

# Strategic Plan 2024-2027



**Alberta Health  
Services**

**Inspiring solutions.  
Together.**

Cancer Strategic  
Clinical Network™

January 2024

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*The Cancer Strategic Clinical Network recognizes that our work takes place on ancestral and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7, and Treaty 8, and homeland of the Otipemisiwak Métis Government and the 8 Metis Settlements. We acknowledge the many Indigenous communities forged in urban centres across Alberta, the First Nations, Métis, and Inuit who have walked these lands before us, and the gifts provided Elders and Knowledge Keepers. The Strategic Clinical Network strives to do its work with respect of our shared history, cultural humility and in the spirit of reconciliation.*



The CSCN extends its sincere gratitude to the people of Alberta who contribute in countless ways to the Cancer Strategic Clinical Network and its mission to lead transformation to improve care across the cancer continuum.

This report has been prepared by the [Cancer Strategic Clinical Network \(CSCN\)](#).

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## Cancer Landscape in Alberta: Snapshot



**1 in 2** Albertans will develop cancer in their lifetime, and **1 in 4** will die from cancer<sup>1</sup>.

21,615 new cancer cases per year (2020)<sup>1</sup>. By 2040, this number will rise by **56%** (to 33,773 new cancer cases per year)<sup>1</sup>. This increase is largely due to Alberta's growing and aging population<sup>1</sup>.

Predicted 5-year survival has improved since the early 1990s, from 54% to 63%<sup>2</sup>. More Albertans **live longer** after a cancer diagnosis than ever before<sup>2</sup>.



**36%** of cancer cases were attributable to modifiable lifestyle, environmental, and infectious risk factors (2015)<sup>1</sup>.

**28%** of Albertans newly diagnosed with cancer in 2021 had been diagnosed with at least 1 cancer previously<sup>3</sup>.



Nearly **25%** of Albertans identify as a visible minority and are, or have been, a newcomer<sup>1</sup>.

There are more than **2,379** active not-for-profit organizations in Alberta that support community wellness needs<sup>4</sup>.



Information from AHS's provincial medical record system, **Connect Care**, can be linked to the Alberta Cancer Registry and other administrative databases to facilitate comprehensive exploration of cancer outcomes in Alberta.

Albertans are **3x** more likely to seek cancer and chronic disease prevention information online, rather than through a primary care provider<sup>1</sup>.



**\$1.5B per year** is spent on cancer management (2020)<sup>1</sup>. Largest costs include continuing care (\$700 M), treatment (\$400M), and terminal care (\$300M)<sup>1</sup>.

National survey showed one third of respondents spent **34%** of their monthly income on out-of-pocket cancer-related costs<sup>1</sup>.

# CSCN Mission and Strategic Directions

Over 20,000 Albertans are diagnosed with cancer every year<sup>1</sup>. By 2040, this number is expected to rise to over 33,000 Albertans per year<sup>1</sup>. This projection, largely due to population growth and aging, is a call to action to ensure our cancer system is prepared to continue to provide high-quality and safe care for people with cancer in Alberta.

Cancer spans a continuum from health promotion, prevention, screening, diagnosis, treatment, long-term management including surveillance and survivorship, and palliative and end of life care. Services are delivered in multiple settings and by multiple providers; however, no one entity in Alberta has a mandate to address unwarranted variation spanning the cancer continuum, improve linkages between services and programs, or advance innovation. The CSCN was launched in 2012 to address this gap by leading health system improvements impacting people of Alberta.

The CSCN mission is to lead transformation to improve care across the cancer continuum.

Development of the CSCN Strategic Plan 2024-2027 was a collaborative effort. It included iterative, thoughtful consultations and conversations with a wide network of provincial stakeholders. In addition, each strategic direction was informed by evidence and shaped by [recommendations](#) from the Future of Cancer Impact (FOCI) in Alberta report – available at [ahs.ca/FOCI](https://ahs.ca/FOCI).

Our three strategic directions for 2024-2027 are to:

- Build and use coalitions to strategically transform cancer care.
- Improve the value of cancer care, ensuring the best possible outcomes, experiences, and use of health resources.
- Optimize a learning health system for cancer care.

These strategic directions serve as a guidepost as we strive to transform care, continue to evolve our methodologies, diversify our network, improve quality of life for people living with cancer, and challenge the status quo.

