

SASKATCHEWAN CANCER AGENCY

A healthy population free from cancer

Annual Report 2020-21



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, 2021.

We have a 90-year history of providing cancer care for the people of Saskatchewan. The knowledge, experience and expertise gained over the years enabled the Cancer Agency to be nimble and responsive to the constant changes faced throughout the COVID-19 pandemic.

Leadership, staff, physicians and the Board of Directors navigated ongoing challenges over the past year to minimize operational disruption and to ensure that patients could continue to receive safe, high-quality cancer care. During this time of unprecedented and historical change, I have never been more proud to be a part of this organization.

In addition to managing the issues stemming from the pandemic, the Agency also celebrated many accomplishments over the past year. Some of the more important included the following:

- Added numerous new oncology drugs to treatment options for cancer care.
- Strengthened the Cancer Agency's clinical trials program to improve and increase patient enrolment.
- Operated in a fiscally responsible manner, achieving balance in our operating budget.
- Successfully secured ~\$2M in funding from the Canadian Partnership Against Cancer (CPAC) for support in developing lung cancer screening, enhance scheduling of endoscopy with centralized booking, developing a culturally responsive organization strategy, Earlier Palliative Integrated Care (EPIC) program, and development and inclusion of the CanPath study.
- With assistance from the recently-formed Cancer Foundation of Saskatchewan, continued with necessary upgrades and equipment replacement to best serve the diagnostic and treatment needs of Saskatchewan people.
- Facilitated a more patient-centred approach to the provision of care to pediatric cancer patients, through a rebalancing of operational responsibilities with our partners, the Saskatchewan Health Authority, and the pediatric focused care provided at the Jim Pattison Children's Hospital in Saskatoon.
- Successfully prepared for virtual meetings with Accreditation Canada as a process to ensure ongoing commitment to continuous quality improvement.
- Successful implementation of Non-Drug Computerized Physician Order Entry.

As a board, we are pleased to present this annual report, which lights our progress in provided world-class care, early detection, prevention, research and treatment of cancer in our province.

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

Last year at this time, we were on the precipice of an unprecedented global crisis with the arrival of the COVID-19 pandemic in Saskatchewan. Leadership, staff, physicians, and our Board of Directors united to brace ourselves for what was about to come.

As I reflect on this past year, I am proud of what we have accomplished amidst the challenges and constant change that came our way. With guidance from our leadership, our employees demonstrated exceptional agility and resiliency that helped to minimize disruption to operations and ensure we could continue to deliver cancer care to the people of Saskatchewan.

We implemented strong precautionary measures to keep our facilities as safe as possible for patients and staff. Employee uptake was swift and consistent, which resulted in no COVID-19 outbreaks in any Cancer Agency facility last year.

We were also able to offer patients virtual care appointments, wherever possible, to reduce their risk of COVID exposure. In fact, we provided close to 55,000 virtual care appointments in the past year. Virtual appointments meant that cancer patients were able to continue to be seen by their oncologist over the past year without delay. Virtual care also saved patients money and time associated with travel for appointments.

Unfortunately, disruptions to diagnostic processes throughout the healthcare system resulted in a need to shut down our early detection programs for two-and-a-half months. However, once we reopened our screening programs, employees worked tirelessly to catch up on the backlog and resume operations as close to normal as possible at this time.

While we continued to maintain our day-to-day operations, we also achieved milestones in our strategic initiatives and organizational priorities. We continued work on the Clinical Management System and implemented phase 2 of the non-drug Computerized Physician Order Entry Project, which is key to allowing physicians to order diagnostics remotely. We added new oncology drugs for patient care, including five new oncology drug programs, 13 new indications for existing drugs and one biosimilar drug. We also secured \$2 million in external funding for special projects around research, and lung and cervical cancer screening.

As we look to the future, I am filled with hope. The COVID vaccine is being rolled out across Canada and signals a potential turning point in this pandemic. As we wait to see what transpires in the months ahead, I am confident that we can build on the accomplishments outlined in this annual report to continue to meet any challenges that come our way.



Dr. Jon Tonita, President and Chief Executive Officer



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, MeadowLake, 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:

- 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 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

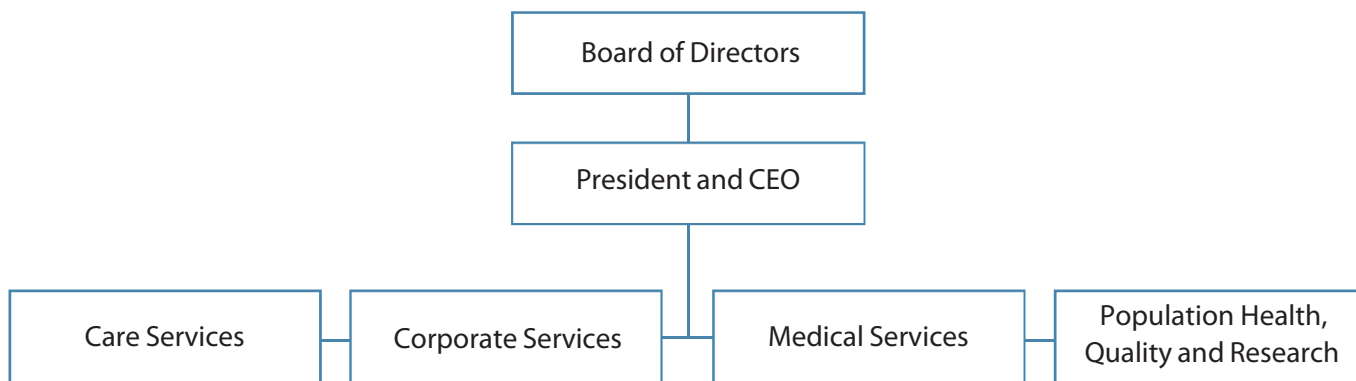
Integrity

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 his or her 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, Elkrige; Frances Stang, Macklin
Standing left to right: Douglas Finnie, Saskatoon; Howard Crofts, Vice Chair, Regina;
Lionel Chabot, North Battleford; Dr. Walter Streelasky, Melville; Don Ravis, Saskatoon

Governance

As overseer of a \$203.14 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

Members:

- *Howard Crofts, Chair*
- *Lionel Chabot*
- *Doug Finnie*
- *Kelly Scott*

Governance and Human Resources Committee

Members:

- *Lionel Chabot, Chair*
- *Doug Finnie*
- *Don Ravis*
- *Kelly Scott*

Quality, Safety and Risk Committee

Members:

- *Frances Stang, Chair*
- *Howard Crofts*
- *Don Ravis*
- *Dr. Walter Streelasky*

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.

Dawne Tokaryk, Patient and Family Advisory Council representative, is on the Quality, Safety and Risk Committee as non-voting member.

Strategic Plan

As the organization in Saskatchewan responsible for cancer care and prevention, 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.

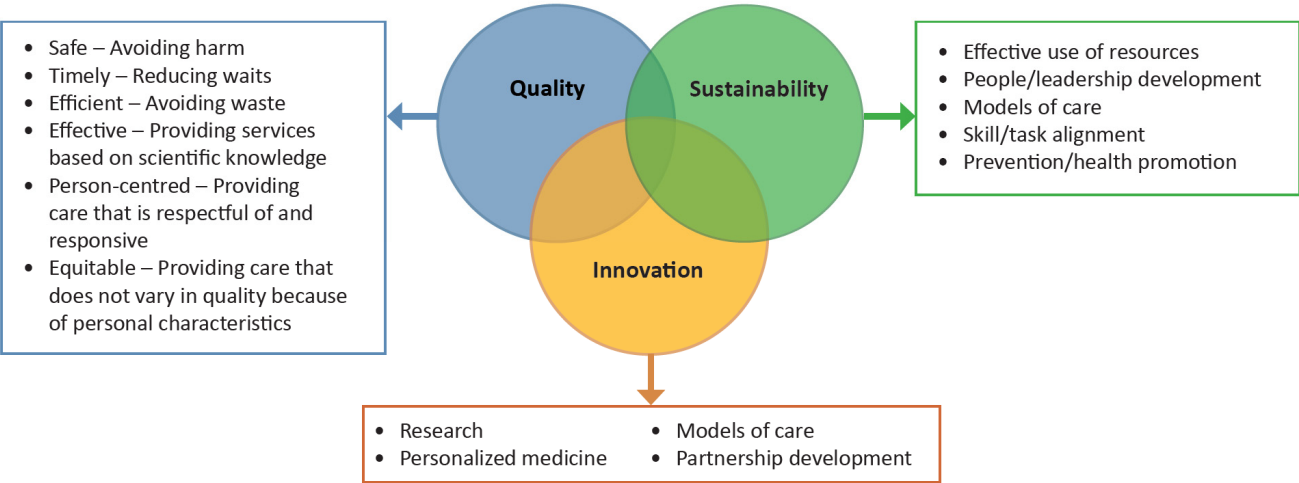
Together with the Saskatchewan Health Authority, Health Quality Council, 3sHealth and eHealth, we strive to deliver safe, continuous person-centred care.

In 2020, the SCA concluded its five-year strategic plan and implemented its first three-year rolling strategic plan. The move to this new format provides more flexibility to allow the SCA to adapt the plan as circumstances change year over year.

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: 2020-23 Long-term Goals



Strategic Plan

PROGRESS IN 2020-21

The following is a snapshot of the progress the Saskatchewan Cancer Agency (SCA) made in 2020-21 on key priorities. With the need to redirect resources for work related to COVID-19, timelines have shifted for some priorities.

