



## Improving cancer control in Canada through knowledge translation: from in-the-field projects to policy initiatives in a new standing section in *Current Oncology*

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In 2011, *Current Oncology* launched a new standing section, Knowledge Translation, to improve cancer control in Canada<sup>1</sup>. The objective of the section is to provide a forum for knowledge exchange by highlighting Canadian cancer knowledge translation activities. Six papers that reflect the breadth of knowledge translation activities at the national and provincial levels alike were invited and peer-reviewed. Those six papers provide a sample of the exciting range of activities occurring throughout Canada.

The first paper in the series, by Brouwers *et al.*<sup>2</sup>, described the Knowledge Translation in Cancer casebook, a summary of in-the-field knowledge translation projects from across Canada. The complete casebook is available elsewhere<sup>3</sup>. The paper summarized the lessons learned from casebook projects, including the lesson that a collaborative, high-functioning team, together with skilled leadership and resources, is a key ingredient for success. Additional important ingredients are sufficient funding; access to information technology, training, and education; and the ability to engage people with appropriate expertise. Brouwers and colleagues conclude that field projects can be complementary to research studies and that purposeful collaboration between the two can emphasize the merits of each.

The second paper by Bryant *et al.*<sup>4</sup> described a pan-Canadian effort to improve colorectal cancer (CRC) screening. In 2007, the Screening Action Group of the Canadian Partnership Against Cancer (CPAC) recommended the development of the National Colorectal Cancer Screening Network<sup>5</sup>. The Network provided an opportunity for integrated knowledge translation to accelerate program implementation and screening uptake. Two knowledge translation initiatives were described:

- Monitoring the effects of various implementation plans for population-based CRC screening
- Identifying and addressing knowledge gaps that impair screening participation

To facilitate monitoring of screening implementation programs, the Network developed common quality indicators. Quality indicator data were shared to accelerate knowledge acquisition on ideal program approaches. The Network also created projects to identify knowledge gaps. The authors commented that when the Network began, only three programs had been announced and none had been implemented. Three years later, all provinces and one territory had announced programs. The authors concluded that a national Network that engages all stakeholders used knowledge translation principles successfully to enhance CRC screening in Canada.

Three papers in the series focused on provincial initiatives in knowledge translation in Nova Scotia, Ontario, and Newfoundland and Labrador.

The first paper, by Urquhart *et al.*<sup>6</sup>, described multi-level factors that influenced the implementation of synoptic reporting for breast and CRC surgery in Halifax, Nova Scotia. That initiative was part of a pan-Canadian pilot project funded by the CPAC in five Canadian provinces to implement a Web-based surgical medical record (WebsMR). The authors described 7 key factors that influenced implementation of WebsMR: the alignment of the innovation and values, flexibility with innovation implementation, accepting that the innovation is not flawless, strengthening the climate for implementation, resource needs and availability, partner engagement, and involvement of surgeon champions. Moreover, early involvement of partners and the willingness and ability of the implementation team to adapt the innovation to meet partner needs were crucial to the successful implementation of WebsMR. One important lesson was that the health information technology infrastructure in each jurisdiction participating in the national project was different, which meant that tools and technologies implemented in one jurisdiction required significant modification to be successfully implemented elsewhere. The authors commented that understanding this reality and planning appropriately were critical to support further roll-out of surgical synoptic reporting.

Another of the provincially-focused papers described the real-world barriers in the early years of Cancer Care Ontario's Program for Evidenced-Based Care (PEBC)<sup>7</sup>. The PEBC, formalized in 1997, produces clinical practice guidelines (CPGs) for cancer management in Ontario. From its beginning, the PEBC focused on implementation strategies to enhance engagement by mentoring expert panel members. The author suggests that the PEBC helped to develop well-functioning communities of practice by promoting a "bottom up" approach to evidence synthesis and interpretation and development of recommendations by those who would apply them. However, many social challenges arose. To address those challenges, the PEBC developed strategies to create a culture of research and informed oncology practice through participation, transparent communication, and methodology skills training for practitioners.

The author describes several important barriers, including academic rivalry, availability of oncologists' time to participate, and time needed to produce documents for decision-making. To address those barriers, the PEBC developed strategies such as publishing the CPGs, so that panel members received academic credit; providing continuing medical education credits; and developing a framework for advice documents. The author also described key successes:

- Strong organizational leadership from Cancer Care Ontario, which provided funding and support to the PEBC when criticized from within the organization
- Facilitation of CPG development by providing methodology resources and a conceptual framework
- Commitment to high-quality products so as to establish credibility
- Inclusion of all stakeholders and responsiveness to their needs
- Transparency that fosters the trust of participants

In the third of the provincially-focused papers, Mathews *et al.*<sup>8</sup> examined the real-world knowledge transfer activities used by the Canadian Cancer Society – Newfoundland and Labrador Division (CCS-NL) to shape policy and improve cancer control in the province. The context was the Commission of Inquiry on Hormone Receptor Testing formed by the Government of Newfoundland and Labrador to examine problems with estrogen and progesterone hormone receptor tests performed in the province between 1997 and 2005<sup>9</sup>. The goals of the CCS-NL were to "1) represent the concerns of patients and ensure that patients' perspectives were heard by the Commission; 2) provide patients and the public with information about the Inquiry, the retesting process, and the clinical significance of a changed test result; and 3) gather and submit research evidence to the Commission with the ultimate goal of influencing the

policy decisions stemming from the Commission's findings and recommendations." The authors indicate that the lessons from this case may be beneficial to other organizations with similar aims. They suggest that advocacy organizations can shape policy through participation in legal processes.

The last of the invited papers, by Fairclough *et al.*, appears in this issue of *Current Oncology*. It focuses on the effects of a large pan-Canadian policy experiment, the CPAC<sup>10</sup>. The federal government established the CPAC in 2006 to implement the Canadian Strategy for Cancer Control. Its mandate is "to enable the transfer of knowledge and more coordinated and accelerated action across the country to reduce the impact of cancer through engagement with a broad range of stakeholders," including cancer and health system leaders, professionals, cancer-related nongovernmental organizations, patient groups, and the general public. Its goals are to "decrease the risk of developing cancer, improve the quality of life and experience for those living with cancer, decrease the likelihood of dying from cancer" and "improve the efficiency and effectiveness of cancer control by catalyzing and enabling coordinated action." The papers from Bryant *et al.* and Urquhart *et al.*, described earlier, are two examples of the CPAC's activities.

With these six articles, *Current Oncology* has launched the new Knowledge Translation section. We hope that readers involved in cancer care and cancer control activities will continue to share their experiences—describing both successes and challenges—so that others can learn from and build on their experiences. Knowledge translation manuscripts can be submitted at any time and should follow the headings outlined by Grunfeld<sup>1</sup>.

We look forward to receiving your manuscripts.

## CONFLICT OF INTEREST DISCLOSURES

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