

Annual Report 2016-17



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The Honourable Jim Reiter
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Reiter:

I have the honour of submitting the Saskatchewan Cancer Agency's annual report including the audited financial statements for the fiscal year ending March 31, 2017.

Over the past year, the Cancer Agency maintained its focus on delivering high quality care and programs to the people of Saskatchewan. This was evident in the standing of Accreditation with Commendation received from Accreditation Canada.

In 2016-17 the Cancer Agency continued into year two of its five-year strategic plan paving a clear direction for the organization. The plan provides a framework for patient-centred care with a team approach. The many successes we have had this year in accomplishing aspects of our strategic initiatives shows the commitment and accountability from staff to continuous improvement.

As we look forward, the Cancer Agency will continue its work in developing strategies to improve service and safety, asking patients and their families for feedback, exploring processes and technologies that mitigate risk and create efficiencies, and strengthening our relationships in communities across the province particularly in northern Saskatchewan.

As a board we are pleased to present this annual report which will highlight our work in cancer control for Saskatchewan people.

Respectfully,



Ron Waschuk, Board Chair
Saskatchewan Cancer Agency



Message from the Interim President and Chief Executive Officer



In early January 2017 it was announced that Saskatchewan would begin a new chapter in healthcare as it moves to a single provincial health authority. A transition team made up of dedicated and experienced healthcare employees was established to provide advice and recommendations in development of an implementation plan. This team included the president and CEO of the Saskatchewan Cancer Agency and an interim role was created to continue to guide our work in cancer control.

Change is never easy, but throughout this transition our staff, physicians and volunteers were unwavering in their commitment to delivering safe and high quality care to patients. The move to a single health authority affords us the opportunity to consider our programs, services, education and research with a fresh perspective as to how we can improve our collaboration and partnerships throughout the province.

Regardless of the changes taking place in the sector, Saskatchewan people can have peace of mind knowing that cancer care will remain at the same exceptional level it has always been. This is evident as we wrapped up year two of our five-year strategic plan. The strong momentum we established in the first year of the plan has continued in 2016-17, as we saw progress made towards our targets.

Working together with our partners in care we are ensuring that safe, high quality cancer control continues to be a priority and we look forward to what the future holds.

A handwritten signature in black ink that reads "Jon Tonita". The signature is fluid and cursive, with a large initial "J" and "T".

Dr. Jon Tonita
Interim President and Chief Executive Officer

Who We Are

The Saskatchewan Cancer Agency is a provincial healthcare organization with a legislated mandate to provide cancer control for approximately 1.15 million people in the province.

The Cancer Agency has a long history of providing cancer control since 1930. Together, our more than 830 employees provide clients, patients and families with safe, quality treatment, innovative research, early detection and prevention programs. Our employees are 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 Protection of Privacy Act*
- *The Regional Health Services Act*

TREATMENT

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

Each cancer centre offers:

- A supportive care department providing new patient navigation, 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
- Chemotherapy and radiation therapy to both children and adults

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with our healthcare partners to provide patients with care, treatment and support in or 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).

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.

Our vision:

- A healthy population free from cancer

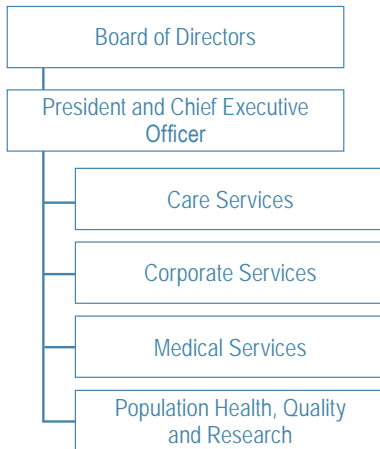
Our mission:

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

Our values:

- Courage
- Integrity
- Vision Driven
- Innovation
- Collaboration

Who We Are



EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

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

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, and 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

PATIENT AND FAMILY ADVISORY COUNCIL

At the Cancer Agency we want to provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take. This starts with ensuring patients and their families 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 patient and family experience
- Improve the relationship between patients, family and staff
- Channel information, ideas and needs of patients
- Provide input into services and programs

FUNDRAISING

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to patients who come through our doors

Board of Directors

The Cancer Agency is guided by a board of directors appointed by the Lieutenant Governor in Council. The responsibilities of the board include:

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

The president and chief executive officer (CEO) is the board's link to the administration and day-to-day operations of the Cancer Agency. The CEO is accountable to the board as a whole.

As overseer of a \$171.1 million operating budget, the board brings strong business judgment and expertise to the stewardship of 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 board's members sit on committees that are designed to help strengthen the Cancer Agency's accountability to the people of this province:

BOARD ACCOMPLISHMENTS FOR 2016-17

• **Accreditation**

Accreditation Canada completed their on-site survey for the Cancer Agency in April of 2016. During the survey, the board actively participated in the review of the Agency's performance on all governance standards, receiving a mention of excellence in this area in the survey results. The Agency met 100 per cent of the required organizational practices and received Accreditation with Commendation.

• **Financial Reporting and Sustainability**

Through the Audit Committee, the board fulfils its financial accountability and oversight responsibilities. In 2016-17 the committee worked diligently to oversee the delivery of a balanced budget for the Agency. As part of regular practice, the committee reviewed organizational financial policies, procedures and processes and made revisions to reflect best practices. The committee liaised with the Provincial Auditor to formulate and approve the financial audit plan and the performance audit plan for the audit on the effectiveness of the Screening Program for Breast Cancer. The committee also reviewed the results from both audits.

The board has remained forward-thinking through its financial stewardship and investment lens. During the year, work began toward the establishment of an arms-length foundation to increase investment from fundraising/external sources for cancer care, prevention and research in Saskatchewan.

BOARD COMMITTEES

Audit Committee

- Howard Crofts, Chair
- Lionel Chabot
- Doug Finnie
- Ron Waschuk, Ex-officio

Quality, Safety and Risk Committee

- Dr. Walter Streeelasky, Chair
- Lionel Chabot
- Doug Finnie
- Frances Stang
- Louise Frederick, PFAC representative, non-voting member
- Ron Waschuk, Ex-officio

Governance and Human Resources Committee

- Don Ravis, Chair
- Howard Crofts
- Zeba Ahmad
- Ron Waschuk, Ex-officio

Board of Directors

"The Board recognizes the role governance plays in partnerships and collaboration. Through this, the Agency has been able to continue to build relationships with the patients and population we serve, with regional counterparts, and other key external stakeholders."

- Ron Waschuk,
Saskatchewan Cancer
Agency Board Chair

- **Governance**

Regular efforts are made annually to strengthen and refine board governance practices. The board continues to guide the direction of the organization through the 2015-2020 strategic plan, monitor progress and remain accountable for the organization's performance as a whole.

In September, the Governance Committee reviewed membership of each board committee and made recommended changes which were adopted by the board as a whole. The committee also conducted their evaluation process for the CEO, as well as reviewed and revised their own performance evaluation templates.

At each meeting, the board reviews their governance practice for the session to identify if improvement is required and ensure that discussions, decisions and business remains of a governance nature.

- **Quality Assurance and Safety Oversight**

Governing boards of healthcare organizations carry responsibility to oversee, support and sustain a culture of quality and patient safety.

Through the Quality, Safety and Risk Committee, board members completed all eight modules of the Canadian Patient Safety Institute (CPSI) Effective Governance for Quality and Patient Safety. This training assists the board in understanding core functions related to quality and patient safety, identifying approaches to measuring the quality of care patients receive, and helping to identify where governance practices can be improved related to quality and patient safety.

The board places safety as a top priority and begins each meeting discussing measures from both organizational and provincial patient safety perspectives.

Keeping with best practices for transparency, in 2016-17 the Quality, Safety and Risk Committee welcomed a patient and family advisor to their membership.

- **Patient and Family-Centred Care**

The board is committed to ensuring that patients and their families remain the focus of the Cancer Agency's work. They continue to regularly invite patients to share their experience at board meetings and also take a proactive role in hearing the patient voice by attending meetings of the Patient and Family Advisory Council.

Board of Directors



Ron Waschuk
Board Chair, Elkridge

Howard Crofts
Board Vice Chair, Regina

Zeba Ahmad
Saskatoon



Lionel Chabot
North Battleford

Doug Finnie
Saskatoon

Don Ravis
Saskatoon



Frances Stang
Macklin

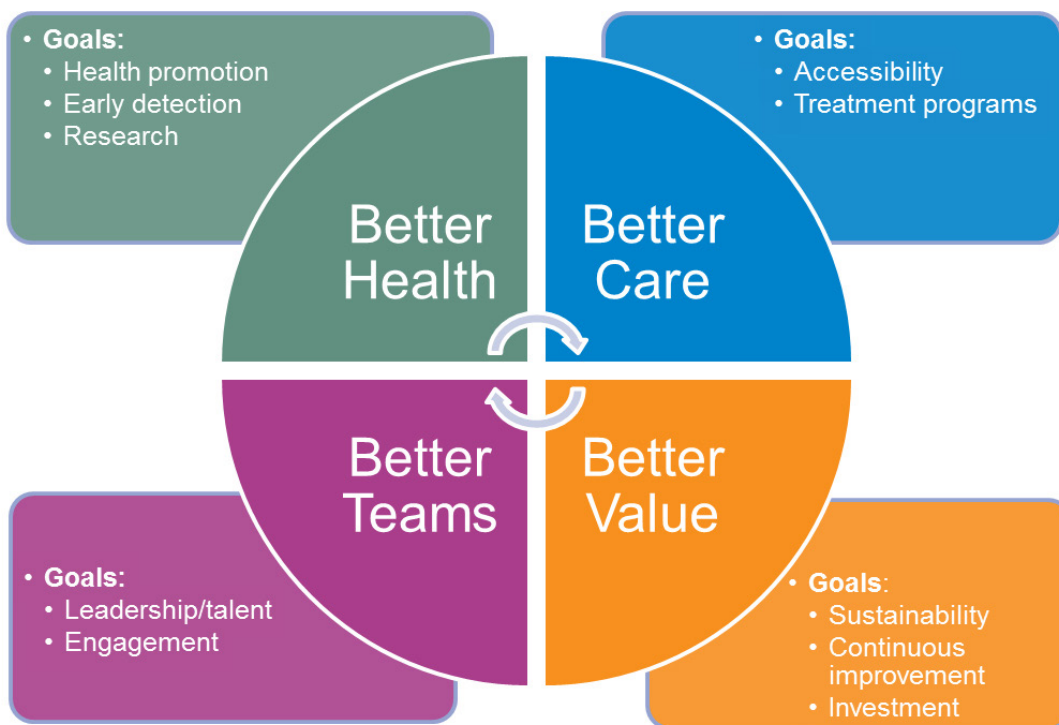
Dr. Walter Streeklasky
Melville

A brief bio of our board members is available at www.saskcancer.ca/board

Strategic Direction

The Saskatchewan Cancer Agency is guided by four strategic directions. A multi-year plan informs our delivery of care, services, research and programs and ensures our continued commitment to quality, safety and improvement. The driving force behind our goals and helping us move from vision to action is our strong desire to put people first—clients, patients, families, and staff.