# Our Strategic Plan

## The Cancer Strategic Clinical Network™ Strategic Plan 2024-2027

**CSCN Mission:** Lead transformation to improve care across the cancer continuum in Alberta.

### Strategic Directions

### Priorities

#### Build and use coalitions to strategically transform cancer care

- Expand the diversity of voices and lived experiences that influence and inform CSCN work.
- Gather, review, and generate evidence to address gaps related to inequities cancer care and outcomes.
- Engage the cancer community to identify and prioritize areas of focus or opportunities to address inequities in cancer care and outcomes.
- Co-design, test, implement, and evaluate prioritized interventions that address inequities in cancer care and outcomes.

#### Improve the value of cancer care, ensuring the best possible outcomes, patient experiences, and use of health resources

- Lead planning of the implementation and evaluation of the Alberta Cancer Diagnosis Program.
- Continue to develop and optimize the uptake of cancer diagnosis pathways.
- Gather, review, and generate evidence to better articulate the impacts of increased cancer survivorship.
- Engage the cancer community to identify and prioritize areas of focus or opportunities to address individual and health system impacts of increased cancer survivorship (physical, psychosocial, and financial).
- Co-design, implement, and evaluate interventions that address impacts of survivorship on cancer care and outcomes.

#### Optimize a learning health system for cancer care

- Co-design and implement mechanisms (data, measures, reports) to enable rapid learning and improvement with clinical, operational, and analytics teams.

**Guiding Principles:** Innovation | Courage | Partnerships & Inclusiveness | Consensus | Value & Sustainability





# CSCN Priorities, Actions, and Results

These tables outline the CSCN's priorities and provide examples of early actions and results expected in 2024-2027. Actions and results are iterative and will evolve as the work progresses.

Strategic Direction 1: Build and use coalitions to strategically transform cancer care.	
<p>Recent improvements in cancer care have had a positive impact on cancer outcomes, including better survival rates. However, these improvements are not consistent across all population groups. Inequities in cancer outcomes exist and are not well understood. To transform cancer care, the CSCN seeks to build and use coalitions to better understand and address inequities and disparities across the cancer continuum.</p> <p>This work aligns with the areas of focus in CCA's 2024-2029 Road Map including: enabling research in action, empowering Albertans, and harnessing the power of data and data science, as well as being complementary to the work underway within the CCA Indigenous Cancer Strategy.</p>	
Priorities and Actions	Results
<p>Expand the diversity of voices and lived experiences that influence and inform CSCN work.</p> <ul style="list-style-type: none"> <li>Co-lead, develop, and implement strategies and a framework with patient and family advisors to enhance the diversity of voices and lived experiences that influence and inform CSCN work.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Creative strategies to reach diverse groups are increased.</li> <li>➤ Diversity in the voices and lived experiences that influence and inform CSCN's work are increased.</li> <li>➤ Patient-led framework to recruit, support, and maintain diverse voices and lived experiences across CSCN work is developed.</li> </ul>
<p>Gather, review, and generate evidence to address gaps related to inequities in cancer care and outcomes.</p> <ul style="list-style-type: none"> <li>Conduct a systematic review to identify and assess existing interventions aimed at reducing cancer care disparities in equity deserving populations across the cancer care continuum, in and outside of Canada and in similar jurisdictions.</li> <li>Synthesize evidence related to promising health equity interventions applicable to Alberta.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Interventions with potential to address inequities in access to cancer care and outcomes in Alberta are identified.</li> </ul>

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Engage the cancer community* to identify and prioritize areas of focus or opportunities to address inequities in cancer care and outcomes. <ul style="list-style-type: none"> <li>• Leverage existing and establish new partnerships to review evidence and identify and prioritize areas of focus or opportunities to address inequities in cancer care and outcomes.</li> <li>• Develop a strategy and action plan to address inequities in cancer care and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Partnerships to address inequities in cancer care and outcomes are established.</li> <li>➤ Interventions to address inequities in cancer care and outcomes are identified and prioritized.</li> </ul>
Co-design, test, implement, and evaluate prioritized interventions that address inequities in cancer care and outcomes.	<ul style="list-style-type: none"> <li>➤ Interventions to address inequities in cancer care and outcomes are implemented.</li> <li>➤ Evidence describing intervention(s) impact on inequities in cancer care and outcomes are synthesized and/or published.</li> </ul>

\***Cancer community** in this strategy includes Albertans, primary care, provincial and national organizations, philanthropic organizations, community organizations and programs, industry, government, and research community.

### Strategic Direction 2: Improve the value of cancer care, ensuring the best possible outcomes, patient experiences, and use of health resources.