STRATEGIC PRIORITIES

CLINICAL MANAGEMENT SYSTEM

Goal:

The SCA is 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:

- Phase 1 and 2 of the non-drug Computerized Physician Order Entry (CPOE) project were completed.
 - Phase 1 included return visits; procedures; and, laboratory and diagnostic orders for triage.
 - Phase 2 included provincial electronic requisitions for laboratory and diagnostics; internal referrals; verbal, written and telephone orders; and, new order sheets for Radiation Oncology, Medical Oncology, Gynecology Oncology, Hematology and Transplant.
- Since the completion of the Tap-N-Go Workstation pilot in clinics last year, performance and reliability issues have been identified and the SCA is working with eHealth to resolve these issues.
- A new application called Docs2eHR was implemented to facilitate importing external documents into the patient record. Phases 1-3 of the scanning of external documents project were completed and include:
 - Operative reports, external consults, correspondence, triage order, MUGA scans, echocardiograms, cardiac wall motion studies and pulmonary function tests.
- The medication reconciliation policy and procedure was updated and implemented.

Results:

- Electronic Physician Chart Triage: more than 91 per cent of the time, chart triage was completed within three days
- Electronic Physician Orders, Patient Visits and Clinic Orders: more than 94 per cent of the time, these tasks were completed within four days
- Rounds Chart Triage: more than 83 per cent of the time, rounds chart triage was completed within three days
- External documents are available in the electronic patient chart, eliminating the reliance on the paper chart for these documents

SERVICE DELIVERY MODEL - DISEASE SITE GROUPS

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 for breast, gastrointestinal (GI), genitourinary (GU), gynecological and lung cancer ensures the right providers are working together to provide the right care at the right time and in the right place. These five groups cover about 70 per cent of the physician caseload at the SCA.

Strategic Plan

Actions:

- A working group was established to develop site-specific clinics with other stakeholders in cancer control. Site-specific clinics will allow patients to have access to multiple care providers at the same time, and facilitate communication between care providers for coordinated care.
- The Case-by-Case Review (CBCR) request policy for non-funded drug therapies was operationalized in CMS, enabling more transparency and efficiency.
- Terms of reference for a morbidity and mortality review were developed, and morbidity and mortality rounds were established.
- Cancer survivors have unique followup needs, and the SCA is improving the safe transfer of care of these patients.
 - A series of cancer patient survivorship educational sessions are being held to facilitate transition care back to primary care providers.
 - Pathways of discharge have been developed to identify patients who can safely be transferred to their primary healthcare provider.
 - Discharge guidelines and patient information letters have been created to support the safe transfer of care.
- The SCA has received Ministry approval to fund Lutathera, radioactive targeted therapy used to treat neuroendocrine tumours, and will be established under Nuclear Medicine in Saskatoon. Additional funding provided by the Royal University Hospital Foundation will cover the facilities costs associated with delivering this treatment.
- Guidelines for the COVID-19 vaccination were developed for patients being treated for cancer.
- Disease site-specific priority treatment guidelines were developed for treatment during the pandemic.
- Provincial disease site-specific clinical trial feasibility meetings are in progress to discuss clinical trials that are new or being processed for breast, GI, GU and lung cancers.

Results:

Work is underway to have a pilot in place for GI malignancies by fall 2021. Future work also includes examining external options for cancer survivor care.

DATA ANALYTICS STRATEGY

Goal:

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

Actions:

- The SCA started to use a tool developed by the Canadian Institute for Health Information (CIHI) to understand data and analytics readiness and capability across the health system and at an individual organization level.
- A data and analytics steering committee has been established with cross divisional representation.
- Analytics responsibility has been centralized under the SCA's Epidemiology and Performance Measurement Department as a centre of excellence.

Results:

More than 50 ad hoc analytics requests have been processed between October 2020 and March 2021 along with numerous regular reports for international, national and provincial key stakeholders. Key performance indicators including timeliness and volumes of analytics work are being developed.

Strategic Plan

HIGH OPERATIONAL PRIORITIES

In 2020-21, 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 followup care to ensure Saskatchewan residents have equitable access to timely, high-quality, safe, efficient, person-centred care.

Actions:

- The Breast Pathway Vision Report was completed. This included six high-level recommendations and 29 medium-level recommendations.
- A strategic plan was developed which includes a five-year roadmap for larger projects.
- Analysis for processes, budget and equipment for the delivery of the mammogram test was completed.

Results:

Waiting for final leadership approval of the breast pathway vision documents and strategic plan. This was paused due to the impact of COVID-19 pandemic.

CLINICAL RESEARCH

Goal:

Building on existing clinical trial strengths, the SCA will target key areas for future growth through the development and implementation of a research strategy. The strategy will include all types of research, from laboratory research through to clinical and population and health service research.

Actions:

- An environmental scan of the literature was completed to inform stakeholder's session (themed).
- Stakeholder engagement sessions were held.
- A national environmental scan was done with selected centres (BC Cancer, Cross Cancer, Cancer Care Manitoba, London Health Sciences Centre, Juravinski Hospital and Cancer Centre) identified by the stakeholder engagement sessions.
- The SCA completed a SWOT analysis.

Results:

Work on the research strategy is ongoing with several key stakeholder, including the disease site group, clinical research, and the SHA diagnostics.

Strategic Plan

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 a better continuity of care quality of life for patients with life limiting illness.

Actions:

- Approximately 75 per cent of frontline workers have completed training for Serious Illness Conversations (SIC).
- SIC documentation template developed and rolled out to multidisciplinary team.
- The SCA continued to participate on the provincial Advance Care Plan (ACP) Committee.
- Trial initiated to review Advance Care Planning documentation with patients and plans developed to expand to entire Allan Blair Cancer Centre.
- Continued Symptom Management and Palliative Outpatient Clinic (SMPCOC) coordinated appointments with community Palliative Care team via iPad.
- Surveys conducted with physician group and Allied Health Care Providers.

Results:

Enhanced palliative education for SCA providers. Pilot of formal multidisciplinary SIC appointments took place. Coming Full Circle Indigenous ACP was created in collaboration with Canadian Virtual Hospice and the Canadian Partnership Against Cancer, and is available to First Nations and Métis patients in the clinic and on the SCA website.

MRI

Goal:

Working in partnership with the Saskatchewan Health Authority, ensure access to magnetic resonance imaging (MRI) services for ABCC patients that is necessary for radiation therapy treatment planning.

Actions:

- Highlighted the need for enhanced access to MRI at the Pasqua Hospital.
- Volumes analysis and patient impact report completed.

Results:

Work continues as the SCA awaits the SHA and Ministry of Health to appropriately prioritize this initiative.

PEDIATRIC ONCOLOGY TRANSITION

Goal:

All pediatric oncology program services (excluding radiation therapy) will function under the SHA at the Regina General Hospital and Jim Pattison Children's Hospital.

Strategic Plan

Actions:

- Much of the transition from the SCA to the Jim Pattison Children's Hospital has been completed.
- Transition of services from ABCC to the Regina General Hospital is in progress.

Results:

Work continues as the SCA awaits the SHA and Ministry of Health to appropriately prioritize this initiative.

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 safely and successfully moved into the Parkville Manor Senior facility, occupying the fifth floor.
- Operations were adapted to ensure patients were able to continue to safely stay at the lodge and receive excellent care and service throughout the pandemic.
- Long-term options to ensure for the provision of the highest possible quality and sustainability of Lodge service were explored and evaluated.

Results:

- March 30, 2021, marked one year since the successful move of the Saskatoon Lodge.
 - The Lodge remained open throughout the year and no cases of COVID or COVID transmission were reported at the Lodge.
 - Recommendations for the future operations of the Saskatoon Cancer Patient Lodge were developed and will be brought forward to SCA leadership and the Ministry of Health early in the 2021-22 fiscal year.
-

SPACE PLANNING

Goal:

Optimization of space in SCA facilities.

Actions:

- A Space Planning Committee (SPC) was formed in October 2020.
- The Terms of Reference and a Project Charter were completed in December 2020.
- The committee identified and agreed on six strategic initiatives to ensure a balanced approach on space planning:
 - Space Planning Policy
 - Clinic Flow and Organization
 - Virtual Care Initiative
 - Collaborative Workspace
 - Integration of Cultural and Spiritual Space
 - Healing Environment/Patient Experience

Strategic Plan

Results:

As space planning will be a continuous process, the SPC has developed a strong framework for how space will be managed going forward within the SCA.

Some of the projects that the committee has completed and/or currently working on are as follows:

- Creating solutions for the immediate space pressures at ABCC and SCC
- Developed sub-committees, which include members from the Patient and Family Advisory Council (PFAC) and the Cancer Foundation of Saskatchewan
- Assessing the future state of the corporate offices post-pandemic (work-from-home).
- Continue work on finalizing the space planning policy, including a space matrix chart.

TALENT AND CULTURAL RESPONSIVENESS

Goal:

Building best-in-class leadership and culturally responsive teams capable of delivering results and engaging with others in transforming the culture of the organization.

Actions:

- To continuously improve our workplace, the Agency regularly surveys our employees and physicians on engagement. To make the engagement process more meaningful, we take further steps with our engagement results and create practical plans to support the engagement process. As a result, engagement has increased by 15% from February 2014 to October 2019.
- The SCA was in the midst of employee engagement planning, which was paused in March 2020 due to work around the COVID-19 pandemic. Engagement planning work resumed in the fall.
- Committee and working groups, with First Nations and Métis representatives from PFAC and community organizations, are developing a culturally responsive organizational strategy in the areas of education, engagement and retention.