Saskatchewan Cancer Agency Strategic Direction 2015-2020



Strategic Direction

Significant progress was made on initiatives in year two of the plan:

Strategies	Goals	Initiatives 2016-17	Progress
Better Health	Health Promotion	Northern engagement strategy-develop programming for mobile health unit	<ul style="list-style-type: none"> A health bus visited a number of northern communities, collecting feedback from community members and health leaders on how the bus could be used to support northern health priorities Through meetings with northern stakeholders, community engagement and surveys, identified the top health priorities and how the bus could support and strengthen current health programs and services Engaging stakeholders from the north regarding development, design and program planning for the health bus
	Early Detection	Endoscopy standards	<ul style="list-style-type: none"> Completed privacy impact assessment regarding colonoscopy reports Set up data sharing agreements with all regions Developed first adenoma detection rate graphs for endoscopists Met with health regions to present region-specific data
		Breast cancer screening service delivery model	<ul style="list-style-type: none"> Renewed contracts for mammograms done in satellite centres Negotiating mammography technologists contract renewal with health region Renewed contracts with service vendors Mapped a woman's journey from screening to first diagnostic test
	Research	Provincial cancer research plan	<ul style="list-style-type: none"> Through a continuous improvement workshop the data access process for all requests was streamlined Interviews were conducted with executive and senior leaders as well as PFAC co-chairs to help determine the future direction of research planning

Strategies	Goals	Initiatives 2016-17	Progress
Better Teams	Leadership/Talent	Comprehensive integrated talent management system	<ul style="list-style-type: none"> All management staff trialed performance and development planning incorporating a coaching approach Coaching skill development sessions held for all managers Piloted a probation process with new managers to better clarify leadership expectations of their new role Development of team effectiveness model with supportive resources to assist leaders in preparing new and existing teams
	Engagement	Employee engagement strategy	<ul style="list-style-type: none"> Cross functional working groups developed options to strengthen onboarding and recognition workplace practices to implement in 2017-18 Employee snapshot surveys indicate growth in engagement and the four key areas identified to improve engagement (senior leadership, recognition, performance development, resources)



Northern health bus at St. Joseph's Integrated Services Centre in Île-à-la-Crosse

Strategic Direction

Strategies	Goals	Initiatives 2016-17	Progress
Better Care	Accessibility	Access improvement strategy	<ul style="list-style-type: none"> Working group convened Baseline measurements of the percentage of referrals that have correct documentation/testing on arrival completed Regular Saskatoon Cancer Centre referral centre huddles with frontline staff, managers/directors and oncologists Prioritization of pathology requests for Saskatoon Health Region pathology completed weekly Agreement on targeted approach for managing referrals received too early
		Service delivery plan	<ul style="list-style-type: none"> Prioritized working initiatives under the service delivery plan. These include: disease site clinics and triage <p>Disease Site Clinics</p> <ul style="list-style-type: none"> Membership of oversight team was decided Environmental scan completed New patient count data summaries completed Project is on hold until mid to late 2017 to accommodate other priorities <p>Triage</p> <ul style="list-style-type: none"> Working group convened Affirmed future state through previous continuous improvement work and process maps Environmental scan completed Began developing provincial triage guidelines by disease site. Completed gastrointestinal, lung, and central nervous system Confirmed CMS triage requirements and established ongoing requirements Implemented site-specific triage in Saskatoon Cancer Centre and Allan Blair Cancer Centre
	Treatment Programs	Clinical management system 2016-17 priorities	<ul style="list-style-type: none"> Super users and empowered users were put in place to help define processes Change management resources were put in place Voice recognition software ready for implementation Readiness assessments completed for physicians Weigh scale and vital sign monitor pilot project completed
		Pediatric oncology program model	<ul style="list-style-type: none"> Completed review of pediatric oncology by external consultant Ongoing discussions on the model of care Further discussions awaiting outcome of establishment of the provincial health authority



Strategic Direction

Strategies	Goals	Initiatives 2016-17	Progress
Better Value	Sustainability	National/provincial partnership strategy	<ul style="list-style-type: none"> • Smart Pump implemented at both cancer centres • Standardized provincial drug library • Linen supply chain provincial initiative implemented at the cancer centres and for early detection programs
	Continuous Improvement	Saskatchewan Healthcare Management System	<ul style="list-style-type: none"> • A total of 49% of business units are set up with daily visual management practices • A total of 55% of targeted areas have implemented a new inventory management system of medical and office supplies • Continuous improvement training has been delivered to 43% of managers • Six continuous process improvement events conducted during the year
		Enterprise risk management program	<ul style="list-style-type: none"> • "Take a TEAM Moment" was developed and roll out began • Completed an enterprise risk management framework document • Enhanced root cause analysis processes to prevent recurrence of identified risks • Linked enterprise risk management risk identification to the Agency's strategic planning process • Closed 692 unusual occurrence management system (UOMS) occurrences • Met Accreditation Canada's risk management requirements
	Fund Development/ Facility Investment	Arms-length charitable foundation	<ul style="list-style-type: none"> • Six board members accepted a role on the board and officers (chair, vice-chair and secretary treasurer) were elected • The board agreed to a name for incorporation and the appropriate files were provided to Information Services Corporation to establish a legal entity
		Facility infrastructure plan and related renovations	<p>Saskatoon Cancer Centre redevelopment</p> <ul style="list-style-type: none"> • Renovations underway to consolidate systemic therapy services on one floor in addition to work that is underway to develop disease site clinic space • Renovations to be completed by June 2017 <p>University Heights (Saskatoon) redevelopment</p> <ul style="list-style-type: none"> • Renovations completed which allowed for consolidation of off-site locations • Screening Program for Breast Cancer along with other departments and administrative staff are in one location



Allan Blair Cancer Centre nursing staff with the Hospira Plum 360 IV

The Heart of our Work

BETTER HEALTH

Early Detection



Early detection is an important part of a healthy lifestyle. Finding and treating cancer at an early stage increases the chances for successful treatment and survival. The Saskatchewan Cancer Agency works to ensure eligible Saskatchewan residents are aware of the screening programs available to them. This past year, the Agency changed the name of the Prevention Program for Cervical Cancer to the Screening Program for Cervical Cancer. This was done to create better alignment with the other early detection programs – the Screening Program for Breast Cancer and the Screening Program for Colorectal Cancer – and to put Saskatchewan in line with most other Canadian provinces who have adopted the same language.

“Changing the name of the Prevention Program for Cervical Cancer will help drive home the point that a Pap test is a cancer screening tool,” said Dr. Jon Tonita, Interim President and CEO. “Under this new name, the Agency will continue to operate the program with the same potential life-saving benefits.”

Through the Screening Program for Cervical Cancer, the Agency works to provide education about cervical cancer and the benefits of screening, inform women when they are due for a Pap test, notify women of their Pap test results, and communicate with care providers to ensure appropriate follow-up of abnormal Pap test results. This partnership between clients, the Cancer Agency and healthcare providers saves lives.

Partners in Primary Prevention

The Cancer Agency works with many partners across the province and in the community to improve health and reduce the chances of developing cancer. One of our community-based partnerships is with the Saskatchewan Alliance for Youth and Community Well-being (SAYCW). The SAYCW, which is co-chaired by the Cancer Agency, is a partnership between health, education and other community stakeholders dedicated to improving the health and well-being of the Saskatchewan population.



The SAYCW implemented a provincial youth survey in 2015 and invited students from grades 7 to 12 to participate. The survey asked a series of questions related to oral health, sun and ultraviolet radiation (UVR) safety, healthy weights, nutrition, physical activity, sleep, mental health and well-being, tobacco, drug and alcohol use, and sexual health. The provincial report was compiled in 2016 and contained aggregate information from the schools that participated including rural, urban and on-reserve schools. Each of the schools received an individual report that included information about their students only.

The results show that:

- 57 per cent of students thought their health was either very good or excellent
- Almost two in three students had been bullied in some way in the last year
- 38 per cent of male students and 59 per cent of female students had felt sad or hopeless enough during the last year that they stopped their regular activities for a period of time
- Nearly half of the students spent more than the recommended maximum of two hours on recreational screen time during weekdays
- 22 per cent of students had ever tried drugs and 32 per cent had ever used alcohol at least once

The Heart of our Work

“The information from the report will help schools, communities and others to have important discussions on youth health and well-being and to begin to put in place programs that can address the results,” said Rob Currie, past SAYCW Co-chair and current Deputy Minister of Education, in a 2016 news release. The full provincial report is available at www.saycw.com.

The Cancer Agency also works with other organizations like Sun Smart Saskatchewan to provide information and awareness about the importance of safe sun practices. Monitoring how people are protecting themselves from the sun’s harmful rays is an important component of this work. This was the focus of one of this past year’s projects of Sun Smart Saskatchewan, a coalition of partners committed to the prevention of skin cancer in the province.

In 2016 Sun Smart Saskatchewan conducted a shade audit in Saskatoon at River Landing, a popular destination along Saskatoon’s riverfront. A shade audit is a process for identifying how an outdoor space is used and whether existing sources of shade (natural or built) provide sufficient protection from ultraviolet radiation for the users.

“Shade is an important element in skin cancer prevention that needs to be considered as people get out and enjoy Saskatchewan’s attractions and natural spaces,” said Dr. Michael Schwandt, Deputy Medical Health Officer for Saskatoon Health Region, and Chair of Sun Smart Saskatchewan in a 2016 news release. “And we are hoping that this audit can be an important first step we can share with city planners and others as they consider how space is used and if the shade supports the activities in the area.”

BETTER TEAMS

Building Relationships

The Cancer Agency strives to reach out to all corners of the province to connect with urban, rural and First Nation communities to build relationships and better understand the needs of different populations. One example of this is the First Nations and Métis Cancer Surveillance Program, a pilot project which began in 2014. The three-year program, funded by the Canadian Partnership Against Cancer, was created to track data related to the numbers and types of cancers in these communities. It changed course early on once participants identified needs around prevention and screening.

Five communities (Ochapowace First Nation, Île-à-la-Crosse, Pinehouse, English River First Nation and Battle River Treaty 6 Health Centre) participated in the program, each taking their own route, depending on their community needs. Community projects included lunch and learn sessions about cancer screening, treatments and survival awareness, integrating cancer prevention education in their schools, and having candid conversations about cancer. Among the projects at Ochapowace First Nation was a painting completed by Grade 11 and 12 students. The artwork, which will be hung in the Allan Blair Cancer Centre, is intended to instill hope in patients .

This initiative was all about hearing directly from the people and working alongside them to begin a new conversation that would bridge the gaps that exist between care and understanding of cancer, between culturally appropriate programs and traditional healthcare. It’s a conversation that will continue into the future, with everyone learning from one another.



Visit www.sunsmartsask.ca for more information

“Healthcare is about more than medical treatments; it needs to be inclusive of holistic care and that includes working with indigenous people to understand their needs and traditions,”

- Dr. Jon Tonita

“If the goal really is to make a difference for communities, you absolutely must work truly with the communities. You have to meet the communities first and find out where they’re at.”

- Dr. Molly Trecker, First Nations and Métis Cancer Surveillance Lead

The Heart of Our Work



Chris Kunitz brought the Stanley Cup to Regina for a fundraising autograph session to benefit the Allan Blair Cancer Centre

Donors as Partners in Care

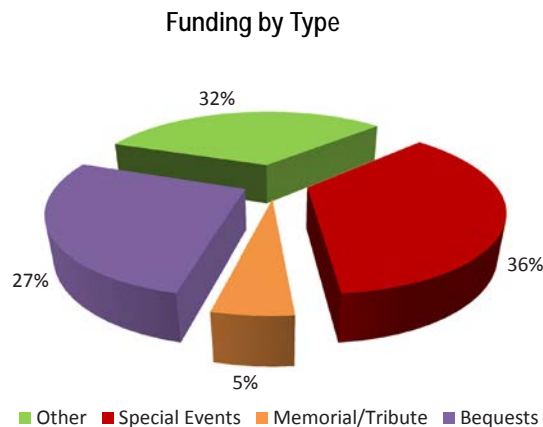
The Cancer Agency is fortunate to have the continued support of people and organizations who are committed to making a difference in their communities. These generous individuals and groups assist us in our work through philanthropic donations.

This is done through the partnerships of special events such as the C95 Radio Marathon for Breast Cancer Research, Choc'laCure, Prairie Women on Snowmobiles, Brayden Ottenbreit Close Cuts for Cancer, Thom Collegiate's Beat Cancer initiative, Ladies of Harley and many others. These events held annually in our province help fund research, equipment and patient comfort programs that benefit all patients.

Donations are also received through memorial and tribute giving, through the realization of gifts in wills and from individuals and corporations.

To further support the efforts of the Cancer Agency, work has begun to create an arms-length charitable foundation. The Cancer Agency will continue to manage donor relations until the foundation is established.

In 2016-17 the Agency had 4,956 donors and received 5,498 gifts totaling more than \$2.4 million.



Culture of Safety

While the Cancer Agency works to establish and manage relationships with external partners, there is an equal emphasis on partnerships internal to the Agency. Everyone at the Cancer Agency is committed to ensuring processes and facilities are safe for employees, clients and patients. Patient and staff safety is our priority and we are always looking for ways to improve.

In June of 2016, staff and patients came together to look at how the Cancer Agency could implement the provincial Stop the Line safety process. Early on staff and patients felt that the use of the term "stop the line" did not fit with the approach the organization wanted to take. Instead the group came up with the slogan, together everyone accomplishes more (TEAM) which was then used as take a TEAM moment rather than stop the line.