As the number of Albertans diagnosed with cancer continues to grow, coordinated cancer diagnosis remains a priority. After diagnosis, more people than ever are expected to survive cancer. However, the impact of increased survivorship\* on Albertans and the health system has not been studied. CSCN seeks to coordinate earlier cancer diagnosis and explore ways to enhance quality of life for people living longer with and after cancer, while optimizing resources.

This work aligns with the areas of focus in CCA's 2024-2029 Road Map including: enabling research in action, empowering Albertans, and harnessing the power of data and data science.

Priorities and Actions	Result
Lead planning of the implementation and evaluation of the Alberta Cancer Diagnosis Program, which will be operated and sustained by CCA operations.	➤ ACD implementation and evaluation planning is completed; program is transitioned to CCA operations.
Continue to develop and optimize the uptake of cancer diagnosis pathways.	➤ Additional cancer diagnosis pathways are developed and supported for implementation.

\*There is no single definition for survivorship<sup>5</sup>. **Survivorship** in this strategy is defined as: starting from the time of cancer diagnosis, throughout the balance of a person's life.



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<p>Gather, review, and generate evidence to better articulate the impacts of increased cancer survivorship.</p> <ul style="list-style-type: none"> <li>• Conduct an evidence review on the impacts of increased survivorship in Alberta and similar jurisdictions.</li> <li>• Identify knowledge gaps related to the impacts of increased cancer survivorship.</li> <li>• Generate new and review existing evidence to address knowledge gaps on impacts of increased cancer survivorship.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Evidence describing the impacts of increased survivorship in Alberta are synthesized and/or published.</li> </ul>
<p>Engage the cancer community to identify and prioritize areas of focus or opportunities to address individual and health system impacts of increased cancer survivorship (physical, psychosocial, and financial).</p> <ul style="list-style-type: none"> <li>• Establish partnerships in the cancer community to review evidence, identify, and prioritize areas of focus or opportunities to address impacts of increased cancer survivorship.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Interventions with potential to address impacts of increased survivorship are identified and prioritized.</li> </ul>
<p>Co-design, implement, and evaluate interventions that address impacts of survivorship on cancer care and outcomes.</p>	<ul style="list-style-type: none"> <li>➤ Interventions to address impacts of survivorship are implemented.</li> <li>➤ Evidence describing intervention(s) impact on survivorship are synthesized and/or published.</li> </ul>

**Strategic Direction 3: Optimize a learning health system for cancer care.**

High-functioning Learning Health Systems (LHS) are enabled by seven key characteristics: (1) engaged patients; (2) digital capture, linkage, and timely sharing of relevant data; (3) timely production of research evidence; (4) appropriate decision supports; (5) aligned governance, financial and delivery arrangements; (6) culture of rapid learning and improvement; and (7) competencies for rapid learning and improvement<sup>6</sup>.

While data and evidence are foundational, it is a culture of curiosity that fosters rapid learning and improvement - creating opportunities for fundamental challenges to be identified and innovative solutions to be actualized. CSCN seeks to broker and enable a culture of rapid learning and improvement in cancer care.

The themes in this strategic direction align and complement the areas of focus in CCA's 2024-2029 Road Map including: enabling research in action, empowering collaborative care by best and brightest, and harnessing the power of data and data science. They also align with the organizational strategies of Data and Analytics.

Priorities and Actions	Result
<p>Co-design and implement mechanisms (data, measures, reports) to enable rapid learning and improvement with clinical, operational, and analytics teams.</p> <ul style="list-style-type: none"> <li>Co-design measures (metrics and indicators) and reports with clinical, operational, and analytics teams to reduce variation and improve cancer care as part of a continuous cycle of learning.</li> </ul>	<ul style="list-style-type: none"> <li>Measures that enable rapid learning and improvement in cancer care are increased.</li> <li>Competencies for rapid learning and improvement are increased.</li> </ul>

## Our Guiding Principles

The five guiding principles of the CSCN help to ground our work and actions, ensuring we stay true to the mission and vision of AHS, CCA, the 11 Strategic Clinical Networks™ (SCN), and the five Integrated Provincial Programs.

<b>Innovation</b>	• We innovate by developing and implementing new pathways, policies, and models of care to improve cancer care across the continuum.
<b>Courage</b>	• We challenge the way we think about cancer and the healthcare system. We think boldly about how to make improvements.
<b>Partnerships &amp; Inclusiveness</b>	• We incorporate expertise and experiences of all affected stakeholders to meet the needs of patients, providers, and the healthcare system.
<b>Consensus</b>	• We use consensus as a process to make better decisions and to create a sense of meaning, purpose, and ownership by the cancer community for our work.
<b>Value &amp; Sustainability</b>	• We are committed to the optimal use of resources to drive a sustainable system of cancer care with the best possible outcomes.

