



Sask
cancer
AGENCY

Annual Report 2021-22

The Saskatchewan Cancer Agency recognizes that our work takes place on the traditional territory of First Nations and Métis people, and includes Treaties 2, 4, 5, 6, 8, and 10.

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Letter of Transmittal

The Honourable Paul Merriman
Minister of Health
Government of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3



Dear Minister Merriman:

I have the honour of submitting the Saskatchewan Cancer Agency's annual report, including highlights of the work accomplished and the audited financial statements, for the fiscal year ending March 31, 2022.

This past year saw the Cancer Agency again navigate and respond to the ever-changing circumstances as a result of the COVID-19 pandemic. Leadership, staff, physicians and the Board of Directors put the Agency's values—courage, integrity, vision-driven, innovation, collaboration—into action, resulting in safe and timely patient centred care with minimal disruption.

The ability to continue to deliver this level of care during these times of uncertainty is truly remarkable, and I am proud to be a part of an organization that puts Saskatchewan residents at the heart of its work each and every day.

This has never been more clearly demonstrated than this past year, when the Agency was awarded Exemplary Status by Accreditation Canada, the highest achievement a health care organization can receive in Canada. Assessors highlighted how the Agency adapted and adjusted throughout the pandemic, and how patient centred care is demonstrated in all aspects of services provided by the Agency.

Over the past 12 months, the Agency has also celebrated milestones with its strategic initiatives, continuing to move the organization forward in its goals. Some of our noteworthy accomplishments include:

- Progressed on the work to develop a provincial standard for mammography delivery with the breast pathway project
- Furthered our development of disease site groups to bring together the most appropriate staff to focus on a specific area of cancer
- Completed preliminary work around a lung screening program and CAR-T therapy delivery
- Installed new technologies such as the HyperArc stereotactic radiosurgery system at the Allan Blair Cancer Centre and a replacement CT simulator at the Saskatoon Cancer Centre to provide the highest quality of care to patients
- Demonstrated fiscal responsibility, resulting in a balanced operating budget

As a board, we are pleased to present this annual report, which highlights our progress in providing a world-class cancer control program to benefit all Saskatchewan residents.

Respectfully,

A handwritten signature in black ink, appearing to read 'Ron Waschuk'. The signature is fluid and cursive.

Ron Waschuk, Board Chair

Message from the President and Chief Executive Officer

Over the past year, the Saskatchewan Cancer Agency was presented with many challenges and opportunities due to the COVID-19 pandemic. Using experience and knowledge gained during the first year of the pandemic, the Cancer Agency was able to continue to safely deliver life-saving cancer care to Saskatchewan residents with minimal disruption.

Our staff and leadership stayed the course with the safety precautions we established in 2020 and maintained in 2021-22, minimizing COVID transmission among our staff and patients and creating the safest possible environment for cancer care under these conditions. This resulted in very few treatment delays.

The pandemic did cause some organizational capacity challenges, which resulted in less advancement on a number of our strategic initiatives. Nevertheless, there was progress on our Clinical Management System for the development of an electronic patient record and in our Models of Care work to establish disease site clinics and virtual care.

We also progressed on the work to develop a provincial standard for mammography delivery with the breast pathway project, completed preliminary work around a lung screening program and CAR-T therapy delivery, and installed new technologies such as the HyperArc stereotactic radiosurgery system and a replacement CT simulator to deliver lifesaving treatments.

The pandemic delayed our 2020 participation in the Accreditation Canada Qmentum program assessment. Accreditation provides us with an opportunity to showcase our work and highlight our achievements. It takes tremendous efforts to prepare and participate in these assessments, and our employees delivered.

For the first time in our history, we achieved Accreditation with Exemplary Standing, the highest level possible. The following is an excerpt from our final accreditation report: "The strength of the Saskatchewan Cancer Agency is the passion and commitment of the team members, physicians and leaders. They are client and family centered. They work hard to provide excellent cancer programs and services throughout Saskatchewan." I am very proud of this accomplishment as it reflects the dedication and commitment of everyone who works at the Cancer Agency.

This will be my last annual report as I will be retiring from the Cancer Agency in June 2022, after 26 rewarding years. The organization is in great shape as indicated by our accreditation standing, and I am confident our Board of Directors and executive leadership will continue on this path. It has been an honour and privilege to serve this organization and the people of Saskatchewan.



Dr. Jon Tonita
President and CEO



What We Do

The Saskatchewan Cancer Agency is a provincial healthcare organization with a legislated mandate to provide cancer control for approximately 1.17 million people in the province.

The Cancer Agency has a long history of providing cancer control since 1930. With more than 850 employees at the Agency, we have a large team with expertise in different fields related to cancer control and each staff member is committed to providing clients, patients and families with safe, quality treatment, innovative research, early detection and prevention programs. Our employees are also committed to continuously improve our delivery of programs and services.

The Cancer Agency is subject to or governed by the following provincial legislation:

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Local Authority Freedom of Information and Protection of Privacy Act*
- *The Provincial Health Authority Act*

TREATMENT

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of dedicated health professionals helping them to understand their diagnosis and make choices on treatment and care.

The cancer centres offer:

- A supportive care department providing new patient navigation, emotional and adjustment counselling, assistance with practical needs, and counselling for nutritional needs.
- A referral centre, operated by registered nurses, that processes new referrals and books patients for appointments.
- Treatment and assessment through the Blood and Marrow Transplant Program for patients with advanced blood and circulatory system cancers.
- Out-patient systemic and radiation therapy.
- Access to clinical trials.

The provincial hematology program in Regina focuses on the diagnosis and treatment of patients with both benign and malignant hematological conditions.

PATIENT LODGES

The Cancer Agency also operates two lodges: one in Regina and one in Saskatoon. The lodges provide a low-cost option for out-of-town patients who are looking for accommodation when they receive treatment.

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

The Community Oncology Program of Saskatchewan (COPS) works together with our healthcare partners to provide patients with care, treatment and support closer to their home communities. There are 16 COPS centres located in hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn and Yorkton).

What We Do

CANCER PREVENTION

Through collaboration with communities, organizations and all levels of government, the Cancer Agency works to create conditions in Saskatchewan that improve population health and well-being that can help prevent cancer. This is achieved through:

- A health promotion approach to cancer prevention.
- A focus on the social, environmental and economic influences that impact health and well-being.
- A commitment to health equity.

RESEARCH

At the Cancer Agency we have world-class researchers who are helping make a difference in treatment, programs and outcomes for patients.

We conduct laboratory research, clinical research, including clinical trials, and epidemiology research.

EARLY DETECTION

The Cancer Agency operates three population-based screening programs, serving clients across the province:

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. We also operate a mobile unit that travels to rural and First Nation communities offering screening mammograms.
- Screening Program for Cervical Cancer, which started in 2003.
- Screening Program for Colorectal Cancer, which started in 2009.

PATIENT AND FAMILY-CENTRED CARE

At the Cancer Agency we want to provide exceptional care with the screening client, patient and their family at the centre of every decision and action. This starts with ensuring clients, patients and their families not only have a voice about their care and treatment, but also about how services are delivered.

In 2011, we established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Improve the client, patient and family experience.
- Improve the relationship between clients, patients, family and staff.
- Channel information, ideas and needs of patients and clients.
- Provide input into services and programs.

Governance

OUR VISION

A healthy population free from cancer

OUR MISSION

To provide leadership in health promotion, early detection, treatment and research for cancer

OUR VALUES

Courage

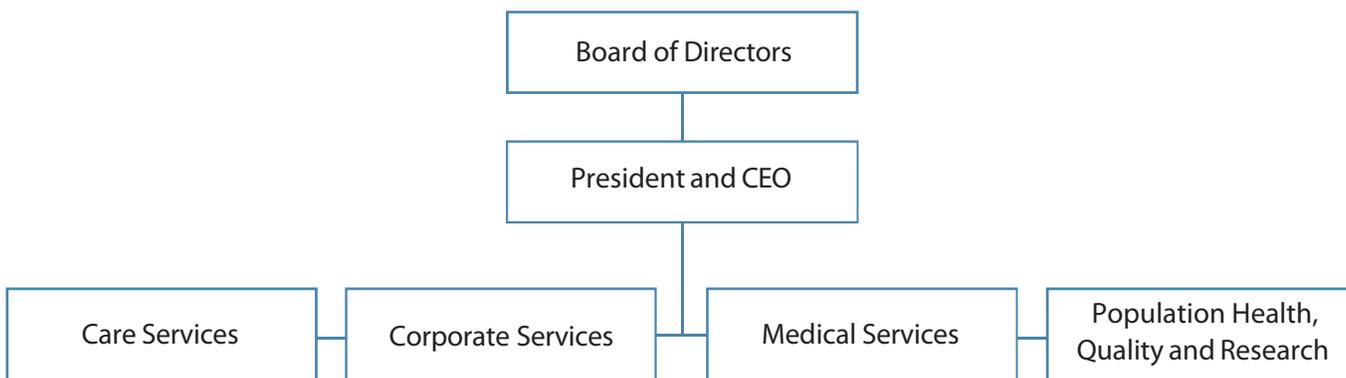
Integrity

Vision-driven

Innovation

Collaboration

OUR STRUCTURE



Governance

BOARD OF DIRECTORS

The Cancer Agency Act establishes the Board as the governing body of the Cancer Agency. The Lieutenant Governor in Council under *The Cancer Agency Act* appoints members of the Board. The responsibilities of the Board include:

- Selecting the President and Chief Executive Officer and reviewing their performance.
- Establishing the overall strategic direction and framework for the Cancer Agency, including the mission, vision and values.
- Providing financial stewardship by overseeing the financial management of the organization.
- Monitoring the overall quality and safety of services and programs for staff and patients.
- Establishing and maintaining relationships with key stakeholders.
- Maintaining effective governance, which includes annually evaluating the board's effectiveness and that of its committees.

The President and Chief Executive Officer (CEO) is the Board's link to the administration and day-to-day operations of the Cancer Agency. The CEO is accountable to the Board as a whole and is their sole employee.



Seated left to right: Kelly Scott, Moose Jaw; Ron Waschuk, Chair, Elkridge; Frances Stang, Macklin (resigned May 10, 2021)

Standing left to right: Douglas Finnie, Saskatoon; Howard Crofts, Vice Chair, Regina; Lionel Chabot, North Battleford (resigned May 7, 2021); Dr. Walter Streelasky, Melville (resigned December 31, 2021); Don Ravis, Saskatoon

Governance

As overseer of a \$214.01 million operating budget, the Board brings strong financial stewardship to the Cancer Agency. To be successful for such a large and at times complex organization, board members devote a considerable amount of time to meetings and committee work.

All of the members sit on standing committees that are designed to help strengthen the Cancer Agency's accountability to the people of this province.

Finance and Audit Committee

Chair:

- *Howard Crofts*

Members:

- *Lionel Chabot (resigned May 7, 2021)*
- *Doug Finnie*
- *Kelly Scott*

Governance and Human Resources Committee

Chair:

- *Lionel Chabot (resigned May 7, 2021)*
- *Kelly Scott*

Members:

- *Doug Finnie*
- *Don Ravis*

Quality, Safety and Risk Committee

Chair:

- *Frances Stang (resigned May 10, 2021)*
- *Don Ravis*

Members:

- *Howard Crofts*
- *Dr. Walter Strelasky (resigned December 31, 2021)*

Ron Waschuk, Board Chair, sits as ex-officio on all of the committees of the board and the CEO is a non-voting member on each committee.

A Patient and Family Advisory Council representative is an ex-officio member of the Quality, Safety and Risk Committee.

Strategic Plan

As the organization in Saskatchewan responsible for cancer care, the Saskatchewan Cancer Agency (SCA) works with other partners in the health system in developing strategic priorities to align with the direction and goals set forth by the Ministry of Health.

