



# Annual Report 2022-23

[SaskCancer.ca](https://SaskCancer.ca)

**Sask**●  
**cancer**  
AGENCY

**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 (Cancer Agency) annual report, including highlights of the work accomplished and the audited financial statements for the fiscal year ending March 31, 2023.

This past year saw the Cancer Agency experience a degree of change as the organization welcomed its new Chief Executive Officer (CEO), Deb Bulych. With nearly 30 years of experience at the Cancer Agency, Ms. Bulych has extensive knowledge of operations and is a valued leader with decades invested into building relationships with partners across the province and across the country. The organization is in good hands under Ms. Bulych's leadership.

Over the past 12 months, the Cancer Agency has celebrated many successes related to its strategic initiatives, as described in this report. In the spring of 2022, we marked 90 years of cancer care in Saskatchewan. From our humble beginnings in the early 1930s, the Cancer Agency has continuously adapted and transformed its services and programs to meet the needs of Saskatchewan residents.

This was especially evident in the recent launch of the revolutionary Chimeric Antigen Receptor T-cell (CAR T) therapy to treat adult cancer patients with certain blood cancers and lymphomas in the province. Providing this potentially life-saving treatment in Saskatchewan will help to lessen the burden of cancer on patients and allow them to stay close to home and vital support systems.

To this end, the Cancer Agency in collaboration with its partners in the health system rolled out SK Virtual Visit, a new provincial clinical video-conferencing platform. Leveraging technology helps patients to be able to connect more easily with their care teams, leading to more positive outcomes and enhanced relationships.

With state-of-the-art technology, a skilled and talented workforce, and experienced leadership, the Cancer Agency continues to maintain its focus on delivering high-quality care and programs to Saskatchewan residents.

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

Respectfully,

A handwritten signature in black ink, appearing to read 'Ron Waschuk'. The signature is fluid and cursive, written over a white background.

**Ron Waschuk**  
Board Chair

# Message from the President and CEO

It has been a remarkable year at the Saskatchewan Cancer Agency, and I am both honoured and grateful to be a part of a health care organization that puts people first—patients, families, clients and employees. We have built a 90-year history of cancer control in Saskatchewan, one year and one patient/client at a time. In the 2022-23 fiscal year, we have made many contributions to this legacy and the people of Saskatchewan.

The SK Virtual Care platform was rolled out across the province, enhancing virtual appointments for Cancer Agency patients. We have a history of providing appointments through the Telehealth Network, which has existed in Saskatchewan since 1999, to reduce the number of kilometres travelled by patients and their caregivers. Previously, patients would need to travel to a Telehealth site. The SK Virtual Care platform makes it even easier for patients to attend virtual appointments from the comfort of their own home on a number of devices.

We also launched the Chimeric Antigen Receptor T-cell (CAR T) therapy program to treat adult cancer patients with certain blood cancers and lymphomas in the province. Saskatchewan is now one of five provinces to offer this revolutionary treatment, thanks to support from the Government of Saskatchewan, the Saskatchewan Health Authority and our health system partners.

With new programs and expanded services, we have also experienced growth over the years at the Cancer Agency, which has led to unique space challenges. We have addressed these with a space-management plan and by leasing additional office space for administrative staff. Patient care remains unaffected by these moves.

The 2022-23 fiscal year also saw a shift in the COVID-19 pandemic response as governments and public health agencies around the world started to transition from an emergency approach to a communicable disease prevention framework. Amidst this transition, patient safety remains a top priority and the Cancer Agency continues to adhere to precautions that are consistent with cancer care providers across the country.

As more organizations return to pre-pandemic operations, there are more opportunities for the Cancer Agency to engage with prospective employees to fill some of our vacancies. Recruitment has been top of mind across the health system and the Cancer Agency is no exception. There are unique challenges that are inherent with oncology recruitment and we are actively pursuing all avenues as we continue to work on a strategy.

This annual report highlights the work done over the past 12 months by our dedicated and passionate employees. I am proud to be a part of this team and look forward to the great things we will achieve together with our community and health system partners in the year to come.



A handwritten signature in black ink that reads "Deb Bulych". The signature is fluid and cursive, with a long horizontal stroke at the end.

**Deb Bulych**  
President and Chief Executive Officer

# What We Do

The Saskatchewan Cancer Agency is a provincial health care organization with a legislated mandate to provide cancer control for the province of Saskatchewan.

The Cancer Agency has a long history of providing cancer control since 1930. With more than 950 employees at the Agency, we have a large team with expertise in different fields related to cancer control. 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 improving 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 Projection*
- *The Provincial Health Authority Act*

## TREATMENT

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

The cancer centres offer:

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

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

## PATIENT LODGES

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

## COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

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

# What We Do

## CANCER PREVENTION

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

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

## RESEARCH

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

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

## EARLY DETECTION

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

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. There is also a mobile unit that travels to rural and First Nation communities offering screening mammograms. In 2022, the Saskatchewan Health Authority assumed responsibility for all aspects of the mammography exam.
- 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; and
- provide input into services and programs.

# Governance

## OUR VISION

A healthy population free from cancer

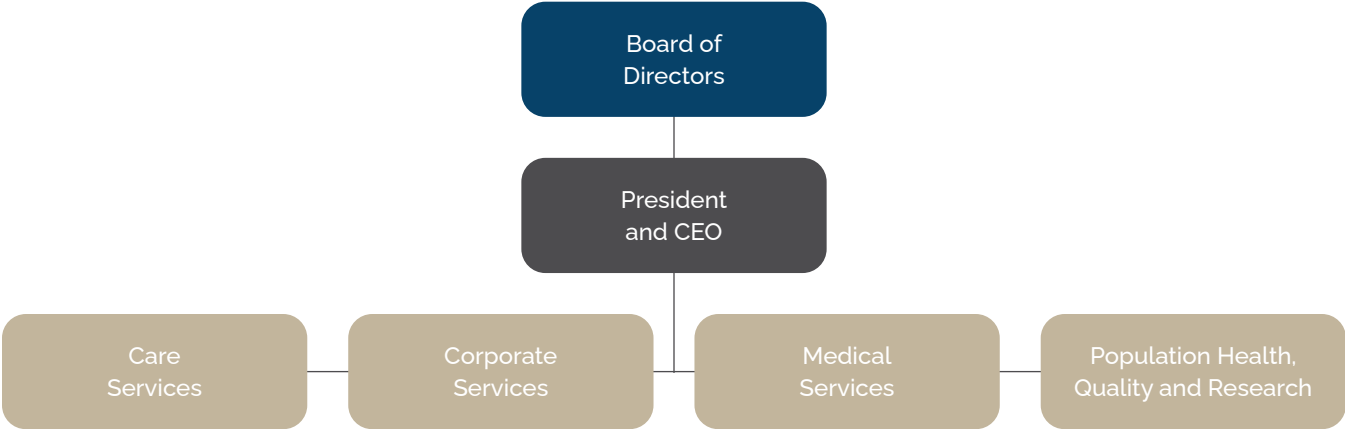
## OUR MISSION

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 of Directors (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 (CEO) and reviewing their performance;
- establishing the overall strategic direction and framework for the Cancer Agency, including the mission, vision and values;
- providing financial stewardship by overseeing the financial management of the organization;
- monitoring the overall quality and safety of services and programs for staff and patients;
- establishing and maintaining relationships with key stakeholders; and
- maintaining effective governance, which includes annually evaluating the Board's effectiveness and that of its committees.

The President and 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.

As overseer of a \$230 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.

# What We Do

## FINANCE AND AUDIT COMMITTEE

### Chair:

- Howard Crofts

### Members:

- Doug Finnie (cancelled Nov. 30, 2022)
- Kelly Scott
- Gordon Wyatt (appointed June 16, 2022)
- Cheryl Cook (appointed Nov. 30, 2022)

## GOVERNANCE AND HUMAN RESOURCES COMMITTEE

### Chair:

- Kelly Scott

### Members:

- Doug Finnie (cancelled Nov. 30, 2022)
- Don Ravis
- Tom Lukiwski (appointed June 16, 2022)
- Catherine Gryba (appointed Nov. 30, 2022)

## QUALITY, SAFETY AND RISK COMMITTEE

### Chair:

- Don Ravis

### Members:

- Howard Crofts
- Marilyn Rice (appointed June 16, 2022)

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

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

# Strategic Plan

As the organization in Saskatchewan responsible for cancer care, the Saskatchewan Cancer Agency (SCA) works with health system partners to develop 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.

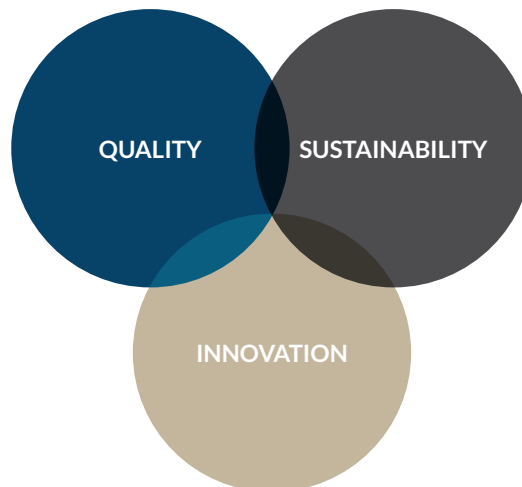
In 2020, the SCA implemented its first three-year rolling strategic plan. This format provides more flexibility to allow the SCA to adapt the plan as circumstances change year over year. In 2022-23, some strategic initiatives were removed from the plan, while others were added, as priorities shifted.

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

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

## THREE-YEAR ROLLING STRATEGIC PLAN: 2022-25 LONG-TERM GOALS

- **Safe** – Avoiding harm
- **Timely** – Reducing waits
- **Efficient** – Avoiding waste
- **Effective** – Providing services based on scientific knowledge
- **Person-centred** – Providing care that is respectful and responsive
- **Equitable** – Providing care that does not vary in quality because of personal characteristics



- Effective use of resources
- People/leadership development
- Models of care
- Skill/task alignment
- Prevention/health promotion

- Research
- Personalized medicine
- Models of care
- Partnership development

# Strategic Plan

## PROGRESS IN 2022-23

The following is a snapshot of the progress the SCA made in 2022-23 on its strategic and high operational priorities. Over the course of the 12 months, there have been some challenges across the health system as a result of the COVID-19 pandemic response. Organizational capacity issues, some related to COVID-19, have resulted in the need to adjust timelines for some priorities.

## STRATEGIC PRIORITIES

### CLINICAL MANAGEMENT SYSTEM

#### Goal:

The SCA is continuing on its path to implementing a clinical management system (CMS) to create an electronic medical record; reducing the need to maintain and manage paper charts. The CMS will also make it possible for physicians to issue orders remotely.

#### Actions:

- Cancer drugs have been added into the Provincial Pharmacy Information Program (PIP).
- Computerized Patient Arrivals and Departures (cPAD) were implemented in outpatient services.
- Implemented the Provincial Virtual Care Solution at the SCA.
- Analyzed software solutions for recording information related to patient reported outcomes. Software was procured and an implementation roadmap will be developed in 2023-24.
- A new linear accelerator was installed at the Saskatoon Cancer Centre. Target commission date is June 2023.

#### Results:

- All care providers can now access cancer drug information for patients within their circle of care via PIP.
- Cancer care teams can have virtual follow-up appointments with their patients.
- cPAD in outpatient services allows for much more efficient use of exam room space, which allows physicians to see more patients per day.
- The SCA has an approved plan for more timely interaction with our patients using software for real-time patient reported outcomes.

#### What does this mean for patients?

- Physicians have access to relevant patient information at the right time and at the right place; reducing the time searching for patient information, cancer drug and drug interaction information, and the patient's paper chart, when patients have already arrived at their appointments.
- Patients can have virtual follow-up appointments with their cancer care team, reducing their need to travel and find accommodations.
- More efficient use of limited clinical space through cPAD results in the cancer care team being able to see more patients on a daily basis.
- Medical equipment and treatment processes are being upgraded and enhanced, such as the implementation of CAR T therapy and a new linear accelerator in Saskatoon, allowing clinicians to provide the most up-to-date treatment without having to send patients out of province.

# Strategic Plan

## MODELS OF CARE - DISEASE SITE GROUP ENHANCEMENT/DISEASE SITE CLINICS/VIRTUAL CARE

### 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.

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

SCA will continue to develop this program as more technology becomes available to provide patient care closer to home.

### ACTIONS FOR DISEASE SITE GROUP ENHANCEMENT:

- Patient survivorship education sessions were held with family physicians on the side effects of anti-estrogen therapy, chemotherapy-induced peripheral neuropathy, delirium at end of life and enhancing communication between oncologists and primary care providers.
- The schedule and format for minor disease site clinical trials feasibility meetings were developed.
- Cancer centre representatives for cooperative clinical trials groups were appointed.
- The patient discharge letter and follow-up guidelines were finalized for the head and neck disease site.
- Physician disease site group (DSG) chair positions were recruited and filled for gastrointestinal, breast, lung, genitourinary, skin, central nervous system, head and neck, neuroendocrine tumours and sarcoma disease sites.
- An annual evaluation form for DSG chairs was developed and protected administrative time for DSG chairs was implemented.
- Multidisciplinary tumour rounds for minor disease sites were enhanced.
- Started initial discussions on developing additional DSG performance and outcome metrics and related quality improvement projects.
- Explored solutions for improving the timely discharge of patients.

