

## FOREWORD

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As Deputy Minister of Health and Long Term Care in Canada’s largest province of Ontario from 2014-18, I was generally responsible for the quality of health services received by 14 M people. In cancer care, Ontario is fortunate to have management of the cancer system provided by Cancer Care Ontario (CCO- [www.cancercareontario.ca](http://www.cancercareontario.ca)) which has progressively improved cancer outcomes in the province. The quality of cancer care in Ontario is documented in an annual report to the Minister of Health and available to the public ([www.csqi.ca](http://www.csqi.ca)). I am delighted that the principles that have contributed to CCO’s success are well represented in “Cancerpedia”.

This volume offers a comprehensive framework for the development of a single cancer center or a cancer system. The holistic philosophy inherent in “Cancerpedia”- that improving cancer care is more complex than simply thinking about the technology, personnel and capital required to treat cancer patients- has been a fundamental learning over the past twenty years at CCO and other advanced cancer systems. This first volume of “Cancerpedia” (which the authors should commit to updating regularly) will help all cancer system planners learn from each other’s successes and opportunities.

“Cancerpedia’s” emphasis that services must be planned across both clinical services and infrastructure is crucial. The best trained surgeons working with the best equipment in excellent multidisciplinary teams cannot achieve appropriate outcomes if Infection Protection and Control infrastructure is lacking in the Operating Room. Similarly, a focus on governance and quality improvement, based on outcomes that matter to patients, is essential. The organization must provide care that is future focused and constantly improving as research offers better cancer treatments. Relentless concentration on patient centered outcomes is essential to the quality improvement process. The governors and managers of the cancer program are reminded by “Cancerpedia” that they are responsible for ensuring that processes are in place that will achieve better patient outcomes.

“Cancerpedia” also reminds us that excellent cancer care cannot exist in a vacuum. Although comprehensive cancer care is best organized within a cancer center, this care must be seamlessly linked to resources in the health system. This linkage enhances rapid access to the cancer program for new patients as well as transfer of information to providers who advise the patient and family outside the cancer center. This is particularly important in cancer diagnosis, survivorship and palliation. The importance of integrated and interfaced information systems cannot be over-emphasized.

The cancer center must serve as a social rallying point and intellectual center for the principles of cancer prevention. Promotion of the behavioural changes needed to reduce the social burden of cancer cannot be the sole responsibility of the cancer center. However, “Cancerpedia” implies that the energy for change necessary to achieve behaviours that reduce cancer incidence must come from experts who understand the impact of cancer on families.

Finally, “Cancerpedia” recognizes that the comprehensive cancer care must ensure that evidence based improvements in cancer care are available to all citizens as a principle of social equity. This requires a robust system for evaluating new treatments and technologies based on rigorous evaluation of patient outcomes. It is just as futile to invest in technology for technology’s sake as it is to fail to invest in technologies that provide cost effective outcome improvement.

In Ontario we are fortunate to rely on both CADTH ([www.cadth.ca](http://www.cadth.ca)) and Health Quality Ontario ([www.HQO.ca](http://www.HQO.ca)) for pharmaceutical and health technology assessment. The evidence and advice provided by these organizations provide the framework for formulary and technology investment in the province.

The goal of equitable access to cancer services is difficult to achieve within progressive societies based on income inequity as well as cultural or geographic isolation. The goal of equitable access to cancer services across our planet is even more challenging. However, as every family around the world is faced with increasing prevalence of chronic disease including cancer burden, “Cancerpedia” serves as an aspirational global blueprint for health system improvement around the world.

Indeed, a major benefit of “Cancerpedia” may be achieved in developing nations that are building their health systems based on local assets and capabilities. The lessons of “Cancerpedia” are hard won in the nations represented by the contributors. The potential that developing health systems might leapfrog metaphorical landlines to figurative cell phones by using the principles of “Cancerpedia” is exciting. Providing these lessons in the spirit of global health equity is a generous offer. Dr. Gospodarowicz, Dr. Sullivan and the authors of “Cancerpedia” should be very proud of their work.