABLE DIRECTION [GREEN], HOLDING STEADY (WHEN A CHANGE IS DESIRABLE) [YELLOW], OR IN A LESS DESIRABLE DIRECTION [RED].



	CURRENT INDEX	TREND CHANGE OF 10% OR MORE
PREVENTION		
Obesity: percentage of adults (ages 18+) with Body Mass Index (BMI) classified as obese. ¹	18.8%	
Smoking: percentage of daily or occasional smokers, ages 12+. ¹	22.5%	
Alcohol: percentage consuming five or more drinks on one occasion, at least once a month in the past year, ages 12+. ¹	18.9%	
SCREENING		
Colorectal Cancer Screening: percentage of men and women (ages 50-74) who had a fecal occult blood test in the last two years, or colonoscopy/sigmoidoscopy in the last five years. ²	48.9%	New
Cervical Cancer Screening: percentage of women (ages 18-69) who had a Pap test in the last three years. ³	66.9%	
Breast Cancer Screening: percentage of women (ages 50-69) who had a mammogram in the last two years. ⁴	63.0%	
ACCESS (DIAGNOSIS AND TREATMENT)		
Breast Cancer Assessment Waits: median waiting time (in days) for women from screening by mammogram to final diagnosis ⁵ for: <ul style="list-style-type: none"> • women with cancer • women with no cancer (benign) 	35 days 21 days	
Radiation Oncology Waits: percentage of patients treated with radiation therapy within four weeks from ready to treat to start of treatment. ⁶	100%	
OUTCOMES		
Cancer Incidence: annual number of cancers diagnosed. <ul style="list-style-type: none"> • age-standardized incidence rate per 100,000.⁷ 	5,665 453 per 100,000	
Cancer Survival: five-year relative survival for all invasive cancers. ⁷	58.1%	
Patient Satisfaction: percentage of patients satisfied with outpatient care based on patient satisfaction survey. ⁸	95.4%	
INFRASTRUCTURE		
Capture of Stage Data. ⁷	94.4%	
Linear Accelerators in Regular Use. ⁶	7	

¹ Based on self-report in the Canadian Community Health Survey (CCHS) 2007. Statistics Canada Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional, CANSIM (database).

² From Manitoba Health, data for 2004/05–2008/09.

³ From the Manitoba Cervical Screening Program, data for 2005/06–2007/08.

⁴ From Manitoba Health – includes women who had a mammogram through the Manitoba Breast Screening Program or a bilateral mammogram outside the Program, data for 2006/07–2007/08.

⁵ From the Manitoba Breast Screening Program, data for 2006/07–2007/08.

⁶ From Radiation Therapy, CancerCare Manitoba, data for 2008/09. Wait times: Excludes patients delayed for medical reasons. Linear accelerators: One unit was taken down for replacement as of January 2009 – for April to December, inclusive, CCMB had seven linear accelerators operational; for January through March, CCMB maintained the capacity of the seventh accelerator.

⁷ From the Manitoba Cancer Registry, incidence data for invasive cancers (excluding non-melanoma skin cancer) diagnosed in 2007, rates age-standardized to the Manitoba 2001 population; five-year relative survival for patients diagnosed in 2002. Stage percentage excludes cancer sites where TNM staging is not applicable.

⁸ Picker Patient Satisfaction Survey, 2008. Respondents giving a positive score regarding the quality of all of cancer care in the past six months.

AWARDS, HONOURS AND ACHIEVEMENTS :: 2008–2009

- ◆ Pat Benjaminson, Nursing, was invited to present the Helene Hudson Memorial Lecture at the 2008 Canadian Association of Nurses in Oncology national conference. This lectureship is awarded to the abstract which best promotes the spirit and vision of oncology nursing. Benjaminson presented *Hereditary Breast Cancer: How my family made decisions*.

- ◆ Dr. Harvey Max Chochinov, Director of the Manitoba Palliative Care Research Unit at CancerCare Manitoba, professor of Psychiatry at the University of Manitoba and an international leader, role model and scholar in the field of palliative care research, was named the 2008 recipient of the Dr. O. Harold Warwick Prize. The prize is awarded by the National Cancer Institute of Canada/Canadian Cancer Society to scientists whose research has had a major impact on cancer control in Canada.



DR. JIM DAVIE, PROVINCIAL DIRECTOR OF RESEARCH, CANCERCARE MANITOBA, WAS NAMED EXECUTIVE DIRECTOR OF THE MANITOBA HEALTH RESEARCH COUNCIL.

- ◆ Dr. Spencer Gibson was awarded a 2008 Manitoba Research Chair by the Manitoba Health Research Council. Titled *Translational Cancer Research: Regulation of cell survival and death in cancer cells*, the goal of Dr. Gibson's research is to define the signal transduction pathways leading to apoptosis (cell death) or survival in order to determine effective treatments for cancer and a variety of other diseases.

- ◆ Kathy Harrison, Volunteer Services, held the position of Past President of Canadian Administrators of Volunteer Resources in 2008–09.

- ◆ In addition to two book chapters and six journal articles, Anne Katz, Nursing, published two books: *Woman Cancer Sex*; and *Sex When You're Sick: Reclaiming Sexual Health after Illness or Injury*.



DR. JEFF SISLER, DIRECTOR, PRIMARY CARE ONCOLOGY, WAS ELECTED CHAIR OF THE CANADIAN ASSOCIATION OF GENERAL PRACTITIONERS IN ONCOLOGY. HE WAS ALSO NAMED THE 2009 VISITING PROFESSOR TO THE UNIVERSITY OF COPENHAGEN RESEARCH UNIT FOR GENERAL PRACTICE.