### Results for Disease Site Group Enhancement:

- Family physicians/nurse practitioners have a better understanding of the required cancer survivorship care required for their patients.
- Clinical trials feasibility meetings of the minor disease sites support equal access to clinical trials by improving clinical trial selection and coordination between the two cancer centres and reduce barriers by providing a forum for real time feedback and opinions with participation of stakeholders such as pathology and surgical colleagues.
- Patient discharge process from cancer centres is improved by making sure patients have their follow-up plan and information on what is needed to be done and when, and where to seek help.
- The DSGs are strengthened with the leadership and support of DSG chairs, as well as development of DSG metrics and improvement projects.

### What does this mean for patients?

- Patients receive supportive survivorship care from their family physicians.
- Opportunities for patients to enrol in clinical trials can potentially increase at both cancer centres.
- The quality of care for the patients is improved through enhanced communication and coordination of DSG activities.

# Strategic Plan

## **ACTIONS FOR DISEASE SITE-SPECIFIC CLINICS:**

- Group triage processes and disease site-specific clinics (DSSC) for breast and genitourinary (GU) disease sites were implemented.
- DSSC schedules and group triage attendance standards were reviewed and refined.
- A patient satisfaction survey was conducted to assess the impact of implementing gastrointestinal (GI) group triage and DSSCs.
- Implementation of the DSSC model with clinical associates, general practitioners in oncology and nurse practitioners was started at the Allan Blair Cancer Centre.

## **Results for Disease Site-Specific Clinics:**

- Breast and GU triage rounds occur weekly and include participation from medical oncologists, radiation oncologists, nurses, clinical trials staff, pharmacy staff, social workers and dietitians.
- Breast and GU lung patients see care providers in dedicated DSSCs.
- Group triage rounds and DSSCs have now been implemented for all major disease sites.

## **What does this mean for patients?**

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

## **ACTIONS FOR VIRTUAL CARE:**

- A new provincial clinical video-conferencing platform (SK Virtual Visit) was implemented in the fall 2022 and replaced the legacy platform.
- A remote patient monitoring/home health monitoring (RPM/HHM) platform was piloted and concluded at the end of March 2023. This monitoring system provides a secure method of remotely obtaining patient reported symptoms, vital statistics and outcomes.
- A permanent RPM/HHM platform was selected and approved for implementation at the SCA.

## **Results for Virtual Care:**

- The SK Virtual Visit platform is operational and being used to connect patients with SCA physicians, nurse practitioners, pharmacists, social workers and dietitians.
- Experience and information gained from piloting the RPM/HHM platform helped in planning for a permanent patient monitoring system.
- Planning for the implementation of the permanent RPM/HHM platform is underway.

## **What does this mean for patients?**

- Planning has begun for the implementation of the permanent RPM/HHM platform.
- The SK Virtual Visit platform allows patients to have their appointments in the comfort of their own home with the ability of family/caregiver to join electronically using their own device.
- The virtual care platform improves patient care by tracking meaningful clinical outcomes and engaging patients in shared decision-making.

# Strategic Plan

## DATA ANALYTICS STRATEGY

### Goal:

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

### Actions:

- The Data and Analytics strategic initiative team continues to build and enhance the infrastructure to support SCA wide analytics needs.
- Business intelligence software has been installed and is being tailored and configured.
- The data repository has been developed and initial datasets have been placed in the repository, with testing ongoing. Other datasets are now approved for entry into the repository.
- A framework for data governance is also being developed.

### Results:

- Learning from initial work in repository development will allow for accelerated progress and enhancement of data use to support analytics across the organization.

### What does this mean for patients?

- By improving and enhancing data access and analytics, we are able to better evaluate, plan and improve the quality and effectiveness of our services. This enables us to meet patient and family needs in a seamless and timely manner.

# Strategic Plan

## HIGH OPERATIONAL PRIORITIES

In 2022-23, the SCA continued work on several key initiatives that are strategically and operationally critical.

### CAR T

#### Goal:

Create a provincial, accredited, adult chimeric antigen receptor T-cell therapy (CAR T) program in Saskatchewan. CAR T therapy is a type of personalized immunotherapy that uses a patient's own immune cells to identify, attack and destroy cancer cells.

#### Actions:

- Agreements were finalized with one of two Health Canada approved manufacturers of chimeric antigen receptors (CAR).
- The SCA site underwent a rigorous audit by the first manufacturer to ensure quality and compliance with their requirements.
- The SCA developed numerous policies, procedures, processes, and patient educational tools related to collecting, shipping/receiving, and infusion of cells, as well as patient monitoring and management practices.
- SCA and Saskatchewan Health Authority staff participated in training and education, including physicians, registered nurses, pharmacists, intensive care unit staff, neurology, emergency department staff and many others.
- Work is well underway with onboarding the second manufacturer.

#### Results:

- The CAR T program went live at the end of February 2023.
- T cells have been collected and sent for manufacturing for fewer than five patients, with admission for the CAR T infusion taking place at a later date.

#### What does this mean for patients?

- Having a CAR T-cell therapy program in Saskatchewan means that eligible patients with specific blood cancers have quicker access to receive this therapy in Saskatchewan instead of travelling out of province.
- Receiving care closer to home can alleviate some of the stress of out-of-province travel and provides for easier access to follow-up care and support. This access also reduces the financial impact on patients and their loved ones.
- The education and processes used for managing some of the unique side effects of CAR T were easily and quickly adapted to manage the same unique side effects in patients receiving another new therapy called bispecific T-cell engagers (BiTEs). Having this in place for CAR T enabled a more rapid implementation of BiTEs for patients in Regina as well as Saskatoon.



# Strategic Plan

## LUNG SCREENING AND PREVENTION

### Goal:

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

### Actions:

- Developed governance structure — A provincial steering committee and clinical and community working groups were established, as well as program eligibility, diagnostic and lung nodule management, and IT sub working groups.
- Permanent program team members hired including Medical Advisor, Project Manager/Quality Improvement Consultant, Program Lead, Nurse Navigator and Research Officer.
- Completed review of smoking cessation literature.
- Two Masters of Public Health student practicum projects completed.
- Referral criteria and risk assessment literature review and environmental scan.
- Current state analysis of CT services in Saskatchewan.
- Completed patient chart review.
- Patient Pathway Project initiated, patient surveys completed.
- Completed environmental scan and literature review of screening navigation supports.
- Quality measurement, improvement and monitoring framework developed. This includes the development of a collaboration tool that has been implemented to measure participant and team member collaboration.

### Results:

- Ongoing meetings of working and sub working groups occurring to make recommendations and progress decision items for Steering Committee approval. Collaboration between Community and Clinical Working Groups on a key decision item (program eligibility).
- Stakeholder engagement and relationship building with partners.
- Evidence gathering and information sharing with other Canadian jurisdictions to inform decision making.
- Developing an understanding of the current pathway for lung cancer patients using chart review and patient survey findings.
- Understanding of best practices for smoking cessation services and current state of support in Saskatchewan to ensure cessation interventions are embedded into the program's operations.
- Beginning to draft process and policy recommendations for governance committee approvals.

### What does this mean for patients?

- Progress has been made on the development of a lung screening and prevention program in Saskatchewan.
- A lung screening and prevention program is critical to finding lung cancer early, reducing the mortality rate and improving outcomes for lung cancer patients.
- The governance structure supports this program to be co-developed with communities and partner organizations to ensure the program meets the unique needs of Saskatchewan's residents, is equity focused and evidence informed.

# Strategic Plan

## RESEARCH SUPPORT PROGRAM

### Goal:

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

### Actions:

- The SCA has engaged Shift Health for external consultation. Their recommendations include a research strategic framework, operational considerations and implementation plan.
- A survey was completed to identify gaps and opportunities to improve the existing data access process. A scientific approval process for internal data access requests has been aligned with the Disease Site Groups along with support from a research facilitator and epidemiology for novice researchers.
- The University of Saskatchewan has taken on the role of sponsor for investigator initiated clinical trials that will be conducted at SCA.
- The College of Medicine has provided 0.4 FTE to support research among faculty members with the Division of Oncology. A process for clinical deliverables and selection criteria was developed.
- The Dean of Medicine has approved the request to move Oncology from a division to a department at the College of Medicine to elevate the program. A project manager from the College is working on this application in collaboration with SCA.

### Results:

- Key areas of Shift Health recommendations are focused on the following:
  - ▶ Governance/management;
  - ▶ Structure and support system;
  - ▶ Collaboration and partnership;
  - ▶ Communication and outreach;
  - ▶ Revised research funding model; and
  - ▶ Investment in talent and training, including establishing a centralized research office, and hiring research personnel and support services with the skills and expertise to help researchers navigate the research continuum.
- A key next step is to establish a systematic and coordinated research infrastructure at the SCA and create an internal position to:
  - ▶ Review existing resources, policies and processes involved in research and research governance structure;
  - ▶ Identify/address gaps in existing policies and processes;
  - ▶ Identify potential redundant processes; and
  - ▶ Identify opportunities for coordination and increased efficiency.
- The Clinical Research Department at SCA is working with the University of Saskatchewan, Clinical Trials Support Unit (CTSU) to ensure the Sponsor will be compliant in their role supporting investigator initiated clinical trials, as outlined in the Good Clinical Practice guidelines.
- Survey results along with process mapping, forensic evaluation and gap analysis will be combined to further improve the data access process for data requests.
- A nurse practitioner will be hired at the Allan Blair and Saskatoon Cancer Centres equal to 0.5 FTE at each location to support follow-up clinics and will be funded by the College of Medicine.

# Strategic Plan

## What does this mean for patients?

- Research is a key component in providing the best care to our patients, including preventing cancer, finding it early and improving their cancer journey.
- Data access and analyses touches every area of SCA operations. For example, as we implement new models of care, analyses of data and producing key indicators on the impact and progress of our clinical operations is key to success.
- Investment in cancer research will improve our academic profile, build our national reputation and aid in employee recruitment and retention.

## 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 Ministry of Health has advanced this file to SaskBuilds and Procurement for a thorough review, and underscoring the SCA's commitment to ensuring a comprehensive and well-planned approach to the project.
- The SCA has engaged in productive discussions with SaskBuilds to address key questions and concerns pertaining to the core function of the Lodge, the current state of the building and the business case that has been put forward. This collaborative approach ensures that all aspects of the initiative are thoroughly considered and evaluated.
- A project team has been assembled to oversee the various aspects of this initiative. Their primary objective has been to engage a consultant who will further develop the business case and provide expertise and insights to support decision-making.
- The tendering process has been initiated through SaskBuilds, allowing the SCA to receive submissions from potential consultants. Rigorous evaluations of these submissions have been conducted, ensuring the likelihood of selecting a consultant who aligns with the SCA's vision and can deliver exceptional results.

### Results:

- Results are currently pending as the selection of a consultant for the project is ongoing and the business case has yet to be completed and approved.
  - ▶ It is important to note that the approval of the business case by the SaskBuilds Board of Directors is a key milestone that is pending at this time.

## What does this mean for patients?

- Lodging facilities and services support access to essential cancer care services to patients and families who do not live in or around our major urban centres, significantly reducing financial and logistical burdens which can be barriers to accessing cancer treatments.
- Cancer lodges provide not only a home away from home, but a community of support through staff and other patients and families. They provide reassurance to families in home communities that patients are safe and have a network of support while they are displaced and receiving treatment.
- The new lodge will support the SCA in providing care and service in a culturally appropriate environment to the growing number and diversity of patients from across Saskatchewan for many years to come.

# Strategic Plan

## SCA RE-BRANDING

### Goal:

The SCA has been a pillar of our provincial health care community for over 90 years. In June 2022, SCA launched its first ever brand program to increase awareness of the SCA as an independent health organization that manages cancer treatment, early detection, prevention and research for the province.

The Cancer Foundation of Saskatchewan (Foundation) also played an important role in driving this work so we can collectively help inform the public and donors that the Foundation is SCAs fundraising partner. All funds raised by the Foundation stay in Saskatchewan to benefit patients. The new brand will help further our goals by improving communication and bolstering our reputation.

### Actions:

- The brand was launched celebrating the 90th anniversary of cancer care in Saskatchewan with a promotional campaign. The campaign focused on the different roles employees, patient family advisors and the Foundation play at the SCA and their impact on Saskatchewan.
- A signage strategy was developed to ensure all SCA locations would have clear, visible and consistent signage for our patients, clients and stakeholders.
- SCA digital assets, dozens of materials and branded displays have been updated.
- Rewriting communications to reflect our personality: supportive, optimistic, inclusive, open-minded and reasoned.
- Refreshing the SCA website to provide a better user experience and to reflect trust and compassionate care.

### Results:

SCA stakeholders and employees have embraced the new brand with positive feedback and recognition. Walking through the halls of our clinics, you will notice many proud brand ambassadors wearing their new branded clothing and lanyards

In 2022, provincial public awareness levels of the SCA were 55 per cent. The screening program awareness levels were:

- Screening Program for Breast Cancer – 80 per cent
- Screening Program for Cervical Cancer - 51 per cent
- Screening Program for Colorectal Cancer – 49 per cent with 77 per cent 55 years and up

Public opinion research to measure and evaluate our program goals will take place annually in the fall.

### What does this mean for patients?

- Patients receive an intimidating and often devastating diagnosis that will change their lives. Our goal is for our patients and their caregivers to have clear, understandable information written in our compassionate brand voice so that they know that they will be safe, comfortable, and supported every step of the way.
- The SCA strives to create communication materials and messages that will help to relieve some of the fears, stress and anxiety that our patients and their families may be experiencing.
- The SCA also aims to ensure that patients know where to go and who to contact if they have any questions and concerns or need more information.