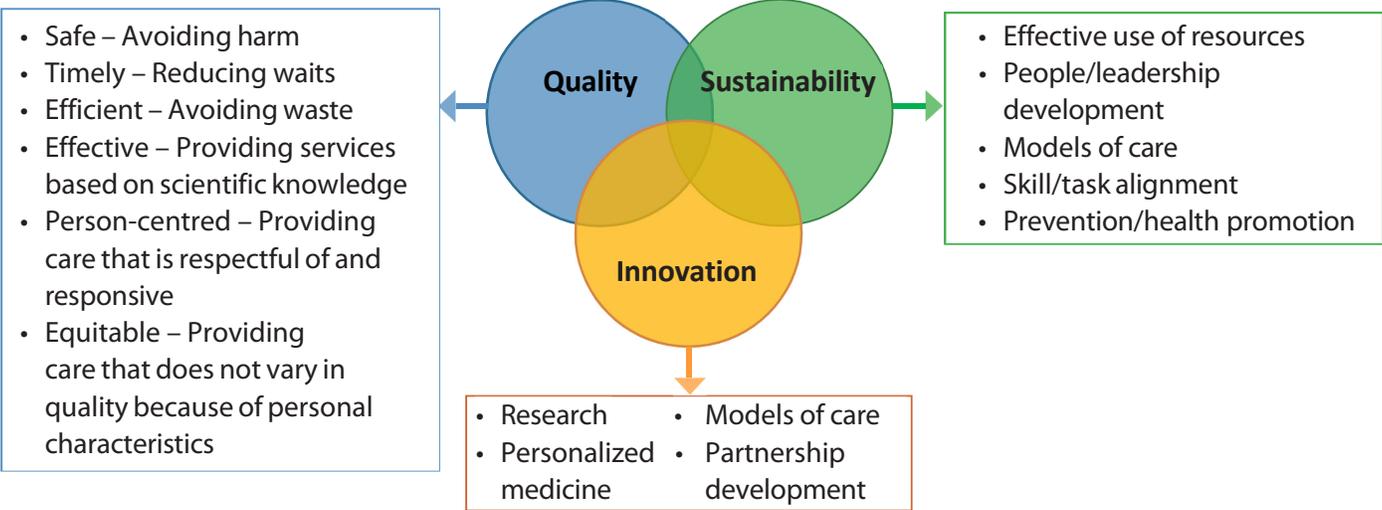
Together with the Saskatchewan Health Authority (SHA), Health Quality Council, 3sHealth and eHealth, we strive to deliver safe, continuous person-centred care.

In 2020, the SCA implemented its first three-year rolling strategic plan. The move to this format provides more flexibility to allow the SCA to adapt the plan as circumstances change year over year. In 2021-22, some strategic initiatives were removed from the plan while others were added as priorities shifted.

Along with the strategic initiatives, which guide SCA work over multiple years, this plan includes high operational priorities. High operational priorities define work that is critical to SCA operations, but are limited in scope and duration.

The driving force behind our plan is our strong desire to put people first—clients, patients, families, and staff.

Three-Year Rolling Strategic Plan: 2021-24 Long-term Goals



Strategic Plan

PROGRESS IN 2021-22

The following is a snapshot of the progress the Saskatchewan Cancer Agency (SCA) made in 2021-22 on key priorities. Over the course of the 12 months, there have been some challenges across the health system as a result of the COVID-19 pandemic. Organizational capacity issues, some related to COVID-19, have resulted in the need to shift timelines for some priorities.

STRATEGIC PRIORITIES

CLINICAL MANAGEMENT SYSTEM

Goal:

The SCA is continuing on its path to implementing a clinical management system (CMS) to create an electronic medical record, reducing the need to maintain and manage paper charts. The CMS will also make it possible for physicians to issue orders remotely. Some components of this multi-year project have been postponed due to COVID-19.

Actions:

- The final phase of non-drug Computerized Physician Order Entry (CPOE), which includes Palliative Care, Triage, Rounds and Transplant, was completed.
- Scanning of diagnostic image reports into the electronic patient chart was completed.
- An interface for sharing patient demographics between the medical oncology and radiation oncology systems was implemented.
- Stereotactic radiosurgery was implemented at the Allan Blair Cancer Centre (ABCC).
- A new linear accelerator was commissioned at the ABCC.

Results:

- Electronic Physician Chart Triage: the target of having 90% of chart triage completed within three days was exceeded all year.
- Electronic Physician Orders: the target of having 90% of all non-drug orders completed within four days was exceeded all year.
- Diagnostic images are available in the electronic patient chart, eliminating the reliance on the paper chart for these documents.
- On August 12, 2021, ABCC treated their first stereotactic radiosurgery patient.

What does this mean for patients?

- Physicians have access to relevant patient information at the right time and at the right place, reducing the amount of time searching for patient information, test results and the patient's paper chart when patients have already arrived at their appointments.
- Orders are completed quickly and electronically reducing the chance that the orders get lost or misplaced, and all members of the patient's care team have easy access to those orders to deliver patient care how and when it is needed.
- Medical equipment and treatment processes are being upgraded and enhanced, allowing clinicians to provide the most up-to-date treatment without having to send patients out of the province.

Strategic Plan

SERVICE DELIVERY MODEL - DISEASE SITE GROUPS AND DISEASE SITE CLINICS

Goal:

The SCA is revising the service delivery model for oncology care in Saskatchewan to improve quality and sustainability of care, from prevention to survivorship. Establishing disease site groups brings together multidisciplinary teams to create a clinical focus and streamline patient care. The SCA disease site groups include breast, gastrointestinal (GI), genitourinary (GU), gynecological and lung. These five groups cover about 70 per cent of the physician caseload at the SCA.

As work on the disease site groups is advanced, the SCA will also design, build and implement disease site clinics.

As a model of care enabler, the SCA will design and implement a virtual care program.

Actions for Disease Site Groups:

- Patient survivorship education sessions were held with family physicians on breast, colorectal, prostate, lung and B-cell chronic lymphocytic leukemia disease sites.
- Feasibility meetings have been implemented provincially for GI, GU, lung, breast and hematology clinical trials.
- A provider satisfaction survey was conducted on the implementation of provincial clinical trials feasibility meetings.
- A disease site-specific nurse practitioner model was developed.
- Patient wait time and ready-to-see definitions were created.
- Patient discharge letters and follow-up guidelines for various disease sites were created and updated.
- Physicians were recruited into disease site group chair positions for myeloid malignancies, plasma cell disorders and lymphoid malignancies.
- Implemented Lutathera treatment in Saskatchewan (Regina and Saskatoon).
- A provincial hematology journal club was created.

Results for Disease Site Group Enhancement:

- Family physicians/nurse practitioners have a better understanding of the required cancer survivorship care required for their patients.
- Provincial clinical trials feasibility meetings of the major disease sites occur monthly. These meetings support equal access to clinical trials by improving clinical trial selection and coordination between the two cancer centres. They also reduce barriers by providing a forum in real time for feedback and opinions with participation of stakeholders such as pathology and surgical colleagues.
- Surveyed providers indicate clinical trials feasibility meetings improve awareness of open trials, decision-making to open or close trials, and assignment of principal investigators.
- Two nurse practitioner positions focus on GI patients and high-risk breast cancer patients.
- Patient discharge process from cancer centres is improved by making sure patients have their follow up plan and information on what is needed to be done, timelines and who to seek for specific concerns.

What does this mean for patients?

- Patients receive support survivorship care from their family physicians.
- Opportunities for patients to enrol in clinical trials can potentially increase at both cancer centres.
- The capacity for care providers to see patients and work to full scope of practice is increased.
- Improves the quality of care to the patients.

Strategic Plan

Actions for Disease Site-Specific Clinics:

- Group triage processes and disease site-specific clinics (DSSC) for gastrointestinal (GI) and lung disease sites were implemented.
- A metric dashboard for the project was developed.
- Conducted a provider satisfaction survey on implementation of GI group triage and DSSCs.
- A patient satisfaction survey about GI and lung process changes was drafted and submitted for approval.

Results for Disease Site-Specific Clinics:

- GI and lung triage rounds occur weekly and include participation of medical oncologists, radiation oncologists, nurses, clinical trials staff, pharmacy staff, social workers and dietitians.
- GI and lung patients see care providers in dedicated DSSCs.
- Surveyed providers indicate GI group triage and GI DSSCs improve the quality of care and the communication, coordination and collaboration between care providers.

What does this mean for patients?

- Patients can reduce the number of visits to the cancer centres thanks to the increased opportunity to see multiple care providers on the same day.
- Care providers develop care pathways and see patients in a more streamlined and coordinated manner.

EPIDEMIOLOGY - DATA ANALYTICS STRATEGY

Goal:

Establish a strategy to manage SCA data (governance, storage, security, quality and use) to support data-driven activities including quality, outcome measurement, research, and decision support, and ensure the SCA is in alignment with the health sector data use and analytics strategy.

Actions:

- The Data and Analytics Steering Committee and Data and Analytics Working Group have endorsed the framework for this initiative.
- Foundational work in improving SCA data access and storage has begun, which includes enhancing access to Aria MO data for analytics, and automating and enhancing some reporting.
- Development of clinical data dictionaries has been completed and is going through validation.

Results:

- Improved and enhanced data access has led to automation of some reporting, reducing time to produce a report from days to minutes.

What does this mean for patients?

- Improving and enhancing data access and analytics will enable the SCA to evaluate, plan and improve the quality and effectiveness of our services. This will help the SCA to be more responsive to patient and family needs.

Strategic Plan

HIGH OPERATIONAL PRIORITIES

In 2021-22, the SCA continued work on several key initiatives that are strategically and operationally critical.

EARLY DETECTION - BREAST PATHWAY

Goal:

Plan and prepare for transformation of breast screening to follow-up care to ensure Saskatchewan residents have equitable access to timely, high-quality, safe, efficient, person-centred care. Move towards a provincial standard for delivery and reporting on screening mammography.

Actions:

- Issues and barriers for breast health services were identified, and captured in the Breast Pathway Vision report.
- The five-year strategic plan incorporates multiple projects over the course of several years to incrementally move towards and accomplish the primary objectives identified in the Breast Pathway Vision report.
- A shared services agreement between SCA and SHA was signed. This condensed the current seven contracts with former health regions to one.

Results:

The Breast Pathway Vision report and five-year strategic plan were endorsed by the SCA, SHA and Ministry of Health. Delivery of the screening mammography exam was transferred from the SCA to SHA.

CLINICAL FOCUS - MOLECULAR BIO-MARKERS

Goal:

The SCA will establish a framework for reviewing and approving the use of molecular bio-markers.

Actions:

- Molecular Biomarker Prioritization Committee (MBPC) was formed in 2021, which included stakeholders from the SCA and SHA.
- Terms of Reference of MBPC and a molecular biomarker funding request form were developed.
- Regular communication with all stakeholders, including the disease site groups, was prioritized.

Results:

The SCA now has a process of receiving, reviewing, and recommending molecular biomarkers for funding. Stakeholders from the SHA are linked to the process, which will help to provide logistical and cost information on the tests.

Strategic Plan

CULTURAL RESPONSIVENESS

Goal:

The SCA will build a culturally responsive organizational strategy to be integrated throughout the work of the organization.

Actions:

- The First Nations and Métis Cultural Responsive Advisory Committee along with First Nations and Métis representatives from the Patient and Family Advisory Council (PFAC) and community organizations has progressed in its work through its three working groups targeting community engagement, recruitment and retention, and employee education.
- The committee has provided monthly learning opportunities for employees, including Cultural Conversations, Cultivating Change training, short timely articles relevant to current events, and links to community resources. A special section on the SCA intranet has been created to house resources for employee education.
- The SCA held a special orange shirt day on July 14, 2021 to honour the hundreds of unmarked graves discovered at former residential school sites. Employees were provided with learning resources and orange lapel ribbons that they are welcome to wear on their lanyards year-round.
- New employees are provided with an orange lapel ribbon during their onboarding, along with Cultivating Change training.
- Guidelines to support employee engagement with Indigenous people and communities have been drafted and are in review.
- A land acknowledgement and guidelines have been developed and are in review.

Results:

About one-third of employees (427) participated in learning events around cultural responsiveness or completed the two-hour Cultivating Change training. Tools and processes have been developed to guide staff in working respectfully with First Nations and Métis patients, families and communities. The SCA, Métis Nation-Saskatchewan (MN-S) and the University of Saskatchewan have partnered on research to consider how culture could support cancer prevention efforts.

SUPPORTIVE CARE - EARLIER PALLIATIVE INTEGRATED CARE (EPIC)

Goal:

Through earlier identification, providers will effectively integrate a palliative approach to care including earlier and better conversations with patients and families, improved connections to palliative providers and supports, and improved communication among internal and external providers resulting in better continuity of care and quality of life for patients with life limiting illness. This is year 4 of the four-year funded Earlier Palliative Integrated Care (EPIC) project.

Actions:

- Approximately 82% of identified frontline workers have completed training for Serious Illness Conversations.

Strategic Plan

- Criteria have been identified to indicate when to implement a palliative approach to care, which triggers the following:
 - Initiation of serious illness conversation
 - Automatic referral to Social Work for support and navigation
 - Introduction of Advance Care Planning tool – My Voice: Planning in advance for healthcare choices
 - Earlier referral to Symptom Management and Palliative Care Outpatient Clinic
 - Improved documentation of prognosis, code status and goals of care to enhance continuity of care among internal (SCA) and external providers (SHA – home care, family physician, emergency dept., other)

Results:

Clinicians are now able to identify situations that may require a palliative approach to care earlier in a patient's cancer journey, and implement a multidisciplinary methodology.