The Heart of Our Work

Taking a TEAM moment is a way of improving safety and preventing harm by having staff feel comfortable in identifying and fixing potentially harmful situations in the moment or getting assistance to be able to safely continue. By working together, staff can support one another in discussing the best option to safely provide care or continue an activity.

While the Cancer Agency is using different language than the provincial strategy, both programs are based in the belief that making healthcare SAFER is everyone's responsibility. SAFER means:

- Stop if you see something that is unsafe.
- Assess the situation. Ask for support from others, supervisors, or leaders.
- Fix the unsafe situation if you can. If you can't, then . . .
- Escalate your concern. Call in help from a team member or leader.
- Report unsafe situations, environments, and practices, including both instances of no harm and incidents that have resulted in harm to patients or staff. We can't improve what we don't know about.

Culture change is no small feat. Employee engagement sessions have been held as a part of the take a TEAM moment safety program rollout. Videos for staff training have also been created to help employees foster a culture of safety.

BETTER CARE

State-of-the-Art Treatment

While the Cancer Agency is improving processes, we're also improving cancer treatments for our patients. Patients receiving radiation therapy at the Allan Blair Cancer Centre in Regina now have access to the most advanced equipment available, with the installation of a TrueBeam linear accelerator (linac) and completion of the associated renovations in 2017. The provincial government has also provided funding for a similar replacement linac in Saskatoon.

"Installing new linear accelerators in Regina and Saskatoon will make a difference in the lives of cancer patients," Dr. Tonita said. "This equipment opens the door to new treatment possibilities for cancers in the lung, breast, prostate and spinal regions."

"We have provided strong financial support to ensure excellence in cancer care for our patients," said Minister Responsible for Rural and Remote Health Greg Ottenbreit in a news release. "Providing funds for state-of-the-art equipment is a way to improve access, shorten treatment times, improve precision and offer advanced care."

The TrueBeam can deliver higher doses of radiation more quickly and with greater precision. It also provides better integration with imaging systems than any current or previous machines used. The customizable system will provide cancer patients with leading edge treatment techniques.

During 2016-17 more than 37,000 radiotherapy sessions were conducted in Saskatchewan.



TOGETHER EVERYONE ACCOMPLISHES MORE



Minister Responsible for Rural and Remote Health Greg Ottenbreit and Cancer Agency Interim President and CEO Dr. Jon Tonita with the new TruBeam linear accelerator

The Heart of Our Work

The Cancer and Fatigue video series is available online at www.saskcancer.ca/fatiguevideos



PFAC members Mary Lee Simpson and Scott Sutton at PFAC Awareness Day

Supporting Patients During Treatment

Even with the most advanced equipment, cancer patients may still experience side effects from the treatment and the disease. Cancer-related fatigue is one of the most common symptoms felt by patients. It is a tiredness that often lasts a long time and does not go away with rest or sleep. However, by providing patients with information and tips, they can live well with cancer-related fatigue.

Ensuring patients have access to the information was one of the goals of a partnership between the Saskatchewan Cancer Agency, CancerCare Manitoba and CancerControl Alberta. Together the three cancer organizations created a series of videos, called Living Well with Cancer Related Fatigue. The videos, funded by the Canadian Partnership Against Cancer, use real patient stories and information provided by local provincial clinical experts to illustrate practical tips that can help patients cope with fatigue.

“Each person’s experience is different but knowing how to manage cancer-related fatigue can improve a patient’s physical and emotional well-being and quality of life,” said Deb Bulych, Director of Supportive Care.

The videos are available online, along with a booklet, which has been distributed to clinical care providers.

Patient and Family Advisory Council

The Cancer Agency is proud of its focus on patient-centred care, providing patients with a platform for input in how cancer care is delivered in Saskatchewan. Since its establishment in 2011, the Cancer Agency’s Patient and Family Advisory Council has provided patients and their families a voice in the work of the organization. By collaborating in the development, delivery and design of policy and programs, we ensure we are doing everything we can to provide exceptional, quality care.

In 2016-17 the Patient and Family Advisory Council continued its efforts in advancing patient and family-centred care. Twenty-five patients and families contributed more than 850 hours of their time to the council, sharing their patient stories, and partnering with staff through opportunities such as continuous improvement workshops.

Council Chair Scott Sutton notes, “In my time as chair of the council, I continue to see incredible effort by staff to involve patients and families in making improvements. The culture of the Agency supports this collaboration. Staff are honest and open and advisors feel truly respected and listened to. Overall, we continue to put the patient at the heart of what we do and progress on our journey together as a patient-centred organization.”

Notable achievements of the council in 2016-17 included

- Continued engagement in organizational policy, procedure and facility development
- Finalization of the patient and staff charter
- Development of a long-term vision for the council
- Patient advisor membership at the Cancer Agency Board of Directors’ Quality, Safety and Risk Committee
- Creation of a model designed to align engagement opportunities for patients and families in a meaningful way that respects individual knowledge, perspectives and needs

The Heart of Our Work

Accreditation

Feedback from patients and partners in healthcare helps the Cancer Agency on its journey in continuous improvement. Regular evaluation by Accreditation Canada also greatly assists us in measuring our performance.

This past year, the Cancer Agency spent time participating in an on-site accreditation survey with Accreditation Canada. The survey, which is done every four years, assesses compliance at healthcare organizations with nationally accepted standards for patient care. The Cancer Agency received Accreditation with Commendation, which is the second highest standing a health organization can receive.

The Agency was assessed against requirements in four key areas: leadership, governance, clinical programs and services. The Agency met 100 per cent of Accreditation Canada's required organizational practices when it comes to safety and quality improvement.

The next scheduled accreditation for the Cancer Agency will be in 2020.

Research

Research is vital to preventing cancer and improving cancer control for Saskatchewan people. Research has helped develop better drug regimens and can also help identify specific screening or early detection programs that can reduce the prevalence of cancer. At the Cancer Agency we are very proud of the work of our researchers and the advancements that are coming as a result of their work.

Cancer Agency research scientist Dr. Franco Vizeacoumar and University of Saskatchewan professor Dr. Andrew Freywald made a laboratory discovery this past year that may result in a new treatment for the subgroup of patients with breast cancers that are missing a new molecular marker called EphB6.

The EphB6 molecule is a necessary component of a healthy, noncancerous cell, and targeting a gene called SRC might kill breast cancer cells lacking EphB6. Drs. Vizeacoumar and Freywald found an inhibitor of SRC that had been used before to try and treat triple-negative breast cancer.

In human breast cancers lacking EphB6 that were grown in preclinical mouse models, very promising results were obtained upon treatment with an SRC inhibitor. Since SRC inhibitors already have Food and Drug Administration (FDA) approval for use in humans, it is hoped that a new clinical trial could be started soon to provide new treatment options for patients with EphB6-deficient breast cancer.

"Targeted therapies are only really there for other types of breast cancer, but not for triple-negative breast cancer," said Dr. Vizeacoumar. "Now we can tailor the kind of treatment for this breast cancer. So patients that have lost the EPHB6 can actually be treated."

This type of research shows not only the ingenuity of our researchers and their colleagues, but also reflects their dedication to making a difference for patients.

"Being awarded Accreditation with Commendation is a direct result of our commitment to safety for our staff and patients."

- Dr. Jon Tonita



Dr. Andrew Freywald, University of Saskatchewan professor, and Dr. Franco Vizeacoumar, Cancer Agency research scientist

The Heart of Our Work



“Patients will soon have access to additional clinic and chemotherapy space which will help improve not just access and safety but their experience when they come to the cancer centre for treatment. We’re working to improve our patients’ experience by creating a warm, safe and welcoming environment for them,”

- Dr. Jon Tonita

BETTER VALUE

Cancer Centre Redevelopment

Among the principles driving research at the Cancer Agency is that every cancer patient who walks through our doors deserves the very best treatment and services available. This is the very same belief that is behind the Agency’s work in redeveloping the chemotherapy area at the Saskatoon Cancer Centre.

From the very initial stages of the project, staff at all levels along with patients have been involved in the development of floor plans. This approach has given staff and patients a voice in how to use the area to improve flow, access and safety for patients and staff. The redevelopment includes consolidating all systemic therapy services for adults and pediatric patients, creating clinic rooms on the ground floor, and improving patient access to the pharmacy dispensary.

When completed there will be a warm, welcoming space for care and treatment including:

- Five chemotherapy pods (25 treatment chairs)
- Two chemotherapy treatment rooms
- Patient procedure room
- Chemotherapy stretcher unit
- Pediatric treatment area
- Multidisciplinary coordination room
- Pharmacy preparation and program space
- Better line of sight for nurses to ensure patient safety

The project will be completed in 2017-18.

MOVING FROM MISSION TO ACTION

Through continuous improvement of processes, services and facilities, the Cancer Agency works to better serve Saskatchewan residents. Incremental improvements also help the Agency to better manage change. We’re able to adapt and adjust our direction as required. This flexibility is demonstrated in our willingness and ability to readily respond to changing circumstances.

Saskatchewan is experiencing a rate of growth that brings many new opportunities and many new challenges both economically and from a health perspective. Ensuring that we have a strong plan and direction to guide our work is important if we are to ensure we are meeting the challenge of the growth.

“The hard work and dedication demonstrated by the Agency’s staff this year has resulted in continuous improvements and quality care for clients and patients. I’m proud to work with such a value-driven organization,” said Dr. Tonita.

In 2016-17 the Cancer Agency marked 87 years of caring for Saskatchewan residents through research, prevention, screening, early detection and treatment. This report provides a snapshot of the work the Cancer Agency does each day to provide better health, better care, better value and better teams for the people of this province.

Progress by the Numbers

Clinical Services	Allan Blair Cancer Centre				Saskatoon Cancer Centre				Provincial Total			
	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17
Number of New Patient Appointments												
- Medical oncology	1,635	1,570	1,448	1,425	1,564	1,501	1,600	1,779	3,199	3,071	3,048	3,204
- Radiation oncology	1,302	1,327	1,317	1,389	1,433	1,477	1,455	1,591	2,735	2,804	2,772	2,980
- Pediatric oncology	16	13	22	14	26	43	40	32	42	56	62	46
- Hematology	187	203	232	230	250	348	353	392	437	551	585	622
Number of Review Patient Appointments												
- Systemic oncology	15,781	16,488	15,655	17,607	16,060	17,317	17,592	20,187	31,841	33,805	33,247	37,794
- Radiation oncology	4,611	5,185	5,475	6,021	6,527	7,265	7,014	6,829	11,138	12,450	12,489	12,850
- Pediatric oncology	893	800	763	812	1,211	1,350	1,645	1,544	2,104	2,150	2,408	2,356
Radiation Therapy Workload Statistics												
- Treatment sessions started	908	960	946	959	1,016	1,054	933	1,023	1,924	2,014	1,939	1,982
- Fractions (number of treatment sessions)	16,891	17,605	16,749	17,891	19,492	20,650	19,777	19,148	36,383	38,255	35,873	37,039
- Fields (number of beams delivered)	93,813	107,563	93,736	88,018	89,488	109,302	75,389	69,762	183,301	216,865	169,125	157,780
Chemotherapy Treatments												
- Treatment visits	8,996	9,318	9,683	9,889	10,489	11,055	11,458	11,906	19,485	20,373	21,141	21,795
- Number of patients	1,258	1,288	1,266	1,258	1,484	1,534	1,528	1,566	2,742	2,822	2,794	2,824

Access	2013/14				2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Days Between Referral and First Appointment (90th percentile)																
- Medical oncology	57	55	70	72	69	73	72	71	69	72	75	68	77	79	74	83
- Radiation oncology	38	42	46	49	49	60	53	71	48	45	57	51	48	50	50	58
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	11	13	14	15	15	15	12	12	13	11	13	13	11	13	14	13
- Radiation therapy	18	14	14	17	16	15	15	20	20	19	18	19	17	18	16	18

Stem Cell Transplants	2013/14	2014/15	2015/16	2016/17
Number of allogeneic transplants	22	22	9	25
Number of autologous transplants	44	53	40	42
Number of patients sent out of province	4	2	0	0

Number of Influenza Vaccines	2013/14	2014/15	2015/16	2016/17
Patients	593	944	827	669
Family and caregivers	315	575	574	453
Staff	428	599	408	410

Safety	2013/14	2014/15	2015/16	2016/17
Sick leave hours per FTE	61.07	62.34	65.72	67.56
Wage-driven premium hours per FTE	21.40	16.95	14.21	13.59
Lost time workplace injuries per 100 FTEs	1.01	0.63	0.62	0.6
Critical Incidents	0	1*	1**	2
Falls	N/A	19 patients	12 patients	16 patients
		11 staff	13 staff	13 staff

*No patients or individuals were harmed, rather this incident stems from a delay in notifying clients of abnormal test results for the Screening Program for Colorectal Cancer.