# Volume Statistics

Number of New Patient Appointments	2019-20	2020-21	2021-22	2022-23
<b>Allan Blair Cancer Centre</b>				
- Medical oncology	1,978	1,810	1,912	1,877
- Radiation oncology	1,490	1,389	1,455	1,618
- Pediatric oncology	13	*	*	*
- Hematology	276	325	280	361
<b>Total</b>	<b>3,757</b>	<b>3,524</b>	<b>3,647</b>	<b>3,856</b>
<b>Saskatoon Cancer Centre</b>				
- Medical oncology	2,030	2,038	2,060	1,997
- Radiation oncology	1,738	1,667	1,703	1,793
- Pediatric oncology	16*	*	*	*
- Hematology	465	496	504	515
<b>Total</b>	<b>4,249</b>	<b>4,201</b>	<b>4,267</b>	<b>4,305</b>
<b>Provincial</b>				
- Medical oncology	4,008	3,848	3,972	3,874
- Radiation oncology	3,228	3,056	3,158	3,411
- Pediatric oncology	29	*	*	*
- Hematology	741	821	784	876
<b>Total new patient appointments</b>	<b>8,006</b>	<b>7,725</b>	<b>7,914</b>	<b>8,161</b>

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

Radiation Therapy Workload	2019-20	2020-21	2021-22	2022-23
<b>Allan Blair Cancer Centre</b>				
- Treatment sessions started	1,077	1,147	1,238	1,577
- Fractions (number of treatment sessions)	17,621	17,078	16,752	18,647
- Fields (number of beams delivered)	62,046	46,779	43,986	46,959
<b>Saskatoon Cancer Centre</b>				
- Treatment sessions started	1,234	1,273	1,329	1,516
- Fractions (number of treatment sessions)	20,397	18,096	17,131	18,788
- Fields (number of beams delivered)	66,248	46,151	43,550	47,158
<b>Provincial</b>				
<b>Total treatment sessions started</b>	<b>2,311</b>	<b>2,420</b>	<b>2,567</b>	<b>3,093</b>
<b>Total fractions (number of treatment sessions)</b>	<b>38,018</b>	<b>35,174</b>	<b>33,883</b>	<b>37,435</b>
<b>Total fields (number of beams delivered)</b>	<b>128,294</b>	<b>92,930</b>	<b>87,536</b>	<b>94,117</b>

Review Patient Appointments	2019-20	2020-21	2021-22	2022-23
<b>Allan Blair Cancer Centre</b>				
- Systemic oncology	20,319	22,855	23,647	26,081
- Radiation oncology	7,248	7,233	7,707	7,756
- Pediatric oncology	703	*	*	*
<b>Total</b>	<b>28,270</b>	<b>30,088</b>	<b>31,354</b>	<b>33,837</b>
<b>Saskatoon Cancer Centre</b>				
- Systemic oncology	24,359	26,481	28,184	30,785
- Radiation oncology	6,337	5,745	6,445	5,775
- Pediatric oncology	688*	*	*	*
<b>Total</b>	<b>31,384</b>	<b>32,226</b>	<b>34,629</b>	<b>36,560</b>
<b>Provincial</b>				
- Systemic oncology	44,678	49,336	51,831	56,866
- Radiation oncology	13,385	12,978	14,152	13,531
- Pediatric oncology	1,391	*	*	*
<b>Total review appointments</b>	<b>59,454</b>	<b>62,314</b>	<b>65,983</b>	<b>70,397</b>

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

Chemotherapy Treatments	2019-20	2020-21	2021-22	2022-23
<b>Allan Blair Cancer Centre</b>				
- Treatment visits	11,357	11,010	11,881	12,316
- Number of patients	1,542	1,490	1,539	1,629
<b>Saskatoon Cancer Centre</b>				
- Treatment visits	12,568*	11,900*	13,007	13,764
- Number of patients	1,718*	1,594*	1,752	1,838
<b>Provincial</b>				
<b>Total treatment visits</b>	<b>23,925</b>	<b>22,910</b>	<b>24,888</b>	<b>26,080</b>
<b>Total number of patients</b>	<b>3,260</b>	<b>3,084</b>	<b>3,291</b>	<b>3,467</b>

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

Stem Cell Transplants	2019-20	2020-21	2021-22	2022-23
Number of allogeneic transplants	21	30	25	23
Number of autologous transplants	42	61	58	42
Number of patients sent out of province	0	0	0	0

Chimeric Antigen Receptor (CAR) T-cell Therapy	2021-22	2022-23
Number of CAR-T Therapy Completed	4	6
Number of patients sent out of province	4	6

# Volume Statistics

Access	2019-20				2020-21				2021-22				2022-23			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Number of Days Between Ready to See and First Appointment (90th percentile) *</b>																
- Medical oncology	31	48	42	39	44	26	31	43	37	34	28	28	26	28	27	29
- Radiation oncology	35	34	34	38	36	26	27	34	30	31	27	30	34	30	33	31
<b>Number of Days Between Ready to Treat and First Treatment (90th percentile)0</b>																
- Chemotherapy	15	14	15	13	16	14	15	15	14	15	14	14	14	14	13	13
- Radiation therapy	20	20	24	22	22	18	20	19	19	20	19	20	20	20	20	20

\*The wait times reported in previous years were from Referral to First Appointment. The definition has changed to better reflect wait times and is now reported as Number of Days Between Ready to See and First Appointment. The entire table has been updated to reflect the updated definition.

Pharmacy Services	2019-20	2020-21	2021-22	2022-23
<b>Number of Oral Prescriptions Processed</b>				
- Allan Blair Cancer Centre	27,587	28,710	29,121	32,098
- Saskatoon Cancer Centre	35,973	35,534	36,125	38,356
<b>Total</b>	<b>63,560</b>	<b>64,244</b>	<b>65,246</b>	<b>70,454</b>
<b>Number of IV Medications - Inpatient</b>				
- Allan Blair Cancer Centre	2,074	1,926	1,889	1,455
- Saskatoon Cancer Centre	2,398	2,734	3,237	2,683
<b>Total</b>	<b>4,472</b>	<b>4,660</b>	<b>5,126</b>	<b>4,138</b>
<b>Number of IV Medications - Outpatient</b>				
- Allan Blair Cancer Centre	23,960	22,578	22,453	23,640
- Saskatoon Cancer Centre	27,948	26,799	26,908	27,646
<b>Total</b>	<b>51,908</b>	<b>49,377</b>	<b>49,361</b>	<b>51,286</b>
<b>Number of COPS Orders Dispensed</b>				
- Through the Allan Blair Cancer Centre	7,354	7,183	7,574	8,897
- Through the Saskatoon Cancer Centre	8,891	9,722	8,754	9,499
<b>Total</b>	<b>16,245</b>	<b>16,905</b>	<b>16,328</b>	<b>18,396</b>

Community Oncology Program of Saskatchewan	2019-20	2020-21	2021-22	2022-23
Number of patients	2,057	2,128	2,405	2,566
Number of treatment visits	13,869	14,391	15,018	15,737
Number of kilometres saved in patient travel	4,354,665	4,641,812	4,820,234	5,047,367

Telehealth Appointments/Virtual Care	2019-20	2020-21	2021-22	2022-23
Allan Blair Cancer Centre appointments	4,989	25,050*	25,176	25,977
Saskatoon Cancer Centre appointments	6,364	31,879*	32,022	28,721
<b>Total</b>	<b>11,353</b>	<b>56,929*</b>	<b>57,198</b>	<b>54,698</b>
Number of kilometres saved in patient travel (provincial)	4,521,016	n/a*	n/a*	n/a

\*Provincial Telehealth services ceased operations mid-March 2020 and resumed on a case-by-case basis in September 2020. The vast majority of appointments reported in the table above were delivered virtually either with video application or by phone to patients in both rural and urban settings. Seventy per cent of the appointments provided by physicians were provided virtually in 2022-23.

# Volume Statistics

Clinical Trials	2019-20	2020-21	2021-22	2022-23
Number of patients enrolled to a clinical trial	143	81	108	136
Per cent of new patients enrolled	2.9%	1.9%	2.4%	2.8%

Safety	2019-20	2020-21	2021-22	2022-23
Sick leave hours per FTE	65.09	56.39	67.14	82.11
Wage-driven premium hours per FTE	13.11	9.57	13.62	14.96
Lost time workplace injuries per 100 FTEs	0.43	0.99	0.54	0.26
Critical Incidents	1	1	0	1
Falls	19 patients	20 patients	15 patients	6 patients
	10 staff	11 staff	10 staff	8 staff
<b>Total falls</b>	<b>29</b>	<b>31</b>	<b>25</b>	<b>14</b>

Screening Program for Breast Cancer	April 2019-March 2020	April 2020-March 2021	April 2021-March 2022	April 2022-March 2023
Number of screening mammograms on the mobile unit	8,242	1,365	5,228	6,412
Number of screening mammograms at the Regina centre	9,023	7,058	8,121	7,237
Number of screening mammograms at the Saskatoon centre	8,960	4,699	7,255	7,829
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	9,452	7,234	6,416	6,976
<b>Total</b>	<b>35,677</b>	<b>20,356*</b>	<b>27,020</b>	<b>28,454</b>
	<b>April 2018-March 2020</b>	<b>April 2019-March 2021</b>	<b>April 2020-March 2022</b>	<b>April 2022-March 2023</b>
Participation rate	39%	29%	25%	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 2019-March 2020	April 2020-March 2021	April 2021-March 2022	April 2022-March 2023
Number of Pap tests completed in the Saskatchewan Health Authority	90,287	65,705*	78,261	77,220
	<b>April 2017-March 2020</b>	<b>April 2018-March 2021</b>	<b>April 2019-March 2022</b>	<b>April 2022-March 2023</b>
Participation rate (non-hysterectomy corrected)	53.5%	48.5%	47.0%	48.3%

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

Screening Program for Colorectal Cancer	April 2018-March 2020	April 2019-March 2021	April 2020-March 2022	April 2022-March 2023
Number of people who have completed at least one fecal immunochemical test (FIT)	152,727	137,625*	136,638	140,339
Participation rate	46.9%	41.6%	41.1%	42.0%

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

# Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2022-23 Amount Awarded
A systematic genome wide effort to identify and validate targetable synthetic dosage lethal interactions of mitotic kinases in cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$592,875	\$118,575
Systematic profiling of circular RNAs essential for the survival of cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$573,750	\$114,750
Targeting the EphA2 receptor in triple-negative breast cancer	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2018-24	\$558,452	\$139,613
Simulated microgravity blocks osteoblastic differentiation and mineralization leading to bone loss via suppressing the FAK/RhoA-regulated Wnt pathway	Natural Sciences and Engineering Research Council	Dr. Jim Xiang	2019-24	\$180,000	\$36,000
Identification of therapeutically relevant targets in telomerase overexpressing prostate cancer	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2021-26	\$983,026	\$98,303
Developing novel targeted therapies for telomerase-overexpressing pancreatic cancer	Cancer Research Society	Dr. Franco Vizeacoumar	2021-23	\$120,000	\$53,421
Applying synthetic dosage lethality to develop therapies for ovarian clear cell carcinoma	Cancer Research Society and Ovarian Cancer Canada	Dr. Franco Vizeacoumar	2021-23	\$222,930	\$111,465
Exploring the nerve-tumour interface to identify novel therapeutic targets for cancer.	Saskatchewan Health Research Foundation	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2021-24	\$120,000	\$40,000
Exploiting Synthetic Dosage Lethality Network for Suppressing Neuroendocrine Prostate Cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2021-23	\$50,000	\$50,000
Development of 3D tissue engineered tumour microtissue models for precision medicine.	Saskatchewan Health Research Foundation	Dr. M. Dean Chamberlain	2022-25	\$120,000	\$40,000



# Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2022-23 Amount Awarded
Eradication of both primary and distant prostate cancer by IRE+Combo	Prostate Cancer Fight Foundation (PCFF)	Dr. Jim Xiang	2022-23	\$15,000	\$15,000
Combining PD-1/TGF blockades for enhancing IRE ablation of breast cancer	Breast Cancer Society (BCS)	Dr. Jim Xiang	2022-23	\$25,000	\$25,000
Tackling neuroendocrine prostate cancer using combination of beta-2 and androgen receptor inhibition	Prostate Cancer Fight Foundation (Canada's Telus Ride for Dad)	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2022-23	\$15,000	\$15,000
Targeting EphB6 deficiency in breast cancer	College of Medicine, University of Saskatchewan (CoMBS)	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2022-24	\$40,000	\$40,000
Enhancing the Quality of CLL patient Care Using Optical Genomic Mapping and Minimal Residual Disease Monitoring	Saskatchewan Cancer Agency/Cancer Foundation of Saskatchewan	Shruthi Ganeshappa Kodad (PI), John DeCoteau, Mark Bosch, Mohamed Elemery	2023-25	\$102,852	\$51,426
Breast Cancer Tumoroids to study the role of Hypoxia and Cancer Stem Cells in Drug Resistance	Cancer Foundation of Saskatchewan	Dean Chamberlain (PI)	2023-25	\$200,000	\$100,000
Tumour nerve innervations as a prognostic marker for metastatic recurrence of breast cancer	The Breast Cancer Society of Canada	Anand Krishnan (PI), Shahid Ahmed and others	2022-25	\$75,000	\$25,000
HPV (Human Papilloma Virus) Self-Sampling for Primary Cervical Cancer Screening in Underserved Saskatchewan Women	Roche Diagnostics	Jennifer Brown Broderick (PI)	2022-25	\$183,750	\$61,250
Is immune modulation the basis for microbeam radiation effect? Characterizing the findings of randomized Canine brain tumour study	Saskatchewan Cancer Agency/Cancer Foundation of Saskatchewan	Vijay Kundapur (PI), Emina Torlakovic, Roland Nikolaus Auer, Michael Jacob Pushie	2022-24	\$140,302	\$70,151
Effect of adjunct dexamethasone on insulin resistance and its correlation with outcomes in women with early stage breast cancer	Cancer Foundation of Saskatchewan	Osama Ahmed (PI), Rabia Shahid (CO-PI), Shahid Ahmed, Haji Chalchal, Lynn Dwernychuk, Nassrein Hussein, Duc Le, Prosanta Mondal	2022-24	\$113,126	\$56,563

# Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2022-23 Amount Awarded
Enhancing the Quality of AML Care in Saskatchewan Using Optical Genome Mapping	Pfizer	Mark Bosch (PI), John DeCoteau	2022-24	\$127,997	\$63,999
Irreversible electroporation (IRE) combined with electro-immunotherapy greatly boosts therapeutic immunity via enhanced conversion of immunotolerant microenvironment in IRE-ablated pancreatic cancer	Cancer Foundation of Saskatchewan	Dr. Jim Xiang (PI)	2022-24	\$200,000	\$100,000
Contribution of CREB3L1-deficiency to metastatic properties in lung squamous cell carcinoma	Saskatchewan Cancer Agency	Deborah Anderson (PI)	2022-24	\$200,000	\$100,000
Development of 3D tissue engineered tumour microtissue models for precision medicine	Saskatchewan Health Research Foundation Establishment	Dean Chamberlain	2022-24	\$120,000	\$60,000
Mapping synthetic lethal interactions using high density CRISPR/Cas9 screens	Saskatchewan Cancer Agency/Cancer Foundation of Saskatchewan	Franco Vizeacoumar (PI)	2022-24	\$200,000	\$100,000
Homologous Recombinant Proficiency management in women with ovarian cancer	Terry Fox Marathon of Hope Research Consortium	L. Hopkins (PI), M. Carey, M. Kinloch	2022-24	\$360,000	\$180,000
Anti-estrogen Therapy and ER/PR expression in Low-grade Serous Ovarian Carcinoma	Cancer Research Society/Ovarian Cancer Canada	M. Carey, A. Cameron, J. Brown-Broderick, P. Ghatage, L. Hopkins, H. Kim, C. Lee, M. Koebel, S. Pin, H. Steed, N. Wong	2022-24	\$150,000	\$75,000
Clinical Implementation of Oncogenomic testing and Synoptic Reporting for improved ovarian cancer patient care in Saskatchewan	Genome Canada's Genomic Applications Partnership Program	M. Kinloch, J. Decoteau (Co-PIs); L. Hopkins	2022-23/24	\$1.1M	\$550,000
Geriatric Oncology in Action: A need assessment in Saskatchewan: The ACCESS Project	Saskatchewan Health Research Foundation Align Grant	Schroder Sattar (PI), Shahid Ahmed and others	2022-23	\$9,770	\$9,770
Combining PD-1/TGF blockades for enhancing IRE ablation of breast cancer	Breast Cancer Society	Jim Xiang (PI)	2022-23	\$25,000	\$25,000
Eradication of both primary and distant prostate cancer	Prostate Cancer Fight Foundation	Jim Xiang (PI)	2022-23	\$15,000	\$15,000

# Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2022-23 Amount Awarded
Targeting metastatic breast cancer	Canadian Institute of Health Research	Deborah Anderson (PI), Jane Alcorn, Brent Page	2022-23	\$100,000	\$100,000
Towards improved cryopreservation of ovarian tissue to preserve fertility in women and girls undergoing cancer treatment	Saskatchewan Health Research Foundation	James Benson (PI), Laura Hopkins	2022-23	\$60,000	\$60,000
A Patient Decision Aid for Women with Homologous Recombination Proficient Ovarian Cancer: Treatment Options Following Completion of Surgery and Chemotherapy	Saskatchewan Health Research Foundation	L. Hopkins (PI)	2022-23	\$20,000	\$20,000
Exploring Priorities for Breast Cancer Patients and Survivors in Saskatchewan	Saskatchewan Health Research Foundation	Gary Groot (PI), Pamela Meiers, Angelica Lang, Teresa Nixey, Dean Chamberlain, Leanne Smith, Tracey Carr	2022-23	\$9,896	\$9,896
Exploring cancer patients' experiences accessing medical, psychological and social care services in rural Saskatchewan	Saskatchewan Health Research Foundation	Natasha Hubbard Murdoch, Laurie Clune, Andrew McLennan, Lynn Dwernychuk, Crystal Kuras	2022-23	\$9,893	\$9,893
HPV Self-Sampling for Primary Cervical Cancer Screening in Underserved Saskatchewan Women	RUH Women Leading Philanthropy	Jennifer Brown Broderick	2022-23	\$100,000	\$100,000
Genes regulated by CREB3L1 in breast cancer	College of Medicine/U of S	Deborah Anderson (PI)	2022	\$30,000	\$30,000
Circulating Tumour DNA Analysis Informing Adjuvant Chemotherapy in Stage III Colorectal Cancer: A Multicentre Phase II/III Randomised Controlled Trial (DYNAMIC-III)	Canadian Institute of Health Research	Jonathan Loree (PI), Chris O'Callaghan (Co-PI), Shahid Ahmed and others	2021-27 (active 2022)	\$1,426,724	\$237,788
Identification of therapeutically relevant targets in telomerase overexpressing prostate cancer	Canadian Institute of Health Research	Franco Vizeacoumar (PI), Andrew Freywald, Judy Wong, Wang Youzhou (Co-Investigators)	2021-26 (active 2022)	\$983,026	\$196,605

# Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2022-23 Amount Awarded
Exploring the nerve-tumour interface to identify novel therapeutic targets for cancer	Saskatchewan Health Research Foundation	Anand Krishnan (PI), Franco Vizeacoumar, Subha Krishnamoorthy (co-applicants)	2021-24 (active 2022)	\$120,000	\$40,000
Developing novel targeted therapies for telomerase overexpressing pancreatic cancer	Canadian Research Society	Franco Vizeacoumar (PI), Rani Kanthan, Deepti Ravi and Shahid Ahmed	2021-23 (active 2022)	\$120,000	\$60,000
Exploiting synthetic dosage lethality network for suppressing neuroendocrine prostate cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Anand Krishnan (PI) Franco Vizeacoumar, Andrew Freywald (Co-Investigators)	2021-23 (active 2022)	\$50,000	\$25,000
Applying synthetic dosage lethality to develop therapeutic strategies for ovarian cancer cell carcinoma	Cancer Research Society/Ovarian Cancer Canada	Franco Vizeacoumar (PI), Andrew Freywald, Barbara Vanderhyden, Judy Wong, Ailes Laurie (co-applicants)	2021-23 (active 2022)	\$222,930	\$111,465
Systemic Therapy with a Loco-regional Treatment in Patients with Locally Advanced Pancreatic Cancer: The SMART Study	Saskatchewan Cancer Agency	Shahid Ahmed (PI), Michael Moser (Co-PI) and others	2020-24 (active 2022)	\$199,570	\$49,892
Novel enhancement of irreversible electroporation through the use of prodrug activated by electrical current	RUH Foundation	Michael Moser (PI), Phenix Price and Shahid Ahmed	2020-24 (active 2022)	\$25,000	\$12,500
Prairie Cancer Research Consortium-Marathon of Hope Cancer Centres Network Pilot - Understanding how the tumour microenvironment drives therapy resistance and metastasis	Terry Fox Research Institute/College of Medicine-U of S/Saskatchewan Health Research Foundation	Deborah Anderson (PI)	2020-22 (active 2022)	\$60,000	\$60,000
Conversion From Unresectable To Resectable Liver Metastases In Patients With Liver-Only Metastatic Colorectal Cancer Treated With FOLFOXIRI Plus Bevacizumab - The Conversion Trial.	Canadian Institute of Health Research	Shahid Ahmed (PI), Raj Rakheja, Lynn Dwernychuk, Franco Vizeacoumar, June Lim, Adnan Zaidi, Haji Chalchal and others	2019-26 (active 2022)	\$100,000	\$14,286

# Volume Statistics

## Peer-Reviewed Publications and Book Chapters

<p><b>Ahmed S</b>, Bosma N, Moser M, Ahmed S, <b>Brunet B</b>, Davies J, Doll C, <b>Dueck DA</b>, Kim CA, Ji S, <b>Le D</b>, Lee-Ying R, Lim H, McGhie JP, Mulder K, Park J, Ravi D, Renouf DJ, Schellenberg D, Wong RPW, <b>Zaidi A</b>. Systemic Therapy and Its Surgical Implications in Patients with Resectable Liver Colorectal Cancer Metastases. A Report from the Western Canadian Gastrointestinal Cancer Consensus Conference. <i>Curr Oncol.</i> 2022 Mar 8;29(3):1796-1807. doi: 10.3390/curroncol29030147. PMID: 35323347; PMCID: PMC8947455.</p>
<p><b>Ahmed S</b>. Cancer Care during the COVID-19 Pandemic: Challenges and Adaptations. <i>Curr Oncol.</i> 2022 Dec 20;30(1):45-47. doi: 10.3390/curroncol30010004. PMID: 36661653; PMCID: PMC9857587</p>
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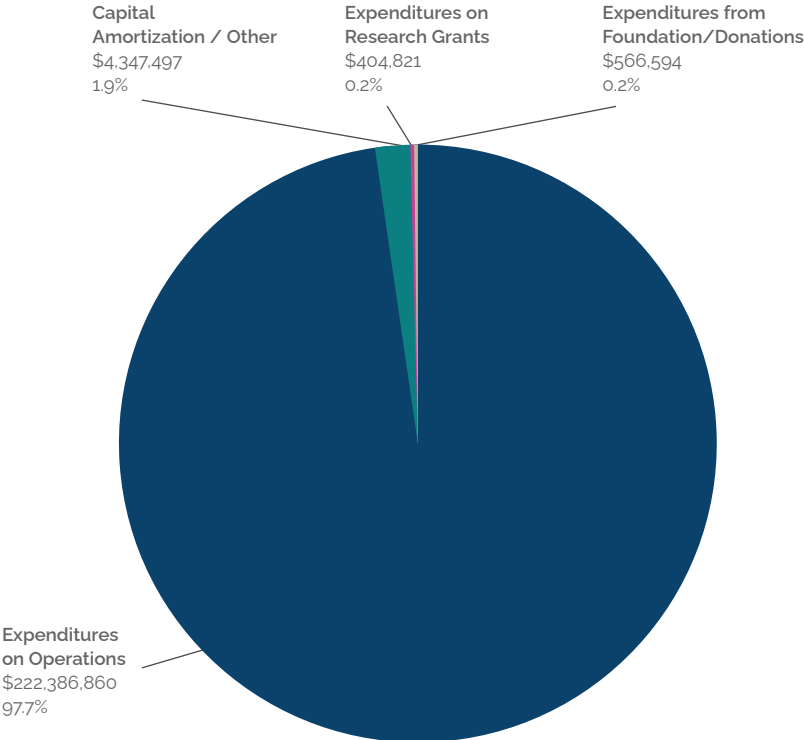


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<b>L. Hopkins</b> , Precision Medicine Gets Personal; Precision Medicine Symposium for Gynecologic and Genitourinary Cancers. Saskatoon, Saskatchewan. Sept 22, 2022(invited talk)
<b>L. Hopkins</b> , The 4PDQ Study in Saskatchewan. Precision Medicine Symposium, Saskatoon, Saskatchewan. Sept 22, 2022
<b>L. Hopkins</b> , Cervical Cancer Approach to Treatment and Outcomes in Saskatchewan. Western Canadian Gynecologic Cancer Symposium. April 21, 2022(invited talk)
<b>L. Hopkins</b> , Precision Medicine and tumor testing for women with ovarian cancer in Saskatchewan. Terry Fox Research Day. June 15, 2022(invited talk)
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# Financial Summary

In 2022-23, the Cancer Agency received revenues of \$236.002 million and incurred expenditures of \$227.700 million resulting in an excess of revenues over expenses of \$8.302 million. The following chart gives a breakdown of the total expenditures in 2022-23.



The Cancer Agency implemented 12 new oncology drug programs and 16 new indications for existing drugs during the fiscal year. All of the new drugs/indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR), and subsequently negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA).

Most non-drug operating costs started returning to pre-pandemic levels, however recruitment and retention challenges in many areas across the Cancer Agency resulted in significant salary vacancy savings during the fiscal year. There is work being done on a recruitment and retention strategy to address these challenges.

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 capital projects and purchases were delayed in 2022-23 due to global supply chain issues and labour availability, many of the projects started in 2022-23 will carry over into 2023-24. Some of the projects that were completed in 2022-23 include upgrades to the chilled water systems for radiation treatment machines in both cancer centres, assessment for the pharmacy renovations required by NAPRA (National Association of Pharmacy Regulatory Authorities) standards and upgrades to the security system at the Saskatoon Cancer Centre.