LUNG SCREENING

Goal:

Establish a new provincial program for lung cancer screening using a collaborative, equity driven, phased-in approach.

Actions:

- Implemented a pilot phase program.
- Created project governance and shared decision making structures between the SCA and health system and community partners.
- Developed new relationships with stakeholders and strengthened existing relationships through stakeholder engagement.
- Secured project resources, identified the scope and necessary components of lung cancer screening through environmental scans, literature reviews, knowledge translation seminars with other Canadian jurisdictions, and current state assessments.

Results:

The foundational structure and knowledge now exists to co-develop and implement an equity driven lung screening and prevention program in Saskatchewan.

RESEARCH SUPPORT PROGRAM

Goal:

Build a research support program and structure that supports and elevates cancer research at the SCA and help to obtain sustainable funding.

Actions:

- In partnership with Shift Health, the SCA is developing a research support framework and strategy.
- A review of the current state of the SCA's research program was completed.
- A needs assessment and environmental scan report has also been completed, which included interviews with key stakeholders nationally and provincially.
- The SCA's research data access process review has been planned.

Strategic Plan

Results:

The needs assessment and environmental scan work will be validated and used to develop a research support framework and implementation roadmap to operationalize, promote and support cancer research at the SCA while aligning it with national vision for cancer research.

SASKATOON CANCER PATIENT LODGE

Goal:

Ensure the SCA is able to continue to provide safe, sustainable and high quality patient lodging services in Saskatoon.

Actions:

- The Saskatoon Lodge continues to temporarily occupy the fifth floor of the Parkville Manor Senior facility.
- The SCA has been working collaboratively with the City of Saskatoon to seek approval for the purchase of adjoining parcels of land necessary to build a new Saskatoon Lodge.
- The SCA remains committed to continuing to meet the needs of our rural and remote patients and families who have to travel to Saskatoon for treatment.

Results:

The City of Saskatoon has agreed to sell the adjoining parcels of land to SCA and an agreement is being drafted. The SCA will continue to work with the City as well as SaskBuilds and the Ministry of Health towards the planning and development of a new cancer patient lodge to serve northern and central Saskatchewan patients and families.

SCA RE-BRANDING

Goal:

Building on the employee and patient consultations that have taken place over the past 18 months, the SCA will finalize the re-brand to increase awareness of the SCA as an independent health organization that manages cancer treatment, early detection, prevention and research for the province.

Actions:

- A writing style guide was developed and approved.
- A brand framework, including key message matrices, a brand voice, personality, visual identity and logo, have been developed and approved.

Results:

The SCA is positioned to roll out its new brand program, which will be woven into messaging around the SCA's 90th anniversary in the spring of 2022.

Volume Statistics

Number of New Patient Appointments	2018-19	2019-20	2020-21	2021-22
Allan Blair Cancer Centre				
- Medical oncology	1,733	1,978	1,810	1,912
- Radiation oncology	1,440	1,490	1,389	1,455
- Pediatric oncology	9	13	*	*
- Hematology	292	276	325	280
Total	3,474	3,757	3,524	3,647
Saskatoon Cancer Centre				
- Medical oncology	1,754	2,030	2,038	2,060
- Radiation oncology	1,693	1,738	1,667	1,703
- Pediatric oncology	50	16*	*	*
- Hematology	441	465	496	504
Total	3,938	4,249	4,201	4,267
Provincial				
- Medical oncology	3,487	4,008	3,848	3,972
- Radiation oncology	3,133	3,228	3,056	3,158
- Pediatric oncology	59	29	*	*
- Hematology	733	741	821	784
Total new patient appointments	7,412	8,006	7,725	7,914

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019.

Radiation Therapy Workload	2018-19	2019-20	2020-21	2021-22
Allan Blair Cancer Centre				
- Treatment sessions started	1,040	1,077	1,147	1,238
- Fractions (number of treatment sessions)	18,276	17,621	17,078	16,752
- Fields (number of beams delivered)	72,433	62,046	46,779	43,986
Saskatoon Cancer Centre				
- Treatment sessions started	1,049	1,234	1,273	1,329
- Fractions (number of treatment sessions)	18,999	20,397	18,096	17,131
- Fields (number of beams delivered)	68,630	66,248	46,151	43,550
Provincial				
Total treatment sessions started	2,089	2,311	2,420	2,567
Total fractions (number of treatment sessions)	37,275	38,018	35,174	33,703
Total fields (number of beams delivered)	141,063	128,294	92,930	87,536

Review Patient Appointments	2018-19	2019-20	2020-21	2021-22
Allan Blair Cancer Centre				
- Systemic oncology	19,354	20,319	22,855	23,647
- Radiation oncology	6,659	7,248	7,233	7,707
- Pediatric oncology	654	703	*	*
Total	26,667	28,270	30,088	31,354
Saskatoon Cancer Centre				
- Systemic oncology	22,289	24,359	26,481	28,184
- Radiation oncology	6,575	6,337	5,745	6,445
- Pediatric oncology	1,705	688*	*	*
Total	30,569	31,384	32,226	34,629
Provincial				
- Systemic oncology	41,643	44,678	49,336	51,831
- Radiation oncology	13,234	13,385	12,978	14,152
- Pediatric oncology	2,359	1,391	*	*
Total review appointments	57,236	59,654	62,314	65,983

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019.

Chemotherapy Treatments	2018-19	2019-20	2020-21	2021-22
Allan Blair Cancer Centre				
- Treatment visits	10,641	11,357	11,010	11,881
- Number of patients	1,410	1,542	1,490	1,539
Saskatoon Cancer Centre				
- Treatment visits	12,044	12,568*	11,900*	13,007
- Number of patients	1,652	1,718*	1,594*	1,752
Provincial				
Total treatment visits	22,685	23,925	22,910	24,888
Total number of patients	3,062	3,260	3,084	3,291

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019.

Stem Cell Transplants	2018-19	2019-20	2020-21	2021-22
Number of allogeneic transplants	20	21	30	25
Number of autologous transplants	39	42	61	58
Number of patients sent out of province	0	0	0	0

Chimeric Antigen Receptor (CAR) T-cell Therapy	2021-22
Number of CAR T therapy completed	4
Number of patients sent out of province	4

Volume Statistics

Access	2018-19				2019-20				2020-21				2021-22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Days Between Referral and First Appointment (90th percentile)																
- Medical oncology	69	66	73	67	64	76	73	76	77	50	61	78	37	34	28	28
- Radiation oncology	93	68	62	64	58	57	65	65	80	49	52	59	30	31	27	30
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	12*	13	14*	14*	15	14	15	13	16	14	15	15	14	15	14	14
- Radiation therapy	19	16	18	20	20	20	24	22	22	18	20	19	19	20	19	20

* Data conditions and limitations: Saskatoon Cancer Centre Q1 - 50% data missing; Q3 - 35% data missing; Q4 - 55% data missing. Data missing due to software and training conversions, which have since been addressed.

Pharmacy Services	2018-19	2019-20	2020-21	2021-22
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	24,628	27,587	28,710	29,121
- Saskatoon Cancer Centre	33,285	35,973	35,534	36,125
Total	57,913	63,560	64,244	65,246
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	1,847	2,074	1,926	1,889
- Saskatoon Cancer Centre	2,907	2,398	2,734	3,237
Total	4,754	4,472	4,660	5,126
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	22,083	23,960	22,578	22,453
- Saskatoon Cancer Centre	24,519	27,948	26,799	26,908
Total	46,602	51,908	49,377	49,361
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	6,301	7,354	7,183	7,574
- Through the Saskatoon Cancer Centre	6,866	8,891	9,722	8,754
Total	13,167	16,245	16,905	16,328

Community Oncology Program of Saskatchewan	2018-19	2019-20	2020-21	2021-22
Number of patients	2,008	2,057	2,128	2,405
Number of treatment visits	13,514	13,869	14,391	15,018
Number of kilometres saved in patient travel	4,283,028	4,354,665	4,641,812	4,820,234

Telehealth Appointments/Virtual Care	2018-19	2019-20	2020-21	2021-22
Allan Blair Cancer Centre appointments	4,232	4,989	25,050*	25,176
Saskatoon Cancer Centre appointments	4,918	6,364	31,879*	32,022
Total	9,150	11,353	56,929*	57,198
Number of kilometres saved in patient travel (provincial)	3,595,484	4,521,016	n/a*	n/a*

*Provincial Telehealth services ceased operations mid March 2020 and resumed on case-by case September 2020. The vast majority of appointments reported in the table above were delivered virtually either with Pexip video application or by phone to patients in both rural and urban settings. Seventy-eight per cent of the appointments provided by physicians were provided virtually in 2020-21.

Volume Statistics

Clinical Trials	2018-19	2019-20	2020-21	2021-22
Number of patients enrolled to a clinical trial	162	143	81	108
Per cent of new patients enrolled	3.9%	2.9%	1.9%	2.4%

Safety	2018-19	2019-20	2020-21	2021-22
Sick leave hours per FTE	65.78	65.09	56.39*	67.14
Wage-driven premium hours per FTE	10.59	13.11	9.57*	13.62
Lost time workplace injuries per 100 FTEs	0.43	0.43	.99*	0.54
Critical Incidents	1	1	1	0
Falls	13 patients	19 patients	20 patients	15 patients
	5 staff	10 staff	11 staff	10 staff
Total falls	18	29	31	25

*The 2020-21 numbers have been adjusted to reflect the adjusted dashboard report.

Screening Program for Breast Cancer	April 2018-March 2019	April 2019-March 2020	April 2020-March 2021	April 2021-March 2022
Number of screening mammograms on the mobile unit	8,513	8,242	1,365	5,228
Number of screening mammograms at the Regina centre	10,643	9,023	7,058	8,121
Number of screening mammograms at the Saskatoon centre	8,701	8,960	4,699	7,255
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	9,699	9,452	7,234	6,416
Total	37,556	35,677	20,356*	27,020
	April 2017-March 2019	April 2018-March 2020	April 2019-March 2021	April 2020-March 2022
Participation rate	39%	39%	29%	25%

*The Program was suspended from March 17 to June 15, 2020 due to the COVID-19 pandemic. The mobile unit was closed from March 16 to December 1, 2020.

Screening Program for Cervical Cancer	April 2018-March 2019	April 2019-March 2020	April 2020-March 2021	April 2021-March 2022
Number of Pap tests completed in the Saskatchewan Health Authority	91,649	90,287	65,705*	78,261
	April 2016-March 2019	April 2017-March 2020	April 2018-March 2021	April 2019-March 2022
Participation rate (non-hysterectomy corrected)	53.3%	53.5%	48.5%	47.0%

*The Program was suspended from March 17 to June 1, 2020 due to the COVID-19 pandemic.

Screening Program for Colorectal Cancer	April 2017-March 2019	April 2018-March 2020	April 2019-March 2021	April 2020-March 2022
Number of people who have completed at least one fecal immunochemical test (FIT)	159,367	152,727	137,625*	136,638
Participation rate	49.3%	46.9%	41.6%	41.1%

*The Program was suspended from March 17 to May 19, 2020 due to the COVID-19 pandemic.