# About the Cancer Strategic Clinical Network

The CSCN is a part of CCA and closely affiliated with 11 other Strategic Clinical Networks™ and 5 Integrated Provincial Programs. The CSCN partners closely with Primary Care and other AHS systems essential to providing cancer care across Alberta. This collaboration enhances our ability to integrate and partner on our strategic priorities on a provincial scale.

We leverage the strengths, passion, and partnerships of our networks to co-design and implement innovative solutions to improve experiences and outcomes of Albertans who face cancer. We are committed to working with a broad range of clinicians, people, and communities to ensure the healthcare system is inclusive and meets the needs of providers, communities, and most importantly, the people of Alberta.

*"The CSCN's links to programs and services across the care continuum are critical to CCA's efforts to improve outcomes and patient experience for patients and families dealing with cancer."*

*-Dr. D. Ruether*

## Research and Innovation

Academic rigor and research are embedded throughout the work we do - informing priorities and using evidence to improve person-centered care and inform local and provincial decision-making. The CSCN works closely with academic and clinical research partners to generate evidence and lead evidence-informed improvements and innovations across the cancer continuum.

*"SCNs were designed as engines of innovation - to advance evidence-based transformation to better the lives of Albertans.*

*The results of this network coupled with the future goals exemplifies what we hoped a network could accomplish."*

*-T. Wasylak*

CSCN also utilizes the criteria outlined in the AHS [Innovation Pipeline](#) to systematically identify project ideas that demonstrate potential for positive, impactful outcomes in cancer care.

Our support extends to projects at various stages, encompassing everything from proof of concept and implementation testing, to scaling and sustainment of healthcare initiatives. This support guides project teams in idea development, aides in proposal construction, and drafts letters of support for grant applications in funding competitions such as the Partnership for Research and Innovation (PRIHS) and Health Innovation,

Implementation, and Spread (HIIS). More details on the role and impact of the CSCN can be found in the [2022-2023 Annual Impact Report](#).

## Core Committee

Each SCN has a Core Committee, with intentional representation from across the continuum of care and communities. Members help identify emerging issues, assist with priority setting, and contribute to planning and solution design. The CSCN Core Committee are proponents of change, bringing not only a wide range of cross-sectoral expertise and lived experiences, but also voices from and access to broader communities that can be mobilized to advance innovation and health system improvements.

Health system transformation cannot be done in silo; it requires partnership and perspectives from both those that interact with the system (patients and caregivers) and those that work for and within it (providers, leadership). As our new priorities gain momentum, optimizing strategic alliances with a variety of stakeholders is essential and we rely heavily on Core Committee members to facilitate linkages with community partners from the many municipalities, not-for-profit groups, community-based organizations, and research and healthcare communities they represent.

## Patient and Family Advisors

Patient and family advisors (PFAs) are integral to CSCN work. PFAs are individuals who have experienced the health system; they may be patients, family members, or caregivers who volunteer their time and work alongside our team. As “peer to peer” equal partners, their voices, stories, experiences, and leadership are invaluable, and inspire and inform our work. The CSCN has worked actively with patient and family advisors since its inception and strives to enable, adapt, and embrace a culture that embeds PFA input in all aspects of our work. Our advisors co-chair major initiatives with system leaders, contribute to strategic documents, co-present at conferences, co-design research initiatives, and are part of our project teams.

*“It’s a continuous process understanding how the patient’s voice might get deeper, louder and more actively heard.”*

*-A. Brown*

## Engaging the People of Alberta

The CSCN purposefully engages diverse stakeholders and actively seeks out voices of people and groups who are often under-represented in co-designing healthcare improvement initiatives. This includes conversations with Newcomers, people living in rural and remote areas, young adults, older adults, members of the Indigenous Wellness Core, Indigenous healthcare providers, people who identify as LGBTQ2S+, people living

*"Priorities should bubble up from the voices of all people, reflecting their unique beliefs and circumstances."*

-CSCN PFA

with disabilities, people living with mental health disorders, and people experiencing precarious housing situations. This work involves going beyond the walls of treatment facilities; meaningful engagement requires meeting with people and groups in the places they live and work.

