

# Cancer Strategic Clinical Network

## Quarterly Update July to September 2023

The Cancer Strategic Clinical Network (CSCN) is committed to providing our Core Committee and stakeholders with updates regarding our projects and activities. Copies of these updates and other reports can be found on our webpage: [www.ahs.ca/cancerscn](http://www.ahs.ca/cancerscn)

### Future of Cancer Impact report

The FoCI report is a comprehensive exploration of cancer in Alberta: [www.ahs.ca/foci](http://www.ahs.ca/foci). It includes current and projected data as well as clinical and technical interpretations and recommendations. It identifies gaps and opportunities for knowledge generation and implementation that may inform future priorities for cancer research. This report informed recommendations across the cancer care trajectory and is actively informing focused priorities for strategic planning within and beyond the Cancer SCN.

- Three peer-reviewed publications are being written: 1) future projections and trends (incidence, prevalence, mortality, survival and management costs), 2) engagement process, 3) recommendations.
- Three abstracts will be presented at the Canadian Cancer Research Conference (Nov 12-14, 2023) on the topics of a) future cancer trends, b) recommendations, and c) age-related considerations in cancer care planning and policy.

### Transformational Roadmap (TRM)

CSCN is advancing the development of a new Transformational Roadmap 2024-2028 with its Core Committee. Work is underway to develop activities and finalize the first draft of the new TRM. The FoCI report is a foundational document to guide our new strategic directions.

- The three new strategic directions are to:
  - Build a coalition that strategically transforms and integrates cancer care.
  - Improve the value of cancer care, ensuring the best possible outcomes and experiences for patients.
  - Advance a learning health system for cancer care.
- As part of this work, we have developed a research strategy for 2024-2028. It will be embedded in the refreshed TRM 2024-2028. CSCN Core Committee will be reviewing the most recent draft of the new TRM in October and then we will be working to ensure it aligns with Cancer Care Alberta's strategic planning process.

### Alberta Cancer Diagnosis (ACD) Initiative: Program and Pathways

The Alberta Cancer Diagnosis is a provincial program of work funded by Alberta Health and pharmaceutical companies. It will be a centralized, coordinated provincial diagnosis program



co-designed by people who live in Alberta, Primary Care and health system stakeholders. The program will anchor all new diagnosis pathways to central intake programs such the Alberta Surgical Initiative and Diagnostic Imaging. It will also provide a single point of access for patients and Primary Care. The ACD Program has been endorsed by AHS and is awaiting a funding decision.

- We continue to advance the ACD initiative by:
  - Submitting a funding proposal to the Canadian Partnership Against Cancer to the develop the ACD Nurse Practitioner model of care and optimize cancer diagnosis pathway uptake with the unhoused.
  - Conducting an in-depth analysis of interviews and focus group sessions about the needs and concerns of older Albertans in the cancer diagnosis process.
  - Creating the standard operating procedures for referrals to the ACD Oncology Specialist Nursing Team.
  - Launching a Working Group, co-chaired by CSCN/Emergency SCN, to develop referral process for unattached patients presenting with symptoms suspicious of cancer to the ACD program. Interviews with ED clinicians have been completed and are being summarized for process development.

### Cancer Diagnosis Pathways

In addition to ACD, tumour specific cancer diagnosis pathways are being developed and implemented.

#### Metastatic Cancer Diagnosis Pathway (MET pathway) and Cancer of Unknown Primary Diagnosis Pathway (CUP pathway)

- Jurisdictional scan of metastatic cancer diagnostic pathways and guidelines has been completed.
- CUP pathway is being finalized and will be launched once the MET Pathway is designed and implemented.
- A draft of the MET pathway has been developed and validated by the CUP pathway working group.
- We are reviewing the CCA Tumour Triage and Navigation survey results and are working with operational leaders to determine the specifications for the pathway. This engagement will form the basis for the operational plan of the pathway.