Results:

Reporting on progress on engagement planning is expected to occur in June 2021. Ninety-eight percent of new staff have completed Cultivating Change, with some current employees also participating in the training. The SCA and the Métis Nation-Saskatchewan (MN-S) signed a Memorandum of Understanding in January that establishes a framework for the creation of a Métis-specific cancer strategy.

Volume Statistics

Number of New Patient Appointments	2017-18	2018-19	2019-20	2020-21
Allan Blair Cancer Centre				
- Medical oncology	1,395	1,733	1,978	1,810
- Radiation oncology	1,413	1,440	1,490	1,389
- Pediatric oncology	11	9	13	*
- Hematology	272	292	276	325
Total	3,091	3,474	3,757	3,524
Saskatoon Cancer Centre				
- Medical oncology	1,799	1,754	2,030	2,038
- Radiation oncology	1,590	1,693	1,738	1,667
- Pediatric oncology	43	50	16*	*
- Hematology	429	441	465	496
Total	3,861	3,938	4,249	4,201
Provincial				
- Medical oncology	3,194	3,487	4,008	3,848
- Radiation oncology	3,003	3,133	3,228	3,056
- Pediatric oncology	54**	59	29	*
- Hematology	701	733	741	821
Total new patient appointments	6,952	7,412	8,006	7,725

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

**Number was incorrectly reported as 64 in 2017-18 annual report.

Radiation Therapy Workload	2017-18	2018-19	2019-20	2020-21
Allan Blair Cancer Centre				
- Treatment sessions started	974	1,040	1,077	1,147
- Fractions (number of treatment sessions)	17,440	18,276	17,621	17,078
- Fields (number of beams delivered)	83,296	72,433	62,046	46,779
Saskatoon Cancer Centre				
- Treatment sessions started	1,045	1,049	1,234	1,273
- Fractions (number of treatment sessions)	18,520	18,999	20,397	18,096
- Fields (number of beams delivered)	68,463	68,630	66,248	46,151
Provincial				
Total treatment sessions started	2,019	2,089	2,311	2,420
Total fractions (number of treatment sessions)	35,960	37,275	38,018	35,174
Total fields (number of beams delivered)	151,759	141,063	128,294	92,930

Review Patient Appointments	2017-18	2018-19	2019-20	2020-21
Allan Blair Cancer Centre				
- Systemic oncology	18,047	19,354	20,319	22,855
- Radiation oncology	6,135	6,659	7,248	7,233
- Pediatric oncology	719	654	703	-
Total	24,901	26,667	28,270	30,088
Saskatoon Cancer Centre				
- Systemic oncology	21,533	22,289	24,359	26,481
- Radiation oncology	7,004	6,575	6,337	5,745
- Pediatric oncology	1,466	1,705	688*	-
Total	30,003	30,569	31,384	32,226
Provincial				
- Systemic oncology	39,580	41,643	44,678	49,336
- Radiation oncology	13,139	13,234	13,385	12,978
- Pediatric oncology	2,185	2,359	1,391	-
Total review appointments	54,904	57,236	59,654	62,314

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

Chemotherapy Treatments	2017-18	2018-19	2019-20	2020-21
Allan Blair Cancer Centre				
- Treatment visits	9,460	10,641	11,357	11,010
- Number of patients	1,295	1,410	1,542	1,490
Saskatoon Cancer Centre				
- Treatment visits	11,972	12,044	12,568*	11,900*
- Number of patients	1,606	1,652	1,718*	1,594*
Provincial				
Total treatment visits	21,432	22,685	23,925	22,910
Total number of patients	2,886**	3,062	3,260	3,084

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

**In 2017-18 some patients were seen at both cancer centres; therefore, the provincial total is not the sum of patients seen at each centre.

Stem Cell Transplants	2017-18	2018-19	2019-20	2020-21
Number of allogeneic transplants	14	20	21	30
Number of autologous transplants	40	39	42	61
Number of patients sent out of province	0	0	0	0

Volume Statistics

Access	2017-18				2018-19				2019-20				2020-21			
	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	83	80	75	70	69	66	73	67	64	76	73	76	77	50	61	78
- Radiation oncology	55	77	58	76	93	68	62	64	58	57	65	65	80	49	52	59
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	10	12	11	13	12*	13	14*	14*	15	14	15	13	16	14	15	15
- Radiation therapy	17	14	17	20	19	16	18	20	20	20	24	22	22	18	20	19

* 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	2017-18	2018-19	2019-20	2020-21
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	24,166	24,628	27,587	28,710
- Saskatoon Cancer Centre	32,953	33,285	35,973	35,534
Total	57,119	57,913	63,560	64,244
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	2,367	1,847	2,074	1,926
- Saskatoon Cancer Centre	2,945	2,907	2,398	2,734
Total	5,312	4,754	4,472	4,660
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	20,027	22,083	23,960	22,578
- Saskatoon Cancer Centre	23,864	24,519	27,948	26,799
Total	43,891	46,602	51,908	49,377
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	5,856	6,301	7,354	7,183
- Through the Saskatoon Cancer Centre	6,480	6,866	8,891	9,722
Total	12,336	13,167	16,245	16,905

Community Oncology Program of Saskatchewan	2017-18	2018-19	2019-20	2020-21
Number of patients	1,868	2,008	2,057	2,128
Number of treatment visits	12,106	13,514	13,869	14,391
Number of kilometres saved in patient travel	3,852,188	4,283,028	4,354,665	4,641,812

Telehealth Appointments/Virtual Care	2017-18	2018-19	2019-20	2020-21
Allan Blair Cancer Centre appointments	3,039	4,232	4,989	25,050*
Saskatoon Cancer Centre appointments	3,818	4,918	6,364	31,879*
Total	6,857	9,150	11,353	56,929*
Number of kilometres saved in patient travel (provincial)	2,748,408	3,595,484	4,521,016	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	2017-18	2018-19	2019-20	2020-21
Number of patients enrolled to a clinical trial	150	162	143	81
Per cent of new patients enrolled	3.6%	3.9%	2.9%	1.9%

Safety	2017-18	2018-19	2019-20	2020-21
Sick leave hours per FTE	66.22	65.78	65.09	46.40
Wage-driven premium hours per FTE	14.36	10.59	13.11	9.57
Lost time workplace injuries per 100 FTEs	0.59	0.43	0.43	.99
Critical Incidents	0	1	1	1
Falls	12 patients	13 patients	19 patients	20 patients
	11 staff	5 staff	10 staff	11 staff
Total falls	23	18	29	31

Number of Influenza Vaccines	2017-18	2018-19	2019-20	2020-21
Staff	427	450	630	306*

*Possibly under-reported due to a number of staff working from home because of the pandemic and receiving the vaccine in the community rather than in the workplace.

Screening Program for Breast Cancer	April 2017-March 2018	April 2018-March 2019	April 2019-March 2020	April 2020-March 2021
Number of screening mammograms on the mobile unit	8,973	8,513	8,242	1,365
Number of screening mammograms at the Regina centre	10,732	10,643	9,023	7,058
Number of screening mammograms at the Saskatoon centre	8,684	8,701	8,960	4,699
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	9,666	9,699	9,452	7,234
Total	38,055	37,556	35,677	20,356*
	April 2016-March 2018	April 2017-March 2019	April 2018-March 2020	April 2019-March 2021
Participation rate	39.7%	39%	39%	29%

*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 2017-March 2018	April 2018-March 2019	April 2019-March 2020	April 2020-March 2021
Number of Pap tests completed in the Saskatchewan Health Authority	94,291	91,649	90,287	65,705*
	April 2015-March 2018	April 2016-March 2019	April 2017-March 2020	April 2018-March 2021
Participation rate (non-hysterectomy corrected)	54.4%	53.3%	53.5%	48.5%

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

Screening Program for Colorectal Cancer	April 2016-March 2018	April 2017-March 2019	April 2018-March 2020	April 2019-March 2021
Number of people who have completed at least one fecal immunochemical test (FIT)	158,007	159,367	152,727	137,625*
Participation rate	49.3%	49.3%	46.9%	41.6%

*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	2020-21 Amount Awarded
Investigating spinal cord normal tissue toxicity in retreatment scenarios using spatially fractionated microbeam radiotherapy as a leading study towards radiation oncology applications	Dr. Andrew Alexander	2019-21	\$160,594	\$69,656
Preclinical evaluation of HDAC inhibitors in combined therapy	Dr. Keith Bonham	2019-21	\$200,000	\$100,000
Machine learning-based auto-segmentation for high-dose-rate prostate brachytherapy	Dr. Derek Liu	2019-21	\$79,000	\$37,000
Understanding the role of circular RNA in triple negative breast cancer	PDF Award: Dr. Sharmila Narayanan	2019-21	\$83,000	\$42,000
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	\$99,601