# Management Report

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

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

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

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



**Deb Bulych**  
President and Chief Executive Officer



**Margaret Lewis**  
Chief Financial Officer

May 19, 2023

# Independent Auditor's Report



PROVINCIAL AUDITOR  
of Saskatchewan

To: The Members of the Legislative Assembly of Saskatchewan

## Opinion

We have audited the financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2023, 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, 2023 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 the 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 19, 2023

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

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

# 2022-23 Financial Statements

## STATEMENT OF FINANCIAL POSITION As at March 31, 2023

## Statement 1

	<u>2023</u>	<u>2022</u>
<b>FINANCIAL ASSETS</b>		
Cash and cash equivalents	\$ 18,926,987	\$ 15,090,596
Accounts receivable:		
- Ministry of Health – General Revenue Fund	250,000	315,000
- Other	<u>17,864,391</u>	<u>14,962,196</u>
Total Financial Assets	<u>\$ 37,041,378</u>	<u>\$ 30,367,792</u>
<b>LIABILITIES</b>		
Accounts payable	\$ 16,796,775	\$ 13,016,348
Accrued salaries	2,300,310	3,652,989
Vacation payable	1,621,035	1,656,468
Deferred revenue (Note 7)	261,495	497,247
Employee future benefits (Note 8)	<u>3,435,500</u>	<u>3,223,800</u>
Total Liabilities	<u>24,415,115</u>	<u>22,046,852</u>
<b>NET FINANCIAL ASSETS</b>	<u>12,626,263</u>	<u>8,320,940</u>
<b>NON-FINANCIAL ASSETS</b>		
Tangible capital assets (Note 4)	32,226,640	29,657,263
Inventory held for use	21,232,880	19,947,965
Prepaid expenses	<u>1,733,753</u>	<u>1,590,774</u>
Total Non-Financial Assets	<u>55,193,273</u>	<u>51,196,002</u>
<b>ACCUMULATED SURPLUS</b>	<u>\$ 67,819,536</u>	<u>\$ 59,516,942</u>
Contractual Obligations (Note 5)		



Ron Waschuk  
Board Chair



Howard Crofts, FCPA, FCA  
Finance and Audit Committee Chair

# 2022-23 Financial Statements

## STATEMENT OF OPERATIONS For the Year Ended March 31, 2023

## Statement 2

	Budget 2023 <u>(Note 11)</u>	<u>2023</u>	<u>2022</u>
<b>REVENUES</b>			
Ministry of Health	\$ 228,342,000	\$ 228,424,620	\$ 213,789,352
Grants	3,014,856	2,753,568	2,288,380
Donations	-	878,442	204,040
Investment income	80,500	739,336	101,700
Other revenues	<u>5,392,819</u>	<u>3,206,400</u>	<u>3,710,050</u>
	<u>236,830,175</u>	<u>236,002,366</u>	<u>220,093,522</u>
<b>EXPENSES (Schedule 3)</b>			
Clinical services	46,544,971	45,348,547	44,271,369
Care services	47,142,046	45,031,926	41,993,765
Pharmacy & drugs	96,411,159	90,947,159	80,195,349
Population health	21,001,853	19,870,833	17,495,587
Research	1,466,399	1,311,476	1,277,477
Corporate services	19,264,206	18,459,385	17,082,606
Other expenses	2,803,496	6,023,796	6,130,580
Restructuring transaction (Note 14)	<u>-</u>	<u>706,650</u>	<u>-</u>
	<u>234,634,130</u>	<u>227,699,772</u>	<u>208,446,733</u>
Annual surplus	2,196,045	8,302,594	11,646,789
<b>ACCUMULATED SURPLUS, BEGINNING OF YEAR</b>	<u>59,516,942</u>	<u>59,516,942</u>	<u>47,870,153</u>
<b>ACCUMULATED SURPLUS, END OF YEAR</b>	<u>\$ 61,712,987</u>	<u>\$ 67,819,536</u>	<u>\$ 59,516,942</u>

# 2022-23 Financial Statements

## STATEMENT OF CHANGE IN NET FINANCIAL ASSETS (DEBT) For the Year Ended March 31, 2023

Statement 3

	Budget 2023 (Note 11)	2023	2022
Annual surplus (Statement 2)	\$ 2,196,045	\$ 8,302,594	\$ 11,646,789
Net acquisition of tangible capital assets (Note 4)	(21,797,407)	(6,907,856)	(8,436,526)
Amortization of tangible capital assets (Note 4)	4,200,000	3,518,840	3,745,767
Loss on disposal of tangible capital assets	-	112,989	243,669
Restructuring transaction (Note 14)	-	706,650	-
	(15,401,362)	5,733,217	7,199,699
Net (increase) in inventory	-	(1,284,915)	(8,896,811)
Net (increase) in prepaid expenses	-	(142,979)	(654,140)
<b>CHANGE IN NET FINANCIAL ASSETS (DEBT)</b>	(15,401,362)	4,305,323	(2,351,252)
<b>NET FINANCIAL ASSETS, BEGINNING OF YEAR</b>	8,320,940	8,320,940	10,672,192
<b>NET FINANCIAL ASSETS (DEBT), END OF YEAR</b>	<u>\$ (7,080,422)</u>	<u>\$ 12,626,263</u>	<u>\$ 8,320,940</u>



# 2022-23 Financial Statements

## STATEMENT OF CASH FLOWS For the Year Ended March 31, 2023

## Statement 4

	<u>2023</u>	<u>2022</u>
Cash provided by (used in):		
<b>OPERATING ACTIVITIES</b>		
Annual surplus (Statement 2)	\$ 8,302,594	\$ 11,646,789
Net change in non-cash working capital (Note 3)	(1,896,826)	(7,561,964)
Amortization of tangible capital assets (Note 4)	3,518,840	3,745,767
Loss on disposal of tangible capital assets	112,989	243,669
Restructuring transaction (Note 14)	<u>706,650</u>	<u>-</u>
	<u>10,744,247</u>	<u>8,074,261</u>
<b>CAPITAL ACTIVITIES</b>		
Purchase of tangible capital assets (Note 4)	<u>(6,907,856)</u>	<u>(8,436,526)</u>
Net increase (decrease) in cash and cash equivalents during the year	3,836,391	(362,265)
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<u>15,090,596</u>	<u>15,452,861</u>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<u><u>\$ 18,926,987</u></u>	<u><u>\$ 15,090,596</u></u>

# 2022-23 Financial Statements

## NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2023

### 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.

# 2022-23 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.

# 2022-23 Financial Statements

## 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 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

The Cancer Agency adopted PS 3280 Asset Retirement Obligations on April 1, 2022. The new standard establishes guidance on the recognition, measurement, presentation and disclosure of a liability for retirement of a tangible capital asset. The adoption of PS 3280 had no impact on the Cancer Agency's financial statements.

## n) Future changes in accounting policies

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 standard will come into effect as follows:

- (i.) PS 3400 Revenue (effective April 1, 2023), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of revenue.

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

# 2022-23 Financial Statements

## 3. NET CHANGE IN NON-CASH WORKING CAPITAL

	2023	2022
(Increase) in accounts receivable	\$ (2,837,195)	\$ (3,673,009)
Increase in accounts payable	3,780,427	3,571,026
Increase (decrease) in accrued salaries	(1,352,679)	1,860,162
Increase (decrease) in vacation payable	(35,433)	101,456
(Decrease) in deferred revenue	(235,752)	(54,349)
Increase in employee future benefits	211,700	183,700
(Increase) in inventory held for use	(1,284,915)	(8,896,811)
(Increase) in prepaid expenses	(142,979)	(654,139)
	<u>\$ (1,896,826)</u>	<u>\$ (7,561,964)</u>

## 4. TANGIBLE CAPITAL ASSETS

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2023	2022
Cost, beginning of year	\$ 280,297	\$ 27,196,075	\$ 20,324,055	\$ 51,152,325	\$ 98,952,752	\$ 98,726,831
Additions	-	1,345,012	348,214	5,214,630	6,907,856	8,436,526
Adjustments	-	-	1,115,953	(1,115,953)	-	-
Restructuring (Note 14)	-	-	-	(2,130,922)	(2,130,922)	-
Disposals	-	(674,866)	-	(3,360,762)	(4,035,628)	(8,210,605)
Cost, end of year	<u>280,297</u>	<u>27,866,221</u>	<u>21,788,222</u>	<u>49,759,318</u>	<u>99,694,058</u>	<u>98,952,752</u>
Accumulated amortization, beginning of year	-	22,111,733	15,002,872	32,180,884	69,295,489	73,516,659
Amortization	-	495,274	781,845	2,241,721	3,518,840	3,745,767
Adjustments	-	-	464,981	(464,981)	-	-
Restructuring (Note 14)	-	-	-	(1,424,272)	(1,424,272)	-
Disposals	-	(674,866)	-	(3,247,773)	(3,922,639)	(7,966,937)
Accumulated amortization, end of year	<u>-</u>	<u>21,932,141</u>	<u>16,249,698</u>	<u>29,285,579</u>	<u>67,467,418</u>	<u>69,295,489</u>
Net Book Value	<u>\$ 280,297</u>	<u>\$ 5,934,080</u>	<u>\$ 5,538,524</u>	<u>\$ 20,473,739</u>	<u>\$ 32,226,640</u>	<u>\$ 29,657,263</u>

Work in progress amount included in the assets above is \$5,520,961 (2022 - \$4,276,176).

## 5. CONTRACTUAL OBLIGATIONS

### a) Tangible capital asset acquisitions

At March 31, 2023, contractual obligations for acquisition of tangible capital assets are \$6,245,646 (2022 - \$3,396,306).

# 2022-23 Financial Statements

## b) Operating leases

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

2023-24	2,668,009
2024-25	2,731,621
2025-26	2,742,972
2026-27	2,429,091
2027-28	2,170,660

## 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, 2023 will continue to be contracted for the following fiscal year. In the year ended March 31, 2023, the Cancer Agency contracted services amounting to \$9,998,106 (2022 - \$9,873,472).

## 6. CANCER PATIENT LODGES

The Canadian Cancer Society, Saskatchewan Division (CCS), conditionally transferred two cancer patient lodges, one in Saskatoon and one in Regina, to the Cancer Agency in 1983. The buildings and land are included in the total capital assets for the Cancer Agency. Under the terms of the agreement with CCS, the title of the lodges will remain with the Cancer Agency so long as they are used as patient lodges. Prior to March 31, 2020, the Cancer Agency discontinued providing lodge services at the Saskatoon location and has temporarily moved to an alternate location (Parkville Manor) to provide lodge services. The Cancer Agency and CCS have agreed that the Saskatoon patient lodge title does not need to be transferred back to CCS until the Cancer Agency decides if it will rebuild a patient lodge on the property. The Cancer Agency will advise the CCS by March 31, 2025 whether it plans to rebuild on the site.

## 7. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
<b>Non-Government of Saskatchewan Initiatives</b>				
Clinical Trials Awards	\$ 190,163	\$ 126,986	\$ 82,500	\$ 145,677
U of S - Gynecology Academic Services	11,536	199,630	205,193	17,099
WCB - Sun Smart	6,768	6,768	-	-
CCS - Data Transformation	-	54,360	125,000	70,640
Canadian Partnership Against Cancer				
Healthy Futures Saskatchewan	154,921	857,588	702,667	-
Cervical Cancer Screening	52,484	40,216	-	12,268
Culturally Responsive Cancer Strategy	22,304	176,680	154,376	-
Tobacco Cessation	20,577	20,577	-	-
Early Integration for Palliative Care	13,000	13,000	-	-
NITHA	12,644	-	-	12,644
Lung Cancer Screening	8,664	181,822	173,158	-
Canadian Cancer Strategy for Cancer Control	4,186	208,271	207,252	3,167
<b>Total Deferred Revenue</b>	<b>\$ 497,247</b>	<b>\$ 1,885,898</b>	<b>\$ 1,650,146</b>	<b>\$ 261,495</b>

# 2022-23 Financial Statements

## 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 3.
- (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 3. The last actuarial valuation was performed as at December 31, 2021.

			<b>2023</b>	<b>2022</b>
	<b>SHEPP</b>	<b>PEPP</b>	<b>Total</b>	<b>Total</b>
Number of active members	167	768	935	885
Member contribution rate, percentage of salary	8.10% - 10.70%	7.60%		
Cancer Agency contribution rate, percentage of salary	9.07% - 11.98%	8.76%		
Member contributions (thousands of dollars)	\$ 883	\$ 4,398	\$ 5,281	\$ 5,068
Cancer Agency contributions (thousands of dollars)	\$ 989	\$ 5,202	\$ 6,191	\$ 5,752

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2023. Inactive members are not reported by the Cancer Agency.

# 2022-23 Financial Statements

## 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 3 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.

			<b>2023</b>		<b>2022</b>	
	<b>PEBA</b>	<b>SGEU</b>	<b>Total</b>		<b>Total</b>	
Number of active members	182	778	960		909	
Member contribution rate, percentage of salary	0.97%	1.50%				
Cancer Agency contribution rate, percentage of salary	1.17%	0.00%				
Member contributions (thousands of dollars)	\$ 301	\$ 670	\$ 971	\$	\$ 945	
Cancer Agency contributions (thousands of dollars)	\$ 359	\$ -	\$ 359	\$	\$ 361	



# 2022-23 Financial Statements

## 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, 2022 with results projected to March 31, 2023. Key assumptions used as inputs into the actuarial calculation are as follows:

	2023	2022
Discount rate (per annum)	3.90%	3.10%
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
	<b>2023</b>	<b>2022</b>
Accrued benefit obligation, beginning of year	\$ 3,223,800	\$ 3,040,100
Cost for the year		
Current period benefit costs	503,300	460,100
Interest expense	115,300	77,500
Actuarial losses	49,000	44,500
Benefits paid during the year	(455,900)	(398,400)
Accrued benefit obligation, end of year	\$ 3,435,500	\$ 3,223,800

# 2022-23 Financial Statements

## 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.

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

	2023	2022
Cash and cash equivalents	\$ 18,926,987	\$ 15,090,596
Accounts receivable		
Ministry of Health - General Revenue Fund	250,000	315,000
Other	17,864,391	14,962,196
	\$ 37,041,378	\$ 30,367,792

# 2022-23 Financial Statements

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, 2023, 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, 2023, 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 \$370,414 (2022 - \$303,678).