#### Head and Neck Cancer Diagnosis Pathways

- [Pathway](#) is developed and posted on the Provincial Pathways Unit, Alberta Referral Hub and Alberta Referral Directory.
- We are continuing to promote the pathway and will be re-engaging key stakeholders in the fall to increase awareness and desire to use the pathway.
- Ongoing data collection has begun.

### Other Cancer Diagnosis Pathways

- Bladder cancer pathway evidence review is complete and working group is being established.
- Thyroid pathway is being reviewed by the original authors. The CSCN will be involved in the refresh of this pathway.
- Sarcoma Diagnosis pathway evidence review, and baseline data collection are underway.

### Community Assets Supporting Cancer Diagnosis

The CSCN is working to describe which assets and/or strengths support early cancer diagnosis for newcomers and those living in rural/remote communities. In partnership with Dr. Lee Green's research team and the Physician Learning Program (PLP), the CSCN is engaging newcomers (people who have moved to Canada within the last 7 years) and people in five rural/remote communities: Athabasca County, Mayerthorpe/Whitecourt, High Level, Taber, and Pincher Creek. The teams will carry out qualitative research, Cognitive Task Analysis (CTA) and human centred design (HCD) to achieve three high-level goals:

1. Understand and document community assets that impact access of people living in rural/remote communities and newcomers to timely cancer diagnosis and positive patient experience during the diagnostic process.
  2. Explore the mental models of cancer diagnosis process held by primary care providers working with people living in rural/remote communities and primary care providers working with newcomers.
  3. Co-develop and evaluate educational materials and/or clinical decision support tools for these Primary Care providers and their patients to support cancer diagnosis.
- Activities completed to date for newcomer arm of the project:
    - Interviewed 17 newcomers for qualitative research.
    - Interviewed primary care providers: six for CTA and five for HCD.
    - Project teams have begun initial analysis of the newcomer focused data and discussions as to the focus of the educational materials/ tools to support primary care providers who serve newcomers.
  - Activities completed to date rural/remote arm of the project:
    - Interviewed 18 community members in rural/remote communities for qualitative research.
    - Engagement efforts are ongoing to recruit rural-remote primary care physicians. To support possible recruitment, PLP is engaging with rural primary care physicians beyond the initial communities identified.

### Cancer SCN 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.

### Health Innovation, Implementation and Spread (HIIS) 3

HIIS 3, funded by Alberta Innovates and AHS, is designed to advance innovations that have demonstrated significant impact through pilot-testing in the Alberta Context. It funds the spread or scale of proven innovations that have demonstrated return on investment and improved health outcomes in previous Alberta projects.

- We are submitting an expression of interest to spread and scale cancer diagnosis pathways and is supporting several other submissions in collaboration with other SCNs.

### Equity in Cancer Care Access

CSCN is partnering with Dr. Anna Santos Salas, Faculty of Nursing, University of Alberta, to inform the development of interventions to reduce disparities in access to cancer care and improve cancer outcomes in underserved populations in Alberta.

- Underway is the systematic review of interventions to improve access to cancer care in underserved populations throughout the cancer care continuum.
- Two publications are being planned.
- Dr. Santos Salas has presented preliminary results of this work to the CSCN leadership team and will present at our Core Committee meeting later in October.

### Other Research-related Updates

- With funding from the Alberta Registered Nurses Educational Trust (ARNET), we are collaborating with the Emergency SCN to understand the perspectives of healthcare providers in Alberta emergency departments about cancer diagnosis. This study will be conducted in partnership with nursing staff at the South Health Campus Emergency Department. Ethics approval has been granted and recruitment is underway.
- In partnership with Unit 83 at the Rockyview General Hospital (Calgary), we are conducting another ARNET-funded project to explore why so many patients are diagnosed in hospital, rather than in the community, with family physicians.
  - Participant recruitment and data collection have been completed, and we are currently in the data analysis phase.
  - Insights garnered from the interviews have led us to develop educational resources tailored for patients in hospital who have been newly diagnosed with a colon mass or are suspected of having colon cancer.
  - We are creating physical education packages for Unit 83 and a digital version of for Connect Care, ensuring accessibility for healthcare professionals throughout Alberta.