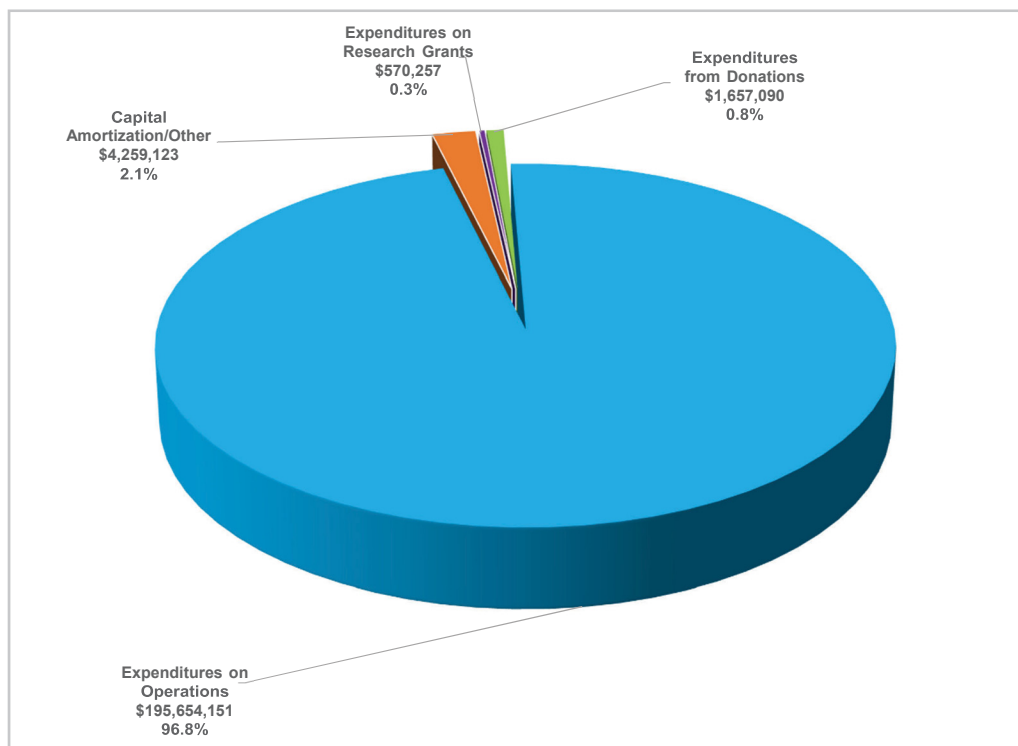
Funded Research Grants	Organization Funding ReceivedFrom	Given to Researcher	Award Period	Total Amount Awarded
Real world evidence of efficacy of fulvestrant in hormone refractory metastatic breast cancer: A retrospective cohort study	Dean Project, College of Medicine, U of S	Dr. Shahid Ahmed	2020	\$5,000
Phase III randomized canine brain tumour study of microbeam treatment - is immune modulation the basis of response?	One Health Initiative Grant	Dr. Vijayananda Kundapur	2021	12000
Mini beam treatment for canine brain tumour	Mrs. J. Olszewska Neuropathology Fund, Department of Pathology/ U of S.	Dr. Vijayananda Kundapur	2020, Extension granted due to pandemic	\$3,500
Enhanced recovery in gynecologic oncology; improving the surgical experience for women with gynecologic malignancies	Women Leading Philanthropy Research Grant; Royal University Hospital Foundation Competition	Dr. Laura Hopkins	2020-21	\$100,000

Volume Statistics

Funded Research Grants	Organization Funding Received From	Given to Researcher	Award Period	Total Amount Awarded	2020-21 Amount Awarded
Distinct regulation of T cell fate and memory via differentially IL-2- and IL-7-activated mTORC1-KIF13A-M6PR axis and AMPK-FOXO-Eomes pathway	Canadian Institutes of Health Research	Dr. Jim Xiang	2017-21	\$480,000	\$120,000
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	\$36,691
A systematic genome wide effort to identify and validate targetable synthetic dosage lethal inter-actions of mitotic kinases in cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-23	\$592,875	\$118,575
Systematic profiling of circular RNAs essential for the survival of cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-23	\$573,750	\$114,750
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
Regulating T-cell fate by targeting mTORC1-KIF13A-M6PR axis to enhance immunity against cancer	Saskatchewan Health Research Foundation	PDF Award: Dr. Anjuman Ara	2019-21	\$90,000	\$45,000
New drugs for metastatic luminal A breast cancer	College of Medicine, University of Saskatchewan	Dr. Deborah Anderson	2020-21	\$30,000	\$30,000
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
Identification of therapeutically relevant targets in telomerase overexpressing prostate cancers	College of Medicine, University of Saskatchewan	Dr. Franco Vizeacoumar	2020-21	\$50,000	\$50,000
SARS-CoV2 therapeutic discovery by genetic screens and repurposing drugs that target essential virus-host interactions	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar (coPI) with Dr. Joyce Wilson	2020-21	\$449,276	\$449,276

Financial Summary

In 2020-21, the Cancer Agency received revenues of \$212.622 million and incurred expenditures of \$202.141 million resulting in an excess of revenues over expenses of \$10.481 million. The following chart gives a breakdown of the total expenditures in 2020-21.



The COVID-19 pandemic affected the Cancer Agency's operations and financial results in 2020-21. The cancer screening programs were shut down for two-and-a-half months during the fiscal year, resulting in significant cost savings. However, there were also increased costs in many areas due to the pandemic that offset most of those savings, including additional infection control supplies, additional resources and additional equipment.

The Cancer Agency implemented five new oncology drug programs, 13 new indications for existing drugs and one biosimilar drug during the fiscal year. All of the new drugs/indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR). All of the new drugs/indications except one were then negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA). One drug was negotiated directly with the vendor by the Cancer Agency, as a generic version of the drug became available soon after pCODR review and therefore was not negotiated by pCPA. The cost sustainability strategy of national pricing negotiations is expected to continue in future years.

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.

Many of the capital projects budgeted in the 2020-21 fiscal year were delayed due to COVID-19. They did get underway later in the year but many of the larger projects and purchases have been carried over to the next fiscal year, including the replacement of the next linear accelerator at the Allan Blair Cancer Centre and replacement of the CT (computed tomography) scanner 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 Finance and Audit Committee of the board. The Finance and 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 Finance and 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 Finance and 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 18, 2021

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, 2021, 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, 2021, 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.

Regina, Saskatchewan
May 18, 2021

A handwritten signature in black ink that reads "Judy Ferguson".

Judy Ferguson, FCPA, FCA
Provincial Auditor
Office of the Provincial Auditor

2020-21 Financial Statements

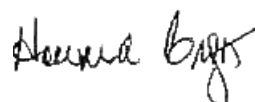
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	<u>2021</u>	<u>2020</u>
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 15,452,861	\$ 5,748,417
Accounts receivable:		
- Ministry of Health – General Revenue Fund	716,858	270,000
- Other	<u>10,887,329</u>	<u>9,170,913</u>
Total Financial Assets	<u>\$ 27,057,048</u>	<u>\$ 15,189,330</u>
LIABILITIES		
Accounts payable	\$ 9,445,321	\$ 10,046,407
Accrued salaries	1,792,827	2,493,922
Vacation payable	1,555,012	1,775,544
Deferred revenue (Note 7)	551,596	130,373
Employee future benefits (Note 8)	<u>3,040,100</u>	<u>2,863,100</u>
Total Liabilities	<u>16,384,856</u>	<u>17,309,346</u>
NET FINANCIAL ASSETS (DEBT)	<u>10,672,192</u>	<u>(2,120,016)</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4)	25,210,172	26,056,409
Inventory held for use	11,051,154	12,512,199
Prepaid expenses	<u>936,635</u>	<u>940,471</u>
Total Non-Financial Assets	<u>37,197,961</u>	<u>39,509,079</u>
ACCUMULATED SURPLUS	<u>\$ 47,870,153</u>	<u>\$ 37,389,063</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.)

2020-21 Financial Statements

Statement 2

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

	Budget 2021 (Note 11)	2021	2020
REVENUES			
Ministry of Health	\$ 205,214,700	\$ 207,744,520	\$ 193,614,225
Grants	1,840,981	1,828,411	1,280,790
Donations	-	621,069	1,318,830
Investment income	143,000	41,114	364,627
Other revenues	<u>1,837,321</u>	<u>2,386,597</u>	<u>1,629,668</u>
	<u>209,036,002</u>	<u>212,621,711</u>	<u>198,208,140</u>
EXPENSES (Schedule 2)			
Clinical services	42,902,349	42,873,124	40,303,942
Care services	38,106,952	38,745,250	37,400,323
Pharmacy & drugs	88,279,828	79,673,516	81,174,022
Population health	17,423,616	15,783,198	16,455,989
Research	1,305,290	1,120,348	1,083,471
Corporate services	17,024,164	16,134,528	15,924,425
Other expenses	<u>2,871,060</u>	<u>7,810,657</u>	<u>6,649,017</u>
	<u>207,913,259</u>	<u>202,140,621</u>	<u>198,991,189</u>
Annual surplus (deficit)	1,122,743	10,481,090	(783,049)
ACCUMULATED SURPLUS, BEGINNING OF YEAR	<u>37,389,063</u>	<u>37,389,063</u>	<u>38,172,112</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 38,511,806</u>	<u>\$ 47,870,153</u>	<u>\$ 37,389,063</u>

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

2020-21 Financial Statements

Statement 3

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

	Budget 2021 (Note 11)	2021	2020
Annual surplus (deficit) (Statement 2)	\$ 1,122,743	\$ 10,481,090	\$ (783,049)
Net acquisition of tangible capital assets (Note 4)	(13,645,612)	(3,409,755)	(6,495,694)
Amortization of tangible capital assets (Note 4)	4,200,000	4,243,921	3,604,274
Loss on disposal of tangible capital assets	<u>-</u>	<u>12,071</u>	<u>101,683</u>
	(8,322,869)	11,327,327	(3,572,786)
Net consumption of inventory	-	1,461,045	(3,230,573)
Net (increase) decrease in prepaid expenses	<u>-</u>	<u>3,836</u>	<u>(56,462)</u>
CHANGE IN NET FINANCIAL ASSETS (DEBT)	(8,322,869)	12,792,208	(6,859,821)
NET FINANCIAL ASSETS (DEBT), BEGINNING OF YEAR	<u>(2,120,016)</u>	<u>(2,120,016)</u>	<u>4,739,805</u>
NET FINANCIAL ASSETS (DEBT), END OF YEAR	<u>\$ (10,442,885)</u>	<u>\$ 10,672,192</u>	<u>\$ (2,120,016)</u>

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

2020-21 Financial Statements

Statement 4

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

	<u>2021</u>	<u>2020</u>
Cash provided by (used in):		
OPERATING ACTIVITIES		
Annual surplus (deficit) (Statement 2)	\$ 10,481,090	\$ (783,049)
Net change in non-cash working capital (Note 3)	(1,622,883)	(3,590,823)
Amortization of tangible capital assets (Note 4)	4,243,921	3,604,274
Loss on disposal of tangible capital assets	<u>12,071</u>	<u>101,683</u>
	<u>13,114,199</u>	<u>(667,915)</u>
CAPITAL ACTIVITIES		
Purchase of tangible capital assets (Note 4)	<u>(3,409,755)</u>	<u>(6,495,694)</u>
Net increase (decrease) in cash and cash equivalents during the year	9,704,444	(7,163,609)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>5,748,417</u>	<u>12,912,026</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 15,452,861</u>	<u>\$ 5,748,417</u>

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

2020-21 Financial Statements

SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS As at March 31, 2021

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.