### (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, 2023, the Cancer Agency has a cash and cash equivalents balance of \$18,926,987 (2022 - \$15,090,596).

# 2022-23 Financial Statements

## (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, 2023, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2022 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

## 11. BUDGET

The 2022-23 budget plan was approved by the Cancer Agency's Board of Directors on May 19, 2022.

## 12. COLLECTIVE BARGAINING AGREEMENT

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expires on March 31, 2024.

## 13. CANCER FOUNDATION OF SASKATCHEWAN

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

# 2022-23 Financial Statements

## 14. RESTRUCTURING TRANSACTIONS

The SCA is under the control of the Government of Saskatchewan and is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions. The Saskatchewan Health Authority (SHA) is also under the control of the Government of Saskatchewan.

The SCA is responsible for the planning, organization, delivery, and evaluation of cancer care services throughout Saskatchewan in collaboration with SHA and other health care organizations. On April 1, 2022 the SHA assumed responsibility of the ongoing operation of mammography examination and interpretation services associated with the Breast Cancer Screening Program from the SCA. This included capital assets owned by the SCA which were used to provide these services. Additionally, a subsequent transfer of capital assets related to the mobile mammography bus was made effective March 31, 2023.

From the date of the transfer to March 31, 2023, SCA received \$3 million in funding from the Ministry of Health for the Breast Screening Program. SCA transferred the funding to the SHA during 2022-23.

No compensation was paid to or received for the transfer and there were no restructuring costs related to the transfer.

The net carrying amount of the assets transferred is detailed below:

**Carrying amount of assets transferred:**

Tangible capital assets transferred at April 1, 2022	\$ 686,033
Tangible capital assets transferred at March 31, 2023	<u>20,617</u>
Total net carrying amount transferred	<u>\$ 706,650</u>

# 2022-23 Financial Statements

## BOARD MEMBER REMUNERATION For the Year Ended March 31, 2023

## Schedule 1

Board Members	2023					2022
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total <sup>(1)</sup>	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 6,075	\$ 2,944	\$ 7,185	\$ 26,164	\$ 16,479
Board Members:						
Crofts, Howard	-	6,275	263	833	7,371	5,450
Ravis, Don	-	4,425	600	1,638	6,663	3,480
Scott, Kelly	-	3,775	450	2,129	6,354	3,505
Lukiwski, Tom <sup>(6)</sup>	-	2,369	375	1,360	4,104	-
Rice, Marilyn <sup>(6)</sup>	-	2,075	463	693	3,231	-
Wyatt, Gordon <sup>(6)</sup>	-	2,525	844	2,243	5,612	-
Gryba, Catherine <sup>(7)</sup>	-	738	-	18	756	-
Cook, Cheryl <sup>(7)</sup>	-	675	-	-	675	-
Streelasky, Dr. Walter <sup>(2)</sup>	-	-	-	-	-	2,338
Chabot, Lionel <sup>(3)</sup>	-	-	-	-	-	475
Stang, Frances <sup>(4)</sup>	-	-	-	-	-	288
Finnie, Doug <sup>(5)</sup>	-	1,463	195	411	2,069	2,461
Total	\$ 9,960	\$ 30,395	\$ 6,134	\$ 16,510	\$ 62,999	\$ 34,476

(1) Board Member remuneration will fluctuate from member to member based on the number of Board and committee meetings 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. The time commitment and therefore the level of remuneration is higher for those who are chairs of the Board committees.

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

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

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

(5) Doug Finnie's term ended on November 30, 2022.

(6) Tom Lukiwski, Marilyn Rice and Gordon Wyatt were appointed to the Board on June 16, 2022.

(7) Catherine Gryba and Cheryl Cook were appointed to the Board on November 30, 2022.

# 2022-23 Financial Statements

## SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2023

## Schedule 2

	2023			2022
	Salaries <sup>(1)</sup>	Benefits and Allowances <sup>(2)</sup>	Total	Total
Senior Employees				
Dr. Jon Tonita, Chief Executive Officer <sup>(3)</sup>	\$ 60,090	\$ 1,200	\$ 61,290	\$ 292,971
Deb Bulych, Chief Executive Officer <sup>(4)</sup>	254,853	6,000	260,853	214,062
Dr. Shazia Mahmood, Vice-President, Medical Services	530,073	-	530,073	534,156
Denise Budz, Vice-President, Care Services <sup>(5)</sup>	154,740	878	155,618	-
Kevin Wilson, Vice-President, Population Health, Quality & Research	233,235	-	233,235	223,365
Ron Dufresne, Vice-President, Corporate Services	207,383	-	207,383	205,341
Total	\$ 1,440,374	\$ 8,078	\$ 1,448,452	\$ 1,469,895

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

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

(3) Dr. Jon Tonita retired from the Agency on June 3, 2022.

(4) Deb Bulych was the interim Chief Executive Officer from June 6 to October 4, 2022. On October 5, 2022, Deb was appointed as the permanent Chief Executive Officer.

(5) Denise Budz was the interim Vice-President, Care Services from June 6 to December 30, 2022. On January 3, 2023, Denise was appointed as the permanent Vice-President, Care Services.

# 2022-23 Financial Statements

## SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2023

Schedule 3

	Budget 2023 (Note 11)	2023	2022
<b>EXPENSES</b>			
Salaries and employee benefits	\$ 101,180,598	\$ 97,608,434	\$ 92,463,143
Drugs and medical supplies	87,988,664	82,210,379	72,517,096
Contracted staff and physicians	21,391,610	21,092,925	19,218,745
Amortization	4,200,000	3,518,840	3,745,767
Purchased services	3,591,900	3,246,409	3,917,363
Other expenses	3,376,962	6,819,345	5,445,788
Repairs and maintenance	3,031,489	2,755,973	2,186,020
Professional fees	2,682,276	2,113,884	2,400,714
Office supplies and other office costs	2,340,523	2,485,629	2,325,365
Rent of buildings	2,288,138	2,317,443	2,293,359
Clinical and other supplies	1,091,762	1,172,320	1,051,967
Grants to Third Party	704,863	740,067	36,912
Research grants	429,821	404,821	299,969
Housekeeping and laundry	335,524	393,664	300,856
Loss on disposal of tangible capital assets	-	112,989	243,669
Restructuring transaction (Note 14)	-	706,650	-
	<u>\$ 234,634,130</u>	<u>\$ 227,699,772</u>	<u>\$ 208,446,733</u>



# Payee Disclosure Lists

## FOR THE YEAR ENDED MARCH 31, 2023

### Personal Services

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

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
ABBS-WEST	JENELLE	96,265	BERGAN	NICOLE	78,316
ADAM	LISA	142,778	BERNAUER	SANDRA	96,468
ADIGUN	NIKE	59,953	BERZOLLA	WAYNE	101,194
AHMAD	NAZIR	275,713	BILASH	TRISTAN	84,120
AHMED	SHAHID	468,828	BLACK	MEGAN	94,546
AJAYI	ADEFUNKE	57,314	BLAZEIKO	JONATHAN	82,003
ALBAR	JULIA	61,958	BOECHLER	LUKE	107,903
ALEXANDER	ANDREW	71,737	BOEHM	DARRYL	146,097
ALI	MAGDI	368,544	BOERSMA	JOHN	59,733
ALLAN	JOYCE	91,002	BOLT	RACHEL	105,713
ALLEN	JOANNE	64,429	BONNELL	GABRIEL	67,343
ALMASI-TAIT	KAREN	99,502	BORTIS	JANELLE	109,710
ALSAFAR	NOURA	95,000	BOSCH	BRENNAN	104,033
ALTON	SARA	92,598	BOSCH	MARK	464,422
ALVI	RIAZ	145,772	BOTT	JESSICA	53,375
ANDERSON	DEBORAH	197,143	BOURASSA	AMY	70,152
ANDREAS	J. JOE	97,349	BOYKO	RILEY	67,107
APPADU	SRIVENKATESSA	64,338	BRADBURN	SHELAN	54,511
ASCHENBRENNER	NICOLE	116,935	BRADEL	THERESA	180,075
ASH	SHEILA	67,619	BRAUN	NICOLE	93,054
ASPEN	REBECCA	139,139	BRECHT	RONALD	118,703
AUDITOR	ERICKA	93,913	BRENZIL	MARLENE	84,117
BABIY	PATRICIA	54,365	BRIGGS	SHERI	107,501
BADEN	HUSSEIN	511,577	BRITTON	ALEKSANDRA	114,824
BAILEY	RICHELLE	75,750	BROCKMAN	RHONDA	84,933
BAISLEY	JULIE-ANN	104,838	BROLEY	CHANDRA	62,744
BARLOW	STACY	58,389	BROSE	KELSEY	455,048
BASEY	KIMBERLY	54,253	BROWNE	KARA	75,538
BASIOVE	MITCHELL	71,517	BRUNET	BRYAN	462,405
BATSON	SHELLEY	52,055	BRUSE	LYDIA	82,922
BAYFIELD ASH	NICOLA	146,536	BUATOIS	MELANIE	70,832
BAZYLEWSKI	ALYSHA	50,340	BUDZ	DENISE	181,349
BAZYLEWSKI	PAUL	66,443	BULYCH	DEBORAH	260,853
BEAULE	CINDY	71,062	BUMPHREY	JACQUIE	50,363
BECKETT	CRAIG	189,897	BUNKO	ADA	98,480
BECKING	COLLEEN	81,790	BURDETT	SUSAN	53,847
BEEBE	LARAE	84,492	BUSSIERE	MATTHEW	84,125
BEISEL	THOMAS	98,781	BYBLOW	SANDRA	100,933
BELHUMEUR	KIM	91,197	BYKOVA	MARGARITA	104,721
BELITSKI	RENEE	147,892	CAMPBELL	LORNA	97,529
BELOUS	JANICE	93,023	CAMPBELL	WANDA	54,475
BENDICO	SAMAHLEE	97,436			

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
CARIGNAN	ROBERT	102,520	DESCHAMPS	MICHELLE	108,660
CARMICHAEL	KAREN	64,128	DETERS	TIM	164,685
CARRINGTON	RENEE	53,758	DIMAGUILA	TERESA	71,776
CARSON	BRETT	85,970	DOCKRAY	LEANNE	60,314
CASAVANT	CORRINE	71,018	DODMAN	JOHN	88,381
CAZA	ALISON	60,868	DOLATA	WOJCIECH	457,990
CHALCHAL	HAJI	479,939	DONALD	MANDI	54,253
CHAMBERLAIN	DEAN	115,428	DRAPAK	SAVANNAH	54,587
CHANDNA	AYESHA	353,384	DREGER	SASCHA	58,210
CHANDRASEKHAR	AMBIKA	79,388	DREVER	LAURA	188,055
CHEREPUSCHAK	PENNY	55,140	DRYDEN	ALEXIS	110,436
CHERLAND	SUSAN	101,251	DUCHSCHER	DANA	59,777
CHIBI	KAITLYN	89,629	DUFRESNE	RON	207,383
CHIREH	BATHOLOMEW	73,574	DUKE	SARA	75,514
CHOQUETTE	HEATHER	111,491	DUKES	TINA	54,739
CHORNAWKA	MOREGAN	52,747	DUNN	KATE	86,499
CHRISTENSON	KENDRA	83,976	DWERNYCHUK	LYNN	129,696
CLARK	REBECCA	95,027	DYZKOWSKI	THERESA	111,632
CLAYTON	KIMBERLY	98,349	DZIADYK	BROOKE	51,190
COCKWILL	RYAN	126,905	EBONITE	APRIL ANN	61,383
COLE	DARELLE	90,014	EDMUNDS	LAURIE	83,188
COLE	SCOTT	93,391	EDWARDS	TRENT	99,403
CONKLIN	SHELDON	75,391	EL-GAYED	ALI	480,143
CONSTANTINESCU	JENNIFER	64,384	ELSAYED	NAGLAA	159,478
COOK	DARCY	96,045	EL-SAYED	ASSEM	358,945
COONS	RANDI	74,567	EMARA	MOHAMED	374,104
COOPER	SARAH	111,596	ENGLISH	AZURE	115,297
COUSINS	KENAPHA	54,741	ENNS	KAREN	83,990
COUSINS	SARA ROSE	60,830	ENRIQUEZ	ANNA-LIZA	54,253
COVEY	ROXANNE	60,155	ESMAIL	LINA	101,438
COWAN	SARAH	103,253	ESWEDI	ABDULHAKIM	551,137
COWIN	NOAH	92,524	FARROW	DELEE	84,176
CRAIG	ERNEST	121,458	FAY	APRIL	104,194
CRANE	AMANDA	100,507	FENSOM	JILLIAN	131,528
CRANMER-SARGISON	GAVIN	217,908	FERGUSON	MICHELLE	460,934
CRERAR KOSHUBA	ROBIN	96,389	FEROZDIN	SAJJAD	67,221
CREWSON	CODY	93,242	FIDDLER	KERRI	82,175
CROSS	DEBORAH	67,343	FILIPCHUK	MONICA	84,468
CROZIER	CARLA	81,810	FLAMAN	JOSIAH	61,028
CUACHIN	MARICEL	50,701	FOGAL	STACEY	100,013
CURRAN	KATLIN	88,620	FOLLACK	TYSON	70,906
DAVIES	LACI	100,097	FONAGY	RHONDA	63,832
DAWES	JENNIFER	88,169	FONDRICK	LACEY	56,981
DECK	VERONICA	52,684	FONG	YVONNE	94,109
DECKER	ALLISON	95,541	FONTAINE	CHELSEY	74,522
DECKER	KATHRYN	54,109	FORSYTH	MEGHAN	72,228
DELAINEY	TARA	132,543	FOSTER	BRENDA	94,795
DELL	PAIGE	56,056	FOSTER	LISA	96,430
DENG	PENG	89,499	FOURLAS	KARLEE	80,132
DERDALL	CARSON	89,749	FOX	PAULINE	98,249
DERRICK	PETER	98,726	FRANK	TRACY	66,444