Volume Statistics

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2021-22 Amount Awarded
New drugs to treat metastatic breast cancer	Dr. Deborah Anderson	2020-22	\$200,000	\$100,000
Targeting MAD1L1 overexpressing breast cancers	Dr. Franco Vizeacoumar	2020-22	\$200,000	\$100,000
Systemic Therapy with a Loco-regional Treatment in Patients with Locally Advanced Pancreatic Cancer: The SMART Study	Dr. Shahid Ahmed	2020-22	\$199,570	\$99,969

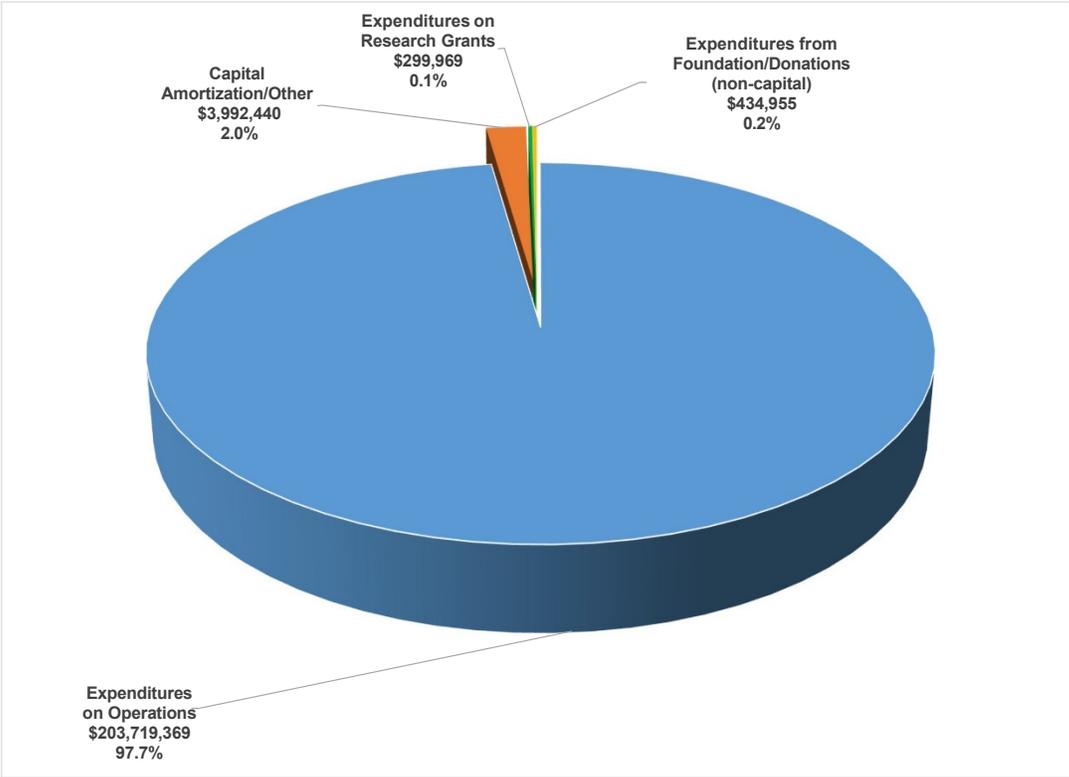
Funded Research Grants Provider to Researcher	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2021-22 Amount Awarded
Conversion from unresectable to resectable liver metastases in patients with liver-only metastatic colorectal cancer treated with FOLFOXIRI plus bevacizumab. The Conversion Trial	Canadian Institutes of Health Research	Dr. Shahid Ahmed	2019-22	\$100,000	\$63,309
A systematic genome wide effort to identify and validate targetable synthetic dosage lethal interactions of mitotic kinases in cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$592,875	\$118,575
Systematic profiling of circular RNAs essential for the survival of cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$573,750	\$114,750
Targeting the EphA2 receptor in triple-negative breast cancer.	Canadian Institute of Health Research	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2018-24	\$558,452	\$139,613
Simulated microgravity blocks osteoblastic differentiation and mineralization leading to bone loss via suppressing the FAK/RhoA-regulated Wnt pathway	Natural Sciences and Engineering Research Council	Dr. Jim Xiang	2019-24	\$180,000	\$36,000
Prairie Cancer Research Consortium-Marathon of Hope Cancer Centres Network Pilot – Understanding how the tumor microenvironment drives therapy resistance and metastasis	Terry Fox Research Institute/SHRF/CoM	Dr. Deborah Anderson	2020-22	\$120,000	\$60,000
Prairie Cancer Research Consortium-Marathon of Hope Cancer Centres Network Pilot – Understanding how the tumor microenvironment drives therapy resistance and metastasis	Terry Fox Research Institute/SHRF/CoM	Dr. Franco Vizeacoumar	2020-22	\$195,000	\$97,500
Prairie Cancer Research Consortium-Marathon of Hope Cancer Centres Network Pilot – Harmonize and integrate biobanks and research databases across the prairies	Terry Fox Research Institute/SHRF/CoM	Lynn Dwernychuk	2020-22	\$105,000	\$52,500
SARS-CoV2 therapeutic discovery by genetic screens and repurposing drugs that target essential virus-host interactions	Canadian Institute of Health Research	Dr. Franco Vizeacoumar (co-PI) Dr. Joyce Freywald (PI)	2020-22	\$449,276	\$449,276

Volume Statistics

Funded Research Grants Provider to Researcher	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2021-22 Amount Awarded
Targeting EphB6-deficiency in breast cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2020-22	\$100,000	\$100,000
Genes regulated by CREB3L1 in breast cancer	College of Medicine, University of Saskatchewan	Dr. Deborah Anderson	2021-22	\$30,000	\$30,000
Targeting metastatic breast cancer	Canadian Institutes of Health Research	Dr. Deborah Anderson	2021-22	\$100,000	\$100,000
Identification of therapeutically relevant targets in telomerase overexpressing prostate cancer	Canadian Institute of Health Research	Dr. Franco Vizeacoumar	2021-26	\$983,026	\$98,303
Developing novel targeted therapies for telomerase-overexpressing pancreatic cancer	Cancer Research Society	Dr. Franco Vizeacoumar	2021-23	\$120,000	\$53,421
Applying synthetic dosage lethality to develop therapies for ovarian clear cell carcinoma	Cancer Research Society and Ovarian Cancer Canada	Dr. Franco Vizeacoumar	2021-23	\$222,930	\$111,465
Exploring the nerve-tumor interface to identify novel therapeutic targets for cancer.	Saskatchewan Health Research Foundation	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2021-24	\$120,000	\$40,000
Exploiting Synthetic Dosage Lethality Network for Suppressing Neuroendocrine Prostate Cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2021-23	\$50,000	\$50,000
Re-purposing existing FDA-approved compounds for treating EphB6-deficient triple negative breast cancer	College of Medicine, University of Saskatchewan (CoMRAD)	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2021-22	\$29,278	\$29,278
Eradication of both primary and distant prostate cancer by IRE plus immunotherapy	College of Medicine, University of Saskatchewan	Dr. Jim Xiang	2021-22	\$30,000	\$30,000
Novel IRE ablation plus immunotherapy for metastatic melanoma	Royal University Hospital Foundation	Dr. Jim Xiang	2021-22	\$25,000	\$25,000

Financial Summary

In 2021-22, the Cancer Agency received revenues of \$220.094 million and incurred expenditures of \$208.447 million resulting in an excess of revenues over expenses of \$11.647 million. The following chart gives a breakdown of the total expenditures in 2021-22.



The COVID-19 pandemic affected the Cancer Agency’s operations and financial results in 2020-21 and it continued to have some effects in 2021-22. There were additional resources and other pandemic related costs that continued into 2021-22, as well as savings in some areas.

The Cancer Agency implemented nine new oncology drug programs and 12 new indications for existing drugs during the fiscal year. All of the new drugs/indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR), and subsequently negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA). Drug costs were under budget for the year mainly due to two drugs losing patent protection with less expensive generic versions becoming available yielding higher than expected cost savings and also due to higher than anticipated drug rebates.

Advances in cancer treatments and technology continue to emerge, which creates pressure to acquire new equipment. The annual planning process for capital equipment helps us to identify the highest priority areas for allocation of capital funding and to communicate funding needs to the Ministry of Health.

Capital projects and purchases ramped up in 2021-22 after a slower year in 2020-21 due to the COVID-19 pandemic. Global supply chain issues did cause delays in some projects but several projects were completed during the year, including replacement of a linear accelerator and associated renovations at the Allan Blair Cancer Centre and the replacement of the CT (Computed Tomography) scanner and associated renovations at the Saskatoon Cancer Centre.

Management Report

The accompanying financial statements are the responsibility of management and are approved by the Saskatchewan Cancer Agency Board of Directors. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Cancer Agency's assets are safeguarded and the financial records are relevant and reliable.

The Saskatchewan Cancer Agency Board of Directors delegates the responsibility of reviewing the financial statements and overseeing management's performance in financial reporting to the Audit Committee of the board. The Audit Committee meets with management to discuss and review financial matters and recommends the financial statements to the Cancer Agency for approval. The Cancer Agency approves the annual report and, with the recommendation of the Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Dr. Jon Tonita
President and Chief Executive Officer



Margaret Lewis
Chief Financial Officer

May 20, 2022

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2022 and the statement of operations, statement of changes in net financial assets (debt) and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of The Saskatchewan Cancer Agency as at March 31, 2022, and the results of its operations, changes in its net financial assets (debt), and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of Saskatchewan Cancer Agency in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Saskatchewan Cancer Agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Saskatchewan Cancer Agency or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Saskatchewan Cancer Agency's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Saskatchewan Cancer Agency's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Saskatchewan Cancer Agency's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Saskatchewan Cancer Agency to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control identified during the audit.

A handwritten signature in black ink that reads "T. Clemett".

Regina, Saskatchewan
May 20, 2022

Tara Clemett, CPA, CA, CISA
Provincial Auditor
Office of the Provincial Auditor

2021-22 Financial Statements

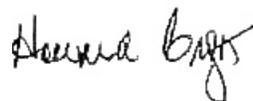
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	<u>2022</u>	<u>2021</u>
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 15,090,596	\$ 15,452,861
Accounts receivable:		
- Ministry of Health – General Revenue Fund	315,000	716,858
- Other	<u>14,962,196</u>	<u>10,887,329</u>
Total Financial Assets	<u>\$ 30,367,792</u>	<u>\$ 27,057,048</u>
LIABILITIES		
Accounts payable	\$ 13,016,348	\$ 9,445,321
Accrued salaries	3,652,989	1,792,827
Vacation payable	1,656,468	1,555,012
Deferred revenue (Note 7)	497,247	551,596
Employee future benefits (Note 8)	<u>3,223,800</u>	<u>3,040,100</u>
Total Liabilities	<u>22,046,852</u>	<u>16,384,856</u>
NET FINANCIAL ASSETS	<u>8,320,940</u>	<u>10,672,192</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4)	29,657,263	25,210,172
Inventory held for use	19,947,965	11,051,154
Prepaid expenses	<u>1,590,774</u>	<u>936,635</u>
Total Non-Financial Assets	<u>51,196,002</u>	<u>37,197,961</u>
ACCUMULATED SURPLUS	<u>\$ 59,516,942</u>	<u>\$ 47,870,153</u>
Contractual Obligations (Note 5)		



Ron Waschuk
Board Chair



Howard Crofts, FCPA FCA
Finance and Audit Committee Chair

(The accompanying notes and schedules are part of these financial statements.)

2021-22 Financial Statements

Statement 2

SASKATCHEWAN CANCER AGENCY STATEMENT OF OPERATIONS For the Year Ended March 31

	Budget 2022 (Note 11)	2022	2021
REVENUES			
Ministry of Health	\$ 213,915,382	\$ 213,789,352	\$ 207,744,520
Grants	3,305,187	2,288,380	1,828,411
Donations	-	204,040	621,069
Investment income	91,000	101,700	41,114
Other revenues	7,141,102	3,710,050	2,386,597
	<u>224,452,671</u>	<u>220,093,522</u>	<u>212,621,711</u>
EXPENSES (Schedule 3)			
Clinical services	43,716,297	44,271,369	42,873,124
Care services	43,789,205	41,993,765	38,745,250
Pharmacy & drugs	91,543,015	80,195,349	79,673,516
Population health	19,545,170	17,495,587	15,783,198
Research	1,348,258	1,277,477	1,120,348
Corporate services	18,199,948	17,082,606	16,134,528
Other expenses	3,265,118	6,130,580	7,810,657
	<u>221,407,011</u>	<u>208,446,733</u>	<u>202,140,621</u>
Annual surplus	3,045,660	11,646,789	10,481,090
ACCUMULATED SURPLUS, BEGINNING OF YEAR	<u>47,870,153</u>	<u>47,870,153</u>	<u>37,389,063</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 50,915,813</u>	<u>\$ 59,516,942</u>	<u>\$ 47,870,153</u>

(The accompanying notes and schedules are part of these financial statements.)

2021-22 Financial Statements

Statement 3

SASKATCHEWAN CANCER AGENCY STATEMENT OF CHANGE IN NET FINANCIAL ASSETS (DEBT) For the Year Ended March 31

	Budget 2022 (Note 11)	2022	2021
Annual surplus (Statement 2)	\$ 3,045,660	\$ 11,646,789	\$ 10,481,090
Net acquisition of tangible capital assets (Note 4)	(19,568,710)	(8,436,526)	(3,409,755)
Amortization of tangible capital assets (Note 4)	4,500,000	3,745,767	4,243,921
Loss on disposal of tangible capital assets	-	243,669	12,071
	(12,023,050)	7,199,699	11,327,327
Net (increase) decrease in inventory	-	(8,896,811)	1,461,045
Net (increase) decrease in prepaid expenses	-	(654,140)	3,836
CHANGE IN NET FINANCIAL ASSETS (DEBT)	(12,023,050)	(2,351,252)	12,792,208
NET FINANCIAL ASSETS (DEBT), BEGINNING OF YEAR	10,672,192	10,672,192	(2,120,016)
NET FINANCIAL ASSETS (DEBT), END OF YEAR	<u>\$ (1,350,858)</u>	<u>\$ 8,320,940</u>	<u>\$ 10,672,192</u>

(The accompanying notes and schedules are part of these financial statements.)