2020-21 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

2020-21 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.

3. Net Change in Non-Cash Working Capital

	2021	2020
		(Note 14)
(Increase) in accounts receivable	\$ (2,163,274)	\$ (1,398,961)
(Increase) decrease in inventory held for use	1,461,045	(3,230,573)
(Increase) decrease in prepaid expenses	3,836	(56,462)
(Decrease) in accounts payable	(601,086)	(244,102)
Increase (decrease) in accrued salaries	(701,095)	543,895
Increase (decrease) in vacation payable	(220,532)	608,528
Increase in deferred revenue	421,223	38,052
Increase in employee future benefits	177,000	148,800
	\$ (1,622,883)	\$ (3,590,823)

2020-21 Financial Statements

4. Tangible Capital Assets

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2021	2020
Cost, beginning of year	\$ 280,297	\$ 25,863,209	\$ 19,387,550	\$ 50,034,832	\$ 95,565,888	\$ 92,948,760
Additions	-	374,990	497,350	2,537,415	3,409,755	6,495,694
Adjustments	-	-	-	-	-	-
Disposals	-	-	-	(248,812)	(248,812)	(3,878,566)
Cost, end of year	280,297	26,238,199	19,884,900	52,323,435	98,726,831	95,565,888
Accumulated amortization, beginning of year	-	21,442,036	13,961,952	34,105,491	69,509,479	69,682,088
Amortization	-	453,066	791,199	2,999,656	4,243,921	3,604,274
Adjustments	-	-	-	-	-	-
Disposals	-	-	-	(236,741)	(236,741)	(3,776,883)
Accumulated amortization, end of year	-	21,895,102	14,753,151	36,868,406	73,516,659	69,509,479
Net Book Value	\$ 280,297	\$ 4,343,097	\$ 5,131,749	\$ 15,455,029	\$ 25,210,172	\$ 26,056,409

Work in progress amount included in the assets above is \$1,784,378 (2020 - \$1,133,998).

5. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2021, contractual obligations for acquisition of tangible capital assets are \$5,081,249 (2020 - \$1,392,480).

b) Operating Leases

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

2021-22	2,312,895
2022-23	2,267,598
2023-24	1,769,331
2024-25	1,771,601
2025-26	1,782,953

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, 2021 will continue to be contracted for the following fiscal year. In the year ended March 31, 2021, the Cancer Agency contracted services amounting to \$10,395,922 (2020 - \$9,142,399).

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 Agency decides if it will rebuild a patient lodge on the property.

2020-21 Financial Statements

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	\$ 29,925	\$ 14,962	\$ -	\$ 14,963
Total Other Government of Saskatchewan	<u>29,925</u>	<u>14,962</u>	<u>-</u>	<u>14,963</u>
Non-Government of Saskatchewan Initiatives				
Clinical Trials Awards	100,448	-	98,442	198,890
U of S - Gynecology Academic Services	-	225,386	245,875	20,489
WCB - Sun Smart	-	-	20,000	20,000
Canadian Partnership Against Cancer				
Canadian Cancer Strategy for Cancer Control	-	-	55,500	55,500
Tobacco Cessation	-	93,150	114,650	21,500
Early Integration for Palliative Care	-	97,388	121,904	24,516
SASKPATH	-	95,954	250,192	154,238
Culturally Responsive Cancer Strategy	-	76,832	98,332	21,500
Métis Cancer Control Strategy	-	-	20,000	20,000
Total Non-Government of Saskatchewan	<u>100,448</u>	<u>588,710</u>	<u>1,024,895</u>	<u>536,633</u>
Total Deferred Revenue	<u>\$ 130,373</u>	<u>\$ 603,672</u>	<u>\$ 1,024,895</u>	<u>\$ 551,596</u>

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, 2019.

	SHEPP	PEPP	2021 Total	2020 Total
Number of active members	110	747	857	843
Member contribution rate, percentage of salary	8.10%-10.70%	7.60%		
Cancer Agency contribution rate, percentage of salary	9.07%-11.98%	7.60%		
Member contributions (thousands of dollars)	\$ 590	\$ 4,000	\$ 4,590	\$ 4,451
Cancer Agency contributions (thousands of dollars)	\$ 662	\$ 4,146	\$ 4,808	\$ 4,518

2020-21 Financial Statements

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2021. 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	2021 Total	2020 Total
Number of active members	168	723	891	888
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)	\$ 279	\$ 603	\$ 882	\$ 868
Cancer Agency contributions (thousands of dollars)	\$ 340	\$ ---	\$ 340	\$ 278

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, 2021. Key assumptions used as inputs into the actuarial calculation are as follows:

	2021	2020
Discount rate (per annum)	2.20%	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

2020-21 Financial Statements

	2021	2020
Accrued benefit obligation, beginning of year	\$ 2,863,100	\$ 2,714,300
Cost for the year		
Current period benefit costs	450,200	429,100
Interest expense	74,600	79,800
Actuarial (gains) losses	44,500	39,400
Benefits paid during the year	(392,300)	(399,500)
Accrued benefit obligation, end of year	\$ 3,040,100	\$ 2,863,100

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.

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 Cancer Agency 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.

2020-21 Financial Statements

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

	2021	2020
Cash and cash equivalents	\$ 15,452,861	\$ 5,748,417
Accounts receivable		
Ministry of Health - General Revenue Fund	716,858	270,000
Other	10,887,329	9,170,913
	<u>\$ 27,057,048</u>	<u>\$ 15,189,330</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, 2021, 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.

(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, 2021, 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 \$270,570 (2020 - \$151,893).

(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, 2021, the Cancer Agency has a cash and cash equivalents balance of \$15,452,861 (2020 - \$5,748,417).

2020-21 Financial Statements

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.

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, 2021, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2020 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

11. Budget

The 2020-21 budget plan was approved by the Cancer Agency's Board of Directors on May 20, 2020.

12. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expired on March 31, 2018. Negotiations on a new agreement have concluded and a tentative agreement was signed in March 2021. The agreement was ratified by members on April 28, 2021. As a result of the ratification of the agreement between parties, a retroactive adjustment of in-scope salaries was made to March 31, 2020 to accrue an estimate of the expected retroactive payout.

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 from at no charge.

14. Comparative Information

Certain of the comparative figures have been reclassified to conform to the financial statement presentation adopted in the current year.

2020-21 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF BOARD MEMBER REMUNERATION For the Year Ended March 31, 2021

Board Members	2021					2020
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 3,900	\$ 1,668	\$ 3,149	\$ 18,677	\$ 27,638
Board Members:						
Chabot, Lionel	-	2,325	63	273	2,661	5,653
Crofts, Howard	-	4,498	138	480	5,116	6,582
Finnie, Doug	-	2,750	150	388	3,288	4,341
Ravis, Don	-	3,513	500	1,109	5,122	6,561
Scott, Kelly ⁽²⁾	-	3,238	263	449	3,950	2,454
Stang, Frances	-	2,600	563	1,978	5,141	9,252
Streelasky, Dr. Walter	-	2,413	288	503	3,204	8,862
Total	\$ 9,960	\$ 25,237	\$ 3,633	\$ 8,329	\$ 47,159	\$ 71,343

(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) Kelly Scott was appointed to the Board on August 1, 2019.

2020-21 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2021

Senior Employees	2021			2020
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Dr. Jon Tonita, Chief Executive Officer	\$ 275,536	\$ 7,613	\$ 283,149	\$ 265,708
Dr. Monica Behl, Senior Medical Officer ⁽³⁾	-	-	-	261,002
Dr. Shazia Mahmood, Senior Medical Officer ⁽⁴⁾	520,751	-	520,751	248,210
Deb Bulych, Vice-President, Care Services	216,855	-	216,855	194,909
Kevin Wilson, Vice-President, Population Health, Quality & Research	213,286	-	213,286	202,095
Ron Dufresne, Vice-President, Corporate Services	196,257	-	196,257	185,176
Lauren Donnelly, Vice-President, Corporate Services ⁽⁵⁾	-	-	-	825
Total	\$ 1,422,685	\$ 7,613	\$ 1,430,298	\$ 1,357,925

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lump sum 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.

(3) Dr. Monica Behl retired from the Agency on September 30, 2019.

(4) Dr. Shazia Mahmood became the Senior Medical Officer on September 30, 2019.

(5) Lauren Donnelly retired from the Agency on March 29, 2019. A payment was made to her in April, 2019 for allowable expenses incurred prior to March 31, 2019.