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
FREI	MARLA	54,335	HENDRIKS	KEELEY	93,912
GALLIVAN	ANDREA	66,554	HENIN	NEVINE	370,777
GARDINER	DONALD	67,942	HEPTING	JACLYN	95,742
GARRATT	KEVIN	110,977	HERASYMUIK	LAURA	61,134
GARTNER	HELEN	92,736	HERLE	CHANDRA	93,248
GATIN	ERINN	71,866	HETKE	MORGAN	62,534
GEE	OLIVIA	83,436	HICKS	JOLENE	110,496
GEISLER	RYAN	94,996	HIEBERT	BRENDA	73,119
GEISLER	SHAWN	74,169	HO	JENNY	78,198
GENDALL	MONTY	157,743	HOBSON	RAELENE	92,812
GEORGE	JANET	91,909	HODGINS	DEBRA	115,050
GERHARDT	SARA	92,345	HOFFMAN	TANYA	80,390
GERVAIS	AMANDA	94,189	HOLFELD	KYLE	89,277
GIBSON	DELLA	56,017	HOLLICKY	JACQUELINE	51,215
GILLIE	SARAH	68,583	HOPKINS	BLAIRE	53,519
GIROUX	JASMIN	50,263	HORDOS	JANELLE	106,837
GLASS	LISA	162,928	HORNSETH	SHYANNE	98,490
GLASS	TRACY	55,866	HOSTIN	JENNA-LEE	107,545
GLENISTER	SHANNON	93,816	HOUK	GRAHAM	59,260
GLUM	JONATHAN	77,880	HOUSHMAND	SHAUNA	119,505
GOMEZ	SHIRLITA	56,962	HUNDEBY	SHANNON	63,419
GOOD	CARLENE	96,583	INGENTHRON	NICOLE	84,229
GOODMAN CHARTIER	SANDRA	84,391	IQBAL	MUSSAWAR	468,239
GOODYEAR	GENNY	58,192	ISAAC	STEPHANIE	80,473
GOUBRAN-MESSIHA	HADI	461,254	ISLAM	MOHAMMED	94,846
GOUGH	MARGOT	100,852	ISMAIL	WALEED SABRY	475,948
GOWRISHANKAR	BRANAWAN	408,007	JACOB	MARY	68,159
GRAY-LOZINSKI	DENISE	78,850	JACOBSON	AMANDA	108,877
GREGORY	SHERI	79,024	JAMES	MICHELLE	80,912
GUAN	QITING	50,165	JAMESON	BRENDA	161,847
GUST	BRADLEY	78,865	JAMISON	ASHLEY	55,436
GYORFI	KEELY	70,090	JAN	SHALENE	57,486
GYUG	JORDAN	85,682	JANCEWICZ	MIROSLAV	162,254
HADLAND	SHANE	98,255	JANZEN	TRACIE	84,134
HAGEL	KIMBERLY	453,411	JARVIS	SARAH	58,428
HAIDER	KAMAL-UDDIN	455,315	JASKEN	HALEY	72,697
HALA	KAREN	73,685	JELOVIC	ANDREW	91,621
HALSTEAD	KELSEY	113,013	JESSUP	GREGORY	95,502
HAMILTON	DAYNA	53,462	JOHNSON	APRIL	88,707
HANNAH	LINDSAY	75,194	JOHNSON	JILL	72,297
HANSON	CHRISTIN	89,266	JOHNSON	KATE	148,162
HART	CAROLINE	246,665	JOHNSTONE	TERRILEE	52,860
HART	JENNIFER	54,533	JONES	BRENDA	96,581
HASTINGS	JAMES	95,989	JONES	SHANNON	71,481
HAUGAN	SASHA	61,868	JORGENSEN	BRYAN	146,856
HAUTCOEUR	ARIELLE	55,175	JUDD	ALISON	98,316
HAWRYLUK	WANDA	60,536	KABAN	SUSAN	67,431
HAYES	KYLA	57,533	KACHUR	KAELEE	53,726
HEGYI	BRANDI	67,619	KASTELIC	SHERRY	57,731
HEINRICH	ARLENE	90,421	KEFFER	MELODIE	64,813
HELFRICK	HEATHER	94,314	KELL	TRACY	92,249

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
KELLER	BROOKE	57,272	LISS	SHAVAUN	66,946
KENNEDY	LISA	80,899	LITTLE	CYNTHIA	91,458
KENT	MACKENZIE	78,041	LIU	DEREK	162,194
KERR	ALEXANDRA	85,015	LIU	XIA	67,393
KEULER	LISA	93,621	LOBZUN	KEVIN	106,810
KEVINSEN	KELSEY	59,011	LOGAN	REBECCA	114,276
KHAN	ASMA	84,139	LOMENDA	VANESSA	73,712
KHAN	MUHAMMAD	452,395	LUKOWICH	KRISTEN	81,159
KHARE	AJINKYA	100,874	LUOMA	SHERI	69,031
KILBACK	KRISTIN	94,910	LY	KETSIA	83,527
KINDRACHUK	MARG	73,089	MAAS	BENJAMIN	452,247
KINVIG	SAMANTHA	60,258	MACDONALD	COLIN	91,709
KIWANUKA	STINTA	71,727	MACDONALD	JANICE	97,914
KLISOWSKY	KRISSIE	64,602	MACEDWARD	KATHY	93,853
KODAD	SHRUTHI	402,195	MACERA	FRANCESCA	92,465
KOEHLER	BREANNE	63,735	MACKIE	JORDYN	85,206
KOLOSNAJI	ALEKSANDER	100,874	MAGDALIN	LIANA	70,614
KOLT	CORY	90,335	MAGNIEN	KATHERINE	72,563
KOOB	TENIELLE	72,800	MAGOSSE	MATT	96,584
KOOLEN	MEGAN	54,449	MAH VUONG	PEARL	78,422
KOROSCIL	LYNETTE	58,918	MAHMOOD	REHAN	360,784
KOSKIE	MEGAN	54,128	MAHMOOD	SHAZIA	530,073
KOSLOSKI	JUDY	75,531	MAILLOT	LAURELL	68,767
KOSOKOWSKY	RACHELLE	83,477	MALINOWSKI	SHERI	95,434
KOSTYNIUK	LINDSAY	100,605	MAPLETOFT	SAMANTHA	61,634
KOVACS	CINDY	97,553	MARCHANT	KRISTIN	192,260
KOWBEL	BEVERLY	133,085	MARTEL	JESSICA	89,184
KOZIE	SERENA	93,004	MARTIN	CHANTEL	109,782
KREIS	CARIE	60,852	MARTIN	STACY	81,046
KROEKER	DANA	95,455	MARTINSON	ALEXANDRA	127,606
KRUGER	LANA	102,572	MATHESON	COLIN	56,347
KRUSHEL	DANA	52,055	MCAULEY	KAREN	100,813
KUMAR	SURESH	361,104	MCCLEAN	STEPHANIE	101,784
KUNDAPUR	VIJAYANANDA	495,948	MCCORMICK	CECILIA	70,091
KUYEK	SHERRY	92,342	MCDOUGALL	CHERYL	60,764
LACEY	JILL	115,479	MCDOUGALL	ELIZABETH	95,131
LACEY	KEVIN	179,028	MCDUFF	DESIREE	64,148
LACZKO	DANA	51,772	MCEWEN	DENISE	90,485
LAING	DAVID	91,334	MCGINN	STEPHANIE	84,848
LAMONTAGNE	NICOLE	57,801	MCGREGOR	CHERITH	59,120
LANDRY	SERENA	83,135	MCIVOR	SARAH	94,177
LANDSTAD	TARALYN	54,031	MCKAY	COURTNEY	84,356
LANGSTON	DANIELLE	146,260	MCKAY	LETITIA	87,724
LAURSEN	BECKY	60,287	MCKAY	MADDISON	51,947
LAZAR	CAITLYN	71,488	MCKENZIE	JENNIFER	98,828
LEASK	JESSICA	104,012	MCLEAN	JESSICA	111,299
LECHNER	MEGHAN	84,532	MCLELLAN	SHANE	71,504
LECLAIRE	CAITLIN	67,964	MCMURPHY	DENISE	54,625
LEGARE	ANGELA	92,772	MCVICAR	LAURIE	94,229
LEWIS	MARGARET	146,609	MEENA	KAITLIN	96,434
LIANG	VENESSA	107,389	MELNYK	ASHLEY	93,962

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
MELSTED	REBECCA	64,131
MEMON	MANZOOR	140,769
MENDOZA-CABUCO	JELLY	72,491
MENTANKO	KELLY	99,568
MERCER	LACEY	56,179
MICHEL	MARISSA	66,335
MILLIGAN	LAURA	54,245
MIR	TASKIA	221,172
MITCHELL	LAUREL	95,083
MOENS	LISA	79,380
MOLDE	KELLI	90,016
MONTEITH	JENNIFER	51,210
MOORE	JOCELYN	272,619
MORRISON	KELSIE	62,470
MORTON	DANIEL	148,699
MURCHISON	MALLORY	93,117
MUSA	ABEER	354,472
MUZ	LORI	73,055
MYCHAN	ALENA	54,313
MYHRE	JANESSA	65,088
NADEAU	SARAH	60,419
NARASIMHAN	GOPINATH	101,635
NARGANG	KELLI	50,728
NELSON	ALYSHA	54,097
NERNBERG	KAITLYN	80,652
NEUFELD	REBEKAH	95,529
NICHOLSON	KARA	112,367
NICHOLSON	MATTHEW	460,536
NISTOR	GAIL	68,326
NOOR	SYED	366,024
NORMAN	PAMELA	64,876
NYGAARD	TRACY	69,708
ODNOKON	JORDYN	65,866
OLATUNJI	OPEYEMI	80,097
OLESEN	NATASHA	114,560
OMANOVIC	ADISA	97,580
OMOLE	BUSOLA	58,127
ONEILL	DARCIE	57,844
OTHMAN	IBRAHEEM	456,203
OTITOU	CHANTEL	95,732
OUELLETTE	CORY	84,246
OVERLAND	DAVIN	121,185
PACULAN	MELODY	70,241
PAISLEY	JUSTINE	68,290
PALMER	LEAH	111,742
PANHWAR	AMANULLAH	332,989
PANKRATZ	MICHAELA	88,645
PARR	BRITTANY	53,895
PASS	DANIELLE	101,114
PATEL	YAMINKUMAR	71,443
PATEL	YOMA	67,766

LAST NAME	FIRST NAME	AMOUNT PAID
PATEMAN	JULIE	53,247
PATTERSON	JANET	59,459
PAUL	ARLENE	53,286
PAUL	MACKENZIE	56,619
PAYNE	KRYSTLE	50,152
PEARCE	LAURIE	75,512
PEARSON	DEREK	418,210
PEDULLA	ANNAMARIA	96,563
PEKAR	JULIUS	172,937
PELLETIER	DEVON	99,155
PELZER	LINDSAY	96,754
PENNA	STEPHANIE	93,859
PERRY	CHANTAL	107,732
PERRY	EMILY	92,617
PETARIO	YSABELLE	58,983
PHAM	CHANTALE	83,291
PHILLIPS	LEAH	115,213
PICOT	REBECCA	84,645
PIDWERBESKY	PAMELA	56,635
PIERLOT	JOAN	115,928
PIPER	JAIMIE	100,874
POLL	RENISE	92,030
POLOS	SHELLEY	110,630
POMEDLI	BELINDA	66,188
POPOOLA	ADESINA	73,071
POULTON	NADINE	94,281
POWER	KATRINA	107,951
PRAKASH	AJAY	403,447
PRASHAR	MANU	81,597
PRAXEDES	ALLENE	51,984
PRIOR	ANGELA	77,947
PROCYK	BERNADETT	67,343
QURESHI	KAHEKASHAN	361,984
RAMIREZ MARMOL	ALEXIS	224,279
RATHGEBER	SARAH	112,733
REHAN	HINA	339,528
REICH	ALLIE	69,859
REICHERT	BRIAN	108,060
REID	STACEY	56,181
REMPEL	COLYN	68,196
RICHARD	MAEGHAN	97,530
RICHARDS	MARDEL	97,521
RISLING	MELINDA	50,546
RITCHIE	JENNIFER	54,531
ROBB	ALYSHA	100,874
ROBERTSON	KATHY	63,807
ROBSON	LAURA	74,997
RODGER	BRITTANY	95,506
ROHEL	TIFFANY	70,753
RONALD	RACHEL	85,738
ROSTIE	CHANTEL	87,496