2021-22 Financial Statements

Statement 4

SASKATCHEWAN CANCER AGENCY STATEMENT OF CASH FLOWS For the Year Ended March 31

	<u>2022</u>	<u>2021</u>
Cash provided by (used in):		
OPERATING ACTIVITIES		
Annual surplus (Statement 2)	\$ 11,646,789	\$ 10,481,090
Net change in non-cash working capital (Note 3)	(7,561,964)	(1,622,883)
Amortization of tangible capital assets (Note 4)	3,745,767	4,243,921
Loss on disposal of tangible capital assets	243,669	12,071
	<u>8,074,261</u>	<u>13,114,199</u>
CAPITAL ACTIVITIES		
Purchase of tangible capital assets (Note 4)	<u>(8,436,526)</u>	<u>(3,409,755)</u>
Net increase (decrease) in cash and cash equivalents during the year	(362,265)	9,704,444
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>15,452,861</u>	<u>5,748,417</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u><u>\$ 15,090,596</u></u>	<u><u>\$ 15,452,861</u></u>

(The accompanying notes and schedules are part of these financial statements.)

2021-22 Financial Statements

SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2022

1. Legislative Authority

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Cancer Agency), pursuant to *The Cancer Agency Act*. The Cancer Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with the Saskatchewan Health Authority and health care organizations.

The Cancer Agency is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

A statement of remeasurement gains and losses has not been presented in these financial statements because all financial instruments' carrying value approximates their fair value.

a) Basis of accounting

These financial statements are prepared by management in accordance with Canadian Public Sector Accounting (PSA) Standards.

b) Revenue recognition

Revenues are recognized in the period in which the transactions or events occurred that gave rise to the revenues. All revenues are recorded on an accrual basis, except when the accruals cannot be determined with a reasonable degree of certainty or when their estimation is impracticable.

Government transfers (operating grants from the Ministry of Health) are recognized as revenues when the transfer is authorized, any eligibility criteria are met and a reasonable estimate of the amount can be made except to the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the statement of operations as the stipulation liabilities are settled.

Contributions from other sources (grants) are deferred when restrictions are placed on their use by the contributor and are recognized as revenue when eligibility criteria are met.

Unrestricted contributions and pledges are recognized as revenue when received. Gifts-in-kind are recorded at the fair market value on the date of their donation if they meet the Cancer Agency's criteria for capitalization.

Investment income from cash equivalents includes interest recorded on an accrual basis and realized gains and losses on the sale of investments.

Other revenues include recoveries for insurance reports or salaries, room rental and meals at the cancer patient lodges, revenue from third parties and charges to non-residents. These are recognized as revenue when received.

c) Cash and cash equivalents

Cash and cash equivalents consist of balances with financial institutions which have an initial term to maturity of 90 days or less. Balances are recorded at fair value.

2021-22 Financial Statements

d) Inventory held for use

Inventory consists of chemotherapy drugs valued at cost as determined using the average cost method. Inventory is expensed as it is consumed or used and it is held at the lower of net realizable value or cost as determined on a weighted average basis.

e) Tangible capital assets

Tangible capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Tangible capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives once the asset is put into service as follows:

Buildings	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	4 - 15 years

Donated tangible capital assets are recorded at their fair value at the date of contribution if readily determinable, otherwise they are recorded at nominal value.

Tangible capital assets included in work in progress are not amortized until put into service.

f) Non-financial assets

Tangible capital assets, prepaid expenses and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

g) Employee future benefits

(i.) Pension plan:

Employees of the Cancer Agency participate in a multi-employer defined benefit pension plan or a multi-employer defined contribution plan. The Cancer Agency follows defined contribution plan accounting for its participation in these plans. Accordingly, the Cancer Agency expenses all contributions it is required to make in the year.

(ii.) Disability income plan:

Out-of-scope employees of the Cancer Agency participate in a disability income plan to provide wage-loss insurance due to a disability. The Cancer Agency follows post-employment benefits accounting for its participation in the plans. Accordingly, the Cancer Agency expenses all contributions it is required to make in the year. In-scope employees of the Cancer Agency also participate in a disability income plan to provide wage-loss insurance due to a disability. This plan is administered through the Saskatchewan Government and General Employees' Union and the Cancer Agency has no financial obligation for the plan.

(iii.) Accumulated sick leave benefit liability:

The Cancer Agency provides sick leave benefits for employees that accumulate but do not vest. The Cancer Agency recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

h) Measurement uncertainty

In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of

2021-22 Financial Statements

time and the occurrence of certain future events. The changes will be reported in the period in which they become known. Significant items subject to such estimates and assumptions include the accrual of payroll and benefit costs including those related to CBA negotiations, accrual of costs for services provided by the Saskatchewan Health Authority and the estimates of the useful lives of tangible capital assets.

i) Financial instruments

Cash and cash equivalents, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the statement of operations.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price.

j) Leases

Leases are accounted for as operating leases with contractual obligations disclosed in Note 5.

k) Deferred revenue

Funds received for which the contributor has placed restrictions on the use of the resources, for the purpose of projects related to cancer research and treatment. Revenue for these projects is recognized as expenses are incurred as the projects progress.

l) Prepaid expenses

Prepaid expenses are prepaid amounts for goods or services that will provide economic benefits in one or more future periods.

m) New accounting standards in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will come into effect as follows:

- (i.) PS 3280 Asset Retirement Obligations (effective April 1, 2022), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of a liability for retirement of a tangible capital asset.
- (ii.) PS 3400 Revenue (effective April 1, 2023), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of revenue.

The Cancer Agency has reviewed these standards and assessed that there will be no changes to our financial statements as a result of their adoption.

3. Net Change in Non-Cash Working Capital

	2022	2021
(Increase) in accounts receivable	\$ (3,673,009)	\$ (2,163,274)
Increase (decrease) in accounts payable	3,571,026	(601,086)
Increase (decrease) in accrued salaries	1,860,162	(701,095)
Increase (decrease) in vacation payable	101,456	(220,532)
Increase (decrease) in deferred revenue	(54,349)	421,223
Increase in employee future benefits	183,700	177,000
(Increase) decrease in inventory held for use	(8,896,811)	1,461,045
(Increase) decrease in prepaid expenses	(654,139)	3,836
	\$ (7,561,964)	\$ (1,622,883)

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4. Tangible Capital Assets

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2022	2021
Cost, beginning of year	\$ 280,297	\$ 26,238,199	\$ 19,884,900	\$ 52,323,435	\$ 98,726,831	\$ 95,565,888
Additions	-	1,284,772	959,216	6,192,538	8,436,526	3,409,755
Adjustments	-	-	-	-	-	-
Disposals	-	(326,896)	(520,061)	(7,363,648)	(8,210,605)	(248,812)
Cost, end of year	<u>280,297</u>	<u>27,196,075</u>	<u>20,324,055</u>	<u>51,152,325</u>	<u>98,952,752</u>	<u>98,726,831</u>
Accumulated amortization, beginning of year	-	21,895,102	14,753,151	36,868,406	73,516,659	69,509,479
Amortization	-	543,527	592,095	2,610,145	3,745,767	4,243,921
Adjustments	-	-	-	-	-	-
Disposals	-	(326,896)	(342,374)	(7,297,667)	(7,966,937)	(236,741)
Accumulated amortization, end of year	<u>-</u>	<u>22,111,733</u>	<u>15,002,872</u>	<u>32,180,884</u>	<u>69,295,489</u>	<u>73,516,659</u>
Net Book Value	<u>\$ 280,297</u>	<u>\$ 5,084,342</u>	<u>\$ 5,321,183</u>	<u>\$ 18,971,441</u>	<u>\$ 29,657,263</u>	<u>\$ 25,210,172</u>

Work in progress amount included in the assets above is \$4,276,176 (2021 - \$1,784,378).

5. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2022, contractual obligations for acquisition of tangible capital assets are \$3,396,306 (2021 - \$5,081,249).

b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2022-23	\$2,302,318
2023-24	1,804,051
2024-25	1,806,321
2025-26	1,817,672
2026-27	1,529,670

c) Contracted Health Services Operators

The Cancer Agency continues to contract on an ongoing basis with the Saskatchewan Health Authority to provide some services such as lab tests, diagnostic radiology, housekeeping and maintenance services. Services provided in the year ending March 31, 2022 will continue to be contracted for the following fiscal year. In the year ended March 31, 2022, the Cancer Agency contracted services amounting to \$9,873,472 (2021 - \$10,395,922).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (CCS), conditionally transferred two cancer patient lodges, one in Saskatoon and one in Regina, to the Cancer Agency in 1983. The buildings and land are included in the total capital assets for the Cancer Agency. Under the terms of the agreement with CCS, the title of the lodges will remain with the Cancer Agency so long as they are used as patient lodges. Prior to March 31, 2020, the Cancer Agency discontinued providing lodge services at the Saskatoon location and has temporarily moved to an alternate location (Parkville Manor) to provide lodge services. The Cancer Agency and CCS have agreed that the Saskatoon patient lodge title does not need to be transferred back to CCS until the Cancer Agency decides if it will rebuild a patient lodge on the property. The Cancer Agency will advise CCS by March 31, 2023 whether it plans to rebuild on the site.

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7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Government of Saskatchewan Initiatives				
3sHealth - Smart Pump Program	\$ 14,963	\$ 14,963	\$ -	\$ -
Total Other Government of Saskatchewan	14,963	14,963	-	-
Non-Government of Saskatchewan Initiatives				
Clinical Trials Awards	198,890	75,504	66,777	190,163
U of S - Gyneoncology Academic Services	20,489	147,393	138,440	11,536
WCB - Sun Smart	20,000	13,232	-	6,768
Canadian Partnership Against Cancer				
Canadian Cancer Strategy for Cancer Control	55,500	156,620	105,306	4,186
Tobacco Cessation	21,500	923	-	20,577
Early Integration for Palliative Care	24,516	123,746	112,230	13,000
SASKPATH	154,238	835,602	836,285	154,921
Culturally Responsive Cancer Strategy	21,500	63,744	64,548	22,304
Métis Cancer Control Strategy	20,000	20,000	-	-
Lung Cancer Screening	-	192,923	201,587	8,664
Cervical Cancer Screening	-	127,466	179,950	52,484
NITHA	-	36,635	49,279	12,644
Total Non-Government of Saskatchewan	536,633	1,793,788	1,754,402	497,247
Total Deferred Revenue	\$ 551,596	\$ 1,808,751	\$ 1,754,402	\$ 497,247

8. Employee Future Benefits

a) Pension Plan

Employees of the Cancer Agency participate in one of the following pension plans:

- (i.) Public Employees Pension Plan (PEPP) is a defined contribution pension plan and is the responsibility of the Government of Saskatchewan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 2.
- (ii.) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services at a ratio of 1.12 to 1. Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed. Pension expense for the year is included in salaries and employee benefits in Schedule 2. The last actuarial valuation was performed as at December 31, 2020.

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	SHEPP	PEPP	2022 Total	2021 Total
Number of active members	137	748	885	857
Member contribution rate, percentage of salary	8.10% - 10.70%	7.60%		
Cancer Agency contribution rate, percentage of salary	9.07% - 11.98%	8.76%		
Member contributions (thousands of dollars)	\$ 783	\$ 4,285	\$ 5,068	\$ 4,590
Cancer Agency contributions (thousands of dollars)	\$ 833	\$ 4,919	\$ 5,752	\$ 4,808

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2022. Inactive members are not reported by the Cancer Agency.

b) Disability Income Plans

Employees of the Cancer Agency participate in the following disability income plans:

PEBA – Disability income plan for out-of-scope staff, administered by the Public Employees Benefits Agency. The Cancer Agency’s financial obligation to this plan is limited to making the required payments to the plan according to the applicable agreement. Disability expense for the PEBA plan is included in salaries and employee benefits in Schedule 2 and is equal to the contribution amount below.

SGEU – Disability income plan for in-scope staff, administered by the Saskatchewan Government and General Employees’ Union. The Cancer Agency has no financial obligation for this plan.

