

# Cancer Strategic Clinical Network

## Quarterly Newsletter: July to September 2019

The Cancer Strategic Clinical Network (CSCN) is committed to providing our Core Committee and stakeholders with updates regarding our projects and activities. For more information, please visit our website at [www.ahs.ca/cancerscn](http://www.ahs.ca/cancerscn) or contact [angela.estey@ahs.ca](mailto:angela.estey@ahs.ca)

### Provincial Breast Health Initiative:

The Provincial Breast Health Initiative continues to improve care for breast cancer patients, with a new focus on processes for genetic testing, implementing multidisciplinary team reviews of complex breast cancer cases (e.g. Tumour Board Rounds), and a provincial measurement framework for the end-to-end breast health pathway.

- The Mainstreaming project continues to deliver training to eligible ordering providers; based on, provider availability. Project is currently on schedule to complete training by end of the year. Additional tumour group leads have been consulted to assess opportunities for spread and scale.
- The Enhanced Navigation working group has determined patient eligibility criteria for tumour board rounds (TBR) and the project team is modeling provincial standards for triage, quorum, timelines, and measurement. A Navigation Framework working group is simultaneously considering options to align provincial navigation processes, patient education, resources, and measurement.
- End to End Measurement Framework (e2e) working group has incorporated stakeholder feedback on priority measures. Next steps included engagement with data custodians to determine feasibility of proposed measures.

### Palliative and End of Life Care:

The Cancer, Critical Care, and Emergency SCNs are surveying patients with oncological and non-oncological in advanced or end-stage disease to understand acute care utilization.

- A research study has been completed to investigate unmet palliative care needs for patients with advanced or end-stage disease that present to Emergency Departments has been completed; including, an investigation of the magnitude of this issue, patient and provider perspectives on unmet end-of-life care needs, and systematic literature reviews on effectiveness of emergency department-based palliative care screening tools and interventions.



## Accelerating the Diagnosis of Cancer:

This emerging initiative aims to design and implement a provincial cancer diagnosis program to expedite diagnosis and provide navigation, psychosocial and educational support.

- A proposal to develop and implement colorectal cancer and lymphoma diagnosis pathways was approved by Health Innovation Implementation Scale Fund, administered by Alberta Health.
  - A provincial multidisciplinary working group for designing a lymphoma diagnosis pathway has developed a draft pathway, measurement framework, and provider tools including:
    - Triage checklist,
    - Referral form,
    - Criteria for suspected referral,
    - Letter for closed-loop communication between providers; and,
    - Lymphadenopathy assessment guide.
  - A provincial multidisciplinary working group for designing a colorectal cancer diagnosis pathway has initiated information gathering to inform pathway design including:
    - A jurisdictional review of colorectal cancer diagnosis pathways,
    - A qualitative study on perspectives of patients diagnosed in-hospital on unmet needs,
    - A qualitative study on perspectives of primary care and specialist providers on unmet needs, and
    - Data analysis to understand symptom presentations and reasons for admission to hospital for diagnosis.
  - Project team recruitment has been initiated.
    - A senior analyst has been recruited.
    - Recruitment of an administrative assistant is underway.
    - Job descriptions for implementation team resource supports are in development.
- We are advancing a proposal for the development of an Alberta Cancer Diagnosis Program – a single point of access for primary care for all patients with warning signs, symptoms, and test findings that are highly suspicious of cancer.
- Research Facilitation and Analytics, in collaboration with the CSCN, is working on a report on wait-times and overall experiences of cancer patients during the cancer diagnosis period. Five hundred fifty nine patients diagnosed with cancer at the cancer centres in Edmonton, Red Deer, and Calgary completed a questionnaire and shared their experiences. Findings will be shared in the next quarterly report.
- A study to understand physician perspectives about cancer diagnostic pathways in Alberta is also currently underway. Both projects align with and support the CSCN's priority area of Accelerating the Diagnosis of Cancer.

### CSCN Research:

The CSCN research team supports priority initiatives of the CSCN as required. It also continues to engage with multiple stakeholders to identify and nurture research-practice partnerships, which will create and apply knowledge that improves cancer outcomes.

- Three projects awarded in the 2017 CSCN/CancerControl Alberta Seed Grant Competition have been completed:
  - Project: **Test of cure: Use of Human Papillomavirus (HPV) testing to optimize the cervical cancer screening clinical pathway post-treatment**; Drs. Kopciuk and Yang, University of Calgary. The objective of the research project was to fill in the evidence gaps necessary for Alberta to consider adopting HPV co-testing into the cervical intraepithelial neoplasia post-treatment pathway. The study team has worked in collaboration with the Alberta Cervical Cancer Screening Program, the Provincial Colposcopy Quality Improvement Committee, provincial colposcopists, the Alberta Cancer Prevention Legacy Fund, laboratory pathologists and primary care practitioners to identify, develop and deploy revised pathways for optimal patient care following colposcopy treatment.
  - Project: **Surgical Decision Making in the Management of Metastatic Bone Disease: Matching Patient Expectations with Surgical Goals**; Dr. Monument, University of Calgary. This project focused on understanding how surgical-decision making for patients with metastatic bone disease (MBD) can be optimized and aligned with patient-focused goals and expectations. The project was a patient-engagement research initiative and involved partnerships with the Alberta SPOR Unit and W21C (University of Calgary). Findings supported the effective alignment of surgical treatment strategies with patient goals and expectations by highlighting the importance of multidisciplinary discussions of MBD cases, and the need for improved discussions about treatment plans, and enhanced patient education.
  - Project: **Feasibility of Guiding Systemic Therapy for Colorectal Cancer based on Response-Associated Changes in Circulating Metabolites**; Dr. Bathe, University of Calgary. The objective of the project was to develop a new diagnostic blood test that allowed oncologists to tailor therapy in colorectal cancer using a biomarker that identifies changes in the levels of metabolites that occur with effective chemotherapy. The team has identified unique changes in blood metabolites that appear in individuals that are not benefiting from chemotherapy in less than four weeks after starting chemotherapy. This biomarker represents an improvement upon current radiographic methods assessing response to treatment by rapidly identifying who is or is not benefiting and responding to chemotherapy, before severe toxicities occur.
- The CSCN is in conversations with Cancer Epidemiology and Prevention Research, CancerControl Alberta (AHS), the Alberta Cancer Prevention Legacy Fund team (AHS), and other groups within Population, Public and Indigenous Health (AHS) to explore approaches to identifying priorities for cancer prevention and screening research in Alberta. We are currently participating in consultations with a broader range of stakeholders to create a formal plan for priority setting.

- The CSCN submitted a proposal to the Partnership for Research and Innovation in the Health System PRIHS 5 (2019/2020) funding competition, and is supporting the submission of two university cancer research teams. The CSCN submission is led by Dr. Douglas Stewart and Barbara O'Neill, and is titled: "An Alternative Urgent Care Model for Oncology Patients in Alberta".
- The CSCN also supported two university submissions are: "PaCES-Cancer: Focused implementation of an all-cancer Palliative Care, Early and Systematic pathway for advanced cancer patients", led by Dr. Sinnarajah (University of Calgary), and "Integrating Effective Exercise into the Care of Cancer Survivors: A Positive Health Initiative", led by Dr. McNeely (University of Alberta)
- The CSCN is making important contributions to the academic literature. Since 2015 we have co-authored 29 manuscripts and supported the publication of 13 other manuscripts by funding projects.

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