**One client, later diagnosed with cancer, was potentially harmed due to a missed opportunity to receive testing through the Screening Program for Colorectal Cancer. The Cancer Agency has completed the root cause analysis and corrective actions were taken to address the gaps.

Progress by the Numbers

Pharmacy Services	2013/14	2014/15	2015/16	2016/17
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	30,240	26,666	24,658	24,381
- Saskatoon Cancer Centre	37,363	28,128	32,431	32,402
- Provincial	67,603	54,794	57,089	56,783
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	3,555	3,034	2,459	2,980
- Saskatoon Cancer Centre	2,665	2,931	3,208	4,462
- Provincial	6,220	5,965	5,667	7,442
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	22,927	22,944	21,875	21,406
- Saskatoon Cancer Centre	23,869	25,415	24,468	25,323
- Provincial	46,796	48,359	46,343	46,729
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	4,714	5,644	7,042	6,734
- Through Saskatoon Cancer Centre	4,108	4,622	5,790	7,084
- Provincial	8,822	10,266	12,832	13,818

Clinical Trials	2013/14	2014/15	2015/16	2016/17
Number of patients enrolled to a clinical trial	125	136	89	131
Per cent of new patients enrolled	3.1%	3.4%	2.2%	3.4%

Community Oncology Program of Saskatchewan	2013/14	2014/15	2015/16	2016/17
Number of patients	1,713	1,877	1,786	1,899
Number of treatment visits	10,928	12,153	12,948	13,106
Number of kilometres saved in patient travel	7,221,900	3,735,707*	3,953,018	4,067,360

*Measurement methodology changed in 2014/15 that takes other factors into consideration beyond distance just to Regina and Saskatoon.

Telehealth Appointments	2014/15	2015/16	2016/17
Allan Blair Cancer Centre appointments	1,059	2,175	2,895
Saskatoon Cancer Centre appointments	629	1,170	2,828
Number of kilometres saved in patient travel (provincial)	589,692	1,554,680	2,295,365

Progress by the Numbers

Screening Program for Breast Cancer	2013/14	2014/15	2015/16	2016/17
Number of screening mammograms on the mobile unit	8,390	8,137	9,022	8,266
Number of screening mammograms at the Regina centre	11,488	10,999	10,305	11,304
Number of screening mammograms at the Saskatoon centre	8,445	8,803	8,613	8,961
Satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,744	10,205	10,314	9,990
Total number of mammograms	39,067	38,144	38,254	38,521
	April 2012-March 2014	April 2013-March 2015	April 2014-March 2016	April 2015-March 2017
Participation rate	41.5%	41.0%	40.3%	40.3%

Screening Program for Cervical Cancer	2013/14	2014/15	2015/16	2016/17
Number of Pap tests completed in health regions	103,368	100,257	97,628	95,244
	April 2011-March 2014	April 2012-March 2015	April 2013-March 2016	April 2014-March 2017
Participation rate (non-hysterectomy corrected)	57.8%	55.6%	55.2%	55.2%

Screening Program for Colorectal Cancer	April 2012- March 2014	April 2013-March 2015	April 2014-March 2016	April 2015-March 2017
Number of people who have completed at least one fecal immunochemical test (FIT)	111,537	148,466	154,831	160,711
Participation rate	37.9%	48.9%	50.0%	51.1%

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2016/17 Amount Awarded
Systematic approach to define chemical genetic interactions of HDAC inhibitors in breast cancer cells	Dr. Keith Bonham	2015-17	\$200,000	\$100,000
Structure and function of p85 protein, regulator of PI3K pathway	Dr. Deborah Anderson	2016-18	\$200,000	\$100,000
Predicting and preventing relapses in non-hodgkin's lymphoma	Dr. Mark Bosch	2016-18	\$200,000	\$100,000
Exploring the cancer therapeutic relevance of protein phosphatase 2A	Dr. Franco Vizeacoumar	2016-18	\$200,000	\$100,000
Transgene 41BBL-engineered T cell based vaccine	Dr. Jim Xiang	2016-18	\$199,474	\$99,737
Systematic identification of therapeutically relevant cancer targets (PDF salary award)	Dr. Sreejit Parameswaran	2016-17	\$43,000	\$43,000

Financial Summary

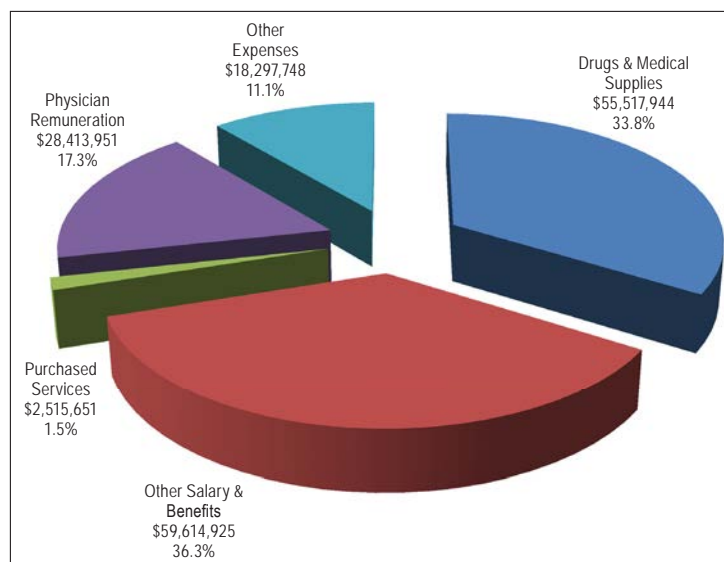
In 2016-17 the Saskatchewan Cancer Agency's Operating Fund received revenues of \$165.10 million and incurred operating expenses of \$164.36 million resulting in an excess of operating revenues over expenses of \$0.74 million. The positive financial position was mainly the result of savings related to timing of implementation of new drug programs, as well as higher than anticipated drug rebates. As noted in the chart below, 88.9 per cent of the Cancer Agency's expenditures in 2016-17 were on salaries, benefits, medical tests and drugs.

In 2016-17, the Cancer Agency funded five new drug programs (pembrolizumab, ponatinib, idelalisib, ramucirumab, nivolumab) and two new indications for existing drugs (dabrafenib+trametinib combination and lenalidomide). All new drugs and indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR). These drugs/indications were then negotiated at the pan-Canadian Pharmaceutical Alliance (pCPA), resulting in savings in drug costs. In addition, due to intense negotiations by the Cancer Agency for drugs that are now generic or soon to have competition from generic drugs, the drug rebates for 2016-17 were higher than anticipated. The cost sustainability strategy of national buying and negotiations is expected to continue in future years.

Patients are continuing to live longer today with cancer, which provides an opportunity for the Cancer Agency to look at how it manages increased staff workloads, expansion of services and need for space to provide care at our two cancer centres. In 2016-17, the Cancer Agency began a renovation of the third floor of the Saskatoon Cancer Centre. This space, formerly occupied by the research department until their move to the University of Saskatchewan, will be utilized mainly for patient chemotherapy treatments. The new space will improve patient flow and increase the number of chemotherapy chairs for patients. Also in 2016-17, phase two of the renovation at University Heights in Saskatoon began. This renovation brings the Screening Program for Breast Cancer into University Heights and results in having all of the Agency's early detection programs in Saskatoon in one facility, which is beneficial for clients. These two renovations will both be completed in the first quarter of 2017-18. Additional formal space planning for the cancer centres for the next five years will be undertaken in 2017-18.

Advances in cancer treatments and technology continue to emerge, which creates a need 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. In 2016-17, a five-year capital plan was created which will be updated annually and used for planning purposes. This will allow us to more effectively communicate our longer-term capital equipment needs to the Ministry of Health and other stakeholders on a regular basis.

In 2016-17, we finalized the renovations necessary to allow a high energy linear accelerator treatment machine to be installed at the Allan Blair Cancer Centre and began treating patients late in the 2016-17 fiscal year on the new machine. As well, we received funding from the Ministry of Health for the next scheduled linear accelerator replacement, which will be in Saskatoon in 2017-18.



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 for Not-for-Profit Organizations and the Financial Reporting Guide issued by the Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

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

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

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



Dr. Jon Tonita
Interim President and Chief Executive Officer



Margaret Lewis
Chief Financial Officer

May 16, 2017

Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2017, and the statement of operations, statement of changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility 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 government not-for-profit organizations, 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.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2017, and the results of its operations and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Regina, Saskatchewan
May 16, 2017

A handwritten signature in black ink, reading "Judy Ferguson".

Judy Ferguson, FCPA, FCA
Provincial Auditor

1500 Chateau Tower - 1920 Broad Street Regina, Saskatchewan S4P 3V2

t 306.787.6398 f 306.787.6383 e info@auditor.sk.ca

www.auditor.sk.ca

2016-17 Financial Statements

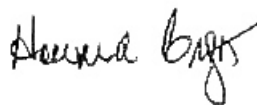
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	Operating Fund	Restricted Funds			Total 2017 (Note 15)	Total 2016 (Note 15)
		Capital Fund	Research Fund	Trust Fund		
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	\$ 4,696,227	\$ 10,020,063	\$ 1,117,406	\$ 4,973,113	\$ 20,806,809	\$ 16,539,881
Accounts receivable:						
- Ministry of Health - General Revenue Fund	287,500	---	---	---	287,500	477,607
- Other	5,398,310	---	---	13,609	5,411,919	3,882,036
Inventory	7,028,359	---	---	---	7,028,359	6,797,507
Prepaid expenses	1,227,266	---	32,250	---	1,259,516	522,588
Due (to) from other funds	201,151	677,517	---	(878,668)	---	---
	<u>18,838,813</u>	<u>10,697,580</u>	<u>1,149,656</u>	<u>4,108,054</u>	<u>34,794,103</u>	<u>28,219,619</u>
Investments (Schedule 1)	---	---	---	1,420,001	1,420,001	4,327,598
Tangible capital assets (Note 4)	---	23,941,734	---	---	23,941,734	22,303,763
	<u>---</u>	<u>23,941,734</u>	<u>---</u>	<u>---</u>	<u>23,941,734</u>	<u>22,303,763</u>
Total Assets	\$ 18,838,813	\$ 34,639,314	\$ 1,149,656	\$ 5,528,055	\$ 60,155,838	\$ 54,850,980
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	\$ 6,026,596	\$ 1,146,130	\$ ---	\$ 53,663	\$ 7,226,389	\$ 6,268,613
Accrued salaries (Note 13)	2,065,655	---	---	---	2,065,655	3,131,495
Vacation payable	1,485,092	---	---	2,390	1,487,482	1,561,596
Deferred revenue (Note 7)	4,164,389	---	---	---	4,164,389	268,437
	<u>13,741,732</u>	<u>1,146,130</u>	<u>---</u>	<u>56,053</u>	<u>14,943,915</u>	<u>11,230,141</u>
Long-Term Liabilities						
Employee future benefits (Note 9)	2,501,500	---	---	---	2,501,500	2,412,900
Total Liabilities	16,243,232	1,146,130	---	56,053	17,445,415	13,643,041
Fund Balances						
Invested in tangible capital assets	---	23,941,734	---	---	23,941,734	22,303,763
Externally restricted (Schedule 2)	---	4,001,696	1,149,656	3,232,131	8,383,483	6,818,714
Internally restricted (Schedule 3)	---	5,549,754	---	2,239,871	7,789,625	8,231,465
Unrestricted	2,595,581	---	---	---	2,595,581	3,853,997
Fund balances	2,595,581	33,493,184	1,149,656	5,472,002	42,710,423	41,207,939
Total Liabilities & Fund Balance	\$ 18,838,813	\$ 34,639,314	\$ 1,149,656	\$ 5,528,055	\$ 60,155,838	\$ 54,850,980
Contractual Obligations (Note 5)						