	PEBA	SGEU	2022 Total	2021 Total
Number of active members	180	729	909	891
Member contribution rate, percentage of salary	0.97%	1.50%		
Cancer Agency contribution rate, percentage of salary	1.17%	0.00%		
Member contributions (thousands of dollars)	\$ 301	\$ 644	\$ 945	\$ 882
Cancer Agency contributions (thousands of dollars)	\$ 361	\$ -	\$ 361	\$ 340

c) Accumulated Sick Leave Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management’s best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. An actuarial valuation was completed on March 31, 2020 with results projected to March 31, 2022. Key assumptions used as inputs into the actuarial calculation are as follows:

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	2022	2021
Discount rate (per annum)	3.10%	2.20%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Termination rates (sample rates)		
Age 20	0.048	0.048
Age 25	0.041	0.041
Age 30	0.039	0.039
Age 35	0.037	0.037
Age 40	0.029	0.029
Age 45	0.025	0.025
Age 50	0.024	0.024
Age 55	0.027	0.027
Age 60	0.027	0.027

	2022	2021
Accrued benefit obligation, beginning of year	\$ 3,040,100	\$ 2,863,100
Cost for the year		
Current period benefit costs	460,100	450,200
Interest expense	77,500	74,600
Actuarial (gains) losses	44,500	44,500
Benefits paid during the year	(398,400)	(392,300)
Accrued benefit obligation, end of year	\$ 3,223,800	\$ 3,040,100

9. Related Party Transactions

These financial statements include transactions with related parties. The Cancer Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan, as well as its key management personnel and their close family members. Additionally, the Cancer Agency is related to organizations where they have key management personnel and/or their close family members in common. Transactions with these related parties are in the normal course of operations and are settled on normal trade terms, except as described in the following paragraph.

The Cancer Agency has two physical locations where it provides cancer treatment services, the Allan Blair Cancer Centre (ABCC) and the Saskatoon Cancer Centre (SCC). The building premises occupied by ABCC are leased from the Saskatchewan Health Authority (SHA) for a nominal amount, including a portion of occupancy costs (which would be assessed during the normal course of operations). The Cancer Agency and the SHA are considered related through their common control by the Government of Saskatchewan.

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10. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as assets or liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The Board ensures that the Cancer Agency has identified its major risks and ensures that management monitors and controls them. The Board oversees the Cancer Agency's systems and practices of internal control and ensures that these controls contribute to the assessment and mitigation of risk.

The Cancer Agency has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

c) Credit Risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Cancer Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Cancer Agency's receivables are from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Cancer Agency has ongoing contractual relations. The majority of the Cancer Agency's receivables are collected within 90 days. Overall, the credit risk on accounts receivable is minimal. The Cancer Agency is also exposed to credit risk from cash and cash equivalents and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2022	2021
Cash and cash equivalents	\$ 15,090,596	\$ 15,452,861
Accounts receivable		
Ministry of Health - General Revenue Fund	315,000	716,858
Other	14,962,196	10,887,329
	<u>\$ 30,367,792</u>	<u>\$ 27,057,048</u>

The Cancer Agency manages its credit risk surrounding cash and cash equivalents and investments by dealing solely with reputable banks and financial institutions and using an investment policy to guide their investment decisions. The Cancer Agency invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

Management reviews accounts receivable to determine if a valuation amount is necessary to reflect impairment in collectability. For March 31, 2022, the Cancer Agency does not deem one as necessary.

d) Market Risk

Market risk is the risk that market prices, such as foreign exchange rates or interest rates, will affect the Cancer Agency's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

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(i.) Foreign exchange risk:

Foreign exchange risk is the risk that the fair value of financial instruments denominated in a foreign currency will fluctuate because of changes in foreign exchange rates. The Cancer Agency operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the Cancer Agency. The Cancer Agency believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii.) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the Cancer Agency to cash flow interest rate risk. The Cancer Agency's investments include guaranteed investment certificates and bonds bearing interest at coupon rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As of March 31, 2022, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Cancer Agency's financial instruments would have decreased or increased by approximately \$303,678 (2021 - \$270,570).

(iii.) Liquidity risk:

Liquidity risk is the risk that the Cancer Agency will not be able to meet its financial obligations as they become due. The Cancer Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities. At March 31, 2022, the Cancer Agency has a cash and cash equivalents balance of \$15,090,596 (2021 - \$15,452,861).

The COVID-19 pandemic has caused a material disruption to the health sector and has resulted in an economic slowdown. The Cancer Agency has assessed and continues to monitor the impact of COVID-19 on its operations. Potential impacts include supply chain delays, temporary shut downs of cancer screening programs, increased use of virtual care, and challenges associated with a remote and unavailable workforce. Estimates of these impacts have been included where appropriate. Given the uncertainty of the magnitude and duration of the pandemic, it is not possible to determine if there are significant additional impacts on current operations or reported asset and liability values.

(iv.) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash and cash equivalents are recorded at fair value.

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Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and cash equivalents, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

As at March 31, 2022, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2021 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

11. Budget

The 2021-22 budget plan was approved by the Cancer Agency's Board of Directors on May 18, 2021.

12. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expired on March 31, 2018. A new agreement was ratified by members on April 28, 2021 that will be in effect until March 31, 2024.

13. Cancer Foundation of Saskatchewan

In 2017-18, the Cancer Foundation of Saskatchewan (Foundation), an arms-length foundation, was incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*. This Foundation supports the Cancer Agency by raising funds for capital equipment, patient comfort items and other priority needs. The Foundation officially launched in January 2019. The Cancer Agency provides space in their facility for the Foundation to operate out of at no charge.

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Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF BOARD MEMBER REMUNERATION For the Year Ended March 31, 2022

Board Members	2022					2021
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 5,923	\$ 188	\$ 408	\$ 16,479	\$ 18,677
Board Members:						
Crofts, Howard	-	4,938	125	387	5,450	5,116
Finnie, Doug	-	2,450	-	11	2,461	3,288
Streelasky, Dr. Walter ⁽²⁾	-	1,631	188	519	2,338	3,204
Ravis, Don	-	3,238	-	242	3,480	5,122
Chabot, Lionel ⁽³⁾	-	475	-	-	475	2,661
Stang, Frances ⁽⁴⁾	-	288	-	-	288	5,141
Scott, Kelly	-	3,166	125	214	3,505	3,950
Total	\$ 9,960	\$ 22,109	\$ 626	\$ 1,781	\$ 34,476	\$ 47,159

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Walter Streelasky resigned from the Board on December 31, 2021.

(3) Lionel Chabot resigned from the Board on May 7, 2021.

(4) Frances Stang resigned from the Board on May 10, 2021.

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Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2022

Senior Employees	2022			2021
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Dr. Jon Tonita, Chief Executive Officer	\$ 284,927	\$ 8,044	\$ 292,971	\$ 283,149
Dr. Shazia Mahmood, Vice-President, Medical Services	534,156	-	\$ 534,156	520,751
Deb Bulych, Vice-President, Care Services	214,062	-	214,062	216,855
Kevin Wilson, Vice-President, Population Health, Quality & Research	223,365	-	223,365	213,286
Ron Dufresne, Vice-President, Corporate Services	204,497	844	205,341	196,257
Total	\$ 1,461,007	\$ 8,888	\$ 1,469,895	\$ 1,430,298

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell phone, computer, etc., as well as any other taxable benefits.

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Schedule 3

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2022

	Budget 2022 (Note 11)	2022	2021
EXPENSES			
Salaries and employee benefits	\$ 95,638,138	\$ 92,463,143	\$ 86,172,201
Drugs and medical supplies	83,821,864	72,517,096	72,557,182
Contracted staff and physicians	18,704,458	19,218,745	18,613,310
Amortization	4,500,000	3,745,767	4,243,921
Other expenses	3,290,648	5,445,788	5,795,866
Purchased services	3,024,400	3,917,363	2,930,052
Professional fees	2,907,629	2,400,714	1,845,447
Repairs and maintenance	2,886,063	2,186,020	2,320,773
Rent of buildings	2,288,013	2,293,359	2,007,496
Office supplies and other office costs	2,177,972	2,325,365	2,248,748
Clinical and other supplies	1,122,572	1,051,967	1,055,089
Research grants	689,969	299,969	570,257
Housekeeping and laundry	333,785	300,856	282,849
Grants to Third Party	21,500	36,912	1,485,359
Loss on disposal of tangible capital assets	-	243,669	12,071
	<u>\$ 221,407,011</u>	<u>\$ 208,446,733</u>	<u>\$ 202,140,621</u>

Payee Disclosure List

For the year ended March 31, 2022

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

Abbs-West, Jenelle	\$ 95,815	Bernauer, Sandra	\$ 90,000
Adam, Lisa	135,788	Berzolla, Wayne	98,472
Ahmad, Nazir	271,125	Bhowmik, Debashish	61,969
Ahmed, Shahid	466,963	Biever, Breanna	89,928
Alexander, Andrew	163,060	Bilash, Tristan	83,735
Ali, Magdi	368,544	Black, Megan	94,288
Allan, Joyce	86,887	Blackwell, Maitland	92,616
Allen, Joanne	91,965	Blazeiko, Jonathan	94,187
Almasi-Tait, Karen	93,148	Boechler, Luke	101,816
Alport, Lisa	108,770	Boehm, Darryl	145,265
Alshaikhqasem, Latifa	60,271	Bolt, Rachel	103,181
Alton, Sara	92,379	Bonham, Keith	161,271
Alvi, Riaz	128,186	Bonnell, Gabriel	67,152
Alvi, Saima	242,512	Bortis, Janelle	75,284
Anderson, Deborah	193,902	Bosch, Brennan	107,330
Andreas, J. Joe	96,169	Bosch, Mark	447,375
Appadu, Srivenkatessa	59,895	Boyko, Riley	69,785
Ash, Cassandra	78,913	Brad Richards, Laurie	108,283
Ash, Sheila	67,143	Bradburn, Shelan	54,125
Aspen, Rebecca	138,700	Bradel, Theresa	225,997
Atkinson, Kelly	79,445	Brahmbhatt, Darsh	68,785
Auditor, Ericka	102,361	Braun, Nicole	89,226
Babiy, Patricia	54,555	Brecht, Ronald	115,002
Baden, Hussein	290,441	Brenzil, Marlene	83,931
Bailey, Richelle	74,947	Briggs, Sheri	104,261
Baker, Sara	90,804	Britton, Aleksandr	114,459
Barilla, Tammy	58,089	Brockman, Rhonda	84,478
Barkway, Carly	80,748	Broley, Chandra	62,026
Barlow, Stacy	55,263	Brose, Kelsey	464,731
Basey, Kimberly	53,743	Brown, Shardelle	56,977
Basiove, Mitchell	70,180	Browne, Kara	75,457
Bastock, Brianna	94,337	Brunet, Bryan	458,081
Bayfield Ash, Nicola	143,939	Bruse, Lydia	83,350
Bazylewski, Paul	63,106	Buatois, Melanie	68,642
Beaule, Cindy	69,316	Budz, Denise	143,993
Beck, Leanne	53,798	Bulych, Deborah	214,062
Beckett, Craig	180,187	Bunko, Ada	98,160
Becking, Colleen	78,151	Byblow, Sandra	96,580
Beebe, Larae	84,349	Bykova, Margarita	102,259
Beisel, Thomas	92,243	Campbell, Lorna	92,111
Belhumeur, Kim	89,298	Campbell, Wanda	53,875
Belitski, Renee	144,324	Canitz, Anton	98,294
Belous, Janice	92,835	Carignan, Robert	101,588
Bendico, Samahlee	93,347	Carmichael, Karen	59,916
Bergan, Nicole	80,349	Carr, Michelle	64,939