2020-21 Financial Statements

Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2021

	Budget 2021 (Note 11)	2021	2020 (Note 14)
EXPENSES			
Salaries and employee benefits	\$ 89,011,642	\$ 86,172,201	\$ 84,491,068
Drugs and medical supplies	80,949,864	72,557,182	74,116,466
Contracted staff and physicians	16,495,056	18,613,310	16,262,751
Amortization	4,200,000	4,243,921	3,604,274
Purchased services	2,939,200	2,930,052	2,741,118
Other expenses	2,923,181	5,795,866	6,280,598
Repairs and maintenance	2,911,132	2,320,773	2,431,308
Professional fees	2,253,347	1,845,447	2,140,971
Office supplies and other office costs	2,165,644	2,248,748	2,156,835
Rent of buildings	2,103,159	2,007,496	2,205,497
Clinical and other supplies	1,004,664	1,055,089	904,377
Research grants	570,257	570,257	735,778
Housekeeping and laundry	326,113	282,849	316,965
Grants to third party	60,000	1,485,359	501,500
Loss on disposal of tangible capital assets	-	12,071	101,683
	<u>\$ 207,913,259</u>	<u>\$ 202,140,621</u>	<u>\$ 198,991,189</u>

Payee Disclosure List

For the year ended March 31, 2021

Personal Services

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

Abbs-West, Jenelle	\$ 92,713	Bilash, Tristan	\$ 81,434
Adam, Lisa	135,927	Black, Megan	88,634
Ahmad, Nazir	259,106	Blackwell, Maitland	88,838
Ahmed, Shahid	456,650	Blazeiko, Jonathan	90,621
Alexander, Andrew	150,760	Blazeiko, Courtney	91,063
Ali, Magdi	347,587	Boehm, Darryl	150,589
Allan, Joyce	77,883	Bolt, Rachel	95,270
Allen, Joanne	87,663	Bonham, Keith	157,656
Almasi-Tait, Karen	93,814	Bonnell, Gabriel	65,539
Alport, Lisa	104,231	Bortis, Janelle	101,762
Altieri, Breanna	80,585	Bosch, Brennan	104,338
Alton, Sara	84,504	Bosch, Mark	467,345
Alvi, Riaz	126,996	Bouclin, Susan	56,125
Alvi, Saima	265,269	Boutilier, Bethany	69,790
Anderson, Deborah	189,632	Boyko, Riley	63,741
Andreas, J. Joe	95,573	Brad Richards, Laurie	99,484
Arnold, Kaitlin	54,628	Bradburn, Shelan	51,959
Ash, Cassandra	70,154	Bradel, Theresa	210,607
Ash, Sheila	64,660	Braun, Nicole	84,990
Asif, Tehmina	176,688	Brecht, Ronald	112,326
Aspen, Rebecca	135,049	Brenzil, Marlene	81,283
Athwal, Jagpreet	81,343	Briggs, Sheri	101,223
Atkinson, Kelly	57,158	Britton, Aleksandra	111,310
Auditor, Ericka	67,909	Brockman, Rhonda	81,103
Babiy, Patricia	52,753	Broley, Chandra	60,083
Baender, Darren	57,300	Brose, Kelsey	454,476
Bailey, Richelle	72,588	Brown, Shardelle	86,513
Baisley, Julie-Ann	95,021	Browne, Kara	72,635
Baker, Sara	87,239	Brunet, Bryan	447,353
Barilla, Tammy	60,764	Bruse, Lydia	80,952
Barkway, Carly	83,943	Buatois, Melanie	69,805
Barlow, Stacy	56,151	Budz, Denise	165,557
Basey, Kimberly	52,221	Bulych, Deborah	216,855
Basiove, Mitchell	63,005	Bunko, Ada	93,563
Bayfield Ash, Nicola	62,904	Burke, Christine	52,145
Bazylewski, Paul	58,928	Byblow, Sandra	90,688
Beaule, Cindy	67,970	Campbell, Lorna	88,579
Beckett, Craig	203,228	Canitz, Anton	65,191
Beebe, Larae	81,268	Carignan, Robert	61,386
Beisel, Thomas	86,947	Carmichael, Karen	56,165
Belhumeur, Kim	90,636	Carrington, Renee	51,422
Belitski, Renee	159,124	Casavant, Corrine	68,042
Belous, Janice	86,834	Caza, Alison	58,715
Bernauer, Sandra	77,986	Chabot, Kali	98,898
Berzolla, Wayne	98,345	Chalchal, Haji	476,812

Payee Disclosure List

Chandna, Ayesha	\$	329,318	Douglas, Leona	\$	72,606
Cherepuschak, Penny		51,988	Drever, Laura		166,677
Cherland, Susan		98,522	Dryden, Alexis		105,901
Chiang, Sydney		75,542	Duchscher, Dana		93,972
Chinta Reddy, Priyanka		54,776	Dufresne, Ron		196,257
Choquette, Heather		117,955	Dukes, Tina		53,884
Christenson, Kendra		66,704	Dwernychuk, Lynn		134,178
Clark, Rebecca		78,746	Dyczkowski, Theresa		97,478
Clayton, Kimberly		90,094	Edmunds, Laurie		80,554
Cockwill, Ryan		118,146	Edwards, Trent		94,762
Cole, Scott		91,860	Efthimiou, Karen		138,068
Colleaux, Dena		90,369	Eger, Shaylin		89,715
Conklin, Sheldon		68,364	El-Gayed, Ali		450,016
Cook, Darcy		96,770	El-Sayed, Assem		348,968
Coons, Randi		68,012	Emara, Mohamed		339,318
Cooper, Sarah		103,527	English, Azure		111,310
Corbin, Denise		62,206	Enns, Karen		80,848
Cousins, Kenapha		52,145	Enriquez, Anna-Liza		51,526
Cousins, Sara Rose		56,480	Erickson, Heather		91,468
Covey, Roxanne		52,226	Esmail, Lina		89,110
Cowan, Sarah		89,979	Eswedi, Abdulhakim		513,424
Cowin, Noah		91,193	Fan, Xiao Yan		59,997
Craig, Ernest		117,731	Farrow, Delee		80,813
Crane, Amanda		88,789	Fay, April		94,544
Cranmer-Sargison, Gavin		204,319	Federko, Robyn		92,947
Crerar Koshuba, Robin		91,276	Fensom, Jillian		70,360
Crewson, Cody		91,022	Ferguson, Michelle		450,131
Cross, Deborah		64,991	Ferner, Lindsay		104,416
Curran, Katlin		76,345	Ferozdin, Sajjad		88,440
Dale, Jessica		56,917	Fiddler, Kerri		90,268
Dallorto, Suzanne		106,602	Fiessel, Wanda		77,656
Danyluk, Patricia		51,202	Filipchuk, Monica		81,188
Davies, Laci		88,970	Flaman, Josiah		66,337
Dawes, Jennifer		79,111	Flegel, Joanna		55,033
Dean, Lana		104,276	Florizone, Jackie		61,758
Deane, Mary		92,500	Fogal, Stacey		97,149
Decker, Kathryn		52,209	Fonagy, Rhonda		57,872
Decker, Allison		92,024	Fondrick, Lacey		52,148
Dedinca, Gresa		67,965	Fong, Yvonne		98,727
Deng, Peng		91,210	Fontaine, Chelsey		58,734
Derdall, Carson		87,809	Forreiter, Dorothy		89,605
Derrick, Peter		95,057	Foster, Lisa		91,577
Deschamps, Michelle		104,532	Fourlas, Karlee		88,010
Deters, Tim		96,521	Fox, Pauline		89,268
Didowycz, Lauren		50,446	Frank, Tracy		67,361
Dimaguila, Teresa		64,032	Frei, Marla		51,931
Dockray, Leanne		57,971	Friskie, Robin		75,917
Dodman, John		77,490	Gallivan, Andrea		65,821
Dolata, Wojciech		451,469	Gardiner, Donald		447,489
Donald, Mandi		53,583	Garratt, Kevin		108,364