Ron Waschuk
Board Chair
Saskatchewan Cancer Agency



Howard Crofts, FCPA FCA
Audit Committee Chair
Saskatchewan Cancer Agency

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

2016-17 Financial Statements

Statement 2

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

	Operating Fund 2017	Capital Fund 2017	Research Fund 2017	Trust Fund 2017	Total 2017	Total 2016
REVENUES						
Ministry of Health – General Revenue Fund	\$ 161,851,001	\$ 4,315,000	\$ ---	\$ ---	\$ 166,166,001	\$ 161,277,129
Grants	1,048,385	---	---	---	1,048,385	837,471
Donations and bequests	---	---	---	2,433,999	2,433,999	1,613,899
Investment income	96,072	74,602	4,361	56,537	231,572	313,311
Other revenues	2,106,344	---	---	---	2,106,344	2,321,456
	<u>165,101,802</u>	<u>4,389,602</u>	<u>4,361</u>	<u>2,490,536</u>	<u>171,986,301</u>	<u>166,363,266</u>
EXPENSES						
Salaries and employee benefits	88,028,876	---	---	305,002	88,333,878	84,951,909
Drugs and medical supplies	55,517,944	---	---	---	55,517,944	59,530,211
Purchased services	2,515,651	---	---	---	2,515,651	2,272,645
Other expenses	18,297,747	---	---	675,098	18,972,845	16,826,839
Research grants (Schedule 4)	---	---	533,820	---	533,820	419,737
Amortization	---	4,542,267	---	---	4,542,267	4,775,021
Loss/(gain) on disposal of tangible capital assets	---	67,412	---	---	67,412	165,606
	<u>164,360,218</u>	<u>4,609,679</u>	<u>533,820</u>	<u>980,100</u>	<u>170,483,817</u>	<u>168,941,968</u>
Excess (deficiency) of revenues over expenses	<u>\$ 741,584</u>	<u>\$ (220,077)</u>	<u>\$ (529,459)</u>	<u>\$ 1,510,436</u>	<u>\$ 1,502,484</u>	<u>\$ (2,578,702)</u>

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

2016-17 Financial Statements

Statement 3

SASKATCHEWAN CANCER AGENCY STATEMENT OF CHANGES IN FUND BALANCES For the Year Ended March 31

2017	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	\$ 3,853,997	\$ 31,134,733	\$ 648,878	\$ 5,570,331	\$ 41,207,939
Excess (deficiency) of revenues over expenses	741,584	(220,077)	(529,459)	1,510,436	1,502,484
Interfund transfers (Note 8)	(2,000,000)	2,578,528	1,030,237	(1,608,765)	---
Fund balance, end of year	\$ 2,595,581	\$ 33,493,184	\$ 1,149,656	\$ 5,472,002	\$ 42,710,423

2016	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	\$ 2,299,428	\$ 35,258,896	\$ 597,094	\$ 5,631,223	\$ 43,786,641
Excess (deficiency) of revenues over expenses	1,554,569	(4,778,158)	(414,953)	1,059,840	(2,578,702)
Interfund transfers (Note 8)	---	653,995	466,737	(1,120,732)	---
Fund balance, end of year	\$ 3,853,997	\$ 31,134,733	\$ 648,878	\$ 5,570,331	\$ 41,207,939

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

2016-17 Financial Statements

Statement 4

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

	Operating Fund		Restricted Funds				
	Total 2017	Total 2016	Capital Fund 2017	Research Fund 2017	Trust Fund 2017	Total 2017	Total 2016
Cash provided by (used in):							
Operating activities:							
Excess (deficiency) of revenues over expenses	\$ 741,584	\$ 1,554,569	\$ (220,077)	\$ (529,459)	\$ 1,510,436	\$ 760,900	\$ (4,133,271)
Net change in non-cash working capital (Note 3)	897,526	(1,727,846)	532,436	(32,250)	111,704	611,890	(1,705,392)
Amortization of tangible capital assets	---	---	4,542,267	---	---	4,542,267	4,775,021
Loss on disposal of tangible capital assets	---	---	67,412	---	---	67,412	165,606
	<u>1,639,110</u>	<u>(173,277)</u>	<u>4,922,038</u>	<u>(561,709)</u>	<u>1,622,140</u>	<u>5,982,469</u>	<u>(898,036)</u>
Capital activities:							
Purchase of tangible capital assets							
Building/construction/land	---	---	(770,119)	---	---	(770,119)	(4,000)
Leasehold improvements	---	---	(898,943)	---	---	(898,943)	(1,228,751)
Equipment	---	---	(4,578,588)	---	---	(4,578,588)	(1,491,472)
	---	---	<u>(6,247,650)</u>	---	---	<u>(6,247,650)</u>	<u>(2,724,223)</u>
Investing activities:							
Purchase of investments	---	---	---	---	(500,000)	(500,000)	(470,000)
Disposal of investments	2,000,000	1,000,000	893,000	---	500,000	1,393,000	970,000
	<u>2,000,000</u>	<u>1,000,000</u>	<u>893,000</u>	---	---	<u>893,000</u>	<u>500,000</u>
Net increase (decrease) in cash and short- term investments during the year	3,639,110	826,723	(432,612)	(561,709)	1,622,140	627,819	(3,122,259)
Cash and short-term investments, beginning of year	3,057,117	2,230,395	7,874,147	648,878	4,959,738	13,482,763	16,605,022
Interfund transfers (Note 8)	(2,000,000)	---	2,578,528	1,030,237	(1,608,765)	2,000,000	---
Cash and short-term investments, end of year	<u>\$ 4,696,227</u>	<u>\$ 3,057,118</u>	<u>\$ 10,020,063</u>	<u>\$ 1,117,406</u>	<u>\$ 4,973,113</u>	<u>\$ 16,110,582</u>	<u>\$ 13,482,763</u>
Amounts in cash balances:							
Cash and short-term investments	<u>\$ 4,696,227</u>	<u>\$ 3,057,118</u>	<u>\$ 10,020,063</u>	<u>\$ 1,117,406</u>	<u>\$ 4,973,113</u>	<u>\$ 16,110,582</u>	<u>\$ 13,482,763</u>

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

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SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS As at March 31, 2017

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 Saskatchewan regional health authorities 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

The Cancer Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by the Chartered Professional Accountants of Canada (CPA Canada). The Cancer Agency has adopted the standards for government not-for-profit organizations, as set forth at PSA Handbook Section PS 4200 to PS 4270.

a) Fund Accounting

The accounts of the Cancer Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Cancer Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Cancer Agency in tangible capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of tangible capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Cancer Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized. Trust funds are managed under four principles – Transparency, Accountability, Stewardship and Controls on Authorization.

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

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Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Investments

Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Short-term investments are recorded at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined using the average cost method.

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 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.

f) 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.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. 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 and accrual of costs for services provided by regional health authorities.

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h) Financial Instruments

Cash, short-term investments, 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.

Long-term investments are valued at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2017, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2016 – none). Financial assets are categorized as level 1 in the fair value hierarchy.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2017	2016	Capital Fund	Research Fund	Trust Fund	Total 2017	Total 2016
(Increase) decrease in accounts receivable	\$ (1,339,712)	\$ (1,089,773)	\$ 7,344	\$ ---	\$ (7,408)	\$ (64)	\$ 31,579
(Increase) in inventory	(230,852)	(206,406)	---	---	---	---	---
(Increase) decrease in prepaid expenses	(704,678)	317,284	---	(32,250)	---	(32,250)	63,000
(Increase) decrease in due (to) from other funds	199,937	(132,336)	(306,715)	---	106,777	(199,938)	132,337
Decrease in financial instruments	805	1,610	11,292	---	2,500	13,792	22,888
Increase (decrease) in accounts payable	126,876	1,586,435	820,515	---	10,388	830,903	(1,956,672)
Increase (decrease) in accrued salaries	(1,065,840)	622,155	---	---	---	---	---
Increase (decrease) in vacation payable	(73,562)	79,512	---	---	(553)	(553)	1,476
Increase (decrease) in deferred revenue	3,895,952	(3,028,127)	---	---	---	---	---
Increase in employee future benefits	88,600	121,800	---	---	---	---	---
	<u>\$ 897,526</u>	<u>\$ (1,727,846)</u>	<u>\$ 532,436</u>	<u>\$ (32,250)</u>	<u>\$ 111,704</u>	<u>\$ 611,890</u>	<u>\$ (1,705,392)</u>

4. Tangible Capital Assets

	March 31, 2017			March 31, 2016
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	\$ 280,297	\$ ---	\$ 280,297	\$ 280,297
Buildings	24,762,559	20,786,048	3,976,511	3,543,732
Leasehold Improvements	19,049,697	12,673,381	6,376,316	6,484,280
Equipment and Furniture	44,550,342	31,241,732	13,308,610	11,995,454
	<u>\$ 88,642,895</u>	<u>\$ 64,701,161</u>	<u>\$ 23,941,734</u>	<u>\$ 22,303,763</u>

Work in progress amount included in the assets above is \$1,649,585 (2016 - \$1,190,378). This amount was not amortized in 2016/17.

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5. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2017, contractual obligations for acquisition of tangible capital assets are \$587,294 (2016 - \$3,181,143).

b) Operating Leases

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

2018	\$ 1,914,072
2019	1,799,157
2020	1,740,095
2021	1,767,074
2022	1,769,591

c) Contracted Health Services Operators

The Cancer Agency continues to contract on an ongoing basis with the regional health authorities to provide some services such as lab tests, diagnostic radiology, housekeeping and maintenance services. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year and should not be affected in a significant way by the transition to a single provincial health authority. In the year ending March 31, 2017, the Cancer Agency contracted services amounting to \$7,736,298 (2016 - \$7,761,079). Note 10 provides supplementary information on the regional health authorities.

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (Society), previously donated two cancer patient lodges in the Province to the Cancer Agency. Under the terms of an agreement with the Society, the Cancer Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Cancer Agency so long as they are operated as cancer patient lodges. If the Cancer Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
As at March 31, 2017				
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	\$ 1,000	\$ ---	\$ ---	\$ 1,000
- Lymphedema education	2,849	---	---	2,849
- Drug contingency	---	---	4,000,000	4,000,000
Total Ministry of Health	3,849	---	4,000,000	4,003,849
Other Government of Saskatchewan Initiatives				
3sHealth – Smart Pump Program	\$ 127,896	\$ 53,084	\$ ---	\$ 74,812
Total Other Government of Saskatchewan	127,896	53,084	---	74,812
Non-Government of Saskatchewan Initiatives				
Other revenue received in advance	\$ 136,692	\$ 80,530	\$ 29,566	\$ 85,728
Total Non-Government of Saskatchewan	136,692	80,530	29,566	85,728
Total Deferred Revenue	\$ 268,437	\$ 133,614	\$ 4,029,566	\$ 4,164,389

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8. Interfund Transfers

Each year the Cancer Agency transfers amounts between its funds for various purposes. These include funding current and future tangible capital asset purchases and research grants and reassigning fund balances to support certain activities.

	2017			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Tangible capital asset purchases	\$ (1,500,000)	\$ 2,578,528	\$ ---	\$ (1,078,528)
Research grants	(500,000)	---	1,030,237	(530,237)
Total	\$ (2,000,000)	\$ 2,578,528	\$ 1,030,237	\$ (1,608,765)

	2016			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Tangible capital asset purchases	\$ ---	\$ 653,995	\$ ---	\$ (653,995)
Research grants	---	---	466,737	(466,737)
Total	\$ ---	\$ 653,995	\$ 466,737	\$ (1,120,732)

9. 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) (a related party) 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 5.
- 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 5.

	SHEPP	PEPP	2017 Total	2016 Total
Number of active members	79	707	786	752
Member contribution rate, percentage of salary	8.1% - 10.7%	7.60%		
Cancer Agency contribution rate, percentage of salary	9.07% - 11.98%	7.60%		
Member contributions (thousands of dollars)	\$ 409	\$ 3,704	\$ 4,113	\$ 3,818
Cancer Agency contributions (thousands of dollars)	\$ 456	\$ 3,787	\$ 4,243	\$ 3,932

Note - Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2017. Inactive members are not reported by the Agency.

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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 5 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.