Payee Disclosure List

Carrington, Renee	\$	53,907	Dodman, John	\$	84,299
Carson, Brett		77,173	Dolata, Wojciech		458,520
Casavant, Corrine		71,853	Donald, Mandi		53,706
Caza, Alison		60,607	Dreger, Sascha		70,315
Chabot, Kali		70,410	Drever, Laura		172,525
Chalchal, Haji		487,410	Dryden, Alexis		109,304
Chamberlain, Dean		56,975	Duchscher, Dana		96,284
Chandna, Ayesha		353,384	Dufresne, Ron		205,341
Chandrasekhar, Ambika		64,824	Dukes, Tina		53,714
Cherepuschak, Penny		53,969	Dwernychuk, Lynn		127,085
Cherland, Susan		98,894	Dyczkowski, Theresa		98,472
Chireh, Batholomew		92,901	Edmunds, Laurie		83,312
Choquette, Heather		109,483	Edwards, Trent		101,409
Christenson, Kendra		79,694	Efthimiou, Karen		60,956
Clark, Rebecca		90,253	Eger, Shaylin		82,874
Clayton, Kimberly		97,334	El-Gayed, Ali		455,167
Cockwill, Ryan		120,394	Elsayed, Naglaa		67,490
Cole, Scott		92,151	El-Sayed, Assem		353,384
Conklin, Sheldon		73,001	Emara, Mohamed		363,384
Constantinescu, Jennifer		61,925	English, Azure		114,010
Cook, Darcy		95,849	Enns, Karen		83,697
Coons, Randi		68,796	Enriquez, Anna-Liza		53,956
Cooper, Sarah		106,972	Erickson, Heather		93,171
Cordes, Preslie		84,104	Esmail, Lina		97,579
Cousins, Kenapha		54,457	Eswedi, Abdulhakim		512,754
Cousins, Sara Rose		59,906	Farrow, Delee		83,867
Covey, Roxanne		54,695	Fay, April		98,921
Cowan, Sarah		93,014	Federko, Robyn		90,812
Cowin, Noah		93,986	Fensom, Jillian		90,213
Craig, Ernest		118,937	Ferguson, Michelle		469,358
Crane, Amanda		96,513	Ferozdin, Sajjad		87,142
Cranmer-Sargison, Gavin		201,879	Fiddler, Kerri		97,990
Crerar Koshuba, Robin		90,557	Filipchuk, Monica		83,502
Crewson, Cody		91,743	Flaman, Josiah		68,985
Cross, Deborah		67,151	Florizone, Jackie		66,062
Curran, Katlin		84,143	Flory, Trevor		110,616
Dallorto, Suzanne		107,122	Flowers, Barbara		92,578
Davies, Laci		94,602	Fogal, Stacey		97,961
Dawes, Jennifer		80,395	Fonagy, Rhonda		60,820
Deane, Mary		89,983	Fondrick, Lacey		53,697
Deck, Veronica		52,942	Fong, Yvonne		108,332
Decker, Allison		95,750	Forreiter, Dorothy		80,303
Decker, Kathryn		54,128	Foster, Lisa		100,045
Deng, Peng		93,299	Fourlas, Karlee		86,878
Derdall, Carson		89,219	Fox, Pauline		94,124
Derrick, Peter		96,101	Frei, Marla		53,877
Deschamps, Michelle		107,291	Friedrich, Kimberly		85,856
Deters, Tim		65,289	Friskie, Robin		88,176
Dimaguila, Teresa		67,382	Gallivan, Andrea		67,155
Dockray, Leanne		60,082	Gardiner, Donald		456,941

Payee Disclosure List

Garratt, Kevin	\$ 116,685	Hicks, Jolene	\$ 110,553
Gartner, Helen	91,824	Hischebett, Rick	165,191
Gatin, Erinn	66,647	Ho, Jenny	78,331
Gee, Olivia	62,347	Hobson, Raelene	94,285
Geisler, Ryan	88,789	Hodgins, Debra	114,006
Geisler, Shawn	69,527	Hoffman, Tanya	78,200
George, Janet	67,375	Hollicky, Jacqueline	50,451
Gerhardt, Sara	91,005	Hollinger, Megan	66,122
Gervais, Amanda	91,438	Hopkins, Blaire	53,835
Giambattista, Joshua	105,194	Hordos, Janelle	107,709
Gibson, Della	55,338	Hornseth, Shyanne	96,804
Glass, Lisa	151,134	Houshmand, Shauna	101,394
Glass, Tracy	55,421	Hughes, Jillian	53,048
Glenister, Shannon	93,104	Hundeby, Shannon	61,071
Glum, Jonathan	60,728	Ingenthron, Nicole	83,696
Good, Carlene	95,670	Iqbal, Mussawar	474,180
Goodman Chartier, Sandra	83,620	Ireland, Haley	55,367
Goodyear, Genny	63,876	Isaac, Stephanie	74,867
Gordon, Brittany	86,265	Islam, Mohammed	92,119
Goubran-Messiha, Hadi	466,146	Ismail, Waleed Sabry	494,154
Gough, Margot	98,567	Jacob, Mary	92,024
Gowrishankar, Branawan	249,309	Jacobson, Amanda	108,165
Gray-Lozinski, Denise	67,223	James, Michelle	53,299
Greene, Terry	68,939	Jameson, Brenda	158,564
Gyorfi, Keely	61,605	Jan, Shalene	62,878
Gyug, Jordan	79,081	Jancewicz, Miroslav	236,613
Haastrup, Funso	114,103	Janzen, Tracie	83,953
Hadland, Shane	94,133	Jelovic, Andrew	91,699
Hagel, Kimberly	460,934	Jessup, Gregory	93,411
Haider, Kamal-Uddin	456,663	Johnson, April	78,106
Hala, Karen	69,882	Johnson, Kate	461,395
Halstead, Kelsey	107,782	Johnson, Norine	58,606
Hansen, Bobbi Jo	73,676	Jones, Brenda	99,297
Hanson, Christin	81,253	Jones, Shannon	72,378
Haq, M. Mansoor	407,026	Jorgensen, Bryan	142,750
Hart, Caroline	160,263	Judd, Alison	98,175
Hart, Jennifer	53,711	Kaban, Susan	71,216
Hastings, James	96,284	Kachur, Kaelee	62,214
Hautcoeur, Arielle	86,869	Kaminski, Doug	60,599
Hawryluk, Wanda	61,784	Kastelic, Sherry	61,791
Haynes, Gabrielle	65,884	Keffer, Melodie	67,990
Hegyi, Brandi	68,583	Kell, Tracy	87,287
Heinrich, Arlene	90,662	Keller, Brooke	68,843
Helfrick, Heather	91,769	Kennedy, Lisa	65,146
Hendriks, Keeley	87,592	Kent, Mackenzie	66,022
Henin, Nevine	346,816	Kerr, Alexandra	85,757
Hepting, Jaclyn	97,473	Keuler, Lisa	91,360
Herasymuik, Laura	63,787	Khan, Asma	81,177
Herle, Chandra	85,562	Khan, Muhammad	217,344
Hetke, Morgan	60,598	Khare, Ajinkya	98,894

Payee Disclosure List

Kilback, Kristin	\$ 77,748	Ly, Ketsia	\$ 75,636
Kindrachuk, Marg	71,207	Maas, Benjamin	458,020
Kinvig, Samantha	53,065	Mac, Stephanie	85,191
Kirby, Gregory	81,917	MaDdonald, Colin	91,354
Kirby, Kristen	75,409	Macdonald, Janice	92,665
Kish, Donna	96,267	MacEdward, Kathy	94,427
Kiwanuka, Stinta	68,773	Macera, Francesca	87,926
Kodad, Shruthi	351,762	Mackie, Jordyn	81,956
Koehler, Breanne	60,884	Magdalin, Liana	72,420
Kohlman, Sandra	92,341	Magosse, Matt	94,303
Kolosnjaji, Aleksander	98,919	Mah Vuong, Pearl	70,292
Kolt, Cory	60,249	Mahmood, Rehan	354,167
Koob, Tenielle	74,762	Mahmood, Shazia	534,156
Koolen, Megan	53,921	Maillot, Laurell	67,789
Kosloski, Judy	75,004	Malinowski, Sheri	72,569
Kosokowsky, Rachelle	82,900	Marchant, Kristin	175,062
Kostyniuk, Lindsay	96,886	Martel, Jessica	82,819
Kovacs, Cindy	96,766	Martin, Chantel	107,772
Kowalski, Bailey	54,978	Martin, Stacy	79,408
Kowbel, Beverly	124,981	Martinson, Alexandra	127,145
Kozie, Serena	90,874	Matheson, Colin	55,630
Kreis, Carie	63,835	McAuley, Karen	98,850
Kroeker, Dana	98,469	McClellan, Stephanie	105,669
Kruger, Lana	101,551	McCormick, Cecilia	67,724
Kumar, Suresh	344,632	Mcdougall, Cheryl	69,537
Kundapur, Vijayananda	458,049	McDougall, Christine	54,465
Kuyek, Sherry	92,378	MDdougall, Elizabeth	73,072
Lacey, Jill	114,570	McEwen, Denise	88,016
Lacey, Kevin	179,096	McEwen Blue, Kirstin	69,413
Laing, David	91,771	McGinn, Stephanie	94,912
Lamontagne, Nicole	69,617	McGregor, Cherith	83,979
Landry, Serena	83,816	Mclvor, Sarah	93,863
Landstad, Taralyn	53,915	McKay, Courtney	83,749
Langston, Danielle	135,028	McKay, Letitia	82,612
Le, Duc	310,057	McKenzie, Erin	106,911
Leask, Jessica	99,757	McKenzie, Jennifer	98,414
Lechner, Meghan	82,137	McLean, Jessica	111,744
Legare, Angela	93,565	McMurphy, Denise	53,460
Lewis, Margaret	143,976	McVicar, Laurie	91,567
Liang, Venessa	106,751	McWhirter, Samantha	50,957
Liss, Shavaun	66,236	Meena, Kaitlin	87,745
Little, Cynthia	85,154	Mendoza-Cabuco, Jelly	70,268
Liu, Derek	151,806	Mensch, Jackie	106,097
Liu, Xia	66,703	Mentanko, Kelly	98,050
Livingstone, Charly	64,414	Mercer, Lacey	77,620
Lobzun, Kevin	96,395	Michel, Marissa	64,400
Logan, Rebecca	113,640	Milligan, Laura	53,967
Lomenda, Vanessa	74,818	Mitchell, Laurel	75,027
Lukowich, Kristen	95,763	Moens, Lisa	75,191
Luoma, Sheri	69,285	Molde, Kelli	89,799

Payee Disclosure List

Morton, Daniel	\$ 134,783	Pierlot, Joan	\$ 114,803
Murchison, Mallory	93,407	Piper, Jaimie	98,922
Musa, Abeer	355,964	Poll, Renise	95,906
Muz, Lori	97,150	Polos, Shelley	108,403
Mychan, Alena	54,525	Pomedli, Belinda	61,987
Myhre, Janessa	69,192	Popoola, Adesina	83,592
Narasimhan, Gopinath	102,515	Pouliot, Kelsey	96,195
Nargang, Kelli	55,798	Poulton, Nadine	94,301
Neufeld, Rebekah	99,707	Power, Katrina	90,021
Nicholson, Kara	107,784	Prakash, Ajay	483,524
Nicholson, Matthew	443,117	Prashar, Manu	72,078
Nistor, Gail	71,421	Procyk, Bernadett	67,144
Noor, Syed	353,384	Qureshi, Kahekashan	358,544
Norman, Carla	92,415	Redekop, Erin	83,415
Nygaard, Tracy	69,427	Redekop, Rachel	81,082
Odnokon, Jordyn	62,179	Rehan, Hina	318,538
Odonnell, Kaitlin	81,886	Reich, Allie	63,586
Olatunji, Opeyemi	86,389	Reichert, Brian	107,561
Olesen, Natasha	86,850	Reischke, Lisa	63,486
Omanovic, Adisa	73,632	Rempel, Colyn	67,816
Omoth, Joanna	58,205	Richard, Maeghan	93,930
Oneill, Darcie	50,399	Richards, Mardel	96,377
Othman, Ibraheem	441,903	Ripplinger, Yvonne	96,802
Otitoju, Chantel	93,643	Robb, Alysha	95,885
Ouellette, Cory	77,253	Robertson, Kathy	69,172
Paculan, Melody	65,965	Rohel, Tiffany	93,273
Padbury, Reg	133,183	Romanow, Bruce	75,794
Palmer, Leah	110,100	Rudichuk, Jeffrey	103,901
Panhwar, Amanullah	332,458	Rumpel, Laurie	109,009
Parr, Brittany	52,862	Rundle, Tammy	53,913
Pass, Danielle	98,894	Russill, Darla	67,327
Patel, Rushi	67,969	Ryan, Susan	108,550
Patel, Yaminkumar	76,504	Saini, Sanjeev	92,543
Patel, Yoma	66,845	Sami, Amer	456,130
Patterson, Janet	94,702	Sanderson, Jennifer	109,777
Pearce, Laurie	75,165	Sankaranarayanan, Kadhambari	72,304
Pearson, Derek	432,544	Sapieha, Shannon	99,451
Pedulla, Annamaria	98,083	Sarker, Sabuj	104,127
Pekar, Julius	153,267	Sauder, Matthew	80,634
Pelletier, Devon	98,628	Schaan, Chyanne	63,470
Pelzer, Lindsay	97,207	Schiltz, Colette	98,809
Penna, Stephanie	87,751	Schmidt, Darren	91,340
Pereira, Jessica	55,992	Schultz, Danielle	80,611
Perry, Chantal	107,340	Schulz, Marcia	60,183
Perry, Emily	89,102	Schumann, Irmgard	95,505
Petrisor, Jamie	59,783	Schwartz, Lyndon	105,958
Pham, Chantale	78,107	Schwartzberger, Delinda	93,214
Phillips, Leah	114,475	Schweiger, Tiffany	52,584
Picot, Rebecca	54,323	Sebastian, Kimberly	88,263
Pidwerbesky, Pamela	55,781	Sebastian, Shauna	96,356