For example, during the development of the Alberta Cancer Diagnosis program, the CSCN established relationships with people (patients, caregivers, healthcare providers, and multi-cultural brokers) to build trust and discuss opportunities for a better cancer diagnosis process. This engagement shaped the direction and design of the ACD Program. Our approach to community engagement and co-design is not a single step, but the beginning of a long-term relationship and commitment to working together to build something better.

## Our Progress

As we look into the future, we continue to build on our foundation of successful projects, initiatives and [publications](#). Over the past 4 years (2020-2024), the CSCN has had an impact in several areas including publishing the Future of Cancer Impact (FOCI) in Alberta report, co-designing the Alberta Cancer Diagnosis (ACD) Program, developing several cancer diagnosis pathways, and leading many other funding and research innovation initiatives. Annual Impact Reports for 2020-2023 can be found here: [2020](#) [pg. 40-41], [2021](#) [pg. 46-47], [2022](#), and [2023](#).



**75**

publications



**72**

workshops and/or presentations



**250+**

Albertans engaged in ACD program development



**\$12 M**

successful grant applications



**288**

research members & community collaborators / year (average)

## Key successes from Transformational Roadmap 2020-2024

### Future of Cancer Impact (FOCI) in Alberta

In spring 2022, the [Future of Cancer Impact \(FOCI\) in Alberta Report](#) was released, synthesizing existing evidence on what is known about cancer in Alberta and what the future likely holds in terms of incidence, prevalence, mortality, and survival. This report delivers an overview of how cancer services are organized in Alberta today, alongside insights into models of cancer care and health equity. It outlines [44 recommendations and actions](#) to enhance cancer prevention, screening, diagnosis, treatment, and care, and address known and future challenges – particularly those associated with the steady rise in the number of people diagnosed and living with cancer over the next two decades. [Learn more](#) here.

### Alberta Cancer Diagnosis (ACD) Initiative

Partnering with patients, families, communities, and Primary Care, the CSCN has co-designed a first-of-its-kind provincial cancer diagnosis program called the [Alberta Cancer Diagnosis \(ACD\) Initiative](#). The vision of this program is to provide:

- **Patients:** timely diagnosis and supports in navigating the cancer system.
- **Primary care providers:** consistent processes for accessing appropriate tests and referrals and enhanced communication to expedite and support patients through diagnosis.
- **Health system:** improved coordination and value through best use of resources, including elimination of unnecessary tests, avoidance of unnecessary hospitalization.

[Learn more](#) here.

### Cancer diagnosis pathways

The CSCN supported the diagnosis of symptomatic patients suspected of having breast, head & neck, colorectal cancer, or lymphoma by creating [6 provincial cancer diagnosis pathways](#). These pathways have been implemented throughout the province with impact on patient outcomes and proven return on investment (ROI). The provincial lymphoma diagnosis pathway saved \$5.30 for every \$1 invested<sup>7</sup>. Additional pathways are currently under development.

[Learn more](#) here.

*“Collaborative efforts led by CSCN to create pathways have already demonstrated the significant impact of their work for patients in selected tumor programs. More pathways, under development, will see these improvements impacting more patients.”*

*-Dr. D. Ruether*



## Game Changer Fund development

Through extensive engagement with Edmonton's cancer research community, including Alberta Cancer Foundation (ACF), CCA's Cancer Research & Analytics and the University of Alberta's Cancer Research Institute of Northern Alberta (CRINA), the CSCN contributed to the strategic design of the funding competition, [Alberta Cancer Foundation's \(ACF\) Game Changer Fund](#). This Fund will drive innovative cancer research, boost research impact, complement existing funding sources, and foster collaboration across traditional boundaries. Four research teams will now receive \$1.25M total to invest in innovative research relevant to people facing cancer, with the aim of improving the impact, productivity, and capacity of cancer research across Edmonton.

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## Aligning community and cancer care with the needs of older adults

The CSCN was awarded a Canadian Institutes of Health Research (CIHR) Health Systems Impact Fellowship (working jointly with the Faculty of Nursing, University of Calgary). The fellow focused on optimizing care for older adults with cancer and their families, filling a critical need in Alberta. [Learn more](#) here.

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## Advancing knowledge for improved diagnosis of colorectal cancer in Alberta

In partnership with nursing staff from the Rockyview General Hospital (Unit 83) in Calgary, the CSCN explored why such a high number of patients with colorectal cancer are diagnosed in hospital. Findings will inform the development of a pathway to streamline the diagnosis of colorectal cancer in Alberta and a provincial strategy that supports facilitated cancer diagnosis. This [study](#) will also provide insights into approaches to increase awareness about colorectal cancer among Albertans and enhance nursing professional practice related to diagnosis and care of patients diagnosed with this type of cancer. [Learn more](#) here.