			2017	2016
	PEBA	SGEU	Total	Total
Number of active members	146	677	823	803
Member contribution rate, percentage of salary	0.97%	1.30%		
Cancer Agency contribution rate, percentage of salary	1.12%	0%		
Member contributions (thousands of dollars)	\$ 244	\$ 532	\$ 776	\$ 675
Cancer Agency contributions (thousands of dollars)	\$ 274	\$ ---	\$ 274	\$ 274

c) Accumulated Sick Leave Benefit 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. The Cancer Agency has completed an actuarial valuation as of March 31, 2016 with an estimated valuation to March 31, 2018. Key assumptions used as inputs into the actuarial calculation are as follows:

	2017	2016
Discount rate (per annum)	2.50%	2.40%
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	0.119	0.119
Age 25	0.084	0.084
Age 30	0.056	0.056
Age 35	0.045	0.045
Age 40	0.035	0.035
Age 45	0.030	0.030
Age 50	0.025	0.025
Age 55	0.015	0.015
Age 60	0.010	0.010

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	2017	2016
Accrued benefit obligation, beginning of year	\$ 2,412,900	\$ 2,291,100
Cost for the year		
Current period benefit costs	350,000	358,400
Interest expense	59,700	48,600
Actuarial (gains) losses	11,000	21,800
Benefits paid during the year	(332,100)	(307,000)
Accrued benefit obligation, end of year	\$ 2,501,500	\$ 2,412,900

10. 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. The Cancer Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2017	2016
Expenses		
Regina Qu'Appelle Regional Health Authority	\$ 2,774,210	\$ 2,739,751
Saskatoon Regional Health Authority	4,076,202	4,389,161
Public Employees Pension Plan	3,786,986	3,532,778
3sHealth	2,759,252	2,061,136
Other related parties	4,957,750	3,988,380
Total related party expenses	\$ 18,354,400	\$ 16,711,206
Prepaid Expenses		
Other related parties	\$ 285,117	\$ ---
Total related party prepaid expenses	\$ 285,117	\$ ---
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	\$ 228,026	\$ 1,004,101
Saskatoon Regional Health Authority	758,066	718,956
Other related parties	481,831	576,518
Total related party payable	\$ 1,467,923	\$ 2,299,575

In addition, the Cancer Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for \$1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Cancer Agency is situated on land owned by the University of Saskatchewan. The Cancer Agency is not charged for the use of this land.

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11. Financial Instruments

a) Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current 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

The Cancer Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Agency's receivables are from the Ministry of Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. Therefore, the credit risk on accounts receivable is minimal. The Cancer Agency is also exposed to credit risk from cash, short-term investments and investments.

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

	2017	2016
Cash and short-term investments	\$ 20,806,809	\$ 16,539,881
Accounts receivable		
Ministry of Health – General Revenue Fund	287,500	477,607
Other	5,411,919	3,882,036
Investments	1,420,001	4,327,598
	<u>\$ 27,926,229</u>	<u>\$ 25,227,122</u>

The Cancer Agency manages its credit risk surrounding cash and short-term 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.

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:

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 long-term bonds bearing interest at coupon rates.

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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, 2017, 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 \$279,262 (2016 - \$252,271), approximately 19.7% of the value of investments (2016 - 5.8%).

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, 2017, the Cancer Agency has a cash balance of \$20,806,809 (2016 - \$16,539,881).

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 short-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.
- Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond, as disclosed in Schedule 1.

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 short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

12. Budget

Schedule 5 compares actual results to the 2016-17 budget plan approved by the Cancer Agency's Board of Directors on July 18, 2016.

13. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees did receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

14. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expires on March 31, 2018.

15. Change in Accounting Policy

The Cancer Agency has changed its accounting policy for the classification of the fund balance for the operating fund retroactively to April 1, 2016. The fund balance has been changed from an internally restricted balance to an unrestricted balance. The prior year amount in Statement 1 has been restated for the effect of this change.

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Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF CASH AND INVESTMENTS As at March 31, 2017

	Amortized Cost	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash & short-term investments:				
Royal Bank of Canada	\$ 16,110,582	---	0.75%	---
Long-term investments:				
Royal Bank of Canada GIC	500,000	10/24/18	1.45%	1.45%
Bank of Nova Scotia Bond	450,001	03/14/19	2.41%	2.46%
Bank of Nova Scotia GIC	470,000	01/15/18	1.75%	1.75%
	1,420,001			
Total restricted investments	\$ 17,530,583			
Unrestricted Investments				
Cash & short-term investments:				
Royal Bank of Canada	\$ 4,696,227	---	0.75%	---
Long-term investments:				

Total unrestricted investments	\$ 4,696,227			
Restricted & Unrestricted Totals				
Total cash & short-term investments	\$ 20,806,809			
Total long-term investments	1,420,001			
Total Investments	\$ 22,226,810			

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Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXTERNALLY RESTRICTED FUNDS For the Year Ended March 31, 2017

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Capital Fund	\$ 2,074,684	\$ 4,389,602	\$ (2,462,590)	\$ ---	\$ 4,001,696
Research Fund	648,878	4,361	(533,820)	1,030,237	1,149,656
Trust Fund	4,095,152	1,257,391	(611,801)	(1,508,611)	3,232,131
Total	\$ 6,818,714	\$ 5,651,354	\$ (3,608,211)	\$ (478,374)	\$ 8,383,483

Schedule 3

SASKATCHEWAN CANCER AGENCY SCHEDULE OF INTERNALLY RESTRICTED FUNDS For the Year Ended March 31, 2017

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Capital Fund	\$ 6,756,286	\$ ---	\$ (2,706,532)	\$ 1,500,000	\$ 5,549,754
Trust Fund	1,475,179	1,233,145	(368,299)	(100,154)	2,239,871
Total	\$ 8,231,465	\$ 1,233,145	\$ (3,074,831)	\$ 1,399,846	\$ 7,789,625

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Schedule 4

SASKATCHEWAN CANCER AGENCY SCHEDULE OF RESEARCH GRANTS For the Year Ended March 31, 2017

	2017	2016
Structure and function of p85 protein, regulator of the P13K pathway	100,000	---
Predicting and preventing relapses in non-Hodgkin's lymphoma	100,000	---
Exploring the cancer therapeutic relevance of protein phosphatase 2A	100,000	---
Transgene 41BBL-engineered T cell based vaccine stimulates potent therapeutic immunity against HER2-positive tumor in double transgenic HLA-A2/HER2 mice and trastuzumab-resistant BT474 breast cancer in humanized DKO/hHsc mice	99,737	---
Systematic identification of therapeutically relevant targets for cancer	10,750	---
Exploiting the synthetic dosage lethal interactions of polo-like kinase 1 for triple negative breast cancer therapeutics	23,333	20,000
Systematic approach to define chemical genetic interactions of HDAC inhibitors in breast cancer cells	100,000	100,000
Regulation of PTEN in Breast Cancer Cells	---	100,000
Exploiting the Defective Genome of Cancer Cells by Synthetic Lethality	---	100,000
Novel HER2-specific T Cell-Based Vaccine Expressing Potent Th Epitope P30 for Enhanced Therapeutic Immunity Against Trastuzumab-Resistant HER2-positive Breast Cancer	---	99,737
Total Grants	\$ 533,820	\$ 419,737
<u>Breakdown</u>		
Operating expense	\$ 533,820	\$ 419,737

2016-17 Financial Statements

Schedule 5

SASKATCHEWAN CANCER AGENCY COMPARISON OF ACTUAL TO BUDGET For the Year Ended March 31, 2017

	Operating Fund	
	Actual	Budget (Note 12)
REVENUES		
Ministry of Health - General Revenue Fund	\$ 161,851,001	\$ 168,240,000
Grants	1,048,385	710,000
Investment income	96,072	50,000
Other revenues	2,106,344	2,132,630
	<u>165,101,802</u>	<u>171,132,630</u>
EXPENSES		
Salaries and employee benefits	88,028,876	89,452,888
Drugs and medical supplies	55,517,944	62,630,513
Purchased services	2,515,651	2,527,620
Other expenses	18,297,747	16,521,609
	<u>164,360,218</u>	<u>171,132,630</u>
Excess of revenues over expenses	741,584	---
Interfund transfers (Note 8)	(2,000,000)	---
Net increase (decrease) in fund balance	<u>\$ (1,258,416)</u>	<u>\$ ---</u>

	Restricted Funds					
	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES						
Ministry of Health	\$ 4,315,000	\$ 515,000	\$ ---	\$ ---	\$ ---	\$ ---
Donations and bequests	---	---	---	---	2,433,999	1,306,917
Investment income	74,602	70,000	4,361	5,000	56,537	81,000
Other revenues	---	---	---	---	---	---
	<u>4,389,602</u>	<u>585,000</u>	<u>4,361</u>	<u>5,000</u>	<u>2,490,536</u>	<u>1,387,917</u>
EXPENSES						
Salaries and employee benefits	---	---	---	---	305,002	461,321
Other expenses	---	---	---	---	675,098	1,194,769
Research grants (Schedule 4)	---	---	533,820	526,904	---	---
Depreciation	4,542,267	4,500,000	---	---	---	---
Loss on disposal of capital assets	67,412	---	---	---	---	---
	<u>4,609,679</u>	<u>4,500,000</u>	<u>533,820</u>	<u>526,904</u>	<u>980,100</u>	<u>1,656,090</u>
(Deficiency)/excess of revenues over expenses	(220,077)	(3,915,000)	(529,459)	(521,904)	1,510,436	(268,173)
Interfund transfers (Note 8)	2,578,528	1,408,000	1,030,237	526,904	(1,608,765)	(1,934,904)
Net increase (decrease) in fund balances	<u>\$ 2,358,451</u>	<u>\$ (2,507,000)</u>	<u>\$ 500,778</u>	<u>\$ 5,000</u>	<u>\$ (98,329)</u>	<u>\$ (2,203,077)</u>

**SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF**

**BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2017**

Board Members	2017					2016	
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total ⁽¹⁾	Total
Board Chair:							
Waschuk, Ronald	9,960	8,125	7,313	10,663	---	36,061	44,525
Board Members:							
Crofts, Howard	---	4,875	475	1,683	---	7,033	4,722
Finnie, Doug	---	3,413	700	1,629	---	5,742	4,438
Lumberjack, Marlene ⁽³⁾	---	---	---	---	---	---	1,006
Night, Velma ⁽³⁾	---	---	---	---	---	---	3,283
Streelasky, Dr. Walter	---	2,313	1,862	4,440	---	8,615	6,559
Ravis, Don	---	3,686	375	1,283	---	5,344	4,359
Ahmed, Zeba	---	1,913	100	457	---	2,470	7,251
Chabot, Lionel	---	2,725	1,200	3,450	---	7,375	1,247
Stang, Frances ⁽²⁾	---	2,200	1,200	3,182	---	6,582	---
Total	\$ 9,960	\$ 29,250	\$ 13,225	\$ 26,787	\$ ---	\$ 79,222	\$ 77,390

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

(2) Board Member appointed effective February 24, 2016.

(3) Board Member resigned effective February 7, 2016.

**SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2017**

Senior Employees	2017			2016
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Scott Livingstone, Chief Executive Officer	\$ 274,166	\$ 8,393	\$ 282,559	\$ 278,032
Dr. Monica Behl, Senior Medical Officer	512,861	---	512,861	500,344
Susan Bazylewski, Vice-President, Care Services ⁽³⁾	---	---	---	110,881
Corey Miller, Vice-President, Care Services ⁽³⁾	219,608	---	219,608	73,670
Dr. Jon Tonita, Vice-President, Population Health, Quality and Research	202,743	810	203,553	194,446
Michele Arscott, Chief Financial Officer and Vice-President, Corporate Services ⁽⁴⁾	---	---	---	55,373
Lauren Donnelly, Vice-President, Corporate Services ⁽⁴⁾	201,634	---	201,634	37,609
Total	\$ 1,411,012	\$ 9,203	\$ 1,420,215	\$ 1,250,355

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration. The pay for performance plan has been suspended for the 2014-15, 2015-16 and 2016-17 fiscal years. Senior employees received 100% of their base salary for those years. Refer to note 13 for further details.

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

(3) Susan Bazylewski retired October 1, 2015 and Corey Miller became the Vice-President, Care Services on November 30, 2015.

(4) Michele Arscott left the Agency June 30, 2015. Lauren Donnelly became the Vice-President, Corporate Services January 12, 2016. The Chief Financial Officer role now reports to this position and not directly to the CEO so it is not included on this schedule.