Payee Disclosure List

Gartner, Helen	\$ 89,215	Hopkins, Blaire	\$ 51,689
Geisler, Ryan	76,075	Hordos, Janelle	100,380
Geisler, Shawn	67,672	Hornseth, Shyanne	92,307
George, Khloe	61,287	Houshmand, Shauna	99,426
George, Janet	77,114	Hughes, Jillian	97,159
Gerber, Laurie	58,018	Hundeby, Shannon	55,175
Gerhardt, Sara	80,940	Ingenthron, Nicole	81,273
Gervais, Amanda	90,505	Iqbal, Mussawar	456,460
Giambattista, Joshua	432,582	Ireland, Haley	51,692
Gibson, Della	54,629	Isaac, Stephanie	57,141
Glass, Lisa	149,077	Islam, Mohammed	91,486
Glenister, Shannon	88,317	Ismail, Waleed Sabry	485,006
Glum, Jonathan	53,130	Jacobson, Amanda	104,081
Good, Carlene	93,625	Jameson, Brenda	158,422
Goodman Chartier, Sandra	81,175	Jan, Shalene	81,728
Goodyear, Genny	60,694	Jancewicz, Miroslav	216,814
Goubran-Messiha, Hadi	468,390	Janzen, Tracie	81,174
Gough, Margot	93,628	Jelovic, Andrew	89,674
Gray-Lozinski, Denise	64,946	Johnson, Kate	429,212
Greene, Terry	74,345	Johnson, April	69,597
Gyorfi, Keely	55,748	Johnstone, Terrilee	54,309
Hackywicz, Courtney	56,879	Jones, Shannon	65,452
Hadland, Shane	81,986	Jorgensen, Bryan	145,748
Hagel, Kimberly	450,921	Judd, Alison	95,007
Haider, Kamal-Uddin	444,150	Kaban, Susan	66,687
Hala, Karen	65,846	Kaminski, Doug	74,903
Halstead, Kelsey	103,469	Kasper, Amanda	51,870
Hamilton, Dayna	89,989	Kastelic, Sherry	82,954
Hanson, Christin	76,648	Keffer, Melodie	65,873
Haq, M. Mansoor	502,920	Kell, Tracy	83,584
Harvey, Aerial	52,652	Keller, Brooke	65,551
Haskey, Erinn	60,536	Kerr, Alexandra	72,743
Hastings, James	93,779	Kerviche, Annette	72,863
Hautcoeur, Arielle	77,765	Keuler, Lisa	85,821
Haynes, Gabrielle	63,550	Khan, Shaheen	204,863
Head, Chandell	66,157	Khare, Ajinkya	97,897
Hegyi, Brandi	60,581	Kilback, Kristin	73,240
Heinrich, Arlene	89,135	Kindrachuk, Marg	69,400
Helfrick, Heather	90,645	Kirby, Kristen	65,068
Henin, Nevine	266,050	Kish, Donna	91,896
Hepting, Jaclyn	92,787	Kiwanuka, Stinta	65,102
Herasymuik, Laura	58,366	Kodad, Shruthi	286,763
Herle, Chandra	79,850	Kohlman, Sandra	81,886
Hetke, Morgan	54,817	Kolosnjaji, Aleksander	99,369
Hicks, Jolene	113,179	Kondra, Erica	89,704
Hischebett, Rick	165,972	Koolen, Megan	51,942
Ho, Jenny	75,124	Kosloski, Judy	72,917
Hobson, Raelene	74,663	Kostyniuk, Lindsay	93,168
Hodgins, Debra	110,898	Kovacs, Cindy	92,610
Hoffman, Tanya	76,869	Kowbel, Beverly	132,570

Payee Disclosure List

Kozie, Serena	\$ 75,017	Matcyk, Kane	\$ 54,901
Kreis, Carie	59,414	Matheson, Colin	56,816
Kroeker, Dana	96,865	McAuley, Karen	97,895
Kruger, Lana	98,684	McClellan, Stephanie	97,290
Kumar, Suresh	316,550	McDormick, Cecilia	65,506
Kundapur, Vijayananda	472,706	McDougall, Cheryl	80,659
Kuyek, Sherry	88,659	McDougall, Christine	50,076
Lacey, Jill	111,415	McEwen, Denise	86,084
Lacey, Kevin	184,332	McEwen Blue, Kirstin	73,735
Laing, David	87,818	McTinn, Stephanie	90,290
Lamontagne, Nicole	69,241	McGregor, Cherith	80,746
Landry, Serena	81,190	McIvor, Sarah	89,048
Landstad, Taralyn	52,186	McKay, Letitia	72,353
Langston, Danielle	130,973	McKay, Courtney	81,137
Laursen, Becky	95,327	McKenzie, Jennifer	95,433
Le, Duc	441,615	McKenzie, Erin	104,494
Leask, Jessica	109,173	McLean, Jessica	108,432
Lechner, Meghan	73,747	McLean, Lisa	58,538
Leclair, Caitlin	71,261	McMurphy, Denise	53,321
Legare, Angela	89,060	McVicar, Laurie	88,868
Lewis, Margaret	143,545	Mendoza, Mary	89,329
Liang, Venessa	105,247	Mendoza-Cabuco, Jelly	60,583
Lipinski, Nicole	52,109	Mensch, Jackie	104,084
Liss, Shavaun	57,078	Mentanko, Kelly	101,974
Little, Cynthia	76,261	Mercer, Lacey	73,423
Liu, Derek	147,427	Michel, Marissa	59,597
Lobzun, Kevin	102,947	Milligan, Laura	51,154
Logan, Rebecca	80,044	Milner, Natalya	107,525
Lomenda, Vanessa	66,979	Mitchell, Laurel	79,918
Luoma, Sheri	68,678	Molde, Kelli	88,525
Luterbach, Sharon	65,310	Morrison, Kelsie	70,576
Ly, Ketsia	75,039	Morton, Daniel	129,038
Lysohirka, Shasta	82,351	Murchison, Mallory	88,976
Maas, Benjamin	447,321	Musa, Abeer	329,318
Mac, Stephanie	58,226	Muz, Lori	93,193
MacDonald, Janice	90,742	Mychan, Alena	53,023
MacDonald, Colin	88,152	Myhre, Janessa	63,914
MacEdward, Kathy	88,971	Narasimhan, Gopinath	98,959
Macera, Francesca	78,042	Nault, Samahlee	90,377
Mackie, Jordyn	56,722	Neufeld, Rebekah	90,875
Magosse, Matt	92,864	Neufeld, Lauren	60,418
Mah Vuong, Pearl	65,095	Newton, Lisa	79,724
Mahmood, Rehan	308,198	Nicholson, Kara	103,053
Mahmood, Shazia	520,751	Nicholson, Matthew	225,026
Malinowski, Sheri	77,841	Nistor, Gail	65,993
Marchant, Kristin	163,280	Noor, Syed	333,911
Martel, Jessica	81,099	Norman, Carla	92,197
Martin, Stacy	78,036	Nygaard, Tracy	68,605
Martin, Chantel	105,176	Odnokon, Jordyn	65,611
Martinson, Alexandra	123,778	Odonnell, Kaitlin	87,783

Payee Disclosure List

Olesen, Natasha	\$ 100,536	Ripplinger, Yvonne	\$ 92,547
Oneill, Darcie	59,999	Robertson, Kathy	65,922
Othman, Ibraheem	432,339	Rohel, Tiffany	89,034
Otitoju, Chantel	89,418	Romanow, Bruce	72,499
Ouellette, Cory	76,413	Roszell, Donald	118,784
Paculan, Melody	57,991	Rudichuk, Jeffrey	104,887
Padalec, Monica	52,156	Rumpel, Laurie	105,945
Padbury, Reg	174,510	Rundle, Tammy	52,040
Paisley, Justine	80,179	Russell, Elaine	61,480
Palmer, Leah	114,250	Russell, Nancy	74,885
Panhwar, Amanullah	292,566	Russill, Darla	64,720
Patel, Shrey	66,946	Ryan, Susan	91,486
Patel, Yaminkumar	55,261	Saini, Sanjeev	94,979
Patel, Yoma	62,731	Sami, Amer	447,842
Patterson, Janet	92,562	Sanderson, Jennifer	102,543
Pearce, Laurie	72,892	Sapieha, Shannon	97,792
Pearson, Derek	452,556	Sarker, Sabuj	98,885
Pedulla, Annamaria	89,326	Sauder, Matthew	89,434
Pekar, Julius	149,959	Schaan, Chyanne	58,424
Pelletier, Devon	96,677	Schaffel, Donna	52,165
Pelzer, Lindsay	94,561	Scherman, Jennifer	93,767
Penna, Stephanie	87,833	Schiltz, Colette	95,953
Perry, Emily	76,814	Schmidt, Darren	87,420
Perry, Annamae	57,977	Schondelmier, Rhonda	52,200
Perry, Chantal	102,989	Schultz, Danielle	77,556
Phillips, Leah	111,395	Schultz, Kayla	66,892
Picot, Rebecca	52,345	Schulz, Marcia	58,206
Pidwerbesky, Pamela	52,213	Schumann, Irmgard	94,585
Pierlot, Joan	115,270	Schwartz, Lyndon	103,435
Piper, Jaimie	106,343	Schwartzberger, Delinda	89,022
Poll, Renise	72,567	Schweiger, Tiffany	58,836
Pollock, Lenore	60,456	Sebastian, Kimberly	93,272
Polos, Shelley	101,403	Sebastian, Shauna	93,268
Pomedli, Belinda	60,021	Seidler, Janelle	117,053
Pouliot, Kelsey	83,879	Seiferling, Michelle	85,714
Poulton, Nadine	88,387	Selch, Taralyn	89,610
Power, Katrina	69,961	Shaw, Judy	88,769
Prakash, Ajay	107,019	Sherin, Danielle	141,024
Procyk, Bernadett	64,733	Shinkewski, Patty	73,552
Qureshi, Kahekashan	329,318	Shuffita, Laureen	69,354
Rathwell, Grant	50,342	Shull, Shavon	58,543
Redekop, Erin	81,302	Siarkos, Theodosia	93,849
Rehan, Hina	267,710	Siemens, Trevor	81,163
Reich, Allie	61,545	Simon, Jennifer	53,572
Reichert, Brian	103,371	Singh Thakur, Varun	151,623
Reid, Stacey	84,591	Sirdar, John	94,058
Rempel, Colyn	65,302	Smetaniuk, James	63,823
Rempel, Andrea	55,420	Smith, Kaitlyn	74,035
Richard, Maeghan	89,407	Smith, Preslie	77,726
Richards, Mardel	92,881	Smith, Amber	58,185