- ◆ The Manitoba Cervical Cancer Screening Program's TellEveryWoman campaign received a Signature Award from the Advertising Association of Winnipeg in the Public Service Announcement category. The campaign included unique greeting cards designed to share the message that regular Pap testing is important.



- ◆ Dr. Susan McClement, Manitoba Palliative Care Research Unit, was awarded an honorary diploma from the Saskatchewan Institute of Applied Science and Technology (SIAST) in recognition for her leadership and work with the SIAST Nursing Division. She has also been selected to become a member of the Manitoba Medical Services Foundation Board of Directors.
- ◆ Manitoba Cancer Registry staff, Gail Noonan, Manager, and Sheila Fukumura, Cancer Registrar and Staging Specialist, were two of 224 candidates worldwide to successfully pass the 2008 National Cancer Registrars Association accreditation examination to become Certified Tumour Registrars. Overall, 345 candidates (11 of them Canadian) took the examination.



CANDACE MYERS, A SPEECH LANGUAGE PATHOLOGIST WITH CANCERCARE MANITOBA'S PATIENT AND FAMILY SUPPORT SERVICES, HAS BEEN AWARDED THE PROFESSIONAL ACHIEVEMENT AWARD BY THE MANITOBA SPEECH AND HEARING ASSOCIATION. THE AWARD IS PRESENTED TO AN AUDIOLOGIST OR SPEECH LANGUAGE PATHOLOGIST WHO HAS MADE A REMARKABLE CONTRIBUTION IN A VARIETY OF AREAS SUCH AS CLINICAL, ADMINISTRATIVE, TEACHING OR CLIENT ADVOCACY.

- ◆ Pharmacy staff and members of the Provincial Oncology Drug Program were invited to present posters at two national conferences. *Computerized Physician Order Entry: A new tablet*, which examined the successful training of physicians to enter their chemotherapy orders electronically to increase efficiencies and patient safety, was presented at the National Oncology Pharmacy Symposium. *New Chemotherapy Labels: Less is more*, which outlined the successful development of innovative and improved safety features, was presented at the Canadian Patient Safety Institute – Canada's Forum on Patient Safety and Quality Improvement.
- ◆ CancerCare Manitoba's multidisciplinary Patient Identification Working Group and the Rectal Adjuvant Ambulatory Chemotherapy Working Group had posters accepted by the Canadian Healthcare Safety Symposium. The Patient Identification Working Group standardized the patient identification process to ensure that patients were getting the correct treatment. The Rectal Adjuvant Ambulatory Chemotherapy Working Group developed a practice change to standardize calculations required for preparing chemotherapy for a rectal cancer protocol. The new practice resulted in a complete standardization of pharmacy calculations, a reduction in the need to access patients' central lines and decreased waits for patients as a result of more timely blood results.
- ◆ Dr. Cornie Woelk, a Winkler-based family physician, was honoured with an Award of Excellence from the Manitoba College of Family Physicians for his more than 20 years as a full service family physician with additional qualifications in cancer care and palliative care. He has played a leadership role in the development and ongoing management of the regional Community Cancer Program (Boundary Trails) in addition to his clinical roles in oncology and palliative care.



CANCERCARE MANITOBA :: WHERE TO FIND US

MACCHARLES UNIT

675 McDermot Avenue
(204) 787.2197
Toll free: 1.866.561.1026

ST. BONIFACE UNIT

O Block – 409 Taché Avenue
(204) 237.2033

Patient Representative: (204) 787.2065
Communications & Public Affairs: (204) 787.4540
Human Resources: (204) 787.8503
School of Radiation Therapy: (204) 789.0909 or (204) 789.0903
Volunteers: (204) 787.2121

CANCERCARE MANITOBA BREAST CANCER CENTRE OF HOPE

691 Wolseley Avenue
(204) 788.8080
Toll free: 1.888.660.4866

MANITOBA SCREENING PROGRAMS

5-25 Sherbrook Street

MANITOBA BREAST SCREENING PROGRAM

Appointment inquiry: (204) 788.8000
Toll free: 1.800.903.9290
Administration office: (204) 788.8633

MANITOBA CERVICAL CANCER SCREENING PROGRAM

(204) 788.8626
Toll free: 1.866.616.8805

MANITOBA COLORECTAL CANCER SCREENING PROGRAM

(204) 788.8635
Toll free: 1.866.744.8962

CANCERCARE MANITOBA FOUNDATION

(204) 787.4143
Toll free: 1.877.407.2223

Visit our website at www.cancercare.mb.ca

Community Cancer Programs Network

The Community Cancer Programs Network (CCPN) is a provincial program of CancerCare Manitoba that allows patients to receive cancer care in, or near, their home communities. Working in partnership with the Regional Health Authorities, the CCPN currently supports 16 Community Cancer Programs and the network is growing.

Boundary Trails Health Centre

Brandon Regional Health Centre

Dauphin Regional Health Centre

Deloraine Health Centre

Flin Flon General Hospital

Gimli Community Health Centre

Hamiota Health Centre

Neepawa Health Centre

Pinawa Hospital

Portage District Hospital

Russell District Health Centre

Selkirk & District General Hospital

Bethesda Health/Bethesda Place (Steinbach)

Swan Valley Health Centre

The Pas Health Complex

Thompson General Hospital

For information call: (204) 787-5159

Toll-free: 1.866.561.1026

WWW.CANCERCARE.MB.CA



CancerCare
MANITOBA
Action Cancer Manitoba