Payee Disclosure List

For the year ended March 31, 2017

Personal Services

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

Jenelle Abbs-West	\$ 92,024	Carina Bodnar	\$ 60,780
Krista Adams	91,054	Timothy Bodnarchuk	84,006
Nazir Ahmad	243,132	Deborah Boehm	68,325
Raheel Ahmed	62,937	Darryl Boehm	121,903
Shahid Ahmed	439,061	Rachel Bolt	53,823
Marcie Aird	115,923	Keith Bonham	152,441
Linda Albinet	75,546	Gabriel Bonnell	67,923
Melody Albus	50,317	Brennan Bosch	91,116
Andrew Alexander	138,646	Kelsie Boszak	56,958
Magdi Ali	291,384	Theresa Bradel	204,992
S Kaiser Ali	479,128	Nicole Braun	86,192
Joanne Allen	90,429	Ron Brecht	104,126
Karen Almasi	86,459	Marlene Brenzil	54,454
Sara Alton	68,936	Sheri Briggs	102,056
Riaz Alvi	123,446	Aleksandra Britton	71,705
Deborah Anderson	181,211	Rhonda Brockman	79,684
J. Joe Andreas	93,551	Chandra Broley	56,342
Kaitlin Arnold	51,892	Kelsey Brose	450,688
Sheila Ash	63,750	Kara Browne	68,057
Tehmina Asif	375,631	Bryan Brunet	441,104
Rebecca Aspen	111,828	Denise Budz	138,773
Ericka Auditor	52,539	Sharlene Bukurak	78,477
Patricia Babiy	52,435	Deborah Bulych	138,773
Richelle Bailey	59,622	Ada Bunko	88,203
Julie-Ann Baisley	90,570	Christine Burke	51,117
Sara Baker	79,855	Lorna Campbell	90,772
Tammy Barilla	58,542	Karen Carmichael	52,689
Stacy Barlow	50,255	Jamie Carroll	84,655
Christopher Barnardo	87,128	Corrine Casavant	58,060
Kimberly Basey	51,656	Heather Cattet	92,179
Sharon Beaman	86,368	Alison Caza	56,959
Cindy Beaulé	51,834	Haji Chalchal	452,263
Craig Beckett	194,663	Ayesha Chandna	189,467
Monica Behl	512,861	Susan Cherland	53,846
Kim Belhumeur	77,771	Heather Choquette	106,392
Renee Belitski	138,511	Kendra Christenson	83,906
Janice Belous	88,582	Kimberly Clayton	92,300
Sandra Bernauer	86,626	Scott Cole	84,481
Wayne Berzolla	94,565	Dena Colleaux	90,927
Debashish Bhowmik	53,042	Sheldon Conklin	64,161
Carol Bichon	64,862	Darcy Cook	85,919
Tara Bilash	81,173	Denise Corbin	69,367
Julia Billett	77,926	Sheila Coulter	103,899
Stanley Bishop	66,770	Sara Rose Cousins	79,100
Denise Bitz	51,063	Sarah Cowan	86,705
Megan Black	89,633	Gavin Cranmer-Sargison	184,222
Maitland Blackwell	93,349	Robin Crerar Koshuba	77,840
Courtney Blazeiko	74,177	Cody Crewson	79,848
Jonathan Blazeiko	86,972	Justine Crittenden	86,531

Payee Disclosure List

Deborah Cross	\$ 63,489	Wanda Fiessel	\$ 94,150
Jolene Crump	74,872	Monica Filipchuk	79,264
Christine Dacey Dudey	60,583	Kelli Finlay	66,015
Suzanne Dallorto	96,162	Jennifer Fisher	79,779
Patricia Danyluk	109,854	Karyn Fleck	79,862
Laci Davies	68,924	Jackie Florizone	66,156
Martie Davies	80,810	Barbara Flowers	108,169
Karen Davis	102,849	Lacey Fondrick	50,940
Jennifer Dawes	103,307	Chelsey Fontaine	110,461
Lana Dean	102,409	Christel Foord	63,745
Mary Deane	86,127	Bertha Foote	87,933
Kathryn Decker	51,408	Dorothy Forreiter	88,832
Allison Decker	60,441	Linda Fortowsky	77,984
Peng Deng	86,946	Kimberly Foster	71,071
Peter Derrick	91,048	Jenna Foster	83,848
Dayna Desautels	77,018	Jenna Foulds	79,290
Michelle Deschamps	111,051	Karlee Furlas	50,237
Tim Deters	94,724	Pauline Fox	89,594
Carmen Dewald	59,779	Leslie Francis	50,538
Greg Dionne	86,051	Tracy Frank	90,365
Carla Dishko	51,259	Laurie Galloway	95,443
Leanne Dockray	71,806	Donald Gardiner	457,732
Heather Doell	61,429	Kevin Garratt	105,538
Wojciech Dolata	450,063	Helen Gartner	87,960
Courtney Dolha	69,135	Barbara Gawley	64,276
Lauren Donnelly	201,634	Shawn Geisler	55,990
Laura Drever	146,023	Khloe George	50,610
Dana Duchscher	90,816	Janet George	87,586
Deborah Dunbar	51,520	Laurie Gerber	77,933
Lynn Dwernychuk	110,345	Brenda Gerein	60,767
Theresa Dyczkowski	85,400	Amanda Gervais	61,519
Laurie Edmunds	78,640	Kathy Gesy	162,114
Trent Edwards	93,244	Nicole Gibney	51,725
Karen Efthimiou	106,157	Lisa Glass	131,154
Shaylin Eger	70,836	Shannon Glenister	86,881
Ali El-Gayed	457,406	Frances Glover	64,565
Christina Eling	53,080	Tracy Golds	51,202
Naglaa El-Sayed	200,793	Carlene Good	86,356
Assem El-Sayed	335,020	Sandra Goodman-Chartier	80,725
Mohamed Emara	280,351	Genny Goodyear	55,319
Azure English	103,872	Hadi Goubran-Messiha	450,902
Adaobi Enyioma	68,721	Margot Gough	64,547
Heather Erickson	90,431	Denise Gray-Lozinski	70,511
Lina Esmail	88,914	Terry Greene	79,450
Carly Falkenstein	65,703	Chelsea Greenwald	58,289
Xiao Yan Fan	52,108	Sasa Grubor	87,900
Delee Farrow	79,532	Courtney Hackywicz	66,389
Merle Farthing	55,620	Kamal-Uddin Haider	439,061
April Fay	92,666	Karen Hala	79,785
Robyn Federko	86,975	James Haney	137,153
Kim Fehr	61,397	M. Mansoor Haq	502,454
Jillian Fensom	108,466	Caroline Hart	194,395
Michelle Ferguson	448,886	James Hastings	88,073
Sajjad Ferozdin	90,553	Jo-Anne Hautz	91,347
Kerri Fiddler	90,406	Bradley Havervold	142,172
Susan Field	75,418	Brandi Hegyi	57,098

Payee Disclosure List

Arlene Heinrich	\$	85,570	Dana Laczko	\$	68,498
Heather Helfrick		79,789	Nicole Lamontagne		68,578
Jaclyn Hepting		81,538	Serena Landry		78,682
Laura Herasymuik		51,431	Danielle Langston		102,542
Chandra Herle		68,474	Tanya Lariviere		65,738
Vera Hnenny		95,404	Brittany Larmand		60,995
Jenny Ho		58,255	Debra Lauridsen		63,938
Raelene Hobson		84,480	Becky Laursen		54,189
Debra Hodgins		104,600	Jane Le		89,659
Edith Holzapfel		93,979	Duc Le		452,379
Blaire Hopkins		54,876	Nelson Leong		413,921
Janelle Hordos		66,113	Dawn Lewis		53,848
Shauna Houshmand		90,369	Margaret Lewis		138,216
Amanda Hume		58,558	Allen Li		84,655
Nicole Ingenthron		80,126	Derek Liu		68,839
Mussawar Iqbal		452,263	Scott Livingstone		282,559
Mohammed Islam		87,084	Kevin Lobzun		99,748
Waleed Sabry Ismail		443,035	Vanessa Lomenda		77,068
Rose Jackson		65,653	Jacqueline Longworth		100,286
Brenda Jameson		153,454	Deborah Lulik		56,862
Shalene Jan		86,882	Sharon Luterbach		77,804
Miroslav Jancewicz		450,063	Ketsia Ly		93,024
Tracie Janzen		80,395	Wanda MacDonald		63,820
Andrew Jelovic		85,004	Janice MacDonald		66,306
Norine Johnson		77,850	Colin MacDonald		86,566
Shannon Jones		69,182	Kathy MacEdward		92,918
Brenda Jones		102,368	Matt Magosse		86,974
Bryan Jorgensen		59,213	Pearl Mah Vuong		58,913
Alison Judd		80,526	Clifford Mahlum		74,199
Susan Kaban		64,072	Shazia Mahmood		480,772
Mirit Kaldas		239,885	Mary-Ellen Mann		53,344
Doug Kaminski		68,903	Kristin Marchant		103,779
Amanda Kasper		57,532	Chantel Martin		53,952
Melodie Keffer		64,711	Stacy Martin		67,570
Carol Kennedy		57,352	Alexandra Martinson		104,086
Donna Kennedy		80,716	Karen McAuley		89,887
Annette Kerviche		59,465	Colleen McBride		54,111
Marg Kindrachuk		72,063	Cheryl Mcdougall		64,424
Donna Kish		89,460	Christine McDougall		87,671
Aleksander Kolosnjaji		94,938	Denise McEwen		71,437
Erica Kondra		96,261	Kirstin McEwen		60,036
Kellen Koo		76,238	Stephanie McGinn		92,255
Judy Kosloski		70,960	Cherith McGregor		79,749
Rachelle Kosokowsky		62,047	Letitia McKay		53,945
Cindy Kovacs		91,342	Courtney McKay		79,560
Beverly Kowbel		113,985	Jennifer McKenzie		93,648
Serena Kozié		83,904	Jessica Mclean		91,756
Helena Krakalovich		82,113	Denise McMurphy		52,807
Carie Kreis		56,150	Asif Mehmood		84,655
Dana Kroeker		92,729	Mary Mendoza		73,183
Lana Kruger		97,714	Jackie Mensch		99,808
Vijayananda Kundapur		516,627	Kelly Mentanko		93,955
Sherry Kuyek		88,860	Corey Miller		219,608
James Lacey		91,227	Laurey Milligan		71,370
Jill Lacey		104,914	Natalya Milner		77,421
Kevin Lacey		179,519	Laurel Mitchell		51,605

Payee Disclosure List

Jennifer Monteith	\$ 72,142	Maeghan Richard	\$ 87,239
Joan Morris	94,741	Mardel Richards	94,833
Abeer Musa	74,139	Yvonne Ripplinger	67,868
Lori Muz	92,966	Karen Robb	65,400
Kali Nagyl	56,180	Kathy Robertson	90,415
Gopinath Narasimhan	97,004	Laura Robson	56,060
Leah Neufeld	94,112	Kelsey Rosenkranz	70,659
Lisa Newton	62,682	Donald Roszell	113,846
Kara Nicholson	101,456	Nancy Russell	65,572
Sharon Nickel	94,773	Elaine Russell	87,643
Linda Nilson	204,992	Darla Russill	53,245
Gail Nistor	63,733	Susan Ryan	71,773
Pamela Norman	57,098	Amer Sami	446,370
Carla Norman	67,759	Shannon Sapieha	84,724
Tracy Nygaard	58,118	Sabuj Sarker	96,213
Natasha Olesen	95,309	Matthew Sauder	61,183
Colleen Olson	109,616	Donna Schaffel	51,042
Darcie O'Neill	94,218	Jennifer Scherman	103,919
Ibraheem Othman	435,531	Colette Schiltz	91,973
Chantel Otitoju	75,902	Dakota Schmidt	51,454
Melody Paculan	51,669	L. Marlene Schmidt	80,027
Kristen Padbury	87,660	Bruce Schmidt	97,363
Reg Padbury	158,777	Rhonda Schondelmier	51,472
Jignesh Padia	93,955	Danielle Schultz	50,237
Amy Paiva	76,643	Marcia Schulz	56,862
Anna-Liza Palmer	50,559	Irmgard Schumann	91,593
Leah Palmer	99,782	Lyndon Schwartz	104,296
Brittany Parr	52,490	Shauna Sebastian	92,715
Nilesh Patel	96,043	Taralyn Selch	80,895
Janet Patterson	90,552	Sheena Sellers	74,703
Kalen Paulson	50,602	Judy Shaw	90,016
Derek Pearson	412,668	Patty Shinkewski	73,580
Julius Pekar	137,136	Shavon Shull	50,516
Devon Pelletier	85,494	Jo Anne Sigurdson	108,753
Robert Penley	94,498	Jennifer Simon	50,040
Stephanie Penna	77,655	Varun Singh Thakur	132,098
Chantal Perry	92,467	John Sirdar	92,714
Annamae Perry	107,232	Joseph Siriban	82,341
Carolyn Petersen	82,780	Lynn Skelly	51,539
Deanne Pettigrew	62,814	James Smetaniuk	79,269
Zoe Phillips	89,279	Angela Smith	51,845
Leah Phillips	108,930	Laura Lee Smith	66,081
Bonnie Piercy	68,138	Amy Smith	66,953
Joan Pierlot	105,738	Jocelyne Smith	73,585
Jaimie Piper	94,775	David Sollid	103,572
Harriette Pituley	106,826	Lisa Sorsdahl	80,849
Lenore Pollock	93,271	Viravong Souriyavong	74,465
Nadine Poulton	59,609	Kyle Stacey	63,489
Katrina Power	50,189	Joann Starosta	88,745
Bernadette Procyk	63,724	Elaine Stewart	88,428
Coralee Prodaehl	65,950	Christine Stinson	67,415
Kahekashan Qureshi	320,698	Stacey Stoppler	51,829
David Ramos Moguel	65,920	Kimberley Stott	79,962
Brian Reichert	101,669	Heather Strachan	50,996
Stacey Reid	84,535	Chantal Strawson	89,689
Colyn Rempel	58,154	Irene Stroshein	58,199

