The Canadian Partnership Against Cancer’s Surveillance & Epidemiology Networks: Knowledge translation in the Colorectal Cancer Network

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NAACCR, June 2010
Joint Knowledge Transfer (KT) Framework

... for the 4 Networks

1. Create & develop new knowledge

2. Improve capacity to support 2-way education:
   - analysts, learn what the audience wants
   - audience, understand methods & data issues

3. Find appropriate ways to communicate, disseminate and apply cancer surveillance information

4. Evaluate
   - how has knowledge translation been successful?
   - where can the process be improved?

“Audience” as partners throughout the process
Overview of talk

- **Background**
  - Networks’ Joint KT Framework
  - Critical KT questions
  - Colorectal Cancer Network (CRCNet) objectives

- **Colorectal Cancer Network (CRCNet) KT**
  - Engaging information end users
  - Building analytic capacity & collaboration

- **What we’ve learned**

- **An additional KT opportunity**

- **Applying the strategy - take-home points**
Critical knowledge transfer questions*

1. What is the message to be transferred?
2. To whom?
3. By whom?
4. How should it be translated (transfer method)?
5. With what impact (evaluation)?

Objectives - Colorectal Cancer Network

• Create high-quality, comprehensive information products to inform and monitor cancer control interventions

• Increase capacity to
  • conduct cancer surveillance analysis
  • develop useful information products
Information products - CRCNet

• Information
  • Burden of cancer - cancer registry data
    - Incidence, mortality, survival, prevalence
  • Risk factors - survey & other data
    - Alcohol, smoking, body mass index, etc.
    ... analyzed by age, sex, socio-demographic features
    (e.g. income, urban/rural)

• Formats
  • “Fact sheets” on specific aspects
  • Slide decks
  • Short report on Ontario
  • Multi-province report
CRCNet knowledge transfer

1. Engage with information end-users: 2-way education:
   - What we can offer from registry & risk factor data
   - What do they need, in what formats?

2. Build analytic capacity & collaboration
   - Standardize methods
   - Train & support analysts - 8 provincial registries
     - Core analytic team at Cancer Care Ontario
     - Local/regional mentors
     - Workshops, webinars, teleconferences, phone, e-mail
End-users: who?

1. Senior cancer agency staff
   “Decision-makers”
   - advise provincial government / ministries
   - plan & operate / oversee provincial programs
     (prevention, screening, clinical, regional; public affairs)

2. Canadian Cancer Society
   “Policy-influencers”
   - advocacy
   - publications

3. Health practitioners
End-users: engage how?

- Face-to-face meetings, e-mails before & between
- Before meetings:
  - 1-page project summary: what we can offer
- Questions:
  - Cancer agency staff: what do they need, and how?
  - Canadian Cancer Society: how can we support their work?
  - Clinicians (key informants): what’s of interest?
- Involve them at several points in the process
End-users: cancer agency staff have told us:

- Rates useful but numbers of cases important for planning
- Comparisons with other provinces, countries
- Analyses by socio-demographic status important
- Regional & local data

- Formats:
  - Need the fine detail (tables of numbers, rates) - not too “packaged”
  - Talking points / highlights useful
  - Slide decks: graphs, speaking points, modifiable

- Educate their staff:
  - Cancer registry: sources, information scope
  - Basic concepts: incidence, mortality, survival, prevalence
End-users: what else have we learned?

- Meetings - a continuing process
- Show sample products, graphs, for discussion
- Education sessions
  - High-level sponsorship & advertising
  - Sufficient time
  - Introductions - who’s in the room, on the phone?
  - Evaluations
  - Repeat as needed
Analysts - what have they told us?

- Workshop
  - improved their ability to use standard software
  - met objectives
  - sessions *mostly* rated highly
  - workshop mentors a great idea

- Inexperienced at presenting & interpreting data

- Want technical information - what’s the software doing?
Analysts: what else have we learned?

- Wide range of skills & experience
- Good at requesting phone, e-mail support
- Very interested in analytic methods, less interested in data quality, sources, & use (policy, programs)
- Need to
  - draw them out during teleconferences, stimulate discussion, ask direct questions
  - use every chance to provide wider context:
    - CRCNet Advisory Group teleconferences
    - ? Workshop / stakeholder forum with data collectors, coders, users
Analysts - more comments

Analyst: “I have gained skills and confidence which generally arise when standardized surveillance procedures are introduced. I now have the skills and supports necessary to transform data to information, to knowledge and ultimately to action, not only at a national level, but for my local community.” (PEI)

Mentor: “My career highlight thus far is serving as a mentor at the recent CRCNet Analytic Workshop... It’s gratifying to be at a point where I can share my experience and knowledge with others in our profession.” (Nova Scotia)

CRCnet collaborators (analysts’ supervisors)
- “This is truly beneficial, particularly for smaller provinces with limited resources where such projects would be challenging if not impossible” (Nova Scotia)
- “The network has provided an opportunity for the development of our junior staff, facilitated collaboration with other registries...” (Newfoundland & Labrador)
KT opportunity: registry comparability report

- Variations in practice important
  - analyzing & interpreting cancer burden variation across:
    - space: current geographic variation
    - time: past trends, future projections - the past matters!

- understanding current Canadian picture:
  Canadian Cancer Registry (CCR)

- Knowledge useful for
  - Networks
  - CCR Data Quality Management Committee
    - foundation for future
Registry reports: 3 NAACCR posters

- Improving the Understanding and Standardization of the National Canadian Cancer Registry (*Noonan P-58*)
  Canadian Cancer Registry Data Quality Management Committee

- The Canadian Partnership Against Cancer’s (the Partnership’s) Surveillance and Epidemiology Networks:
  Investigating the quality of cancer registry data in Canada
  - Part I: Completeness, accuracy, timeliness (*Wang P-01*)
  - Part II: Comparability of practices (*Candido P-06*)
Applying the strategy - potential end users

- Who are the relevant
  Decision-makers?
  Policy-influencers?
  Health practitioners?

- How can you engage them to
  - let them know what information you can supply?
  - find out what they want to know?
  - learn how they want the information packaged?
  - build relationships for future interactions?
Applying the strategy - advice from KT experts

- Who is your audience? - think carefully
- Don’t try to do everything - limit objectives
- Objectives & strategy depend on the audience
- KT isn’t cheap or simple
- Monitor / evaluate the effect of your KT activities
  - Are your engagement strategies working?
  - How is your information being used & shared?
Acknowledgment and disclaimer

The Cancer Surveillance and Epidemiology Networks have been made possible through a financial contribution from Health Canada, provided by the Canadian Partnership Against Cancer.

The views expressed herein do not necessarily represent the views of the Canadian Partnership Against Cancer nor that of Health Canada.