Payee Disclosure List

Song, Kathy	\$ 56,748	Vizeacoumar, Franco	\$ 136,828
Sorsdahl, Lisa	76,149	Wacker, Steven	100,799
Stacey, Kyle	65,176	Wagner, Dominique	88,296
Stakiw, Julie	475,805	Wagner, Maya	122,426
Stinka, Kevin	72,031	Wall, Alana	89,073
Stopanski, Carina	78,869	Wallace, Lana	52,286
Stoppler, Stacey	57,991	Wallace, James	113,322
Strachan, Heather	52,130	Walliser, Linda	109,598
Stroh, Evan	82,037	Watson, Pauline	64,991
Struck, Karly	51,794	Watts, Tracy	54,059
Stuart-Panko, Heather	97,394	Weigel, Tamara	95,741
Stuckel, Renee	80,961	Weinrich, Ian	91,588
Sumar, Reezwan	85,808	Weir, Linda	137,153
Sundaram, Vinita	329,491	Wenaus, Cori	90,050
Switzer, Landon	97,001	Wepler, Richard	94,841
Tai, Patricia	171,979	Weslowski, Lindsay	59,519
Templeton, Wendie	55,506	Westad, Anne	101,061
Tenezaca, Raquel	58,205	Whelan, Jennifer	60,359
Tessier, Lindsay	88,892	Whitehouse, Sonja	52,390
Thain, Caroll	57,079	Whiting, Cheryl	127,339
Thauberger, Jenna	73,327	Whittle, Alison	114,814
Thirugnanasampanthar, Vasuky	82,224	Wilson, Marlo	63,418
Thompson, Cheryle	105,180	Wilson, Kevin	213,286
Thompson, Anna-Maria	89,775	Wilson, Karla	82,918
Thue, Deanna	57,578	Woitak, Carla	64,957
Thurber, Colleen	76,859	Wood, Valerie	92,504
Tiefenbach, Paula	91,783	Woodrow, Nicole	50,011
Tinline, Paula	95,112	Woodside, Lisa	64,992
Tonita, Jon	283,148	Woolsey, Tanya	83,417
Toon, Brenda	87,242	Woytiuk, Jamie	64,905
Tram, Sabrina	105,503	Wright, Kendra	100,890
Tran, David	86,564	Wright, Philip	457,351
Tran, Michelle	65,124	Wu, Shanshan	53,021
Tremblay, Colleen	88,679	Xiang, Jim	177,339
Treppel, Diane	122,276	Yadav, Sunil	464,308
Turley, Dominic	102,375	Yathon, Heidi	81,197
Turner, Tyna	52,069	Young, Jana	92,415
Tymchak, Cara	75,363	Youssef, Hanaa	64,635
Tyndall, Joanne	66,043	Yuzik, Patricia	101,461
Tyrer, Dusty	51,934	Zaba, Donna	89,164
Ullrich, Sherrill	88,200	Zahayko, Michelle	72,891
Usher, Barbara	81,078	Zahn, Janell	67,197
Uz Zaman, Mohammad	78,655	Zarkovic, Mirjana	466,310
Valentini, Vanessa	58,609	Zatylny, Paula	78,112
Vandenberg, Jennifer	52,475	Zerff, Terry Lyn	125,885
Vanstone, Megan	83,467	Zhu, Tong	98,087
Villeneuve, Carissa	93,547	Zimmer, Keeley	82,855
Visvanathan, Brittney	79,422	Zimmer, Natasha	103,772

Payee Disclosure List

For the year ended March 31, 2021

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.

3sHealth	\$	719,604	Ferguson, Dr. Leslie	\$	51,000
Dr. Tahir Abbas Medical Professional Corporation		489,892	Dr. Jackie Ferguson Medical Professional Corporation		60,100
Abbvie Corporation		2,516,072	Genomic Health Inc.		684,700
Acre Distribution Inc.		370,850	GMD Distribution Inc.		1,351,810
Dr. Osama Ahmed Medical Professional Corporation		480,667	Grand & Toy Office Products		169,270
Alberta Health Services		69,295	Healthmark Ltd.		52,990
Dr. Alhayki Medical Professional Corporation		605,878	Dr. Laura Hopkins Medicine Professional Corporation		626,635
Abbott Northwestern Hospital		107,298	Illumina Canada Inc.		54,414
Alvi, Dr. S.		80,048	Innovative OncoSolutions Inc.		871,901
Dr. A. Amjad Medical Professional Corporation		483,625	Innomar Strategies		411,069
Apobiologix		1,910,675	Insight Canada		248,900
Dr. Muhammad Aslam Medical Professional Corporation		508,545	Inverness Consulting		192,666
Associated Radiologists		208,824	Dr. Nayyer Iqbal Medical Professional Corporation		480,776
Dr. Gillian Bailey Inc.		111,071	Jazz Pharmaceuticals Canada Inc.		371,388
Dr. Ayesha Bashir Medical Professional Corporation		424,974	Jim, Dr. Brent		521,895
Bausch Health, Canada Inc.		51,505	Jooravan and Rattan Medical Professional Corporation		79,500
Baxter Corporation		628,406	Karl Storz Endoscopy Canada Ltd.		54,171
Bayer Inc.		356,754	Dr. M. I. Khan Medical Professional Corporation		489,261
Biomed Recovery & Disposal		103,175	Dr. Erin Kot Medical Professional Corporation		76,670
Black and McDonald		412,761	Lawlor, Dr. B.		75,000
Bristol-Myers Squibb Canada		7,253,404	Leadiant Biosciences Inc.		54,993
Brown Communications Group		89,165	Dr. J.S. Lee Medical Professional Corporation		546,789
Dr. Brown Broderick Medical Professional Corporation		426,136	N. Leong Medical Professional Corporation		484,322
Brxton Masonry Inc.		188,623	Carma Lim Medical Professional Corporation		145,175
Canadian Blood Services		428,574	Dr. Rebecca MacKay Medical Professional Corporation		272,114
Canadian Pharmaceutical Distribution Network		40,679,948	Dr. M Manna Medical Professional Corporation		479,216
CancerCare Manitoba		101,126	Marsh Canada Ltd.		153,918
Candor Build Construction Corporation		50,861	Dr. Vickie J. Martin Medicine Professional Corporation		605,878
Cardinal Health Canada		104,288	McKesson Canada		6,432,238
CDR Systems Inc.		129,012	McKesson Distribution Partners		10,605,383
Celgene Inc.		16,058,336	Melemary Medical Professional Corporation		508,196
College of Physicians & Surgeons of Saskatchewan		86,435	Merck Canada Inc.		12,302,875
Colliers McClocklin Real Estate Corp.		544,681	Microsoft Canada Inc.		86,496
Commissionaires - Regina		82,890	Minister of Finance-Central Services		238,208
Curium Canada Inc.		141,825	Dr. O. Moodley Medical Professional Corporation		495,243
CXtec		99,267	Dr. C. Mpofo Medical Professional Corporation		61,297
Dell Canada Inc.		436,805	NewWest Enterprise Property Group (Sask) Inc.		1,334,866
Dr. Reddy's Laboratories Canada Inc.		1,363,998	Orfit Industries America		90,523
Dorie-Anna Dueck Medical Professional Corporation		476,022	Dr. Othman Medical Professional Corporation		52,782
eHealth Saskatchewan		767,387	Dr. Dilip Panjwani Medical Professional Corporation		481,205
Eisai Limited		141,520	Paradigm Consulting Group LP		660,487
Elekta Canada Inc.		328,558	Park Town Enterprises Ltd.		277,736
Essaltani Medical Professional Corporation		465,349	Pauls, Dr. Mehmoosh		236,008
European Courier Services, LC		74,057	PCL Construction Management Inc.		68,459
Ferring Inc.		397,381	Pentax Canada		104,671

Payee Disclosure List

Pfizer Canada Inc. Pharmaceutical	\$ 3,062,500	Schaan Healthcare Products Inc.	\$ 457,286
Prairie Advertising Direct Mail Specialists	1,284,998	Servier Canada Inc.	354,726
Prokopchuk-Gauk, Dr. Oksana	67,553	Siemens Healthcare Limited	158,659
Purolator Courier Ltd.	214,570	Solvera Solutions	299,262
Radiology Associates of Regina	156,931	Somagen Diagnostics Inc.	576,742
Radwi, Dr. Mansoor	116,138	Dr. Osama Souied Medical Professional Corporation	493,421
Royal Bank Visa - Payment Centre	91,365	Sterimax Inc.	81,375
Dr. Evgeny Sadikov Medical Professional Corporation	518,690	Dr. Derek Suderman Medical Professional Corporation	494,909
Dr. Muhammad Salim Medical Professional Corporation	500,684	Terumo BCT (Canada), Inc.	112,813
Sask Govt Employees Union	1,287,482	University of Saskatchewan	2,533,003
Sask Power	62,095	Varian Medical Systems	2,282,212
Saskatchewan Registered Nurses Association	76,418	J Venkatesh Health Care Consulting Inc.	246,875
Sask Tel	125,311	WBM Office Systems	271,034
Saskatchewan Health Authority	10,333,422	Dr. A. Zaidi Medical Professional Corporation	477,375

Transfers

Listed are transfers to recipients who received \$50,000 or more.

Saskatchewan Health Authority - COPS delivery at Battlefords Union Hospital	\$ 62,500
Cancer Foundation of Saskatchewan	1,450,480

Other Expenditures

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

Canada Life:

- Group Insurance - employer's share	\$ 54,384
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Government of Saskatchewan:

- Disability Income Plan - employer's share	337,440
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Public Employees Pension Plan:

- Pension Plan - employer's share	4,174,128
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Receiver General for Canada:

- Canada Pension Plan - employer's share	2,103,767
- Employment Insurance - employer's share	793,954

3s Health:

- 3S Health - Core Dental Plan	616,016
- 3S Health - Extended Health Care Plans	342,384
- 3S Health - In-Scope Health & Dental	1,232,022

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

- SHEPP Pension - employer's share	662,067
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Workers' Compensation Board:

483,160

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

www.cancerfoundationsask.ca



info@saskcancer.ca



saskcancer.ca



@SaskCancer



@SaskCancer

Saskatchewan Cancer Agency

#200 - 4545 Parliament Avenue
Regina, Saskatchewan S4W 0G3
639-625-2010
saskcancer.ca
@SaskCancer