Payee Disclosure List

Karly Struck	\$	52,073	Louise Werner	\$	92,068
Heather Stuart-Panko		109,790	Kimberly Werschler		66,558
Renee Stuckel		83,125	Lindsay Weslowski		56,952
Vinita Sundaram		267,038	Anne Westad		94,847
Shwetank Swaroop		64,476	Jennifer Whelan		53,737
Rhonda Sweet		75,392	Cheryl Whiting		122,166
Landon Switzer		87,664	Alison Whittle		109,569
Patricia Tai		445,167	Kayla Wild		63,656
D. Arron Taylor		115,240	Angela Williams		56,068
Wendie Templeton		67,100	Joanne Williams		86,581
Raquel Tenezaca		55,095	Marlo Wilson		59,904
Lindsay Tessier		77,165	Khristine Wilson		100,553
Caroll Thain		104,832	Lauren Wlodarczyk		88,187
C. Scot Thiesson		104,222	Carla Woitas		63,404
Barbara Thomas		59,927	Valerie Wood		89,548
Cheryle Thompson		94,765	Nicole Woodrow		89,370
Deanna Thue		82,135	Lisa Woodside		53,532
Colleen Thurber		73,710	Tanya Woolsey		50,843
Paula Tiefenbach		89,172	Philip Wright		441,104
Paula Tinline		90,438	Peter Wyant		99,115
Jon Tonita		203,553	Jim Xiang		173,697
Brenda Toon		88,745	Sunil Yadav		452,947
Melody Topola		53,138	Heidi Yathon		80,405
Sandra Tralnberg		98,385	Moftah Younis		175,007
Molly Trecker		89,708	Hanaa Youssef		56,263
Diane Treppel		95,826	Patricia Yuzik		104,759
Dominic Turley		93,955	Donna Zaba		91,577
Tyna Turner		50,861	Michelle Zahayko		65,949
Alisha Tyacke		74,649	Mirjana Zarkovic		453,363
Cara Tymchak		65,743	Paula Zatylny		77,208
Joanne Tyndall		92,387	Terry-Lynn Zerff		123,463
Sherrill Ullrich		74,581	Tong Zhu		95,852
Barbara Usher		80,021	William Ziegler		98,112
Mohammad Uz Zaman		66,580	Natasha Zimmer		55,484
Angela Vandenameele		65,805			
Jennifer Vandenberg		52,335			
Lisa Vass		50,613			
Niranjan Venugopal		137,360			
Carissa Villeneuve		91,965			
Kiran Virik		323,717			
Franco Vizeacoumar		115,096			
Steven Wacker		98,955			
Maya Wagner		52,593			
Alana Wall		93,246			
James Wallace		93,955			
Joyce Warren		99,767			
Gladys Wasylenchuk		136,697			
Pauline Watson		63,494			
Tracy Watts		51,185			
Tamara Weigel		53,534			
Ian Weinrich		85,465			
Linda Weir		137,064			
Sherri Welsh		50,306			
Cori Wenaus		93,114			
Jeana Wendel		120,065			
Richard Weppler		81,211			

Payee Disclosure List

For the year ended March 31, 2017

Supplier Payments

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

3sHealth	\$	889,471	Jazz Pharmaceuticals Canada Inc. (EUSA Pharma Inc.)	\$	297,927
A&D Wholesale Ltd.		75,939	Jubilant Draximage Inc.		50,881
Dr. Tahir Abbas Medical Professional Corporation		477,143	Lawlor, Dr. B.		78,025
Abbvie Corporation		2,356,651	LEADcoach Canada Inc.		220,825
Adienne Pharma & Biotech		69,450	Dr. Kevin Ledding Medical Professional Corporation Inc.		71,250
A.Ahmed Medical Professional Corporation		481,236	Macquarie Equipment Finance Ltd.		183,676
Alberta Health Services		227,775	Dr. Rebecca MacKay Medical Professional Corporation		218,913
Dr. A. Amjad Medical Professional Corporation		474,294	Mallinckrodt Canada ULC		91,825
Apobiologix		1,214,791	Marsh Canada Ltd.		112,440
Dr. Muhammad Aslam Medical Professional Corporation		477,179	Dr. A. Paul Masiowski Medical Professional Corporation		80,250
Associated Radiologists - Saskatoon		348,835	McKesson Canada		16,159,371
Baxter Corporation		623,703	McKesson Distribution Partners		1,547,442
Baxalta Inc.		496,352	Melemary Medical Professional Corporation		476,588
Bayer Inc.		431,685	Merck Canada Inc.		826,086
Beckman Coulter Canada LP		276,938	Minister of Finance		267,124
Biomed Recovery & Disposal		90,663	Minister of Finance-Central Services		195,901
Dr. Mark Bosch Medical Professional Corporation Inc.		493,908	Dr. O. Moodley Medical Professional Corporation		481,835
HBI Office Plus Inc.		235,045	Dr. C. Mpofo Professional Corporation		553,629
Bristol-Myers Squibb Canada		1,901,597	NewWest Enterprise Property Group (Sask) Inc.		1,084,665
Dr.Tanya Brown Medical Professional Corporation		394,773	NexJ Systems		54,560
Canadian Blood Services		379,799	Novartis Pharma Canada Inc.		5,551,786
Canadian Medical Protective Association		128,773	Ochapowace First Nation		50,300
Canadian Pharmaceutical Distribution Network		25,381,063	Omega Solutions Inc.		87,959
Cancercare Manitoba		83,341	Otsuka Canada Pharmaceutique		62,845
CDR Systems Inc.		55,481	Paladin Labs Inc.		62,742
Celgene Inc.		10,355,382	Paradigm Consulting Group Inc.		474,936
City of Saskatoon		62,170	PCL Construction Management Inc.		1,081,223
College of Physicians & Surgeons of Saskatchewan		69,615	Pharmacy Computer Services Inc.		50,987
Covidien		68,207	Philips Healthcare		114,540
Crown Enterprises Ltd.		54,678	Prairie North Health Region		98,112
Cypress Health Region		118,642	Prairie Advertising Direct Mail Specialists		1,559,278
Derby Holdings Ltd.		107,318	Prince Albert Parkland Health Region		268,241
Diners Club		99,646	Print-It Centres		60,348
Donaldson Marphil Medical Inc.		89,921	Provincial Health Services Authority c/o BC Cancer Agency		131,892
Dorie-Anna Dueck Medical Professional Corporation		278,324	Radiology Associates of Regina		499,168
Ebsco Canada Ltd.		88,578	Regina Qu'Appelle Health Region		2,774,210
eHealth Saskatchewan		420,783	Richardson Duffy Holdings		104,702
Eisai Ltd.		102,880	Royal Bank Visa - Payment Centre		188,329
Elekta Canada Inc.		173,423	Dr. Evgeny Sadikov Medical Professional Corporation		479,290
Essaltani Medical Professional Corporation		244,087	Dr. Muhammad Salim Medical Professional Corporation		508,222
ESTI Consulting Services		320,099	Sask Power		53,237
Ferring Inc.		466,740	Saskatoon Health Region		4,076,202
Five Hills Health Region		74,480	Sask Telecommunications		342,717
Federation of Saskatchewan Indian Nations		133,830	Schaan Healthcare Products Inc.		271,157
Genomic Health Inc.		283,900	Dr. David Sheridan, Medical Services, Professional Corporation		252,749
GMD Distribution Inc.		230,782	Siemens Canada Ltd.		231,952
Grand & Toy Office Products		127,763	Smiths Medical Canada Ltd.		61,360
Great-West Life Assurance Co.		373,988	Solvera Solutions		67,600
Greenlee Construction		55,484	Somagen Diagnostics Inc.		629,783
Gu, Jeffrey		60,650	Stantec Architecture Ltd.		265,519
Henry Downing Architects		161,968	Dr. Julie Stakiw Medical Professional Corporation		484,844
Hospira Healthcare Corporation		288,579	Stromasys S.A		67,920
Inland Audio Visual		165,013	Dr. Derek Suderman Medical Professional Corporation		478,483
Innovative OncoSolutions Inc.		744,166	Sunrise Health Region		91,411
Innomar Strategies		207,311	Teva Canada Ltd.		81,136
Inverness Consulting		438,338	UltraRay Medical Products Inc.		55,364
Dr. Nayyer Iqbal Medical Professional Corporation		513,345	University of Saskatchewan		1,416,888

Payee Disclosure List

Dr. Haresh Vachhrajani Medical Professional Corporation	\$	508,659
Varian Medical Systems		3,496,454
VCM Construction Ltd.		1,441,864
J Venkatesh Health Care Consulting Inc.		247,968
WBM Office Systems		198,535
Welch Allyn Canada, Ltd.		80,991
West Wind Aviation Ltd Partnership		86,981
Dr. A. Zaidi Medical Professional Corporation		475,371

Transfers

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

Canadian Cancer Society - Sun Smart Saskatchewan	\$	150,000
Population Health Unit-Mamawetan Churchill River Health Region-Northern Health Initiatives		250,000
Prairie North Health Region - COPS delivery at Battleford Union Hospital		125,000
Prairie North Health Region - COPS renovation		60,000
Prince Albert Parkland Health Region - Peer navigation		50,000
University of Saskatchewan - Advanced Diagnostics Research Laboratory		252,076
University of Saskatchewan - Endoscopy		250,000
University of Saskatchewan - Saskatchewan Alliance for Youth & Community Well-being		250,000
University of Saskatchewan - Saskatchewan Alliance for Youth & Community Well-being School Grants		167,000

Other Expenditures

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

Public Employees Disability Income Fund - employer's share	\$	275,129
Public Employees Pension Plan - employer's share		3,786,986
Receiver General for Canada:		
- Canada Pension Plan - employer's share		1,751,136
- Employment Insurance - employer's share		861,668
3S Health - Core Dental Plan		484,708
3S Health - Extended Health Care Plans		205,718
3S Health - In-Scope Health & Dental		1,037,901
Saskatchewan Healthcare Employee's Pension Plan - employer's share		456,185
Workers' Compensation Board		695,482

Contact Us



The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres. To watch a video that showcases our work, visit www.saskcancer.ca/excellence.

Saskatchewan Cancer Agency General Reception
639-625-2010

Allan Blair Cancer Centre (Regina)
306-766-2213

Regina Cancer Patient Lodge
306-359-3166

Saskatoon Cancer Centre
306-655-2662

Saskatoon Cancer Patient Lodge
306-242-4852

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

Quality of Care Coordinator (patient representative)
1-866-577-6489 (toll-free in Canada)
qcc@saskcancer.ca

Donations
1-844-735-5590
donate@saskcancer.ca
www.saskcancer.ca/donate

Visit our website
www.saskcancer.ca


Twitter
[@SaskCancer](https://twitter.com/SaskCancer)

General inquiries:
info@saskcancer.ca

Saskatchewan Cancer Agency

#200 - 4545 Parliament Avenue
Regina, Saskatchewan S4W 0G3
639-625-2010

www.saskcancer.ca

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