Payee Disclosure List

Seidler, Janelle	\$ 70,476	Tinline, Paula	\$ 91,302
Selch, Taralyn	95,099	Tonita, Jon	292,971
Sellers, Sheena	86,412	Toon, Brenda	62,636
Shaw, Judy	93,844	Tram, Sabrina	108,268
Sherin, Danielle	132,314	Tran, David	90,772
Shinkewski, Patty	75,836	Tran, Michelle	69,684
Shkabara, Myroslava	93,604	Tremblay, Colleen	92,938
Shouman, Mohamed	206,913	Treppel, Diane	99,262
Shuflita, Laureen	76,633	Turley, Dominic	98,111
Shull, Shavon	60,456	Turner, Tyna	51,908
Siarkos, Theodosia	94,555	Twanow, Amy	80,789
Sidhu, Prabhjot	53,251	Tyacke, Alisha	92,360
Siemens, Trevor	83,782	Tymchak, Cara	69,506
Singh Thakur, Varun	152,037	Tyrer, Dusty	57,502
Sirdar, John	96,260	Ullrich, Sherrill	88,621
Smetaniuk, James	75,291	Usher, Barbara	83,378
Smith, Amber	62,061	Uz Zaman, Mohammad	75,100
Smith, Kaitlyn	81,491	Vandane, Alysha	54,248
Soliman, Amira	72,655	Vandenberg, Jennifer	53,700
Song, Kathy	81,762	Vanstone, Megan	86,328
Sorsdahl, Lisa	83,962	Vaxman, Alex	83,109
Sotnikow, Madison	50,137	Villeneuve, Carissa	96,847
Spooner, Margaret	70,548	Visvanathan, Brittney	87,024
Stacey, Kyle	66,877	Vizeacoumar, Franco	143,369
Stakiw, Julie	474,266	Vu, Thao	54,170
Stephenson, Brittany	105,091	Wacker, Steven	104,189
Stevenson, Brooklyn	73,260	Wagner, Dominique	93,230
Stewart, Krista	92,477	Wagner, Maya	125,366
Stinka, Kevin	79,101	Wall, Alana	92,482
Stopanski, Carina	77,046	Wallace, James	116,714
Strachan, Heather	53,706	Wallace, Lana	53,916
Stroh, Evan	84,020	Watson, Pauline	68,425
Struck, Karly	53,956	Weigel, Tamara	98,776
Stuckel, Renee	84,781	Weinrich, Ian	89,188
Sumar, Reezwan	89,568	Weir, Linda	136,032
Sundaram, Vinita	353,384	Wenaus, Cori	52,082
Sweet, Rhonda	57,638	Weppler, Richard	90,773
Switzer, Landon	96,045	Weslowski, Lindsay	73,240
Sywak, Ashley	74,177	Westad, Anne	97,606
Tailor, Imran	124,979	Weyland, Lana	107,262
Tayab, Melba	55,738	Whelan, Jennifer	67,355
Tenezaca, Raquel	59,940	Whitbread, Crista	96,601
Tessier, Lindsay	91,685	Whitehouse, Sonja	52,191
Thauberger, Jenna	91,885	Whiting, Cheryl	132,893
Thirugnanasampanthar, Vasuky	89,927	Whittle, Alison	114,803
Thompson, Anna-Maria	107,336	Wilhelm, Laura	51,734
Thompson, Cheryle	108,811	Williams, Angela	52,599
Thue, Deanna	50,413	Williams, Miesha	98,299
Thurber, Colleen	77,247	Wilson, Karla	82,354
Tiefenbach, Paula	94,560	Wilson, Kevin	223,365

Payee Disclosure List

Wilson, Khristine	\$ 108,988
Wilson, Marlo	59,730
Wilyman, Andrea	72,262
Wilyman, Shawn	98,280
Woitak, Carla	66,857
Wood, Valerie	96,796
Woodrow, Nicole	55,159
Woodside, Lisa	67,763
Woolsey, Tanya	95,373
Woytiuk, Jamie	60,956
Wright, Philip	468,568
Wu, Shanshan	55,212
Xiang, Jim	180,412
Xu, Heping	81,484
Yadav, Sunil	486,413
Yathon, Heidi	83,419
Young, Jana	99,297
Youssef, Hanaa	66,872
Yuzik, Patricia	95,722
Zaba, Donna	92,403
Zahayko, Michelle	68,826
Zahn, Janell	73,213
Zarkovic, Mirjana	465,331
Zatylny, Paula	78,998
Zerff, Terry Lyn	127,998
Zhang, Jing	65,093
Zhu, Tong	101,239
Zimmer, Natasha	98,793

Payee Disclosure List

For the year ended March 31, 2022

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

1080 Architecture, Planning, & Interiors Ltd.	\$ 57,298	Elekta Canada Inc.	\$ 190,692
3sHealth	581,445	Essaltani Medical Professional Corporation	492,851
Dr. Tahir Abbas Medical Professional Corporation	515,077	ESTI Consulting Services	160,793
Abbvie Corporation	2,679,763	European Courier Services, LC	69,192
Accreditation Canada	66,841	Ferring Inc.	422,754
Acre Distribution Inc.	264,691	Findlay, Dr. Rachelle	116,772
Advanced Accelerator Applications Canada	315,000	Fisher Scientific Limited	174,196
Dr. Osama Ahmed Medical Professional Corporation	499,064	GE Healthcare Canada Inc.	543,155
Alberta Health Services	113,845	Genomic Health Inc.	839,175
Dr. Alhayki Medical Professional Corporation	620,818	Dr. Joshua Giambattista Medical Professional Corporation	338,674
Abbott Northwestern Hospital	99,862	GlaxoSmithKline Inc.	88,560
Dr. A. Amjad Medical Professional Corporation	493,738	GMD Distribution Inc.	390,480
Apobiologix	1,475,964	Grand & Toy Office Products	206,026
Dr. Muhammad Aslam Medical Professional Corporation	516,032	HBI Office Plus Inc.	64,129
Associated Radiologists	334,605	Healthmark Ltd.	96,512
Dr. Gillian Bailey Inc.	105,447	Healthcare Insurance Reciprocal of Canada	129,785
Dr. Ayesha Bashir Medical Professional Corporation	493,334	Dr. Laura Hopkins Medicine Professional Corporation	640,818
Baxter Corporation	790,825	Illumina Canada Inc.	56,593
Bayer Inc.	228,464	Innovative OncoSolutions Inc.	1,020,807
Biomed Recovery & Disposal	117,732	Innomar Strategies	543,274
Bisch, Dr. Steven	117,501	Inverness Consulting	199,369
BK Medical Holding Company, Inc.	106,717	Dr. Nayyer Iqbal Medical Professional Corporation	500,360
Black and McDonald	82,786	Island Corporation	128,791
Bristol-Myers Squibb Canada	9,099,428	Jazz Pharmaceuticals Canada Inc.	257,880
Dr. Brown Broderick Medical Professional Corporation	620,818	Jim, Dr. Brent	582,474
Brxton Masonry Inc.	93,713	Jooravan and Rattan Medical Professional Corporation	64,500
Canadian Blood Services	490,317	Karl Storz Endoscopy Canada Ltd.	83,152
Canadian Pharmaceutical Distribution Network	43,401,581	Dr. M. I. Khan Medical Professional Corporation	254,232
CancerCare Manitoba	142,263	Lawlor, Dr. B.	64,937
Cardinal Health Canada	106,900	Dr. DM Le Medical Professional Corporation	164,765
CDR Systems Inc.	148,011	Dr. J.S. Lee Medical Professional Corporation	298,450
Celgene Inc.	10,184,791	Dr. N. Leong Medical Professional Corporation	494,105
College of Physicians & Surgeons of Saskatchewan	90,295	Carma Lim Medical Professional Corporation	140,633
Colliers McClocklin Real Estate Corp.	566,409	Dr. Elaine Liu Medical Professional Corporation	318,610
Commissionaires - Regina	103,004	Dr. Rebecca MacKay Medical Professional Corporation	263,285
Commissionaires - Saskatoon	51,687	Dr. M Manna Medical Professional Corporation	491,694
Curium Canada Inc.	144,197	Marsh Canada Ltd.	84,503
CXtec	151,653	Dr. Vickie J. Martin Medicine Professional Corporation	620,818
Dataworks Development, Inc.	56,168	McKesson Canada	11,328,968
Dell Canada Inc.	352,976	McKesson Distribution Partners	9,824,841
DEX Medical Distribution Inc.	229,687	Melemary Medical Professional Corporation	515,182
Donaldson Marphil Medical Inc.	54,901	Merck Canada Inc.	21,821,765
Dr. Reddy's Laboratories Canada Inc.	1,155,500	Minister of Finance-Central Services	256,608
Dr. Dorie-Anna Dueck Medical Professional Corporation	393,855	Dr. O. Moodley Medical Professional Corporation	493,474
eHealth Saskatchewan	483,604	Dr. C. Mpofu Medical Professional Corporation	50,719
Eisai Limited	53,680	NewWest Enterprise Property Group (Sask) Inc.	1,353,388

Payee Disclosure List

Dr. Othman Medical Professional Corporation	\$ 57,692	Sask Tel	\$ 132,462
Otis Canada Inc.	150,882	Saskatchewan Health Authority	9,873,472
P3 Architecture Partnership	74,276	Schaan Healthcare Products Inc.	334,470
Dr. Dilip Panjwani Medical Professional Corporation	497,308	Seagen Canada Inc.	638,880
Paradigm Consulting Group LP	623,198	Servier Canada Inc.	417,867
Park Town Enterprises Ltd.	304,880	Shift Health	97,060
Pauls, Dr. Mehrnoosh	115,861	Siemens Healthcare Limited	1,757,919
PCL Construction Management Inc.	505,432	Solvera Solutions	432,197
PerkinElmer Health Sciences Canada, Inc.	522,991	Somagen Diagnostics Inc.	619,865
Pfizer Canada Inc. Pharmaceutical	7,299,827	Dr. Osama Souied Medical Professional Corporation	505,893
Phoenix Advertising Group Inc.	62,367	Stantec Architecture Ltd.	152,496
Prairie Advertising Direct Mail Specialists	1,371,083	Sterimax Inc.	152,740
Prokopchuk-Gauk, Dr. Oksana	87,704	Dr. Derek Suderman Medical Professional Corporation	505,580
Purolator Courier Ltd.	260,044	Suer & Pollon Mechanical Partnership	61,707
Radiology Associates of Regina	181,226	University of Saskatchewan	2,148,708
Royal Bank Visa - Payment Centre	106,589	Varian Medical Systems	4,089,640
Dr. Evgeny Sadikov Medical Professional Corporation	516,134	J Venkatesh Health Care Consulting Inc.	307,375
Dr. Muhammad Salim Medical Professional Corporation	511,436	Verity Pharmaceuticals Inc.	92,500
Sandoz Canada Inc.	81,330	WBM Office Systems	235,559
Sask Power	54,545	Dr. A. Zaidi Medical Professional Corporation	493,272
Saskatchewan Registered Nurses Association	75,168		

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

Government of Saskatchewan:

- Disability Income Plan - employer's share \$ 364,028

Public Employees Pension Plan:

- Public Employees Disability Income Fund - employer's share 104,859
 - Public Employees Pension Plan - employer's share 4,885,773

Receiver General for Canada:

- Canada Pension Plan - employer's share 2,467,813
 - Employment Insurance - employer's share 883,099

3s Health:

- 3S Health - Core Dental Plan 609,874
 - 3S Health - Extended Health Care Plans 373,457
 - 3S Health - In-Scope Health & Dental 1,307,764

Saskatchewan Healthcare Employee's Pension Plan - employer's share

- SHEPP Pension - employer's share 834,163

Workers' Compensation Board:

662,610

Get in Touch

Saskatchewan Cancer Agency

General Reception

639-625-2010

Treatment Centres

Allan Blair Cancer Centre (Regina)

306-766-2213

Saskatoon Cancer Centre

306-655-2662

Hematology Clinic (Regina)

639-625-2016

Lodges

Regina Cancer Patient Lodge

306-359-3166

Saskatoon Cancer Patient Lodge

306-242-4852

Screening Programs

Screening Program for Breast Cancer

1-855-584-8228

Screening Program for Cervical Cancer

1-800-667-0017

Screening Program for Colorectal Cancer

1-855-292-2202

Patient Representative

Quality of Care Coordinator

1-866-577-6489

qcc@saskcancer.ca

Cancer Foundation of Saskatchewan

1-844-735-5590

info@cancerfoundationsask.ca

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