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## Enhancement of the Canadian Cancer Society's Community Services Locator (2022)

Community resources and supports often include non-health resources which are an important aspect of a better experience with cancer diagnosis and health outcomes.

In an effort to increase access to reliable community services and supports for Albertans, the CSCN partnered with the Canadian Cancer Society (CCS) to enhance the number of Alberta-based community supports included in their Community Services Locator (CSL) platform. The CSL is an online directory of Canadian community services, which can be searched by postal code ([Community Services Locator](#)). The CSCN reviewed all registered Canadian not-for-profit (NFP) organizations (55,000+)

and, together with CCS, CSCN worked to identify gaps and add relevant Alberta NFP organizations (2,378) into the CSL. Missing organizations were identified by the CSCN and contacted by the CCS to verify and validate their services. As a result, many new services were added to the national CSL and the CSL link was embedded in AHS [Cancer Supportive Care & Wellness Resources](#).

The enhancement of the CSL supports the goal of the Alberta Cancer Diagnosis program to connect patients, family members, caregivers, and healthcare providers with community resources in Alberta before and during a cancer diagnosis.

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### Alberta Cancer Research Conference 2021

The CSCN partnered with research institutes and leading cancer specialists across the province to deliver the Alberta Cancer Research Conference (October 25-27, 2021) - the first provincial cancer conference held in Alberta since 2013. The conference aimed to increase awareness and advance knowledge of cancer research in Alberta. It brought together hundreds of scientists and associates from Alberta and beyond to share successes, strategies, and explore opportunities for future collaborations. The CSCN ensured that there was a focus on integration of research and practice, and hosted a session on the value of a Learning Health System in accelerating and moving evidence into practice.

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### Signs and symptoms of cancer: Public health campaign

In 2020, together with CCA, the CSCN launched a public health campaign, [Listen to Your Body](#), to encourage the public to seek advice from healthcare providers when they have unexplained, new, worsening, or persistent health changes.

In addition, and in collaboration with CCA Research and Analytics, we developed an interactive Tableau dashboard to monitor cancer case registrations on an ongoing basis and completed two scientific manuscripts describing the use of administrative health data to model potential future surges in cancer cases. [Read](#) first publication here.

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### Cancer Treatment Prioritization Framework during the pandemic

To support Alberta's pandemic response, the Cancer SCN worked with provincial tumor teams and supportive care leads to co-develop [Cancer Control Alberta's Cancer Treatment Prioritization Framework](#). This framework guides the delivery of CCA services (systemic therapy, radiation therapy, and supportive care services) in the event of staff shortages during a pandemic and is an important tool for contingency planning and decision making.

## Advancing knowledge on cancer care & patient education needs

In partnership with the Patient and Community Engagement Research (PaCER) program, the CSCN collaborated to publish - [The standardized cancer booklet and beyond: Patient perspectives on patient education for breast cancer care](#). Focus groups and interviews were facilitated to understand the perspectives and needs of breast cancer patients. The publication describes lessons learned and discusses the importance of patient autonomy and empowerment for effective communication. These findings provide important insights that were used to improve education materials, patient experiences, and better support patients through their cancer trajectory.

## Moving Forward

Cancer has a major impact on the lives of Albertans and, consequently, the healthcare system as a whole. The changing healthcare landscape and far-reaching impact of the pandemic serve as an impetus to continue to improve ways in which we care for patients, manage resources, and achieve the best possible outcomes for patients, families, and the health system.

Building on the significant progress and achievements realized through our last Transformational Roadmap 2020-2024, we will continue to innovate and challenge the way we think about cancer and the healthcare system.

### We cannot do it alone.

To be successful, we must leverage the expertise and experiences of our network and intentionally grow it. Our network has the skills to foster collaboration, evaluate evidence, adopt innovations, partner with patients, catalyze change, and be the platform to progress transformative cancer care. The interconnected nature of healthcare requires a holistic and dynamic approach to address the complex challenges ahead.

We extend our sincere appreciation to our network who shaped this document. We look forward to working with them to co-design, execute, and evaluate the priorities outlined in this strategic plan and achieve the results.

**As we move forward over the next four years, we will continue to be guided by our mission to lead transformation to improve care across the cancer continuum in Alberta.**

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