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
RUDICHUK	JEFFREY	102,764	STEPHENSON	BRITTANY	108,061
RUMPEL	LAURIE	108,961	STEWART	KRISTA	74,632
RUNDLE	TAMMY	54,027	STINKA	KEVIN	81,276
RUSSILL	DARLA	69,941	STOPANSKI	CARINA	79,439
RYAN	SUSAN	117,014	STOPPLER	STACEY	63,224
SAINI	SANJEEV	92,028	STRACHAN	HEATHER	53,006
SAMI	AMER	473,678	STROH	EVAN	88,994
SANDERSON	JENNIFER	114,433	STRUCK	KARLY	54,764
SANKARANARAYANAN	KADHAMBARI	91,032	STUCKEL	RENEE	84,754
SAPIEHA	SHANNON	101,049	SUMAR	REEZWAN	89,298
SARKER	SABUJ	103,026	SUNDARAM	VINITA	353,384
SAUDER	MATTHEW	91,647	SWEET	RHONDA	64,936
SCHENHER	MEGAN	61,455	SWITZER	LANDON	96,096
SCHILTZ	COLETTE	96,820	SYWAK	ASHLEY	85,634
SCHMIDT	DARREN	91,709	TAILOR	IMRAN	120,193
SCHNELL	MOLLY	76,407	TAYAB	MELBA	56,233
SCHONDELMIER	RHONDA	54,399	TENEZACA	RAQUEL	63,737
SCHULTZ	DANIELLE	85,941	TESSIER	LINDSAY	91,962
SCHULZ	MARCIA	60,315	THAUBERGER	JENNA	91,655
SCHUMANN	IRMGARD	95,171	THIRUGNANASAMPANTHAR	VASUKY	90,425
SCHWARTZ	LYNDON	107,090	THOMPSON	ANNA-MARIA	92,281
SCHWARTZENBERGER	DELINDA	92,812	THOMPSON	CHERYLE	133,947
SEBASTIAN	KIMBERLY	91,977	THOUDSANIKONE	MANI	78,994
SEBASTIAN	SHAUNA	95,786	THUE	DEANNA	91,356
SEBASTIAN-BARNABY	LAURA	61,980	THURBER	COLLEEN	80,048
SEIDLER	JANELLE	126,875	TIEFENBACH	PAULA	95,191
SELCH	TARALYN	95,948	TINLINE	PAULA	67,919
SERVETNYK	KATHRYN	50,121	TONITA	JON	61,290
SHAW	JUDY	93,629	TOON	BRENDA	60,428
SHEVTSOV	DANIELA	53,013	TOPOLA	MELODY	69,989
SHINKEWSKI	PATTY	63,814	TOUPIN	ALEXANDRA	57,407
SHKABARA	MYROSLAVA	91,013	TRAM	SABRINA	58,284
SHOUMAN	MOHAMED	299,032	TRAN	DAVID	100,686
SHUFLITA	LAUREEN	76,561	TRAN	MICHELLE	75,716
SIARKOS	THEODOSIA	90,767	TREMBLAY	COLLEEN	92,676
SIDHU	PRABHJOT	71,202	TREPPEL	DIANE	102,177
SIEMENS	TREVOR	84,113	TRIANAFYLLOU	LISA	53,169
SINCLAIR	YVONNE	96,689	TURLEY	DOMINIC	100,301
SINGH THAKUR	VARUN	170,940	TWANOW	AMY	83,551
SIRDAR	JOHN	98,229	TYACKE	ALISHA	89,202
SMETANIUK	JAMES	84,492	TYMCHAK	CARA	95,593
SMITH	AMBER	66,823	TYNDALL	JOANNE	96,244
SMITH	KAITLYN	90,849	TYRER	DUSTY	65,016
SOLIMAN	AMIRA	296,295	ULLRICH	SHERRILL	90,541
SONG	KATHY	84,844	USHER	BARBARA	84,358
SOPARLO	AMY	108,539	UZ ZAMAN	MOHAMMAD	73,285
SORSDAHL	LISA	62,687	VALENTINE	LYNSEY	107,448
SPOONER	MARGARET	75,897	VANDENBERG	JENNIFER	54,032
STACEY	KYLE	67,759	VANSTONE	MEGAN	90,971
STAKIW	JULIE	465,386	VAXMAN	ALEX	90,150
STENE	KAREN	61,639	VERWEY	MICHELLE	78,166

# Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
VILLENEUVE	CARISSA	104,507
VISVANATHAN	BRITTNEY	87,672
VIZEACOMAR	FRANCO	151,645
VOLK	SHAVON	60,702
VU	THAO	91,736
WACKER	STEVEN	113,522
WAGNER	DOMINIQUE	92,772
WAGNER	MAYA	122,614
WALL	ALANA	91,426
WALLACE	JAMES	114,963
WATSON	PAULINE	68,315
WEIGEL	TAMARA	98,462
WEINRICH	IAN	90,971
WEIR	LINDA	59,414
WEPLER	RICHARD	92,617
WESTAD	ANNE	95,739
WHELAN	JENNIFER	67,719
WHITBREAD	CRISTA	98,862
WHITEHOUSE	SONJA	53,992
WHITING	CHERYL	143,754
WHITTLE	ALISON	115,928
WILHELM	LAURA	54,305
WILLIAMS	ANGELA	54,254
WILLIAMS	JOANNE	73,679
WILLIAMS	MIESHA	66,011
WILSON	KARLA	83,541
WILSON	KEVIN	233,235
WILSON	KHRISTINE	90,986
WILSON	MARLO	59,382
WILSON	MICHAEL	103,837
WILYMAN	ANDREA	85,493
WOITAS	CARLA	67,619
WOOD	VALERIE	97,305
WOODROW	NICOLE	98,444
WOODSIDE	LISA	69,040
WOOLSEY	TANYA	96,569
WOYTIUK	JAMIE	73,074
WRIGHT	KENDRA	108,848
WRIGHT	PHILIP	486,205
WU	SHANSHAN	64,573
XIANG	JIM	183,357
YADAV	SUNIL	480,395
YATHON	HEIDI	83,028
YOUNG	JANA	96,996
YOUSSEF	HANAA	67,400
YUZIK	PATRICIA	50,472
ZABA	DONNA	92,837
ZADVORNY	NICOLE	77,301
ZAHN	JANELL	81,648
ZARKOVIC	MIRJANA	466,293
ZATYLYN	PAULA	80,565

LAST NAME	FIRST NAME	AMOUNT PAID
ZHANG	JING	64,136
ZHU	TONG	101,999
ZIEGLER	BRITTANY	54,501
ZIMMER	NATASHA	98,975

# Payee Disclosure Lists

## FOR THE YEAR ENDED MARCH 31, 2023

### Supplier Payments

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

	2022-23
1080 Architecture, Planning, & Interiors Ltd.	93,973
3sHealth	608,660
Dr. Tahir Abbas Medical Professional Corporation	493,582
Abbvie Corporation	2,454,355
Acre Distribution	243,451
Advanced Accelerator Applications Canada	490,000
Dr. Osama Ahmed Medical Professional Corporation	501,659
Alberta Health Services	66,738
Dr. Alhayki Medical Professional Corporation	620,818
Alianz Development Inc.	73,900
Alsafar, Dr. Noura	195,858
Dr. A. Amjad Medical Professional Corporation	514,541
Apobiologix	1,412,208
Dr. Muhammad Aslam Medical Professional Corporation	532,891
Atom Physics	159,870
Dr. Ayesha Bashir Medical Professional Corporation	496,037
Baxter Corporation	897,950
Bayer Inc.	448,941
Biomed Recovery & Disposal	125,414
Bristol-Myers Squibb Canada	10,605,127
Dr. Brown Broderick Medical Professional Corporation	620,818
Cameco Corporation	111,101
Canadian Blood Services	488,155
Canadian Pharmaceutical Distribution Network	62,998,743
CancerCare Manitoba	107,760
Cardinal Health Canada	95,178
CDR Systems Inc.	114,847
Celgene Inc.	2,724,812



# Payee Disclosure Lists

	2022-23
College of Physicians & Surgeons of Saskatchewan	85,910
Colliers McClocklin Real Estate Corp.	586,985
Commissionaires - Regina	75,832
Curium Canada Inc.	136,689
Dell Canada Inc.	618,158
DEX Medical Distribution Inc.	1,217,704
Donaldson Marphil Medical Inc.	79,387
Dr. Reddy's Laboratories Canada Inc.	405,805
Dr. Dorie-Anna Dueck Medical Professional Corporation	501,845
eHealth Saskatchewan	279,673
Eisai Limited	81,008
Elekta Canada Inc.	607,268
Essaltani Medical Professional Corporation	519,164
European Courier Services, LC	60,623
Fastprint Saskatoon	61,580
FCI Accelerated Solutions Inc.	198,485
Ferring Inc.	461,576
Genomic Health Inc.	722,275
Dr. Joshua Giambattista Medical Professional Corporation	471,982
GMD Distribution Inc.	207,291
Grand & Toy Office Products	215,134
Graham Construction & Engineering LP	733,199
HBI Office Plus Inc.	93,607
Healthmark Ltd.	54,255
Healthcare Insurance Reciprocal of Canada	187,539
Henry Downing Architects	189,349
Dr. Laura Hopkins Medicine Professional Corporation	640,818
Illumina Canada Inc.	455,019
Innovative OncoSolutions Inc.	1,011,028
Innomar Strategies	456,671
Insight Canada	145,954
Inspirata Inc.	52,388
Inverness Consulting	631,844

# Payee Disclosure Lists

	2022-23
Dr. Nayyer Iqbal Medical Professional Corporation	515,600
Jazz Pharmaceuticals Canada Inc.	348,629
Jim, Dr. Brent	620,818
Jubilant Draximage Inc.	61,804
Karl Storz Endoscopy Canada Ltd.	78,276
Dr. M. I. Khan Medical Professional Corporation	493,898
Dr. DM Le Medical Professional Corporation	494,486
Dr. J.S. Lee Medical Professional Corporation	620,818
Dr. N. Leong Medical Professional Corporation	500,488
Dr. Elaine Liu Medical Professional Corporation	440,257
Dr. Rebecca MacKay Medical Professional Corporation	461,399
Dr. M Manna Medical Professional Corporation	492,417
Dr. Vickie J. Martin Medicine Professional Corporation	620,818
McKesson Canada	14,644,087
McKesson Distribution Partners	10,546,791
Melemary Medical Professional Corporation	492,561
Merck Canada Inc.	20,803,640
Microsoft Canada Inc.	85,618
Minister of Finance-Central Services	272,568
Dr. O. Moodley Medical Professional Corporation	485,716
NewWest Enterprise Property Group (Sask) Inc.	1,332,582
North West Telepharmacy Solutions	220,199
Dr. Dilip Panjwani Medical Professional Corporation	501,739
Paradigm Consulting Group LP	246,132
Park Town Enterprises Ltd.	326,372
PCL Construction Management Inc.	373,782
Pfizer Canada Inc. Pharmaceutical	3,749,016
Phoenix Advertising Group Inc.	298,252
Prairie Advertising Direct Mail Specialists	1,483,540
Provincial Health Services Authority	52,491
Dr. Oksana Prokopchuk-Gauk Medical Professional Corporation	84,403
Purolator Courier Ltd.	296,800
Royal Bank Visa - Payment Centre	174,309

# Payee Disclosure Lists

	2022-23
Dr. Muhammad Salim Medical Professional Corporation	518,691
Sartorius Corporation	255,343
SAS Institute (Canada) Inc.	78,581
Sask Power	70,980
Saskatchewan Registered Nurses Association	76,456
Sask Tel	132,468
Saskatchewan Health Authority	9,998,106
Schaan Healthcare Products Inc.	129,978
Seagen Canada Inc.	1,573,630
Servier Canada Inc.	496,291
Somagen Diagnostics Inc.	647,947
Dr. Osama Souied Medical Professional Corporation	502,117
Source Office Furnishings - Saskatoon	145,908
Sterimax Inc.	158,195
Dr. Derek Suderman Medical Professional Corporation	509,648
Telus Health	71,237
University of Saskatchewan	1,581,548
Varian Medical Systems	4,475,129
J Venkatesh Health Care Consulting Inc.	289,250
Verity Pharmaceuticals Inc.	378,775
Dr. A. Zaidi Medical Professional Corporation	487,521
Zu.Com Communications Inc.	114,394

# Payee Disclosure Lists

## Other Expenditures

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

	2022-23
<b>Transfers</b>	
Saskatchewan Health Authority - Pediatric Oncology Program Funding	1,345,936
Saskatchewan Health Authority - Screening for Breast Cancer Program Funding	3,016,851
<b>Other Expenditures</b>	
Listed are payees who received \$50,000 or more for expenditures not included in the above categories:	
<b>Government of Saskatchewan:</b>	
Disability Income Plan - employer's share	362,040
<b>Public Employees Pension Plan:</b>	
Public Employees Disability Income Fund - employer's share	101,222
Public Employees Pension Plan - employer's share	5,112,035
<b>Receiver General for Canada:</b>	
Canada Pension Plan - employer's share	2,764,182
Employment Insurance - employer's share	959,914
<b>3s Health:</b>	
3S Health - Core Dental Plan	627,505
3S Health - Extended Health Care Plans	374,967
3S Health - In-Scope Health & Dental	1,380,574
<b>Saskatchewan Healthcare Employee's Pension Plan - employer's share</b>	
SHEPP Pension - employer's share	989,916
<b>Workers' Compensation Board:</b>	937,739

# 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 (toll-free)

### 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](mailto:qcc@saskcancer.ca)

## Cancer Foundation of Saskatchewan

1-844-735-5590

[info@cancerfoundationsask.ca](mailto:info@cancerfoundationsask.ca)

[www.cancerfoundationsask.ca](http://www.cancerfoundationsask.ca)



[info@saskcancer.ca](mailto:info@saskcancer.ca)



[saskcancer.ca](http://saskcancer.ca)



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